November 16th, 2020

Steering Committee (zoom) Meeting minutes

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| Present | Not Present |
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Objectives:

* Review models and discuss examples we’ve observed in our work the past few months
* Achieve common understandings of the definition of “mental health” and “mental illness”
* Discuss the relationship of the terms “mental health” and “mental illness,” and how that relates to the linear representation of ‘normality’
* Introduction of two-dimensional way to think about mental health and mental illness
* Overview of some next steps

In the months since we’ve met, have you noticed how these models play out in your world?

* Patti- working with the elderly has exposed her to the stoicism model often
	+ A lot of seniors will not say when they are in pain
	+ Mary also identified some of the effects of the isolation of seniors at nursing homes right now
* Hannah- with the onset of the pandemic, she’s seen the emergence of health individualism as a lot more people are now focusing on diet/exercise/self-care as the solution
	+ Carol has noticed that more people are willing to talk about depression/anxiety because so many people are experiencing it right now
* Election fallout/political climate- Julie saw a lot of internet posts/memes along the lines of “F your feelings if you vote a certain way”- combination of stoicism/mentalism?
* Chris found some instructors of trainings to take a “cheerleader” approach, i.e. “you just have to power through”
	+ Jen- toxic optimism vs realistic optimism, cheerleading often turns people off from your ideas because it can lean towards “toxic optimism”-
* Jodi (from UW-Platteville) mentioned that while some students feel like they have to save face and not admit they are struggling (stoicism/mentalism), some students don’t see mental illness as something being wrong with them and are more accepting of help

Defining “mental health” and “mental illness”- some emergent ideas

* Mental health is a broader term, a state of being that exists in everyone
	+ Can be good or poor, not mutually exclusive from mental illness
	+ Can change by working on self-care, or other
* Mental illness is a condition that affects thoughts, feelings, behaviors
	+ Can be a diagnosis
	+ Can still exist in cases of good mental health
* Treating mental illness as reactive, teaching good mental health as preventative

Mental health and mental illness on the spectrum of normality

* How do we define “normal”? The language we use can shape individuals understandings differently depending on our personal associations with certain words
* “continuum” or “spectrum” are not commonly used words
	+ Our messaging should not require a dictionary

Dual-axis model of mental health and mental illness

* Diagram is in the other attachments with this email
	+ Mental health and mental illness are two different axes that intersect, rather than being opposite ends of a spectrum
* Reactions to the model
	+ More fluidity in this model, more generous in terms of the gray areas that exist in all of these discussions
	+ Not all or nothing- varying degrees of severity exist
	+ Use of terms “flourishing” and “languishing” may not be easily understood
		- Julie- given the agricultural background of our area, maybe we could find alternatives to those terms with vocabulary from agriculture that might reach people better

Next steps

* Media campaign inspired by the book *Burnout: The Secret to Unlocking the Stress Cycle* by Emily Nagoski and Amelia Nagoski
	+ Simple imagery with tips on how to break your stress cycle
	+ Translatable content across multiple media (newspapers, social media, radio)
	+ We will need help distributing and sharing the content- we welcome any involvement if you’re interested
* Virtual summit planned for this winter
	+ Still need to set a date
	+ Looking for volunteers for a planning committee

Meeting overview:

* Consensus on the new diagram and how it conceptualizes mental health/mental illness
* Ran out of time for full discussion of next steps, expect email follow up