Course Title: Mental Health Advocacy: Understanding and Supporting Others

WEEK 1 of 8 OVERVIEW OF MENTAL HEALTH CONDITIONS: DEPRESSION, ANXIETY, BIPOLAR

Mental Health Code Advocate Certification

Introduction (10 minutes)

- Welcome and Introduction:
- Briefly share your passion for mental health advocacy and what motivated you to create the course.
- Set a positive and inclusive tone, emphasizing that everyone can play a role in supporting mental health.

- **Course Objectives and Agenda**:
- Clearly outline the structure of the course and the learning outcomes.
- Establish expectations regarding participation.
- Discussion:
- Encourage the participant to express their thoughts on mental health advocacy and share any personal experiences related to it, fostering a sense of belonging.

Part 1: Overview of Mental Health Conditions (20 minutes)
1. Introduction to Common Disorders:
- **Depression**:
- Types: Major depressive disorder (MDD), persistent depressive disorder (dysthymia), and adjustment disorder with depressed mood.
- Discuss potential causes: genetics, environmental factors, and brain chemistry.
- **Anxiety Disorders:**
- Discuss how anxiety can manifest in various ways (panic attacks, social situations, specific triggers).
- Explain that it may co-occur with other disorders, complicating treatment.
- **Bipolar Disorder:**
- Discuss the types of bipolar disorder (Bipolar I, Bipolar II, Cyclothymic disorder) and how mood changes affect daily functioning.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Expanded Overview of Mental Health Conditions

1. **Depression**

Description:

- Major Depressive Disorder (MDD) is one of the most common mental health conditions, affecting an estimated 17.3 million adults in the U.S. annually. It can manifest through persistent feelings of sadness, anhedonia (loss of interest or pleasure), and a lack of motivation.

Key Symptoms:

- Mood Changes: Persistent low mood, sadness, or irritability.
- Physical Symptoms: Changes in weight (loss or gain), sleep disturbances (insomnia or hypersomnia), fatigue or loss of energy.
- Cognitive Symptoms: Difficulty concentrating, making decisions, or remembering things.
- Behavioral Changes: Withdrawal from social interactions and previously enjoyed activities, as well as potential substance abuse.

Case Study: Sarah

- Background: Sarah is a 32-year-old marketing professional who recently faced significant changes: her father passed away, and she was assigned a challenging project at work. This combination of stressors catalyzed her depressive episode.
- Symptoms:
- Emotional: Sadness, feelings of worthlessness, and excessive guilt over her father's passing.
- Behavioral: She started isolating herself from friends and family, canceling plans at the last minute.
- Physical: Increase in headaches and fatigue, leading to missed workdays and difficulty meeting deadlines.

Discussion Points:

- Discuss how Sarah's loss catalyzed her depression and the importance of recognizing triggers.
- Explore the role of workplaces in supporting mental health and promoting awareness of MDD.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Educational Strategies:
- Educate about the importance of open conversations in workplaces regarding mental health.
- Encourage networking with local mental health support networks or therapy groups.

2. **Generalized Anxiety Disorder (GAD)**

Description:
- Generalized Anxiety Disorder is characterized by excessive, uncontrollable worry about various aspects of daily life, including work, health, and social interactions. Individuals often experience physical symptoms that accompany their anxiety.

Key Symptoms:
- Restlessness: Feeling keyed up or on edge.
- Physical Symptoms: Muscle tension, fatigue, and irritability.
- Cognitive Symptoms: Difficulty concentrating; mind going blank.
- Sleep Disturbances: Problems falling or staying asleep and restless sleep.

Case Study: Tom
- Background: Tom is a 28-year-old university student studying engineering. He was feeling external pressure from his family to maintain high grades, coupled with stress about his career options after graduation.
- Symptoms:
- Emotional: Overwhelming worry about academic performance leading to panic attacks before exams.
- Behavioral: Avoidance of social situations and functions due to fear of judgment, leading to significant loneliness.
- Physical: Frequent headaches and stomach issues; fatigue affecting his daily activities.

Discussion Points:
- Analyze coping strategies Tom can employ when anxiety arises, such as deep breathing exercises or grounding techniques.
- Emphasize the importance of building a support network and how friends can provide assistance.

Educational Strategies:
- Introduce relaxation techniques (e.g., mindfulness, yoga) as practical tools.
- Encourage participation in student-led mental health initiatives on campus to create awareness around GAD.

3. Bipolar Disorder

Description:
- Bipolar disorder involves significant mood swings, including manic (or hypomanic) episodes and depressive episodes. These cycles can greatly impact one's daily functioning, relationships, and overall quality of life.

Key Symptoms:
- Manic Episodes: Increased energy, decreased need for sleep, heightened mood, impulsivity, and sometimes grandiosity.
- Depressive Episodes: Symptoms similar to those outlined in major depression, including fatigue, hopelessness, and diminished interest.

Case Study: Emma
- Background: Emma is a 40-year-old high school teacher diagnosed with bipolar disorder in her twenties. She has seen episodes of mania in the spring and depressive phases in the fall for several years.
- Symptoms:
- Emotional (Mania): High energy leading to impulsive decisions like overspending on a credit card.
- Behavioral (Mania): Taking on numerous projects at work, staying up late planning events, leading to eventual burnout.
- Emotional (Depression): In the depressive phase, Emma struggles to leave her home, often missing work and feeling unworthy or tired.

Discussion Points:
- Discuss the impact of stigma on Emma's willingness to seek help during her episodes.
- Explore how advocates can foster conversations that promote understanding of bipolar disorder in educational settings.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Educational Strategies:
- Encourage workshops in schools to discuss mental health, aiming to create a more informed and supportive community.
- Collaborate with advocacy groups to develop informational campaigns that outline the realities of living with bipolar disorder.

Conclusion of Part 1
Providing detailed descriptions and real-life case studies helps frame mental health conditions in a relatable and comprehensive manner. By discussing Sarah, Tom, and Emma, participants can develop a deeper understanding of the complexities of each disorder and the challenges faced by individuals who live with them. Each discussion serves to build empathy, promote supportive interactions, and equip the participant with advocacy skills tailored to these conditions.

About Mental Health Code

We're not just raising awareness — we're building a movement. Mental Health Code creates emotionally intelligent, story-driven programs that transform how people learn, heal, and connect. From classrooms to communities, our tools teach resilience, emotional regulation, and practical support for real-life challenges. Led by founder Kelly Hager, we turn trauma into tools — and care into action.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

WEEK 2 of 8 OVERVIEW OF MENTAL HEALTH CONDITIONS: DEPRESSION, ANXIETY, BIPOLAR

Mental Health Code Advocate Certification

Part 2: Building Empathetic Communication Skills (20 minutes).

Here, the focus will shift to how best to interact with and support individuals like Sarah, Tom, and Emma, laying the groundwork for practical advocacy techniques.

1. **Empathy in Advocacy**
   Defining Empathy:
   - Cognitive Empathy: Focus on the process and importance of understanding another person's perspective. Explain that cognitive empathy is crucial in advocacy as it helps advocates tailor their responses to the specific needs of individuals.

   - Emotional Empathy: Emphasize the emotional connection it creates, which can lead to deeper relationships and better support. Discuss how feeling with someone allows advocates to both validate emotions and foster rapport.

   - Compassionate Empathy: Highlight that this is the driving force behind advocacy. It's not enough to understand or feel for someone; the goal is to act and initiate change. Discuss examples like guiding someone toward professional help or standing with them during crises.

   Visualizing Empathy:
   - Empathy Wheel: Create a visual aid or wheel diagram to illustrate cognitive, emotional, and compassionate empathy, including practical steps for each component. This can serve as a reference for the participant during discussions.

   Role-Playing Activity:
   Setup:
   - Divide the session into three real-world role-play scenarios, assigning the participant to enact an advocate role. If there are multiple participants, each can assume different roles (e.g., advocate, Sarah/Tom/Emma).

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Scenarios:

1. Sarah (Depression):
- Scenario: Sarah has shown a stark decline in work performance and is pushing friends away. The advocate needs to approach her during a lunch break to check in.
- Objective: The advocate should practice cognitive and emotional empathy by recognizing verified signs of distress and navigating the conversation to encourage Sarah to share.

2. Tom (GAD):
- Scenario: Tom has just completed an exam and is visibly distressed because he feels he failed. The advocate must approach him in an informal group setting where peers might be present.
- Objective: Here, the advocate will need to demonstrate emotional empathy and act to reduce Tom's anxiety, reassessing his worries.

3. Emma (Bipolar Disorder):
- Scenario: Emma has just come out of a manic phase and feels guilt over impulsive actions taken during that time. The advocate must balance understanding with a gentle guide.
- Objective: The focus for the advocate will be on compassionate empathy, recognizing Emma's guilt without judgment.

Guidance:

- For each scenario, provide the advocate with specific techniques to employ:
- Open-ended Questions: Encourage the advocate to ask questions like "What's been on your mind lately?" or "How have you been feeling?"
- Reflective Listening: Remind them to restate what they hear, e.g., "It sounds like you're feeling overwhelmed with everything going on."

Reflective Feedback:

- After each role-play, facilitate a reflective discussion through guided questions:
- What feelings surfaced during your conversation?
- How did the responses impact your approach?
- What could you have done differently to deepen the connection?

Course Title: Mental Health Advocacy: Understanding and Supporting Others

2. Effective Communication Techniques

Techniques Described:

- The "CAT" Approach: Dive deeper into how each component fosters effective communication and supports mental health advocacy.
- Connect:
- Establish rapport by starting interactions positively. Use casual conversations about shared interests before diving into emotional topics.
- Sample Phrasing: "Hey, I noticed you've seemed a bit off lately. Is there anything you want to talk about?"

- Acknowledge:
- Offer validation for feelings without trying to immediately fix the problem. This makes the individual feel heard and less isolated.
- Sample Phrasing: "I can't imagine how tough things must be for you right now. It's okay to feel that way."

- Teach:
- After establishing trust and understanding, share resources or suggestions. Always frame it gently, and respect their autonomy.
- Sample Phrasing: "Have you thought about talking to a counselor? They can provide great support."

Importance of Non-Verbal Communication:

- Discuss body language and tone:
- Maintain Open Posture: Be approachable, avoid crossing arms or turning away.
- Eye Contact: Engage in reasonable eye contact to show attentiveness while avoiding making the other person uncomfortable.
- Tone of Voice: Use a soft, reassuring tone that set a friendly atmosphere for the conversation.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Practical Exercise:
Response Modification Exercise:
- Present different emotional states of Sarah, Tom, and Emma in scenarios where their feelings change unexpectedly.
- Provide phrases that express varying responses, and ask the participant to adapt their reactions accordingly.

Variable Emotional States:
1. Empty: Sarah arrives feeling detached and disengaged.
- Task: Respond with openness and gentleness.
- Sample Response: "It's okay to feel this way sometimes. I'm here whenever you want to talk."
2. Overwrought: Tom suddenly expresses panic over an upcoming presentation.
- Task: Demonstrate calming strategies and offer support.
- Sample Response: "Take a deep breath, let's work through this together. Have you practiced your presentation?"
3. Euphoric: Emma climbs into a manic phase due to excitement but might make reckless decisions.
- Task: Recognize the mania and suggest self-assessment.
- Sample Response: "I can see you're really excited! Let's maybe slow down for a moment to ensure you feel connected beyond this rush."

Analysis and Group Discussion:
- After the exercise, facilitate an analysis of:
- Which phrases resonated most with them?
- How did adapting to the emotional state change their approach to the conversation?
- Discuss any discomforts or challenges they felt while modifying their responses.

Skills Developed:
- The participant will gain valuable insights into the nuances of empathetic communication.
- They will enhance their ability to navigate real-world situations that involve individuals facing mental health challenges.
- By participating in role-plays and reflective exercises, they develop competence and confidence in providing support.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Mindfulness Activity:
- Engage the participant with a guided mindfulness exercise:
- Breath Awareness: Lead a brief meditation where they focus on inhaling and exhaling deeply.
- Guide them to visualize their breath as a wave, inhaling calm and exhaling tension.
- Grounding Exercise: Encourage them to be present in the moment, focusing on the sensations around them (sounds, physical feelings).

This section aims to build a comprehensive skill set in empathetic communication, reinforcing techniques that are practical and effective. This approach will enable the participant to engage thoughtfully and dynamically with individuals experiencing mental health challenges.

Part 3: Support Strategies and Advocacy Skills (20 minutes)

1. Recognizing When to Refer

Recognizing signs that a friend or individual may need additional support is crucial for effective advocacy. It not only enables timely assistance but also helps maintain healthy boundaries for both the advocate and the individual in distress.

Specific Scenarios Where Referral is Critical:

- Sarah Showing Signs of Self-Harm:
- Observation: If Sarah begins to express feelings of worthlessness, and there are visible signs (such as cuts or bruises) or she verbally expresses thoughts about self-harm, this is a critical sign indicating she needs immediate professional help.
- Action: The advocate should approach the situation delicately, ensuring Sarah feels safe sharing her feelings. They should express concern without judgment, validate her feelings, and urge her to seek help from a mental health professional. Phrasing could include, "I'm really concerned about you. It's okay to ask for help, and I can support you in finding that."

- Tom Expressing Avoidant Behavior:
- Observation: If Tom starts avoiding classes or social gatherings due to anxiety, mentioning panic attacks or significant worry, it signals that his coping mechanisms may not be sufficient and that professional intervention may be needed.
- Action: The advocate should validate Tom's feelings of anxiety and explore strategies that can assist him. A suggestion could include seeking counseling or therapy. Offer to accompany him to an initial session if that would ease his anxiety.

Importance of Maintaining Boundaries:
- Advocates should understand that while they can provide support, they are not substitutes for mental health professionals. Knowing one's limits is vital; advocates should not attempt to counsel or diagnose anyone.
- Encourage seeking help from qualified personnel when a situation escalates or if a friend is in crisis. This fosters a culture where individuals know it's okay to seek professional support without stigma.

2. Advocacy Techniques

Community Engagement:
To foster mental wellness within the community and promote understanding of mental health issues, several action steps can be undertaken:

Hosting Informational Workshops:
- Description: Organize workshops that address mental health topics relevant to the community. These workshops may cover various subjects, such as stress management, understanding mental health disorders, or coping strategies.
- Steps:
- Identify local mental health professionals willing to present.
- Find community centers, schools, or libraries that can host events.
- Promote these workshops through social media channels, local newspapers, and community boards.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

- Organizing Support Groups:
- Description: Create safe spaces where individuals can share experiences and connect with others facing similar challenges.
- Steps:
- Collaborate with local mental health organizations to facilitate these groups.
- Set up regular meeting times and ensure a trained facilitator is present to guide the discussions.

Partnerships with Local Health Services:
- Description: Establish connections with local clinics, therapy offices, and nonprofits to bridge gaps in service and provide referrals.
- Steps:
- Build a network of mental health resources that advocates can share with individuals who seek help.
- Host informational days where local mental health service providers can present their offerings.

School/Workplace Initiatives:
Advocates can influence policy changes in environments where they operate, ultimately promoting mental wellness.
- Identify Policy Changes:
- Description: Assess existing policies in schools or workplaces and identify areas where mental health support can be integrated or improved.
- Steps:
- Start by conducting surveys or discussions to gauge community interest and needs regarding mental health resources.
- Propose changes, such as implementing employee assistance programs in workplaces or mental health days in school curricula.

Initiatives to Promote Mental Wellness:
- Description: Create programs that encourage proactive mental health care within schools or workplaces.
- Steps:
- Develop mental health awareness campaigns featuring guest speakers or workshops.
- Introduce mental health buddy systems where employees or students are paired to provide mutual support.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

3. Additional Strategies

Combating stigma surrounding mental health is a crucial aspect of advocacy. Creating a culture of openness and compassion can encourage individuals to speak up and seek help.

Using Storytelling:
- Description: Encourage individuals who have overcome mental health challenges to share their stories, creating a powerful connection and dismantling myths about mental illness.
- Implementation:
- Host events where individuals can tell their stories, focusing on recovery and resilience.
- Work with local media to share positive narratives around mental health to shift perceptions.

- Highlighting Advocacy Success Stories:
- Description: Showcase successful initiatives or actions taken by individuals or organizations that have positively impacted mental health awareness.
- Implementation:
- Utilize social media platforms to celebrate these successes and share testimonials that can inspire others.
- Publish newsletters featuring stories of recovery and advocacy to engage the community and build hope.

Skills Developed:
- Participants will gain insight into recognizing when to refer individuals for further help, understanding that advocacy is about guiding rather than taking responsibility for someone else's care.
- They will learn proactive approaches to community engagement and support initiatives tailored to mental wellness within various environments.
- Additionally, they will acquire strategies to combat mental health stigma, fostering inclusive and supportive communities where individuals can seek assistance without fear.

This detailed exploration of support strategies and advocacy skills not only empowers the course participant but also prepares them to actively engage in their communities to promote mental health awareness, support effective referral practices, and build resilience against stigma.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

By focusing on practical actions and encouraging stories that resonate, the participant will cultivate an effective advocacy approach, armed with methods to make a meaningful impact.

Part 4: Creating an Advocacy Action Plan (10 minutes)

Guided Exercise: Developing Your Advocacy Action Plan

1. Defining Goals:
Encourage the participant to contemplate specific, actionable goals that align with their aspirations for mental health advocacy. Emphasize the importance of setting SMART goals—Specific, Measurable, Achievable, Relevant, Time-bound.

Example Goals:
- Educational Workshops: "I will organize a mental health workshop at my local community center to educate about anxiety and depression within the next three months."
- Support Group: "I will establish a support group for individuals experiencing depression, with the first meeting scheduled in four weeks."
- Awareness Campaign: "I will launch an awareness campaign in my school workplace to promote mental health resources within six months."

2. Timeline for Achieving Each Goal:
Develop a timeline that outlines deadlines for different stages of each goal. This may include research, planning phases, and scheduling dates for events or initiatives.

Timeline Structure:
- Immediate (1 month): Identify resources and partners (e.g., local mental health professionals, community spaces).
- Short-term (3 months): Launch the first workshop or support group. Create promotional materials and distribute them in the community.
- Medium-term (6 months): Evaluate the effectiveness of the initial event, gather feedback, and adjust the approach for future initiatives.
- Long-term (1 year): Aim to have established ongoing workshops or support groups and potentially partner with local health organizations for continued collaboration.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

3. Evaluating Advocacy Efforts:
Discuss the importance of evaluation in advocacy work to measure effectiveness and impact. Encourage the participant to consider methods for soliciting feedback and reflecting on their initiatives.

- Feedback Mechanisms:
- Surveys/Feedback Forms: Distribute surveys at the end of workshops or events to gather participants' responses regarding their experiences.
- Reflective Questions: After each initiative, reflect on questions such as:
- What worked well in this initiative?
- What challenges did I face, and how can I overcome them in the future?
- Did participants feel supported and engaged?

Community Involvement:
- Encourage the participant to involve community members in the evaluation process to gain diverse perspectives and foster community ownership of mental health initiatives.

Conclusion and Q&A (5 minutes)

Review Key Takeaways:
- Summarize the major topics covered during the course:
- Understanding Mental Health Conditions: Insight into depression, anxiety disorders, and bipolar disorder along with specific case studies.
- Building Empathetic Communication Skills: Emphasizing the importance of empathy in advocacy and effective communication techniques.
- Support Strategies and Advocacy Skills: Recognizing when to refer individuals for help, advocacy techniques, and combating stigma in mental health.

Open Floor for Questions:
- Allow time for the participant to reflect, ask questions, or clarify any doubts about mental health advocacy.
- Prompt Questions:
- "What aspect of advocacy do you feel most excited about?"
- "Do you foresee any challenges in implementing your action plan?"
- "How can I assist you with any specific concerns you may have moving forward?"

Course Title: Mental Health Advocacy: Understanding and Supporting Others

Resource Provision:
Curated List of Resources:
- Books:
- "Lost Connections" by Johann Hari: Explores the root causes of depression and anxiety with a focus on connection and community.
- "The Happiness Trap" by Russ Harris: Discusses the significance of mindfulness and acceptance in achieving mental well-being.

Organizations and Websites:
- National Institute of Mental Health (NIMH): Offers research, resources, and information on various mental health disorders.
- Psychology Today: A great resource for finding local therapists and mental health service providers.

- **Local Community Resources**:
- Mental Health Hotlines: Provide phone numbers for local, anonymous crisis hotlines that offer immediate support.
- Support Groups or Workshops: Identify local organizations offering support groups for mental health education and community engagement.

Delivery Tips for the Advocate:
- Encouragement and Support: Foster an open, safe environment, reassuring the participant that it's okay to express vulnerabilities or uncertainties about their advocacy journey.

- Adaptability: Tailor discussions to the participant's interests and background, allowing for a more meaningful and personalized experience.

- Reflection: Throughout the course and at the end, encourage the participant to reflect on their learnings and how they can apply these in their community to build better support systems for mental health.
This detailed structure for creating an advocacy action plan and concluding the session not only prepares the participant for actionable steps but fosters a collaborative spirit, empowering them to become effective mental health advocates. The culmination of the course encourages ongoing engagement, learning, and commitment to promoting mental well-being in their communities.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

WEEK 3 of 8: UNDERSTANDING THE BIOLOGY BEHIND DEPRESSION & ANXIETY

Mental Health Code Advocate Certification

Section 1 (35 min) | Neurobiology & Pathophysiology

Neurotransmitters

Serotonin (5-HT): regulates mood, appetite, sleep, and social behavior. Deficiency is linked to sadness, irritability, and suicidality. Many antidepressants (SSRIs) target serotonin reuptake to increase its availability.

Dopamine: controls motivation, pleasure, and reward. Low dopamine causes anhedonia (inability to feel joy), seen in depression. Too much dopamine in the wrong circuits contributes to agitation and restlessness.

Norepinephrine: enhances arousal, vigilance, and response to stress. Deficiency → low energy, poor focus. Overactivity → hyperarousal and panic.

GABA: main inhibitory neurotransmitter. Too little → anxiety, hyperexcitability, insomnia. Benzodiazepines enhance GABA to calm anxiety.

Glutamate: main excitatory neurotransmitter. Dysregulation is linked to depression and suicidality. Research on ketamine (an NMDA antagonist) highlights glutamate's role.

Brain Circuits

Amygdala: "alarm center." Overactive in anxiety → hypervigilance, exaggerated fear responses.

Prefrontal cortex (PFC): regulates planning and inhibition. Underactive PFC → difficulty regulating negative emotions.

Hippocampus: encodes memory, regulates stress hormones. Reduced hippocampal volume is consistently found in major depression.

Hypothalamic–pituitary–adrenal (HPA) axis: governs cortisol release. Overactive HPA axis = chronic stress state → neuronal damage.

Genetics & Epigenetics

Heritability: depression and anxiety both ~30–40% heritable.

Candidate genes:

SLC6A4 (serotonin transporter gene): short variant = increased risk of depression after stress.

BDNF (brain-derived neurotrophic factor): low levels reduce resilience.

Epigenetics: trauma can switch genes "on" or "off." Example: early neglect may hyperactivate stress pathways, increasing vulnerability later.

Section 2 (15 min) | Biology → Symptoms

Mood

- Low serotonin → persistent sadness, hopelessness.
- Low dopamine → lack of joy, flat affect.

Cognition

- Impaired hippocampus → memory gaps, difficulty concentrating, "brain fog."
- Underactive PFC → poor decision-making, rumination, negative bias.

Anxiety Symptoms

- Hyperactive amygdala + norepinephrine surges → palpitations, sweating, panic.
- Dysregulated GABA/glutamate → racing thoughts, inability to calm down.

Physical Correlates

- Cortisol dysregulation → fatigue, immune suppression, weight changes.
- Gut-brain axis: serotonin receptors in the gut explain GI symptoms (nausea, IBS-like symptoms) in depression/anxiety.

Section 3 (15 min) | Biology and Treatment Response

Why Responses Differ

- **Metabolism:** CYP450 genetic variants determine how fast drugs are processed. One person metabolizes SSRIs too quickly (no effect), another too slowly (toxic side effects).
- **Receptor sensitivity:** If serotonin receptors are less responsive, more serotonin may not equal more effect.
- **Brain plasticity:** Some treatments (exercise, therapy, SSRIs) promote neurogenesis in hippocampus, but individuals vary in how much.

Treatment Approaches

- **Pharmacological:** SSRIs, SNRIs, benzodiazepines, atypical antipsychotics, ketamine.
- **Non-pharmacological:** CBT (targets PFC to regulate amygdala), mindfulness (calms HPA axis), exercise (boosts BDNF and dopamine).
- **Combination:** Most effective for moderate–severe cases → medication + therapy.

Advocate's Role

- Normalize trial-and-error in medication.
- Help clients/families understand that non-response doesn't mean hopelessness.
- Reinforce bio-psycho-social model: biology + environment = outcome.

Section 4 (35 min) | Case Studies & Application

Case Study 1: *Jason, 19 — Panic Attacks*

- **Background:** Sudden fear, chest tightness, ER visits ("heart attack"). Family history of anxiety.
- **Biology:** Overactive amygdala, norepinephrine surge.
- **Symptoms:** Palpitations, catastrophic thoughts, avoidance of public spaces.
- **Treatment Response:** CBT for panic + SSRI reduced baseline anxiety. Beta-blocker for situational use.
-

- **Advocate Discussion Prompt:** How would you explain to Jason's roommate that this is not "attention-seeking" but rooted in brain circuits?

Case Study 2: *Sarah, 42 — Major Depression*

- **Background:** Divorce + high-stress law career. Loss of joy, fatigue, poor concentration. MRI: hippocampal shrinkage.
- **Biology:** Chronic stress → HPA axis overdrive → cortisol damage. Dopamine and serotonin deficits.
- **Symptoms:** Loss of motivation, negative self-talk, memory lapses.
- **Treatment Response:** Initial SSRI partial. SNRI improved energy. Exercise increased hippocampal neurogenesis.
- **Advocate Discussion Prompt:** How can an advocate reduce stigma when Sarah's colleagues think she's "just burned out"?

Case Study 3: *Maria, 16 — Genetic Vulnerability*

- **Background:** Lost father to suicide. Avoids peers, frequent worry.
- **Biology:** Serotonin transporter gene variant + trauma stress epigenetics.
- **Symptoms:** Persistent sadness, social withdrawal, low self-esteem.
- **Treatment Response:** Counseling helped partially; SSRI decreased avoidance. School support improved functioning.
- **Advocate Discussion Prompt:** How can an advocate explain to Maria's teacher why her avoidance is not laziness but linked to genetics and trauma?

Case Study 4: *David, 55 — Treatment-Resistant Depression*

- **Background:** Long history of depression. Failed multiple SSRIs/SNRIs. Feelings of hopelessness deepen.
- **Biology:** Possible glutamate dysregulation, low BDNF levels.

- **Symptoms:** Severe anhedonia, suicidal ideation, weight loss.
- **Treatment Response:** Esketamine nasal spray → rapid mood lift. Ongoing therapy to maintain.
- **Advocate Discussion Prompt:** What role can an advocate play in helping David's family understand why newer treatments like ketamine are considered after multiple failures?
- **Key Skills Developed**
- Translate complex neuroscience into **accessible explanations**.
- Engage in **informed discussions** about why treatments vary in effectiveness.
- Reduce stigma by showing depression/anxiety as **biological + environmental**, not personal failings.
- Support persistence and resilience during treatment journeys.

Course Title: Mental Health Advocacy: Understanding and Supporting Others
WEEK 4 of 8 MEDICATION & TREATMENT MODALITIES: DEPRESSION, ANXIETY, BIPOLAR

Mental Health Code Advocate Certification

Introduction: Why Advocates Need Medication Awareness (10 minutes)

Advocates are not prescribers, but they play a vital role in translating medical language into plain terms and reducing fear around psychiatric medications. Medication stigma is a barrier: many clients say, "I don't want to be dependent on a pill," or "I'll be a zombie." Advocates can reframe with compassion and accuracy.

Nearly 60% of people with depression discontinue antidepressants within 3 months due to side effects or misunderstanding. Framing example: "Medication doesn't erase who you are — it helps reduce the fog so you can engage in therapy and life more fully."

Overview of Psychopharmacology (17 minutes)

Depression: Low serotonin/norepinephrine often linked. Medications adjust synaptic levels, improving energy and mood.

Anxiety: Overactive amygdala (fear center), low GABA function. Benzodiazepines enhance GABA → calming. SSRIs stabilize long-term.

Bipolar Disorder: Involves dysregulation in dopamine and glutamate. Mood stabilizers flatten extreme highs and lows.

Case Study: Maria, 28, diagnosed with depression. Initial fear of SSRIs: "I don't want to lose myself." After 6 weeks of sertraline, energy improves; therapy helps her challenge negative thoughts. Her advocate explains that side effects often improve after 2–3 weeks and encourages follow-up appointments.

Common Medication Classes (20 minutes)

Antidepressants (SSRIs, SNRIs, TCAs, MAOIs):

1. SSRIs (Selective Serotonin Reuptake Inhibitors)

- **Definition:** Medications that block the reuptake (reabsorption) of serotonin in the brain, making more serotonin available in the synaptic cleft.
- **Purpose:** Increase serotonin levels to improve mood, reduce anxiety, and stabilize emotions.

- **Examples:** Fluoxetine (Prozac), Sertraline (Zoloft), Escitalopram (Lexapro), Paroxetine (Paxil), Citalopram (Celexa).
- **Notes:** Often first-line treatment for depression and anxiety disorders due to relatively favorable safety and side effect profile.

---

2. SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)

- **Definition:** Medications that block the reuptake of both serotonin and norepinephrine, two neurotransmitters involved in mood regulation and energy.
- **Purpose:** Increase levels of both neurotransmitters to treat depression, generalized anxiety, and sometimes chronic pain.
- **Examples:** Venlafaxine (Effexor), Desvenlafaxine (Pristiq), Duloxetine (Cymbalta), Levomilnacipran (Fetzima).
- **Notes:** Can be useful when patients have depression accompanied by fatigue or pain symptoms.

---

3. TCAs (Tricyclic Antidepressants)

- **Definition:** Older class of antidepressants that block the reuptake of serotonin and norepinephrine, but less selectively than SNRIs. They also affect other neurotransmitters, leading to more side effects.
- **Purpose:** Treat depression, anxiety disorders, and certain types of chronic pain.
- **Examples:** Amitriptyline, Nortriptyline, Imipramine, Desipramine, Clomipramine.
- **Notes:** Effective but less commonly used today due to risk of side effects (sedation, weight gain, dry mouth, constipation) and potential toxicity in overdose.

---

4. MAOIs (Monoamine Oxidase Inhibitors)

- **Definition:** Medications that block the enzyme monoamine oxidase, which breaks down neurotransmitters like serotonin, norepinephrine, and dopamine. This increases levels of these neurotransmitters in the brain.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

- **Purpose:** Treat depression (particularly atypical depression), anxiety, and sometimes Parkinson's disease.
- **Examples:** Phenelzine (Nardil), Tranylcypromine (Parnate), Isocarboxazid (Marplan), Selegiline (Emsam patch).
- **Notes:** Require strict dietary restrictions (avoid foods high in tyramine like aged cheese and cured meats) and careful monitoring due to risk of dangerous interactions (hypertensive crisis, serotonin syndrome).

SSRIs (fluoxetine, sertraline, escitalopram),

SNRIs (venlafaxine, duloxetine). Side effects: nausea, sexual dysfunction, weight changes. Advocates help normalize delayed onset (2–6 weeks).

Benzodiazepines: Fast relief, but risk of dependence. Useful for panic attacks, not long-term daily management.

Mood Stabilizers: Lithium (gold standard; prevents mania and depression). Requires kidney/thyroid monitoring. Valproic acid, carbamazepine effective for mania; lamotrigine best for bipolar depression prevention. Stat: Lithium reduces suicide risk by 60% in bipolar patients.

Atypical Antipsychotics: Quetiapine, olanzapine, risperidone, lurasidone. Used in bipolar mania, mixed states, treatment-resistant depression. Side effects: weight gain, diabetes risk.

Mini-Exercise: Match medication → condition → monitoring needs.

Medication Monitoring & Safety (15 minutes)

Lithium: Requires blood draws every 3–6 months. Toxicity signs: tremor, confusion, excessive thirst.

Valproic acid/carbamazepine: Monitor liver function, white blood cell count.

Atypical antipsychotics: Check blood sugar, cholesterol, weight.

Case Study: James, 40, bipolar I. Skipped blood draws, developed lithium toxicity (tremors,

slurred speech). Advocate noticed warning signs, encouraged urgent care visit, preventing kidney damage.

Integration with Psychotherapy (17 minutes)

CBT + medication = stronger outcomes than either alone (combined therapy has 20–30% higher remission rates). Meds lower symptom intensity; CBT gives skills for long-term coping.

Case Example: Sarah, 35, panic disorder. SSRIs reduce baseline anxiety → CBT exposure therapy helps confront driving phobia. Advocate helps track wins and side effects.

Treatment-Resistant Conditions & Collaboration (16 minutes)

1/3 of depression cases are treatment-resistant. Options: combination therapy, novel modalities (TMS, ECT). Advocates normalize advanced treatments: "Needing more than one tool doesn't mean you failed—it means your brain needs more support."

Case Example: David, 42, tried 3 antidepressants with little relief. Psychiatrist suggests TMS. Advocate helps process fear, provides reassurance, ensures he doesn't feel abandoned.

Skills Practice: Supporting Side Effect Concerns (3 minutes)

Role-Play Scenario:
Client: "This med makes me gain weight—I'm quitting."
Advocate response:
- Validate: "Weight gain is frustrating and real."
- Inform: "Don't stop suddenly—some meds need tapering."
- Support: "Let's write down these concerns so your prescriber can adjust safely."

Conclusion & Takeaways (12 minutes)

Key Point: Advocates don't prescribe but can support adherence, safety, and emotional processing.

Do's:
- Encourage lab monitoring
- Normalize side effects and delayed onset
- Emphasize meds + therapy synergy

Don'ts:
- Don't recommend or change doses
- Don't dismiss fears or side effects

Assessment & Practice

Quiz:
1. Which medication requires thyroid monitoring?
2. Why shouldn't benzodiazepines be used long-term?
3. What is one major benefit of combining CBT with medication?
4. What lab tests are needed for valproic acid?
5. How can an advocate respond to someone experiencing side effects?

Reflection prompt: "Think about how you'd explain medication benefits to someone who says, 'I don't want to be a zombie.'"

About Mental Health Code

We're not just raising awareness — we're building a movement. Mental Health Code creates emotionally intelligent, story-driven programs that transform how people learn, heal, and connect. From classrooms to communities, our tools teach resilience, emotional regulation, and practical support for real-life challenges. Led by founder Kelly Hager, we turn trauma into tools — and care into action.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

WEEK 5 of 8: SUICIDAL IDEATION AND PREVENTION

Mental Health Code Advocate Certification

Learning Objectives:

1. Define suicidal ideation, differentiating *passive* vs. *active* forms.
2. Recognize the complexity of risk factors, including biological, psychological, social, and cultural contributors.
3. Identify warning signs in both verbal and nonverbal communication.
4. Conduct a **preliminary risk assessment** with confidence using evidence-based questioning strategies.
5. Develop a **safety plan** collaboratively with individuals at risk.
6. Navigate **referral processes**, balancing advocacy, confidentiality, and urgency.
7. Understand the **unique role of advocates** in schools and community settings, where they may be the first point of intervention.

---

1. Introduction & Definitions (10 minutes)

Core Definitions:

- **Suicidal Ideation (SI):** Thinking about, considering, or planning suicide.
- **Passive SI:** Wishes to die, "I wish I wouldn't wake up," no clear plan.
- **Active SI:** Includes intent, planning, or attempts to acquire means.
- **Suicide Attempt:** A non-fatal, self-directed action with intent to die.
- **Suicidal Crisis:** A state of acute emotional distress where suicide feels like the only solution.
- **Note:** Normalize the discussion. Many people fear that asking about suicide "plants the idea," but research confirms asking directly **does not increase risk**—instead, it opens dialogue and reduces isolation.

---

2. Risk Factors & Warning Signs (10 minutes)

Risk Factors (long-term contributors):

- **Biological:** Family history, psychiatric conditions, neurochemical imbalances.
- **Psychological:** Perfectionism, impulsivity, history of trauma or abuse.
- **Environmental:** Access to firearms, social isolation, bullying.
- **Sociocultural:** Stigma, minority stress (LGBTQ+, immigrant populations), exposure to suicide in community or media.

Warning Signs (short-term alerts):

- Expressing hopelessness: "I can't go on."
- Withdrawal from loved ones.
- Drastic mood swings, rage, or apathy.
- Sudden improvement after depression (may signal decision to act).
- Risk-taking behaviors, reckless driving, substance use spike.
- Giving away possessions or tying up "loose ends."

Interactive Mini-Exercise: Provide index cards with behaviors (e.g., "isolating from peers," "starting a new hobby," "posting about death on social media"). Ask learners to sort into "risk factor," "warning sign," or "neither." Debrief: what makes a behavior a sign vs. a context clue?

---

3. Risk Assessment & Safety Planning (15 minutes)

Risk Assessment – 4 Key Questions:

1. Are you thinking about suicide? (*direct, non-judgmental*)
2. Do you have a plan? (*specific method = higher risk*)
3. Do you have access to means? (*firearms, medications, etc.*)
4. Do you have intent or timeline? (*urgency level*)

Protective Factors to Explore:

- Strong family/friend connections.
- Access to therapy/faith-based supports.
- Future goals ("What keeps you going?").
- Sense of responsibility (children, pets, school goals).

Safety Planning (Stanley-Brown Model, adapted for advocates):

- Step 1: Recognize personal warning signs.
- Step 2: List internal coping strategies (breathing, grounding, journaling).
- Step 3: Identify social settings or people that provide distraction.
- Step 4: List supportive people to contact during crisis.
- Step 5: Professional resources (therapist, crisis line, 988, school counselor).
- Step 6: Means restriction (lock up meds/firearms).

Facilitator Practice: Role-play risk assessment. Learners rotate as advocate and at-risk individual. Focus on practicing **direct language** ("Are you thinking of killing yourself?").

---

4. Case Studies (with Guided Analysis) (15 minutes)

Case Study 1: The High School Student

- *Scenario:* A 15-year-old withdraws from basketball, gives away prized items, posts "Goodbye" on social media. Teachers notice failing grades.
- *Guided Discussion:*
    - **Warning signs:** withdrawal, gifting possessions, hopeless statements.
    - **Assessment questions:** "Can you tell me about what you mean by goodbye?"
    - **Advocacy role:** Immediate referral to counselor, notify parents/guardians, initiate safety plan.

Case Study 2: The Community Veteran

- *Scenario:* A 40-year-old veteran says, "My family would be better off without me." Drinking nightly, nightmares, isolated at the community center.
- *Guided Discussion:*

- **Risk factors:** PTSD, substance misuse, social isolation.
- **Protective factors:** connection to veteran services, peer groups.
- **Action:** Connect to VA crisis line, accompany to peer support group, safety planning around alcohol triggers.

Case Study 3: The College Peer

- *Scenario:* A college student emails: "I've researched painless ways to die." Is skipping classes and appears detached.
- *Guided Discussion:*
  - **Warning signs:** specific plan research, academic decline, isolation.
  - **Confidentiality vs. duty to act:** At imminent risk, must alert campus crisis team.
  - **Referral:** Emergency services, student health center, follow-up with trusted peer advocates.

---

5. Advocacy, Referral, and Community Interventions (5 minutes)

School Settings:

- Engage multidisciplinary teams (counselors, teachers, parents).
- Advocate for non-punitive, supportive responses to disclosure.

Community Settings:

- Leverage partnerships (faith leaders, police PAL programs, local nonprofits).
- Advocate for culturally affirming resources (language access, minority mental health providers).

Referral Golden Rules:

- If **imminent risk → emergency response** (call 911 or crisis team).
- If **moderate risk → mental health referral + safety plan**.
- Always **follow-up** as an advocate: *"I'll check in tomorrow—how did it go contacting the counselor?"*

Course Title: Mental Health Advocacy: Understanding and Supporting Others

6. Conclusion & Reflection (5 minutes)

Skills Developed (summarized):

- **Preliminary assessment:** asking clear, direct questions.
- **Safety planning:** collaboratively reducing risk.
- **Crisis intervention:** staying calm, mobilizing resources.
- **Advocacy:** bridging person-in-crisis with care systems.

Reflection Prompt: *"Think of a time when you noticed someone struggling but weren't sure how to act. How might this training change your response?"*

Supporting Statistics (with citations for facilitator use)

- Suicide is the **2nd leading cause of death** for youth aged 10–24 (CDC, 2023).
- Over **80% of people** who die by suicide gave warning signs (American Foundation for Suicide Prevention).
- Restricting access to firearms reduces suicide deaths by **up to 30%** (Harvard T.H. Chan School of Public Health).
- LGBTQ+ youth who have just **one accepting adult** are **40% less likely** to attempt suicide (Trevor Project, 2022).
- Veterans are at **1.5x higher risk** of suicide compared to the general population (U.S. Department of Veterans Affairs, 2022).

Course Title: Mental Health Advocacy: Understanding and Supporting Others

WEEK 6 OF 8: ADVOCACY SKILLS & BEHAVIORAL HEALTH INTEGRATION

Mental Health Code Advocate Certification

Learning Objectives

By the end of this module, participants will be able to:

1. Define **mental health literacy** and explain its role in reducing stigma.
2. Demonstrate communication techniques for overcoming barriers in schools, communities, and healthcare settings.
3. Apply peer support strategies that empower individuals and groups.
4. Understand the **integration of behavioral and physical health** and why advocates are crucial connectors.
5. Practice advocacy in real-world scenarios through case studies and role-play.

Course Flow (120 minutes)

1. Introduction & Definitions (20 minutes)

- **Mental Health Literacy:** Knowledge and beliefs that help people recognize, manage, and prevent mental health challenges. Improves help-seeking and reduces stigma.
- **Behavioral Health Integration (BHI):** Coordinated care addressing both mental and physical health, often in primary care/community health settings.

Facilitator Note: Emphasize that advocacy means both *supporting individuals* and *influencing systems*.

Mini Discussion: "What barriers to mental health care have you observed in your community?"

2. Reducing Stigma & Fostering Inclusivity (20 minutes)

- **Stigma Types:**
    - *Public stigma*: negative stereotypes in society.
    - *Self-stigma*: internalized shame.
    - *Structural stigma*: policies that reduce access to care.

- **Inclusivity Approaches:**
    - Using respectful, non-labeling language.
    - Promoting cultural humility.
    - Community education campaigns.
    - Encouraging diverse peer voices in advocacy.

Activity: Split group into pairs. One shares a mental health myth they've heard, the other re-frames it using accurate, stigma-reducing language.

---

3. Communication, Barriers, and Peer Support (25 minutes)

- **Key Advocacy Communication Skills:**
    - *Active listening*: paraphrase and validate feelings.
    - *Open-ended questions*: encourage expression.
    - *Clear, concise messages* to stakeholders.
    - *Negotiation*: aligning multiple interests (schools, families, healthcare providers).
- **Common Barriers:**
    - Cultural/language differences.
    - Lack of trust in systems.
    - Financial/insurance obstacles.
    - Fear of judgment.
- **Peer Support Strategies:**
    - Sharing lived experience to inspire hope.
    - "Power with" not "power over."
    - Group support, buddy systems, mentoring.

Role-Play: Participants practice active listening in pairs: one shares a challenge, the other reflects back and validates.

Course Title: Mental Health Advocacy: Understanding and Supporting Others

4. Behavioral & Physical Health Integration (10 minutes)

- **Intersection of Health:**
  - Chronic illness (diabetes, heart disease) often worsens mental health outcomes.
  - Mental health conditions (depression, anxiety) increase risk of poor physical health.
  - Integrated models (primary care + behavioral health) improve patient outcomes.
- **Advocates' Role:**
  - Help clients communicate mental health needs to medical providers.
  - Educate communities that "mental health *is* health."
  - Encourage collaboration between providers and families.

Facilitator Tip: Use real-world examples (e.g., depression complicating recovery from heart surgery).

---

5. Case Studies (40 minutes)

Case Study 1: Stigma in School

A 14-year-old with anxiety is mocked for missing class. Teachers assume laziness.

- *Advocate Actions:* Educate staff on anxiety, empower student voice, connect family to school counselor.

Case Study 2: Physical & Mental Health Overlap

A 50-year-old diabetic man skips doctor appointments due to depression.

- *Advocate Actions:* Help him see the connection, accompany him to clinic, encourage behavioral health referral.

Case Study 3: Peer Empowerment in Community

A single mother of two is isolated and ashamed of her bipolar diagnosis.

- *Advocate Actions:* Link her with peer support groups, normalize diagnosis, coach her in self-advocacy for housing/benefits.

Discussion Prompt: Which barriers appear in each case? How would you overcome them?

6. Conclusion & Skills Developed (15 minutes)

- **Key Takeaways:**
  - Literacy reduces stigma, builds inclusivity.
  - Advocacy requires *communication, collaboration, and persistence*.
  - Integration of mental and physical health improves whole-person care.
- **Skills Reinforced:**
  - Communication and negotiation with stakeholders.
  - Outreach and education strategies.
  - Peer support and empowerment methods.

Reflection Prompt: "What advocacy skill will you commit to practicing this week?"

Supporting Statistics

- 1 in 5 adults in the U.S. experiences mental illness yearly, yet **nearly 60% receive no care** (NAMI).
- People with serious mental illness die **10–25 years earlier** due to preventable physical health conditions (WHO).
- Stigma remains a top barrier: **8 in 10 people** with mental illness report discrimination in healthcare (Lancet Psychiatry).
- Peer support programs reduce hospitalization rates by **14–29%** (SAMHSA).
- Integrated care models improve depression outcomes by **up to 50%** compared to treatment-as-usual (Agency for Healthcare Research and Quality).

WEEK 7 OF 8: CASE STUDIES AND PRACTICAL APPLICATIONS

Mental Health Code Advocate Certification

Building Critical Thinking & Case Analysis

Block 1: Introduction & Framing (15 min)

- **Why Case Studies Matter:** Real-world advocacy is complex, with overlapping conditions and contextual stressors.
- **Goals of Session A:** Build comfort analyzing comorbid presentations, practice decision-making, and reinforce DSM-5 literacy.
- **Icebreaker:** *What's the hardest real-life situation you've seen someone face?*

Block 2: Case Study Deep Dive 1 – Depression, Grief, and Substance Use (35 min)

- **Scenario:** 38-year-old father, widowed, withdrawing from kids, drinking heavily, late to work.
- **Challenges:**
    - Distinguishing grief vs. major depressive disorder.
    - Alcohol as maladaptive coping.
    - Financial stress + single parenting.
- **Group Tasks:**

1. Identify DSM-5 criteria present.
2. List comorbidities (grief, depression, substance misuse).
3. Prioritize interventions (safety plan? parenting support? grief counseling?).
4. Develop a 3-step advocacy plan.

- **Debrief Discussion:** Which intervention do you address *first*, and why?

Block 3: Case Study Deep Dive 2 – Bipolar, Anxiety, and Treatment Adherence (35 min)

- **Scenario:** 22-year-old student, bipolar diagnosis, stopped medication due to side effects, panic attacks during exams. Family dismisses symptoms.
- **Challenges:**
  - Family stigma & minimization.
  - Navigating autonomy vs. adherence.
  - Academic stress compounding anxiety.
- **Group Tasks:**
  - Identify symptom overlap (mania vs. anxiety vs. exam panic).
  - Create strategies to support without pushing compliance.
  - Plan family psychoeducation points.
  - Develop a campus advocacy strategy (academic accommodations, peer support).
- **Debrief:** How can advocates honor autonomy *and* promote treatment engagement?

Block 4: Mini-Case Analysis (25 min)

Quick cases for pattern recognition (5 min each).

1. **Elderly widow with diabetes** → depression + chronic illness.
2. **Teen with panic + LGBTQ+ identity stress**.
3. **Young veteran with nightmares & heavy drinking**.
4. **College student with social withdrawal & gaming addiction**.

- **Task:** Identify comorbidities, barriers, and one advocacy priority for each.

Block 5: Reflection & Wrap-Up (10 min)

- **Skills Reinforced:** Critical thinking, prioritization, comorbidity analysis.
- **Reflection Prompt:** *"What's one advocacy decision today that challenged your assumptions?"*

Course Title: Mental Health Advocacy: Understanding and Supporting Others

WEEK 8 OF 8: Practical Applications & Advocacy Skills

Block 1: Recap & Warm-Up (10 min)

- Quick review: What patterns emerged in Week 7?
- Warm-up activity: "One insight I applied since last session."

Block 2: Case Study Deep Dive 3 – Eating Disorder, Trauma, and Cultural Stigma (35 min)

- **Scenario:** 19-year-old Latina, restrictive eating, trauma history, family dismisses concerns.
- **Challenges:**
    - DSM-5 eating disorder criteria vs. "picky eater" minimization.
    - Trauma as root cause.
    - Cultural stigma & family invalidation.
- **Group Tasks:**

1. Identify trauma-informed advocacy interventions.
2. Map culturally affirming approaches.
3. Develop a peer support & referral plan.

- **Debrief:** How can advocates engage families who dismiss mental health issues?

Block 3: Critical Thinking Lab – De-Escalation & Safety Planning (30 min)

- **Demonstration:** Facilitator models escalation vs. de-escalation.
- **Triad Role-Play:** Advocate, client in crisis, observer.
    - Scenarios: panic attack, manic agitation, grief outburst.

- **Safety Plan Workshop:** Small groups draft personalized safety plans using templates (include cultural/spiritual supports).

Block 4: Composite Complex Case & Group Presentations (35 min)

- **Scenario Example:**

A 27-year-old refugee mother with postpartum depression, PTSD, and housing instability. She fears losing custody.

- **Group Tasks:**
    1. Identify diagnoses/comorbidities.
    2. Map contextual factors (immigration, housing, stigma).
    3. Create a 4-step advocacy plan.
    4. Present plan in 5 minutes.
- **Facilitator Feedback:** Highlight creativity, feasibility, cultural responsiveness.

Block 5: Integration & Conclusion (10 min)

- **Whole Group Debrief:**
    - What did you learn about teamwork in advocacy?
    - How do you balance hope, empowerment, and practical action?
- **Final Reflection Prompt:** *"What advocacy principle will guide me in the next difficult case I face?"*

Supporting Statistics (to integrate across both sessions)

- **Comorbidity prevalence:** 45% of those with one mental illness meet criteria for another (Harvard NCS-R).
- **Bipolar adherence:** 30–50% discontinue medications due to side effects (WHO).

- **Eating disorders:** Highest mortality rate of all psychiatric conditions (NEDA).
- **Substance use + mental illness:** 50% overlap in severe mental illness (SAMHSA).
- **Peer interventions:** Reduce hospitalization rates by 14–29% (SAMHSA).

Skills Reinforced Across Week 7 and 8

- **Week 7:** Critical thinking, comorbidity recognition, prioritization.
- **Week 8:** De-escalation, safety planning, group collaboration, tailored advocacy interventions.