

Reduce mental health related stigma and discrimination,  
and encourage empathy and inclusion.

## Supporting Information



**Conversations  
for Change**

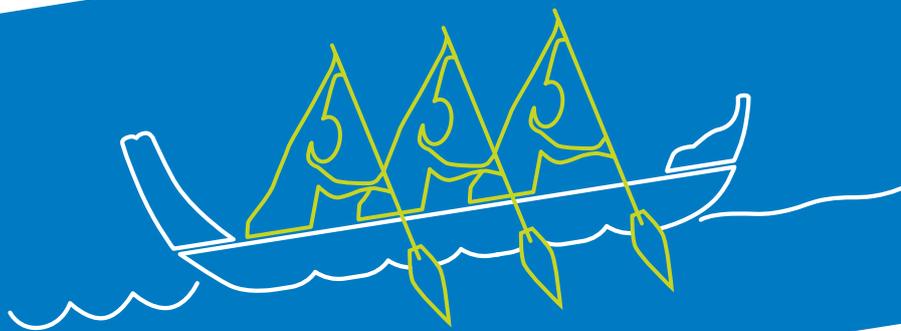
reTHiNK.org.nz

**A RESOURCE**

**activity PACK**  
to use with



**YOUNG PEOPLE**



mind&body



**LIKE MINDS  
LIKE MINE®**  
Whakaitia te Whakawhiu i te Tangata



# Kia ora, Welcome, Malo lelei, Talofa lava, Namaste, Kia orana, Fakalofa lahi atu, Bula vinaka, Ni hao.

We're so glad that you are interested in the Conversations for Change resource.

This resource was created by Mind and Body Consultants, as part of the Like Minds, Like Mine programme which is managed by the Health Promotion Agency (HPA). It is designed to reduce stigma and discrimination connected to mental distress and to increase social inclusion. It has been written for use with groups of young people aged 15-24, and for you as a facilitator to be able to safely facilitate without having prior mental health promotion experience.

Conversations for Change covers five sessions, the first two of which are compulsory, and the remaining three optional depending on how you choose to use the resource. Each activity should be allocated at least an hour.

Your first step in getting ready to run the resource is to go through the checklist 'Is facilitating Conversations for Change for you?' This checklist is available online and is also featured on the back of the Conversations for Change flyer.

Then have a read of this booklet.



## What people are saying about Conversations for Change:

"It's a really beautiful resource, a very thoughtful resource, a very useful resource.... the potential for what it can do for our young people is significant" – Facilitator

"What I found interesting is accepting and supporting and respecting others on who they are and whatever culture they come from." – Young person

"A worthwhile resource for encouraging understanding and empathy related to mental distress & illness." – Facilitator

"I wish we'd had this when I was at school." – Young person

"We need to live in a world where we can help and reach out for help." – Young person

## This booklet contains

- Using Conversations for Change for maximum impact 3
- Ideas for using the resource with Māori and Pasifika young people 4
- Facilitators' videos summary notes 5
- General suicide prevention message 6
- Thanks and acknowledgements 7





## Want to find out how Conversations for Change is experienced by your group?

If you are interested in finding out what the impact of Conversations for Change has been for your group, check out the information and survey forms online at [rethink.org.nz/conversationsforchange](http://rethink.org.nz/conversationsforchange)

### Using Conversations for Change for maximum impact

The following ideas will help you improve your facilitation of the resource.

- Young people have varying levels of knowledge about mental health and wellbeing — you are likely to be surprised both by their wisdom and knowledge and by the fact some areas in this resource are brand new to them.
- Expect that groups will take time to warm up to the topics. They are also likely to appreciate a good amount of time in the beginning of exercises for whakawhanaungatanga — getting to know you and each other and a sense of where people are from, if they don't know each other yet. Even a quick group round of where your name comes from, or what you had for breakfast, can encourage sharing. It is more likely young people will open up if they have had a chance to build trust with you over time.
- Your facilitators' guides are rich with information — read and use them! Check out the Further Reading online to learn even more.
- Think about which of the optional activities you want to include and how you will space these out — for example, over several days, or running two activities in one day. What breaks will you have? The Attitude Statements activity, in particular, may be worth giving additional time to, especially for larger groups. For rich discussion, we recommend over-estimating the time each activity will take; the indicated time in the facilitators' guides is a minimum.
- Know your participants. Conversations for Change involves quite a bit of facilitated discussion with you present in order to keep conversations directed and safe. It may be especially important for some groups to have ice breaker games to break up the activities, or paper to doodle on, fidget devices or blu-tack to play with.
- Young people are checking out who they can trust and respect all the time. You don't need to be an expert or a youth health practitioner to gain this respect — but young people are likely to appreciate authenticity, humility and a good sense of humour.
- Young people might have a lot going on under the surface — watch out for your own assumptions.
- If young people from any background are living in a situation of family violence or with other complex family issues, any reluctance to opening up about their mental health might not be just about fear of judgment or stigma. They may have considerable concerns about how sharing their situation may impact their family, especially if child protection services or the Police become involved.
  - Let young people know that they can choose to call helplines using only a first name or a made-up name; talking anonymously is better than the young person not talking at all.
  - It may be most appropriate to support the young person to access professionals such as nurses, social workers or therapists if they talk about complex personal situations. Professionals should have a good awareness of legal issues, and will have confidentiality codes that guide what they share with others. People who are experienced in working with young people should also have some guidelines for how they manage confidentiality, and how to maintain relationships with young people when and if information needs to be shared.
- During discussion times, sit in different places about the room. Try to avoid a dynamic where you are up the front speaking the whole time.



## Ideas when working with Māori and Pasifika young people

When facilitating Conversations for Change with groups which include Pasifika and Māori young people, the following ideas may be useful, especially if you are from the dominant NZ Pākehā/European culture.

You may also find these ideas useful to consider in general.

### Māori and Pasifika young people:

- May be living in multiple cultures and generations (at home, at work, at school and church etc). Think about culture as being the way things are done in a family/group and that are considered normal.
  - Each of these cultures may have their own expectations and pressures that young people need to navigate. This may particularly be the case for those who were born in the Pacific Islands.
- May have had experiences where confidentiality has been interpreted in different ways.
- Are likely to have faced other stigma and stereotypes about themselves and their families.

### *It's a good idea to:*

- Upskill your cultural awareness! There are some great resources about working with different Pacific cultures and iwi (see Further Reading online).
- Name your own limitations, and own your own culture/s.
- Learn to give your own pepeha during introductions,

and allow space for participants to respond with their own. (See Further Reading.)

- Be clear about what is meant by confidentiality in your group, giving examples to illustrate.
- If you are bringing in any cultural elders to support the running of the resource, make sure they are firmly on board with the messages of Conversations for Change. It would be useful if they read the activities and watched the videos first. It is also useful to brief supporters on the importance of participants being encouraged to openly share their thoughts and that their voices should come first.
- You may like to use the cards numbered 4 and 10 from the Attitude Statements activity with groups that involve diverse cultures, as these may speak to culturally specific experience. Card 4 may also be of use within certain work or sports cultures.
- Learn from your group — they may name beliefs and ideas you haven't heard of before.
- Include kai/food (most young people will appreciate this, and it is particularly appropriate with Pasifika and Māori).

### *It's not a good idea to:*

- Use whakataukī, sayings or myths that are not from your own culture to illustrate anything. This kind of cultural knowledge can have layers of depth to it and you risk being offensive or appropriating what is precious.
- Make assumptions about young people's home lives or personal circumstances.

## Online safety brainstorm

When creating this resource, we consulted with young people and they drew our attention to how important online interaction is for many of them. If you have time and especially if your group has not had a chance to discuss internet safety before, you may like to include this topic.

The time to do this would be after the opening brainstorms in the first required activity: 'Mental Illness Is' required first activity. Alternatively, you can tell the group about the resources available at [netsafe.org.nz](http://netsafe.org.nz).

To brainstorm about online safety, say something like: "While going online can be a great way to get information and make contact with like-minded people, it can also be

a place where people say really judgmental and hurtful things. Often you won't even know the name of the people who are making these comments. What are some of the ways you can look after yourself online?"

Look for the following ideas to be mentioned:

- not reading the comments section
- choosing reputable websites/monitored discussion boards
- having people you can talk to if something is upsetting
- muting people on Twitter/unfriending them on Facebook
- using incognito searches/pages if you are worried about someone viewing your internet history.



## Further Reading

Links to studies, articles, evidence and further information to support this resource can be found at [rethink.org.nz/conversationsforchange](http://rethink.org.nz/conversationsforchange).



## Conversations for Change

reTHINK.org.nz

### Facilitators' videos summary notes

*We know that facilitating in this area for the first time might feel challenging, so this resource has three short videos available on the website to talk you through some basics. You don't need to know a whole lot about mental health diagnoses and treatments to facilitate **Conversations for Change** — you do need to be a warm and capable facilitator and to be on-board with the key messages below.*

*Hopefully you will take the time to access the recommended further reading. If you're short on time, we recommend you choose to read around any ideas that feel particularly new or challenging for you.*

### Myths and messages

Research tells us that stigma and discrimination for those with experience of mental distress is a major issue with a huge social cost. The Like Minds, Like Mine project, which has funded this resource, exists to help end mental illness discrimination.

#### Stigma and discrimination stops people from:

- feeling a part of their community
- feeling good about themselves and believing in their personal power to recover
- seeking treatment
- maintaining wellness
- participating in work, education and social activities
- having support and tautoko from loved ones
- participating in and contributing to their local communities.<sup>1</sup>

The term 'mental illness' describes a condition diagnosed by a doctor. The term 'mental distress' acknowledges the way that symptoms and experiences related to mental illness can be part of being human.

1. Mental distress is common: 47% of New Zealanders will experience a mental health condition in their lifetime.<sup>2</sup> One in four (25% of the population), are experiencing symptoms that could be diagnosed as a mental illness right now.
2. Mental distress is indiscriminate: it can happen to anyone at any time. Many people who experience mental health conditions (around half) will first see signs of difficulties by the age of 14.<sup>3</sup>

3. The way people experience mental distress varies widely.
4. There is no ONE explanation for why people experience mental distress.

#### Causes for mental distress can include:

- stress and everyday problems
  - exposure to severely distressing experiences in the present or in the past
  - biology
  - drugs and alcohol.
5. It is an incorrect stereotype that people with mental distress are violent; people with mental distress are far more likely to be victims than perpetrators of violent crime. Being considered dangerous is a stigma that can be so damaging — it can really contribute to social exclusion.
  6. Most people recover.
  7. Attitudes and behaviour need to change to reduce stigma and discrimination and promote social inclusion.
  8. Discrimination can be defined as unfair treatment which results in social exclusions such as reduced access to health care, housing and employment. Stigma can lead to discrimination. Stigma is caused by stereotypes (negative beliefs about people) and prejudice (agreement with the stereotypes).

<sup>1</sup> Summary from [www.tepou.co.nz/letsgetreal](http://www.tepou.co.nz/letsgetreal) Challenging Stigma and Discrimination.

<sup>2</sup> Oakley Browne MA, Wells JE, Scott KM (eds). 2006. Te Rau Hinengaro – The New Zealand Mental Health Survey: Summary. Wellington: Ministry of Health.

<sup>3</sup> Statistic from the US National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov).

## Challenging conversations

If a participant raises a question you don't know the answer to — no problem! Let the group know that you don't know, and say you will find out. The Mental Health Foundation is a great place to access balanced information about mental health. Visit [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

Your role as a facilitator is to be an anti-stigma champion. Model acceptance and inclusion, and keep referring to the Group Agreement.

To help conversations stay safe and helpful:

- be alert for signs of distress
- communicate warmth and acceptance
- listen to your intuition.

**Do:** Stick to the facilitators' guide.

**Do:** Keep encouraging help-seeking.

**Do:** Check in with other adults.

**Do:** Validate that there are lots of different perspectives and experiences in this area.

**Do:** Encourage research (share the Further Reading and the facilitators' guide).

**Don't:** Allow a wide discussion on everything.

**Don't:** Encourage stories or specifics around self-harm, eating disorder behaviours or suicide.

**Don't:** Be a lone ranger.

**Don't:** Allow shaming or other stigmatising messages.

### Support yourself by:

- choosing the optional activities that most suit you
- bringing in a co-facilitator (or two)
- limiting the size of the group you are working with.

### General suicide prevention message:

- Having passing thoughts of suicide is a really common human experience. If these thoughts start to hang around, or are very strong, they are our body and mind telling us that we need to get some support.
- When the type of support is a good fit for the individual, they can feel better. Often they can feel better surprisingly quickly.
- Thoughts of suicide are not something that a young person should deal with on their own, or only with the support of friends.

A common myth or idea is that if someone has attempted suicide, or is talking about suicide, that this means they will not take their lives. This is false. Talk of suicide, death, hopelessness, and suicide attempts are all indicators

### Sharing your story?

Disclosing your own experience can be a powerful anti-stigma tool!

The resource is not designed to require personal stories from facilitators. However, if you do have experience of mental distress and choose to share, consider how you can make sure that whatever you share helps to challenge stigma and discrimination.

Research suggests that when people with mental illness share their experience to counter stigma and discrimination, they must:

- have equal status with the target audience  
e.g 'as educators'
- be skilled as educators/facilitators
- be reflective of the target audience.

When people with mental illness share their experience to counter stigma and discrimination, they must:

- be in recovery (hopeful and goal oriented)
- have stories about both their challenges and their positive recovery
- be credible and inspiring.

### Things to remember:

- Less is more.
- Consider whether you are comfortable with this information being widely known.
- Access the support you need.

Don't feel like you have to disclose. While there's research that says this disclosure can be helpful, it's okay to keep your private stuff private. You will know when the time is right for you to share.

someone might complete suicide (see Further Reading).

Best practice guidelines (see Further Reading) suggest that an open group of young people is not the place to have in-depth discussions on self-harm or suicide. You will see the activity card mentioning self-harm has a warning on it for young people that you may wish to share with the group at large. Check out the second facilitators' video for more information.

Sometimes people divide those with self-harm behaviour into two groups: 'those who are serious' and 'those who are attention-seeking'. This division is not helpful. Self-harm is a risk factor for suicide, and this behaviour needs to be treated seriously in all cases. This helps to avoid self-harm escalating for an individual or a group.

# Thanks

Mind and Body Consultants would like to heartily thank the following people for their contribution to the resource.

Health Promotion Agency (HPA)  
Music and Audio Institute of NZ, especially  
Foundation Music class and tutors  
Kerri Butler – Take Notice  
Odyssey Youth residential service  
Crystal Sun – Video Assistant  
Papakura Football Club  
Nang Seng – Health Promotion student  
Jenny Goddard & Sancta Maria College  
Emerge Aotearoa cultural team  
Kaumātua George Hill  
Vaka Tautua

Chris Sibley and Gloria Fraser – Auckland  
University Statistics Department  
‘Scarlett’ and ‘Peter’  
Green Bay High School  
St Cuthbert’s College  
Mental Health Foundation of NZ  
Taimi Allan – Health Promoter  
Young people of [www.thelowdown.co.nz](http://www.thelowdown.co.nz)  
Ani, Ahmada, Bailey, Brody, Charlotte,  
Chloe, Fiona, Lena, Moana, Katie, Sam,  
Sela, Shreya, Tristan, Rob – Quotes  
contributors

*... and all others who have offered feedback, encouragement and wisdom into the process.*

Most importantly, we would like to thank the young people who have been part of the feedback and pilot process, especially Kyle, Shreya, Sarah, Lena, Thao, Kyle, Shivani, Sasha, Georgia, Kahn, Jessica, Leila, Yvonne, Morgan and Preetika. Your generosity, energy and wisdom has been essential!

**Thank you!**

***Nā tō rourou nā tāku rourou - ka ora ai te iwi.***

*With your food basket and my  
food basket the people will thrive.*

---

*Thanks also to the following contractors:*

Kayte Godward (Bounce Media)  
Design Partner  
Bellbird Pictures  
Clear Edit NZ  
Debra Bradley  
Thyme Out Youthline Café

East Music Ltd.  
Bevan Marketing  
Tigerstew Productions  
Cate Hennessey  
Brody Runga (carving)  
Dominika Marcisz

---

rethink.org.nz is a Mind and Body Consultants brand

**mind&body**

Conversations for Change is part of the Like Minds, Like Mine project,  
managed by the Health Promotion Agency, under the  
Community Partnership Fund.  
First published 2017.

