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Arielle Hernandez Lyons
ahern49@ilstu.edu

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Hit Unmute and Press Record: Developing a Young Adult Mental Health Podcast

Arielle Hernandez Lyons

Department of Sociology and Anthropology

Applied Community and Economic Development

Illinois State University

2024

“You’re listening to Mental Health Unplugged: Grabbing the Aux!”

I have to keep remembering to pause between sentences and avoid talking over other participants. Recording on Zoom can be challenging when I don’t know who is going to talk next, so there always tends to be long pauses between participants speaking. I do not look forward to editing all of those pauses out, but it’s better than trying to fix audio with people talking over each other.

I’m very aware of every word I say and how I can articulate my thoughts to the other participants and listeners. I am also listening to the other participants speak so attentively that I forget all my comments or responses to them when it is finally my turn to speak. Mia¹ mentions something about being mistreated and overlooked by doctors, and all I can think of is how horrible that must have been and how no one deserves to feel the way Mia felt, as if there is something so wrong with them and that no one can help.

When we wrap the episode, I give a shout out to remember to take care of yourself, something I deeply believe in and encourage others to do. Once the recording is finished, we stay on Zoom longer to decompress after such heavy topics and chat about life amongst ourselves.

Introduction

As a graduate student at Illinois State University’s Stevenson Center for Community and Economic Development, my second year of graduate school consists of a professional practicum at a community development organization. In the Applied Community and Economic Development (ACED) program, I spent the first year of my studies in the classroom, expanding my knowledge of anthropology as well as learning about the specifics of community and

¹ All names used in this paper are pseudonyms to protect the privacy of individuals.

economic development. Following the year of course work, my professional practice occurred at NAMI Illinois, the National Alliance on Mental Illness Illinois state organization. During this eleven-month position, my goal was to both provide NAMI Illinois with program development as well as advance my own professional and educational development.

Throughout this paper, I discuss my work at NAMI Illinois, specifically examining one of my main projects with the organization's youth and young adult workgroup Mental Health Unplugged. First, I will provide information about youth and young adult mental health in the United States of America. Then, I will contextualize two important terms for my studies, anthropology and community development. After, I present additional background information on both NAMI Illinois as an organization and Mental Health Unplugged. Finally, I detail each podcast episode I researched and wrote show notes for in preparation of each podcast episode developed by Mental Health Unplugged.

Literature Review

Youth and Young Adult Mental Health

There exists a horrifying amount of data and statistics about youth and young adult mental health. For example, Kessler et al. (2005) expresses that 50% of all lifetime mental illness begins by age 14 and 75% by at 24. Additionally, according to data collected in 2016, an estimated 7.7 million children in the United States of America had a treatable mental health condition, about half of which did not receive necessary treatment from a mental health professional (Whitney & Peterson 2019). More recently, according to the Centers for Disease Control and Prevention, in 2021, suicide was the second leading cause of death for individuals aged 10-14 and 25-34 and the third leading cause of death for individuals aged 15-24 (Centers for Disease Control and Prevention 2024). In fact, in a data brief released by the National Center

for Health Statistics (NCHS) in 2019, for persons aged 10-14, “the suicide rate...declined from 2000 to 2007, and then nearly tripled from 2007-2017, while the homicide rate declined 18% from 2000 to 2017” (Curtin & Heron 2019, 1). All this data suggests that youth and young adult mental health is a public health issue and must be addressed.

Not only is there plenty of research to prove that youth and young adults suffer severely from mental health conditions and lack of treatment, but perceived stigma of mental health often prevents individuals from seeking mental health care. The results of the survey research conducted by Goodwill & Zhou (2020, 5) “highlight that greater endorsement of perceived public stigma is associated with greater odds of suicidal ideation, planning and attempt.” Their research also reveals that for college students, they found “the highest odds of suicide attempt for Asian International students, followed by Black college students” (Goodwill & Zhou 2020, 5). Most research on stigma and mental health had not distinguished between different demographics before Goodwill & Zhou’s work.

In the following sections, I elaborate on my work with the Mental Health Unplugged podcast, a program of NAMI Illinois. As described later in this paper, NAMI Illinois is a grassroots organization focused on spreading awareness of and educating people across the United States of America about mental health conditions. NAMI National’s, and therefore NAMI Illinois’, work is grounded in feminism’s consciousness-raising. Although consciousness-raising emerged in the feminist movement during the late 1960s and has historically consisted of groups of women discussing personal experiences and oppression, elements of this theory and approach are present in NAMI’s work (Firth and Robinson 2016, 346). Priding itself on being a grassroots organization, NAMI Illinois amplifies the lived experiences of people living with mental health conditions to share their stories and provide support to their communities. Emphasized by Firth

and Robinson (2016, 344), “grassroots knowledge-production” is vital for social movements, which includes destigmatizing mental health conditions. NAMI Illinois actively works to support grassroots knowledge-production.

Anthropology

Anthropology has undergone various iterations and priorities over the years, theoretically emerging during the Enlightenment in Europe with ideas of rationalism, colonialism, and capitalist imperialism. When Darwin’s concept of evolution was popularized, the idea of cultural evolution also took hold, which is the theory that cultures evolve on a linear path from savage to barbarism to civilization. Nowadays, that theory is problematized, and anthropology is widely defined as an academic discipline that explores the ideas of what makes us human (American Anthropological Association). There are four subfields of anthropology in the United States of America—archaeology, biological anthropology, cultural anthropology, and linguistic anthropology.

Personally, I have been involved in anthropology since my years in undergrad, where I majored in anthropology. Since then, the lens through which I see the world has been through an anthropological one, but more specifically, how I have come to define and consider anthropology. My idea of anthropology mainly centers on cultural anthropology, which generally studies culture. However, defining “culture” is as difficult as defining “community”. Culture includes practices and ways of living, while community is the people who participate in some or all of those practices and lifestyles.

The works of both Ruth Benedict and Gloria Anzaldúa each inspired these viewpoints of anthropology and culture, primarily with each of their discussions on culture and our own

perceptions of culture. In her book, Ruth Benedict clearly states, “Anthropology is the study of human beings as creatures of society” (2022, 72). Rather than attempting to study and learn from humans individually, anthropology places humans in context of their lives, learning how their surroundings inform and guide them. Similarly, Gloria Anzaldúa emphasizes that our realities are formed by the culture or cultures in which we live (2022, 193). Thus, anthropology is the study of human beings within the context of their surroundings, including culture.

Literature supports the work of anthropology within mental health, such as that described by Kozelka et al. (2021), specifically community-based medical anthropology. Their article emphasizes the pivotal role ethnography plays in medical anthropology within the research methods and practices of digital mental health (Kozelka et al. 2021, 1). With the growing need for accessible mental health services post-COVID-19 pandemic lockdown, many have looked at the adoption of telehealth and its uses for providing access to mental health care, especially to marginalized communities. However, Kozelka et al. (2021, 2) argue that to develop comprehensive digital mental health tools to a variety of communities, medical anthropology’s use of ethnography must be utilized. This is not only to gain an understanding of how people with lived experience with a mental health condition think about recovery, but also to contextualize their thoughts and experiences within their own communities.

One of the examples given by Kozelka et al. (2021, 3) emphasizes the importance of context when trying to develop accessible digital mental health care tools. Developing a smartphone app to introduce adolescents to mindfulness practices seems like a great idea; however, in practice it may not work, as many parents may take phones away as punishment, in times where having access to the app is most needed (Kozelka et al. 2021, 3). When developers or providers do not look at the entire context of a community or group of people, many aspects

of life get overlooked. However, when approaching an issue from an anthropological standpoint, the context surrounding the subject is addressed along with the issue itself.

On a different note, stigma is relevant to both anthropology and mental health. Although anthropologists have been studying stigma or stigmatized individuals and communities well before the 1960s, a greater focus on physical or mental disabilities emerged around the 1970s (Shuttleworth and Kasnitz 2004, 140). In their article, Shuttleworth and Kasnitz (2004) focus on anthropologist Joan Ablon and her decades of work with disabled communities and the associated stigma. The authors describe how Ablon's theory of stigma was based in social interactionism, courtesy of Erving Goffman. In his 1963 work, Goffman "defined stigma as a discrediting attribute, an undesired differentness from social expectations...[stigmatized people are] marked as different by others and socially devalued because of this difference" (Shuttleworth and Kasnitz 2004, 146). Stigma as a concept is rooted in social interactionism, which closely examines human exchanges within the context of social and symbolic meanings placed on those exchanges (Shuttleworth and Kasnitz 2004, 146). This theory is reflected in anthropology when studying the entire context of a community and is present in the following work I describe at NAMI Illinois.

Community Development

Community development can and has been defined in many different ways, most commonly as a process and outcome of meeting a community's needs by encouraging the community to do the work (Phillips and Pittman 2009; Talmage et al. 2020; Vincent II 2009). Put quite simply by Ife (2013, 279), community development "can be defined as helping communities to articulate their needs, then to act so that they can be met." The main idea here is

that the community plays a vital role at the forefront, communicating its needs and working to meet those needs. My definition of community development is based on that of Ife stated previously and includes an emphasis on community-centered ideas and actions, highlighting the fact that members are the experts in their own experiences.

While community development often centers adults—experiences, opinions, needs—the focus on youth and young adults is lacking. Moran et al. (2018, 280) say, “Community engagement and belonging is associated with positive outcomes at individual and community levels in areas like mental and physical health, safety and happiness.” When youth and young adults are not considered as part of the community, they are not able to contribute to the growth and change of the community.

As the people who will lead the future, youth and young adults should be given the opportunity to engage in community efforts, to shape the communities in which they are a part of. The literature emphasizes the importance of including youth and young adults in community development initiatives. According to Moran et al. (2018, 280), many of the approaches in literature “focus on young people’s agency in shaping their own communities, youth imaginings of communities, and civic engagement and the significance of young people’s voices in the community planning and community organizing.” A members of the community now and into the future, young people should be able to shape the future as they want to see it.

NAMI Illinois’ Mental Health Unplugged podcast acts as a great example of a community voicing their needs and taking action to make change, the basic principle of community development. Each episode of the podcast centers on a topic that the community of young adults cares about regarding mental health. We share our experiences not only for other youth and young adults to feel less alone but also for older adults to gain a better understanding

of our perspective, working towards change for mental health stigma and awareness. Not only that, but as emphasized by Moran et al. (2018), the Mental Health Unplugged podcast is a space for young adults to participate in civic engagement and shape their communities.

Background

NAMI Illinois

The National Alliance on Mental Illness (NAMI) is the largest grassroots movement focused on mental health in the United States of America, and NAMI Illinois is the state organization in Illinois. NAMI Illinois and its 20 local affiliates provide free education, advocacy, and support to individuals with mental health conditions and their families throughout the state. As a whole, NAMI Illinois works to de-stigmatize mental health through advocating to state legislators the importance of mental health care, as well as educating the public about mental health. NAMI continues to grow throughout Illinois, expanding its services to more rural areas, as well as providing support groups and classes virtually.

As mentioned previously, NAMI Illinois works within a feminist consciousness-raising approach, one that is based on personal experiences. NAMI Illinois has many programs, all of which amplify the voices of people with lived experience, either with a mental health condition or as a family member of someone with a mental health condition. Support groups are facilitated by trained volunteers with lived experience and both NAMI In Our Own Voice and NAMI Ending the Silence are presented by trained individuals with lived experience. NAMI highly values and understands the importance of grassroots knowledge in fostering connection between people as well as educating each other on mental health and wellness.

At NAMI Illinois, I worked largely on growing and fostering youth and young adult

(YYA) programming. This included expanding the number of NAMI on Campus clubs, student organizations on college and high school campuses, throughout the state and assisting in organizing a youth and young adult workgroup. Thankfully, my first year as a Stevenson Center Fellow taught me about the importance of community-centered initiatives, of which the workgroup is a great example.

Throughout my time, NAMI Illinois has made significant strides in promoting the importance of youth and young adult mental health, clearly becoming a main priority of the organization. As one of the main topics of the 2023 state-wide conference, NAMI Illinois has supported YYA mental health through grant-giving for youth-centered initiatives, as well as through the ramp-up and expansion of NAMI Ending the Silence, a NAMI signature program focused on suicide prevention and mental health education for elementary- and middle-schoolers.

Mental Health Unplugged

What began as a youth and young adult (YYA) initiative developed through NAMI Illinois' Justice, Equity, Diversity, and Inclusion (JEDI) Strategy has since led the way for NAMI Illinois' youth and young adult state-wide expansion. In 2022, NAMI Illinois recruited people aged 17-26 throughout Illinois who have an interest in mental health to join a workgroup of mental health advocates. In an email to registrants, NAMI Illinois said, "NAMI IL is collaborating to create a Young Leaders Council in 2023. Our aim is to hold space and strategies for youth and emerging adults-lead projects to address mental health and wellness across the State of Illinois." The group emerged as a leadership development opportunity for young people interested in mental health and wellness in Illinois.

Launching the group with community development in mind, the initial details of the

program were unclear because the direction of the work would be up to the members of the group. After the kickoff meeting in December 2022, the group regularly met once a month to focus on the three pillars of the group, decided by the members: anti-stigma, advocacy, and building a community of support. Upon careful consideration, the group decided on creating a podcast to discuss youth and young adult mental health as a form of outreach and community-building rather than focus on forming a council right away. Participants considered what would have been helpful to them as young people early on in their mental health journeys, many of whom voiced that seeing more people like them in public media would have been especially powerful.

The members worked together to create a name for the group, Mental Health Unplugged², as well as officially decided to develop a podcast discussing YYA mental health with a special focus on the three pillars. Each episode of the podcast centers on at least one of the group's pillars: anti-stigma, advocacy, and creating a community of support. For example, the first recorded episode was a discussion entirely around what stigma means and how we have experienced it in terms of mental health. Another episode, for example, focused on remote work, which many of our members do, and was centered on the advocacy pillar, in terms of advocating for your needs as an employee.

Throughout the development of the podcast, one of the first decisions made was the format of the episodes. While each episode centers on a different topic, the structure remains fairly consistent. One of the main priorities of the podcast is to foster candid conversations about mental health between young people. Hence, each episode includes a group of Mental Health Unplugged community members, which are referred to as “panelists” in each script. Participants

² The workgroup was originally named “Mental Health Unmuted” but due to copyright reasons, has recently undergone a name change to “Mental Health Unplugged”.

are also not selected to join the episode; anyone in the Mental Health Unplugged community, specifically anyone who has filled out the registration form and received a welcome email, who has attended at least one previous meeting can participate on the podcast. The link to join the podcast is emailed to all eligible participants the week of recording and we only know who will participate when they show up to the meeting. Each episode also includes a “vibe check”, which is included to gauge the comfort level of the participants. Mental health is a heavy topic, even more so when sharing personal experiences that could be triggering for our participants. The vibe check is meant to lighten the mood if needed, as well as to reflect on the conversation thus far. While the vibe checks are recorded, they are often not kept in the final edit—only when it evolves into more conversation about the episode’s topic.

The overall goal of the podcast is for young people to use the platform provided by NAMI Illinois to have real conversations about mental health. Out of this, our goals are to reach as many people as possible with our stories to emphasize that you are not alone and reduce stigma around mental health. However, measuring the reduction of stigma due to our podcast is not feasible and only a few episodes have been released thus far, making it difficult to gauge overall impact on listeners. Therefore, I measure an episode’s success based on the conversation between members—specifically the flow, relevancy, coherency, and genuine vulnerability of participants.

Mental Health Unplugged reflects both feminist consciousness-raising and social interactionism, as seen in the emphasis on conversations on personal experience and providing context to youth and young adult mental health, respectively. Although having lived experience is not a requirement to join Mental Health Unplugged, members often do, and therefore use the podcast as a platform for sharing their stories. At the same time, the podcast episodes provide a

small insight into the Mental Health Unplugged community—how young adults with mental health conditions interact with each other. This often includes in-jokes, compassion and empathy, and a similar understanding of the world.

In the following sections, I share the four episodes I have produced, most of which I also hosted, in the order of recording date. Although we first started recording episodes in August 2023, we did not finalize a release schedule until April 2024. We knew we wanted to release the first two episodes in May for Mental Health Awareness Month, which inspired us to make an episode about Mental Health Awareness Month recorded in April. Along with that episode, we also wanted to release the first recorded episode, a discussion about stigma, which I did not participate in. Based on the rest of the currently recorded episodes, we decided which ones would be released during which months, as we will release one new episode on the first Tuesday of each month. As we record new episodes, they will be scheduled for the months following our current plan. This is the current schedule of release:

May 2024: Episode 1 - Mental Health Awareness Month

Episode 2 - What is Stigma? Part 1 (Not described in this paper.)

June 2024: Episode 3 - What is Stigma? Part 2 (Not described in this paper.)

July 2024: Episode 4 - Self-Care

August 2024: Episode 5 – Health Insurance (Not described in this paper.)

September 2024: Episode 6 - Remote Working (Not described in this paper.)

October 2024: Episode 7 - Mental Health Trivia

November 2024: Episode 8 - The Power of Friendship

Chapter 1: Advocacy

As one of the three main pillars of Mental Health Unplugged, advocacy was the topic of

one of the first episodes recorded for the podcast. The main purpose of the episode was to share information about what advocacy is and how everyone can participate, specifically as it relates to mental health. It was also meant to share tangible examples of how we, as members of Mental Health Unplugged, are advocates for mental health, as well as to inform listeners of a specific Illinois bill that will affect mental health care for youth and young adults. As the producer of the episode, I wrote the script that would guide the conversation. During my time at NAMI Illinois, I previously organized a database of legislative bills in Illinois relating to mental health, with youth and young adult mental health as a distinct category. Hence, I had knowledge of upcoming legislation that we could talk about in the episode.

The research I conducted for this episode primarily consisted of combing the available database of Illinois legislative bills and looking for one that directly relates to the Mental Health Unplugged community members. I decided on Illinois House Bill 3977, which would require Medicaid to cover a limited number of therapy and counseling sessions for children under 21 and adults over 21 years old. I reviewed the bill itself, as well as the section of the Public Aid Code which it amends.

As outlined below, the script of the episode primarily serves as a guide to evoke conversation about advocacy. From this episode about advocacy, we wanted to convey knowledge about both advocacy and legislation as well as provide thoughtful conversation about our needs and desires as young people as it relates to mental health. The participants received this script ahead of time, so were able to review the bill on their own in order to discuss it together. Thus, the script begins with a general definition of advocacy before opening it up to the panelists to chime in with their thoughts of what advocacy is to them. When a question is opened up for panelists to answer, I include prompts and possible answers in the script to inspire their

thoughts and experiences. They are never required to use the prompts, though. Following that discussion, I open the floor for further discussion on the specific bill in Illinois, again providing prompts to encourage the panelists to think deeply about the legislation. We want to hear what our panelists think, even if they have differing views on a topic; so the questions and prompts are written in an open-ended format for panelists to share. After the vibe check to gauge the participants' comfort levels, the episode wraps up with general tips on being more educated when it comes to legislative advocacy.

Advocacy Episode Script:

Mental Health Unplugged: Grabbing the Aux

Episode 2: Be an Advocate

OUTLINE [External Use]

Moderator: Arielle H.

Episode Co-Host: Tanya

Recording date: 10/18/23

Part 0 (5 minutes): Introduction

[Arielle H.]

From NAMI IL, this is Mental Health Unplugged: Grabbing the Aux, the Youth and Young Adult Illinoisans Mental Health and Wellness podcast. [3 second Pause] This podcast represents the opinions of the panelists and does not reflect those of NAMI Illinois. [3 second Pause] Recorded over a virtual platform, my name is Arielle H., a Stevenson Fellow with NAMI IL. Co-hosting, we are joined by Tanya, Mental Health Unplugged Director and Mental Health Unplugged members! Welcome!

[Pause]

[Panelist Bios]

*Please have a short one sentence "about me" to introduce yourself. Panelists will introduce themselves.

*The Moderator may do a LIVE check-in with panelists to set the tone for the session. This will be recorded and potentially included in the published episode.

[Pause]

Part 1 (10 minutes) What is Advocacy?

[Moderator - Arielle H.]

Great, let's get into it! I'd like to begin with a short discussion on advocacy as a whole. So, [in general], what is advocacy?

[Co-host - Tanya]

Advocacy is usually related to policy or even just a specific cause that someone supports. However, it can also mean general support for different beliefs and even people. For instance, someone can be an advocate for people with mental health conditions by supporting legislature that provides mental health care in our state!

[Moderator - Arielle H.]

I'd like to ask everyone here—what does being an advocate look like to you?

[Panelists]

I am an advocate by...

The main way I advocate for myself and others is...

Examples:

- VOTING!
- Sharing experiences
- Supporting specific bills
- Protesting bills

Prompts:

- The workgroup had a Pillar Meeting with Guests from ICOY. They gave a presentation and explained Witness Slipping.
- "Advocating" can look different. What are some methods?

[Pause]

Part 2 (15 minutes): Local Legislative Advocacy

[Co-host - Tanya]

One of the easiest ways to become an advocate for those with mental health conditions is to become educated! What is Illinois doing to support us and our loved ones?

[Moderator - Arielle H.]

Just this year, in 2023, there have been numerous house and senate bills filed with the state related to youth and young adult mental health. We'd like to take the time to talk about some of them; starting with [House Bill 3977](#) relating to Medicaid coverage of therapy and counseling for children and adults. This bill amends the Illinois Public Aid Code by adding a section saying that therapy and counseling will be covered by Medicaid for children under 21 and adults 21 and older to enable early treatment. It also indicates that a mental health diagnosis is not required to receive services.

[Co-host - Tanya]

What are our initial opinions on this bill?

What do we think would happen if this bill were to be enacted?

[Panelists]

In my opinion...

I believe...

This reminds me of...

Prompts:

- Who might the enacted bill help? Harm? Might this create a problem for mental health care providers? Do we have enough providers who take Medicaid?
- Feel free to bring up other (related) bills you have looked at!
- Example: [House Bill 2847 signed August 2023, private insurance cover MH visits](#)

[PAUSE]

Break—VIBE CHECK

Prompts:

- How's it going?
- How is everyone feeling?

Random:

- If you had a magic wand (doesn't matter how you got it), what is the first thing you would do with it (magically, of course)?
- What's an urban legend (or conspiracy theory, folklore, etc.) that you want to believe (but know deep down it isn't true)?
- Would you rather explore outer space or the ocean on Earth?

[PAUSE]

Part 2.5 (5 minutes): Education

[Moderator - Arielle H.]

What can we as individuals do to further learn about this [these] bill/s, legislation, and support advocacy?

[Panelists]

Individuals can read the bill itself on the Illinois General Assembly website (ilga.gov) and sign witness slips for it on the same site after making an account.

In my opinion...

I believe...

This reminds me of...

Prompt: Reading about legislation from the source (the bill itself) before taking everything you hear from others at face value is important. Educating yourself!

[Pause]

Part 3 (5 minutes): Resources

[Moderator - Arielle H.]

Well, that was a great discussion! To wrap up this episode, we'd like to share some resources with you. **You** can become an advocate with NAMI! Visit nami.org/advocacy to learn more about how you can become an advocate for change!

To sign up for NAMI IL's email list and receive updates on Illinois legislation, visit tinyurl.com/legislativeoutreach. All of these links will be in the show notes.

[Co-host - Tanya]

Don't forget that you, too, can join our Mental Health Unplugged workgroup and council! If you are between 17 and 27 years old and are interested in becoming an advocate and advisor for youth and young adults in our state, visit namiillinois.org/your-journey/mentalhealthunmuted and fill out the registration form!

[You can also visit our YouTube page!]

[All, Anyone]

Thanks for joining!

[End of script]

Interestingly, we ultimately decided not to release this recorded episode, or at the very least not in its entirety. During recording, when we began to discuss Illinois House Bill 3977, we found ourselves asking more questions and becoming increasingly confused on legislation overall. We began to read directly from the bill and had questions on the language and what it actually meant. Then we reviewed the Public Aid Code that the bill aims to amend and were again confused on the language. While it is not uncommon for people, and especially young people, to find legislation difficult to understand, we do not wish to present that fully to the public. We have plans to record a new episode about advocacy in the coming months with guests who specialize in mental health legislation in Illinois in attendance.

Chapter 2: Self-Care

After producing and moderating the advocacy episode, I next worked on the episode about self-care. The associated pillar with this episode was anti-stigma, primarily focused on destigmatizing self-care. In preparation for writing the script, I wanted to learn more about

NAMI National's view on self-care and the language they use. Upon that search, I found a blog post on their website from 2019 that discusses common misconceptions about modern ideas of self-care. I knew I wanted to include some ideas from the article as well as focus on what self-care can look like for each of the panelists. One of the main goals I had in mind was to promote the idea that self-care can look different for everyone.

While my research for this episode consisted of searching for public opinion and societal expectations of self-care, I found myself incorporating many of my own ideas on self-care into this episode's script. The overall goal of this episode was to not only provide candid conversation between the participants about our experiences with self-care, but to also encourage listeners to take care of themselves as well. In the first section where the panelists are asked about their personal self-care practices, I included a number of examples that I consider self-care, in an attempt to inspire other participants to think about the things they do for themselves as self-care. Also included in the script is a section about allowing oneself to feel their feelings, attempting to de-stigmatize having emotions. As a mental health focused podcast, I wanted to demonstrate that having emotions and allowing yourself to feel those emotions rather than shutting them out can itself be an act of self-care by having our panelists share real-life experiences. The episode script continues with a vibe check to gauge comfort levels before wrapping up with encouraging listeners to take care of themselves, in whatever ways that works for them.

Self-Care Episode Script:

Mental Health Unplugged: Grabbing the Aux

Ep 4: Self-Care

Recording date: 12/20/23

Summary-

Stigma: How feelings can be stigmatized (let yourself feel the feels)

Producer: Arielle H.

Moderator: Krista

Co-Host: Allison

Panelists: Arielle HL +

Part 0 (5 minutes): Introduction

[Moderator]

From NAMI IL, this is Mental Health Unplugged: Grabbing the Aux, the Youth and Young Adult Illinoisans Mental Health and Wellness podcast. [3 second Pause] All opinions of panelists do not reflect NAMI IL. [3 second Pause] Recorded over a virtual platform, my name is [INSERT NAME HERE]. Co-hosting today we are joined by [INSERT NAME HERE] and Mental Health Unplugged members!

[Pause]

[Panelist Bios] - Panelists will introduce themselves.

[Pause]

Part 1 (# minutes): Getting the conversation started

[Moderator]

Today we would like to talk about self-care. To start, I'd like to hear from our panelists what they first think of when they hear the term "self-care"?

[Panelists]

I think of...

My first thought is...

[Prompts:

- Do you think big acts? Small acts? Full self-care days?
- My favorite act of self-care is...(eating! Painting my nails! Listening to music! Conditioning my hair! Napping! Not checking my email after hours!)]

Part 1.5: Our Self-Care Activities

[Co-host]

Back in 2019, the [NAMI blog published a post](#) by Britt Mahrer about the struggles of self-care, basically saying that current ideas of self-care have become too expensive and often unachievable. Often self-care is thought of as extended periods of fulfillment to drastically increase happiness. It doesn't have to JUST look like that, though. What are some ways that you practice self-care?

[Panelists]

I do...

My go-to self-care activity is...

I practice self-care by...

[Prompts:

- Examples: sleeping 8hours/day, taking a bath, setting boundaries with people, laying on the couch and doing nothing, work-life balance, doing a face mask, exercising, meditating, journaling, watching your comfort tv show/movie, going for a walk
- If I can say, "I am doing this for myself", it counts as self-care (to me).
 - Example: treating myself to boba tea, moving out of a bad living situation, having a snack when I'm hungry]

[Pause]

Part 2 (# minutes): Feel those feelings

[Moderator]

One aspect of self-care I would love to talk about is the stigma of having feelings. For a long time, feelings have been seen as weakness, but that's not true! Feelings are necessary, especially in telling us what our bodies need.

[Co-host]

SO, letting ourselves feel our feelings is a form of self-care. Would any of our panelists like to share their personal experiences with feelings as self-care?

[Panelists]

One time...

When I do...

It feels like self-care when I...

[Prompts:

- Do you give yourself time to lay on the couch (loafing) after a long day?
- Do you allow yourself to have a good cry over something hard in your life?
- Do you let yourself enjoy the good feelings?
- Do you listen to sad music when you're sad?]

Intermission: Vibe Check

[Moderator]

Let's check the vibes! How is everyone doing so far?

Part 3 (# minutes): Wrap-up

[Moderator]

To wrap up this episode, we would like to share some resources with you and encourage you to take care of yourself! You can find the link to the NAMI blog post we mentioned in the show notes or go to nami.org.

[Co-host]

Don't forget that you, too, can join our Mental Health Unplugged workgroup and council! If you are between 17 and 27 years old and are interested in becoming an advocate and advisor for youth and young adults in our state, visit our website at namiillinois.org and find our tab space. We have opportunities to speak, present, and get in on the podcast.

[Moderator]

And remember, self-care can look different for everyone. It's about finding what works for you!

[Co-host]

Thanks for joining!

[Long Pause]

Part 4: Summary

[All]

Summary of episode.

- Self-care can include a lot of different things
- Feel those feelings!

Links:

<https://www.nami.org/Blogs/NAMI-Blog/December-2019/Why-You-Struggle-with-Self-Care>

<https://namiillinois.org/your-journey/mentalhealthunmuted/>

[End of script]

The recording of this episode went very well, particularly the panelists' vulnerability about crying, the natural flow of conversation, and clarity on self-care and our opinions. We found ourselves discussing self-care before the actual recording, so decided to frame this episode much more conversationally than originally planned. While everything on the script is mentioned and discussed, the conversation definitely flows from one section to another without much prompting. Near the end of the recording, however, one panelist brings up a few question prompts in the script that they found particularly amusing and thought-provoking.

Chapter 3: Friendship

The next podcast episode I produced and moderated was an episode about friendship, specifically making friends as an adult and talking to friends about mental health. All episode

topics are created by members of Mental Health Unplugged, including this one. As a topic prevalent in my own personal mental health journey, part of the purpose of this episode was to normalize the experience so many young adults have making friends. Another part was to discuss the intersection of mental health and friendships, emphasizing the importance of having or creating a community of support.

As this episode centered on personal experiences, little to no research on the topic beforehand was necessary. Similar to the previous episode discussed, self-care, I realize I wrote this script with my own personal thoughts and experiences in mind. We decided to have an episode about friendship for our mental health podcast in part because we know from experience that making friends as an adult is difficult, but that having friends is an incredibly important part of life. I did not need to conduct research to know that making friends as an adult, and particularly after graduating school, can be difficult, as I myself have had this experience. The research I did conduct was a general search about the relationship between friendship and mental health and what we might be able to discuss on the podcast. Thus, there are sections in the script dedicated to having discussions about our experiences with both talking to friends about our mental health and friends' mental health. This discussion got very deep and emotional, as some participants have had experiences with losing friendships due to their personal mental health struggles. Having the vibe check in this episode proved to be necessary in both gauging participants' feelings and offering a safe space to have those feelings. Something we made sure to avoid with this episode was giving advice on how to either make friends or talk to friends about mental health. Since we are not mental health professionals, we are not able to provide those recommendations, only resources to places to find that information.

Friendship Episode Script:

Mental Health Unplugged: Grabbing the Aux

Ep 6: The Power of Friendship

Recording date: 3/20/24

Summary-

Community of Support: Making friends as an adult, talking to friends about mental health

Producer: Arielle H.

Moderator: Arielle H.

Co-Host: Tanya

Panelists:

Part 0 (5 minutes): Introduction

[Moderator—Arielle H.]

From NAMI IL, this is Mental Health Unplugged: Grabbing the Aux, the Youth and Young Adult Illinoisans Mental Health and Wellness podcast. [3 second Pause] All opinions of panelists do not reflect NAMI IL. [3 second Pause] Recorded over a virtual platform, my name is Arielle H. Co-hosting today we are joined by Tanya and Mental Health Unplugged members!

[Pause]

[Panelist Bios] - Panelists will introduce themselves.

[Pause]

Part 1 (10 minutes): Making Friends (as an adult)

[Moderator—Arielle H.]

So happy you all could join us! Today we're going to talk about friendship, which everyone has their own stories and experiences with, including our listeners of course! We would love to hear from you, which you can do by commenting on this episode or emailing us!

Now, you might have heard that humans are social creatures, which is totally true. Humans have needed other humans since we've existed. As we get older and finish school, whether that's high school or college, it turns out that it's hard to create and maintain friendships with people you don't see every day like you might in school.

[Co-host—Tanya]

That's why we wanted to take the time to talk about friendship today! [To panelists] What has it been like making friends as an adult?

[Panelists]

In my experience...

Since I've graduated...

I have about # friends...

[Prompts:

- Do you keep in touch with anyone from high school / college?
- Do you make friends at work?
- Has it been difficult maintaining friendships?
- Have your friend/s moved? Or do you live far away from your friends?]

Part 2 (10 minutes): Talking to Friends about Mental Health

[Moderator—Arielle H.]

Something that I've wondered and tried to work on is discussing mental health with friends. [Panelists,] In your experiences, how have you talked to friends about mental health?

[Panelists]

In my experience...

When I talked to my friend/s...

[Prompts:

- Have you had conversations with your friend/s about your mental health?
- Do you feel that your friend/s would be supportive if you mentioned your mental health?]

[Co-host—Tanya]

On a similar note, sometimes we might have friends who might be struggling with their mental health. In your experience, how have you helped friend/s who may have a mental health condition?

[Panelists]

One time...

In my experience...

[Prompts:

- Have you had conversations with your friend/s about your mental health?
- Do you think that your friend/s would feel supported by you if they talked about their mental health?
- How do you show your friend/s you support them? (Empathy)]

Intermission: Vibe Check

[Moderator—Arielle H.]

Let's check the vibes! How is everyone doing so far?

Part 3 (5 minutes): Wrap-up

[Moderator—Arielle H.]

As we near the end of this episode, we want to acknowledge that everyone has their own story and experiences with friendships. If anyone listening wants to share theirs with us, please do! Feel free to comment or post on this episode or send us an email!

[Co-host—Tanya]

Don't forget that you, too, can join our Mental Health Unplugged community! If you are between 17 and 27 years old and are interested in becoming an advocate and advisor for youth and young adults in our state, visit our website at namiillinois.org and find our tab space. We have opportunities to speak, present, and get in on the podcast.

[Moderator—Arielle H.]

And remember, making friends and friendship can look different for everyone. It's about finding what works for you!

[Co-host—Tanya]

Thanks for joining!

[Long Pause]

Part 4: Summary

[All]

Summary of episode.

- Friends
- Rekindling friendships
- Navigating friendships with mental health
- It's okay to have a bad day

Links:

<https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Teens/How-to-Talk-to-My-Friends>

<https://namiillinois.org/your-journey/mentalhealthunmuted/>

[End of script]

As with the self-care episode, this episode also turned out very well, particularly due to the panelists' vulnerability about ending friendships, showing support for each other, and consistently staying relevant to the topic. This episode is planned for release in November 2024. While it was difficult to both talk about our personal experiences with friendship and avoid giving advice to listeners about friendships, the conversation proved to be well worth the effort. We want this podcast to show what it is like to be a young adult in Illinois with lived experience with a mental health condition, with a family member with a mental health condition, or as an advocate for mental health. This episode is a great example of our panelists being vulnerable and

showing listeners they can be vulnerable, too.

Chapter 4: Mental Health Awareness Month

In preparation for Mental Health Awareness Month in May, which is when we planned the first episodes of the podcast to be released, the group decided to create an episode talking about Mental Health Awareness Month to release first. The purpose of this episode was to educate both ourselves and listeners about Mental Health Awareness Month, as well as provide an open conversation on our thoughts and experiences with mental health awareness overall. We specifically did not want the episode to consist of advice or instructions on how to honor the month. The research for this episode primarily consisted of discovering the origins of Mental Health Awareness Month, as well as NAMI National's stance and language around the month. I wanted the episode to clearly state why Mental Health Awareness Month exists and what the purpose of it is.

As outlined in the script, the episode begins with an introduction to the origins and goals of Mental Health Awareness Month, followed by a discussion about bringing awareness to mental health in general. I developed the prompts for this section based on common discourse around mental health awareness, namely if there is more we should be doing to de-stigmatize mental health. As with the other scripts, there is a vibe check before wrapping up the episode.

Mental Health Awareness Month Episode Script:

Mental Health Unplugged: Grabbing the Aux

Ep 7: Mental Health Awareness Month

Recording date: 4/17/24

Summary-

Advocacy: what is MH Awareness Month? History, action, etc.

Producer: Arielle H.

Moderator: Tanya

Co-Host:

Panelists:

Part 0 (5 minutes): Introduction

[Moderator]

From NAMI IL, this is Mental Health Unplugged: Grabbing the Aux, the Youth and Young Adult Illinois-ans Mental Health and Wellness podcast. [3 second Pause] All opinions of panelists do not reflect NAMI IL. [3 second Pause] Recorded over a virtual platform, my name is [INSERT MODERATOR NAME]. Co-hosting today we are joined by [INSERT CO-HOST NAME] and Mental Health Unplugged members!

[Pause]

[Panelist Bios] - Panelists will introduce themselves.

[Pause]

Part 1 (5 minutes): What is MH Awareness Month?

[Moderator]

So happy you all could join us!

Today we're going to talk about Mental Health Awareness Month, which takes place during May each year in the United States of America.

[Co-host]

Quick intro to what MHA month is: In 1949, Mental Health America launched Mental Health Awareness Week, which eventually developed into Mental Health Awareness Month. Since then, it has been a month of advocacy emphasizing the importance of mental health, eliminating stigma, and addressing the issues faced by individuals with mental health conditions and their families.

Part 2 (15 minutes): How do we feel?

[Moderator]

How do we feel about mental health awareness?

[Panelists]

In my experience...

[Prompts:

- What does it mean for people to spread mental health awareness?
- Is awareness enough? What is the next step?]

[Co-host]

How can we highlight mental health in May?

[Panelists]

One time...

In my experience...

[Prompts:

- Is there something you do each May to highlight mental health?
- Check out events at your local NAMI affiliate—NAMI Walks]

Intermission: Vibe Check

[Moderator]

Let's check the vibes! How is everyone doing so far?

Part 3 (5 minutes): Wrap-up

[Moderator]

As we near the end of this episode, we want to acknowledge that everyone has their own story and experiences with mental health. If anyone listening wants to share theirs with us, please do! Feel free to comment or post on this episode or send us an email [to mhunmuted@namiillinois.org!]

[Co-host]

Don't forget that you, too, can join our Mental Health Unplugged community! If you are between 17 and 27 years old and are interested in becoming an advocate for youth and young adults in our state, visit our website at namiillinois.org and find our tab space. We have opportunities to speak, present, and get in on the podcast.

[Moderator]

Thanks for joining!

[Long Pause]

Part 4: Summary

[All]

Links:

<https://namiillinois.org/your-journey/mentalhealthunmuted/>

[End of script]

The recording for this episode went very well, specifically because of the honest vulnerability from participants, supporting each other, and relevancy to the topic. This was the first episode released for the podcast in May 2024. The conversation held deep moments about personal experiences with mental health as well as moments of thoughtful discussion on where we hope mental health awareness will go in the future.

Chapter 5: Mental Health Trivia

The final podcast episode I produced and moderated was the episode where participants played mental health trivia. While the main purpose of the episode was to educate and spread awareness about mental health, it was also meant to build community between Mental Health Unplugged members and listeners. The created script was much less necessary for this episode, as the content consisted of the game rather than conversation. However, I still wrote the script to keep the introduction of the episode consistent with the others, as well as write out the instructions for playing. I decided to create the trivia Jeopardy-style with points based on difficulty awarded for correct answers. Because this was not a high-stakes game and primarily made for educational and awareness purposes, I did not feel the need to withdraw points for incorrect answers.

The question categories were selected based on what I found available on the internet as well as knowledge I gained during a suicide prevention training I attended shortly before creating it. Each category was meant to educate participants and listeners on specific topics, such as learning more about different mental health conditions, as well as to spread awareness about different topics, such as the percentage of people with mental health conditions being victims of violent crimes. I also thought it incredibly important to give more context about each question and answer, such as myths around Post-Traumatic Stress Disorder, rather than not having an explanation around the answers.

Most of the trivia questions and answers used for this episode were found with a Google search and available as a mental health trivia game with reputable sources, including NAMI. I also included a few questions about suicide and suicide prevention, which I learned after completing a QPR (Question, Persuade, Refer) training shortly before. The last part of my

research for this episode consisted of more Google searches on specific people in history who either contributed to the understanding of mental health as a scientific topic or were strong advocates of mental health with their own conditions.

Mental Health Trivia Episode Script

Mental Health Unplugged: Grabbing the Aux

Ep 6: Trivia

Recording date: 5/15/24

<https://jeopardylabs.com/play/mhunmuted-trivia-2>

Summary-

Community of support: fun!

Advocacy: Learning!

Producer: Arielle H.

Host: Arielle H.

Mention before recording: the winner gets a NAMI IL coffee mug!

Part 0 (5 minutes): Introduction

[Host]

From NAMI IL, this is Mental Health Unplugged: Grabbing the Aux, the Youth and Young Adult Illinois-ans Mental Health and Wellness podcast. [3 second Pause] All opinions of panelists do not reflect NAMI IL. [3 second Pause] Recorded over a virtual platform, my name is Arielle H. Today is a special episode, where we will be playing trivia! We are joined by Mental Health Unplugged members to answer trivia questions specifically about mental health.

[Pause]

[Panelist Bios] - Our players today are:

[Pause]

Part 1 (5 minutes): How to play

[Moderator]

Amazing! Glad to have you all here today.

I created this trivia game using resources from reliable sources and trainings. The game will be Jeopardy style but the answers you will give are answers, not questions. Meaning, each square contains a question. I tried to make them harder as they are worth more points, but we'll see how that goes. I also don't want to be strict that a wrong answer means minus points, so we won't do that.

I think the best way to choose who answers is if we just go in a specific order and each person has a turn to choose a question and the first chance to answer the question. If they get it wrong, someone else can answer the question.

[Pause]

Questions?

Part 2 (30 minutes): Trivia!!

[Host]

Each player will be their own “team”. How would you each like to be listed? (First name, nickname, random name?)

Okay! So, to choose who goes first, we’re going to do the “who has the next birthday coming up”.

Anybody in: end of February / March / April

Sweet. Go for it! What category and point value do you want to start in?

[Questions and Answers below]

Intermission: Vibe Check / Pause

[Host]

Let’s check the vibes! How is everyone doing so far? Are we having fun? Are the questions too hard/easy?

Part 3 (# minutes): Wrap-up

[Host]

To wrap up this episode, we would like to encourage you to take care of yourself and have a little fun every once in a while!

Don't forget that you, too, can join our Mental Health Unplugged workgroup and council! If you are between 17 and 27 years old and are interested in becoming an advocate and advisor for youth and young adults in our state, visit our website at namiillinois.org and find our tab space. We have opportunities to speak, present, and get in on the podcast.

[Any, All]

Thanks for joining!

[Long Pause]

Part 4: Summary

[All]

Part 5: Rules

I created this trivia game using resources from reliable sources and trainings. The game will be Jeopardy style but the answers from participants will be answers, not questions. Meaning, each square contains a question. Each correct answer will earn the participant the amount of points in which the question is

found, but no points will be deducted for incorrect answers.

Mental Health Trivia Episode Questions, Answers, and Notes

Section: Mental Health Conditions

- Traumatic events such as an accident, assault, military combat or natural disaster can have lasting effects on an individual's mental health. Many individuals will have short term responses to life-threatening events; however, some will develop longer term symptoms that can lead to a diagnosis of what?
 - Answer: Post-Traumatic Stress Disorder (PTSD)
 - Notes: PTSD affects about 9 million U.S adults. A common myth is that PTSD is only experienced by individuals who have been involved in military combat. The truth is, any individual who experiences a life-threatening or traumatic event can develop PTSD.
- What is the leading cause of disability worldwide?
 - Answer: Depression
 - Notes: Depression is the most common mental health challenge in the United States. It can change how a person thinks, feels, and acts and cause our body to feel sick too. And whereas sadness is a normal reaction to a loss, disappointment, problem or other difficult situations, if symptoms of sadness and depression last for more than two weeks and impact daily functioning at home, at school and at work it is important to get help.
- What is the term for when someone experiences a mental health condition and a substance use disorder simultaneously?
 - Answer: Dual diagnosis, or co-occurring disorder
 - Notes: An estimated 9.2 million U.S adults experience both a mental health condition and substance use disorder in a given year. It's important to remember that help is available and recovery is possible.
- What is the name for: fear of being humiliated or embarrassed in public where people often feel that they are being judged negatively?
 - Answer: Social Anxiety Disorder
- What is the difference between panic disorder and generalized anxiety disorder?
 - Answer: Panic involved sudden panic attacks; generalized anxiety disorder is chronic excessive worry

Section: Mental Health and (Famous) People

- Which Grammy award winner and advocate shared that she suffers from post-traumatic stress disorder (PTSD) and said: "I have a mental illness, and I struggle with that mental illness every day." Options: Cher, Rihanna, Lady Gaga, Kelly Clarkson
 - Answer: Lady Gaga
 - Notes: Lady Gaga shared her story of struggling with mental health and shared the meditation and mantra she uses as therapy: "You are brave, you are courageous."
- The main character in the 2001 movie A Beautiful Mind experiences what mental health

condition?

- Answer: Schizophrenia
- Notes: The film provides viewers with an inside look into the mind of someone who is battling to separate reality from delusion, as well as dispels many myths about schizophrenia and communicates important truths.
- Who am I?: I am an actress and writer, my career spanning 57 years. I was born to famous parents and was known as "the bookworm" growing up. I experienced bipolar disorder, alcoholism, and drug addiction in my life. I am famously known for being overly-sexualized in a famous sci-fi franchise that has been around since the 1970s.
 - Answer: Carrie Fisher
 - Notes: Fisher was a fierce advocate for mental health throughout her life. She was very outspoken about her diagnoses. She's said, "I've never been ashamed of my mental illness; it never occurred to me." / "At times, being bipolar can be an all-consuming challenge...so if you're living with this illness and functioning at all, it's something to be proud of, not ashamed of."
- Who am I?: I am a journalist, novelist and short story writer, who won a Nobel Prize in Literature in 1954. My famous cat Snow White had six toes on her front paws. Myself and many family members have experienced mental health conditions and struggles. My book *The Old Man and the Sea* is required reading in most high schools.
 - Answer: Ernest Hemingway
 - Notes: While a brilliant writer throughout his life, he struggled with mental health as well. Having suffered from severe depression, paranoia, alcoholism, and a number of severe head injuries, his mental state deteriorated until he took his own life in 1961.
- Who was the first woman in the United States of America to receive a doctoral degree in psychology?
 - Answer: Margaret Floy Washburn
 - Notes: She received a PhD in psychology in 1894 and was the second woman to serve as the president of the American Psychological Association in 1921. Her most known work is a textbook called "The Animal Mind: A Textbook of Comparative Psychology", which made great strides in presenting the idea that mental events are appropriate for scientific investigation.

Section: Mental Health General

- What does the lime green ribbon symbolize?
 - Answer: Mental health awareness
 - Notes: Lime green is building momentum as the national color for mental health awareness. Wearing the ribbon is a simple way to show our collective support for mental health!
- What percentage of individuals with severe mental health conditions report being victims of a violent crime within a given year?
 - Answer: More than 25%

- Notes: Most people who have been diagnosed with a mental health condition are not violent or dangerous. In fact they're more likely to be a victim of violence at a rate that is almost 12 times higher than that of the general population.
- 50% of mental health symptoms begin by what age?
 - Answer: 14
 - Notes: Research has shown that half of all mental health conditions start by age 14; however, an average of 11 years pass after the onset of symptoms before a person seeks help for mental health symptoms. Acting out during childhood is often times seen as just part of being a kid; however, this is not always the case. Acting out can be a sign of underlying mental health concerns or other life stressors.
- Members of the LGBTQIA+ community are _____ times more likely to have a mental health condition.
 - Answer: Two
- What year was Mental Health Awareness Month created in the United States?
 - Answer: 1949
 - Notes: Mental Health Awareness Month has been recognized and celebrated since 1949. President Barack Obama signed a proclamation confirming May as National Mental Health Awareness Month in 2013.

Section: Suicide Part 1

- True or false: Asking someone if they are thinking of suicide will put the idea into their head.
 - Answer: False
 - Notes: Often people don't want to ask directly about suicide as they are afraid, they will "put the idea in someone's head" or make the situation worse. In fact, talking about suicide does NOT put the idea in someone's head and usually they are relieved. Ask directly: "Are you thinking about suicide?" Using the word "suicide" establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk about suicide.
- When do we celebrate Suicide Prevention Week? (Bonus points: What day is World Suicide Prevention Day?)
 - Answer: September (BONUS: World Suicide Prevention Day? September 10.)
 - Notes: World Suicide Prevention Day (WSPD), organized by the International Association for Suicide Prevention, is an awareness day observed on September 10th each year to provide worldwide commitment and action to prevent suicides.
- Suicide is the _____-leading cause of death for people aged 15 to 44.
 - Answer: Third
 - Notes: The first is accidents (unintentional injuries); the second is homicide.
- Can you name at least 2 Suicide Prevention Gatekeeper Trainings?
 - Answer: Question, Persuade, Refer (QPR); SafeTALK; ASIST; Signs of Suicide (SOS); Kognito; Talk Saves Lives
 - Notes: Gatekeeper trainings provide information about the warning signs for suicide and

how to connect someone in a suicidal crisis to help. Trainings range from one hour to full day trainings. Just like it is important to know CPR, every person can benefit from suicide prevention training to recognize signs of distress in a loved one.

- True or false: Suicides are more frequent during the holiday season.
 - Answer: False
 - Notes: Data actually shows that suicide rates are often lowest in the holiday months. Suicide is a complex behavior, and many different factors are likely to influence seasonal differences in suicide rates.

Section: Suicide Part 2

- True or false: If someone wants to die by suicide they will find a way no matter what we do to limit their access to lethal means.
 - Answer: False
 - Notes: People in a suicidal crisis often make a plan, and when the means identified in their plan are not readily available, many will not attempt by a different means. In fact, 90% of people who survive a suicide attempt will not go on to die by suicide. Means matter, and whether highly lethal means, such as firearms, are readily available to someone in a suicide crisis can make the difference between life and death. Here are some steps you can take to support means safety efforts in your community: Ask your local pharmacy to include crisis resources on pharmacy bags, Safely dispose of unused or unneeded medications, Safely store all firearms (gun locks/safes), Secure firearms outside of homes for people in distress, Support local efforts to implement bridge barriers
- What are appropriate words to use when talking about a suicide?
 - Answer: Died by suicide; Took their own life; Ended their life
 - Notes: When it comes to suicide prevention, the terms, phrases and words we use can have a significant impact on the way messages are received. Messages can encourage someone to seek help and reach out, or they can push people further from the support they need. The suicide prevention community is trying to clarify the ways we all refer to actions related to suicide to better support help-seeking behavior among those that are at risk. It is recommended to avoid terms that place shame or guilt on the individuals or survivors of suicide loss such as saying they committed suicide.
- In California, do more people die by suicide or homicide in a given year?
 - Answer: By suicide
 - Notes: Violent deaths such as homicides and suicide are a major public health concern in California that can both have immediate and long-term impacts on individuals, families, and entire communities. Over the last decade, more than 60,000 Californians died from either homicide or suicide. In 2017, there were nearly 6,500 violent deaths among California residents: 4,323 suicides and 2,113 homicides. Every Californian can play a role in suicide prevention by learning the warnings signs and how to reach out to someone they are concerned about.

- What percentage of those who die by suicide had shown signs of a mental health condition?
 - Answer: 90%
- What US National Landmark is most associated with suicide?
 - Answer: The Golden Gate Bridge

[End of script, questions, and answers]

Overall, I thought this episode turned out very well, meeting our goal of educating both participants and listeners on mental health facts. However, there are a few aspects I would change looking back now. All the questions for this trivia game were chosen and given points based on my own opinions of their difficulty levels. However, it was obvious that not everyone shared these same opinions while I was hosting this episode. What I had considered common sense or common knowledge, others had a hard time thinking of the answer. Giving all the questions the same point value could remove that problem. At the same time, a few participants questioned why there were two categories only about suicide and had concerns about the title of those categories. I stand by the fact that suicide prevention and awareness is incredibly important, so would not remove one of those categories. Rather, I would rename them to be “Suicide Prevention” and have plans to record a preface with that information to include in the final edit of the episode, planned to be released in October 2024.

Conclusion

Throughout my professional practice at NAMI Illinois, I have contributed to the expansion of youth and young adult mental health initiatives while also having a hand in many other parts of the organization. After learning in the classroom about anthropology, community development, and economic development, I had the opportunity to apply that knowledge to substantial work at NAMI Illinois.

Based in a community development approach, the Mental Health Unplugged workgroup I helped cultivate is a prime example of how community development works in practice. With

NAMI Illinois providing the tools and space for a community of young people interested in mental health, the rest of the work is accomplished by the group's members, from naming the group to podcast writing, recording, and editing. After learning and gaining an understanding of community development in the classroom, being able to see and participate in it at an organization was wholly enlightening.

As discussed throughout this paper, the consciousness-raising work perpetuated by both NAMI Illinois and Mental Health Unplugged is admirable in supporting individuals with lived experience and sharing their stories. Both continue to advance this work in every program and podcast episode they provide. At the same time, the theory of social interactionism and its common definition of stigma plays a role at NAMI Illinois and Mental Health Unplugged. By understanding the social intricacies and creation of stigma, they can better work on breaking the stigma around mental health.

Looking through an anthropological lens, I see how NAMI Illinois, and more specifically Mental Health Unplugged, is working towards changing the culture around mental health through advocacy and education. As discussed in this paper, one goal of many of the podcast episodes is to reach other young people in Illinois and encourage community building. The podcast also provides insight into the specific needs and experiences of young people living with mental health conditions or family members of people with mental health conditions. Involving young people in civic engagement in their communities provides the young adult perspective in decision-making, resulting in a more equitable community. NAMI Illinois has supplied a platform for youth and young adults to speak on mental health with Mental Health Unplugged, which contributes to the de-stigmatization of mental health, increased advocacy efforts from young people, and a supportive community.

I hope the work I accomplished at NAMI Illinois will have a lasting impact on the current and future members of Mental Health Unplugged. Having assisted in the creation and expansion of Mental Health Unplugged, one part of the work I leave at NAMI Illinois is this space for youth and young adults to find community among their peers.

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