



# Finding My Voice

Mental Wellness Patch Program  
for Cadettes

*Facilitator Guide*

Made possible by





## **Mental Health Disclaimer**

The contents of the Mental Wellness Patch Program for Cadettes: Finding My Voice is for informational purposes only. This program was made in partnership with the HCA Healthcare Foundation and the National Alliance on Mental Illness (NAMI). The information presented by this program is not an attempt by Girl Scouts of the USA (“GSUSA”) to practice medicine or to give specific medical advice, including, without limitation, advice concerning the topic of mental health. Therefore, the information from this program should not replace consultation with your doctor or other qualified mental health providers and/or specialists. Never disregard, avoid, or delay obtaining advice from your licensed mental health care provider because of something you have read or experienced through our program. If you believe you or another individual is suffering a mental health crisis or other medical emergency, contact your doctor immediately, seek medical attention immediately in an emergency room, or call 911 or 988 (the Suicide & Crisis Lifeline).

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# Introduction

## Mental Wellness—Why Now?

Girl Scouts of the USA (GSUSA) has made a commitment to support mental wellness for every Girl Scout because we recognize that young people are currently facing a mental health crisis. They're more likely than ever before to attempt suicide, commit self-harm, and suffer from depression and anxiety. And yet, people continue to be uncomfortable discussing these issues. This discomfort can be driven by the stigma often associated with mental health issues. GSUSA wants to help start the conversation and give Girl Scouts tools and support to better understand and care for their mental health.

**Mental health** encompasses emotional and psychological health—it impacts how we think, feel, and act. Everyone has a state of mental health, just as everyone has a state of physical health. Our mental health may include a condition, such as depression or anorexia. Such a condition can be permanent or temporary. It can be based on our environment (such as attending online school due to the COVID-19 pandemic) or on our response to life events. It's important to remember, though, that a person can experience poor mental health without the diagnosis of a mental health condition. Mental wellness refers to how we take care of our mental health. It includes all the things we might do to help realize our potential, cope with stress, and productively contribute to our community.

### **What Is the Finding My Voice Patch Program for Cadettes?**

GSUSA developed the **Mental Wellness Patch Program for Cadettes: Finding My Voice** to provide age-specific information and engaging activities about mental wellness, behavioral issues, and healthy habits. We show facilitators how to deal with questions and concerns and offer participants the resources to explore more. Girl Scouts learn positive coping skills and how to name their feelings, all from a space where they can be themselves.

The Finding My Voice Patch Program for Cadettes was created in collaboration with experts at the [National Alliance on Mental Illness \(NAMI\)](#), the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. We received additional input from an advisory group made up of mental health professionals and Girl Scout council leaders.

The Finding My Voice Patch Program for Cadettes was generously funded by the HCA Healthcare Foundation, whose mission is to promote health and well-being and make a positive impact in all the communities served by HCA Healthcare, one of the nation's leading providers of healthcare services. Thanks to HCA Healthcare Foundation's support, GSUSA is working toward the larger goals of destigmatizing mental illness, normalizing conversations around mental health and mental illness, and delivering inclusive programs for Girl Scouts of all backgrounds.

# Mental Wellness Tips for Facilitators

**Creating a supportive environment is especially important for a mental wellness program. Here are best practices and tips to help make this a meaningful experience for everyone.**

The subjects of mental wellness and mental health can be delicate—you're not expected to be an expert or have all the answers.

- Mental health can be a difficult topic to discuss with young people. It's impossible to know everything about their lives and how certain topics in this Mental Wellness Patch Program will affect them. Give them permission to stop or skip an activity if they don't feel comfortable. This is where having more than one volunteer will come in handy.
- When a topic comes up that you don't feel equipped to address, let Cadettes know you're putting it in the "parking lot." This means you'll be parking the issue for now. Write it down so you can follow up later. This gives you the time to get more information if needed. Parking lots are also helpful if you run out of time to discuss something. Write the topic on a large piece of paper to revisit either later in the program or at another meeting. Preparing yourself to come back to parking lot items builds trust with the group.
- Let Cadettes know that confidentiality is key. However, if you hear or see something you need to share about a Cadette, contact your council for guidance. The meeting aid **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity** also provides guidelines for addressing and reporting mental health concerns about a Girl Scout.

## Maintain a Girl Scout-led environment.

- Tell Cadettes they can share or not, depending on how they feel. Everyone has different experiences, comfort levels, and abilities to discuss a topic, and there should be no pressure on anyone to share. However, if you notice one or two participants doing most of the talking, you can redirect the conversation by saying:
  - "Yes, I see where you're going with that. I'd love to hear thoughts from other people in the group."
  - "Let's pause for just a moment to allow the entire group to reflect on or respond to what you said."
  - "Thanks for sharing! What do other people think?"
- Encourage Cadettes to speak up if they hear a hurtful comment or would like to recognize and repair something that may have hurt someone else. Even when someone means well, they can still say things that might negatively impact others. Taking a moment to recognize when something we said has hurt someone helps to strengthen our friendships.

Help the group understand the importance of the language we use to discuss mental health. Words are powerful; they can both heal and harm. Using language that is respectful, accurate, and empathetic helps to break the stigma related to mental health conditions.

- **Use person-first language.** A person isn't defined by a condition and shouldn't be addressed as such. A person experiences bipolar disorder—they aren't bipolar. A person experiences mental illness—they don't belong to a group called "the mentally ill."
- **Be open to "checking" the group's stigmatizing language.** Challenge misconceptions. If you hear someone use harmful language, let them know. For instance, words like "crazy" or "insane" reinforce the idea that mental health conditions are extreme, rather than the reality that they are quite common. Instead, we should say things like, "someone with a mental health condition" or "someone who has depression."
- **Don't use mental health conditions as adjectives.** A person shouldn't say they have "OCD" because they like to organize or say the weather is "bipolar" because it keeps changing. Doing this minimizes the actual lived experiences of people who have mental health conditions.
- **Be cautious when talking about suicide.** Suicide is a sensitive topic and should be discussed in a way that is respectful to the person and their loved ones. A person is "lost to suicide" or "died by suicide" rather than "committed suicide." If a person tries to take their life, they "attempted suicide" as opposed to "had an unsuccessful suicide." Make sure Girl Scouts aren't speaking about suicide in a casual way (i.e., "That test was so hard, I wanted to kill myself"); suicidal ideation shouldn't be treated lightly.
- **Avoid the terms "others" or "abnormal."** Referring to people experiencing mental illness as "others" or "abnormal" creates an "us versus them" narrative. This can make people with mental illness seem inferior and as though they're the outliers of society—which they aren't.
- **Avoid talking about or labeling feelings as good or bad, positive or negative, normal or not normal.** Think of emotions as information we pay attention to and learn from.

**Finally, make sure to listen and reflect.** Reflecting is an intentional, purposeful time to examine, ask questions, and think about an activity or experience. After each section of the program, engage in reflection. It helps Cadettes move forward with a deeper understanding of what they learned.

# Planning and Preparation

Take these steps to plan and prepare. Remember, this program is designed for Cadettes and not intended to be a multi-troop experience.

- **Read through this guide to familiarize yourself with the content**, including facilitation tips and suggestions, scripts and activity guides, and meeting aids.
- **Carefully review the following meeting aids for facilitators:**
  - **Mental Health Terms to Know and Symptoms of Mental Health Conditions** to learn the proper vocabulary and definitions so you can use them correctly and consistently.
  - **What to Know About Identity, Culture, and Mental Health** to understand how identity and cultural background can affect responses to mental health issues and access to treatment in different communities. This information may apply to participants.
  - **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity** to see guidelines for addressing and reporting mental health concerns about a Girl Scout. Contact your council for additional guidance or to obtain the full version of Safety Activity Checkpoints.
  - **Your Language Matters:** You'll give this meeting aid to participants during Activity 2 (p. 13), but you can also keep a copy with you to reference as needed. If anyone uses stigmatizing language at any point, you can gently say: "Remember, saying \_\_\_\_\_ can be stigmatizing to people with mental health conditions. Instead, let's say \_\_\_\_\_."
- **Take the "The Mental Wellness Patch Program: Why It Matters and How to Implement It" course in gsLearn (required):**
  - "The Mental Wellness Patch Program: Why It Matters and How to Implement It" (approximately 20 minutes) allows you to learn more about mental health conditions and how they affect the group you'll be working with. We never know what others are going through, so being prepared for sensitive topics and big emotions will help you feel more confident in facilitating the Finding My Voice Patch Program for Cadettes.
- **Take two gsLearn courses that provide additional support for leading the Finding My Voice Patch Program for Cadettes (strongly encouraged):**
  - "GSUSA Mental Wellness 101" (approximately 35 minutes) offers a foundational understanding of mental health and social-emotional development stages, as well as tools to support the Girl Scouts you work with. (Note, however, that it isn't a specific training for delivering the Finding My Voice Patch Program for Cadettes.)
  - "GSUSA Delivering Inclusive Program" (approximately 20 minutes) lets you practice using inclusive and equitable language to support the identities of all Girl Scouts and foster a cohesive environment.
- **Decide on a location and plan your setting.** You can hold the Finding My Voice Patch Program for Cadettes as an in-person troop meeting or a council or service unit event.
  - ▶ **For an in-person troop meeting:**
    - We recommend having a group of no more than ten Cadettes.
    - To accommodate a larger troop, you could consider splitting into two groups, with at least one facilitator overseeing each. Use additional volunteers to help facilitate as needed.

- Create a relaxing space that’s quiet and cozy for the group. Think about pillows or sitting on a comfortable rug or chairs.
  - Nature is nurturing. If possible, consider meeting outdoors, somewhere quiet and private.
- **For a council or service unit event:**
- Reserve a location in advance.
  - Send out information to participants at least two weeks before with relevant information about time, location, and parking. Send reminders up to the day.
  - At the event, divide Cadettes into groups of no more than ten. Have at least one facilitator for each group; use additional facilitators as needed.
- **Recruit mental wellness experts and other volunteers to help facilitate.**
- To the extent possible, bring in experts and volunteers who reflect the community of Girl Scouts they’ll be supporting.
  - Talk to your council and friends and family network about relationships they might have with mental wellness experts and professionals to help with support. For example, reach out to your [local NAMI affiliate](#) to see if they can help you find volunteers. (Note: It may be best not to invite a professional who provides services to one of the Girl Scouts in your group, since that may impact the participation of the Girl Scout and can lead to a breach of confidentiality.)
  - Enlist other volunteers to help facilitate breakout groups as needed.
- **Reach out to Cadettes and their families or caregivers in advance.**
- Send an invitation for Cadettes to take part. (See the **Customizable Invitation Email to Parents/Caregivers** on p. 20.)
  - Assure them this will be a comfortable space for Cadettes to learn about mental wellness. It’s possible that families may want to opt out, and that’s okay, too.
  - If you’re hosting the Finding My Voice Patch Program for Cadettes in a different location from your regular troop meetings, make sure to provide the address and directions.
- **Gather and print out activity materials and meeting aids for Cadettes.**
- Read through the materials list in the “Finding My Voice Patch Program for Cadettes at a Glance” chart on page 9 to know what specific items you’ll need and what to prepare ahead.
  - Check out NAMI’s short video [Ending the Silence](#) before showing it to the group, so you’re prepared to lead the discussion during Activity 1 (p. 12). It goes over the ten most common signs of a mental health condition.
- **Think about what you are personally willing to share.** Cadettes might not always be comfortable initiating or contributing to the conversation. Hearing from you could give them more confidence to share their own experiences. For example, you might say, “I was really sad when I found out that my best friend was moving to another state.”



# Program at a Glance

\*These suggested times total 90 minutes.  
Please adjust as you see fit for your group.

Time	Activity	Materials
5 minutes	<b>As Girl Scouts Arrive: Mental Health—What Comes to Mind?</b>	<ul style="list-style-type: none"> <li>• Paper</li> <li>• Pencils or pens</li> <li>• Markers or colored pencils</li> </ul>
10 minutes	<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Whiteboard or large piece of paper with an easel</li> <li>• Marker or pen</li> </ul>
15 minutes	<b>Activity 1: What Is Mental Health?</b>	<ul style="list-style-type: none"> <li>• <b>Symptoms of Mental Health Conditions</b> meeting aid (one for each Cadette)</li> <li>• Device to show <a href="#">Ending the Silence</a> video</li> </ul>
15 minutes	<p><b>Activity 2: Busting Through Stigma and Stereotypes</b></p> <ul style="list-style-type: none"> <li>• For the StigmaFree Quiz: Access the quiz <a href="#">online</a>. Write each question along with its four answer choices on a large piece of paper (you'll need a total of three pieces); hang or place them in separate parts of the meeting space.</li> <li>• Optional, for the Stigma Statements game: Write “true” and “false” on separate pieces of paper and hang or place one on either side of the room.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Stigma Statements</b> meeting aid (for facilitator only)</li> <li>• <b>Your Language Matters</b> meeting aid (one for each Cadette)</li> <li>• Pencils or pens</li> </ul>
10 minutes	<b>Stretch-and-Snack Break</b>	<ul style="list-style-type: none"> <li>• Nutritious snack items such as fresh fruit, trail mix, granola bars, and water</li> <li>• Paper plates and cups</li> <li>• Disposable utensils</li> </ul>
15 minutes	<b>Activity 3: How to Help a Friend</b>	<ul style="list-style-type: none"> <li>• <b>How to Help a Friend</b> meeting aid (one for each Cadette)</li> <li>• Whiteboard</li> <li>• Pencils or pens</li> <li>• Paper</li> <li>• Large bowl</li> <li>• Index cards</li> </ul>
15 minutes	<b>Activity 4: Mindful Screen Time</b>	<ul style="list-style-type: none"> <li>• Poster boards</li> <li>• Large pieces of paper</li> <li>• Markers</li> <li>• Magazines</li> <li>• Scissors</li> <li>• Glue</li> <li>• Pencils or pens</li> <li>• <b>Five Tips for Mindful Screen Time Use</b> meeting aid (one for each Cadette)</li> </ul>
5 minutes	<b>Reflection and Wrap-up</b>	<ul style="list-style-type: none"> <li>• Suggestion box</li> <li>• Paper</li> <li>• Pencils or pens</li> </ul>

# Facilitation Script and Activity Guide

## Notes to Facilitators:

- This Finding My Voice Mental Wellness Patch Program for Cadettes is approximately 90 minutes. Feel free to use another meeting to cover anything you don't have time for.
- Start activities with the whole group before breaking out into smaller groups.
- You'll find suggested talking points under the heading "SAY." Follow them as written or use them as a guide to share the information in your own words.

## As Girl Scouts Arrive: Mental Health—What Comes to Mind? (5 minutes)

**Materials:** Paper, pencils or pens, markers or colored pencils

**Purpose:** Cadettes record their first impressions of mental health.

As Cadettes arrive, give each a piece of paper to write or draw what they think of when they hear the term "mental health." Encourage them to jot down as much or as little as they want. There are no right or wrong answers. Have them fold their paper and set it aside. They'll keep their impressions to look at again during the ending reflection period.

## Introduction to the Finding My Voice Patch Program for Cadettes (10 minutes)

### Materials:

- Whiteboard or large piece of paper with an easel
- Marker or pen

**Purpose:** Cadettes explore the difference between mental health and mental wellness, discuss the theme, and agree on how to create a space where everyone feels comfortable.

### SAY:

- *Welcome to today's Finding My Voice Patch Program for Cadettes. I'm glad you're here to explore mental health and wellness.*
- *Please remember I am not a mental health professional. There may be questions that I can't answer or can only answer with my own unique experience. Anything that is left unanswered, I will work with our council to get information and report back at a later date.*
- *So, what's the difference between mental health and mental wellness? (Give time to respond.)*
- *Mental health is your emotional and psychological health. Just like we all have physical health, we all have mental health.*
- *We should be sensitive to how we deal with mental health challenges because we might not know what other people in the room are facing, which is okay! We're here to discuss it, to learn together, and to support each other.*
- *If you have any discomfort about anything we talk about or do, you can choose not to participate in the discussion or activity and it's perfectly fine.*
- *When you practice mental wellness, you do things to help support your mental health, like getting enough sleep, learning how to cope with stress, and asking for help when you need it.*
- *The theme for this Mental Wellness Patch Program is "Finding My Voice." What do you think it means to find your voice when it comes to mental wellness? (Give time to respond.)*
- *It can be as simple as educating yourself about mental health and wellness and sharing it with others. Or being comfortable expressing how mental health and wellness fit into your life. Or feeling confident to speak up about mental health conditions, whether it's for yourself or to help others. Talking about how you're feeling can improve your mental health.*

- *Today you'll learn about different mental health conditions. You'll find out how to help a friend who might be having a problem. And you'll think of ways to have a healthier relationship with social media.*
- *Before we begin, let's agree together about how to create a space where we're all comfortable. What would make it a comfortable space for you? For example, how do you want to make sure that everyone can share their ideas and how they feel?*
- *Call out your suggestions and I'll write them down.*

As the group calls out ideas, write them on a whiteboard or large piece of paper on an easel that can be kept in the meeting space where everyone can refer to it.

If needed, suggest the following:

- Use a signal when you want to share or add to the conversation.
- Use "I" statements—focus on sharing your own experience, not someone else's.
- Encourage kindness and openness.
- Be respectful and sensitive when responding or making statements.
- Keep the things you hear today confidential. What's said here stays here.
- Think before you respond.
- Give one another a chance to talk. Don't talk over each other.
- Make this a judgment-free zone. Everyone's experience is valid and important.

### SAY:

- *This is great. I love that you're all committed to creating a comfortable environment for us to share today.*
- *Like you, I will keep what I hear today confidential. However, if I hear certain things that should not be kept secret, including information about self-harm, I will need to consult with a trusted adult to protect you.*

## Activity 1: Find the Words (15 minutes)

### Materials:

- **Symptoms of Mental Health Conditions** meeting aid (one for each Cadette)
- Device to show [Ending the Silence](#) video

**Purpose:** Cadettes learn about mental health conditions and their signs and symptoms.

### SAY:

- *The term “mental health” is often associated with mental health conditions.*
- *What is a mental health condition? (Give time to respond. If needed, offer examples such as depression, bipolar disorder, obsessive-compulsive disorder, anxiety, ADHD, and schizophrenia.)*
- *It’s likely that you know someone with a mental health condition.*
- *A mental health condition affects the way we think, feel, and act. Mental health conditions are common, and they are treatable. They are not anyone’s fault or something to be ashamed of.*
- *Let’s find out about some signs and symptoms of a mental health condition.*
- *Before we get started, it’s important to understand that while you might recognize some of these signs and symptoms in yourself, that doesn’t necessarily mean you have a diagnosable mental health condition. If you relate to any of the conditions we discuss today, I strongly encourage you to share that with your parent, caregiver, or another trusted adult.*
- *First, let’s watch a short video called “Ending the Silence.” It goes over the ten most common signs of a mental health condition. It was created by the National Alliance on Mental Illness—NAMI, for short.*

Show the video. Afterward, discuss these questions with the group:

- How do you feel about what you just saw?
- Were you already aware of any of these signs of a mental health condition? Were there any that were new to you?
- How would you respond if you saw any of these signs in a friend or family member?
- How can we make it easier to talk about mental health?

Pass out the **Symptoms of Mental Health Conditions** meeting aid. Have Cadettes take turns reading symptoms out loud.

### SAY:

- *As I said earlier, you might recognize some of these symptoms in yourself at times, but that doesn’t necessarily mean you have a mental health condition.*
- *What do I mean by that? Well, before a big test, you might get headaches and have trouble sleeping. Those can be typical responses to stressful situations. Those symptoms tend to go away after the event has passed.*
- *Or if you go through a major change in your life, like switching schools or moving away from your closest friends, you might feel sad and lonely. These symptoms can get better as time passes and you settle in, make new friends, and get used to a new routine.*
- *Have any of you experienced or felt something like this? (Give time to respond.)*
- *Great. You’re all naming how our mental health can change as we go through different experiences. When the symptoms are persistent and significantly affect our daily living, that’s when we may need more support.*
- *But it’s not always easy to talk about this stuff. That’s what we’re going to explore in the next activity.*

## Activity 2: Busting Through Stigma and Stereotypes (15 minutes)

### Prepare ahead:

- **For the StigmaFree Quiz:** Access the quiz [online](#). Write each question along with its four answer choices on a large piece of paper (you'll need a total of three pieces); hang or place them in separate parts of the meeting space.
- **Optional, for the Stigma Statements game:** Write “true” and “false” on separate pieces of paper and hang or place one on either side of the room.

### Materials:

- **Stigma Statements** meeting aid (for the facilitator only)
- Pencils or pens
- **Your Language Matters** meeting aid (one for each Cadette)

**Purpose:** Cadettes learn about mental health stigma and how to fight it.

### SAY:

- *Does anyone know what stigma is? (Give time to respond.)*
- *It's a negative attitude about a particular circumstance, quality, person, or group because they are thought to be different or "less than." Self-stigma is the shame a person feels about some part of themselves.*
- *Stigma usually happens because we don't know or understand enough about something. It's strongly associated with mental health for just that reason—we don't know or understand enough about mental health.*
- *We may look at people with mental health conditions as unworthy, dangerous, or disconnected from reality. The truth is many people with mental health conditions are productive, successful, and active members of their communities.*
- *But because of stigma, people who struggle with a mental health issue often don't ask for help. They may feel so ashamed or afraid that they avoid talking about their mental health at all.*
- *So how can we fix this? The first step is to destigmatize mental health issues. This means removing the shame or fear associated with them.*
- *Let's find out more by taking the StigmaFree Quiz.*

Point out the three pieces of paper placed around the room. Let the group know that each one has a question about stigma with four (A, B, C, or D) answer choices.

Have Cadettes go up to each paper and make an X or checkmark next to the answer they think is correct. When they're done, share the correct answers and explanations (as scripted in the SAY section below). Incorporate the group's responses into the conversation, such as “How great you all got this one right! Why do you think it's an important thing to do?” Or “I see a divided response here. Those of you who chose A, why? Those who chose B, why?”

### SAY:

- *For the first question, the answer is that people with mental illness need our love and support.*
- *Unfortunately, this doesn't always happen. People who have a mental illness are often made to feel like they're bad, weak, or just not working hard enough to get over it.*
- *What are some ways you can address stigma with understanding and caring?*

Give the group time to respond; offer these prompts if needed:

- Use respectful language to talk about mental health conditions.
- Challenge misconceptions when you see or hear them.
- See the person, not the condition.
- Offer support if you think someone is having trouble.

### SAY:

- *For question two, the answer is B. Stigma IS a big problem for people with mental health conditions. It affects well-being and hurts self-esteem.*
- *If we don't feel comfortable talking about what we're dealing with, we may not get the help and treatment we need. Without treatment, mental health conditions can get worse.*
- *For question three, the answer is D: Listen to them and show support.*
- *Can you think of some ways you can show support?*

Give the group time to respond; offer these prompts if needed:

- Learn more about mental health and your family member's condition.
- Listen carefully.
- Use simple, caring language to show your support: "I'm sorry you feel bad. I'm here for you."

**SAY:**

- *Now let's play a game to see if you know how to destigmatize mental health.*

Tell Cadettes that one side of the meeting space is True, and the other side is False. If you've placed "true" and "false" signs in the space, point them out to the group.

**SAY:**

- *I'm going to read you some true-or-false Stigma Statements about mental health and mental health conditions. But instead of shouting out an answer, go to either the true side of the room or the false side— whichever you think is the right answer.*

After each round of true-or-false, share the correct answer and invite Cadettes to explain why it's correct (short explanations are included in the Stigma Statements meeting aid for you to use as necessary).

**SAY:**

- *Good game! Think about the statements you didn't get right. This shows us where we can learn.*

Discuss these questions with the group:

- Were you surprised by any of the true-false answers?
- Now that you've taken the StigmaFree Quiz and played this game, what will you try not to think or say about mental health?
- What's something you'll do to destigmatize mental health?
- Why do you think it's important to talk openly and educate yourself about mental health?
- What are some examples of hurtful words to avoid? (Answers could be: insane, nuts, crazy.)

Pass out the **Your Language Matters** meeting aid.

**SAY:**

- *I've just given you a handout with even more tips for using stigma-free language to talk about mental health. Take a few seconds to look it over.*
- *When we're talking about a person who has a physical health condition, we wouldn't call them by their condition, right? For instance, we wouldn't say, "My friend Naomi is diabetes." Instead, we'd say, "My friend Naomi has diabetes."*
- *It's the same with mental health. Instead of saying that someone is mentally ill, we should say the person has a mental health condition. What are some other examples you can think of? (Answers could be: "Rather than say someone is an addict, say they have a substance use disorder"; "Rather than say someone is bulimic, say they have an eating disorder.")*
- *Take the **Your Language Matters** handout with you to share with friends and family if you'd like.*
- *Now let's take a short break before we move on.*

## Stretch-and-Snack Break (10 minutes)

### Materials:

- Nutritious snack items such as fresh fruit, trail mix, granola bars, and water
- Paper plates and/or cups
- Disposable utensils

**Purpose:** During a stretch-and-snack break, Cadettes explore how movement and nutrition can affect the way they feel.

Encourage everyone to choose their own stretch and do it for one or two minutes. They can do this standing or sitting, whatever feels good to them. If they're unable to think of a stretch, show them a couple of your favorites.

### SAY:

- *How did stretching make your body feel? (Give time to answer.)*
- *How do you think movement affects how you feel mentally? (Give time to answer.)*
- *Did you know that what you eat can also affect how you feel? Let's get our snacks and we can talk about that some more.*

Have the group select whatever snacks they'd like. While they eat, talk with them about how nutrition impacts mental health.

### SAY:

- *We paused for a snack break to give our brains some energy.*
- *Foods have nutrients that can help you stay alert and strong, and make you feel better.*
- *Do you notice a difference in how you feel when you're hungry compared to when you have had a nutritious meal or snack? (Give time to answer.)*
- *What foods and drinks do you think keep your body and mind strong? (Give time to answer.)*
- *I hope you're all feeling refreshed and recharged after our stretch-and-snack break! Ready for our next activity?*

## Activity 3: How to Help a Friend (15 minutes)

### Materials:

- **How to Help a Friend** meeting aid (one for each Cadette)
- Whiteboard
- Pencils or pens
- Paper
- Large bowl
- Index cards

**Purpose:** Cadettes find out how to support a struggling friend by learning warning signs and practicing empathy by working through possible scenarios.

### SAY:

- *Have you ever had a friend who's going through a tough time, and you want to help but don't know how? Or maybe you wondered if your friend is just having a rough day or dealing with something more serious? (Give time to respond.)*
- *Have you ever seen friends or family members being supportive of someone? What did that look like? (Answers could be: Cooking them a meal, having them over for coffee, spending more time on the phone with them, listening to them share what's bothering them, or giving a hug.)*
- *Many young people with mental health conditions feel like they're the only ones and that others don't understand.*
- *You can help a friend by showing you care even if you don't know exactly what to do. It lets them know that they aren't alone in this.*
- *These conversations aren't easy, but they're important to have. Together let's find out how to make a positive difference for someone you care about.*

Pass out the **How to Help a Friend** meeting aid.

Have the group read the ten Warning Signs and discuss the three ways to help:

- Start the Conversation
- Offer Support
- Be a Friend

Encourage the group to come up with ways that aren't listed on the handout to help their friends who are going through a hard time. Write their ideas on a whiteboard.

### SAY:

- *These are all great ideas! And it shows that you don't have to know all the answers to be helpful.*
- *Now you're going to hear some scenarios and come up with how you would handle the situations.*

Have Cadettes break into small groups. Ask each to come up with ways to deal with one of the possible scenarios below. Encourage them to try to put themselves in the other person's shoes. They can think about things that have been helpful to them in situations like this, such as another person offering empathy. Empathy is the ability to understand and share someone else's feelings.

### Possible Scenarios:

1. A close friend you usually see three to four times a week after school has started to cancel plans, saying they're tired or don't feel like leaving the house. How would you handle this without making it about you?
2. A friend shares that her beloved dog of 13 years just passed away. Your friend can't stop crying. How do you help?
3. In your next class you're supposed to present a group project in front of everyone. One of the group members, a friend of yours, is panicking in the hallway before class. Your friend says they can't do it and would rather get a zero grade. How can you support them through this?
4. Your best friend shares that their parents have been arguing a lot and have mentioned divorce. Your friend says that they would be extremely sad if their parents actually divorced. How could you safely support your friend?
5. You notice that in the last few weeks, a friend hasn't been eating their lunch and has been throwing it away while they think no one is looking. They feel pressured to lose weight for the dance team and you fear they are doing it in an unhealthy way. How would you share your concern with your friend?



## Activity 4: Mindful Screen Time (15 minutes)

### Materials:

- Poster boards
- Large pieces of paper
- Markers
- Magazines (make sure these are age-appropriate)
- Scissors
- Glue
- Pencils or pens
- **Five Tips for Mindful Screen Time Use** handout (one for each Cadette)

**Purpose:** Cadettes explore how screen time makes them feel and how they can use it more mindfully.

### SAY:

- *With devices like computers, smartphones, tablets, and being on the internet, we're more connected than ever.*
- *If you are able to spend any time online, it might be to play games, go on social media, send emails, or do homework.*
- *How do any of these things benefit your life now or do you think they would benefit your life? (Answers could be: "being able to share my voice and find a community"; "being able to play fun games"; "celebrating milestones"; "finding information.")*
- *What types of things do you see or do on the internet that make you smile? Why? (Give time to answer.)*
- *What things on the internet make you sad or angry? Why? (Give time to answer.)*
- *You've all shared great examples of the benefits of the internet, but there are also some downsides.*
- *Studies show that too much screen time can affect how well you sleep, increase stress and mental health conditions, and make you addicted to technology. Has anyone ever experienced this? (Give time to share.)*
- *There is also the problem of cyberbullying. What's that?*

Let the group answer. If needed, share this definition:

- Cyberbullying is bullying that takes place on digital devices.
- It can show up in texts, chats, emails, and on apps and social media—anywhere people share content.

- It includes sending, posting, or sharing negative, harmful, false, or hurtful content about someone, or sharing personal or private information that embarrasses or humiliates them.

### SAY:

- *After you've had screen time on a device for 30+ minutes, do you notice any changes in your mood or behavior? What about an hour or two?*

Let the group answer. If the discussion flags, offer these prompts:

- Do you ever feel overwhelmed or bad about yourself after being online?
- Do you find that you're spending a lot of time comparing your experiences with other people's?
- Does being on social media ever make you feel less happy or affect your self-esteem?

### SAY:

- *If you notice an overall decrease in your happiness and self-esteem, it's time to make a change.*
- *How can you bring more joy and inspiration to how you engage with the internet or social media? How can you be more mindful about what you post?*

Let the group answer. If the discussion flags, offer these prompts:

- Could you use your screen time to send kind notes to friends and family members?
- Is the content you're posting helpful or harmful to others? Could it be interpreted in a way you might not intend?
- Does it provide knowledge or something of value?
- Is it legal? Do you have permission to share or use the content?

### SAY:

- *For our next activity, you'll create a collage of positive things you'd want to see online. What makes you laugh? What inspires you? What makes you feel good?*
- *You can write or draw on your collage, use pictures or phrases from magazines—get creative!*

Have Cadettes use the supplies provided to create their collages. They can work on their own or pair up. When they're finished, they can share their work with the group if they want.

**SAY:**

- *Your collages are amazing. So creative and inspiring!*
- *Now that you've made this vision board for what you'd like to see online, what can you do in real life to use it in a way that feels good?*
- *Let's look at the tips on this handout.*

Pass out the **Five Tips for Mindful Screen Time Use** meeting aid.

**SAY:**

- *Which ones stand out to you?*
- *What could you start doing right away to use your time online in a more beneficial, mindful way?*

Let the group discuss. If needed, offer these ideas:

- Set a phone timer.
- Unplug from your phone for troop meetings unless an activity requires it.
- Before troop meetings start, put all phones in a box or basket until the end.
- Customize social media feeds to follow only accounts that motivate or inspire you.
- Use the unfollow button—not everyone is worthy of your time.
- Have a no-tech zone in your home—a certain spot that is free of tech.
- Put your phone away at a certain time every night before you go to bed.

## Reflection and Wrap-up (5 minutes)

**Materials:**

- Suggestion box
- Pencils or pens
- Paper

**Purpose:** Cadettes reflect on what they learned and discuss how to continue learning about and practicing mental wellness.

**SAY:**

- *I'm so glad you joined me for our mental wellness program today. Thank you for sharing and being respectful!*
- *Look at what you wrote or drew when you arrived. Have your impressions of mental health changed from when you first arrived? How?*

- *What activities helped you better understand mental health and the importance of mental wellness? How?*
- *What's something you'll do to practice mental wellness and support your mental health? (Cadettes might respond: "Talk to a trusted adult"; "Practice self-care"; "Consider how I use social media"; "Avoid using language that stigmatizes mental health conditions"; etc.)*
- *What's something you'll do to help support someone else's mental health?*

Before the group leaves, let them know what the suggestion box is and how to use it. Have them put anonymous feedback, questions, or comments into the box.



**Resilient.**  
**Ready.**  
**Strong.**

**Do you want to build more coping skills?**

Go further with the Girl Scouts' **Resilient. Ready. Strong.** patch program.

## Next Steps

We recommend the following additional steps to keep lines of communication open with parents and caregivers and to continue integrating mental wellness into Girl Scout activities:

- Send a follow-up email to parents and caregivers. Share what their Cadettes did and learned about mental wellness. See **Customizable Post-Event Email to Parents/Caregivers** (p. 21).
- Send a follow-up email to your council to let them know how your Finding My Voice Patch Program went.
- If your council has prepared a survey for you to fill out, make sure to send that in.
- Incorporate mental wellness moments in future troop meetings. Check out GSUSA's [Resilient. Ready. Strong. patch program](#) for some ideas, such as playing music or creating a “happy box” with things that make Cadettes smile. You can also ask Cadettes to choose or vote on what kind of wellness activities they’d like to do to start or end each meeting. It might be a breathing exercise, a yoga move, or a moment of silence to think about what they’re grateful for.

## Customizable Invitation Email to Parents/Caregivers

**Use this email template to help you reach out to Cadettes and their families or caregivers in advance of conducting the Finding My Voice Patch Program. This is the suggested language for inviting participants. Customize as needed.**

Dear Girl Scout Families and Caregivers,

Cadettes are invited to take part in a 90-minute Mental Wellness Patch Program called Finding My Voice on [DATE]. Girl Scouts of the USA collaborated with experts at the National Alliance on Mental Illness (NAMI) to develop the program, and also received input from other mental health professionals and Girl Scout council leaders. It has been generously funded by the HCA Healthcare Foundation.

Cadettes will participate in a series of engaging activities to understand mental health stigma, learn how to support themselves and others who may be struggling, and consider ways to develop a healthier relationship with social media. This will be a supportive space for them to learn about mental wellness.

[Note to facilitator: If your meeting is in a location different from your regular troop meetings, provide the address and directions.]

If you have any questions, please contact me or the council directly. I look forward to seeing your Girl Scout on [DATE].

Thank you for supporting Girl Scouts.

Best regards,

[YOUR NAME]

## Customizable Post-Event Email to Parents/Caregivers

**Use this email template to help you send a follow-up email to parents and caregivers. Share what their Cadettes did and learned about mental wellness. This is suggested language for a post-event communication to parents and caregivers. Customize as needed.**

Dear Girl Scout Families and Caregivers,

Today, your Girl Scouts participated in the Mental Wellness Patch Program for Cadettes: Finding My Voice. They learned about the signs and symptoms of mental health conditions; shared ideas for fighting mental health stigma; discovered how to help a friend who might be struggling; created recipes for mental wellness; and thought about ways to use social media more mindfully.

[Note to facilitator: Include any additional information you'd like about how the program went, positive outcomes you observed, and/or your plans for incorporating mental wellness moments into future meetings.]

If you have any questions, please contact me or the council directly. Thank you for supporting Girl Scouts.

Best regards,

[YOUR NAME]

# Meeting Aids

Use these meeting aids to facilitate this program.

## **For Facilitators:**

- For Facilitators: Mental Health Terms to Know
- For Facilitators: Symptoms of Mental Health Conditions
- For Facilitators: What to Know About Identity, Culture, and Mental Health
- For Facilitators: Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity
- For Facilitators: Stigma Statements

## **For Cadettes:**

- For Cadettes: Symptoms of Mental Health Conditions
- For Cadettes: Your Language Matters
- For Cadettes: How to Help a Friend
- For Cadettes: Five Tips for Mindful Screen Time Use



# Mental Health Terms To Know

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with these definitions of mental health terms that may come up. Doing so will help you to lead a lively, productive, and informed conversation among troop members. This glossary from the experts at the National Alliance on Mental Illness (NAMI) provides definitions for mental health terms that may come up.

This glossary from the experts at the National Alliance on Mental Illness provides definitions for mental health terms that may come up.

- **Anxiety Disorders:** A group of related conditions, each having unique symptoms. However, all anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are not threatening. Everyone can experience anxiety, but when symptoms are overwhelming and constant—often impacting daily living—it may be an anxiety disorder.
- **Attention Deficit Hyperactivity Disorder (ADHD):** A developmental disorder defined by inattention (trouble staying on task, listening), disorganization (losing materials), and/or hyperactivity-impulsivity (fidgeting, difficulty staying seated or waiting). While ADHD occurs among people of all identities, it is generally underdiagnosed in girls.
- **Bipolar Disorder:** Causes dramatic shifts in a person’s mood, energy, and ability to think clearly. Individuals with this disorder experience extreme high and low moods, known as mania and depression. Some people can be symptom-free for many years between episodes.
- **Borderline Personality Disorder (BPD):** A condition characterized by difficulties regulating emotion. This means that people who experience BPD feel emotions intensely and for extended periods of time; it’s harder for them to return to a stable baseline after an emotionally triggering event. This difficulty can lead to impulsivity, poor self-image, stormy relationships, and intense emotional responses to stressors. Struggling with self-regulation can also result in dangerous behaviors such as self-harm (e.g., cutting).
- **Clinical Social Workers:** Practitioners trained to evaluate a person’s mental health and use therapeutic techniques based on specific training programs. They’re also trained in case management and advocacy services.
- **Counselors, Clinicians, Therapists:** Masters-level healthcare professionals trained to evaluate a person’s mental health and use therapeutic techniques based on specific training programs. They operate under a variety of job titles—including counselor, clinician, therapist, or something else—based on the treatment setting.
- **Depression:** Involves recurrent periods of clear-cut changes in mood, thought processes, and motivation lasting for a minimum of two weeks. Changes in thought processes typically include negative thoughts and hopelessness. Depression can also affect sleep/energy, appetite, and weight.
- **Eating Disorders:** A group of related conditions involving a preoccupation with food and body weight that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others. Common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder.



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- **Mental Illness:** A condition that affects a person's thinking, feeling, or mood. These conditions may affect someone's ability to relate to others and function day to day. Each person will have different experiences, even people with the same diagnosis.
- **Obsessive Compulsive Disorder (OCD):** Characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them. Symptoms typically begin during childhood, the teenage years, or young adulthood.
- **Post-Traumatic Stress Disorder (PTSD):** Traumatic events—such as an accident, assault, military combat, or a natural disaster—can have lasting effects on a person's mental health. PTSD can occur at any age. Symptoms, which include reexperiencing, avoidance, and arousal, usually begin within three months after experiencing or being exposed to a traumatic event. Symptoms of depression, anxiety, or substance use often accompany PTSD.
- **Psychiatrists:** Licensed medical doctors who have completed psychiatric training. They can diagnose mental health conditions, prescribe and monitor medications, and provide therapy. Some have completed additional training in child and adolescent mental health, substance use disorders, or geriatric psychiatry.
- **Psychologists:** Practitioners who hold a doctoral degree in clinical psychology or another specialty such as counseling or education. They are trained to evaluate a person's mental health using clinical interviews, psychological evaluations, and testing. They can make diagnoses and provide individual and group therapy.
- **Self-harm:** Also called self-injury, this is when a person hurts themselves on purpose. One common method is cutting the skin with a sharp object, but anytime someone deliberately hurts themselves, it is classified as self-harm. Some people feel an impulse to cause burns, pull out hair, or pick at wounds to prevent healing. Extreme injuries can result in broken bones.





# Symptoms of Mental Health Conditions

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with the signs and symptoms of mental health conditions. Doing so will help you to lead a lively and productive conversation among troop members. This tip sheet explains five of the most common mental health conditions that may come up in your discussions with troop members.

## **Anxiety:**

Gets upset when not on time for things like homeroom, practices, and parties; needs the comfort of a schedule and reacts negatively when plans change; seeks perfection in grades, extracurriculars, or cleanliness.

## **Attention Deficit Hyperactivity Disorder (ADHD):**

Has difficulty paying attention and listening when spoken to; is hyper focused on things they enjoy; moves constantly; talks excessively and over people; jumps from subject to subject; loses things a lot; starts many tasks but has a hard time finishing them; is forgetful; has sensory sensitivities.

## **Depression:**

Stops participating in things they used to enjoy; is not responsive to texts and invites; is easily frustrated, irritated, or short-tempered; could also be overachieving or taking on too much.

## **Eating Disorders:**

Eats too little or too much; has an intense fear of gaining weight; engages in excessive exercise; worries over calorie intake.

## **Post-Traumatic Stress Disorder (PTSD):**

Avoids situations that make them recall the traumatic event; experiences nightmares or flashbacks about the trauma; plays in a way that repeats or recalls the trauma; acts impulsively or aggressively; frequently feels nervous or anxious; experiences emotional numbness; has trouble focusing at school

*It's important for adult leaders of Girl Scouts to know and understand the symptoms of mental health conditions; however, noticing any of these symptoms in yourself or someone else doesn't necessarily mean a diagnosable mental health condition is present. Refer to the meeting aid "Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity" for further guidance on addressing and reporting mental health concerns about a Girl Scout.*



# What to Know About Identity, Culture, and Mental Health

Girl Scouts have a range of identities and come from a range of cultures. The following information, adapted from the experts at the National Alliance on Mental Illness (NAMI), will help you understand how identity and cultural background can affect someone's responses to mental health issues and access to treatment. Each of the communities below consists of sub-communities with diverse cultures and identities. It's important to recognize and respect the uniqueness of each. Mental health needs and experiences vary among subgroups.

## **Asian American and Pacific Islander (AAPI) Community**

This racial identity is inclusive of 50 distinct ethnic groups speaking more than 100 languages, with connections to Chinese, Indian, Japanese, Filipino, Vietnamese, Korean, Hawaiian, and other Asian and Pacific Islander ancestries.

- It's a common cultural experience for members of the AAPI community to experience a deep sense of community and strong family bonds, which can help them build resilience to deal with challenges.
- Many second-generation members of the AAPI community struggle to find balance between traditional cultural values and the pressure to assimilate into the norms of mainstream (white) American society.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Fear of jeopardizing immigration status or citizenship.
  - Stigma and shame (don't want others to have a negative opinion of them).
  - The "model minority" myth: a misleading belief that Asian Americans and Pacific Islanders are uniformly well adjusted, hard-working, and well educated, and enjoy more socioeconomic success than other people of color. This stereotype can result in others not attending to challenges expressed by members of the AAPI community.



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### **Black/African American Community**

This racial identity is inclusive of ethnic groups who can trace their origins in total or in part to the continent of Africa. The experience of being Black in America varies widely, but shared cultural factors play a role in mental health.

- Experiencing racism, discrimination, and inequity can significantly affect a person's mental health. Being treated or perceived as "less than" because of skin color can be stressful and even traumatizing.
- Black adults in the U.S. are more likely than white adults to report persistent symptoms of emotional distress, such as sadness, hopelessness, and feeling like everything is an effort.
- Barriers to addressing mental health issues include:
  - Inhibited geographic access to quality mental health care due to racial segregation and inequitable distribution of resources.
  - Socioeconomic factors that limit access to treatment options.
  - Internalized stigma: the perception, especially among older Black adults, of mental health conditions as personal weaknesses.
  - Mistrust of healthcare providers due to bias and lack of cultural understanding.
  - Preference to seek support from faith communities.

### **Hispanic / Latinx Community**

In the U.S., this community includes people from many different nations and regions of the world: Mexico, Puerto Rico, Cuba, Central America, and South America, among others. While largely regarded as one community, it's comprised of various racial and ethnic groups.

- Hispanic/Latinx communities are just as vulnerable to mental illness as other racial and ethnic groups, but, due to structural and institutional barriers, they don't have equal access to quality treatment. More than half of Hispanic/Latinx people aged 18–25 with serious mental illness may not receive treatment.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Lack of health insurance coverage.
  - Socioeconomic factors and cost of healthcare services.
  - Fear of jeopardizing immigration status or citizenship.
  - Mistrust of healthcare providers due to bias and lack of cultural understanding.
  - Stigma and shame: This community fears being labeled "crazy" and doesn't want to bring shame to their family. They prefer to keep challenges at home private.



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### **Indigenous / Native Community**

Indigenous/Native people are those who have been living on this land prior to European colonization. There are 574 federally recognized tribal nations in the U.S., as well as tribes living without official recognition. These nations include over 200 Indigenous languages (and many dialects within those languages) and countless diverse cultures, traditions, and histories.

- The traumatic history of extermination, displacement, and forced assimilation of Indigenous/Native peoples continues through economic and political marginalization, discrimination, and inadequate access to education, healthcare, and social services.
- The multigenerational trauma that Indigenous/Native people have endured can lead to mental illness, substance use disorders, and suicide.
- Suicide rates for Indigenous/Native adolescents are more than double the rate for White adolescents.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Indian Health Services (IHS) is underfunded and unable to offer services to meet mental health needs of the community.
  - Community members tend to live in rural and isolated locations with high rates of poverty and unemployment.
  - Programs don't often provide treatment that is culturally, spiritually, and traditionally appropriate.

### **LGBTQIA+ Community**

The Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual (LGBTQIA+) community represents a diverse range of identities and expressions of gender and sexual orientation. (The “+” represents all other non-cisgender gender identities and non-heterosexual sexual orientations that are not captured by the letters.) Members are also diverse in race, religion, ethnicity, nationality, ability, and socioeconomic class. It's important to consider the combined and overlapping aspects of a person's identity.

- Many in the LGBTQIA+ community face discrimination, prejudice, denial of civil and human rights, harassment, and family rejection, which can lead to new or worsened symptoms of a mental health condition.
- LGBTQIA+ adults are more than twice as likely as heterosexual adults to experience a mental health condition. Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with the gender assigned to them at birth) to experience one.
- Substance use and abuse is high among LGBTQIA+ individuals, and they have a 120% higher risk of experiencing homelessness due to family rejection and discrimination.
- Barriers to addressing mental health issues include:
  - Discrimination and bias within the healthcare system.
  - The outdated notion that questioning one's gender identity is a mental health condition.
  - Mental health care providers often lump the entire LGBTQIA+ community together instead of addressing each sub-community's unique challenges, experiences, and rates of mental illness.

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Detailed choice activities, meeting tools, and additional resources and materials can be found within the Volunteer Toolkit on [my.girlscouts.org](https://my.girlscouts.org).

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### People with Disabilities

Nearly one in five (61 million) people in the U.S. are living with a disability. Disabilities can be physical or mobility-related, cognitive, developmental, intellectual, or sensory. A disability is generally defined as such when an impairment substantially limits at least one major life activity. Disabilities can be visible or not; it should never be assumed whether or not someone has one.

- Though discrimination against people with disabilities is against the law, they often continue to face discrimination and unequal access in employment, housing, medical care, and insurance coverage.
- Many people with disabilities experience physical challenges, including immobility or extreme pain, and social challenges, such as isolation or being excluded from invitations to social events and recreational activities.
- Given the stigma, lack of understanding about disabilities, and the need to navigate a society that is built for people without disabilities, many people with disabilities try to hide or mask their disability. This is burdensome and emotionally taxing.
- Barriers to addressing mental health issues include:
  - A perception that people with disabilities need to be “fixed,” cannot function fully in society, or have a “defect”.
  - A perception that mental health symptoms are to be expected given a person’s circumstances, and that they are unlikely to benefit from care.
  - Lack of integrated care; physicians treat people’s physical issues but often view any mental health symptoms as a by-product of the physical experience.
  - Difficulty communicating, either verbally or physically.
  - Poverty and lack of access to care due to employment discrimination; this population is three times as likely as people without disabilities to live in poverty.



# Activity Checkpoints for Overall Health, Well-Being, and Inclusivity

Presenting the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs will expand your knowledge of mental health and wellness issues. It may also lead to revealing conversations with your Girl Scouts. You may become aware of concerning signs and symptoms among your troop. This excerpted section of the Safety Activity Checkpoints contains guidance for addressing and reporting mental health concerns about a Girl Scout. Contact your council with questions or to obtain the full version of the Safety Activity Checkpoints.

## Health History Form

Girl Scout councils require an annual health history form to be completed and signed by one parent/guardian for every Girl Scout and kept on file with the troop leader.

Follow council guidelines to comply with this requirement. The form should reflect any significant medical conditions, health issues, or allergies, and be updated each year. The form can also reflect any over-the-counter medications that a Girl Scout is not permitted to take, if there are any.

If parents or caregivers send medication on trips or activities, it should be in its original labeled container and controlled and administered by one designated adult. Health history forms can be shared with the site, camp physician, or nurse ahead of time.

Always keep a current and signed health history form for each Girl Scout member with you when traveling. Your council may require an updated midyear health history form for overnight trips. For physically demanding activities, such as water sports, horseback riding, or skiing, an additional current health history form may be obtained to make sure all adults are aware of any current medical conditions or special needs. Councils will retain all health history forms in accordance with state record retention requirements and laws.

## Health Exams and Health Exam Forms

Some councils also require a health exam for any activity that is three overnights or longer, which may include resident camp. Again, follow your council's guidelines with respect to health exams. In most cases, the health exam needs to have been completed within one year of the last date of the trip in order for Girl Scout members to participate. Your council may require a current health exam for adult volunteers who participate in trips of three nights or more as well; be sure to ask your council about their health exam policy. A health exam can be given by a licensed physician, a nurse practitioner, a physician's assistant, or a registered nurse. The medical provider must sign the health exam form.

For large events or trips longer in duration, such as resident camp or a weeklong trip to a ranch, the designated health professional at the trip location is responsible for collecting all health exam forms and health history forms for members and adults.

Health exam forms and health history forms are to be shared only with designated health professionals and council staff responsible for coordinating them. All health and medical information are private (by law) and must not be shared or publicly available, so keep forms safe and secure. Only share information on a need-to-know basis.

Councils will retain all health exam forms in accordance with individual state record retention requirements and laws.



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### **Vaccination and Immunization**

Issues or questions with respect to vaccination exemption periodically arise with activity and trip participation. Vaccine exemption laws vary by state and focus on public and private school attendance more directly than they do for youth organizations. Therefore, it is best to obtain local and state legal guidance and proceed in accordance with the state law as it applies to school attendance. A general overview of state laws regarding school immunization exemption is provided and annually updated on the [National Conference of State Legislatures website](#).

If you have any questions about your obligation to communicate a Girl Scout member's non-immunization with other troop parents or caregivers, contact your Girl Scout council for legal guidance as privacy laws may apply. Absent state laws that speak directly to vaccines and communicating non-immunization with parents of youth groups, the guidance is to follow the standard and protocol as it pertains to school attendance.

For information on COVID-19 vaccination, see Coronavirus Safety in Girl Scouts.

### **Mosquitoes, Ticks, and Lyme's Disease Prevention**

Mosquitoes, ticks, and insect bites are an inherent risk to any warm weather outdoor activity. Ensure parents and guardians are aware of the need to have their children properly covered, preferably with closed shoes and light-colored clothing and socks. It is important to advise parents, guardians, and Girl Scout members of this risk and the safety precautions they should take. The understanding that your troop or council cannot be held responsible for tick bites can be reinforced with a waiver reference on a permission slip.

An excellent source for learning more is the [Tick and Lyme disease prevention section of UptoDate](#).

To learn more about using insect repellent safely, visit the Environmental Protection Agency website at [Repellents: Protection against Mosquitoes, Ticks, and Other Arthropods](#). To learn more about safely using DEET directly on the skin and on children, check out [EPA DEET](#).

### **Emotional Safety**

Adults are responsible for making Girl Scouts a place where members are as safe emotionally as they are physically. Protect their emotional safety by creating a team agreement and coaching Girl Scouts to honor this agreement. Team agreements typically encourage behaviors like respecting diverse opinions and feelings, resolving conflicts constructively, avoiding physical and verbal bullying or clique behavior, practicing fairness, and showing positive, respectful, and helpful communication with others.

### **Physical or Sexual Abuse**

Physical, verbal, emotional, or sexual abuse of Girl Scouts is forbidden. Sexual pressure, sexual advances, improper touching, sexual communication such as text messaging, and sexual activity of any kind with Girl Scout members is not tolerated. If you witness or experience any behavior of this nature, notify appropriate council staff immediately. Incidences of abuse of any kind will result in immediate council intervention. Volunteers are responsible for following their council's guidelines for reporting any direct information or concern around physical, verbal, emotional, or sexual abuse with respect to girls.



## Youth Violence and Bullying

Youth violence or bullying is also not tolerated in Girl Scouts. Youth violence occurs when young people intentionally use physical force or power to threaten or harm others. Bullying is a form of youth violence. Volunteers should become familiar with the signs, risk factors, and preventive measures against this type of behavior. If you witness or experience any behavior of this nature, notify the appropriate council staff for guidance. The CDC provides excellent resources on this topic, including:

- [CDC Youth Violence](#)
- [CDC Fast Fact: Preventing Bullying](#)
- [CDC Youth Violence Prevention Strategies](#)

## Child Abuse

All states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have specific laws which identify persons who are required to report suspected child abuse to an appropriate agency. Therefore, if you witness or suspect child abuse or neglect, whether inside or outside of Girl Scouting, always notify the appropriate council staff immediately and follow your council's guidelines for reporting your concerns to the proper agency within your state. For more information, please review these available resources:

- [U.S. Department of Health & Human Services; Child Abuse and Neglect](#)
- [U.S. Department of Health & Human Services: How to Report Child Abuse and Neglect](#)
- Child Welfare Information Gateway: [Mandatory Reporters of Child Abuse and Neglect](#)
- [CDC: Child Abuse and Neglect Prevention](#)

## Mental Health and Safety

As an adult volunteer overseeing the activities and behaviors of young people, you may witness signs of self-harm or the desire to harm others. Self-harm can be expressed physically through activities such as cutting, burning, bruising, excessive scratching, hair pulling, poisoning, or drug use. Another form of self-harm is suicidal ideation, which can be expressed verbally or with the written word. Yet another harmful expression involves harm to others, which can be expressed verbally or with physical aggression. If a situation of this nature is observed or comes to your attention in any form, always notify an appropriate council staff member immediately and follow your council guidelines with respect to next steps. The CDC provides informative guidance around identifying and responding to harmful behaviors: [Self-Directed Violence and Other Forms of Self-Injury](#) and also a section on at-risk youth: [Help Youth At Risk for Adverse Childhood Experiences \(ACEs\)](#).





### **Include Girl Scout Members with Disabilities**

Girl Scouts is committed to making reasonable accommodations for the inclusion of physical and cognitive disabilities. Talk to Girl Scout members of all abilities and their caregivers. Prior to an activity, always ask about needs and accommodations. Always be sure to contact the location, facility, and/or instructors to ensure they are able to accommodate those with disabilities. For more information visit [Disabled World](#). Whenever possible, the individual Safety Activity Checkpoints will provide additional resources specific to that sport or activity. Be sure to reference these resources when planning to include a Girl Scout member with a disability. Our goal is to include all girls with a desire to participate.

### **Equity**

In addition to physical and social-emotional disabilities, consider the history, culture, and past experiences of the Girl Scout members in your troop that could affect their ability to equally participate in an activity. Work with members and families to understand how an activity is perceived or experienced. Ensure that all Girl Scout members and their families feel comfortable and have access to whatever is needed to fully participate, such as proper equipment, prior experiences, and the skills needed to enjoy the activity.



# Stigma Statements

A stigma is a negative attitude about a particular circumstance, quality, person, or group because they' are thought to be different or "less than." Mental health conditions are often stigmatized, which can cause people to be reluctant to seek help. This activity is designed to teach Cadettes about stigmatizing language and how to avoid it. Read the statements below to Cadettes and guide the group to talk about whether they are true or false. The correct answer is listed after each statement; the rationale for you to share as needed is in red.

**1. People with a mental health condition are shy and quiet.**

**FALSE**

Being shy and quiet isn't connected to having a mental health condition. People with a mental health condition can be shy and quiet, loud and outspoken, great listeners, and leaders.

**2. Speaking up and sharing about struggles can make mental health conditions easier to talk about.**

**TRUE**

The more we talk about mental health conditions, the more likely others who are struggling in silence will feel more comfortable

**3. You can tell by looking at people whether they have a mental health condition.**

**FALSE**

Having a mental health condition isn't like having a broken arm—you can't tell just by looking at someone that they have one. In fact, you may already know adults or other young people who have a mental health condition, but we don't even know it because of how they

**4. Adults are more likely than teenagers to have a mental health condition.**

**TRUE**

One in five adults experience a mental health condition each year. One in six kids ages 6– 17 experience a mental health condition each year. (Source: NAMI)

**5. Anyone can experience a mental health condition.**

**TRUE**

Mental health conditions don't discriminate; people of all races, genders, and ages can have a mental health condition. That's why it's so important to learn more about them, so you can help yourself and others when you first see the signs.



# Symptoms of Mental Health Conditions

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with the signs and symptoms of mental health conditions. Doing so will help you to lead a lively and productive conversation among troop members. This tip sheet explains five of the most common mental health conditions that may come up in your discussions with troop members.

## **Anxiety:**

Gets upset when not on time for things like homeroom, practices, and parties; needs the comfort of a schedule and reacts negatively when plans change; seeks perfection in grades, extracurriculars, or cleanliness.

## **Attention Deficit Hyperactivity Disorder (ADHD):**

Has difficulty paying attention and listening when spoken to; is hyper focused on things they enjoy; moves constantly; talks excessively and over people; jumps from subject to subject; loses things a lot; starts many tasks but has a hard time finishing them; is forgetful; has sensory sensitivities.

## **Depression:**

Stops participating in things they used to enjoy; is not responsive to texts and invites; is easily frustrated, irritated, or short-tempered; could also be overachieving or taking on too much.

## **Eating Disorders:**

Eats too little or too much; has an intense fear of gaining weight; engages in excessive exercise; worries over calorie intake.

## **Post-Traumatic Stress Disorder (PTSD):**

Avoids situations that make them recall the traumatic event; experiences nightmares or flashbacks about the trauma; plays in a way that repeats or recalls the trauma; acts impulsively or aggressively; frequently feels nervous or anxious; experiences emotional numbness; has trouble focusing at school

*It's important for adult leaders of Girl Scouts to know and understand the symptoms of mental health conditions; however, noticing any of these symptoms in yourself or someone else doesn't necessarily mean a diagnosable mental health condition is present. Refer to the meeting aid "Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity" for further guidance on addressing and reporting mental health concerns about a Girl Scout.*



## Adult Facilitators | Knowing My Emotions, Finding My Voice, Showing Up For Me and You

**6. A student who is absent a lot from school doesn't care about their future.**

**FALSE**

A student who's absent a lot could be struggling with a mental or physical condition and trying to get better so they can focus more on school and their future.

**7. People with a mental health condition are dangerous and hurt others.**

**FALSE**

Having a mental health condition doesn't mean you're prone to violence. Only 4% of violent acts are committed by people living with a serious mental health condition. (Source: NAMI)

**8. People with mental health conditions need medication.**

**FALSE**

Most mental health conditions have a range of treatments. These can include talk therapy, group support,



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# Your Language Matters

## Supports Activity 2 for Finding My Voice and Showing Up For Me and You

Mental health is a sensitive topic. Lots of people find it tough to discuss issues they face in this area. You can make it a little easier for friends to open up and find their voices by choosing your words carefully. The right language communicates that you are supportive and caring, not judgmental, and encourages people to be honest about what’s on their minds—or to ask for the help they need. Check out these tips from the experts at the National Alliance on Mental Illness (NAMI) for talking about suicide and other mental health challenges.

**The words you use matter.** You can break down negative stereotypes and give people hope by choosing **words that are more relatable and promote understanding.** This simple but caring approach may help people feel more comfortable and willing to **talk openly about mental health** and to reach out for support early.

### Tips for Talking About Mental Health

CONSIDER

## SAYING

- Mental health condition
- The weather is unpredictable
- My daughter has schizophrenia
- Person with a mental health condition
- Lives with, has or experiences

### INSTEAD OF

- Brain disorder or brain disease
- The weather is bipolar
- My daughter is schizophrenic
- Consumer, client or patient
- Suffers from, afflicted with or mentally ill

### Tips for Talking About Suicide

CONSIDER

## SAYING

- Suicide attempt/ attempted suicide
- Died by suicide/ suicide death
- Took their own life
- Died as the result of self-inflicted injury
- Disclosed

### INSTEAD OF

- Failed suicide or unsuccessful attempt
- Successful or completed suicide
- Committed suicide
- Chose to kill him/herself
- Threatened

When talking about suicide, consider other meanings your words may have. For example, “committed suicide” implies that suicide is a crime. You can help **eliminate the misunderstanding and stigma** that prevent people from speaking up and getting support by **choosing words that are clearer and more neutral.**

NAMI HelpLine  
800-950-NAMI (6264)

NAMI

NAMICommunicate

NAMICommunicate

www.nami.org

Detailed choice activities, meeting tools, and additional resources and materials can be found within the Volunteer Toolkit on [my.girlscouts.org](https://my.girlscouts.org).

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# How To Help A Friend

## Supports Activity 3

Being helpful is part of the Girl Scout Promise and Law. Not only that, it's a way of life. We all want to help our friends! Unfortunately, even our closest pals don't always tell us when they're struggling. But there are some clues that can tell you when someone is in trouble. Check out these tips from the experts at the National Alliance on Mental Illness (NAMI) on how to recognize 10 common warning signs of serious problems—and what you can do to help.

### Know the 10 Common Warning Signs



- 1 Feeling very sad or withdrawn for more than two weeks
- 2 Seriously trying to harm or kill oneself or making plans to do so
- 3 Severe out-of-control, risk-taking behaviors
- 4 Sudden overwhelming fear for no reason
- 5 Not eating, throwing up or using laxatives to lose weight; significant weight loss or weight gain
- 6 Seeing hearing or believing things that are not real
- 7 Repeatedly using drugs or alcohol
- 8 Drastic changes in mood, behavior, personality or sleeping habits
- 9 Extreme difficulty in concentrating or staying still
- 10 Intense worries or fears that get in the way of daily activities



#### Start the Conversation

"It worries me to hear you talking like this. Let's talk to someone about it."

"Tell me more about what's happening. Maybe if I understand better, we can find a solution together."

"I've noticed you're [sleeping more, eating less, etc.], I'm here if you need to talk."

#### Offer Support

"Would you like me to go with you to a support group or a meeting?"

"I really want to help, what can I do to help you right now?"

"Let's sit down together and look for places to get help. I can go with you too."

#### Be a Friend

Learn more about mental health conditions

Avoid saying things like "you'll get over it," "toughen up" or "you're fine"

Tell your friend it gets better; help and support are out there

NAMI HelpLine  
800-950-NAMI (6264)
 NAMI
 NAMICommunicate
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**NAMI**  
National Alliance on Mental Illness

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# Five Tips For Mindful Screen Time Use

## Supports Activity 4

The internet can be great, but too much screen time can affect how well you sleep, increase stress and mental health conditions, and make you addicted to technology. It can be hard to walk away from your phone and other devices, but it's important to find your voice and speak up for your own well-being. Here are a few ways to practice mental wellness when it comes to technology.

### 1. Unfollow Accounts

If you use social media, does it ever make you feel overwhelmed or unhappy? Do you often compare yourself to people you see online? Then it might be time for a change. Block, mute, or unfollow accounts that don't make you feel good or that don't motivate or inspire you. It's okay to unfollow!

### 2. Support and Connect with Others

It's great to be able to connect with so many kinds of people on the internet, but sometimes those interactions can make you feel isolated or upset. It's okay to be selective about whom you engage with online. Search for communities that share your interests or values and go from there.

### 3. Be Mindful of What You Share

Before you share something online, think about whether the content is helpful or harmful to others. If it's not contributing positively to the digital world, it may not be worth posting.

### 4. Reduce Your Screen Time

Worried you may be online too much? Start tracking and managing the time you spend online. Focus on quality, not quantity. Plus, when you limit screen time, you create more time for real-world experiences.

### 5. Take A Break

It can be tough to remove yourself completely from devices but give it a try. Unplug for a full day, or even a week! What will you do with your time? Maybe you'll rediscover an old hobby or spend more quality time with family or friends.