

UNDERSTANDING MENTAL HEALTH: BREAKING THE STIGMA

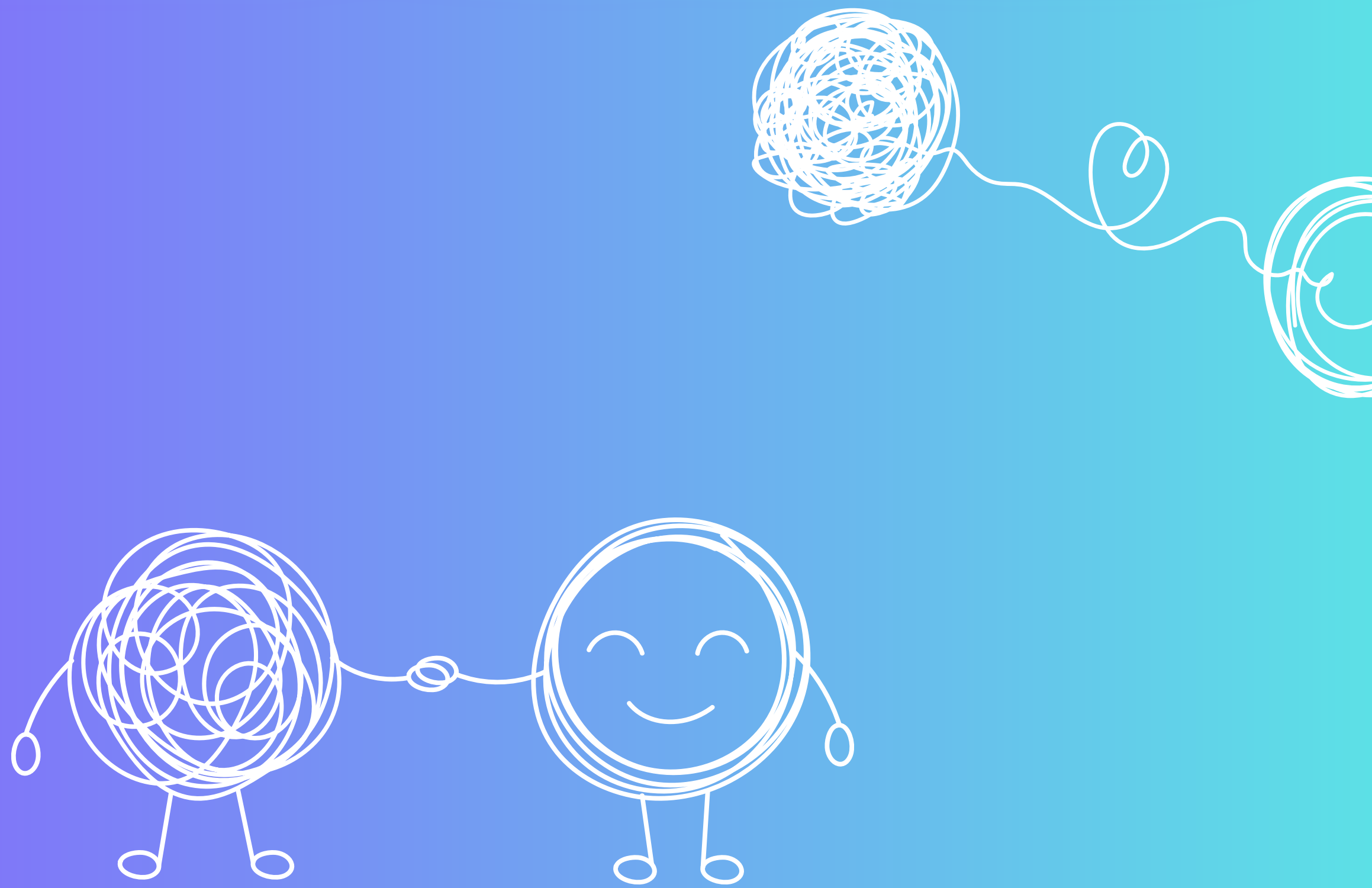


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INTRODUCTION

THIS GUIDEBOOK WAS CREATED WITHIN THE FRAMEWORK OF THE ERASMUS+ SMALL-SCALE PARTNERSHIP PROJECT IMPLEMENTED IN COLLABORATION BETWEEN VITATIIM (ESTONIA) AND INOVACIJU TINKLAS (LITHUANIA).

THE PROJECT AIMS TO PROMOTE MENTAL HEALTH AWARENESS, EMOTIONAL RESILIENCE, AND SOCIAL INCLUSION AMONG YOUNG PEOPLE BY PROVIDING ACCESSIBLE, YOUTH-FRIENDLY EDUCATIONAL MATERIALS AND INTERACTIVE TOOLS. THROUGH THIS GUIDE, WE SEEK TO HELP YOUTH UNDERSTAND MENTAL HEALTH, RECOGNIZE EARLY SIGNS OF DISTRESS, AND REDUCE STIGMA AROUND MENTAL HEALTH CHALLENGES IN THEIR COMMUNITIES.

THE MATERIAL COMBINES THEORY, SELF-REFLECTION, PRACTICAL COPING STRATEGIES, AND REAL-LIFE STORIES FROM YOUNG PEOPLE ACROSS PARTNER COUNTRIES. IT CAN BE USED BY YOUTH WORKERS, EDUCATORS, AND YOUNG PEOPLE THEMSELVES—INDIVIDUALLY OR IN GROUP SETTINGS—TO OPEN CONVERSATIONS, BUILD EMPATHY, AND STRENGTHEN MENTAL WELL-BEING.

BY SHARING HONEST STORIES AND BREAKING DOWN MYTHS, THIS GUIDE ENCOURAGES YOUTH TO SEE MENTAL HEALTH NOT AS A TABOO, BUT AS A VITAL PART OF EVERYDAY LIFE. TOGETHER, WE CAN BUILD A COMMUNITY WHERE TALKING ABOUT MENTAL HEALTH IS A SIGN OF STRENGTH, NOT WEAKNESS.



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WHAT IS MENTAL HEALTH?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Just like physical health, mental health is something we all have and need to take care of. It's not just the absence of mental illness; it's a state of well-being where you can realize your abilities, cope with normal stresses of life, work productively, and contribute to your community. Maintaining good mental health is crucial for overall well-being.



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THE COMPONENTS OF MENTAL WELL-BEING



EMOTIONAL

Ability to process feelings like joy, sadness, anger, and fear.

Healthy coping strategies, not suppression.



PSYCHOLOGICAL

Having a balanced self-image, sound judgment, and clear thinking.

A sense of purpose and control.



SOCIAL

Meaningful connections and support systems.

Healthy communication and boundaries.



SPIRITUAL

A sense of meaning, purpose, or belief in something greater than oneself.





HOW MENTAL HEALTH AFFECTS US

YOUR MENTAL HEALTH DOESN'T JUST LIVE "IN YOUR HEAD" — IT SHAPES HOW YOU THINK, HOW YOU FEEL, HOW YOU ACT, AND YOUR OVERALL WELL-BEING.

Thoughts



- Mental health influences how you see the world and yourself.
- When it's good, you think clearly, stay focused, and make balanced decisions.
- When it's low, thoughts may become cloudy, negative, or filled with self-doubt ("I'll never succeed," "No one likes me").

Feelings



- Good mental health helps you recognize emotions and manage them without being overwhelmed.
- Poor mental health can make feelings like sadness, anger, or fear last longer or feel more intense.

Behaviors



- Mental health shows up in your actions: how you handle stress, how you treat others, and how you take care of yourself.
- Balanced mental health → healthy routines, kindness, problem-solving.
- Struggling mental health → withdrawing from friends, arguing more, avoiding responsibilities, or risky behaviors.

Overall Well-being



- Mental health affects your energy, motivation, and quality of life.
- It's linked to physical health (sleep, immune system, energy).
- It also shapes your relationships, learning, and future goals.





**ATTENTION
PLEASE!**



Mental Health vs. Mental Illness: It's important to know the difference. **Everyone has mental health**, which can be good, okay, or poor at times – it's our overall state of mind. **Mental illnesses**, on the other hand, are diagnosable conditions (like depression or anxiety disorders) that affect how a person thinks, feels, or behaves.

In short, everyone has mental health, but not everyone will experience a mental illness. Understanding this difference helps reduce stigma: having a mental health problem is **nothing to be ashamed of** – it doesn't mean someone is “weak” or “broken.”

Just as we all have physical health (and sometimes get sick), we all have mental health and may face challenges with it. The good news is that mental illnesses are treatable, and people can and do recover with support.



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COMMON MENTAL HEALTH CONDITIONS

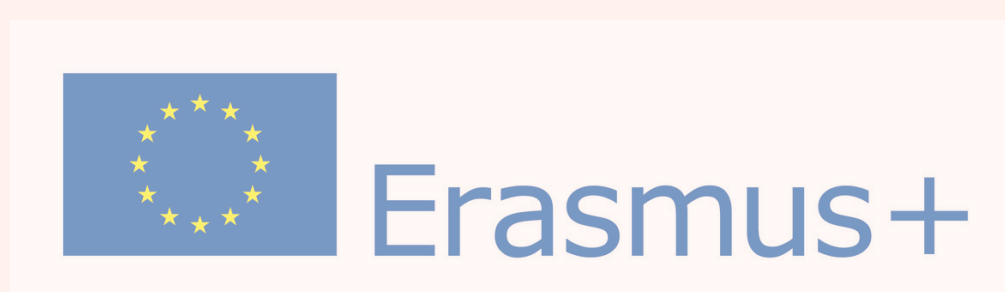
 Anxiety

 borderline personality disorder

 Depression

 Trauma & PTSD

 Eating Disorders





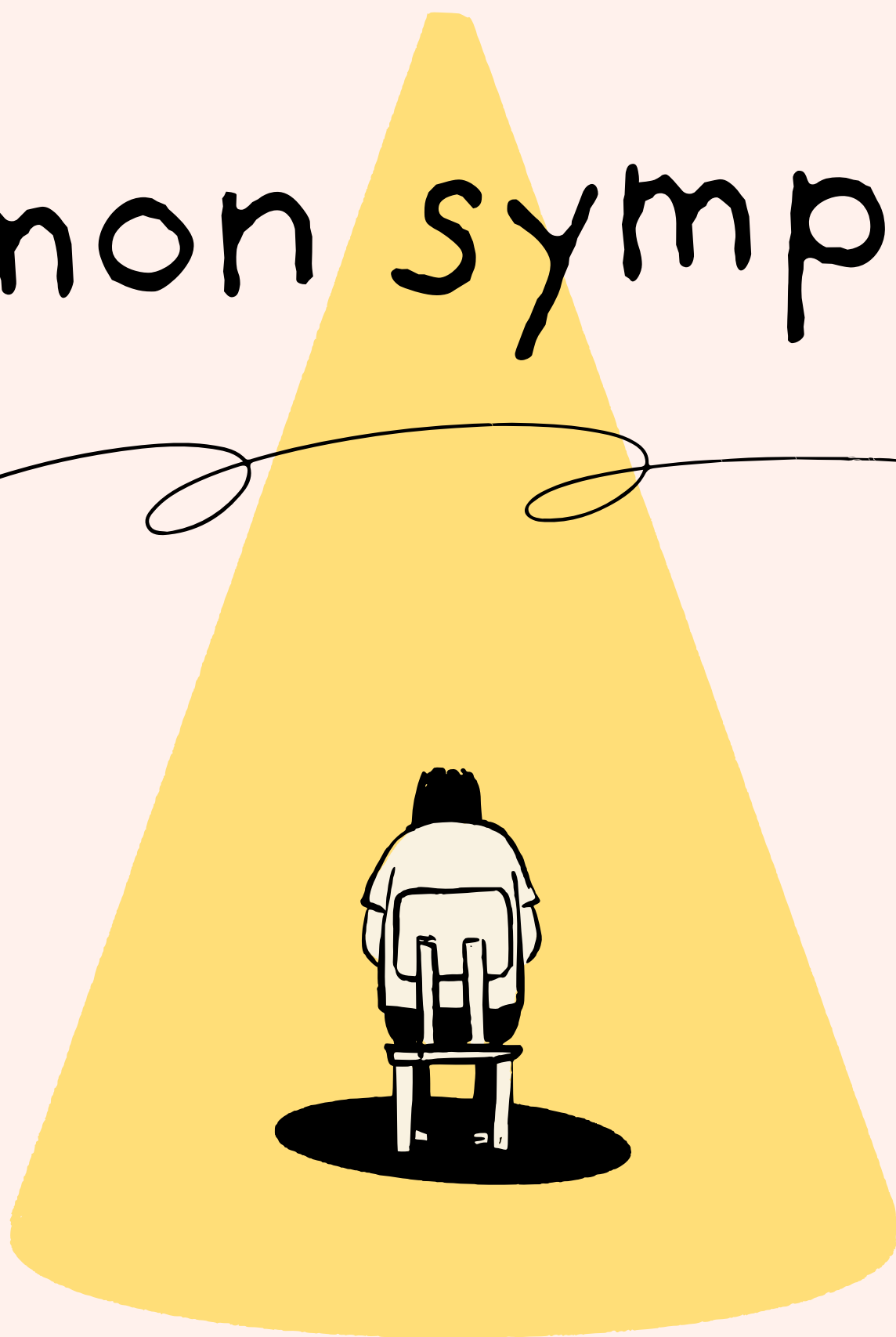
Anxiety



Causes, Symptoms, and Coping Strategies

Anxiety is a natural reaction when facing uncertainty, challenges, or pressure. It's like an internal alarm bell – preparing the body to fight or flight, even when there's no real danger. It is characterised by a feeling of unease, nervousness or fear. When anxiety becomes excessive, persistent and interferes with daily life, it can be classified as anxiety disorder.

common symptoms



Constant worry or fear

Restlessness or feeling on edge

Rapid heartbeat or palpitations

Shortness of breath

feelings of doom

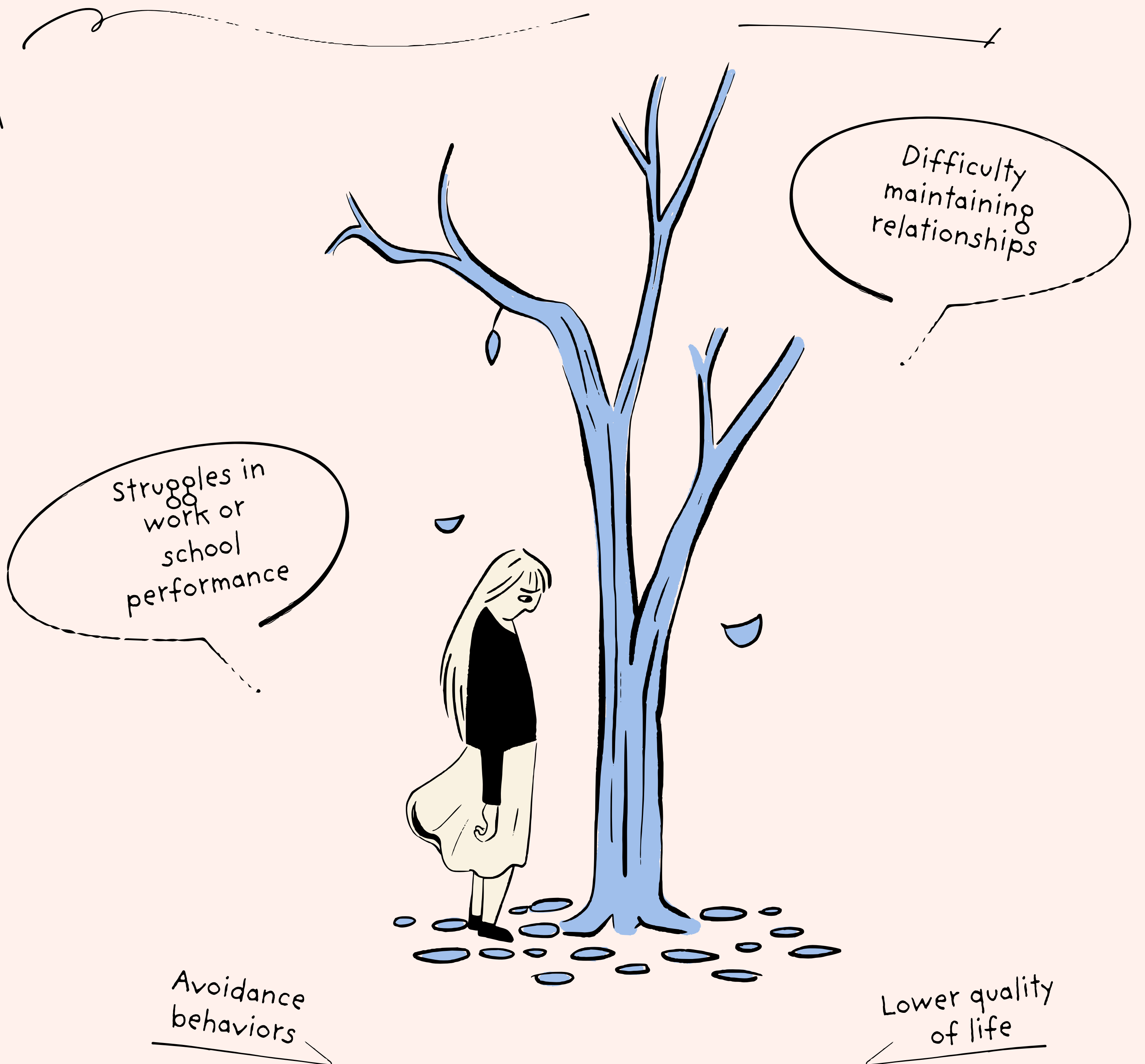
Sleep disturbances

Constant worry something bad will happen

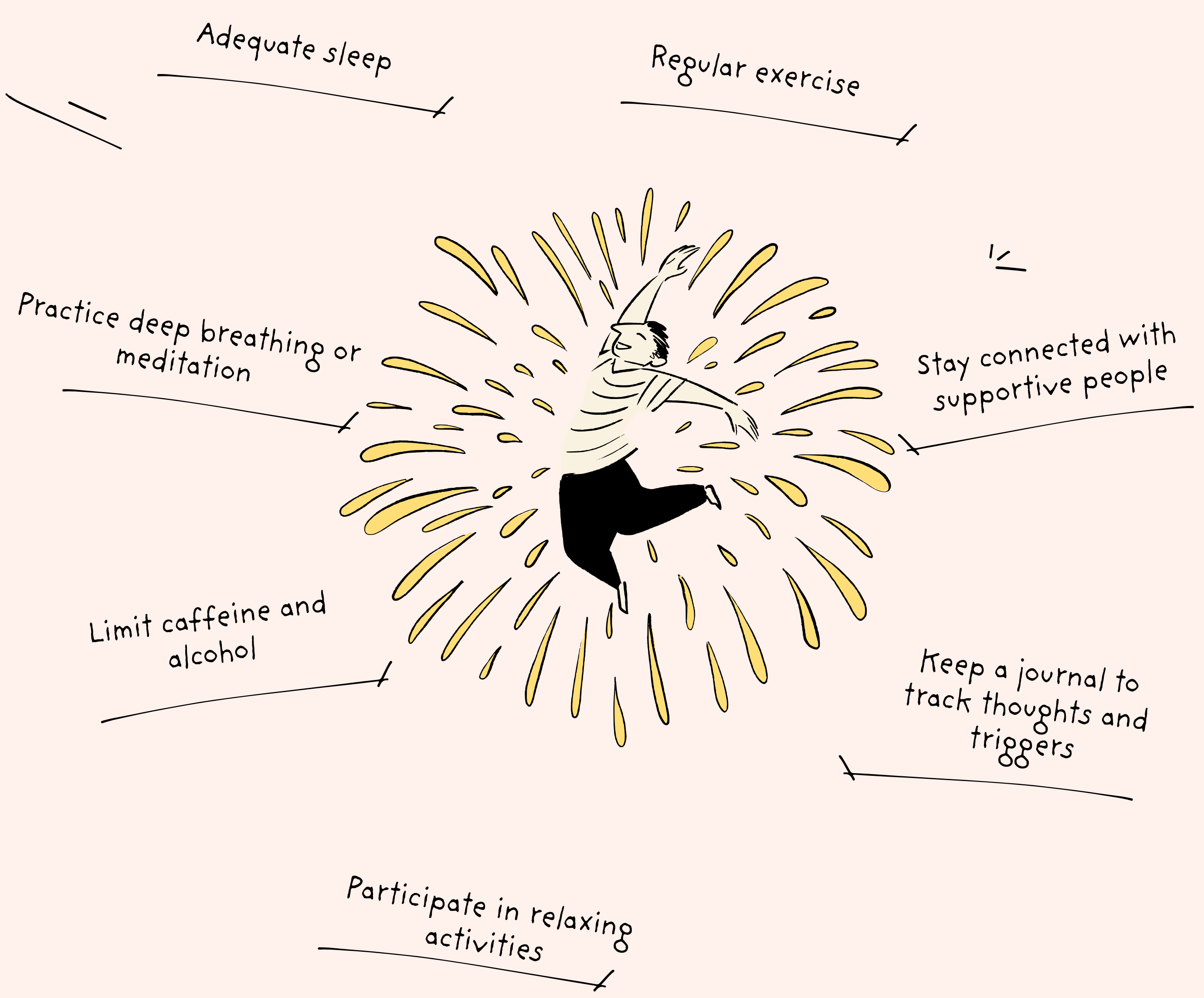
Feeling of losing control



impact on daily life



coping strategies



DEPRESSION



*Symptoms, Causes,
and Treatment*

DEPRESSION IS A MENTAL HEALTH CONDITION, NOT JUST A TEMPORARY MOOD SWING. IT AFFECTS HOW PEOPLE FEEL, THINK, AND HANDLE DAILY ACTIVITIES. DEPRESSION CAN MAKE EVEN SIMPLE TASKS FEEL OVERWHELMING.

common symptoms

Persistent sadness or emptiness

Difficulty concentrating

Feeling empty, hopeless, or worthless

Losing interest in hobbies and friends

No energy, tired all the time

Trouble sleeping or oversleeping



Harder to focus,
memory problems,
procrastination

Avoiding social
activities

More conflict with
family, shutting down
communication

Sleep problems,
headaches, stomach
issues, weak immune
system

Loss of motivation,
believing "there's no
point"



Impact on daily life

coping strategies

Talk to Someone You Trust.
Sharing how you feel with a friend, family member, or youth worker is one of the most effective first steps. You don't need to face it alone

Move Your Body
Physical activity (walks, dancing, sports, stretching) boosts mood by releasing "feel-good" chemicals in your brain. Even 10-15 minutes can help.



Break Tasks into Small Steps
Depression makes everything feel overwhelming. Focus on one small action at a time — like brushing your teeth, finishing a short homework task, or cooking a simple meal. Small wins add up.

Seek Professional Help
Therapists, psychologists, or doctors can provide treatment and tools (like therapy or medication if needed). Reaching out for professional help is a sign of strength, not weakness.

What is PTSD?

PTSD is a mental health condition triggered by experiencing or witnessing a traumatic event.

It can cause long-lasting psychological distress that interferes with daily life and functioning.



Trauma-linked
anxiety

Intrusive
thoughts

Nightmares or
flashbacks

Hypervigilance

Avoidance of
reminders

Symptoms

Intrusive memories

Flashbacks or thoughts that repeatedly surface.

Avoidance

Efforts to stay away from trauma-related cues or thoughts.

Arousal and reactivity symptoms

Overreactions to stimuli, sleep issues, and irritability.

Negative mood and thinking

Persistent pessimism or emotional numbness.



Impact on daily life

Individuals with PTSD may relive the traumatic event in the form of flashbacks, nightmares, or intrusive memories that can cause distress and panic.

Disturbing dreams
Physical reactions to reminders
Recurrent thoughts



Hopelessness

Feeling that the future holds no possibility of happiness or recovery.

Memory problems

Difficulty remembering key details about the traumatic event.

Guilt or blame

Feeling responsible for the trauma or its outcomes.

Irritability or anger

Short temper or frequent outbursts over small issues.

Trouble concentrating

Inability to focus or maintain attention.

Startling easily

Exaggerated response to loud sounds or sudden movement.

Avoiding certain locations

Not going near places that recall the trauma.

Suppressing emotions

Holding back feelings to avoid pain.

Difficulty sleeping

Insomnia, frequent waking, or restless nights.

coping strategies

Grounding techniques 🧠

Use your senses to bring yourself back to the present (look around, name 5 things you see, 4 you feel, 3 you hear, 2 you smell, 1 you taste). This helps during flashbacks or panic.

Safe routines & movement 🧑🏻♀️

Keeping a daily rhythm (sleep, meals, school/work) plus exercise (walking, sports, dancing) makes the nervous system feel more stable.

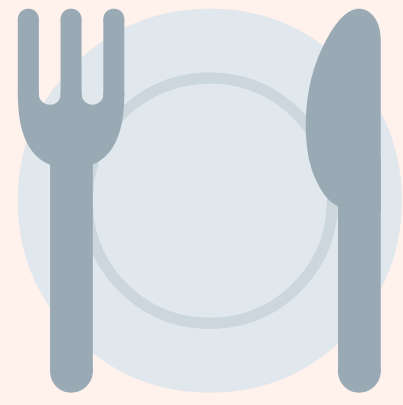


Breathing & relaxation 🧘

Slow breathing (inhale 4, hold 2, exhale 6) or progressive muscle relaxation calms the body's stress response.

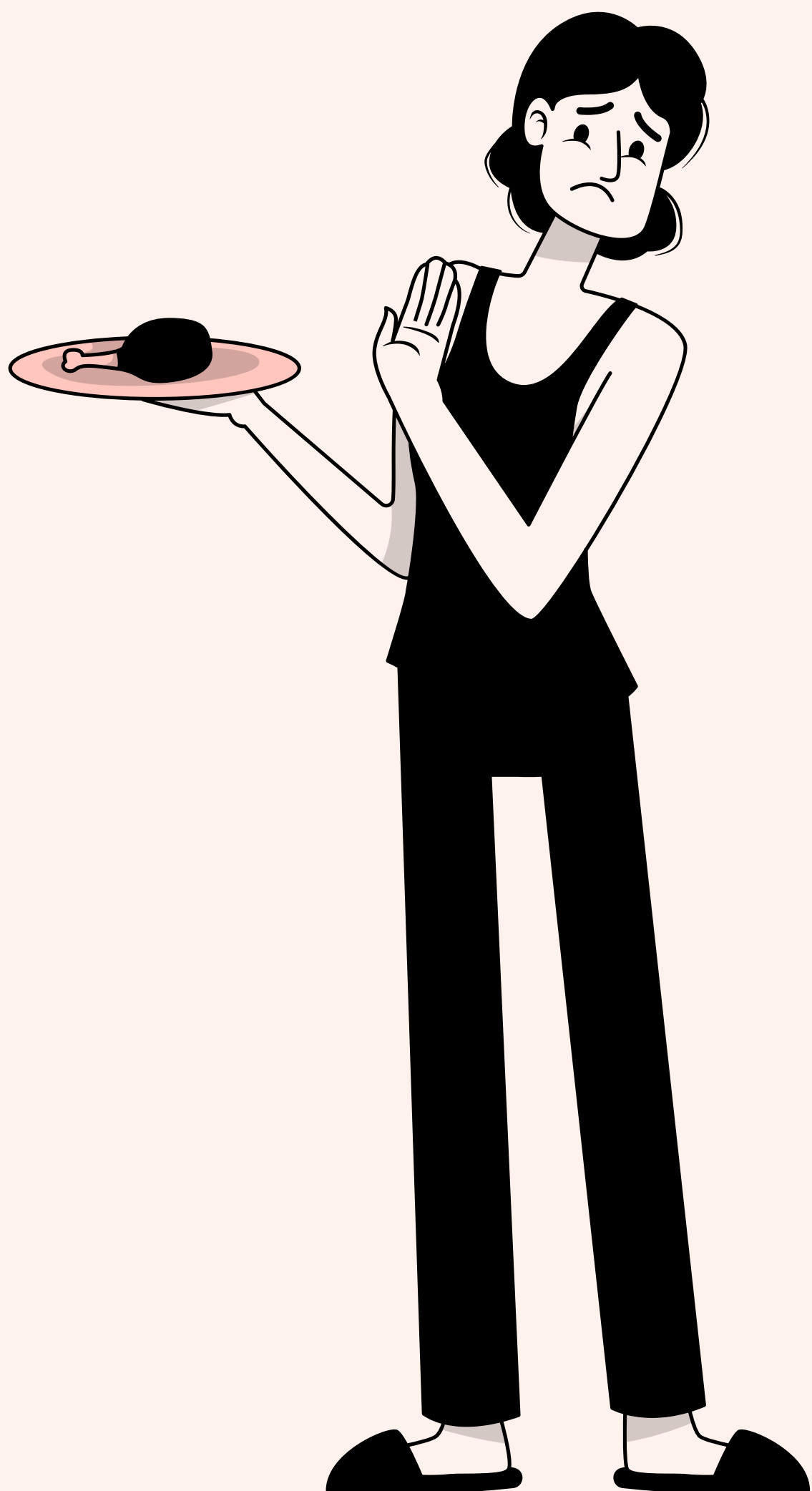
Connection & support 🤝

Talking with a trusted adult, youth worker, or supportive friend helps reduce isolation. Being around safe people is healing.



Eating Disorders

Eating disorders are serious mental health conditions that involve persistent patterns of unhealthy eating behaviors. These disorders can impact a person's physical health, emotional well-being, and relationships. Understanding eating disorders is essential to providing support and promoting recovery.



Eating disorders are characterized by abnormal or disturbed eating habits that negatively affect a person's health. There are several types, including:

- Anorexia Nervosa: Extreme restriction of food intake and an intense fear of gaining weight.
- Bulimia Nervosa: Binge eating followed by compensatory behaviors like vomiting or excessive exercise.
- Binge Eating Disorder: Recurrent episodes of binge eating without purging or compensatory behaviors.
- ARFID: Avoiding foods due to fear, texture, or smell, not body image.

Symptoms

Severe restriction of food intake or over-exercising

Physical signs such as drastic weight loss or gain, fatigue, and dizziness

Withdrawal from social events involving food

Constant concern about weight or body image

Binge eating followed by feelings of guilt or shame



Impact on daily life

Constant tiredness, dizziness, stomach issues, or irregular heartbeat.

Trouble concentrating, missing classes due to exhaustion or doctor visits.

Constant tiredness, dizziness, stomach issues, or irregular heartbeat.

Avoiding meals with friends, hiding eating habits, feeling isolated.

Planning the day around food, calories, or exercise instead of normal activities.

Guilt, shame, low self-esteem, obsession with weight or body image.



coping strategies

Build regular eating patterns



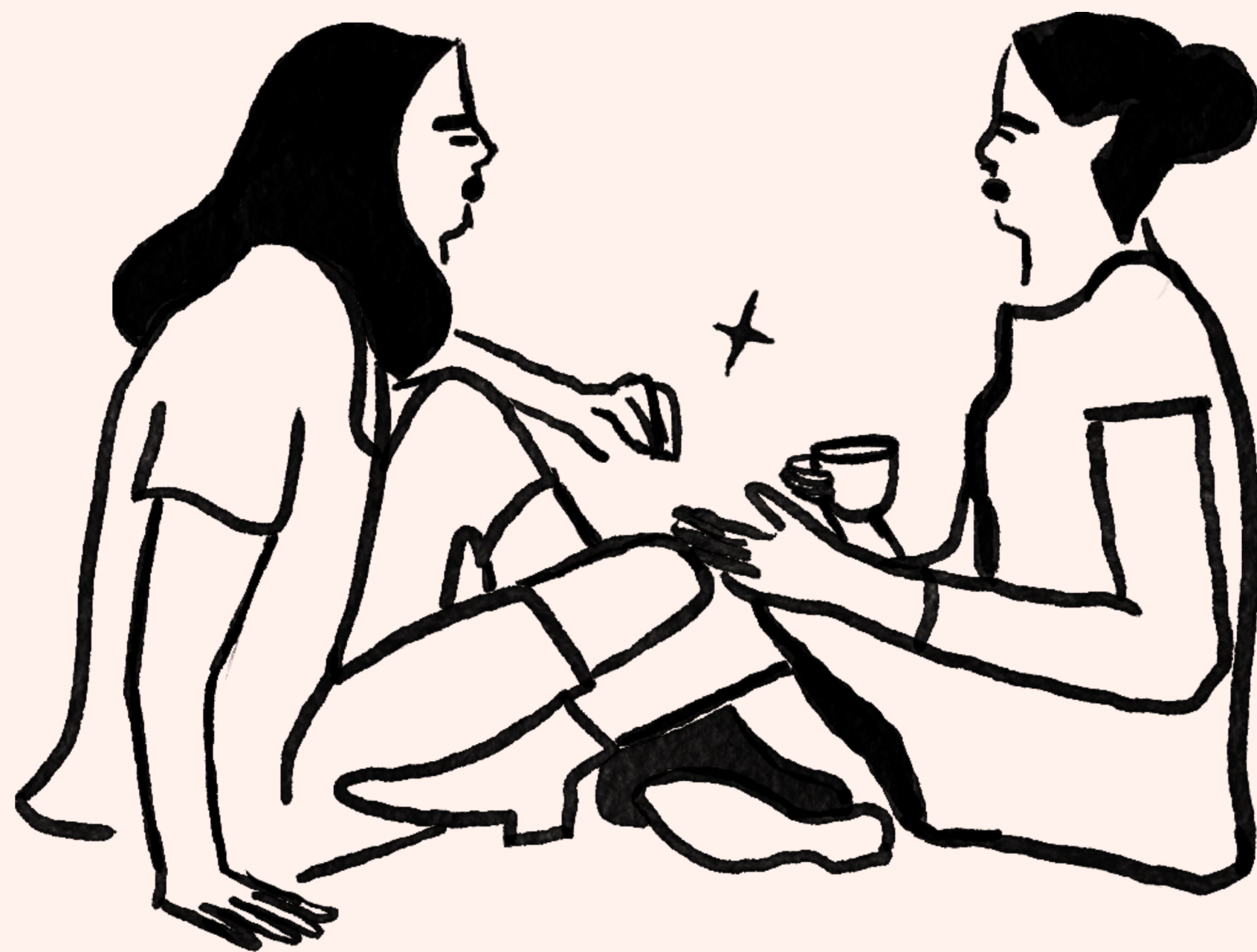
Try to keep consistent mealtimes (3 meals + 2–3 snacks). Structure reduces anxiety around food.

Challenge negative thoughts



Practice reframing harmful thoughts like “I don’t deserve to eat” into balanced ones:

☛ “My body needs energy to study, laugh, and move.”



Focus on body respect, not control



Shift from “perfect body” ideals to what your body can do (dance, hug, walk, create).

Connect with safe people



Share feelings with a youth worker, close friend, or family member who won’t judge.

Borderline personality disorder

Borderline Personality Disorder (BPD) or emotionally unstable personality disorder (EUPD) is a mental health disorder that profoundly affects a person's ability to control their emotions and interferes with their everyday life. The struggle to self-regulate emotions can lead to impulsive actions, a negative self-image, stormy relationships, and intense emotional reactions to stressors. It can manifest in harmful behaviours like self-harm.



People with BPD have an intense fear of abandonment or instability and may have difficulty tolerating being alone. Yet inappropriate anger, impulsiveness and frequent mood swings may push others away despite their strong desire for meaningful and enduring relationships.

People with this disorder have a significantly higher rate of self-harming and suicidal behaviour than the general population.

Symptoms

Patterns of intense and unstable relationships with family, friends and loved ones can go quickly from idealisation to devaluation (love/hate)

Intense mood changes over hours or days and a tendency to view things in extremes, such as all good or all bad. Interests and values can change quickly, and so can their perception of others and loved ones.



Extreme fear/reactions to avoid real or perceived abandonment by friends and family – such as plunging headfirst into relationships or ending them just as quickly.

Impulsive, dangerous or self-destructive behaviours, such as substance use or misuse, binge eating, unsafe sex with multiple partners, unsafe driving, etc.

A distorted and unstable self-image or sense of self- negative, which affects moods, values, opinions, goals and relationships.

Suicide thoughts and/or attempts or self-harming behaviour, such as cutting, hair pulling, or burning.

Impact on daily life

Chronic feelings of emptiness and boredom.

Emotional ups and downs feel exhausting, leaving little energy for school, hobbies, or future planning.



Periods of intense depressed mood, irritability or anxiety lasting a few hours to a few days.

Dissociative feelings ('out of body' type of feelings) and stress-related paranoid thoughts. Severe cases of stress can also lead to brief psychotic episodes.

Coping strategies

Emotion regulation skills: Mindfulness, breathing, or grounding exercises (e.g., “5-4-3-2-1” method – name 5 things you see, 4 things you touch, 3 you hear, 2 you smell, 1 you taste).

Journaling moods: Helps track triggers and patterns.

Trusted people: Share feelings with friends, youth workers, or mentors.

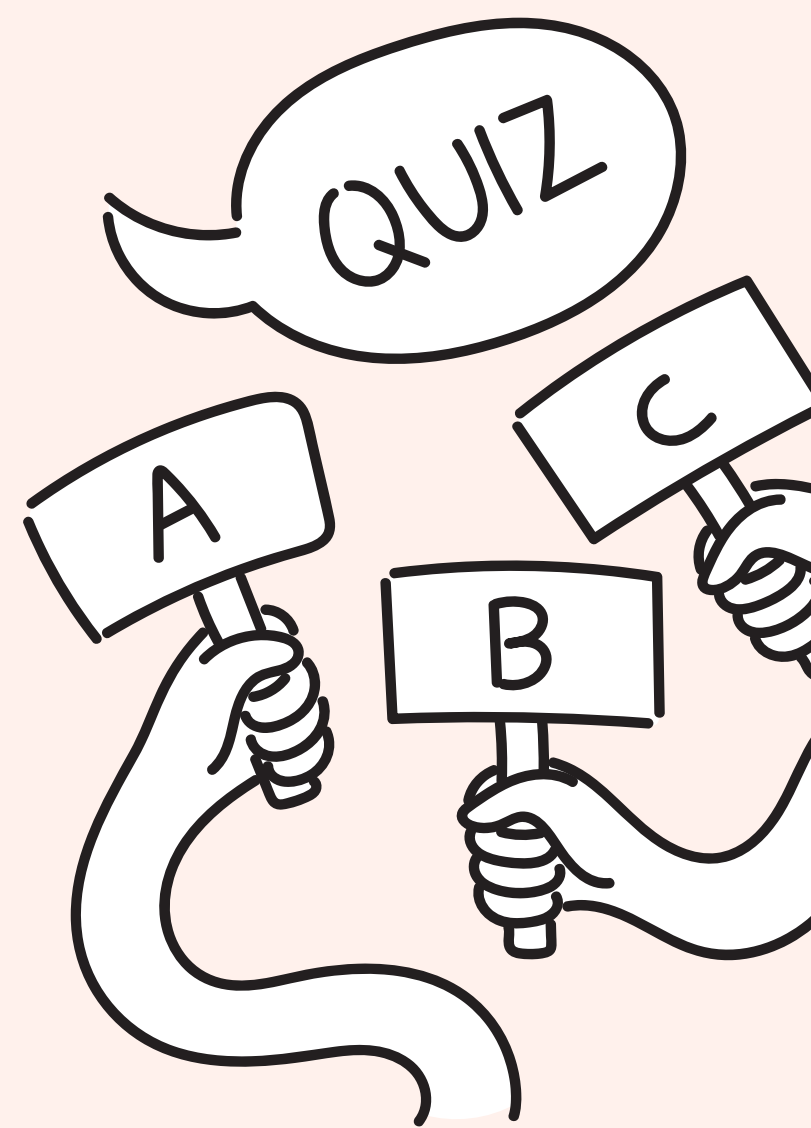
Healthy routines: Sleep, meals, and physical activity stabilize mood.

Therapy is the most effective tool for BPD. Especially:

- **DBT (Dialectical Behavior Therapy):** teaches coping skills for managing emotions and relationships.
- **CBT (Cognitive Behavioral Therapy):** helps challenge negative thought patterns.



Check Up



🎯 Interactive Elements – Part 1: What is Mental Health?

1. Quick Quiz – “Check Your Understanding”

(Individual or pairs – 5 minutes)

Instructions: Read the questions, choose the best answer, then discuss with a partner.

Q1. Mental health includes:

- a) Only emotions
- b) Thoughts, feelings, and social connections
- c) Just the absence of illness

Q2. Good mental health means:

- a) Always being happy
- b) Recognizing and managing your emotions in healthy ways
- c) Never asking for help

Q3. Which statement is true?

- a) Mental health only matters in adulthood
- b) Everyone has mental health at every age
- c) Mental health = mental illness

👉 Reflection – Pause & Think

If you drew your “mental health triangle” (emotional 🧡, psychological 🧠, social 🤝), which side would be the strongest right now? Which side needs attention?

Write down one thought, one feeling, and one action you had in the past week that showed your mental health in action.

Anxiety becomes a disorder when:

- a) It helps you focus before exams
- b) It disappears quickly after a stressor
- c) It is constant, excessive, and disrupts daily life

Which of these situations can increase anxiety levels?

- a) A peaceful weekend in nature
- b) A transition period, e.g., changing schools
- c) Watching a favorite movie

What can you do when a friend experiences anxiety or a panic attack?

- a) Leave them alone
- b) Splash cold water on them
- c) Stay calm and help them focus on their breathing

Where can a young person go if they feel strong or ongoing anxiety?

- a) Only to friends
- b) To a school psychologist, social worker, youth worker, or help line
- c) Nowhere – just wait it out

Which of the following statements is a myth?

- a) Anxiety is a real condition, not attention-seeking
- b) Talking about anxiety can help
- c) Only weak people feel anxiety

Depression is:

- a) Being sad for one day
- b) A condition that affects thoughts, feelings, and daily life
- c) A sign of weakness

Which is a risk factor?

- a) Strong support system
- b) Social isolation
- c) Eating balanced meals

What's a healthy coping step?

- a) Sleeping all day
- b) Journaling
- c) Ignoring feelings

PTSD means:

- a) Long-term distress after trauma
- b) Normal nerves before a test
- c) Fear of dark places

What describes psychological trauma?

- a) Short-term sadness
- b) Long-term emotional difficulties after a dramatic event
- c) Simple exam anxiety
- d) Boredom

Which signs may indicate a person has experienced trauma?

- a) Constant joy
- b) Anxiety, nightmares, avoidance behavior
- c) Only good feelings
- d) Fatigue after sports

What can I do if I notice my friend is struggling with trauma?

- a) Joke that "it will pass"
- b) Be there, listen, suggest getting help
- c) Tell them to toughen up
- d) Avoid them

What are the main signs of eating disorders that distinguish them from regular dieting or picky eating?

- a) A desire to eat only healthy food.
- b) Severe stress about body weight and constant concern about food.
- c) Choosing not to eat certain foods due to taste preferences.

How does bulimia nervosa differ from binge eating disorder?

- a) People with bulimia eat vegetables more often.
- b) People with bulimia try to get rid of the food after bingeing (e.g., by vomiting), while those with binge eating disorder do not.
- c) Binge eating disorder only occurs in children.

What characterizes Avoidant/Restrictive Food Intake Disorder (ARFID) and how does it differ from other eating disorders?

- a) The person restricts food in order to lose weight.
- b) The person avoids certain foods because of taste, smell, or fear of choking—not because of weight concerns.
- c) It is a disorder where the person consciously chooses to eat only fruits.

Name at least one possible cause of eating disorders.

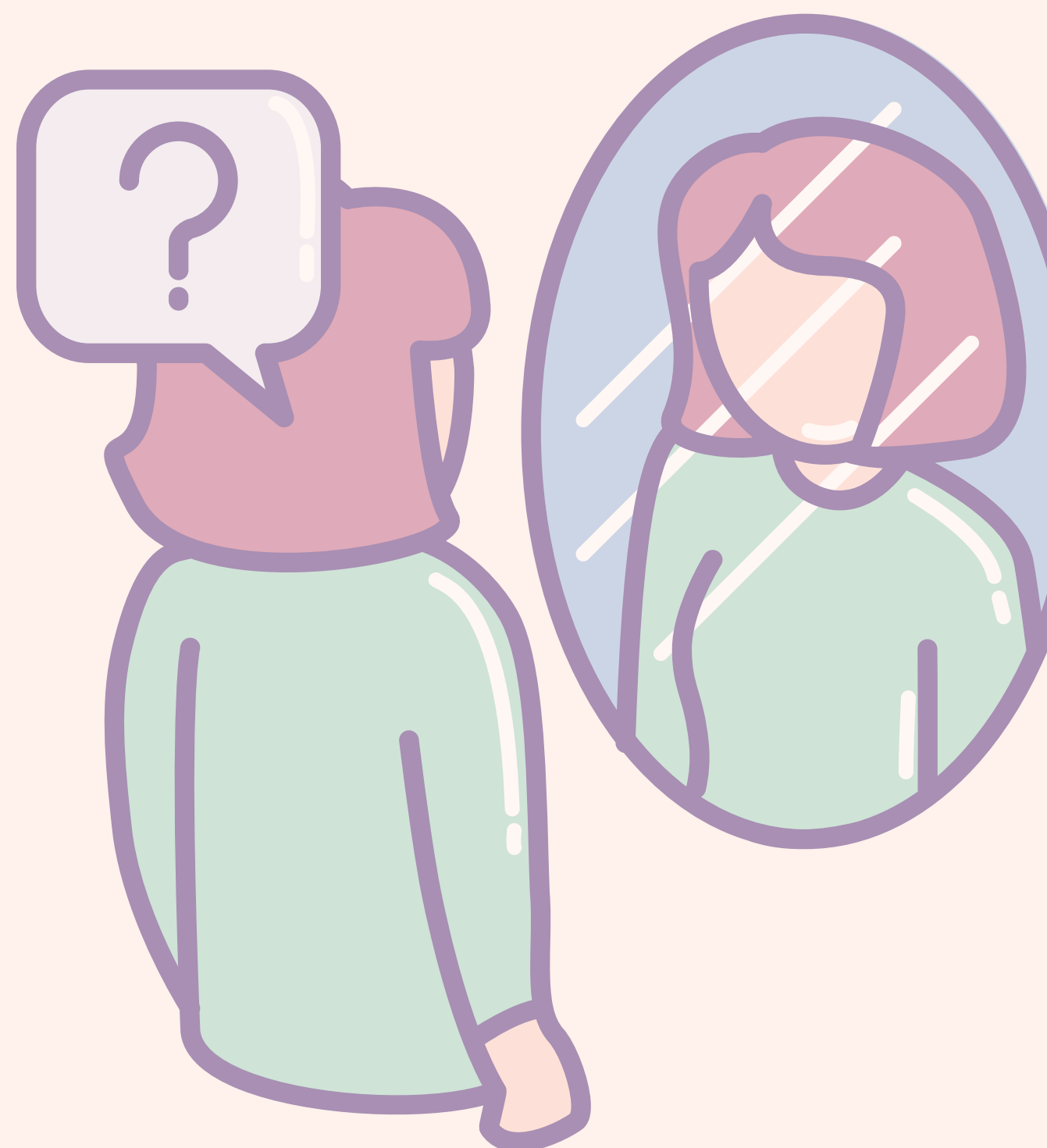
- a) Only genetic inheritance.
- b) Pressure to meet “perfect body” standards on social media.
- c) Enjoying sports or physical activity.

BPD often includes:

- a) Stable mood
- b) Fear of abandonment
- c) Only food restriction

Which is not a BPD symptom?

- a) Impulsivity
- b) Constant balance
- c) Unstable self-image



☀️ Self-Reflection 1: My Mental Health Check-In Instructions for youth:

Take 5 minutes to think about your own experiences.

Write down or just reflect quietly:

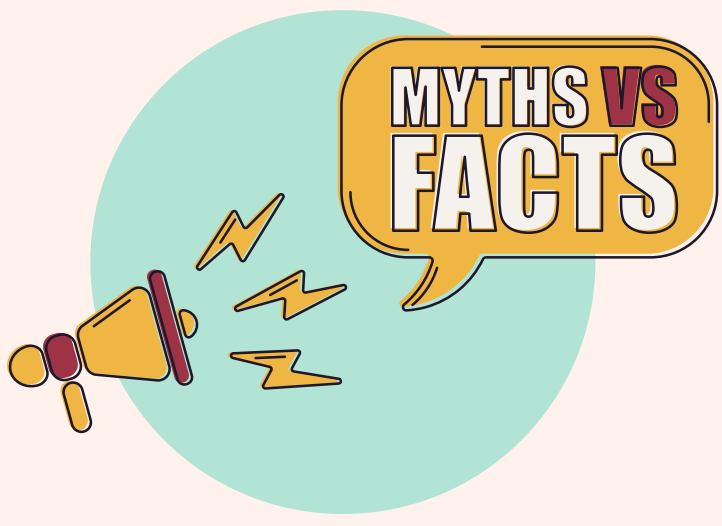
- How do I usually notice when my mental health is doing well? (e.g., energy, focus, feeling connected).
- How do I notice when I start to struggle? (e.g., sleep, mood, avoiding friends).
- What are 2–3 things that help me cope when I'm having a hard time?

☀️ Self-Reflection 2: My Support Map Instructions for youth:

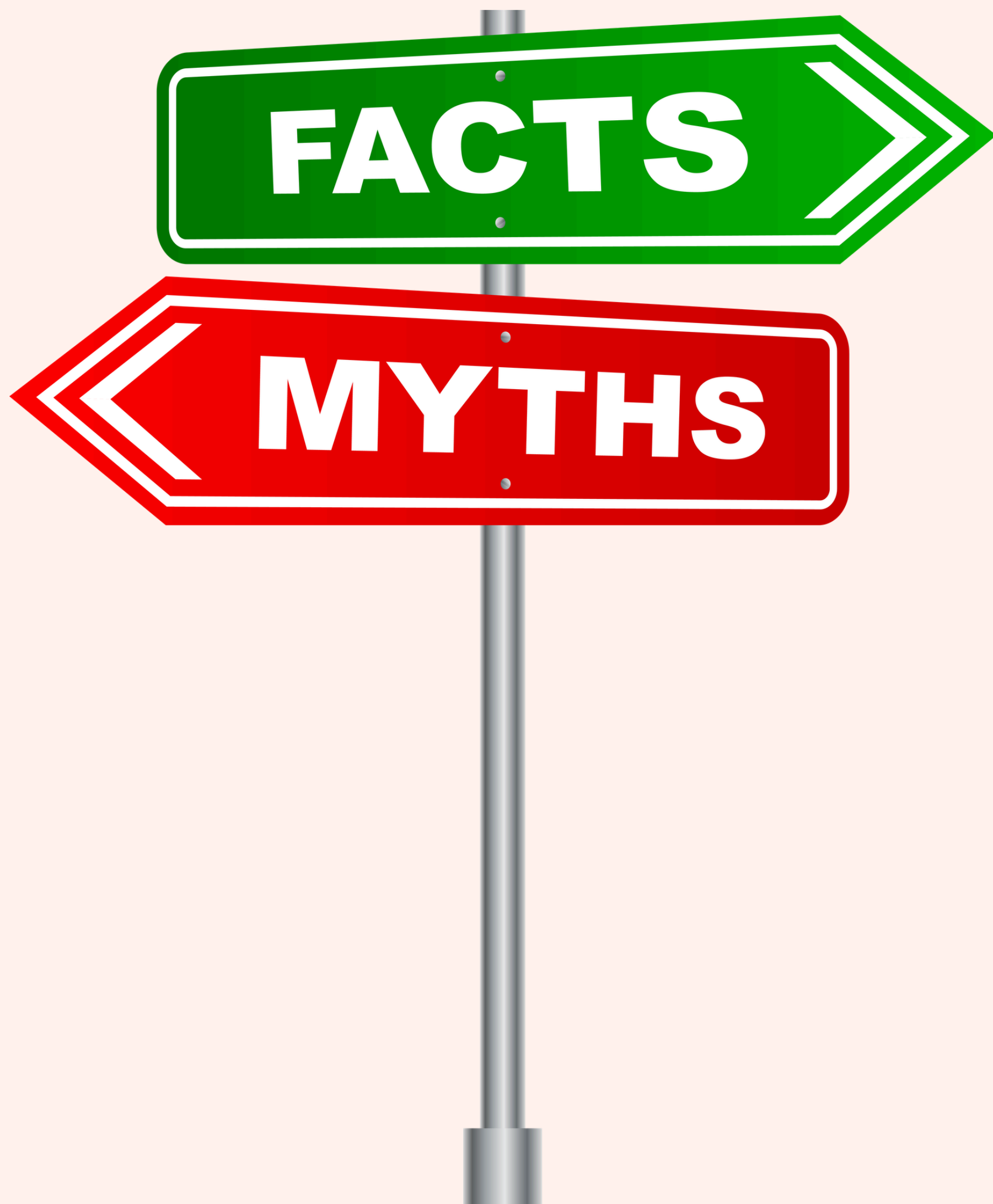
Draw a simple circle in the middle of your page and write "ME."
Around it, add names or roles of people you can turn to when things get tough (friends, family, youth worker, teacher, helpline).

Then, ask yourself:

- Who do I feel safest with when I need to talk?
- Is there someone I'd like to ask for support but haven't yet?
- What kind of help feels most useful to me (listening, advice, distraction, practical help)?



Common Myths vs. Facts



MYTH

VS

FACTS

Mental health and mental illness are the same thing.

Everyone has mental health, just like physical health. Sometimes people experience a mental illness, but that doesn't define all of mental health.

People with mental health conditions cannot recover.

Recovery is possible. With the right support, people go on to live fulfilling and successful lives.

Mental health conditions are rare.

They are very common — 1 in 4 people will experience a mental health condition in their lifetime.

People with mental health conditions are violent and unpredictable.

Most people with mental health conditions are not violent. In fact, they are more likely to be victims than perpetrators.

If you have depression, it just means you're not trying hard enough to be happy.

Depression is not laziness — it's a medical condition influenced by many factors. It requires support and treatment, not judgment.

MYTH

VS

FACTS

Addiction is a choice — people can quit if they have enough willpower.

Addiction is a disease. It requires treatment and support, just like other health conditions.

Only girls suffer from eating disorders.

Eating disorders affect people of all genders. Boys and men also struggle, though stigma often keeps them silent.

People with mental health conditions cannot hold jobs or succeed in life.

Many people with mental health conditions study, work, and thrive. With support and understanding, success is possible for everyone.

Talking about mental health makes things worse.

Talking helps release pressure and opens the door to support. Silence is what often makes things worse.

Only professionals can help with mental health.

While professionals play a key role, friends, youth workers, teachers, and family can also support by listening, encouraging, and standing by someone.

Breaking the Stigma

Talking openly about mental health reduces stigma.

Encouraging support and understanding helps everyone.

Empathy and education can support healing in our communities

Mental illness is not a sign of weakness



Mental illness often carry a significant stigma that can prevent people from seeking help. Many individuals fear being judged for their eating behaviors or body image issues. It's important to break down these stigmas by creating open and supportive environments. Offering non-judgmental help and understanding is key to encouraging people to seek the help they need.

Recognizing and Addressing Stigma

Stigma is a negative attitude or belief about a person or group because they are different.

Stigma can cause discrimination, isolation, and make people feel unwelcome or judged.

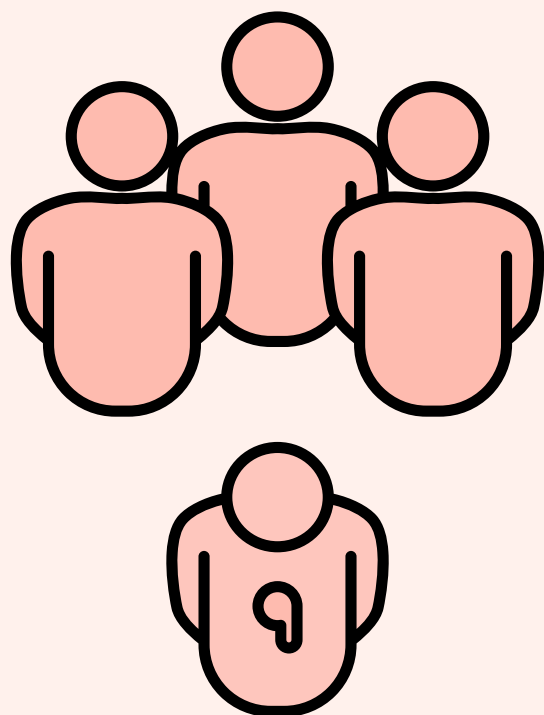
Nowadays, people with mental health issues experience negative impacts on their mental health due to stigma and discrimination, which can cascade into more problems if they are already dealing with mental health issues. Stigma may act as a barrier, preventing a young person from recovering from, seeking support for, or even diagnosing early mental health issues. This can even manifest through self-stigmatisation.

If a person faces stigma, others may view them negatively, treat them differently or make them feel ashamed or worthless. Stigma can also lead to discrimination and can make mental health conditions even worse. It can also get in the way of prevention efforts for these conditions.

Stigma can lead to a lack of support or empathy towards people – leaving them embarrassed, misunderstood, and marginalised. Stigmatisation leads to more than just hurt feelings and could result in a young person ignoring their symptoms, leading to poor recovery and a lower quality of life due to social and physical isolation.

What are the types of stigma?

There are four main types of stigma – each affecting young people in different manners and contexts:



This is when society judges or treats people unfairly because of their mental health.

💡 Example: Movies showing people with mental illness as “scary” or classmates making jokes about anxiety.

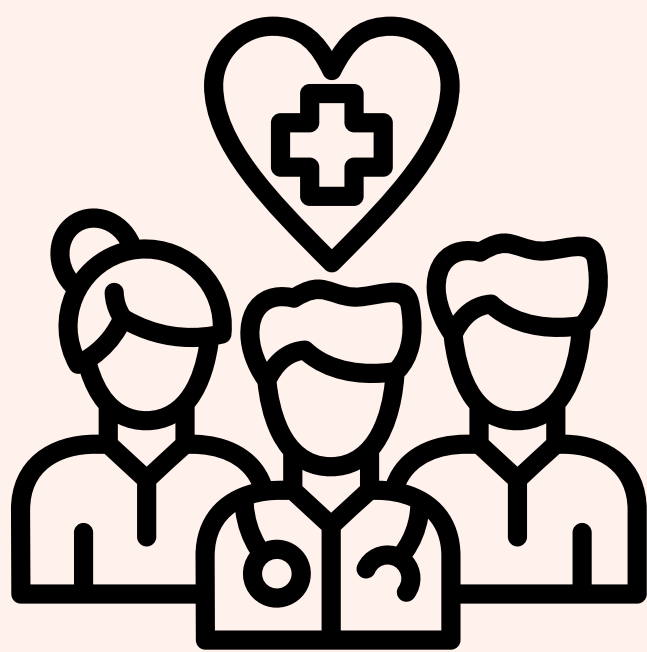
👉 Why it matters: These attitudes make young people feel ashamed or afraid to talk about their struggles.

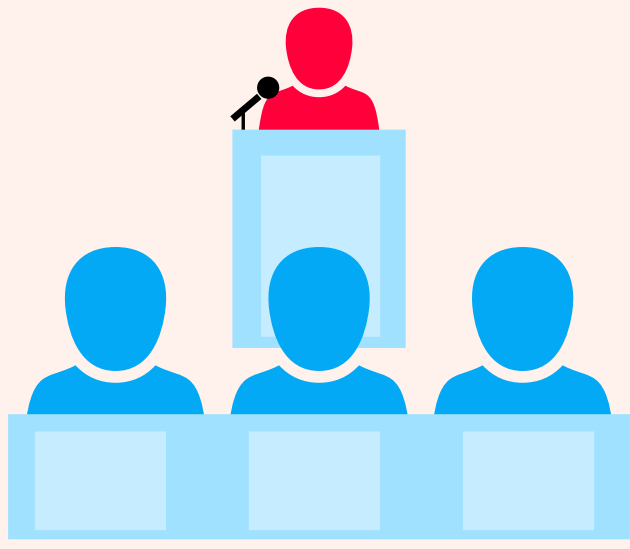
Professional Stigma

Sometimes even doctors, teachers, or other professionals can have negative views about mental health.

💡 Example: A doctor not taking depression symptoms seriously, or teachers saying “you just need to try harder.”

👉 Why it matters: If professionals don't listen or understand, young people might not get the care and support they need.





Institutional Stigma

This type of stigma comes from rules, systems, or policies that make life harder for people with mental health conditions.

💡 Example: Schools not having a counselor, or governments giving less money to mental health programs compared to physical health.

👉 Why it matters: Young people may struggle to find affordable or accessible help when they need it most.



Self-Stigma

This happens when someone starts to believe the negative things others say about mental health — and turns those thoughts against themselves.

💡 Example: Thinking “I’m weak because I have anxiety” or “No one will want to be friends with me if they know I go to therapy.”

👉 Why it matters: Self-stigma lowers confidence, stops people from seeking help, and makes recovery harder.

Let's take a closer look at self-stigma

When experiencing complex mental health conditions, it can be a challenge for young people not to internalise these fears. They can be expressed as shame, embarrassment, and avoidance, all of which are symptoms of self-stigma. Self-stigma can have serious implications for the young person's self-esteem and willingness to seek help when needed.

Learning to tackle self-stigma and developing the necessary skills to support oneself is crucial for improving the quality of life and maintaining young people's wellbeing.



How does stigma
affect young people
with mental health
conditions?



Severely treated differently and excluded from many things that the rest of society takes for granted, leaving them marginalised.
Anxiety and depression

Labelled by the condition and become vulnerable to prejudice and discrimination.

Discriminated against and missing out on studies, work or housing.

Bullied, excluded from social groups, or becoming a victim of violence.



Feeling ashamed or embarrassed, which can lead them to avoid treatment, withdraw from society, abuse alcohol or drugs, or even suicide.

Discouraging help-seeking as young people fear being labelled as mentally ill. Many young people with the early symptoms of mental illness are reluctant to seek help because they do not understand what these symptoms mean or associate mental illness with negative and inaccurate stereotypes.



Making recovery harder. Mental wellbeing has much to do with staying active and engaged, contributing, and feeling accepted by others as part of the community. Stigma can erode young people's self-confidence and make them shy away from engaging with others, fearing misunderstanding and ridicule.

☀️ Helping End Mental Health Stigma and Discrimination

💬 Talking About Mental Health

Small conversations make a big difference. Talking about mental health during everyday chats — with friends, in youth groups, or even at school — helps normalize it.

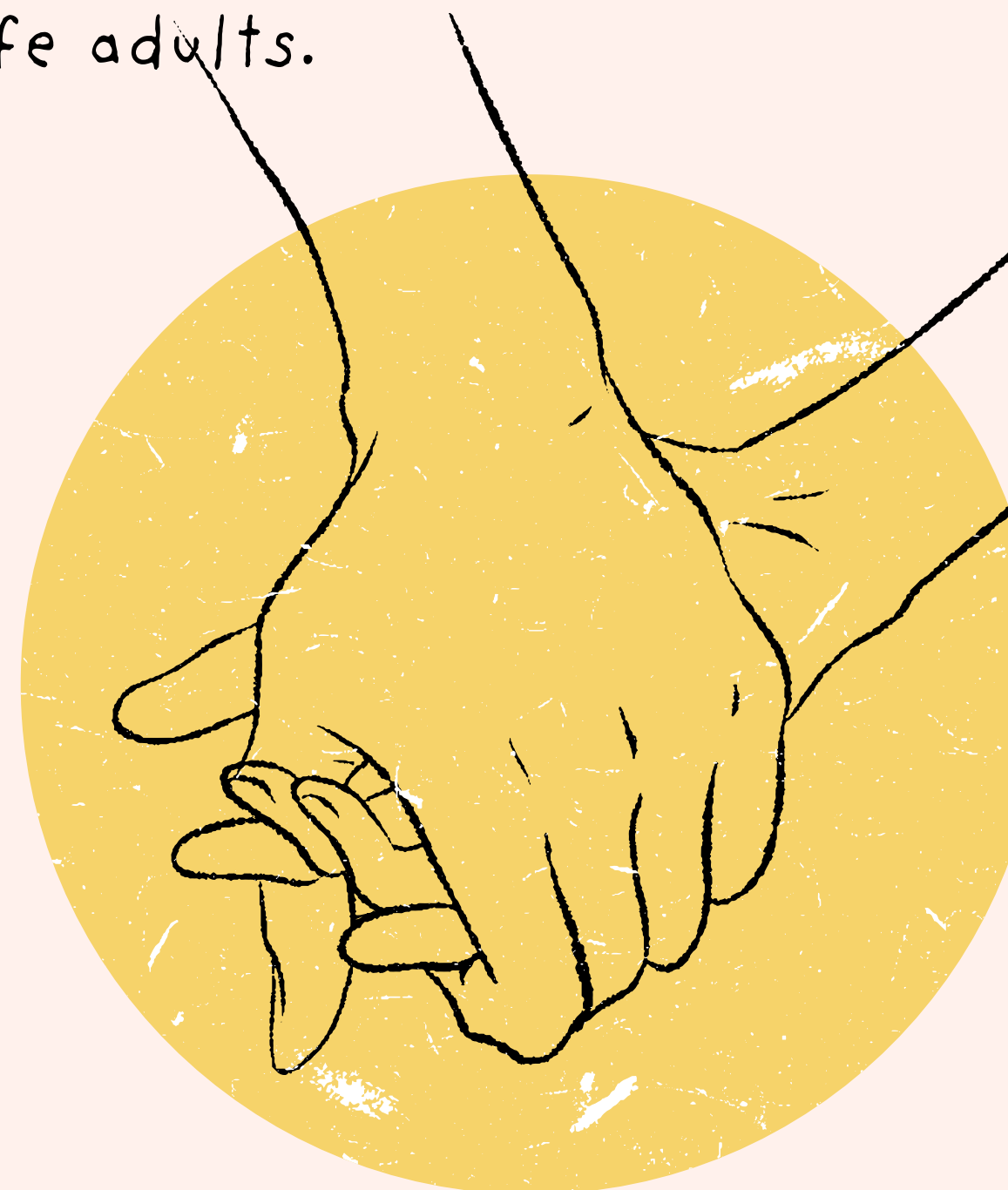
Sharing clear, up-to-date, youth-friendly information can break stereotypes and show that mental health is part of everyone's life.

The Role of Youth Workers

Young people often feel safer opening up to a youth worker or trusted mentor than to a stranger.

Youth workers can guide them toward professional help (psychologists, doctors, helplines) when needed.

They also remind young people to check in with themselves regularly and to lean on their support networks — friends, family, safe adults.



The Power of Language

Words matter! Negative words like “crazy”, “nuts”, or “psycho” might sound like jokes, but they fuel stigma and make people feel excluded or ashamed.

Instead, use respectful, supportive language: “He’s going through a tough time” instead of “He’s crazy.”

Choosing kind words shows care and helps create safe spaces where young people can talk openly.



Everyone’s Role in Breaking Stigma

Ending stigma requires all of us:

- Speak up when you hear harmful jokes or comments.
- Show dignity, respect, and equality to anyone experiencing mental health challenges.
- Build communities where young people feel cared for, not judged.

TAKE CARE
— of —
YOURSELF

BREAK
• the •
STIGMA

TAKE Care
of your
Mental HEALTH

Take ✨
Care of
* Your Mind

it's okay to
FEEL your
FEELINGS

MENTAL
health
BEGINS
with me

Breaking the Cycle of Stigma

PRACTICE OPEN CONVERSATIONS

Sharing experiences openly and listening without judgment creates a safe, supportive environment.

PRACTICE SELF-COMPASSION

Treat yourself with kindness to overcome shame and build resilience against stigma.

EDUCATE YOURSELF AND OTHERS

Learning about stigmatized issues like mental health helps replace judgment with understanding.

CHALLENGE STEREOTYPES

Kindly address harmful stereotypes to reduce stigma and encourage positive change.

SHOW EMPATHY

Offer non-judgmental support to remind others they're not alone.



QUICK QUIZ: MYTH OR FACT?

👉 READ EACH STATEMENT AND DECIDE: MYTH OR FACT?

“MENTAL HEALTH AND MENTAL ILLNESS ARE THE SAME THING.”

“TALKING ABOUT MENTAL HEALTH MAKES THINGS WORSE.”

“ONLY GIRLS EXPERIENCE EATING DISORDERS.”

“PEOPLE WITH MENTAL HEALTH CHALLENGES CANNOT RECOVER.”

“ADDICTION IS A DISEASE THAT REQUIRES TREATMENT AND SUPPORT.”

“MOST PEOPLE WITH MENTAL HEALTH CONDITIONS ARE VIOLENT.”

“1 IN 4 PEOPLE WILL EXPERIENCE A MENTAL HEALTH CONDITION IN THEIR LIFETIME.”

“ONLY PROFESSIONALS CAN SUPPORT SOMEONE WITH MENTAL HEALTH PROBLEMS.”

REFLECTION 1: HAVE YOU FELT STIGMA?
THINK ABOUT A MOMENT WHEN
SOMEONE JUDGED YOU BECAUSE OF YOUR
FEELINGS, APPEARANCE, BACKGROUND, OR
STRUGGLES.

👉 HOW DID IT MAKE YOU FEEL?

👉 DID IT STOP YOU FROM SPEAKING UP,
JOINING OTHERS, OR ASKING FOR HELP?

RECOGNIZING STIGMA

👉 CHOOSE THE BEST ANSWER FOR EACH SITUATION.

1. PUBLIC STIGMA

A CLASSMATE JOKES, "SHE'S CRAZY, PROBABLY NEEDS A STRAIGHTJACKET."

WHAT IS THIS AN EXAMPLE OF?

- A) HARMLESS FUN
- B) PUBLIC STIGMA
- C) MOTIVATION TO BE STRONGER
- CORRECT: B) PUBLIC STIGMA

2. PROFESSIONAL STIGMA

A TEACHER SAYS: "YOU JUST NEED TO TRY HARDER; DEPRESSION ISN'T REAL."

WHAT TYPE OF STIGMA IS HAPPENING HERE?

- A) PROFESSIONAL STIGMA
- B) SELF-STIGMA
- C) PUBLIC STIGMA
- CORRECT: A) PROFESSIONAL STIGMA

3. INSTITUTIONAL STIGMA

A SCHOOL DOESN'T HIRE A PSYCHOLOGIST EVEN THOUGH MANY STUDENTS ASK FOR SUPPORT.

THIS SHOWS:

- A) PUBLIC STIGMA
- B) INSTITUTIONAL STIGMA
- C) SELF-STIGMA
- CORRECT: B) INSTITUTIONAL STIGMA

4. SELF-STIGMA

YOU THINK: "I'M WEAK FOR HAVING ANXIETY. NOBODY WILL RESPECT ME IF THEY KNOW."

WHAT IS THIS?

- A) PROFESSIONAL STIGMA
- B) PUBLIC STIGMA
- C) SELF-STIGMA

#FRIEND

THE

REAL LIFE
STORIES

STIGMA

THEY CALLED ME WEAK. I FOUND STRENGTH IN SPEAKING UP



LOUIS WAS TOLD SHE WAS “WEAK” FOR STRUGGLING WITH DEPRESSION AND ANXIETY.

WHAT HURT MOST WASN’T THE ILLNESS — IT WAS THE STIGMA.

WITH SUPPORTIVE FRIENDS, SHE LEARNED THAT REAL STRENGTH ISN’T HIDING PAIN — IT’S BEING HONEST ABOUT IT.

💡 MESSAGE:

STIGMA CAN HURT MORE THAN THE CONDITION ITSELF.

TRUE STRENGTH IS BEING OPEN, NOT SILENT.



✗ MYTH: PEOPLE WITH DEPRESSION OR ANXIETY ARE “WEAK” OR “ATTENTION-SEEKERS.”

✓ FACT: MENTAL HEALTH STRUGGLES DO NOT EQUAL WEAKNESS. ASKING FOR HELP IS ONE OF THE BRAVEST THINGS YOU CAN DO.

DON'T LET STIGMA SILENCE YOU. CREATE SAFE SPACES. SUPPORT EACH OTHER.

LIVING WITH DEPRESSION AND ANXIETY, VIOLET THOUGHT THAT SPEAKING UP WOULD BRING RELIEF. INSTEAD, SHE WAS MET WITH BLAME: "IT'S YOUR FAULT, YOU'RE JUST LAZY." THE DISCRIMINATION SILENCED HER AND MADE HER FEEL BROKEN.

BUT SURROUNDED BY SUPPORTIVE PARENTS AND SAFE PEOPLE, VIOLET REBUILT HER CONFIDENCE. SHE REALIZED HER STRUGGLES WERE PART OF A REAL CONDITION — AND THAT STIGMA COULD NO LONGER DEFINE HER STORY.



💡 MESSAGE:

STIGMA AND DISCRIMINATION CAN HURT MORE THAN MENTAL ILLNESS ITSELF. WITH SUPPORT, SAFE SPACES, AND POSITIVE PEOPLE, RECOVERY AND CONFIDENCE ARE POSSIBLE.



✗ MYTH: PEOPLE WITH MENTAL HEALTH CONDITIONS ARE LAZY OR MAKING EXCUSES.

✓ FACT: MENTAL HEALTH CHALLENGES ARE REAL. SPEAKING OPENLY IS NOT FAILURE — IT'S COURAGE.

“THEY SAID STRONG PEOPLE NEVER BREAK. I LEARNED REAL STRENGTH IS ASKING FOR HELP.”

OKSANA FLED WAR AND CARRIED HER FAMILY’S BURDENS. BUT PANIC ATTACKS LEFT HER GASPING FOR AIR, EVEN IN EVERYDAY MOMENTS. SHE FELT ASHAMED — UNTIL A YOUTH WORKER SHOWED HER THAT PANIC ISN’T WEAKNESS, BUT A HUMAN RESPONSE TO STRESS. WITH HELP, SHE FOUND COURAGE IN HEALING.



💡 MESSAGE:

STRENGTH ISN'T ABOUT NEVER BREAKING DOWN.

TRUE STRENGTH IS REACHING FOR HELP WHEN YOU NEED IT.



- ✗ MYTH: PANIC ATTACKS MEAN SOMEONE ISN'T STRONG ENOUGH.
- ✓ FACT: PANIC ATTACKS ARE VALID HEALTH RESPONSES TO STRESS AND TRAUMA. HEALING TAKES COURAGE, NOT SILENCE.

“THEY TOLD ME TO TRY HARDER. I LEARNED DEPRESSION IS NOT A CHOICE.”



IEVA STOPPED FINDING JOY IN THE THINGS SHE ONCE LOVED. WHEN RELATIVES SAID SHE JUST NEEDED TO “BE POSITIVE,” SHE FORCED A SMILE — BUT INSIDE, SHE FELT LIKE SHE WAS FADING. WITH HER TEACHER’S SUPPORT, SHE FOUND HELP AND DISCOVERED THAT DEPRESSION ISN’T LAZINESS. IT’S A REAL CONDITION, AND RECOVERY TAKES CARE, NOT JUDGMENT.

💡 MESSAGE:

DEPRESSION ISN’T ABOUT ATTITUDE. IT’S A REAL CONDITION THAT NEEDS REAL CARE.



✗ MYTH: DEPRESSION MEANS YOU’RE NOT TRYING HARD ENOUGH TO BE HAPPY.

✓ FACT: DEPRESSION IS A MEDICAL CONDITION. IT REQUIRES SUPPORT AND TREATMENT — NOT JUDGMENT.

“EVEN THE STRONG CAN BREAK. TRUE STRENGTH IS ASKING FOR HELP.”



OKSANA, A REFUGEE FROM UKRAINE, CARRIED HER FAMILY'S BURDENS WHILE HIDING HER OWN PAIN. PANIC ATTACKS HIT HER DURING EXAMS, IN SHOPS, EVEN ON BUSES. SHE THOUGHT BREAKING DOWN MEANT WEAKNESS. BUT WHEN SHE OPENED UP TO A YOUTH WORKER, SHE LEARNED THAT PANIC ATTACKS WEREN'T A FLAW — THEY WERE A RESPONSE TO STRESS AND TRAUMA. WITH SUPPORT, OKSANA BEGAN TO HEAL.

💡 MESSAGE:

STRENGTH ISN'T ABOUT NEVER FALLING APART. IT'S ABOUT HAVING THE COURAGE TO REACH FOR HELP.



- ✗ MYTH: PANIC ATTACKS MEAN YOU'RE NOT STRONG ENOUGH.
- ✓ FACT: PANIC ATTACKS ARE A VALID HEALTH RESPONSE TO TRAUMA OR STRESS. GETTING SUPPORT IS A SIGN OF STRENGTH, NOT WEAKNESS.

“THEY SAID I WAS SHY. I WAS LIVING WITH SOCIAL ANXIETY.”

LIIS WAS LABELED “THE SHY GIRL.” BUT BEHIND THE SILENCE WAS FEAR: SHAKING HANDS, RACING THOUGHTS, AND A BLANK MIND BEFORE SPEAKING IN CLASS. WITH THE HELP OF A COUNSELOR AND COPING TOOLS, SHE LEARNED HER STRUGGLE WASN’T “JUST SHYNESS” — IT WAS SOCIAL ANXIETY. AND SHE’S NOT BROKEN.



💡 MESSAGE:

SOCIAL ANXIETY ISN'T "JUST SHYNESS." IT'S A REAL FEAR THAT DESERVES COMPASSION AND UNDERSTANDING.



✗ MYTH: SOCIAL ANXIETY IS JUST SHYNESS. PEOPLE SHOULD “GET OVER IT.”

✓ FACT: SOCIAL ANXIETY IS A REAL CONDITION. IT NEEDS SUPPORT, NOT DISMISSAL.

„I LOOKED GOOD ON THE OUTSIDE, BUT I WAS STRUGGLING ON THE INSIDE.”

TOMAS'S BEST FRIEND JUSTAS WAS ONLY 16 WHEN HE TOOK HIS LIFE. NO ONE KNEW THE PAIN BEHIND HIS SMILE. AFTER LOSING HIM, TOMAS REALIZED THAT YOUNG PEOPLE FACE REAL STRUGGLES TOO — BULLYING, LONELINESS, FAMILY ISSUES. NOW HE TALKS OPENLY WITH HIS FRIENDS, ASKING HOW THEY REALLY FEEL.



💡 MESSAGE:

SUICIDE ISN'T AN ADULT ISSUE. YOUNG PEOPLE CARRY HEAVY BURDENS TOO. LISTENING EARLY, TALKING OPENLY, AND SUPPORTING EACH OTHER SAVES LIVES.



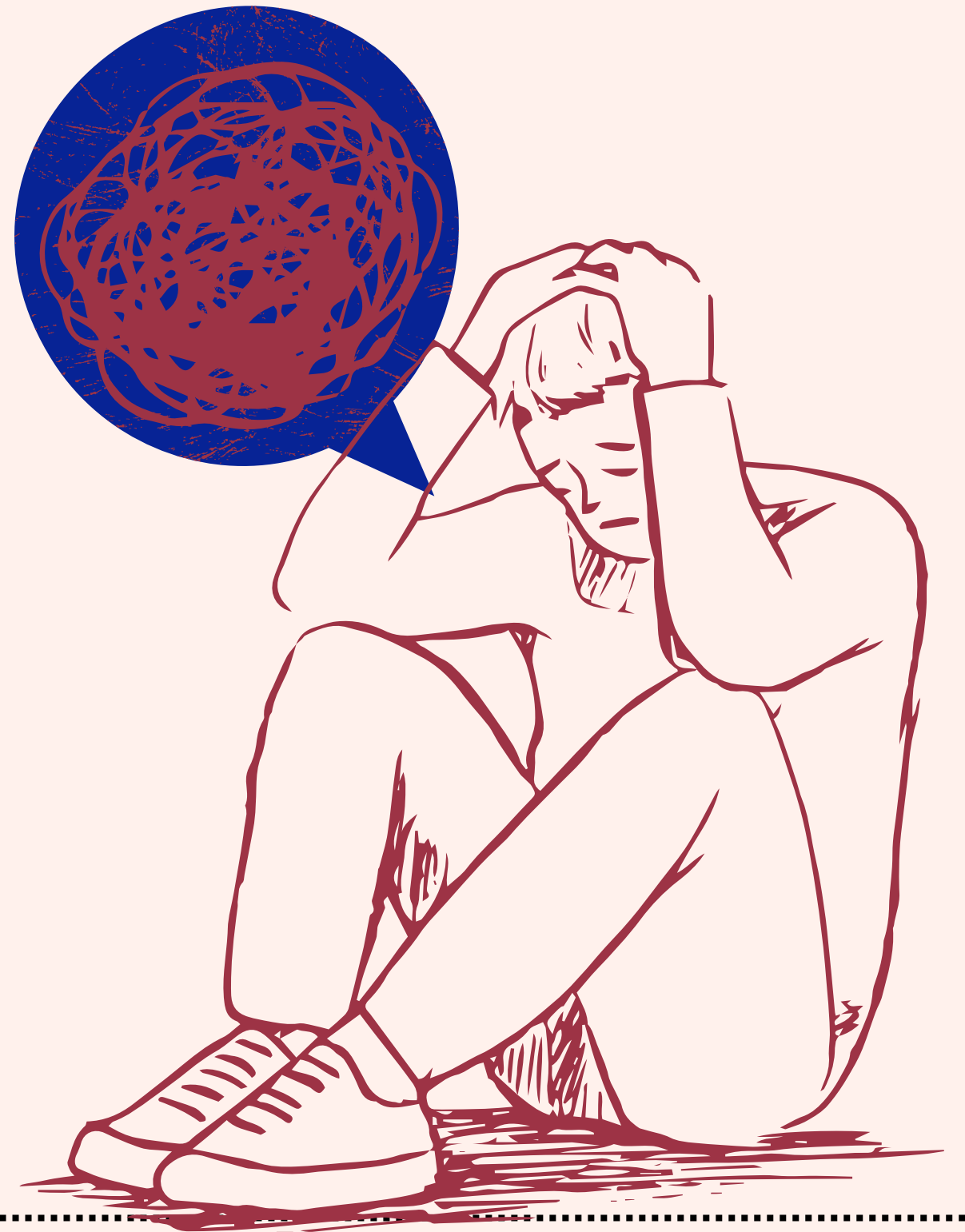
✗ MYTH: SUICIDE ONLY AFFECTS ADULTS WITH “REAL PROBLEMS.”

✓ FACT: YOUNG PEOPLE ALSO EXPERIENCE DEEP PAIN, AND SUICIDE CAN AFFECT ANYONE. HONEST CONVERSATIONS AND EARLY SUPPORT MATTER.

“THEY SAID IT WAS A CHOICE. FOR ME, IT WAS SURVIVAL.”



AFTER FLEEING UKRAINE, ARTIOM FELT LIKE HE HAD LOST EVERYTHING — HIS HOME, SCHOOL, AND EVEN HIS DOG. TO NUMB THE PAIN, HE STARTED VAPING, THEN DRINKING, AND EVENTUALLY USING HARDER DRUGS. ONE NIGHT, HE WOKE UP IN THE HOSPITAL AFTER BLACKING OUT AT A PARTY. THAT WAS HIS TURNING POINT. TODAY, ARTIOM ATTENDS RECOVERY GROUPS AND IS LEARNING THAT ADDICTION IS NOT ABOUT WEAKNESS OR WILLPOWER — IT'S ABOUT HEALING.



 MESSAGE:

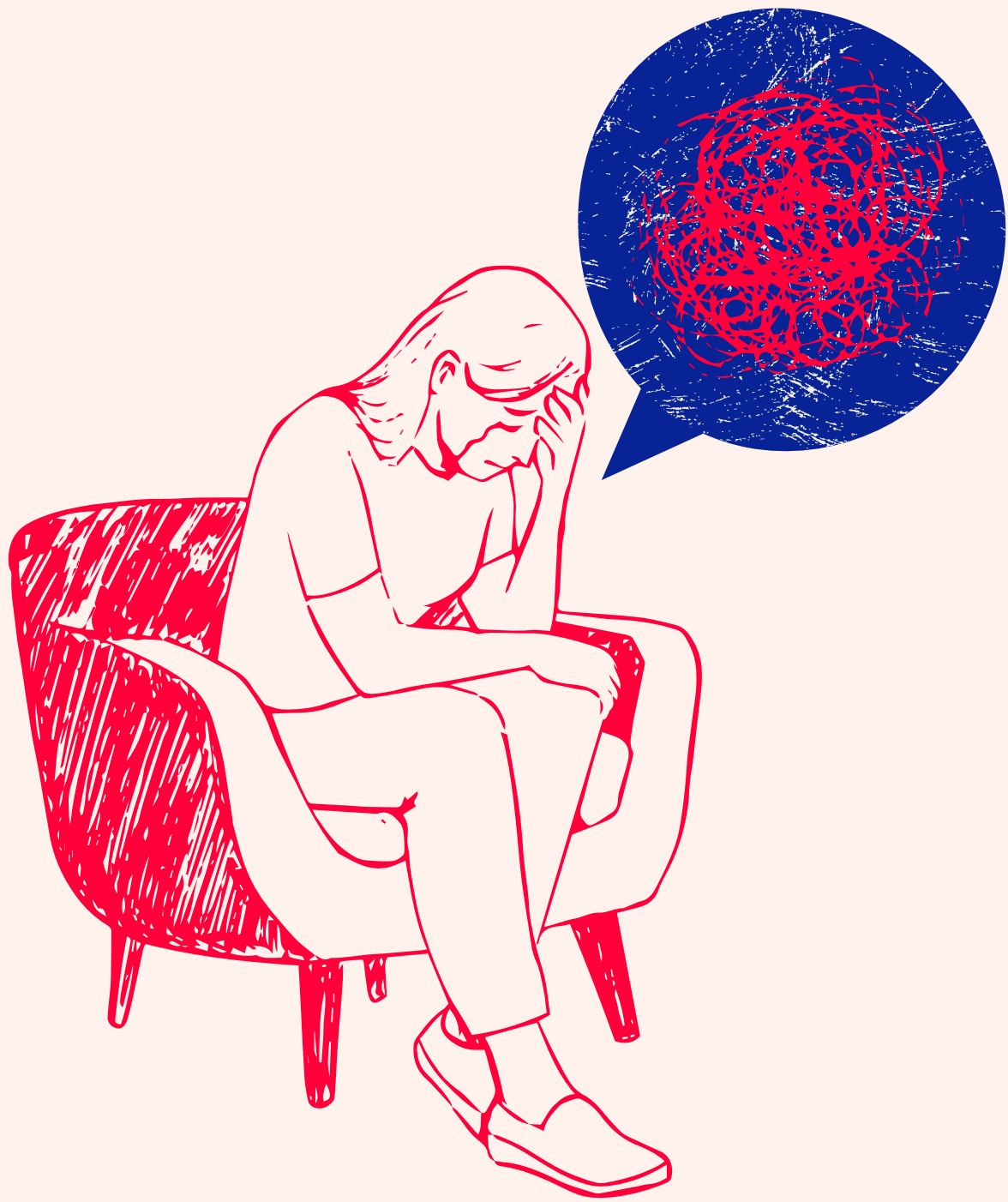
ADDICTION IS OFTEN USED TO ESCAPE PAIN. HEALING TAKES MORE THAN WILLPOWER — IT TAKES SUPPORT, COURAGE, AND CARE.



✗ MYTH: ADDICTION IS JUST A BAD CHOICE.

✓ FACT: ADDICTION IS A HEALTH CONDITION. IT REQUIRES TREATMENT, SUPPORT, AND RECOVERY — NOT JUDGMENT.

“THEY CALLED ME LUCKY FOR BEING SKINNY. I WASN’T LUCKY — I WAS UNWELL.”



EVELIN THOUGHT BEING SKINNY MEANT BEING HEALTHY. BUT BEHIND THE COMPLIMENTS, SHE WAS SKIPPING MEALS, TIRED, AND FAINTED DURING DANCE CLASS. WITH HELP FROM A TEACHER AND DOCTOR, SHE LEARNED HEALTH IS ABOUT STRENGTH, BALANCE, AND REST — NOT SIZE.

💡 MESSAGE:

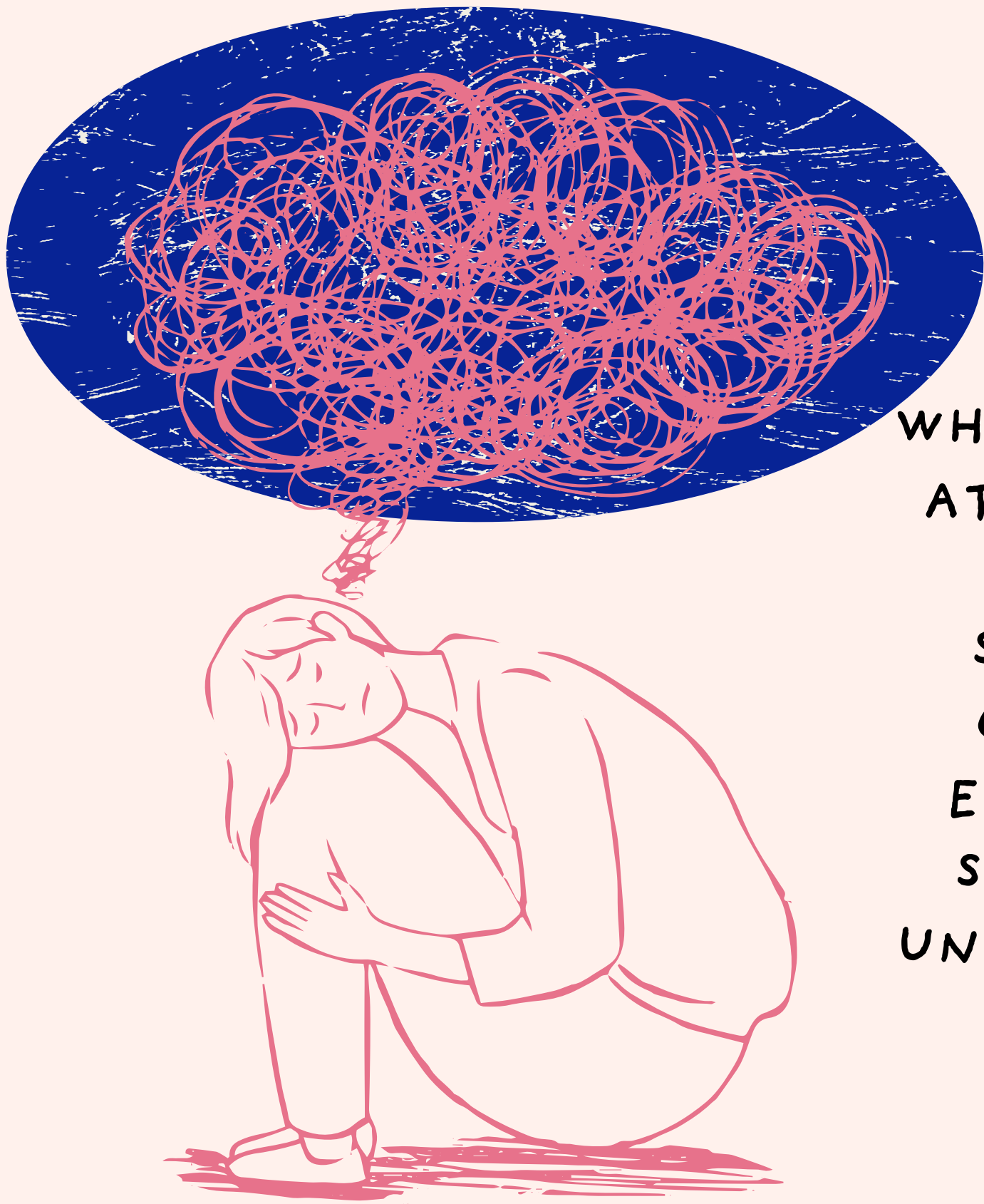
THE “PERFECT BODY” DOESN’T GUARANTEE HEALTH. REAL WELLBEING MEANS BALANCE — FOOD, ENERGY, AND SELF-RESPECT.



✗ MYTH: A PERFECT BODY EQUALS PERFECT HEALTH.

✓ FACT: HEALTH IS ABOUT STRENGTH, BALANCE, AND SELF-CARE — NOT APPEARANCE.

“THEY THOUGHT HE WAS DANGEROUS. I LEARNED SHE JUST NEEDED UNDERSTANDING.”



WHEN JAMAL'S OCD RITUALS SHOWED UP AT SCHOOL, CLASSMATES LABELED HIM "PSYCHO" AND "DANGEROUS." THE STIGMA WAS EXHAUSTING, NOT HIS CONDITION. WITH COURAGE, JAMAL EXPLAINED OCD TO HIS PEERS — AND SOME EVEN APOLOGIZED. HE PROVED UNDERSTANDING CHANGES EVERYTHING.

💡 MESSAGE:

PEOPLE WITH MENTAL ILLNESS AREN'T DANGEROUS. THEY'RE MISUNDERSTOOD. BE KIND BEFORE YOU JUDGE.



✗ MYTH: MENTAL ILLNESS MAKES PEOPLE AGGRESSIVE.

✓ FACT: MENTAL ILLNESS ISN'T VIOLENCE. STIGMA, FEAR, AND IGNORANCE CREATE HARM — NOT THE PEOPLE LIVING WITH THESE CONDITIONS.

“THEY SAID MENTAL HEALTH ISN’T OUR PROBLEM. I KNOW IT BELONGS TO EVERYONE.”



AFTER FLEEING UKRAINE, KATERYNA STRUGGLED WITH PANIC AND NIGHTMARES IN A QUIET LITHUANIAN VILLAGE. LOCALS DISMISSED MENTAL HEALTH AS “NOT SOMETHING THAT HAPPENS HERE.” SHE FELT INVISIBLE. BUT JOINING A YOUTH GROUP HELPED HER REALIZE THAT EVERYONE, NO MATTER WHERE THEY COME FROM, CAN FACE MENTAL HEALTH CHALLENGES — AND EVERYONE DESERVES TO BE HEARD.

💡 MESSAGE:

MENTAL HEALTH ISSUES DON'T CARE WHERE YOU COME FROM OR WHAT LANGUAGE YOU SPEAK. EVERYONE HAS A STORY, AND EVERYONE DESERVES TO BE HEARD.



✗ MYTH: ONLY CERTAIN GROUPS OR PLACES STRUGGLE WITH MENTAL HEALTH.

✓ FACT: MENTAL HEALTH IS UNIVERSAL. ANYONE, ANYWHERE, CAN FACE CHALLENGES — AND SUPPORT SHOULD BE FOR ALL.

“MEDICATION HELPED ME STAND UP. BUT RECOVERY TOOK MORE THAN ONE STEP.”



LUKAS THOUGHT MEDICATION WAS THE ONLY ANSWER TO HIS DEPRESSION. IT GAVE HIM STABILITY, BUT NOT HEALING. WITH THERAPY, SMALL LIFESTYLE CHANGES, AND SUPPORT FROM FRIENDS, HE DISCOVERED THAT RECOVERY IS A JOURNEY BUILT FROM MANY TOOLS, NOT JUST ONE.

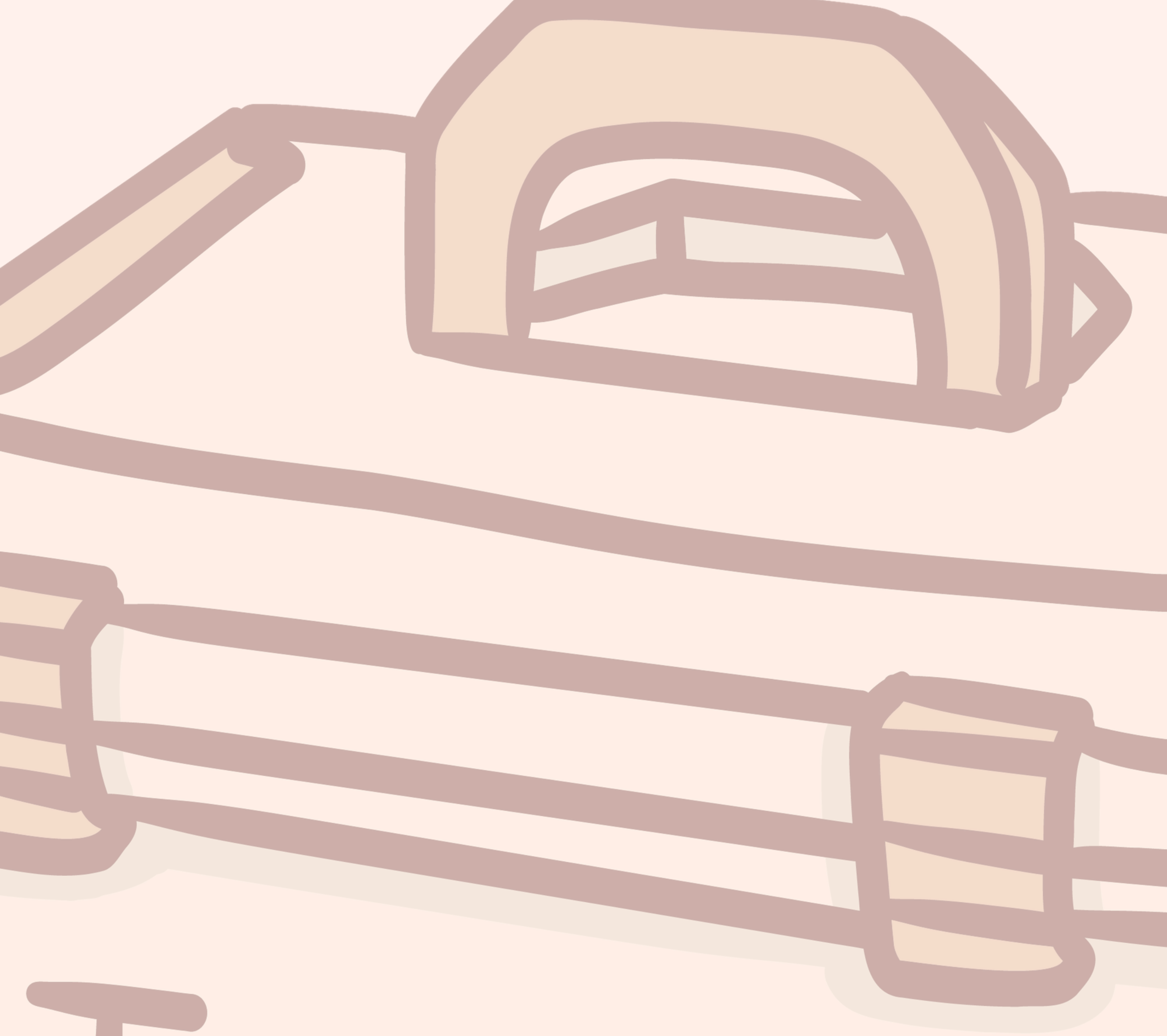
💡 MESSAGE:

MEDICATION CAN BE A USEFUL TOOL, BUT IT'S NOT THE ONLY ONE. RECOVERY OFTEN TAKES A WHOLE TOOLBOX — THERAPY, CONNECTION, HABITS, AND HOPE.



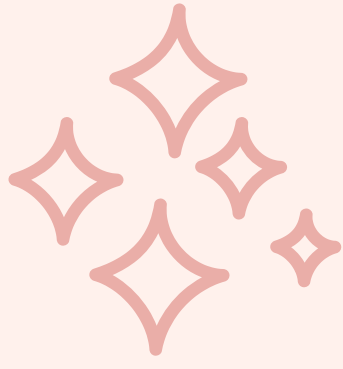
✗ MYTH: MEDICATION IS THE ONLY SOLUTION TO MENTAL HEALTH PROBLEMS.

✓ FACT: HEALING COMBINES MANY SUPPORTS — THERAPY, SELF-CARE, COMMUNITY, AND SOMETIMES MEDICATION.



TOOLBOX

HEALTHY COPING SKILLS



Mindful Breathing

Focus on your breath to stay present and reduce stress

Gratitude Practice

Take time each day to recognize things you're thankful for

Grounding Techniques

Engage your senses to bring yourself back to the present moment

Self-Compassion

Be kind to yourself during tough moments

Positive Self-Talk

Replace negative thoughts with empowering, supportive messages

Creative Expression

Use art, music, or writing as an outlet for emotions

Physical Exercise

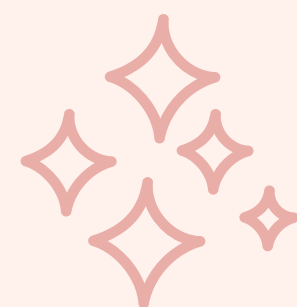
Engage in activities that increase endorphins and reduce anxiety

Time for Reflection

Reflect on your emotions and experiences through journaling

Setting Boundaries

Learn to say no and prioritize your well-being without guilt



ACTIVITY 1

“Pull from Trouble” (Role-Play Simulation)

Goal: Develop empathy, helping skills, and an understanding of what it means to be someone living with trauma.

Duration: 30-40 minutes

Participants: 6-12

Age: 13+



How it works:

Youth are divided into small groups of 3. Each group receives a task: role-play a situation where one person is going through an emotional struggle (e.g., starting a new school after a painful event), and the others are peers who try to support and include them.

Each group acts out a 2–3 minute scene showing:

- How the person feels
- What others do
- What helps or makes them feel unsafe

After each role-play, the group reflects on the experience, and observers share what they noticed.

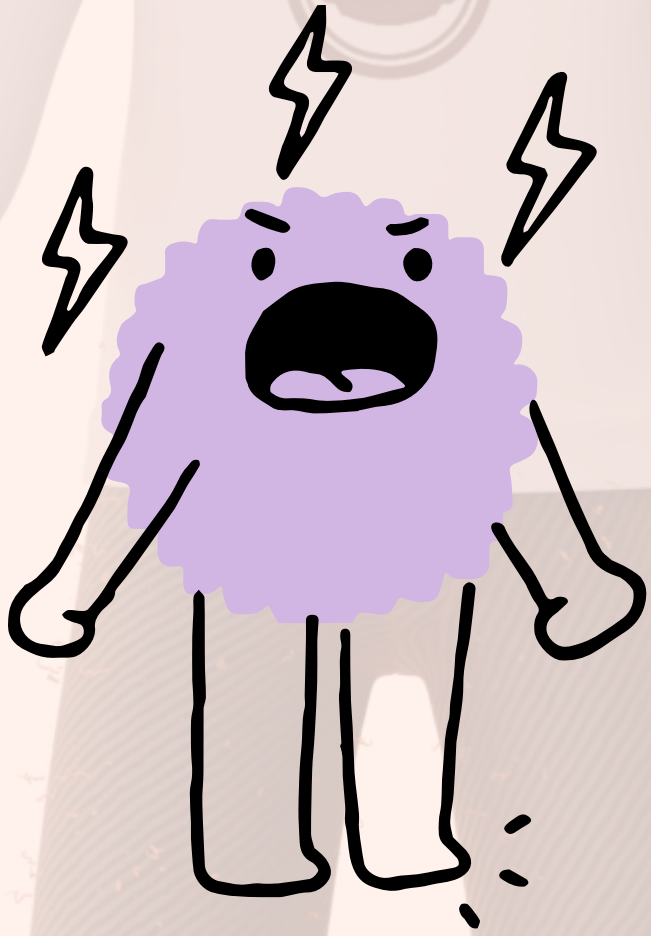
Situations for Role-Play:



“Newcomer After Loss”

A new student joins the class. Everyone knows he recently lost his mother. He sits alone and is very quiet. Two classmates decide to invite him to a class event.

Roles: Newcomer, Classmate 1, Classmate 2



“Sudden Anger”

A friend suddenly gets very angry during a board game and throws the board. Another group member tries to talk to him.

Roles: Angry friend, Peer who approaches, Observer

“Avoiding Activities”

A girl refuses to join a group camping trip. She says she doesn't like nature, but someone suspects a bad childhood experience. A group leader checks in gently.

Roles: Girl avoiding trip, Leader, Friend who notices



“Laughing at Everything”

After a heavy discussion about domestic violence, one participant starts joking and laughing. Others get upset. One girl decides to talk to him afterward – maybe it's his coping mechanism.

Roles: Boy joking, Girl who talks, Upset participant



ACTIVITY 2

Facts continuum

In this session young people will be able to explore and challenge their own and others' values and attitudes through the discussion of facts about mental health.
Duration: 20-30 minutes

Aims

- To challenge the stigma that acts as a barrier to seeking help for mental health problems
 - To positively influence individual attitudes through exposure to accurate information
 - The facilitator should put up the signs – 'agree', 'disagree' and 'unsure'
 - The facilitator will read from a series of statements, e.g. 'People with mental health problems don't get better'
 - Participants choose to publicly identify with the statement and stand by the sign that indicates their response – the facilitator should make it clear to the students that it's okay if they feel they don't know the correct answer
 - Facilitator to generate discussion amongst the group if there are differences in where/how individuals stood/responded
- Start the categories at a relatively low level of discomfort and increase according to the nature of the group. Participants should know this activity is not a lie-detector test – they choose to answer.

Statements

1. Diet, exercise and regular sleep patterns are all effective ways to support mental health and wellbeing.
2. Anyone can experience a mental health problem.
3. Stigma against people with a mental health condition is uncommon in Scotland.
4. Distress can occur in someone who has a mental health condition.
5. Many clinical depressions that develop in teenagers come out of the blue.
6. Schizophrenia is a split personality.
7. Suicide is the leading cause of death for males under 35 years old in Scotland.
8. People with mental health problems don't get better.
9. Young people self-harming are attention seeking.
10. Everyone has the power to support a friend having difficulty with their mental health.
11. Mental health conditions may affect 1 in 4 adults.
12. Most people with panic disorder do not get well with treatment.
13. A psychiatrist is a medical doctor who specialises in treating people who have a mental health conditions.
14. Serotonin is a liver chemical that controls appetite.
15. A delusion is defined as seeing something that is not real.
16. Lack of pleasure, hopelessness and chronic tiredness can all be symptoms of a clinical depression.

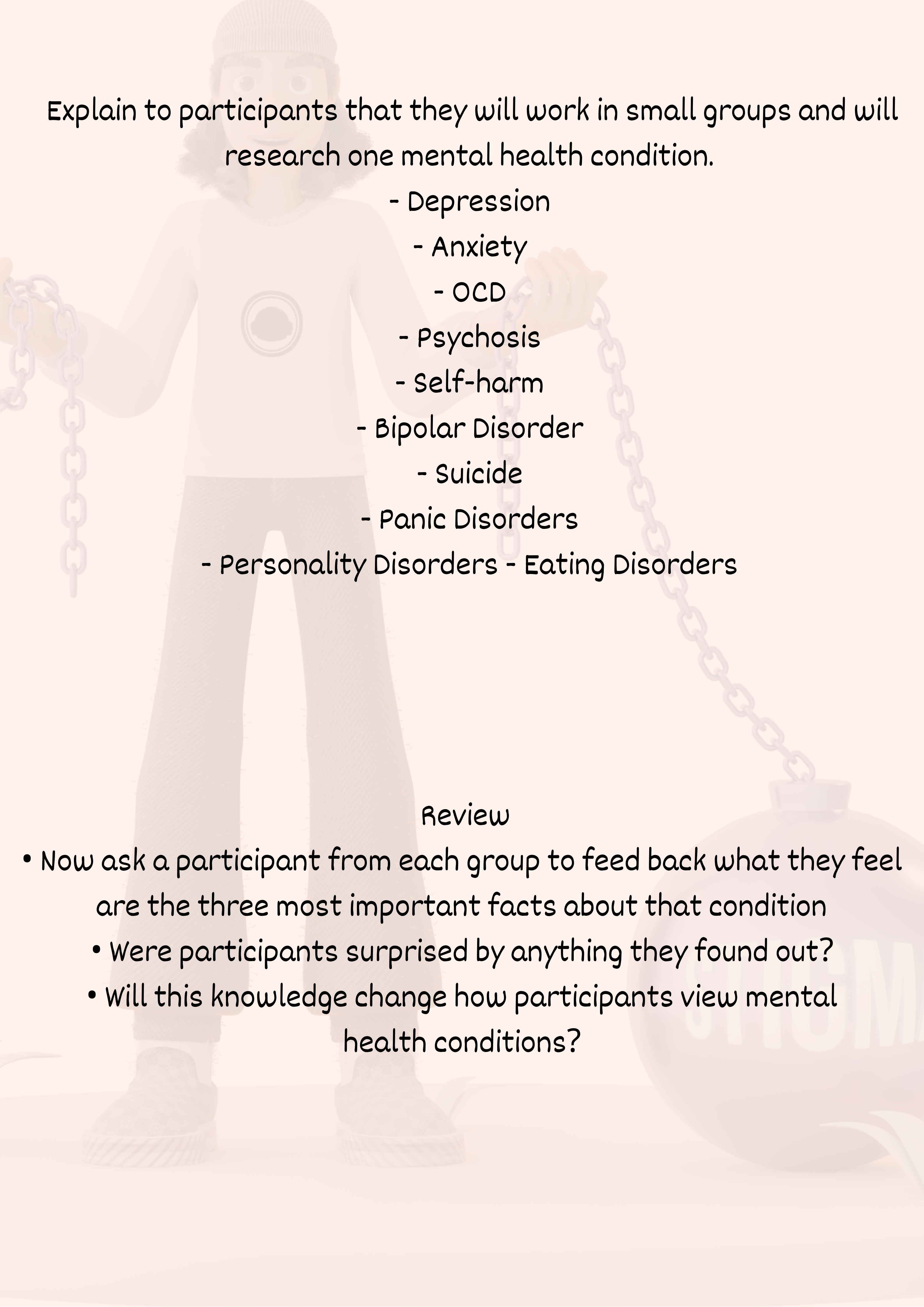
ACTIVITY 3

Discussion groups

Stigma frequently acts as a barrier to people seeking help for mental health problems and mental health conditions. By providing factual information about these conditions participants can be supported to positively challenge negative and inaccurate attitudes about mental health. Duration: 20-30 minutes

Aims

- To provide information about common mental health conditions
- To have participants learn about these conditions and share their learning with others



Explain to participants that they will work in small groups and will research one mental health condition.

- Depression
- Anxiety
- OCD
- Psychosis
- Self-harm
- Bipolar Disorder
- Suicide
- Panic Disorders
- Personality Disorders - Eating Disorders

Review

- Now ask a participant from each group to feed back what they feel are the three most important facts about that condition
 - Were participants surprised by anything they found out?
 - Will this knowledge change how participants view mental health conditions?

STICKY NOTE "WHAT MATTERS TO ME?"

DESCRIPTION: GIVE EACH PARTICIPANT A SHEET OF PAPER WITH THE QUESTION: "WHAT DOES MY BODY ALLOW ME TO EXPERIENCE AND DO?" ASK THEM TO WRITE DOWN AT LEAST 5 THINGS – FOR EXAMPLE, "GO FOR WALKS WITH FRIENDS," "DANCE," "LAUGH," "EXPRESS EMOTIONS."

GOAL: HELP YOUNG PEOPLE SHIFT FOCUS AWAY FROM APPEARANCE AND RECOGNIZE THE VALUE OF THEIR BODIES THROUGH WHAT THEY CAN DO.

1. MYTH OR FACT?

DESCRIPTION: PREPARE CARDS WITH STATEMENTS ABOUT EATING DISORDERS – SOME TRUE, SOME MYTHS (E.G., "EATING DISORDERS ONLY AFFECT GIRLS" / "ANOREXIA CAN CAUSE SERIOUS HEALTH PROBLEMS"). THE GROUP MUST AGREE ON WHICH STATEMENTS ARE FACTS AND WHICH ARE MYTHS.

GOAL: INCREASE KNOWLEDGE AND DISPEL FALSE BELIEFS.

ACTIVITY 4

Anxiety Traffic Light

Goal: Help young people recognize their anxiety levels and learn how to respond.

Duration: 15-20 minutes

Group size: 5-20 participants

Materials:

Three large sheets or colored paper (red, yellow, green – traffic light colors)

Sticky notes / pens

Description:

Introduction: Explain what each traffic light color means for feelings, thoughts, and behavior.

Situations cards (or life scenarios): Present specific situations. Ask participants to imagine how they'd feel and stick a note with their thoughts/emotions/memories next to the corresponding color.

Reflection:

Which color choices repeated?

How can you shift from red to yellow or green?

Do you know someone who would be in the red zone in these situations? How could you help them?

Suggested situations:

(You can also let them come up with their own.)

Test you didn't prepare for:

- "I studied, I feel confident."
- "I'm not fully prepared, but I'll manage."
- "My mind is blank, I want to leave the classroom."

Waiting for a job/internship call:

- "I trust my CV, I'm waiting calmly."
- "Tension is rising, but I'm still in control."
- "I can't focus all day, nerves are shot."

Message from a friend: 'We need to talk.'

- "Probably something minor, we'll talk."
- "Might be something wrong, but we'll sort it out."
- "What did I do? Panic!"

Public speaking at school or youth event:

- "I'm well-prepared, I'll manage."
- "I'm nervous, but I'll speak."
- "My mouth is dry, heart is racing, I want to run away."

Conflict with a family member or loved one:

- "We can talk calmly."
- "I don't want to go home, but I'm keeping it together."
- "I want to scream, I'm crying, turning off my phone."

Bonus task:

Create your own personal "anxiety traffic light":

Write what your signs (body, thoughts, behavior) are for green, yellow, and red.

What actions can you take to return to green?

ACTIVITY 5

Steps Story

Goal: Use physical movement to reflect on the trauma recovery process and empower youth through symbolic action.

Duration: 25-30 minutes

Participants: Up to 15

Age: 14+

How it works:

Lay out a "step path" using A4 sheets labeled with words (e.g., Event, Confusion, Fear, Help, Calm, Strength, Me Again).

Each participant walks the path, pausing at each word and reflecting silently (or aloud) on what that word means to them.

Discussion questions:

Which step felt the hardest to stop at?

Have you ever been in one of these stages?

What could help you move forward?

Reflection: Trauma is a process. It's important to know that moving forward is possible, even if it takes time.

ACTIVITY 6

Stigma Awareness

Understanding Mental Health Stigma Today



This worksheet aims to provide a comprehensive **overview of stigma** and its impact on mental health. It highlights the **importance of awareness** and understanding in reducing stigma and promoting well-being.

By exploring key concepts, individuals can better understand how stigma affects mental health and learn ways to support others.

DEFINING STIGMA

Stigma refers to negative perceptions that lead to discrimination against individuals with mental health issues.

EFFECTS OF STIGMA

Stigma can hinder individuals from seeking help and may worsen their mental health condition.

COMBATING STIGMA

Raising awareness and fostering open conversations can significantly reduce stigma and support mental health initiatives.

In this worksheet, we will explore the concept of stigma, its definition, and various types that affect mental health.

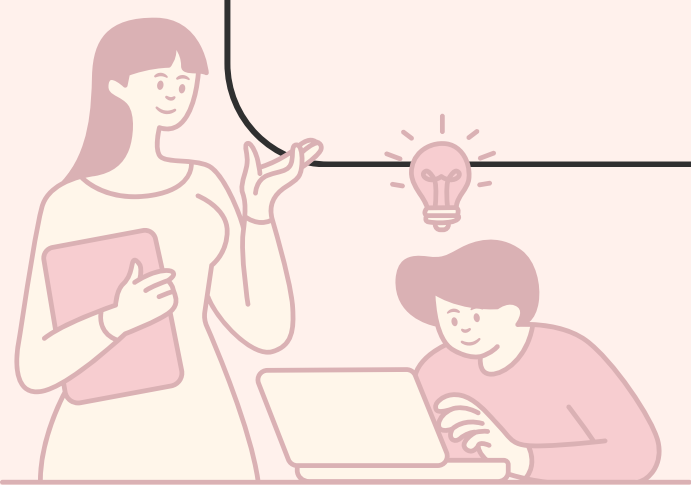
STEP 1: DEFINE STIGMA

Define stigma in your own words.

Consider how stigma impacts mental health.

Reflect on personal experiences with stigma.

Share your insights with a partner or group.



UNDERSTANDING THE IMPACT OF STIGMA

Mental Health Consequences

Discuss how stigma affects mental health outcomes.

Share personal stories or research findings.

Breaking the Silence

Strategies to Combat Stigma

List ways to promote mental health awareness.



To combat stigma, start by **reflecting on your own beliefs** about mental health and how they shape your perspective.

STEP 1: SELF-REFLECTION ON MENTAL HEALTH

Identify any biases you may hold.

Write down your thoughts and feelings.

Consider experiences that shaped these views.

Discuss your insights with a trusted friend.



USING POSITIVE LANGUAGE IN CONVERSATION

Replace negative terms with **respectful and accurate** language when discussing mental health to reduce stigma and promote understanding in your community.



Discuss with
a partner

Reflect on
your word
choices

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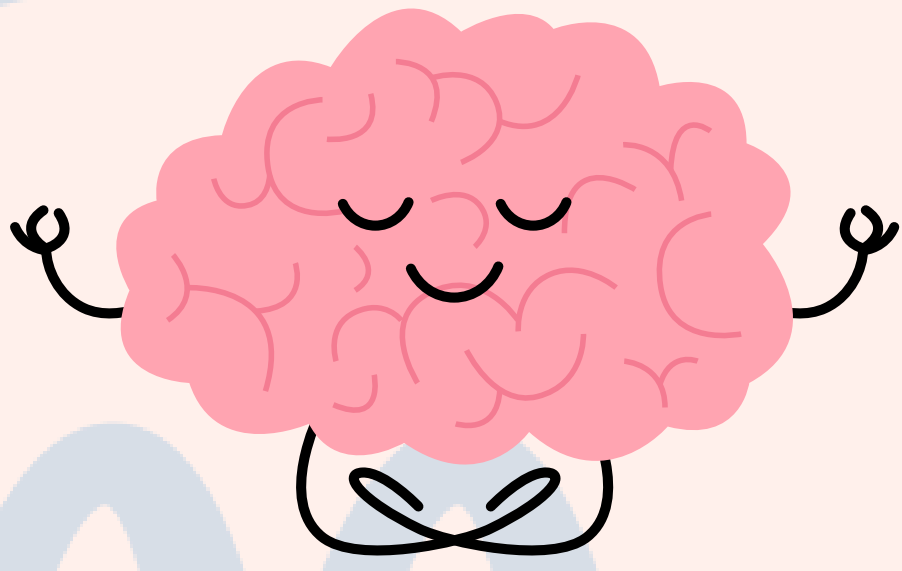
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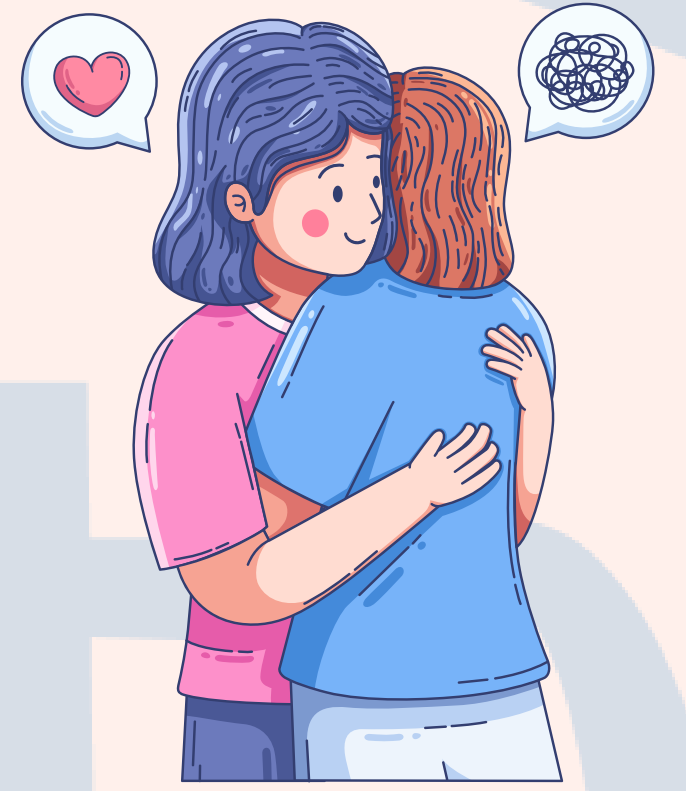
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