girl scouts of kentuckiana

November Patch of the Month

Showing Up For Me and You



girl scouts of kentuckiana



About Patch of the Month

Looking for some additional fun activities for your troop or just to do on your own? Each month, girls can discover, connect, and Take Action in a specific subject area. Hands-on activities are available for all Girl Scout levels and can be done at meetings, as a pre-meeting activity, or as an at-home project.

Patch of the Month programs provide Girl Scouts an opportunity to enjoy a variety of activities while earning a fun patch. Patch programs are available to Girl Scouts of all grade levels. Completing patch programs may satisfy requirements for certain badges. It's not necessary to complete the patch programs in the months specified—they can be completed at any time! All fun patches are placed on the back of the vest or sash.

Patch of the Month Evaluation

Once you have completed the program activities, please be sure to fill out the Patch of the Month Evaluation.

How to Order Patches

Use the GSK Shop Order Form by clicking here to purchase your patch for $2.00 each!



Showing Up For Me and You patch
Explore the complete patch program at the **Girl Scout Shop** or in the **Volunteer Toolkit.**

Seniors & Ambassadors Grades 9-12

Show Up For Yourself & Every Emotion

You can get through anything if you have a plan in place. It helps to think about emotions and how to handle them before you experience them. That way, you'll know what to do when they strike! Select an emotion from the Feelings Wheel, then create a visual guide of ways to nurture yourself whenever that emotion comes up.



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Showing Up For Me and You patch
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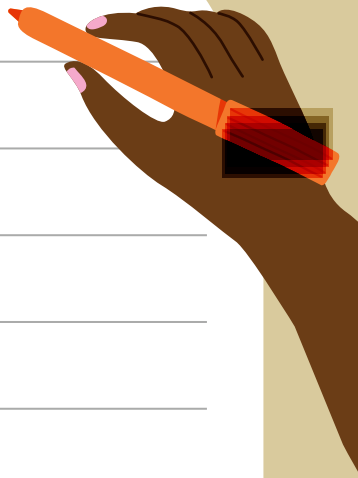
Seniors & Ambassadors Grades 9-12

Create a Self-Care Plan That Works for You

Knowing how to handle each feeling whenever it comes up gives you the confidence you need to get through anything. On the page below, jot down some activities you love and what it is about them that brings you joy. Add some words of affirmation and people you can talk to when you need a little self-care. Remember, you got this!

Activities

What brings you joy?



Words of affirmation

People to talk to



girl scouts

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Showing Up For Me and You

Mental Wellness Patch Program for Seniors and Ambassadors

Facilitator Guide

Made possible by

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Mental Health Disclaimer

The contents of the Mental Wellness Patch Program for Seniors and Ambassadors: Showing Up For Me and You is for informational purposes only. This program was made in partnership with the HCA Healthcare Foundation and the National Alliance on Mental Illness (NAMI). The information presented by this program is not an attempt by Girl Scouts of the USA ("GSUSA") to practice medicine or to give specific medical advice, including, without limitation, advice concerning the topic of mental health. Therefore, the information from this program should not replace consultation with your doctor or other qualified mental health providers and/or specialists. Never disregard, avoid, or delay obtaining advice from your licensed mental health care provider because of something you have read or experienced through our program. If you believe you or another individual is suffering a mental health crisis or other medical emergency, contact your doctor immediately, seek medical attention immediately in an emergency room, or call 911 or 988 (the Suicide & Crisis Lifeline).

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- For Seniors and Ambassadors: Symptoms of Mental Health Conditions
- For Seniors and Ambassadors: Your Language Matters
- For Seniors and Ambassadors: Getting the Right Start
- For Seniors and Ambassadors: How to Help a Friend
- For Seniors and Ambassadors: Active Listening Checklist

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Introduction

Mental Wellness—Why Now?

Girl Scouts of the USA (GSUSA) has made a commitment to support mental wellness for every Girl Scout because we recognize that young people are currently facing a mental health crisis. They are more likely than ever before to attempt suicide, commit self-harm, and suffer from depression and anxiety. And yet, people continue to be uncomfortable discussing these issues. This discomfort can be driven by the stigma often associated with mental health issues. GSUSA wants to help start the conversation and give Girl Scouts tools and support to better understand and care for their mental health.

Mental health encompasses emotional and psychological health—it impacts how we think, feel, and act. Everyone has a state of mental health, just as everyone has a state of physical health. Our mental health may include a condition, such as depression or anorexia. Such a condition can be permanent or temporary. It can be based on our environment (such as attending online school due to the COVID-19 pandemic) or on our response to life events. It's important to remember, though, that a person can experience poor mental health without the diagnosis of a mental health condition. Mental wellness refers to how we take care of our mental health. It includes all the things we might do to help realize our potential, cope with stress, and productively contribute to our community.

What Is the "Showing Up For Me and You" Patch Program for Seniors and Ambassadors?

GSUSA developed the **Mental Wellness Patch Program for Seniors and Ambassadors: Showing Up For Me and You** to equip high school Girl Scouts with tactics for practicing self-care, coping with difficult situations, and helping themselves and others. We show facilitators how to deal with questions and concerns, and offer participants the resources to explore, share, and reflect from a space where they can hang out and be themselves.

The Showing Up For Me and You Patch Program for Seniors and Ambassadors was created in collaboration with experts at the National Alliance on Mental Illness (NAMI), the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. We received additional input from an advisory group made up of mental health professionals and Girl Scout council leaders.

The Showing Up For Me and You Patch Program for Seniors and Ambassadors was generously funded by the HCA Healthcare Foundation, whose mission is to promote health and well-being and make a positive impact in all the communities served by HCA Healthcare, one of the nation's leading providers of healthcare services. Thanks to HCA Healthcare Foundation's support, GSUSA is working toward the larger goals of destigmatizing mental illness, normalizing conversations around mental health and mental illness, and delivering inclusive programs for Girl Scouts of all backgrounds.

Mental Wellness Tips for Facilitators

Creating a supportive environment is especially important for a mental wellness program. Here are best practices and tips to help make this a meaningful experience for everyone.

The subjects of mental wellness and mental health can be delicate—you're not expected to be an expert or have all the answers.

- Mental health can be a difficult topic to discuss with young people. It's impossible to know everything about their lives and how certain topics in this Mental Wellness Patch Program will affect them. Give them permission to stop or skip an activity if they don't feel comfortable. This is where having more than one volunteer will come in handy.
- When a topic comes up that you don't feel equipped to address, let Seniors and Ambassadors know you're putting it in the "parking lot." This means you'll be parking the issue for now. Write it down so you can follow up later. This gives you the time to get more information if needed. Parking lots are also helpful if you run out of time to discuss something. Write the topic on a large piece of paper to revisit either later in the program or at another meeting. Preparing yourself to come back to parking lot items builds trust with the group.
- Let Seniors and Ambassadors know that confidentiality is key. However, if you hear or see something you need to share about a Senior or Ambassador, contact your council for guidance. The meeting aid **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity** (p. 31) also provides guidelines for addressing and reporting mental health concerns about a Girl Scout.

Maintain a Girl Scout-led environment.

- Tell participants they can share or not, depending on how they feel. Everyone has different experiences, comfort levels, and abilities to discuss a topic, and there should be no pressure on anyone to share. However, if you notice one or two participants doing most of the talking, you can redirect the conversation by saying:
  - "Yes, I see where you're going with that. I'd love to hear thoughts from other people in the group."
  - "Let's pause for just a moment to allow the entire group to reflect on or respond to what you said."
  - "Thanks for sharing! What do other people think?"
- Encourage participants to speak up if they hear a hurtful comment or would like to recognize and repair something that may have hurt someone else. Even when someone means well, they can still say things that might negatively impact others. Taking a moment to recognize when something we said has hurt someone helps to strengthen our friendships.

Help the group understand the importance of the language we use to discuss mental health. Words are powerful; they can both heal and harm. Using language that is respectful, accurate, and empathetic helps to break the stigma related to mental health conditions.

- **Use person-first language.** A person isn't defined by a condition and shouldn't be addressed as such. A person experiences bipolar disorder—they aren't bipolar. A person experiences mental illness—they don't belong to a group called "the mentally ill."
- **Be open to "checking" the group's stigmatizing language.** Challenge misconceptions. If you hear someone use harmful language, let them know. For instance, words like "crazy" or "insane" reinforce the idea that mental health conditions are extreme, rather than the reality that they are quite common. Instead, we should say things like, "someone with a mental health condition" or "someone who has depression."
- **Don't use mental health conditions as adjectives.** A person shouldn't say they have "OCD" because they like to organize or say the weather is "bipolar" because it keeps changing. Doing this minimizes the actual lived experiences of people who have mental health conditions.
- **Be cautious when talking about suicide.** Suicide is a sensitive topic and should be discussed in a way that is respectful to the person and their loved ones. A person is "lost to suicide" or "died by suicide" rather than "committed suicide." If a person tries to take their life, they "attempted suicide" as opposed to "had an unsuccessful suicide." Make sure Girl Scouts aren't speaking about suicide in a casual way (i.e., "That test was so hard, I wanted to kill myself"); suicidal ideation shouldn't be treated lightly.
- **Avoid the terms "others" or "abnormal."** Referring to people experiencing mental illness as "others" or "abnormal" creates an "us versus them" narrative. This can make people with mental illness seem inferior and as though they're the outliers of society—which they aren't.
- **Avoid talking about or labeling feelings as good or bad, positive or negative, normal or not normal.** Think of emotions as information we pay attention to and learn from.

Finally, make sure to listen and reflect. Reflecting is an intentional, purposeful time to examine, ask questions, and think about an activity or experience. After each section of the program, engage in reflection. It helps participants move forward with a deeper understanding of what they learned.

Planning and Preparation

Take these steps to plan and prepare. Remember, this program is designed for Seniors and Ambassadors and not intended to be a multi-troop experience.

- **Read through this guide to familiarize yourself with the content,** including facilitation tips and suggestions, scripts and activity guides, and meeting aids.
- **Carefully review the following meeting aids for facilitators:**
  - **Mental Health Terms to Know** and **Symptoms of Mental Health Conditions** to learn the proper vocabulary and definitions so you can use them correctly and consistently.
  - **What to Know About Identity, Culture, and Mental Health** to understand how identity and cultural background can affect responses to mental health issues and access to treatment in different communities. This information may apply to participants.
  - **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity** to see guidelines for addressing and reporting mental health concerns about a Girl Scout. Contact your council for additional guidance or to obtain the full version of Safety Activity Checkpoints.
  - **Your Language Matters:** You'll give this meeting aid to participants during Activity 2 (p. 14), but you can also keep a copy with you to reference as needed. If anyone uses stigmatizing language at any point, you can gently say: "Remember, saying _____ can be stigmatizing to people with mental health conditions. Instead, let's say _____."
- **Take the "The Mental Wellness Patch Program: Why It Matters and How to Implement It" course in gsLearn (required):**
  - "The Mental Wellness Patch Program: Why It Matters and How to Implement It" (approximately 20 minutes) allows you to learn more about mental health conditions and how they affect the group you'll be working with. We never know what others are going through, so being prepared for sensitive topics and big emotions will help you feel more confident in facilitating the Showing Up For Me and You Patch Program for Seniors and Ambassadors.
- **Take two gsLearn courses that provide additional support for leading the Showing Up For Me and You Patch Program for Seniors and Ambassadors (strongly encouraged):**
  - "GSUSA Mental Wellness 101" (approximately 35 minutes) offers a foundational understanding of mental health and social-emotional development stages, as well as tools to support the Girl Scouts you work with. (Note, however, that it isn't a specific training for delivering the Showing Up For Me and You Patch Program for Seniors and Ambassadors.)
  - "GSUSA Delivering Inclusive Program" (approximately 20 minutes) lets you practice using inclusive and equitable language to support the identities of all Girl Scouts and foster a cohesive environment.

- **Decide on a location and plan your setting.** You can hold the Showing Up For Me and You Patch Program for Seniors and Ambassadors as an in-person troop meeting or a council or service unit event.
  - **For an in-person troop meeting:**
    - We recommend having a group of no more than ten Seniors and Ambassadors.
    - To accommodate a larger troop, you could consider splitting into two groups, with at least one facilitator overseeing each. Use additional volunteers to help facilitate as needed.
    - Create a relaxing space that's quiet and cozy for the group. Think about pillows or sitting on a comfortable rug or chairs.
    - Nature is nurturing. If possible, consider meeting outdoors, somewhere quiet and private.
  - **For a council or service unit event:**
    - Reserve a location in advance.
    - Send out information to participants at least two weeks before with relevant information about time, location, and parking. Send reminders up to the day.
    - At the event, divide Seniors and Ambassadors into groups of no more than ten. Have at least one facilitator for each group; use additional facilitators as needed.
- **Recruit mental wellness experts and other volunteers to help facilitate.**
  - To the extent possible, bring in experts and volunteers who reflect the community of Girl Scouts they'll be supporting.
  - Talk to your council and friends and family network about relationships they might have with mental wellness experts and professionals to help with support. For example, reach out to your local NAMI affiliate to see if they can help you find volunteers. (Note: It may be best not to invite a professional who provides services to one of the Girl Scouts in your group, since that may impact the participation of the Girl Scout and can lead to a breach of confidentiality.)
  - Enlist other volunteers to help facilitate breakout groups as needed.
- **Reach out to participants and their families or caregivers in advance.**
  - Send an invitation for Seniors and Ambassadors to take part. (See the **Customizable Invitation Email to Parents/Caregivers** meeting aid p. 21.)
  - Assure them this will be a comfortable space for participants to learn about mental wellness. It's possible that families may want to opt out, and that's okay, too.
  - If you're hosting Showing Up For Me and You Patch Program for Seniors and Ambassadors is in a different location than your regular troop meetings, make sure to provide the address and directions.
- **Gather and print out activity materials and meeting aids for Seniors and Ambassadors.**
  - Read through the materials list in the "Showing Up For Me and You Patch Program for Seniors and Ambassadors at a Glance" chart on page 9 to know what specific items you'll need and what to prepare ahead.
  - View NAMI's short video Ending the Silence before showing it to the group, so you're prepared to lead the discussion during Activity 1 (p. 12). It goes over the ten most common signs of a mental health condition.
- **Be prepared to accommodate the age differences or maturity levels in your group.** Experience and maturity levels can vary among 9th to 12th graders (14- to 18-year-olds). You know your group best. Read through the activities and decide if you want to separate participants into smaller teams by age. Keep in mind, though, that it can be valuable to group younger participants with older ones to share experiences.
  - **Think about what you are personally willing to share.** Participants might not always be comfortable initiating or contributing to the conversation. Hearing from you could give them more confidence to share their own experiences. For example, you might say, "I was really sad when I found out that my best friend was moving to another state."

Program at a Glance

*These suggested times total 90 to 105 minutes (1 ¾ hour). Please adjust as you see fit for your group.

Time	Activity	Materials
5 minutes	**As Girl Scouts Arrive: Mental Health—What Comes to Mind?**	• Paper • Pencils or pens
10–15 minutes	**Introduction to the Showing Up For Me and You Patch Program for Seniors and Ambassadors**	• Markers • Whiteboard or large piece of paper with an easel
10–15 minutes	**Activity 1: What Is Mental Health?**	• **Symptoms of Mental Health Conditions** meeting aid (one for each participant) • Device to show Ending the Silence video
15 minutes	**Activity 2: Language Matters**	• **Your Language Matters** meeting aid (one for each participant) • Recording devices, such as smartphones (optional) • Pencils or pens • Paper
10 minutes	**Stretch-and-Snack Break**	• Nutritious snack items such as fresh fruit, trail mix, granola bars, and water • Paper plates and cups • Disposable utensils
15 minutes	**Activity 3: Building Resilience**	• Paper (enough for everyone) • Pencils or pens • Large construction paper (enough for everyone) • Small sticky notes • Markers • **Getting the Right Start** meeting aid (one for each participant)
5 minutes	**Stretch Break**	
15 minutes	**Activity 4: Supporting Others**	• **How to Help a Friend** meeting aid (one for each participant) • **Active Listening Checklist** meeting aid (one for each participant) • Pencils or pens
5–10 minutes	**Reflection and Wrap-up**	• Suggestion box • Paper • Pencils or pens

Facilitation Script and Activity Guide

Notes to Facilitators:

- This Showing Up For Me and You Patch Program for Seniors and Ambassadors is designed to take 90 to 105 minutes (1 ¾ hours). Feel free to use another meeting to cover anything you don't have time for.
- Start activities with the whole group before breaking out into smaller groups.
- You'll find suggested talking points under the heading "SAY." Follow them as written or use them as a guide to share the information in your own words.

As Girl Scouts Arrive: Mental Health—What Comes to Mind? (5 minutes)

Materials: Paper, pens

Purpose: Participants record their first impressions of mental health.

Give everyone a piece of paper and have them write words or phrases they think of when they hear the term "mental health." They can write as much or as little as they want. Make sure they know there are no right or wrong answers. Have them fold their paper and set it aside. They'll look at it again at the ending reflection period.

Introduction to the Showing Up For Me and You Patch Program for Seniors and Ambassadors (10–15 minutes)

Materials: Markers, whiteboard or large piece of paper with an easel

Purpose: Participants start to learn about mental health and mental wellness, do an icebreaker to see what experiences and feelings they all have in common, and discuss how to create a comfortable space for sharing.

SAY:

- *Welcome to today's Mental Wellness Patch Program for Seniors and Ambassadors called "Showing Up For Me and You." I'm glad you're here with me to explore mental health and wellness.*
- *Please remember I am not a mental health professional. There may be questions that I can't answer or can only answer with my own unique experience. Anything that is left unanswered, I will work with our council to get information and report back at a later date.*
- *What do you all think the difference is between mental health and mental wellness?* (Give time to respond.)
- *Mental health is your emotional and psychological health. Just like we all have a state of physical health, we all have a state of mental health.*
- *We should be sensitive to how we deal with mental health challenges because we might not know what other people in the room are facing, which is okay! We are here to discuss it, learn together, and support each other.*
- *If you have any discomfort about anything we talk about or do, you can choose not to participate in the discussion or activity and it's perfectly fine.*
- *When you practice mental wellness, you do things to support your mental health, like getting more sleep, learning how to cope with stress, and finding ways to get and give help when it's needed.*
- *The goal is to give you tools to take care of yourself, ask for help, and support others.*
- *And we're going to get to all of that in just a bit. But first, has anyone played "Have You Ever?"* (Give them time to respond and describe the game they've played.)
- *It's a game where you'll find out more about each other by responding to questions.*

Have the group sit in a circle. Ask the following "Have you ever...?" questions one at a time. Have group members decide on a movement they'll make to indicate that they've done that thing or can relate to it. For example, they can stand or raise their hand or finger. They can share the story behind their responses if they want.

You're encouraged to join the circle and respond along with the rest of the group. You may find it helpful to share a couple of your own experiences to start the conversation or keep it going.

Have you ever...?

- stopped being friends with someone because you didn't have the same interests any more
- felt left out of a group
- felt sad because someone you liked didn't like you back
- gone outside or to your room to "blow off steam" when feeling angry—OR—gotten mad and surprised yourself with how angry you were
- asked for help with a personal problem
- had nights where it's hard to sleep
- meditated
- written down thoughts to calm your mind
- felt pressured by a friend to do something you didn't want to do

SAY:

- *What did you learn about yourself and each other?* (Give time to respond.)
- *What did you notice that you had in common with each other?* (For example, maybe several have practiced meditation or experienced sleepless nights.)
- *Isn't it amazing how common a lot of our experiences and feelings are? But we don't always realize that because we may not feel comfortable talking openly about them.*
- *We want this to be a comfortable space where we can have those conversations. Creating that kind of space, where everyone feels able to participate and share, will make the experience more meaningful and productive for all of us.*
- *How can we do that? Call out your suggestions and I'll write them down.*

As the group comes up with their ideas, write them on a whiteboard or large piece of paper on an easel that can be kept in the meeting space where everyone can refer to it.

If needed, suggest the following:

- Use a signal when you want to share or add to the conversation.
- Use "I" statements—focus on sharing your own experience, not someone else's.
- Encourage kindness and openness.
- Be respectful and sensitive when responding or making statements.
- Keep the things you hear today confidential. What's said here stays here.
- Think before you respond.
- Give everyone a chance to talk. Don't talk over each other.
- Make this a judgment-free zone. Everyone's experience is valid and important.

SAY:

- *This is great! I'm going to keep this list up here at the front of the room for us to refer to and keep in mind today.*
- *Like you, I'll keep what I hear today confidential. However, if I hear certain things that should not be kept secret because someone is at risk—for example, if someone is harming themselves—I may need to consult with a trusted adult to protect you.*
- *Now, let's get started.*

TIP: If at any point you find the Seniors and Ambassadors not respecting these norms, be sure to go back to this list.

Activity 1: What Is Mental Health? (10–15 minutes)

Materials:

- **Symptoms of Mental Health Conditions** meeting aid (one for each participant)
- Device to show Ending the Silence video

Purpose: Participants learn about mental health conditions and explore warning signs and symptoms.

SAY:

- *Call out some mental health conditions you've heard of.* (Give time to respond. If needed, offer examples such as depression, bipolar disorder, obsessive-compulsive disorder, anxiety, ADHD, and schizophrenia.)
- *What do you know about mental health conditions?* (Give time to respond. If needed, say that mental health conditions affect how we think, feel, and act; they're common and treatable; they're not anyone's fault or something to be ashamed of. If someone states incorrect information, try to correct it in the moment, or say that it's not quite accurate and put it in the parking lot to address later.)
- *Now we're going to look at some signs and symptoms of mental health conditions.*
- *Before we do, it's important to understand that while you might recognize some of these in yourself, that doesn't necessarily mean you have a diagnosable mental health condition. If you relate to any of the conditions we discuss today, I strongly encourage you to share that with your parent/caregiver or another trusted adult.*
- *First, let's watch a short video called "Ending the Silence." It goes over the ten most common signs of a mental health condition, and it was created by the National Alliance on Mental Illness—NAMI for short.*

Show the video. Afterward, have the group discuss these questions:

- How do you feel about what you just saw?
- Were you already aware of any of these signs of a mental health condition? Were there any that were new to you?
- How would you respond if you saw any of these signs in a friend or family member?
- How can we make it easier to talk about mental health?

Pass out the **Symptoms of Mental Health Conditions** meeting aid.

SAY:

- *It's not always easy to tell the difference between expected behaviors and signs of a mental health condition.*
- *But there are common symptoms of mental health conditions that we can look out for, like the ones on the list I just gave you.*

Give the group a few minutes to review on their own. Tell them they can ask questions if they want to clarify anything. Here are a couple of questions that might come up, with suggested responses you can provide:

- *How do you make these symptoms better or make them go away?* (Treatment, such as therapy and doctor-prescribed medications, can help. Behavioral changes—like getting more sleep and exercise, and meditating—are important, too. Alternative treatments like acupuncture and meditation can also ease the symptoms. First, though, it's helpful to start talking about the symptoms—being alone with the experience can be really painful.)
- *Is there one condition on the list that's worse or better than another?* (No. That's because every mental health condition affects people differently. Some people can be diagnosed with just one condition, and some can have three or four simultaneously. Symptoms can be more severe or less severe. In many cases, other people may not even realize that someone has a mental health condition.)

SAY:

- *As I said earlier, you might recognize some of these symptoms in yourself or others at times, but that doesn't necessarily mean you or they have a mental health condition.*
- *Maybe you've experienced these symptoms for a short time when going through a stressful or tough situation. Anyone want to share an example of that?*

Let the group share if they can. If needed, offer these examples:

- You might get headaches or have trouble sleeping before a big test, but those symptoms tend to go away after the stressful event is over.
- If you go through a major life change, like switching schools or moving away from your closest friends, you might feel sad and lonely at first. These symptoms can get better as time passes and you settle in, make new friends, and get used to a new routine.

SAY:

- *On the other hand, symptoms of a mental health condition affect a person's thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others.*
- *A mental health condition isn't the result of one event. Research suggests multiple, linking causes. Genetics, environment, and lifestyle can influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events.*
- *If you ever experience anything like that, it's important that you share it with your parents or caregivers, or another trusted adult in your life.*
- *Talking about our mental health means that we're more able to get the support we need. But sometimes we're not comfortable talking about it. We'll focus more on that in the next activity.*
- *Take the* **Symptoms of Mental Health Conditions** *meeting aid with you as a reminder and share what you learned with your friends and family.*

Activity 2: Language Matters (15 minutes)

Materials:

- **Your Language Matters** meeting aid (one for each participant)
- Recording devices, such as smartphones (optional)
- Pencils or pens
- Paper

Purpose: Participants find out about mental health stigma, learn how the language they use to talk about mental health makes a difference, and create a video to help fight stigma.

Pass out the **Your Language Matters** meeting aid.

SAY:

- *In this next part, we're going to look at language and really zero in on how we can remove the stigma, or shame, that so often surrounds mental health issues. This stigma is what can make it difficult and uncomfortable to even have discussions about mental health.*
- *The handout I just gave you is one I hope you'll take home and refer to often. It gives examples of language to use and language to lose when talking about mental health.*

Give the group a minute to read the meeting aid.

- *Is there any language on the handout that you've used yourself or heard someone use? What was it?*
- *Using language that encourages understanding is key to breaking down the stigma associated with mental health.*
- *Have you heard that word before, "stigma"? What does it mean?* (Give time to respond. If needed, say that stigma is a negative attitude about a person, group, condition, or circumstance that's thought to be different or "less than.")
- *Why do you think that mental health conditions have a stigma related to them?* (Give time to respond.)
- *There's also something called self-stigma. That's the shame a person feels about some part of themselves.*
- *Many people who live with a mental health condition have, at some point, been blamed for it. They've been called names. Their symptoms have been referred to as "a phase" or something they could control "if they only tried." All of these are examples of stigma, and the person can internalize these messages as true.*
- *So how can we fight stigma? What ideas do you have and why would they help?*

Let the group lead this conversation. If needed, offer these ideas:

- Talk openly about mental health.
- Learn more about mental health.
- Show compassion for those who have a mental health condition or who are struggling with a mental health challenge.
- Be conscious of language. Gently let anyone you're talking to know when the language they're using is harmful. You could tell them something like, "When you say [example], that can be harmful to people with mental health conditions. It's more helpful to say [example]."

SAY:

- *These were all great ideas. Now you're going to work in small groups to write or film a short video message about fighting mental health stigma. Use the ideas you just discussed or come up with new ones.*

Divide the group into small teams to write a script for or film a short video message (if smartphones are available). When they're done, have them share their messages with the group. If they wrote a script, have them read it out loud or act it out.

SAY:

- *Your video messages are excellent. How could you share your message with more people?*
- *Before we continue, let's recharge with a stretch-and-snack break.*

Stretch-and-Snack Break (10 minutes)

Materials:

- Nutritious snack items such as fresh fruit, trail mix, granola bars, and water
- Paper plates or cups
- Disposable utensils

Purpose: During a stretch-and-snack break, participants explore how movement and nutrition can affect the way they feel.

Encourage everyone to choose their own stretch and do it for one or two minutes. They can do this standing or sitting, whatever feels good to them. If they're unable to think of one, show them a couple of your favorites.

SAY:

- *How did stretching make your body feel?* (Give time to answer.)
- *How does movement affect how you feel mentally?* (Give time to answer.)
- *Did you know that what you eat can also affect how you feel? Let's get a snack and talk about that some more.*

Have the group select whatever snacks they'd like. While they eat, talk with them about how nutrition impacts mental health.

SAY:

- *We're taking a snack break to give our brains some energy.*
- *Foods have nutrients that can help you stay alert and strong, and make you feel better.*
- *Do you notice a difference in how you feel when you're hungry compared to when you've had a nutritious meal or snack?* (Give time to answer.)
- *What foods and drinks do you think keep your body and mind strong?* (Give time to answer.)
- *Hope you're all feeling recharged! Let's move on to the next activity, where we'll get into self-care and what it means to be resilient.*

Activity 3: Building Resilience (15 minutes)

Materials:

- Paper (enough for everyone)
- Pencils or pens
- Large construction paper (enough for everyone)
- Small sticky notes
- Markers
- **Getting the Right Start** meeting aid

Purpose: Participants explore different types of self-care, identify stressful and positive things in their lives, talk about why it's important to get help, and learn about taking care of themselves.

SAY:

- *Did you know that one out of every six people ages 6 to 17 experiences a mental health condition each year? What do you think of that statistic?* (Give time to respond.)
- *When someone is struggling, what should they do?* (Give time to respond; if needed, offer "get help" as an answer.)
- *Let's find out more about what it takes to get help if you or someone you know is struggling with something.*

Pass out the **Getting the Right Start** meeting aid. Use this next discussion to help familiarize participants with the points made in the handout and lead into a discussion about self-care and coping.

SAY:

- *Why do you think it's important to tell someone about a mental health challenge?*
- *What points on this handout do you find most helpful? Or surprising?*
- *Why do you think it's important not to wait to get help?*
- *What do you do when you're having a tough day? How do you move forward when you're struggling with something, like a difficult assignment at school?*

- *It's okay to feel sad, hurt, or angry when you're dealing with a tough situation. Feeling our feelings—rather than avoiding or trying to hide them—is a great way to process them and take care of ourselves.*
- *One way to deal with tough situations is to practice self-care. How do you define that? What do you do for self-care?* (Give time to respond.)
- *Your definitions are all great because self-care can mean a lot of things.*
- *Taking a bath or writing in a journal are often our go-to examples. But self-care can also mean:*
    - *utilizing your support system*
    - *giving yourself slack when you make a mistake or fail at something*
    - *saying no when something doesn't feel good to you*
    - *putting your phone down and taking a break from connecting with others for a period of time*
    - *advocating for yourself*
    - *raising your voice to be heard*
- *Have you tried doing any of these? What was the situation and how did it work out?* (Give time to respond.)
- *How do you think self-care is related to coping?* (Give time to respond. If you need to define coping, it's "the things people do to help deal with stressful situations.")
- *What do you do to cope with tough situations? It may be the same as what you do for self-care, or it may be something different.* (Give time to respond.)
- *One example of a coping mechanism is to recognize the things that stress you out and decide where or even if they fit into your life. That's what you're going to do now. Ready?*

Give everyone a piece of paper and have them make two columns. In one column, they should list the things that stress them out, such as a difficult relationship or an event they're not looking forward to. In the other column, they should list the good stuff in their lives, such as a friendship or an activity they love doing.

When they're done with their lists, give everyone a piece of construction paper and some sticky notes.

SAY:

- *Draw a bubble in the middle of your paper.*
- *The inside of the bubble represents everything that feels comfortable, enjoyable, and/or manageable for you. The outside of the bubble represents everything that feels uncomfortable, stressful, and/or difficult for you to manage.*
- *Write the items from your list on separate sticky notes—one item per note.*
- *When you're done, choose where to place each sticky note, either inside or outside your bubble.*

When everyone's finished, give them the chance to share and talk about their bubbles if they want. Whether they share or not, everyone can discuss these questions:

- What are some ways you can open up a conversation about a struggle you're having? (If needed, offer these ideas: Plan what you want to say; find a private place to talk; explain your challenge as clearly as you can; come up with some next steps.)
- Why do you think it's important to have these conversations? (Answers could be: "So that it doesn't turn into a bigger issue down the line"; "The earlier you speak up about something, the better chance you have to manage the problem.")
- What are the benefits of being open or sharing with someone when we're struggling? (Answers could be: "Having support makes it easier to deal with an issue"; "You build a network of support—sharing with others could make them more open to sharing with you when they need help.")
- Are you more likely to help someone else who is in trouble than to help yourself? If so, why?
- Why did you make the placements you did?
- What do your placements say about what the items mean to you or how you plan to deal with them in your life?

SAY:

- *Keep your bubble as a reminder of what you do and don't have room for in your life.*
- *Being aware of what things feel stressful and what you can handle is one move toward taking care of yourself as you navigate challenges. Remember you may not always be able to avoid something that is causing stress.*
- *What does resilience mean to you?* (Give time to answer; if needed, share this definition: "Resilience is adapting to or learning how to deal with life situations, such as the ones you just identified. It's a person's ability to bounce back after a setback, to learn from failure, and to be willing to try again.")

- *Resilience is something we can all build to help us through day-to-day difficulties. It's also important to remember that there are some things that, no matter how resilient you are, may still get you down—big things like racism, gender discrimination, or climate disasters. If we feel overwhelmed by these challenges, that's okay. And if someone else feels hurt by them, it doesn't mean they aren't being resilient enough.*
- *What do you think are some traits of resilient people?* (If needed, offer that resilient people are flexible and resourceful, set realistic expectations for themselves, and are willing to learn from and seek solutions to difficult or unexpected situations. Examples of resilient people: an athlete who recovers from an injury by doing physical therapy; a person who experiences travel delays but finds another way to reach their destination; a law school graduate who fails the bar exam but keeps trying and passes the third time.)
- *You're going to go through difficult experiences in life. Maybe you'll make decisions that turn out poorly. The point is, you're learning and growing from all of it. Or, at minimum, you're just getting through it. This builds your resilience.*
- *What traits of resilience do you think you have and what ones do you want to develop?*
- *Remember, being resilient doesn't mean handling everything alone. How is asking for support part of being resilient?*
- *Why do you think failure can sometimes be okay?*
- *How do you think setting boundaries plays a role in being resilient?* (If needed, offer: "Boundaries are limits people create to protect themselves from being hurt, manipulated, taking on too much, or being taken advantage of. A boundary looks like saying no to a request from a friend, not checking email late at night, or speaking up when a situation feels off.")
- *Setting boundaries isn't always easy. It takes practice to communicate how you feel. Have you ever had to set boundaries with a friend or in a situation where you weren't comfortable? How did you do it? What, if anything, would you have done differently?*

Stretch Break (5 minutes)

Purpose: Give the group a short stretch/bio break.

Activity 4: Supporting Others (15 minutes)

Materials:

- **How to Help a Friend** meeting aid (one for each participant)
- **Active Listening Checklist** meeting aid (one for each participant)
- Pencils or pens
- Paper

Purpose: Participants learn how to support a friend or family member who's struggling and practice active listening.

SAY:

- *Knowing how to use your voice and seek help is important for your self-care and mental health. What would you do if you shared your problem with someone who wasn't supportive or wasn't able to help you?* (Let the group know this is a way to practice resilience: they can find support or seek advice from other resources or identify others who might be able to help them. If they need help with ideas, tell them they could try to find someone else in their family or community, look for resources from a school counselor or faith leader, or find support in a crisis text line or hotline.)
- *Knowing how to get help for yourself can also give you skills to support a friend who is struggling.*
- *When you spend your time and energy helping someone else, it can have a positive impact on your own self-esteem.*
- *Maybe you can do something like that for a friend, too. Have you ever had regular check-ins with friends just to ask how they're doing?*
- *Can you always tell when someone's struggling with something?* (Give time to respond.)
- *Probably not. If we open up and share how we are doing, they might be more willing to share with us.*
- *It's also important to know your limits and be realistic about what support you can offer.*
- *You can be there for friends and family, but you might not be able to help with a serious mental health condition. What would you do if you were concerned with your friend's health or safety?* (If needed, say: "Seek help from a trusted adult or a trained professional.")

Pass out the **How to Help a Friend** meeting aid. Tell the group it gives tips on how to start the conversation, offer support, and be a friend. Have the group take turns reading each section out loud. Ask if anything they read feels familiar or if they've experienced it themselves.

SAY:

- *One important way to help a friend is by actively listening to them.*
- *What does it mean to be an active listener?* (Give time to respond. If needed, say: "It means to focus on not only the words someone is saying but also what's being communicated. It also means to reflect and respond thoughtfully.")
- *Do you know someone who is a good listener? What makes them that for you?* (Give time to respond.)
- *As you've just pointed out, there are some skills to being an active listener and you'll practice them today.*

Give everyone the **Active Listening Checklist** meeting aid and have them read through the do's and don'ts of being an active listener.

Give each participant a pen and paper.

SAY:

- *Write down a general issue you or someone you know is dealing with on a piece of paper. It could be something like stress about the future, a fight with a sibling, something you read on social media, or a situation where you felt left out. You don't need to sign your paper—everyone will remain anonymous.*
- *Hand me your paper when you're done.*

Fold the papers and place them in a bowl. (Read them beforehand to make sure they're general enough and will work for this activity.)

Divide the group into teams of three. One team member will be the Sharer, one will be the Listener, and one will be the Observer. If you can't form enough teams of three:

- For a two-person team, you or another facilitator/volunteer can be the Observer.
- For a four-person team, two people can be Observers.

SAY:

- *One of you will be the Sharer. You'll share a tough experience picked from a paper in the bowl.*

- *One of you will be the Listener. You'll listen to the Sharer, using techniques from the Active Listening Checklist. Take a moment to review it again now if you'd like, before your teammate starts sharing with you.*
- *And one of you will be the Observer. As the Sharer and Listener do their thing, you'll use the checklist to check off the active listening traits that you see or hear. You can also make notes on the checklist.*
- *Before you start, take a minute to decide which role each of you wants to play.*

Give the group five to ten minutes for this activity. Give a warning when there's a minute left so they can wrap up. Then get the group back together to discuss what they did in their teams.

SAY:

- *Sharers, what did you notice about the Listener? What skills did they use that showed you they were actively listening?*
- *Listeners, what were you able to pick up on from the Sharer when you really listened to them?*
- *Observers, what active listening traits did you notice most strongly? Are there any you didn't check off? How might they have helped in this situation?*
- *How do you all think active listening helped the person who was sharing their problem? Did it help them find a solution or feel better?*
- *What do you think are the most important traits of active listening?*
- *Do you think you need to have an answer to someone's problem to be supportive of them?* (Answers could be: "Sometimes just listening and caring is enough"; "It's important to let another person express themselves.")

Note to facilitator: If the group wants to continue practicing active listening, you can incorporate this activity into a future troop meeting as time allows.

Reflection and Wrap-up (5–10 minutes)

Materials:

- Suggestion box
- Pencils or pens
- Paper

Purpose: Participants reflect on their impressions of mental health when they arrive. They think about ways to support their mental wellness.

Give the group time to respond to these reflection questions:

- Look back at how you described mental health. Did anything change? If so, what?
- What is something new you learned about mental health and mental wellness?
- We covered a lot of topics today. What activity or discussion did you find most helpful or useful? Why?
- What immediate changes will you make to support your own mental health and help others? (Answers might be: "Talk to a trusted adult"; "Practice self-care"; "Be more aware of my friend's emotions"; or "Know when and how to seek help if I need it.")

SAY:

- *Before you go, let's do a quick, calming breathing exercise. Mindful breathing is something you can do anytime, anywhere to calm yourself or a friend, or to cope with a stressful situation. Let's do one type of mindful breathing called a "box breath."*

Have participants:

1. Inhale through their noses for four seconds
2. Hold their breath for four seconds
3. Exhale slowly through their mouth for four seconds
4. Pause quietly for four seconds

Do this for a few rounds.

(**Tip:** You can trace the shape of a box in the air with your finger while you count, to help visualize the four steps of the breath.)

SAY:

- *Do you think you'll try mindful breathing the next time you feel worried or stressed? It's a great self-care practice!*
- *I am so glad you joined me today. Thank you for sharing and being respectful!*

Before the group leaves, let them know what the suggestion box is and how to use it. Have them put anonymous feedback, questions, or comments into the box.

Next Steps

We recommend the following additional steps to keep lines of communication open with parents/caregivers and to continue integrating mental wellness into Girl Scout activities:

- Send a follow-up email to parents and caregivers. Share what their Seniors and Ambassadors did and learned about mental wellness. See the **Customizable Post-Event Email to Parents/Caregivers** (p. 22).
- Send a follow-up email to your council to let them know how your Showing Up For Me and You Patch Program went. If your council has prepared a survey for you to fill out, send that in.
- Incorporate mental wellness moments in future troop meetings. Check out GSUSA's **Resilient. Ready. Strong. patch program** for some ideas, such as playing music or creating a "happy box" with things that make Seniors and Ambassadors smile. You can also ask them to choose or vote on what kind of wellness activities they'd like to do to start or end each meeting. It might be a breathing exercise, a yoga move, or a moment of silence to think about what they're grateful for.
- For Seniors and Ambassadors who are college bound or thinking about college, suggest that they take a look at the NAMI guide **Starting the Conversation: College and Your Mental Health**, written for both students and parents/caregivers. College can be emotionally challenging, and they can prioritize their mental health by looking for on-campus support, social connections, and ways to connect with their new community before they start.

Customizable Invitation Email to Parents/Caregivers

Use this email template to help you reach out to Seniors and Ambassadors and their families or caregivers in advance of conducting the Showing Up For Me and You patch program. This is the suggested language for inviting participants. Customize as needed.

Dear Girl Scout Families and Caregivers,

Seniors and Ambassadors are invited to take part in a 90-minute Mental Wellness Patch Program called Showing Up For Me and You on [DATE]. Girl Scouts of the USA collaborated with experts at the National Alliance on Mental Illness (NAMI) to develop the program, and also received input from other mental health professionals and Girl Scout council leaders. It has been generously funded by the HCA Healthcare Foundation.

Girl Scouts will participate in activities and have discussions about fighting mental health stigma, dealing with stressful situations, building resilience in the face of challenges, and supporting friends who are struggling. This will be a supportive space to learn about mental wellness.

[Note to facilitator: If your meeting is in a location different from your regular troop meetings, provide the address and directions.]

If you have any questions, please contact me or the council directly. I look forward to seeing your Girl Scout on [DATE].

Thank you for supporting Girl Scouts.

Best regards,

[YOUR NAME]

Customizable Post-Event Email to Parents/Caregivers

Use this email template to help you send a follow-up email to parents and caregivers. Share what their Seniors and Ambassadors did and learned about mental wellness. This is suggested language for a post-event communication to parents and caregivers. Customize as needed.

Dear Girl Scout Families and Caregivers,

Today, your Girl Scouts participated in the Mental Wellness Patch Program for Seniors and Ambassadors: Showing Up For Me and You. They came up with strategies to fight mental health stigma, learned how to cope with tough situations in their lives, and practiced active listening to support friends who are struggling.

[Note to facilitator: Include any additional information you'd like about how the program went, the positive outcomes you observed, and/or your plans to incorporate mental wellness moments into future meetings.]

If you have any questions, please contact me or the council directly. Thank you for supporting Girl Scouts.

Best regards,

[YOUR NAME]

Meeting Aids

Use these meeting aids to facilitate this program.

For Facilitators:

- For Facilitators: Mental Health Terms to Know
- For Facilitators: Symptoms of Mental Health Conditions
- For Facilitators: What to Know About Identity, Culture, and Mental Health
- For Facilitators: Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity

For Seniors and Ambassadors:

- For Seniors and Ambassadors: Symptoms of Mental Health Conditions
- For Seniors and Ambassadors: Your Language Matters
- For Seniors and Ambassadors: Getting the Right Start
- For Seniors and Ambassadors: How to Help a Friend
- For Seniors and Ambassadors: Active Listening Checklist

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Mental Health Terms To Know

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with these definitions of mental health terms that may come up. Doing so will help you to lead a lively, productive, and informed conversation among troop members. This glossary from the experts at the National Alliance on Mental Illness (NAMI) provides definitions for mental health terms that may come up.

This glossary from the experts at the National Alliance on Mental Illness provides definitions for mental health terms that may come up.

- **Anxiety Disorders:** A group of related conditions, each having unique symptoms. However, all anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are not threatening. Everyone can experience anxiety, but when symptoms are overwhelming and constant—often impacting daily living—it may be an anxiety disorder.
- **Attention Deficit Hyperactivity Disorder (ADHD):** A developmental disorder defined by inattention (trouble staying on task, listening), disorganization (losing materials), and/or hyperactivity-impulsivity (fidgeting, difficulty staying seated or waiting). While ADHD occurs among people of all identities, it is generally underdiagnosed in girls.
- **Bipolar Disorder:** Causes dramatic shifts in a person's mood, energy, and ability to think clearly. Individuals with this disorder experience extreme high and low moods, known as mania and depression. Some people can be symptom-free for many years between episodes.
- **Borderline Personality Disorder (BPD):** A condition characterized by difficulties regulating emotion. This means that people who experience BPD feel emotions intensely and for extended periods of time; it's harder for them to return to a stable baseline after an emotionally triggering event. This difficulty can lead to impulsivity, poor self-image, stormy relationships, and intense emotional responses to stressors. Struggling with self-regulation can also result in dangerous behaviors such as self-harm (e.g., cutting).
- **Clinical Social Workers:** Practitioners trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs. They're also trained in case management and advocacy services.
- **Counselors, Clinicians, Therapists:** Masters-level healthcare professionals trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs. They operate under a variety of job titles—including counselor, clinician, therapist, or something else—based on the treatment setting.
- **Depression:** Involves recurrent periods of clear-cut changes in mood, thought processes, and motivation lasting for a minimum of two weeks. Changes in thought processes typically include negative thoughts and hopelessness. Depression can also affect sleep/energy, appetite, and weight.
- **Eating Disorders:** A group of related conditions involving a preoccupation with food and body weight that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others. Common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder.

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- **Mental Illness:** A condition that affects a person's thinking, feeling, or mood. These conditions may affect someone's ability to relate to others and function day to day. Each person will have different experiences, even people with the same diagnosis.
- **Obsessive Compulsive Disorder (OCD):** Characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them. Symptoms typically begin during childhood, the teenage years, or young adulthood.
- **Post-Traumatic Stress Disorder (PTSD):** Traumatic events—such as an accident, assault, military combat, or a natural disaster—can have lasting effects on a person's mental health. PTSD can occur at any age. Symptoms, which include reexperiencing, avoidance, and arousal, usually begin within three months after experiencing or being exposed to a traumatic event. Symptoms of depression, anxiety, or substance use often accompany PTSD.
- **Psychiatrists:** Licensed medical doctors who have completed psychiatric training. They can diagnose mental health conditions, prescribe and monitor medications, and provide therapy. Some have completed additional training in child and adolescent mental health, substance use disorders, or geriatric psychiatry.
- **Psychologists:** Practitioners who hold a doctoral degree in clinical psychology or another specialty such as counseling or education. They are trained to evaluate a person's mental health using clinical interviews, psychological evaluations, and testing. They can make diagnoses and provide individual and group therapy.
- **Self-harm:** Also called self-injury, this is when a person hurts themselves on purpose. One common method is cutting the skin with a sharp object, but anytime someone deliberately hurts themselves, it is classified as self-harm. Some people feel an impulse to cause burns, pull out hair, or pick at wounds to prevent healing. Extreme injuries can result in broken bones.

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Symptoms of Mental Health Conditions

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with the signs and symptoms of mental health conditions. Doing so will help you to lead a lively and productive conversation among troop members. This tip sheet explains five of the most common mental health conditions that may come up in your discussions with troop members.

Anxiety:

Gets upset when not on time for things like homeroom, practices, and parties; needs the comfort of a schedule and reacts negatively when plans change; seeks perfection in grades, extracurriculars, or cleanliness.

Attention Deficit Hyperactivity Disorder (ADHD):

Has difficulty paying attention and listening when spoken to; is hyper focused on things they enjoy; moves constantly; talks excessively and over people; jumps from subject to subject; loses things a lot; starts many tasks but has a hard time finishing them; is forgetful; has sensory sensitivities.

Depression:

Stops participating in things they used to enjoy; is not responsive to texts and invites; is easily frustrated, irritated, or short-tempered; could also be overachieving or taking on too much.

Eating Disorders:

Eats too little or too much; has an intense fear of gaining weight; engages in excessive exercise; worries over calorie intake.

Post-Traumatic Stress Disorder (PTSD):

Avoids situations that make them recall the traumatic event; experiences nightmares or flashbacks about the trauma; plays in a way that repeats or recalls the trauma; acts impulsively or aggressively; frequently feels nervous or anxious; experiences emotional numbness; has trouble focusing at school

It's important for adult leaders of Girl Scouts to know and understand the symptoms of mental health conditions; however, noticing any of these symptoms in yourself or someone else doesn't necessarily mean a diagnosable mental health condition is present. Refer to the meeting aid "Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity" for further guidance on addressing and reporting mental health concerns about a Girl Scout.

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What to Know About Identity, Culture, and Mental Health

Girl Scouts have a range of identities and come from a range of cultures. The following information, adapted from the experts at the National Alliance on Mental Illness (NAMI), will help you understand how identity and cultural background can affect someone's responses to mental health issues and access to treatment. Each of the communities below consists of sub-communities with diverse cultures and identities. It's important to recognize and respect the uniqueness of each. Mental health needs and experiences vary among subgroups.

Asian American and Pacific Islander (AAPI) Community

This racial identity is inclusive of 50 distinct ethnic groups speaking more than 100 languages, with connections to Chinese, Indian, Japanese, Filipino, Vietnamese, Korean, Hawaiian, and other Asian and Pacific Islander ancestries.

- It's a common cultural experience for members of the AAPI community to experience a deep sense of community and strong family bonds, which can help them build resilience to deal with challenges.
- Many second-generation members of the AAPI community struggle to find balance between traditional cultural values and the pressure to assimilate into the norms of mainstream (white) American society.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Fear of jeopardizing immigration status or citizenship.
  - Stigma and shame (don't want others to have a negative opinion of them).
  - The "model minority" myth: a misleading belief that Asian Americans and Pacific Islanders are uniformly well adjusted, hard-working, and well educated, and enjoy more socioeconomic success than other people of color. This stereotype can result in others not attending to challenges expressed by members of the AAPI community.

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Black/African American Community

This racial identity is inclusive of ethnic groups who can trace their origins in total or in part to the continent of Africa. The experience of being Black in America varies widely, but shared cultural factors play a role in mental health.

- Experiencing racism, discrimination, and inequity can significantly affect a person's mental health. Being treated or perceived as "less than" because of skin color can be stressful and even traumatizing.
- Black adults in the U.S. are more likely than white adults to report persistent symptoms of emotional distress, such as sadness, hopelessness, and feeling like everything is an effort.
- Barriers to addressing mental health issues include:
  - Inhibited geographic access to quality mental health care due to racial segregation and inequitable distribution of resources.
  - Socioeconomic factors that limit access to treatment options.
  - Internalized stigma: the perception, especially among older Black adults, of mental health conditions as personal weaknesses.
  - Mistrust of healthcare providers due to bias and lack of cultural understanding.
  - Preference to seek support from faith communities.

Hispanic / Latinx Community

In the U.S., this community includes people from many different nations and regions of the world: Mexico, Puerto Rico, Cuba, Central America, and South America, among others. While largely regarded as one community, it's comprised of various racial and ethnic groups.

- Hispanic/Latinx communities are just as vulnerable to mental illness as other racial and ethnic groups, but, due to structural and institutional barriers, they don't have equal access to quality treatment. More than half of Hispanic/Latinx people aged 18–25 with serious mental illness may not receive treatment.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Lack of health insurance coverage.
  - Socioeconomic factors and cost of healthcare services.
  - Fear of jeopardizing immigration status or citizenship.
  - Mistrust of healthcare providers due to bias and lack of cultural understanding.
  - Stigma and shame: This community fears being labeled "crazy" and doesn't want to bring shame to their family. They prefer to keep challenges at home private.

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Indigenous / Native Community

Indigenous/Native people are those who have been living on this land prior to European colonization. There are 574 federally recognized tribal nations in the U.S., as well as tribes living without official recognition. These nations include over 200 Indigenous languages (and many dialects within those languages) and countless diverse cultures, traditions, and histories.

- The traumatic history of extermination, displacement, and forced assimilation of Indigenous/Native peoples continues through economic and political marginalization, discrimination, and inadequate access to education, healthcare, and social services.
- The multigenerational trauma that Indigenous/Native people have endured can lead to mental illness, substance use disorders, and suicide.
- Suicide rates for Indigenous/Native adolescents are more than double the rate for White adolescents.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Indian Health Services (IHS) is underfunded and unable to offer services to meet mental health needs of the community.
  - Community members tend to live in rural and isolated locations with high rates of poverty and unemployment.
  - Programs don't often provide treatment that is culturally, spiritually, and traditionally appropriate.

LGBTQIA+ Community

The Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual (LGBTQIA+) community represents a diverse range of identities and expressions of gender and sexual orientation. (The "+" represents all other non-cisgender gender identities and non-heterosexual sexual orientations that are not captured by the letters.) Members are also diverse in race, religion, ethnicity, nationality, ability, and socioeconomic class. It's important to consider the combined and overlapping aspects of a person's identity.

- Many in the LGBTQIA+ community face discrimination, prejudice, denial of civil and human rights, harassment, and family rejection, which can lead to new or worsened symptoms of a mental health condition.
- LGBTQIA+ adults are more than twice as likely as heterosexual adults to experience a mental health condition. Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with the gender assigned to them at birth) to experience one.
- Substance use and abuse is high among LGBTQIA+ individuals, and they have a 120% higher risk of experiencing homelessness due to family rejection and discrimination.
- Barriers to addressing mental health issues include:
  - Discrimination and bias within the healthcare system.
  - The outdated notion that questioning one's gender identity is a mental health condition.
  - Mental health care providers often lump the entire LGBTQIA+ community together instead of addressing each sub-community's unique challenges, experiences, and rates of mental illness.

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People with Disabilities

Nearly one in five (61 million) people in the U.S. are living with a disability. Disabilities can be physical or mobility-related, cognitive, developmental, intellectual, or sensory. A disability is generally defined as such when an impairment substantially limits at least one major life activity. Disabilities can be visible or not; it should never be assumed whether or not someone has one.

- Though discrimination against people with disabilities is against the law, they often continue to face discrimination and unequal access in employment, housing, medical care, and insurance coverage.
- Many people with disabilities experience physical challenges, including immobility or extreme pain, and social challenges, such as isolation or being excluded from invitations to social events and recreational activities.
- Given the stigma, lack of understanding about disabilities, and the need to navigate a society that is built for people without disabilities, many people with disabilities try to hide or mask their disability. This is burdensome and emotionally taxing.
- Barriers to addressing mental health issues include:
  - A perception that people with disabilities need to be "fixed," cannot function fully in society, or have a "defect".
  - A perception that mental health symptoms are to be expected given a person's circumstances, and that they are unlikely to benefit from care.
  - Lack of integrated care; physicians treat people's physical issues but often view any mental health symptoms as a by-product of the physical experience.
  - Difficulty communicating, either verbally or physically.
  - Poverty and lack of access to care due to employment discrimination; this population is three times as likely as people without disabilities to live in poverty.

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Activity Checkpoints for Overall Health, Well-Being, and Inclusivity

Presenting the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs will expand your knowledge of mental health and wellness issues. It may also lead to revealing conversations with your Girl Scouts. You may become aware of concerning signs and symptoms among your troop. This excerpted section of the Safety Activity Checkpoints contains guidance for addressing and reporting mental health concerns about a Girl Scout. Contact your council with questions or to obtain the full version of the Safety Activity Checkpoints.

Health History Form

Girl Scout councils require an annual health history form to be completed and signed by one parent/guardian for every Girl Scout and kept on file with the troop leader.

Follow council guidelines to comply with this requirement. The form should reflect any significant medical conditions, health issues, or allergies, and be updated each year. The form can also reflect any over-the-counter medications that a Girl Scout is not permitted to take, if there are any.

If parents or caregivers send medication on trips or activities, it should be in its original labeled container and controlled and administered by one designated adult. Health history forms can be shared with the site, camp physician, or nurse ahead of time.

Always keep a current and signed health history form for each Girl Scout member with you when traveling. Your council may require an updated midyear health history form for overnight trips. For physically demanding activities, such as water sports, horseback riding, or skiing, an additional current health history form may be obtained to make sure all adults are aware of any current medical conditions or special needs. Councils will retain all health history forms in accordance with state record retention requirements and laws.

Health Exams and Health Exam Forms

Some councils also require a health exam for any activity that is three overnights or longer, which may include resident camp. Again, follow your council's guidelines with respect to health exams. In most cases, the health exam needs to have been completed within one year of the last date of the trip in order for Girl Scout members to participate. Your council may require a current health exam for adult volunteers who participate in trips of three nights or more as well; be sure to ask your council about their health exam policy. A health exam can be given by a licensed physician, a nurse practitioner, a physician's assistant, or a registered nurse. The medical provider must sign the health exam form.

For large events or trips longer in duration, such as resident camp or a weeklong trip to a ranch, the designated health professional at the trip location is responsible for collecting all health exam forms and health history forms for members and adults.

Health exam forms and health history forms are to be shared only with designated health professionals and council staff responsible for coordinating them. All health and medical information are private (by law) and must not be shared or publicly available, so keep forms safe and secure. Only share information on a need-to-know basis.

Councils will retain all health exam forms in accordance with individual state record retention requirements and laws.

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Vaccination and Immunization

Issues or questions with respect to vaccination exemption periodically arise with activity and trip participation. Vaccine exemption laws vary by state and focus on public and private school attendance more directly than they do for youth organizations. Therefore, it is best to obtain local and state legal guidance and proceed in accordance with the state law as it applies to school attendance. A general overview of state laws regarding school immunization exemption is provided and annually updated on the **National Conference of State Legislatures website.**

If you have any questions about your obligation to communicate a Girl Scout member's non-immunization with other troop parents or caregivers, contact your Girl Scout council for legal guidance as privacy laws may apply. Absent state laws that speak directly to vaccines and communicating non-immunization with parents of youth groups, the guidance is to follow the standard and protocol as it pertains to school attendance.

For information on COVID-19 vaccination, see Coronavirus Safety in Girl Scouts.

Mosquitoes, Ticks, and Lyme's Disease Prevention

Mosquitoes, ticks, and insect bites are an inherent risk to any warm weather outdoor activity. Ensure parents and guardians are aware of the need to have their children properly covered, preferably with closed shoes and light-colored clothing and socks. It is important to advise parents, guardians, and Girl Scout members of this risk and the safety precautions they should take. The understanding that your troop or council cannot be held responsible for tick bites can be reinforced with a waiver reference on a permission slip.

An excellent source for learning more is the **Tick and Lyme disease prevention section of UptoDate.**

To learn more about using insect repellent safely, visit the Environmental Protection Agency website at **Repellents: Protection against Mosquitoes, Ticks, and Other Arthropods.** To learn more about safely using DEET directly on the skin and on children, check out **EPA DEET.**

Emotional Safety

Adults are responsible for making Girl Scouts a place where members are as safe emotionally as they are physically. Protect their emotional safety by creating a team agreement and coaching Girl Scouts to honor this agreement. Team agreements typically encourage behaviors like respecting diverse opinions and feelings, resolving conflicts constructively, avoiding physical and verbal bullying or clique behavior, practicing fairness, and showing positive, respectful, and helpful communication with others.

Physical or Sexual Abuse

Physical, verbal, emotional, or sexual abuse of Girl Scouts is forbidden. Sexual pressure, sexual advances, improper touching, sexual communication such as text messaging, and sexual activity of any kind with Girl Scout members is not tolerated. If you witness or experience any behavior of this nature, notify appropriate council staff immediately. Incidences of abuse of any kind will result in immediate council intervention. Volunteers are responsible for following their council's guidelines for reporting any direct information or concern around physical, verbal, emotional, or sexual abuse with respect to girls.

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Youth Violence and Bullying

Youth violence or bullying is also not tolerated in Girl Scouts. Youth violence occurs when young people intentionally use physical force or power to threaten or harm others. Bullying is a form of youth violence. Volunteers should become familiar with the signs, risk factors, and preventive measures against this type of behavior. If you witness or experience any behavior of this nature, notify the appropriate council staff for guidance. The CDC provides excellent resources on this topic, including:

- CDC Youth Violence
- CDC Fast Fact: Preventing Bullying
- CDC Youth Violence Prevention Strategies

Child Abuse

All states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have specific laws which identify persons who are required to report suspected child abuse to an appropriate agency. Therefore, if you witness or suspect child abuse or neglect, whether inside or outside of Girl Scouting, always notify the appropriate council staff immediately and follow your council's guidelines for reporting your concerns to the proper agency within your state. For more information, please review these available resources:

- U.S. Department of Health & Human Services; Child Abuse and Neglect
- U.S. Department of Health & Human Services: How to Report Child Abuse and Neglect
- Child Welfare Information Gateway: Mandatory Reporters of Child Abuse and Neglect
- CDC: Child Abuse and Neglect Prevention

Mental Health and Safety

As an adult volunteer overseeing the activities and behaviors of young people, you may witness signs of self-harm or the desire to harm others. Self-harm can be expressed physically through activities such as cutting, burning, bruising, excessive scratching, hair pulling, poisoning, or drug use. Another form of self-harm is suicidal ideation, which can be expressed verbally or with the written word. Yet another harmful expression involves harm to others, which can be expressed verbally or with physical aggression. If a situation of this nature is observed or comes to your attention in any form, always notify an appropriate council staff member immediately and follow your council guidelines with respect to next steps. The CDC provides informative guidance around identifying and responding to harmful behaviors: Self-Directed Violence and Other Forms of Self-Injury and also a section on at-risk youth: Help Youth At Risk for Adverse Childhood Experiences (ACEs).

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Include Girl Scout Members with Disabilities

Girl Scouts is committed to making reasonable accommodations for the inclusion of physical and cognitive disabilities. Talk to Girl Scout members of all abilities and their caregivers. Prior to an activity, always ask about needs and accommodations. Always be sure to contact the location, facility, and/or instructors to ensure they are able to accommodate those with disabilities. For more information visit **Disabled World**. Whenever possible, the individual Safety Activity Checkpoints will provide additional resources specific to that sport or activity. Be sure to reference these resources when planning to include a Girl Scout member with a disability. Our goal is to include all girls with a desire to participate.

Equity

In addition to physical and social-emotional disabilities, consider the history, culture, and past experiences of the Girl Scout members in your troop that could affect their ability to equally participate in an activity. Work with members and families to understand how an activity is perceived or experienced. Ensure that all Girl Scout members and their families feel comfortable and have access to whatever is needed to fully participate, such as proper equipment, prior experiences, and the skills needed to enjoy the activity.

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Symptoms of Mental Health Conditions

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with the signs and symptoms of mental health conditions. Doing so will help you to lead a lively and productive conversation among troop members. This tip sheet explains five of the most common mental health conditions that may come up in your discussions with troop members.

Anxiety:

Gets upset when not on time for things like homeroom, practices, and parties; needs the comfort of a schedule and reacts negatively when plans change; seeks perfection in grades, extracurriculars, or cleanliness.

Attention Deficit Hyperactivity Disorder (ADHD):

Has difficulty paying attention and listening when spoken to; is hyper focused on things they enjoy; moves constantly; talks excessively and over people; jumps from subject to subject; loses things a lot; starts many tasks but has a hard time finishing them; is forgetful; has sensory sensitivities.

Depression:

Stops participating in things they used to enjoy; is not responsive to texts and invites; is easily frustrated, irritated, or short-tempered; could also be overachieving or taking on too much.

Eating Disorders:

Eats too little or too much; has an intense fear of gaining weight; engages in excessive exercise; worries over calorie intake.

Post-Traumatic Stress Disorder (PTSD):

Avoids situations that make them recall the traumatic event; experiences nightmares or flashbacks about the trauma; plays in a way that repeats or recalls the trauma; acts impulsively or aggressively; frequently feels nervous or anxious; experiences emotional numbness; has trouble focusing at school

It's important for adult leaders of Girl Scouts to know and understand the symptoms of mental health conditions; however, noticing any of these symptoms in yourself or someone else doesn't necessarily mean a diagnosable mental health condition is present. Refer to the meeting aid "Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity" for further guidance on addressing and reporting mental health concerns about a Girl Scout.

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Your Language Matters

Supports Activity 2 for Finding My Voice and Showing Up For Me and You

Mental health is a sensitive topic. Lots of people find it tough to discuss issues they face in this area. You can make it a little easier for friends to open up and find their voices by choosing your words carefully. The right language communicates that you are supportive and caring, not judgmental, and encourages people to be honest about what's on their minds—or to ask for the help they need. Check out these tips from the experts at the National Alliance on Mental Illness (NAMI) for talking about suicide and other mental health challenges.

The words you use matter. You can break down negative stereotypes and give people hope by choosing **words that are more relatable and promote understanding**. This simple but caring approach may help people feel more comfortable and willing to **talk openly about mental health** and to reach out for support early.

Tips for Talking About Mental Health

CONSIDER

SAYING

- Mental health condition
- The weather is unpredictable
- My daughter has schizophrenia
- Person with a mental health condition
- Lives with, has or experiences

INSTEAD OF

- Brain disorder or brain disease
- The weather is bipolar
- My daughter is schizophrenic
- Consumer, client or patient
- Suffers from, afflicted with or mentally ill

Tips for Talking About Suicide

CONSIDER

SAYING

- Suicide attempt/ attempted suicide
- Died by suicide/ suicide death
- Took their own life
- Died as the result of self-inflicted injury
- Disclosed

INSTEAD OF

- Failed suicide or unsuccessful attempt
- Successful or completed suicide
- Committed suicide
- Chose to kill him/herself
- Threatened

When talking about suicide, consider other meanings your words may have. For example, "committed suicide" implies that suicide is a crime. You can help **eliminate the misunderstanding and stigma** that pre vent people from speaking up and getting support by **choosing words that are clearer and more neutral**.

NAMI HelpLine 800-950-NAMI (6264) | NAMI | NAMICommunicate | NAMICommunicate | www.nami.org

NAMI National Alliance on Mental Illness

Detailed choice activities, meeting tools, and additional resources and materials can be found within the Volunteer Toolkit on my.girlscouts.org.

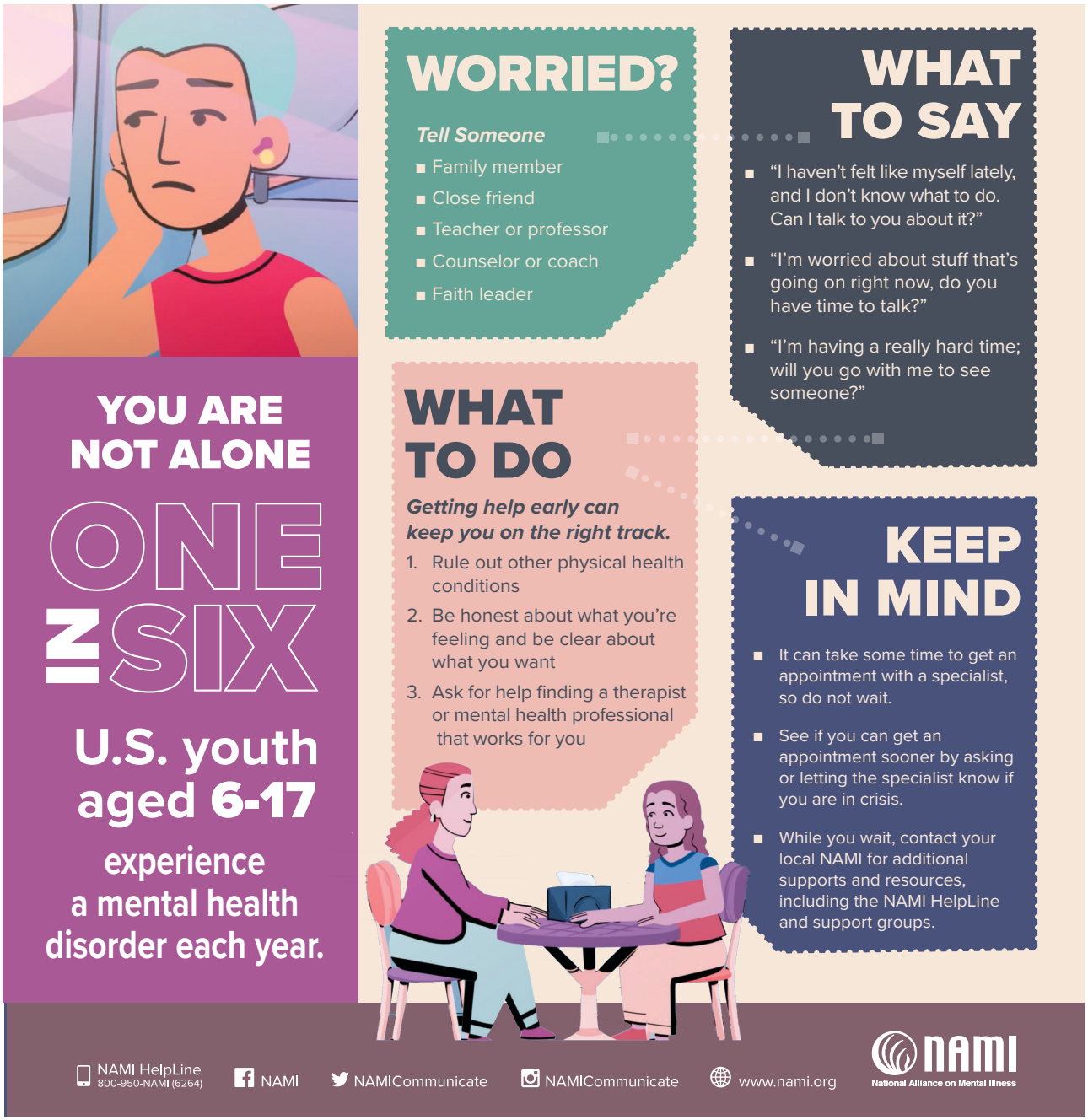
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Getting The Right Start

Supports Activity 3

If you are struggling with your mental health, it's important to know that you are not alone. Lots of young people face mental health and wellness challenges—so you should never feel embarrassed or worried about asking for help. Show up for yourself with these tips from the experts at the National Alliance on Mental Illness (NAMI) on how to get the conversation started.



Detailed choice activities, meeting tools, and additional resources and materials can be found within the Volunteer Toolkit on my.girlscouts.org.

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How To Help A Friend

Supports Activity 3

Being helpful is part of the Girl Scout Promise and Law. Not only that, it's a way of life. We all want to help our friends! Unfortunately, even our closest pals don't always tell us when they're struggling. But there are some clues that can tell you when someone is in trouble. Check out these tips from the experts at the National Alliance on Mental Illness (NAMI) on how to recognize 10 common warning signs of serious problems—and what you can do to help.



Detailed choice activities, meeting tools, and additional resources and materials can be found within the Volunteer Toolkit on my.girlscouts.org.

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Active Listening Checklist

Supports Activity 4

Active listening is a skill that allows you to really hear and respond to what others are saying—not just their words, but the feelings and thoughts that lie beneath them. It's an important way to show up for yourself and others. Active listening doesn't just happen; it takes knowledge and practice. This checklist will help you to learn this valuable skill.

Do

- [ ] Set yourself up so you can be focused.
- [ ] Face toward the other person.
- [ ] Do your best to maintain eye contact—but take the other person's cue. If they seem uncomfortable keeping eye contact while sharing, that's okay!
- [ ] Be mindful of your facial expressions. Try to release judgment of what the other person is sharing; convey your interest and concern.
- [ ] When appropriate, nod to let the other person know you hear them.
- [ ] When appropriate, use encouraging words like "yes," "uh-huh," "that makes sense," or "I would feel that way, too" to keep the conversation going.
- [ ] Pause to reflect on what you heard and process it before you speak.
- [ ] When appropriate, repeat what's been said: "What I'm hearing is..." or "Sounds like you are saying..."
- [ ] Ask questions when you need to: "What do you mean when you say...?" "Can you say more about that?" Give the other person a chance to clarify but don't challenge or speak for them.
- [ ] Ask if they are looking for solutions or just wanted to share. If they want it, brainstorm solutions together. Together you can come up with pros and cons for each to find one they feel good about.

Don't

- [ ] Interrupt or break in with your own thoughts; allow the other person to finish before chiming in.
- [ ] Offer feedback. Do so only if the other person asks for it or says it's okay to do so.
- [ ] Try to solve the problem. Ask first before offering a solution.
- [ ] Be eager to share your own experiences. Instead, support the person by letting them know their problem matters and that they are being heard—keep the focus on them.
- [ ] Dismiss the other person's issue as "not a big deal" or by saying "You'll get over it." Make sure you take their issue seriously.
- [ ] Use "should," as in "You should do x, y, or z." We don't necessarily know what is best for someone else.
- [ ] Offer advice just because the other person wants it. If you don't know what to say, it's okay to say you're not sure what to do. Help them find someone or somewhere that will, such as a trusted adult.

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