

# Discussion Guide

| INSTRUCTIONS |

You will work on this in small groups and then review the discussion guide in class with your teacher. Be prepared to participate by sharing what you have learned.

**Everyone deserves good mental health.**

1. What are the four major components to achieving good mental health?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Mental health is balance, the ability to manage stress and achieve one's potential.**

2. Is it possible to be free of mental illness, and yet, not mentally healthy? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Stress is normal, But too much stress increases the risk for health problems, like depression.**

3. What is stress? What are some things that can cause stress?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do you know you are stressed – how do you experience it in your body?

Why is it important to be aware of your own personal stress indicators?

\_\_\_\_\_  
\_\_\_\_\_

**Small improvements in nutrition, sleep, exercise and coping skills can help us better manage stress and achieve mental health.**

5. What does a balanced meal include? Why is it important?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How does food impact the brain?

\_\_\_\_\_  
\_\_\_\_\_

7. How does sleep impact wellness?

\_\_\_\_\_  
\_\_\_\_\_

8. What are some things we can do to improve our sleep?

\_\_\_\_\_  
\_\_\_\_\_

# Discussion Guide

9. Why do teens need more sleep than adults?

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10. Why are electronics bad for sleep?

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11. How does exercise help to improve our mood?

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12. How much exercise should we strive for each week?

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13. What are coping skills? Provide examples.

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14. What are your impressions of the mindfulness exercise? How did you feel before and then after?

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*Nutrition, sleep, exercise and coping skills  
can make a big impact on our ability  
to manage stress, prevent depression  
and improve mental health.*

# Mental Health Questionnaire

## | INSTRUCTIONS |

Take a few minutes to answer the questions below. After, your teacher will share with you the point value and you will add up the total for each category.

### Sleep

- |  |      |             |
|--|------|-------------|
| 1. On average, I get 8 hours or more sleep per night.                  | True | False       |
| 2. I have trouble falling asleep or staying asleep more days than not. | True | False       |
| 3. Most days, I wake up feeling rested and energized.                  | True | False       |
|  |      | TOTAL _____ |

### Exercise

- |   |      |             |
|---|------|-------------|
| 4. I engage in at least 2½ hours a week of physical activity.                                   | True | False       |
| 5. I spend more than two hours a day watching TV, playing video games or browsing the Internet. | True | False       |
| 6. I walk or ride a bike most places.   | True | False       |
|   |      | TOTAL _____ |

### Nutrition

- |   |      |             |
|---|------|-------------|
| 7. I eat a fruit or vegetable at nearly every meal.                             | True | False       |
| 8. I eat fried food, fast food or food packed in bags/boxes more days than not. | True | False       |
| 9. I eat three meals a day almost every day.                                    | True | False       |
|   |      | TOTAL _____ |

### Coping Skills

- |   |      |             |
|---|------|-------------|
| 10. When I'm stressed, I know what I can do to manage it.                                       | True | False       |
| 11. When I have a problem, I usually ignore it and hope it goes away.                           | True | False       |
| 12. If I had a problem too big to manage on my own, I have an adult in my life who I can go to. | True | False       |
|   |      | TOTAL _____ |

# Mental Health Checklist

## | INSTRUCTIONS |

Choose an activity from this list that you would be interested in trying out in your daily routine. Consider choosing an activity from the same category as your highest score from the Mental Health Questionnaire.

### Sleep

- Go to bed to relaxing music (download the app "Calm").
- Take a hot bath or shower before bed.
- Read a relaxing book or magazine before bed instead of watching TV, playing video games or browsing the Internet.
- Have a cup of caffeine-free herbal tea instead of a sugary drink before bed.
- Schedule between 8-10 hours of sleep per night (download the app "Sleepbot").
- Keep your bed a "sleep only" zone. Complete homework, watch TV, play video games and browse the Internet in other areas of the house.
- Other:

### Exercise

- Wake up 15 minutes early and engage in a series of stretches or yoga poses (download the app "iYoga+").
- If you live close enough, begin walking, jogging or biking to and from school each day (download the app "Map My Run").
- During your favorite TV show, do jumping jacks or jump rope during commercial breaks.
- While waiting for dinner, shoot baskets, kick a soccer ball or play catch with someone.
- Put on music or a TV music program and dance for 15 minutes.
- Build in a 5-10 minute break for every hour of homework/study time and do a series of push-ups, crunches or squats.
- Other:

### Coping

- Write down one thing you are grateful for today.
- Engage in a mindfulness exercise (download the app "Smiling Mind").
- Spend time with a positive and enjoyable person.
- Start using a day planner (download the app "Evernote").
- Do something kind for someone who needs it. Help a grandparent with a chore, give a genuine compliment to someone having a bad day, etc.
- Do something you love to do. Shop, journal, listen to music, go for a jog, read, draw, watch a movie, cook or bake, etc.
- Other:

### Nutrition

- Drink water instead of sugary drinks (download the app "Waterlogged").
- Journal everything you eat in a day (download the app "Fooducate").
- Have fresh snacks instead of snacks in bags or boxes.
- Eat breakfast in the morning.
- Eat baked foods in place of fried foods.
- Eat at least one fruit or vegetable at every meal.
- Other:

# Mental Health Journal

## | INSTRUCTIONS |

Choose someone in class to be your Mental Health Partner.

Over the next seven days you will incorporate a new activity(s) into your daily routine that may help you reduce stress and improve mental health. You may choose a new activity to try each day or engage in the same activity over a series of days. A helpful tip is to pick an activity in the category of the highest score on the Mental Health Questionnaire.

Each day, engage in the activity of your choice and respond to the questions in your journal.

The next day in class, spend a few minutes with your Mental Health Partner and report on your activity experience and listen to their experience. After, initial each other's journal entry.

### DAY 1 – SAMPLE

<p><b>DAY 1</b></p> <p><b>MENTAL HEALTH PARTNER INITIAL</b> <u>EL</u></p>	<p><b>DATE</b> <u>October 1</u> <b>ACTIVITY</b> <u>Taking a hot bath before bed</u></p> <p>Why did you choose this activity? <u>I have trouble falling asleep, which makes me want to sleep in the morning. As a result, I have less time to get ready for school.</u></p> <p>How and when did you implement the activity into your daily routine? <u>After all my homework and dinner was complete, I took a bath in the evening before bed.</u></p> <p>How did you feel before and after the activity? <u>Before the bath, I felt wound up from my homework. After taking the bath, I felt relaxed and ready for bed.</u></p> <p>What about this activity was helpful or unhelpful? <u>It was helpful in taking my mind off of school work and put me in a relaxed state before bed. I could then fall asleep easier and had more time in the morning to get ready for school.</u></p>
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### DAY 7 WRAP UP QUESTION – SAMPLE

#### wrap up QUESTION

What changes did you notice after completing the seven day mental health challenge?

I noticed that with the more sleep I had each night, I felt I had more energy during the day at school. The energy helped me to focus in class, take good notes and have an easier time with my homework that evening. Taking a hot bath not only helped my sleep, but also improved my energy during the day and allowed me to be more effective in school.

Name \_\_\_\_\_ Class Period \_\_\_\_\_

**DAY 1**      **DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?

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**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?

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How did you feel before and after the activity?

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What about this activity was helpful or unhelpful?

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**DAY 2**      **DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?

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**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?

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How did you feel before and after the activity?

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What about this activity was helpful or unhelpful?

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**DAY 3**      **DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?

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**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?

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How did you feel before and after the activity?

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What about this activity was helpful or unhelpful?

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Name \_\_\_\_\_ Class Period \_\_\_\_\_

**DAY 4**      **DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel before and after the activity?  
\_\_\_\_\_  
\_\_\_\_\_

What about this activity was helpful or unhelpful?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAY 5**      **DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel before and after the activity?  
\_\_\_\_\_  
\_\_\_\_\_

What about this activity was helpful or unhelpful?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAY 6**      **DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel before and after the activity?  
\_\_\_\_\_  
\_\_\_\_\_

What about this activity was helpful or unhelpful?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name \_\_\_\_\_ Class Period \_\_\_\_\_

**DAY 7**

**DATE** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

Why did you choose this activity?

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**MENTAL  
HEALTH  
PARTNER  
INITIAL**

How and when did you implement the activity into your daily routine?

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How did you feel before and after the activity?

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What about this activity was helpful or unhelpful?

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DAY 7 WRAP UP QUESTION

*wrap up* **QUESTION**

What changes did you notice after completing the seven day mental health challenge?

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