



Reasons to Stay Alive

A Discussion Guide

Mindfulness in Schools Project (MiSP) created this Discussion Guide in collaboration with English Touring Theatre.

MiSP is a UK charity for young people and schools. Our aim is to improve the lives of a generation of children and young people by making a genuine, positive difference to their mental health and wellbeing.

To find out more about what we do, visit: mindfulnessinschools.org

And to support our Million Minds Matter campaign, visit: mindfulnessinschools.org/support

About *Reasons to Stay Alive*

WHAT DOES IT MEAN TO FEEL TRULY ALIVE?

Aged 24, Matt Haig's world caved in. He could see no way to go on living. This is the true story of how he came through crisis, triumphed over an illness that almost destroyed him and learned to live again.

“Time heals. The bottom of the valley never provides the clearest view. The tunnel does have light at the end of it, even if we haven't been able to see it. Life is waiting for you.”

This production, imagined for the stage by Jonathan Watkins with text written by April De Angelis is the first theatrical adaptation of Matt Haig's frank and funny bestseller. This play with music and movement, imagined for the stage by Jonathan Watkins, celebrates what it means to be alive.

THE PURPOSE OF THIS GUIDE

Most people would admit to having felt worried, 'down' or stressed at some stage in their lives. We all have 'mental health', but this is best viewed as a sliding scale rather than simply 'good' or 'poor'.

We are all likely to experience times when we feel well, upbeat or positive, and times when we feel less well, down, or finding things tough, but more often than not, we tend to feel somewhere inbetween.

However, with mental illness recognised as a growing issue for both young people and adults, it is important that we have consistent and accessible language to talk about mental health and wellbeing; to be able to distinguish between everyday feelings and overwhelming feelings, and know how and who to ask for help and support; and to develop an understanding of the extent to which we can manage our own mental health.

We hope this guide helps to encourage important conversations both before and after seeing ***Reasons to Stay Alive***, creating a better understanding of what it means to have mental health, how to talk about it, and how best to support ourselves and others when we are going through tougher times.

THE ISSUE OF MENTAL HEALTH

The following information aims to provide a context for the person leading this session, but could be shared with older groups if appropriate.

Young People's mental health

- 1 in 8 children have a diagnosable mental health disorder – that's roughly 3 children in every classroom (i).
- 1 in 6 young people aged 16-24 has symptoms of a common mental disorder such as depression or an anxiety disorder (ii).
- 50% of all mental health problems manifest by the age of 14, with 75% by age 24 (iii).
- In 2017, suicide was the most common cause of death for both boys (16.2% of all deaths) and girls (13.3%) aged between 5 and 19 (iv).

Access to support services

- The average maximum waiting time for Child and Adolescent Mental Health Services (CAMHS) is 6 months until a first appointment and 10 months until the start of treatment (Young Minds Trust 2017).
- A Royal College of Psychiatrists survey (2018) found that 25% of adults waited more than three months to see an NHS mental health specialist. 6% had waited at least a year.

About Depression

Depression is a common mental illness, characterised by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks.

- Globally, more than 300 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide.
- More women are affected by depression than men.
- At its worst, depression can lead to suicide.
- There are effective psychological and drug treatments for depression.

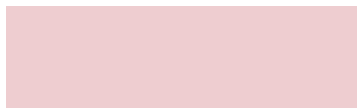
World Health Organisation: https://www.who.int/mental_health/management/depression/en/

References:

- i. NHS Digital (2018) 'Mental Health of Children and Young People in England, 2017'
- ii. NHS Digital (2017) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.
- iii. Kessler RC et al. (2005). 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication'.
- iv. Office for National Statistics (2017) 'Deaths registered in England and Wales'

BEFORE SEEING THE PLAY: Stand-Alone Activities

KEY



A: Activities highlighted in Pink



D: Discussions highlighted in blue



Questions in grey

GREY ITALICS are handy hints to help support the teacher/person leading the session.

PLEASE NOTE: *The following discussions and activities are aimed at helping to frame understanding of, and open up discussions about, mental health. Needless to say, it is important to know the group you are working with, or be with someone who does.*

Sensitivity to any current personal issues (around mental health, or indeed anything else) being experienced within the group is critical.

However, a good way to begin to normalize the extent to which mental health is very much part of everyday life is to ask for a show of hands to the following questions:

Q: Hands up if you've ever felt worried about something?

Q: Hands up if you know anyone else who has ever worried about something.

Q: Hands up if you know someone who has ever struggled with mental health problems.

At this point you are likely to have just about everyone with their hands up, and it's important to acknowledge this.

A: What does mental health look like?

Draw or describe someone who might be described as 'mentally healthy'.

A: Write a list of characteristics which you might use to decide whether someone is mentally healthy or not.

For example, what might you expect them to be able to do on a daily basis?
How might they look/dress? What about their general appearance?

A: What does mental health look like?

Now draw or describe someone who might be described as 'mentally ill'.

D: Compare the two sets of drawings. What does this tell us about what we believe mental health and mental illness involve?

A: Language and Mental Health

The words we use to talk about our mental health are important. Many different terms are used to describe people experiencing mental ill health. Draw or describe someone who might be described as 'mentally ill'.

D: Discuss why some are OK and some are not.

N.B. A good guide here is to ask them to reflect on how they would feel if this word was used to describe them. Is it an insulting term or a compliment?

D: What might be wrong with using the following terms when talking about someone with a mental illness?

“Mentally ill person” or “Person who is mentally ill”

*Instead, use: “Person with a mental illness” or “Person living with a mental health issue”
People with mental health issues have far more sides to them than their mental illnesses.
To accept someone as a person first is not only more respectful, but recognises many other parts to them outside of their diagnosis. This is called using “person first” language.*

“Schizophrenic; psychotic/disturbed/crazy”

*Instead, try to use: “Person living with schizophrenia”; “Person experiencing psychosis, disorientation or hallucination”. We would never call someone “a cancer-ic” or “heart-diseased.”
People with mental health issues are unfairly labelled by their medical condition. People are people, not illnesses. This is another example of “person first” language.*

Other common mistakes

*‘schizophrenic’ or ‘bipolar’ should not be used to mean ‘two minds’ or a ‘split personality’
somebody who is angry is not ‘psychotic’ a person who is down or unhappy is not the same as someone experiencing clinical depression*

D: It’s time to talk when...

Given we all have mental health, how would you know when it’s time to talk to someone else about what you’re experiencing?

Work in groups or individually and write down what may be signs that you should talk to someone else about what you’re experiencing.

For example, ‘It’s time to talk when...you feel sad but don’t know why’

‘It’s time to talk when... you’ve noticed changes in your sleep patterns or energy levels.’

It’s time to talk when....you just need to offload a little’.

A: You could ask them to make a poster about this for display.

TALKING ABOUT MENTAL HEALTH

We all want to be good friends who are there for each other. We might be worried about a friend, or a family member, but starting conversations that seems potentially emotionally 'intense' or 'nosey' can feel daunting. However, you don't have to have to take on the role of therapist and have lots of advice up your sleeve.

Never underestimate the power of just 'being there', starting that conversation and just listening. Simply talking about our mental health can really change someone's life.

D: You could split the group up into smaller groups here and give them each one of the following themes:

a) Timing:

When might be a good time to start this conversation? Does it have to be face-to-face? Could it be by phone or online? Discuss the pros and cons of this.

HINT: It's important that conversations happen at times and in places that feel natural rather than set up as a 'therapy session'. The more every day the setting, the less unusual and uncomfortable the conversation can feel.

b) Asking:

Try to agree 3 key phrases you could use to start the conversation.

Hint: they don't have to be 'deep', but just a way of opening up a chance for a chat. They might start with phrases like, 'I've noticed that...'

c) Listening:

Listening is a real skill. Often, the most helpful thing you can do is just listen. But what might good listening look and sound like?

Name a few things you could and shouldn't do when listening to them.

What sort of phrases could you use to help them feel heard?

Hint: Avoiding the temptation to say negate the importance of what they're saying through phrases like, 'it'll be OK' or 'don't be silly'.

Our tendency might be to try to 'make everything OK' by wading in with advice, but it's important to resist the temptation to offer solutions, give advice, make assumptions or diagnose their problem.

Phrases that acknowledge how hard things are for them can help, e.g. 'Just take your time, there is no rush. I know talking about this can be difficult.'

d) Support:

In what ways might you be able to support someone who has shared with you that they're struggling? And what things should you avoid to keep them and you safe and supported?

Hint: You might want to make yourself available to talk again if needed, but it's also important to make it clear when would be good and not-so-good times to talk. For instance, "I'm here for you if you need to talk, but my parents don't let me use the phone after 9 on school nights, so call before then."

IMPORTANT: Don't promise to keep this as a secret, especially if you're really concerned about what they've shared with you.

It's important to have friends that trust you, but conversations that make you worry about your friend's mental or physical safety shouldn't be ignored. You need to tell an adult what is going on. That doesn't make you a bad friend; it just means that the problem requires more help than you can give.

There are lots of organisations that offer phone line and online support for those struggling, but also for their friends or family.

You can find some of these at the back of this booklet.

AFTER SEEING THE PLAY

Follow up Activities

Q1: Can you think of up to 5 words to describe how you felt after watching this play?

Q2: Are there any ways in which the play changed your understanding about mental illness or mental health? If so, how?

Q3: *“Something was going wrong. A drop of ink in a clear glass of water...that was when the old me died.”*

What do you know about how depression affects you based on Older Matt’s initial description of what it’s like?

Q4:

- *‘He looks like Matt. He looks okay.’*
- *‘He likes it here. He’ll buck up.’*
- *‘I’ve made fish pie...I used to make it for him when he was a little boy and he needed cheering up.’*
- *‘You can do this. You can pull yourself together, Mattie. You’re going to have to.’*

What do you notice about the advice his friends and family give ‘Younger Matt’? Do they understand his situation? Is it helpful? What, if anything, could they have done or said differently?

Q5: You may remember some of the lists we heard reeled off by various characters in the play. These included *‘THINGS THAT HAVE HAPPENED TO ME THAT HAVE GENERATED MORE SYMPATHY THAN DEPRESSION’*.

These included:

- *Breaking a toe*
- *Being in debt*
- *Having a river flood our nice new house causing ten thousand pounds worth of damage*
- *Bad Amazon reviews*
- *Consuming a poison prawn*

Q6: **Why do you think the writer/playwright chose to include this list? What does it tell us about how people view depression?**

COPING SKILLS

A: Coping skills

Mental health doesn't mean being happy all the time. Nor does it mean avoiding stress altogether. Coping and adjusting to setbacks are critical life skills for everyone, but it's important that we can identify when these coping skills are helpful in both the short - and long-term.

During the play, you may have noticed both 'Younger Matt' and 'Older Matt' using a number of ways of trying to cope with their illness –things that might have made it a little easier to manage. Can you list which coping skills he used, and whether they were helpful in the short term and the long term?

List them in the table below:

<i>Coping Strategy</i>	<i>In the short-term is it helpful or unhelpful? Explain your answer below</i>	<i>In the longer-term is it helpful or unhelpful? Explain your answer below</i>
e.g Staying in Bed	Helpful: Gives more of a sense of calm and control - less risk to having to cope with more stress.	Unhelpful: it becomes impossible to live life fully or experience things that might make you feel better.

ABOUT DEPRESSION

Some useful facts:

As well as low mood, people with depression normally also have several other symptoms (see table below).

A2: Which of these symptoms did you recognise in Matt? Complete the chart below.

Symptom	Yes / No / Don't Know	<i>If yes, describe the point in the play where you saw it</i>
Loss of Energy		
Eating more or less than usual		
Sleeping more or less than usual		
Increased levels of anxiety (worry / stress)		
Poor concentration		
Indecisive (can't make everyday decisions)		
Restlessness (e.g. can't stand or sit still for long)		
Feelings of worthlessness, guilt, or hopelessness		
Thoughts about self-harm or suicide		

Q7: Towards the end of the play, we see 'Older Matt' experiencing another depressive episode. But hearing the words of some of the writers through history who have also experienced depression, he says:

'You were there before it. And the cloud cannot exist without the sky, but the sky can exist without the cloud.'

In your own words, can you describe what he means by this?

Q8: Having seen the play, what advice would you give someone who believes they may have a mental illness?

What advice would you give to someone who has a friend or family member who has a mental illness?

CONTINUE THE CONVERSATION:

We hope you will bring this conversation to friends, family or other people in your school or workplace who may have not seen ***Reasons to Stay Alive***.

Maybe start the conversation with discussions about:

- What it means to have mental health
- The common misunderstandings about what it means to have a mental illness
- How we can begin to talk about this issue more openly and inclusively.

Q: **What more could be done to raise understanding and awareness about mental illness in your school/workplace/in society more broadly?**

Q: **How might the school/work community support one another moving forward?**

Extra Resources

Further Activities

Mindfulness in Schools Project's (MiSP's) 'Playing Attention' animation and guided practice:

Understanding how the mind wanders and how we can begin to train it to settle down a little:

<https://www.youtube.com/watch?v=LgXZW6Xqokw>

Mindfulness in Schools Project's (MiSP's) 'Beditation' animation and guided practice:

Understanding why we worry, and how this can affect our sleep:

<https://www.youtube.com/watch?v=T5ut2NYdAEQ>

A fun activity around what supports us when things get tough:

<https://youngminds.org.uk/media/2873/what-keeps-us-going-resource.pdf>

The Stand Up Kid - Time to Change: A thought provoking video to stimulate discussions about how mental health can be supported in schools:

https://www.youtube.com/watch?v=SE5lp60_HJk

Sources of support and advice

Young Minds: An excellent source of advice, support and training around the issues of young people and mental health:

<https://youngminds.org.uk/>

Mind: Provide advice and support to empower anyone experiencing a mental health problem:

<https://www.mind.org.uk/information-support/guides-to-support-and-services/children-and-young-people/useful-contacts/#.XPEz5BZKjIU>

NHS Mental Health Support for Young People:

Connects you with local support services in your area:

<https://www.nhs.uk/Service-Search/Mental-health-support-for-young-people/LocationSearch/1430>