



FOUNDATIONS OF

MENTAL HEALTH

What is mental health?



Managing mental health, let alone mental health challenges, can feel hard, confusing, and lonely. We don't want it to be.

Understanding it is very important for maintaining your overall health and well-being.

With that in mind, we created a six-part blog series, Foundations of Mental Health: A Beginner's Guide. Our goal is for you to know:

- What is mental health?
- What is mental illness?
- When you should seek help and mental health treatment options
- How to talk about it
- How to support your friends and loved ones who may be struggling
- How to maintain and strengthen your own mental health

Whether you want to learn for yourself or for a loved one, this series will give you the knowledge and tools to handle mental health with confidence and compassion.

Rogers Behavioral Health's [Dr. Heather Jones](#), PhD, vice president of clinical services, kicks off our series explaining what mental health is and why it's not selfish to focus on it.

Dr. Jones, can you explain what mental health is?

It includes our emotional, psychological, and social well-being. It affects how we think, feel, and behave. I like to think about it as our brain's well-being, impacting how we relate to and interact with others, and how we make choices.

Taking care of our mental health is just as important as managing our physical health. We exercise, go for a walk every day, and find time to get fresh air because we know that through physical activity we're helping our bodies become resilient, less prone to illness. In the same way, by focusing on our mental wellness through activities like mindfulness, meditation, or going to therapy regularly, we're strengthening our emotional and mental well-being so that we can better manage the stresses of life.

When we're not feeling well physically because we have a cold or we didn't get a good night's sleep, we

know that impacts our ability to function. The same is true for our mental health. When we're worried or feeling stressed, we're also not able to be our best.

I like how psychologist Marsha Linehan, who is known for developing dialectical behavior therapy, talks about vulnerability factors. We all have a big bucket of things that are contributing to our successes and our challenges on a day-to-day basis. When we feel overwhelmed, haven't slept well, or we haven't been eating well, those factors contribute negatively to our ability to be resilient in the face of life stressors, like navigating a challenging relationship, or solving a work-related issue.

Dr. Jones, why are mental health issues on the rise?

In 2023, the Surgeon General issued an advisory on the epidemic of loneliness. It caught my attention because during the pandemic there was a lot of forced isolation. Additionally, with the infusion of more

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and more technology into our lives, it was a timely call to action to build awareness of how important social connection is in our lives. While technology has evolved rapidly and there is evidence around its positive impact, it's also created some complexities in terms of our social relationships.

The use of, and overuse of, technology:

- Replaces personal engagement
- Monopolizes our attention
- Causes us to avoid things or check out

While there are certainly other factors contributing to the rise of mental health issues, it's critical to continue to talk about mental wellness and proactively focus on our mental health.

Dr. Jones, is it selfish to focus on mental health?

It isn't selfish to focus on what helps us feel better and [builds our resilience](#), whether that's emotionally or physically. We need to continue to encourage each other about the importance of focusing on and talking about mental health. Sometimes focusing on our mental health looks like going to therapy regularly to build our emotional resilience. Or it could be as simple as asking a friend or loved one how they're feeling or coping during a difficult time to welcome a conversation and create a safe space.

What is the definition of mental illness?



Nearly 1 in 5 American adults will have a diagnosable mental health condition in any given year. Half will develop a mental health condition by the age of 14.

In part one of our Foundations of Mental Health: A Beginner's Guide series, Rogers Behavioral Health's [Dr. Heather Jones](#) explained that mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and behave.

In today's blog, Dr. Jones explains:

- What is mental illness?
- Mental illness symptoms
- Common mental health challenges

Dr. Jones, when someone is struggling with their mental health when does it become something more?

Mental illness involves changes in how a person thinks, feels, or behaves, or a combination of those things. They're most often associated with distress and problems functioning either in school, work, family activities, or performing daily routines. I want everyone to understand that a person doesn't choose to have a mental illness.

When someone is having mental health challenges, or meets the criteria for a mental illness, the first thing that we typically see is difficulty performing daily functions. For example, when a person feels persistently overwhelmed or distracted by worry, and starts to miss work or arrives late regularly, that

would be a sign to seek help. In general, when an individual isn't engaging in activities they previously enjoyed, they're neglecting responsibilities of daily life, like doing laundry and cleaning, or they're avoiding spending time with family and friends, these may also be signs.

It's important to understand our mood and motivations can ebb and flow. There are times that our own vulnerability factors, or things that are contributing to our successes and our challenges on a day-to-day basis, cause us to not feel great on a particular day. The concern or warning sign is when those moments turn into hours, and those hours turn into days. That is really an indication that some help is needed.

While everyone has life experiences that cause them to feel sad, anxious, angry, or lonely, signs of mental illness are:

- Feeling sad or withdrawn for more than two weeks
- Not sleeping well at night
- Self-harming
- Having suicidal thoughts or creating a plan to end one's life
- Engaging in risky behaviors
- Loss of appetite or significant weight loss or gain
- Excessive use of alcohol or drugs
- Dramatic changes in mood and an increase in irritability

Mental illness can range from mild to severe. Many factors can contribute to what causes mental illness, including:

- Adverse life experiences
- Family history of mental health problems/genetics
- Job loss
- Loss of significant relationships
- Chronic difficulty sleeping

Dr. Jones is it true that a person suffering from mental health challenges is typically the last one to recognize it?

Sometimes that is true. It might be a difference in recognizing and admitting. Oftentimes, we recognize changes in our behaviors or our own internal processes of feeling overwhelmed, but admitting it, or having a conversation about it, takes a whole new level of vulnerability and courage.

I think it's important for all of us to do some check-ins with ourselves. It doesn't have to be daily or multiple times throughout the day, but take time to consider:

- How am I sleeping?
- Am I not doing things that I used to do?
- Is there a change in my behavior or in the way that I'm thinking about things?
- What are changes or stressors that are happening in my life?
- Am I not finding joy in things that I used to find pleasure in?

Dr. Jones, what are common types of mental illness?

There are many mental illness disorders, including anxiety, OCD, eating disorders, mood disorders, substance use disorders, and trauma and PTSD.

Anxiety disorders, including obsessive-compulsive disorder (OCD), generalized anxiety disorder, and panic disorders

Anxiety disorders are the most common mental illness in the US, impacting 40 million adults every year. Anxiety is a normal reaction to stress. Everyone worries about things like family and friends, health, and money, but people with anxiety disorders experience constant and excessive worry, anticipating future outcomes that may or may not happen. One of the most common types of anxiety disorders is obsessive-compulsive disorder (OCD). Rogers' [Dr. Marty Franklin](#), PhD, executive clinical director of [OCD and Anxiety Services](#) explains.

"What sends people to treatment is not the frequency of the symptoms, but the degree to which they start getting in the way," says Dr. Franklin. "I can't do this because I might have thoughts, or I can't go there because I might have to wash my hands, or the family can't go to these places because the child might get triggered."

Dr. Franklin discusses OCD and anxiety, including effective treatments and how accommodating OCD impacts the entire family. You can watch that 5-part video series [here](#). Click [here](#) for anxiety facts.

Eating disorders, including anorexia, bulimia, binge-eating disorder, orthorexia, and avoidant/restrictive food intake disorder (ARFID)

Eating disorders are disrupted patterns of eating which cause significant emotional distress, in addition to negatively impacting a person's physical health. [Dr. Nicole Stettler](#), PhD, executive clinical director of Rogers' [Eating Disorder Services](#) says eating disorders make it difficult for people to be able to do the things they want and need to do in their daily lives.

"When I think about the experience of having an eating disorder, I think about the emotional part of it," says Dr. Stettler. "Shame, disgust, and guilt often accompany an eating disorder. It makes life small, robbing people of their families, friends, interests, and values."

Dr. Stettler discusses when to get help and how a person can support a loved one with an eating disorder in an [8-part video series](#).

Mood disorders, including depression, bipolar, borderline personality disorder, and seasonal affective disorder (SAD)

Depression and other mood disorders are very real and serious conditions. Rogers' [Dr. Peggy Scallon](#), MD, chief medical officer for the Oconomowoc campus and medical director of [Focus Depression Recovery Adolescent Residential Care](#) says feelings of sadness, hopelessness, or irritability can interfere with how a person thinks and experiences everyday activities, like sleeping and eating.

"There's no doubt the rates of depression, anxiety, and suicidality are increasing dramatically," says Dr. Scallon. "Social media and increased screen use are to blame."

Dr. Scallon talks about teen depression, including why it's more common in girls, and how you can recognize signs of depression [here](#). Click [here](#) for mood disorder facts.

Substance use disorders, including alcohol and drugs, like opioids and prescription painkillers

"It's important to treat mental health and substance use at the same time," says Dr. Michelle Maloney, PhD, system executive clinical director of [Addiction Services](#) at Rogers Behavioral Health. "Many individuals who have a substance use disorder also have a mental health disorder, like depression or anxiety. Treating them together addresses the whole person."

Watch a [9-part video series](#) with Dr. Maloney where she discusses everything from the impact of stigma to getting the right care, and the importance of treating mental health and addiction simultaneously. Click [here](#) for addiction facts.

Trauma and PTSD

Trauma is one of five symptoms of posttraumatic stress disorder (PTSD). Trauma is an individual's response to witnessing or experiencing a frightening event. Symptoms of trauma vary greatly and can lead to depression, substance use disorder, or posttraumatic stress disorder (PTSD).

"A common myth about PTSD is that only military veterans can suffer from it," says Dr. [Mitzi Kramer](#), MD, FAPA, medical director of [Trauma Recovery](#) at Rogers Behavioral Health. "A serious injury, abuse, natural disasters, near-fatal car accidents, or sexual assault or rape can lead to a trauma response or the development of PTSD."

Dr. Kramer shares more myths [here](#). You can learn more about trauma and PTSD facts [here](#).

Dr. Jones, can someone experience more than one mental health challenge at the same time?

People can, and often do, experience more than one mental health challenge at the same time. Professionals may refer to them as co-occurring disorders. One of the more common co-occurrences is depression or anxiety and substance use. I might be experiencing some depression, feeling down, isolated, and lonely, and turn to substances to mute some of those feelings. Now I have two things happening at the same time that are actually feeding off one another. I may be drinking alcohol excessively and waking up in the morning feeling even more tired and overwhelmed, which contributes to my avoiding other things throughout the day, and adds to my depression getting worse.

The same thing is true with anxiety and depression. I might feel very anxious and worried, so I sleep in order to try avoiding some of those anxious feelings. With sleeping more, I'm missing out on things in my life. I'm not doing things to take care of myself like I should be, then my anxiety increases in addition to my depression. Using sleep as avoidance can worsen that cycle.

It's important to find a therapist who is skilled at not only diagnosing, but also treating multiple conditions simultaneously. For example, our care teams at Rogers create a treatment plan for each person, addressing multiple challenges so that we can help them resolve the concerns they brought to us.

How and when to get help for your mental health challenges

We know that mental illness involves changes in how a person thinks, feels, or behaves, or a combination of those things. They're most often associated with distress and problems functioning in school, at work, family activities, or performing daily routines.

These challenges are not a choice, and getting help for your mental health can feel like a giant jigsaw puzzle. Where do you even begin? Understanding your options is important, but starting the process can be overwhelming.

In part three of our series, Foundations of Mental Health: A Beginner's Guide, Rogers Behavioral Health's Dr. Heather Jones shares:

- Where you can start asking for help
- Treatment options
- Free mental health resources

Our goal is to empower you with the knowledge to take proactive steps toward better mental health.

Dr. Jones, where can a person begin to seek help for their mental health challenges?

One place to start is with your primary care provider if that's someone you trust and have a good relationship with. You could consult with a faith leader in your place of worship or community, or talk with a trusted friend. Sometimes, the people closest to us hold a wealth of information and support that they haven't shared. By opening up about mental health, we can discover unexpected connections, feel validated, and even receive valuable resources and recommendations.

I also recommend professional organizations like NAMI, which is the National Alliance on Mental Illness. We have a list of mental health organizations below. Their websites give you the opportunity to find a therapist in your area who is usually credentialed, or vetted by those organizations. These websites are good places to start to find someone who specializes in what you're struggling with or need support with.

What are common questions a person will be asked about their mental health?

Common questions that someone seeking mental health treatment will be asked are:

- Tell me what's going on?
- What changes have you noticed in your life that led you to making this call/scheduling this appointment?
- Have there been any major life events that have contributed to the change(s), like a job loss, move, divorce, or some other extenuating circumstances that are impacting your mental wellness?
- How long have you been experiencing your symptoms?
- How has your sleep been impacted?
- Do you have a family history of depression, anxiety, or substance use?

What are misconceptions about therapy?

One misconception about therapy is that it's going to involve unpacking your entire past and sharing all your deepest, darkest secrets. It doesn't have to look like that. The relationship between a therapist and client is incredibly important and confidential. You need to build trust and go into it with the mindset that this is someone who is going to give you honest and real unfiltered feedback, which really is kind of a gift because there aren't many people in our lives who have the ability of doing that.

People also think the length of therapy is indefinite. The most frequently occurring mental health conditions don't require an ongoing relationship with a therapist for years and years. Some more chronic and acute illnesses require that level of support, but in most cases, going to therapy is like taking your car in for an oil change, regular maintenance, or a tune up. At other times, you may need more

support, which is available in a higher level of care and intervention, to address the impact of a life event.

The goals of treatment are to:

- Help people reset
- Make sure people aren't getting stuck in patterns of unhelpful thinking or behavior
- Help guide people through challenging times
- Build resilience skills to navigate challenges in the future.

What levels of treatment are available for mental health challenges?

There's quite a range of options varying in intensity and length for someone needing mental health support. We encourage people to check coverage with their insurance provider in addition to looking for financial support options when considering their care needs. Different types of care include:

Community support groups

Organizations like NAMI offer support groups, which I highly recommend for people who already have a solid foundation in their recovery, whether that's from substance use or another mental health challenge.

Professional therapist/outpatient care

Appointments could be as often as a couple of times a week, or as few as once a month to check in with a therapist, get regular feedback, and gain some problem-solving skills.

Partial and intensive hospitalization care

Specialized PHP (partial hospitalization programs) and IOP (intensive outpatient programs) are for people who need more treatment than traditional outpatient therapy. For example, at Rogers, PHP is around six and a half hours a day, five days a week, while IOP is three hours a day, starting with five days a week but can be offered less often depending on individualized need.

Residential care

The next level is residential services where a person lives in a therapeutic setting 24 hours a day, seven days a week for typically 30 to 90 days. Residential care is for people who need a lot of support and services to help them manage their symptoms.

Inpatient care

Inpatient treatment is a highly intensive treatment, typically lasting five to seven days, for someone who is having thoughts of hurting someone else or themselves, or is struggling with substance use and is in need of medical detox. The focus is on stabilization.

What is the role of medications in treatment?

Medication can help stabilize symptoms and be a great addition to therapy. Oftentimes, when we combine medication and therapy, a person experiences a better outcome, versus just having therapy or just taking medication. That isn't necessarily the case for all mental health conditions. We know that there are specific therapies that are highly effective for different disorders. But there are times when the complexities and symptoms create a situation where we will recommend medications to enhance the impact of those therapies, so we've got the train running on both tracks for a long period of time in order to help a person maintain better well-being in the future.

What would you say to someone considering seeking mental health treatment?

It takes great courage to recognize that you need help, and to make the first call. Taking that step is something to celebrate. Also, know that not every experience is going to be the right fit the first time. Remember, finding the right therapist is like finding the perfect pair of shoes—it might take a few tries. Don't be discouraged if your first appointment doesn't feel quite right. The first introduction might not feel great or may be really anxiety provoking. Try another appointment and if it still doesn't feel right, try someone else.

Good therapists put up a mirror and help you recognize what you might not in terms of your responses and your patterns of behavior, and they help you find solutions. It's really important to take the time to find the right person to be your guide.

Mental Health Resources

Below, you'll find a list of resources to help you and your loved ones navigate challenges that may arise.

Active Minds

Active Minds is a nonprofit organization supporting mental health awareness, education, research and advocacy for students and young adults ages 14 through 25.

American Foundation for Suicide Prevention

AFSP raises awareness, funds scientific research, and provides resources and aid to those affected by suicide.

Anxiety and Depression Association of America

(ADAA) ADAA is an international nonprofit organization known for its specific focus on anxiety and depression. Provides information, support, and resources for individuals and their loved ones.

Anxiety in the Classroom

This online resource is for school personnel, students, and their families and provides useful information, resources, and materials about anxiety and OCD.

Balancing Stress Fundamentals

Students are exposed to a barrage of stressors during the college experience. This website provides "A Student's Guide to Managing Stress."

Child Mind Institute

The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders.

Depression and Bipolar Support Alliance (DBSA)

DBSA provides hope, support, and education to improve the lives of people with mood disorders.

International OCD Foundation

The International OCD Foundation is a nonprofit serving individuals with OCD and related disorders, their family members and loved ones, mental health professionals and researchers.

Make the Connection

Make the Connection connects veterans, their families, and others to mental health information, a tool for finding local mental health resources, and videos of veterans sharing their stories.

Mental Health America (MHA)

MHA is a community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans.

National Alliance on Mental Illness (NAMI)

NAMI is dedicated to building better lives for Americans affected by mental illness. Known for comprehensive information on various mental health conditions, support groups, advocacy, and crisis resources.

National Association of Anorexia Nervosa and Associated Disorders (ANAD)

ANAD is a nonprofit organization providing support, awareness, advocacy, referral, education, and prevention to those struggling with eating disorders. It provides resources for families, schools and the eating disorder community.

National Council for Mental Wellbeing

Known for advocacy, policy, and public education on mental health issues. Offers resources for individuals and families.

Substance Abuse and Mental Health Services Administration (SAMSHA)

SAMSHA is a government-funded agency that leads public health efforts to reduce the impact of substance abuse and mental illness on America's communities. SAMSHA provides data, statistics, and treatment information on substance abuse and mental health.

The Trevor Project

The Trevor Project is a nonprofit organization focused on suicide prevention efforts among lesbian, gay, bisexual, transgender, queer, and questioning youth.

WISE

WISE is a Wisconsin coalition of organizations and individuals promoting inclusion and support for all affected by mental illness by advancing evidence-based practices for stigma reduction.

988 Suicide & Crisis Lifeline

The 988 Lifeline provides 24/7 free and confidential support for people in distress, prevention and crisis resources.

Let's talk about mental health



Talking about mental health and mental well-being is vital, yet it often comes with challenges due to the stigma surrounding it.

In this fourth installment in our blog series, Foundations of Mental Health: A Beginner's Guide, we aim to break barriers and encourage open, honest conversations about mental health. Rogers' Emily Jonesberg, MSW, LCSW, program manager for [Community Learning and Engagement](#) and [WISE](#), will:

- Explore stigma and how it affects those who struggle with mental health
- Share 7 promises for being a supportive person
- Provide practical advice for sharing your mental health story

By fostering understanding and empathy, we hope to create a community where discussing mental health is embraced and encouraged.

Emily, how do you define stigma that surrounds mental health?

Stigma is a mistreatment of someone based on their group membership, typically surrounding social identity, such as one's race, sexual orientation, religion, a mental health challenge, or something along those lines.

Stigma can be broken into three parts:

1. **Stereotypes:** Generalizations of an individual based off their group membership.
2. **Prejudice:** Stereotypes that are internalized into a belief system.

3. **Discrimination:** Action taken because of the beliefs someone holds.

A person doesn't necessarily move from one to the other. Oftentimes we're engaging in cultural or socialized behaviors that we pick up and learn along the way and aren't aware of them.

Additionally, stigma comes in three forms. Public stigma is a belief held by the broader community. An example is the belief that someone struggling with mental health is weak or fragile. It becomes internalized stigma when people take what they've heard and believe it about themselves. It causes a person to make different choices about what they feel they're capable of. Structural stigma involves policies and procedures. It's when an organization asks about someone's mental health history in the interview process, or at any time during employment, then makes decisions based off the answers.

Emily, what is the impact of stigma on people with mental health challenges?

Stigma prevents individuals, young and old, from accessing the care they need, which has many consequences. For example, children experience lower self-esteem and may resort to isolating, while adults may have fewer employment opportunities. Research shows that adults with mental health disorders are three to five times more likely to be unemployed. It also depends on the diagnosis. People with schizophrenia, for example, have the highest rate of not being able to access employment, with 80 to 90% being unemployed.

If you consider how stigma affects a person's well-being and access to opportunities, it also influences how people live their lives and approach their treatment and recovery.

Emily, what can we do to reduce stigma?

We can do small things every day to avoid acting in a way that reinforces stigma. If everyone engages in these things, it can have a domino effect.

Try and maintain a recovery perspective.

Intentionally seek out stories of recovery. So often people have ideas that they've seen in media or in movies about what mental health is, or someone's experience with mental health, or a treatment center, and they're not accurately portrayed. When we proactively seek out recovery stories, we not only hear about people's mental health and recovery journeys, but also their strengths, the lessons they've learned, and the things that they wouldn't change about the journey. Get to know individuals for who they are and all that makes them unique.

Create curiosity and speak out. When you start to see or hear things that seem like they may be rooted in stigma, examine them a little more. Be prepared to speak up as best you can and when you feel comfortable doing so. Conversations can challenge some of your own stigmatizing beliefs that you might unknowingly carry. It's a good opportunity to look inward.

Tend to your own well-being. Research shows that people who are feeling stigmatized often experience it from people we would least expect it from, including doctors, teachers, caregivers, parents, and loved ones. Usually, it's rooted in caring for someone else, giving them a lot of energy, and not being able to fully show up. When that happens, we unintentionally engage in behaviors that perpetuate stigma. For example, if therapists don't tend to their own well-being, they may avoid the patients who need the most attention and support because they don't have it to give.

Emily, explain the Safe Person 7 Promises that can reduce stigma

We created the Safe Person 7 Promises out of our desire to provide support for people who want to show up for others in need. We know that when individuals get to know each other, particularly across differences, they can help reduce stigmatizing beliefs. We encourage people to tell their story as much as they're comfortable doing so, but then naturally, we also want to make sure individuals who are listening can show up in the least stigmatizing, and most supportive way possible.

1. **Acknowledge that reaching out for support is a strength.** If you're engaging in a conversation with someone who's telling their story and asking for your support, the first thing you want to do is say that you really appreciate that they're sharing their story with you and acknowledge that asking for help is a really hard thing to do.
2. **Listen and react non-judgmentally.** This may mean that you have to put other things aside, whether that's physically or mentally, so that you can be fully present for the person in front of you and give them your full attention. Even if things come up that may feel surprising or they bring up strong emotions in you, do your best to try to stay in that non-judgmental place so that the person continues to feel comfortable sharing.
3. **Respond in a calm and reassuring manner.** Besides thanking the person for sharing, say reassuring things like, "I can see the strength in you." "I'm here to support you." "We'll figure this out with other people to get you the support that you need." Additionally, make sure that you are staying calm and not heightening the energy around whatever the person is telling you.
4. **Reflect back the feelings, strengths, ideas I hear when listening.** Reflecting back helps individuals feel heard. Repeating some of the strengths you heard can help the person apply them to their current situation.
5. **Ask how I can be helpful and respond as I'm able.** It's very likely that a person will ask for a certain level of help that you may not feel equipped to provide, whether that's because

you don't have the skills, the time, or the energy. It's much more compassionate and supportive to share your limitations. Perhaps offer an alternative that you can provide as a support to that person.

6. **Do what I can to connect to other supports if asked.** If this is a heavy burden for you, make sure that you're connecting the person to additional people, and discuss that with the person you are supporting ahead of time. You can say, "Because I care about you and it seems that this is a really tough thing that you're going through, let's make sure that you get some additional support in place beyond me. Can we brainstorm? Who may some of those people or resources be?" Ask if the person would like to hear about other support options before you offer. If they accept, connect them to outside resources that may provide further assistance.
7. **Maintain confidentiality and communicate if exceptions exist.** There may be times when someone talks to you about harming themselves, someone else, or they're being harmed. In those instances, make sure you tell someone else to get some supports in place to keep the person and others safe. Otherwise, maintain confidentiality.

No one is going to do all this perfectly 100% of the time, but if we do our best to lean into them, then we are showing up as a safe, supportive person for someone in need.

Safe Person decals are free to download or order in English or Spanish, by clicking [here](#).

Emily, what advice do you have for someone who wants to share their mental health story?

Research shows one of the best ways to reduce stigma is by sharing your story. Our free [Up to Me curriculum](#) helps people think through which aspects of their story they feel ready to disclose.

I think oftentimes people feel like it's all or nothing — either they're keeping completely quiet and not sharing any aspect about their recovery, mental health journey, or current state, or they have

to share every detail about it. In reality there's a lot of different factors that can go into that decision. What's your goal for sharing your story? Who are you talking to? What is the setting? The version of your story that you would tell your employer to get an extension on a deadline may look different than what you share with your close friend.

There's a lot of value in going through the curriculum and thinking about the different ways you tell yourself your story, which impacts how you believe other people are going to respond.

Emily, any advice on sharing your loved one's mental health story?

I think the number one thing to keep in mind is there's not a one size fits all for any situation.

Although the loved one, caregiver, friend, or family member has a version of the story that this person has existed in, it's their version of the story. What's being asked here is sharing someone else's lived version of the story. It's important to have a conversation with the person whose story intersects with the story you'd like to share and ask permission.

An example is a child who is receiving long-term mental health care. The parent or caregiver is going to have to talk with school administration at some point. If the child is old enough, and seems like they're in a place to be able to talk about it, ask them, "How do we want to address this? We have to talk to school and let people there know. Are you comfortable with me sharing where you are and what's going on? Or what part of your story feels comfortable for you to share right now?" The information people are comfortable having others share can change, so it's a good idea to check in as different situations arise.

You can find resources and information in the parent and caregiver version of Up to Me on our website by clicking [here](#).

Strategies for supporting a loved one



With an estimated 1 in 5 adults having a diagnosable mental health condition in any given year, chances are you will know someone in your lifetime who is struggling with mental health.

Do you know what to do?

Supporting someone with mental health challenges requires compassion, understanding, and resilience.

In this fifth installment of our blog series, Foundations of Mental Health: A Beginner's Guide, Rogers' Emily Jonesberg, MSW, LCSW, program manager for Community Learning and Engagement and WISE shares strategies to help you be an active participant in a loved one's treatment and recovery by:

- Showing up in a caring and compassionate way
- Knowing what to say and what not to say
- Staying strong while offering support

Emily, what challenges might someone face while supporting someone with a mental health challenge?

Naturally, we want to be as present as we possibly can, giving love and support because we care so deeply. Oftentimes, it can feel almost physically painful to see our loved one struggling. It's the perfect situation for someone to start to experience feelings of compassion fatigue or burnout. Feeling overwhelmed is a natural part of the support process, particularly when you pour yourself into someone without perhaps knowing what realistic expectations should be and how to set the appropriate boundaries.

One challenge that someone may experience is feeling an overwhelming amount of heaviness. Sleep, appetites, or engagement with your own support systems could be impacted because you become consumed with trying to help your loved one with a mental health challenge. Be mindful of these behavior changes. If you start to notice them, try to take a step back, reconsider what is within your locus of control within this situation, and realistically focus your energy on that. Try to not put too much energy toward things that ultimately are up to your loved one and you're not going to be able to change.

Remember that your well-being and self-care are paramount. You are not going to be able to show up for that loved one the way that you want to if you're not caring for yourself first. Self-care is not selfish, and by engaging in it, you're going to be a better person for the people that you care so much about.

Emily, what are ways people typically try to support someone who is struggling that may not be the most helpful?

People jump to problem solving and say things like, "Have you tried this?" "This is what's helped me in the past." Or sometimes people downplay what

a person is feeling by saying something like, "Just don't worry about it."

I think oftentimes it's rooted in this idea of just wanting to be able to help when you see someone in so much pain and wanting to take that pain away. But offering advice like, "Make sure you get your 10,000 steps." "Meditate." "Read this book." "Eat a balanced diet, and naturally, everything's just going to be better," isn't helpful because it's just not that simple.

Supporting someone with mental health challenges requires compassion, understanding, and resilience

When we jump to giving advice, we are missing an opportunity for deeper connection and understanding of what the person is actually going through.

- Instead, try the following:
- Listen and support someone with compassion, curiosity, and empathy.
- Set aside your own biases.
- Connect to what resonates with you so that you feel motivated to support the person.
- Validate their feelings.

Ask questions like, "What would be helpful right now?" or "What worked for you when you felt this way in the past?"

Oftentimes, people have their own wisdom on what may be helpful to do next. They just need someone to help them get there.

As you think about supporting someone who's struggling with substance use, a common desire, because you care so deeply, is to shield them from any sort of consequences of their negative behavior. Let's say someone damages relationships or has a negative outcome with their work or in other spaces in their life. It can be very tempting as a loved one to say things like, "I'll clean it up." "It'll pass." "We'll forget about it." Or not even talk about what happened and avoid it. But by getting rid of the natural consequence, that can sometimes further fuel the substance use. Your loved one may need to see

the fallout from their behavior in order to motivate themselves into another stage of change. So as tempting as that is, do your best to allow some of those natural consequences to occur for that individual in hopes that it helps motivate them to see how severe the problem may be and seek help.

Emily, how can someone show up in a compassionate way?

We like to use a model called the "Compassionate Action Steps" when we think about how we show up for someone in need.* Compassionate action takes practice and often occurs over multiple interactions. If you feel you skipped a step, take time to reconnect with this person to provide the support you missed.

The 6 steps are:

1. **Notice – Be present in the moment and able to recognize signs of distress.** The first step is to be mentally and physically present enough to notice that someone is struggling. Admittedly, because we're human, no one can be fully present all the time. There's going to be occasions when we have to set some boundaries, or we need to admit that we can't be that supportive person in a particular moment because we have too many other things going on.
2. **Self-check – Be aware of your initial thoughts and feelings.** If we're able to be present enough to notice someone's pain and respond to it, the second step is to self-check. As someone is sharing their story, most likely we're going to have thoughts pop up in our heads. They may be biases. They may be previous experiences that we've had that are similar to what we're hearing. They may be advice or judgments. All those thoughts distract us from being fully present with that individual and can potentially skew how we provide support. This is also a time for you to check in with your own body. Do you feel settled enough to support someone in this moment? Do you need to ground yourself first before proceeding?
3. **Seek understanding – Listen with curiosity to comprehend the other's perspective.** After you've completed self-checking, seek to understand. Don't worry about the finer details

that the person is sharing. You really want to focus on the strengths and feelings that are being communicated.

4. **Cultivate empathy – Genuine concern based on what you have come to understand.**

Next, do your best to connect to the feelings you perceive the person is experiencing so that you're coming alongside the person in a supportive way. You don't want to connect so deeply that that you get consumed with those feelings. That can cause you to no longer be mentally present because you're distracted by thoughts of the last time you may have experienced a similar emotion.

5. **Discern best action – Co-plan with the person to figure out what would be helpful to them.**

When you move into discerning best action, you're going to reflect back some of the strengths that you heard in that third step of seeking to understand. Also, ask open-ended questions to help the person plan their next steps. This is when we can pause, check in, and ask if they want advice if they seem stuck. Say something along the lines of you, "I've experienced something similar in the past. Would you like me to share how I handled it?" That gives the other person the opportunity to decide if that's what's most helpful for them in that moment.

6. **Take action – Be aware that intention alone is not compassionate action.** After you've asked opening questions and supported this person in deciding what they want to do, the last step is to take action. If you made any commitment in the discern best action step, make sure you follow through, otherwise you risk erasing all the other support you put in place in the previous steps.

Here's another chance for boundary setting. If they've asked for some sort of support and you know you're not going to be able to provide it for whatever reason, offer alternatives.

Helping others can bring stress to the helper as well. It's important to allow yourself to complete your own stress cycle, which is the process your body goes through to respond to and recover from stress, so you can tend to your own well-being.

What to say and what not to say

Well-meaning words and good intentions can sometimes have unintended consequences, leaving a person feeling hurt and even more alone.

Emily, what is compassion resilience and how does that help a person stay strong while supporting others?

We define compassion resilience as the ability to maintain empathy, strength, and hope, despite the challenges that come up every single day that may pull you away from those things. It could be your typical day-to-day tasks that might be feeling a little heavier today, or for the sake of what we're discussing, it could be caring for someone with a mental health challenge.

Compassion resilience is the ability to remain optimistic in an imperfect world. And our world is always going to be imperfect. The ability to get back to that position of compassion resilience is really helpful and can be quite grounding. This, too, takes practice. Compassion resilience requires us to have realistic expectations for ourselves and others and set boundaries to back up those expectations.

Just because you're caring for someone else doesn't mean that you pause in caring for yourself or don't show up for yourself in the same way that you would for a loved one.

We have a lot more information in our compassion resilience toolkit for parents and caregivers on how to care for yourself while caring for others.

*We created the following guidelines to help foster genuinely supportive and caring conversations. These steps are from the combined works of Monica Worline, *Awakening Compassion at Work*, 2017, and Beth Lown, *The Schwartz Center for Compassionate Healthcare*, 2014.)

What to Say and What Not to Say to Someone With a Mental Health Challenge

If a friend or loved one is experiencing mental health challenges, you may be unsure of what to say when they confide in you. See the guidelines below for what to avoid and suggested responses for someone dealing with a mental health challenge, such as anxiety or depression.

Don't say...

"I know what you mean. I had a panic attack when I saw my electrical bill!"

There's a difference between rational anxiety about living expenses and having a real panic attack. Rather than compare your anxiety to theirs, try to keep the conversation focused on them.

"Have you tried yoga or meditation?"

While these and other wellness activities are helpful for some, remember that they may not help everyone. Mental health challenges can be all-consuming, and these strategies are not always enough to help someone feel better.

"Why aren't you seeing a therapist? Why aren't you on medication?"

While it's fine to show concern for a friend, remarks like this can come across as accusatory. Your suggestion that they try medication or see a therapist may not actually help them come to that decision, which is ultimately theirs to make.

"Are you OK?!"

This question can make your loved one feel pressured to get better immediately, which is rarely the case for mental health. They may also feel like they have to tell you they're fine, even if that is not true.

"There are lots of people who have it much worse than you."

Remarks like this encourage the person to compare themselves to others. You should encourage them to stop comparing themselves to others and instead focus on what's best for them.

Instead try...

"Do you want to talk about it? I'm always here for you."

Even if you don't completely understand what your friend is going through, you can still be there for them in a healthy, supportive way. Listen to them without judgment and make sure they know they're not alone.

"What can I do to help?"

If your loved one has had depression or anxiety for a while, they probably know what does and doesn't help them. Even if they just need help with something simple, offering help lets them know you care.

"That sounds really difficult. How are you coping?"

Acknowledging how they feel is both validating and comforting. It reminds your friend that you are listening to them, that you believe that what they're going through is real, and that you want to help them cope.

"Let's go somewhere quieter or take a walk."

In times of extreme anxiety, it can help to try a grounding activity, like going for a walk or finding a peaceful place to talk. Other grounding activities include listening to music or enjoying a favorite scent.

"I'm really sorry you're going through this. I'm here for you if you need me."

Instead of offering an unhelpful comparison, remind them that their feelings are valid and that you want to support them.



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Don't say...

"You wouldn't feel this way if..."

Mental health issues and their causes are complex, and many people wear themselves out emotionally by searching for the causes of their suffering. Placing blame leads to unnecessary distress and takes time from increasing understanding of what is going on.

"You're just looking for attention."

This dismisses their feelings and implies their pain isn't real. It can make them feel ashamed or discourage them from reaching out again for help.

"You have to push through it. It's all in your head"

Mental health challenges are not a matter of willpower, and they often involve biological, emotional, and psychological factors. This statement suggests it's not serious or real, which can be deeply invalidating.

"You just need to think more positively."

While mindset can help in some cases, this oversimplifies complex mental health challenges. It can make the person feel like they're failing just because they can't "positive-think" their way out of it.

"You'll be fine. Don't worry so much."

While this might be meant to comfort, it can feel dismissive. Anxiety and other mental health challenges aren't simply about worrying too much—they're often intense, persistent, and beyond a person's control.

Instead try...

"Are you looking for my perspective or would you rather I listen?"

Clarify which type of support they would like. Listening requires full attention. Let them know that you will not judge them. If they want your insights, it's helpful to begin with something like "I don't know if this applies, but I'm wondering about..."

"Reaching out shows a lot of strength."

Seeking help is a big step in managing mental health. This phrase validates their efforts and encourages them to continue their journey toward healing, reinforcing that asking for help is a strength, not a weakness.

"Would it help if I just sat with you for a while?"

This gives them the opportunity to open up on their own terms. It lets them know that you're willing to support without pushing, which can help them feel more comfortable sharing their experience when they're ready.

"It's okay to not be okay."

This helps normalize the person's feelings and reduces the pressure to always seem fine. It encourages self-compassion and acknowledges that it's acceptable to feel vulnerable.

"What you're going through is real, and I'm here to support you."

Validating feelings builds trust and encourages the person to feel safe sharing their experience with you.



Strategies for supporting your own mental health

Work demands. Strained relationships. Family challenges. It can be difficult to maintain your mental well-being amid the pressures and problems we all face.

In the final part of our series, Foundations of Mental Health: A Beginner's Guide, we focus on strategies for supporting your mental health. We share tips so that you can:

- Take care of your mental health as a daily practice
- Enhance your mental resilience

Rogers Behavioral Health's Dr. Heather Jones, PhD, vice president of clinical services, shares practical ways for you to nurture your mental health and live a more balanced, fulfilling life.

Dr. Jones, how can we nurture our mental health in daily life?

Since our mental health affects how we think, feel, and act, impacting how we relate to others and make decisions, it's important that we take care of our mental well-being daily. Small things can have a big impact.

Some suggestions are:

- Practice [mindfulness](#) or meditation
- Spend time in nature
- Put aside technology
- Try a breathing app
- Find a hobby you enjoy
- Spend time with people who bring you joy

Dr. Jones, how can a person improve their mental resilience?

One thing we practice with people in our care to help build mental resilience is called radical acceptance. Simply stated, it means accepting the way things are even when they're not how you want



Radical acceptance means accepting the way things are even when they're not how you want them to be

them to be. It doesn't mean that you have to like what is happening, but you stop fighting against the reality of what is.

Working with a professional can help you identify the difficult emotions that you're feeling and create a safe space to feel them. Radical acceptance involves putting a pause between your emotion and your reaction to that emotion. Imagine that I really want to go to a concert. I've been waiting a long time for it, and I'm super excited. I bought my tickets early then, unexpectedly, it gets cancelled. I am super bummed. I might stew on how unfair the situation is and feel angry, which might cause me to yell at my spouse because I'm just so frustrated and disappointed. In that situation, radical accep-

tance would look like feeling all of those feelings, expressing how I feel, and sitting with the fact that the concert I was so excited for just got cancelled. It stinks and I'm capable of giving myself permission to feel really frustrated, angry, disappointed, and sad, and that's okay. I recognize the concert getting cancelled is out of my control and there's nothing I can do about it. That would be an example of building the skill of radical acceptance.

It can be difficult for people to radically accept something really big that's happened in their lives if they're not used to managing difficult emotions. A person might use substances or other things in order to mask those feelings. At Rogers, we understand, which is why we work with people to develop a safe place to:

- Acknowledge and tolerate difficult emotions
- Accurately identify and name these emotions
- Build resilience effectively to handle challenging emotions

It is freeing for people to learn how to feel intensely sad, disappointed, or frustrated and experience success in moving past those intense feelings skillfully, which improves their overall mental resilience and well-being.

Dr. Jones, how do we benefit from tending to our mental health?

We know that there's a strong link between emotional and physical well-being. Having better mental health helps us have greater resilience in the face of adversity or stress, and we experience better physical health. There's a lot that life throws at us, and there are a lot of unknowns and uncertainties. Tending to our mental well-being helps us be better prepared.

