

Let's Explore Together:

*Promoting Good Mental Health
in Our Communities*



Mental Health

matters

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This discussion guide was developed by the Interactivity Foundation with the help of both experts and lay people from various communities. Two panels met monthly over the course of eight months to develop the initial guide, which was then tested in Detroit, Baltimore, Washington, D.C., and Madison, Wisconsin, to ensure this resource guide was thorough and relatable. We invite you to participate in a facilitated discussion to explore this topic and the proposed set of policy approaches. We hope that these discussions will help to encourage many more Americans to become aware of the quality of their own mental health and that of their family, friends, and neighbors—and, in particular, more conversant with what characterizes good mental health and where to get support when needed. Today more than ever, everyone needs resources, guidance, and insight to ensure that they and those close to them can live a stable life.

Families don't have a language for talking about mental health—they simply don't have the vocabulary. We need to talk about this issue more so that people can explain and understand what they're experiencing. – Glenn Close

We have arranged this guide so that each of five policy approaches are presented in a two-page layout. We aspired to create an opportunity for you to explore each idea with other people and for the ideas to be contrasting—thus, you may find you don't agree with all of the policy approaches. And that's fine! We have found in testing this guide that simply having this discussion will prompt self-awareness and a deeper understanding of mental health and the challenges people face in aspiring towards good mental health. We hope such discussions will help to reduce the stigma that still exists towards those who live with various mental health conditions.

Each possibility includes several sections:

Thematic Questions are highlighted in yellow. Use the margins of the page to write down a few thoughts in response.



Scenarios & Discussion Questions

The guide begins with a scenario that aims to engage you via a personalized narrative with this policy realm. Each subsequent possibility includes an illustrative scenario, the header for which is highlighted in orange. Discussion Questions—also in orange—are provided to help your group explore the scenario in terms of the broader policy issues it raises.

Personal Reflections: *The green boxes at the end of each scenario provide you space to consider how the possibility relates to you and your own lived experiences. Feel free to share your personal insights with one another.*

The Policy Possibilities in This Report

The possibilities in this report explore several dimensions—each with a public policy implication—of issues and concerns that relate to making mental health care accessible to all people in all communities and destigmatizing the need to reach out for it.

Possibility	Concern(s) to Which It Responds	Potential Unanticipated Consequences
Destigmatize Mental Illness: Promote Good Mental Health for All	<ul style="list-style-type: none"> • People are reticent to seek out mental health care as they fear they'll be perceived as "crazy" • The fact is, though, that virtually everyone needs some mental health support during one's life 	<ul style="list-style-type: none"> • Talking more openly about mental health issues could cause more people to seek help, which might overwhelm existing systems • Increased awareness of good mental health will help people realize when something is "off"
Connections Matter: Encourage People to Develop Strong Social Skills	<ul style="list-style-type: none"> • Technology is profoundly changing how people define interaction • Direct, face-to-face interaction is critical to the human psyche, and we don't know if this can be replicated online 	<ul style="list-style-type: none"> • This sort of effort could run counter to corporatist goals aimed at expanding consumer interest in the latest new technologies and gadgets
Increase Awareness: A Quiet Epidemic of "Deaths of Despair"	<ul style="list-style-type: none"> • There is an epidemic of deaths by suicide, opioid overdose, and alcoholism plaguing the white, middle-aged working class 	<ul style="list-style-type: none"> • Focusing on the risk to white working people could detract needed resources from other groups • A new perspective on our political divide could emerge
Accessible Care: Mental Health Urgent Care Centers for All	<ul style="list-style-type: none"> • Mental health crises tend to come on very suddenly—even if there were previous signs—causing people to need immediate care 	<ul style="list-style-type: none"> • Police and ERs will be relieved of being on the front line of the mental health crisis in this country as most people, when faced with an overwhelming situation, call police or head to the ER
Use Technology to Draw Troubled Individuals into Care or Coaching	<ul style="list-style-type: none"> • Many people who commit mass murder actually do seek out help, often by searching online • Algorithms could identify and respond to these individuals 	<ul style="list-style-type: none"> • Using technology in this way would raise significant privacy concerns • We might need to expand "good samaritan" laws to protect people who raise concerns about someone

Twenty-Five Year Reunion:

Lakewood Catholic High School for Boys in Ionia, Michigan

"I can't believe Joe's gone. He always loved a social gathering."

Joe took his own life just a few weeks before the reunion. People wondered if it had anything to do with how he felt anticipating seeing classmates who'd obtained medical and dental degrees and who were successful business men. Graduates of Lakewood Catholic were traditionally a successful bunch, and the class of 1993 was no exception—for the most part. But in Joe's case, he had taken over his dad's machining business instead of going on to college like the vast majority of his classmates. That

proved to be a fateful decision as, twenty years later, the business had collapsed with the manufacturing base of the surrounding economy. No one imagined that could happen, but it did.

"I had just spoken with Joe a few weeks ago."

"Yeah, I know, Randy—I'd seen him on Facebook and had joked around with him. He always posted the funniest memes. I never imagined he was depressed. But then you never know. So many of the kids around here are struggling—as are a lot of us old farts. How's your family doing, Ron, since your son passed?"

"Well, as you all know, Kenny, my son overdosed three years ago. He was hooked on heroin. Got started on it after a football injury during high school—right here at this high school. I never thought a simple injury—from which he'd recovered—could lead to such an awful addiction that would eventually kill him. I'm now raising his daughter, and I love her, but she should have parents in their 20s—not in their 40s."

"My wife is having the same trouble, but with alcohol. She is religious and is trying to hold on to her faith, but, lately, the bottle is a bigger draw," Mike reported, sadly.

"I'm sorry to hear that, Mike. My dad was forced to retire last year, and he is also really depressed. He was never all that religious, and so all he ever really had was his work. He just doesn't know what to do with himself. It's killing him—and it's killing me to see him decline like that. How are things going for your family, Des?"

"Well, John, my daughter managed to get to college. She was a great student in high school and 'did everything right,' but she has missed several semesters since she got to college. She tried to kill herself last year and two years before that—during high school. I honestly don't know how to help her. My faith used to be enough, but it is not feeling all that sufficient right now."

John replied: "I saw a show that Sanjay Gupta did on HBO a few weeks ago. He was talking about something he called 'deaths of despair,' and it kind of explained a lot. People think that folks like us are a bunch of idiots for voting for Trump. I don't like him, but I did vote for him—mostly because I feel so dismissed by the folks who live out in D.C. or California. They just don't get it. We used to be the backbone of this country, and now we're the 'Rustbelt.' Here we are killing our own selves off—which seems to be just what they want. We're no longer 'useful,' and so it's like we're not needed anymore."



Initial Reflections

What are two things that especially stood out for you as you read this story?

(1)

(2)

Can you relate to any of the anecdotes in this story?

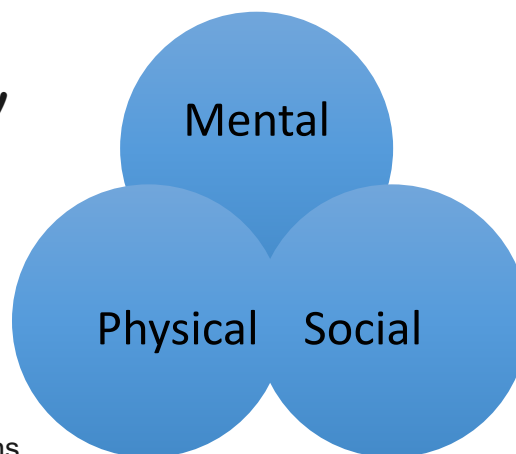
This is a story that features a group of middle-aged men: do you think men and, in particular, older men or men from more working-class or traditional backgrounds, have a harder time talking about loss—of people or of social position—and its impact on mental health? Why might that be?

Had you ever heard of “deaths of despair”? What does that phrase bring to mind for you?

What do you most hope to learn from this discussion?

Possibility A: Destigmatize Mental Illness by Promoting Good Mental Health

Various social strains seem to leave some individuals psychologically at-risk. A large number of people are affected by poor mental health, driven by conditions that are biological in nature. But social conditions also significantly affect everyone's mental health and can worsen existing psychological conditions.



We do not give a lot of attention in this society to mental health, generally, but when we do, the focus is on the mentally ill and, too often, the imagined dangers they might pose to the rest of us. In reality, no one is mentally stable all of the time. And most folks who are mentally ill are stable much of the time but need extra support sometimes.

Have you or anyone close to you ever dealt with a mental illness (or a suspected mental illness)? Were you or they formally diagnosed? How did you/they find help? Was the help effective? Expedient? Affordable? How did getting help make you/them feel?

What if, instead of focusing on mental *illness*, we instead focused upon defining and promoting what it means to be mentally healthy? We often hear that physical health is improved by eating a balanced diet with a lot of fruits and vegetables, exercising for about an hour each day, brushing

one's teeth twice each day, etc. And, not surprisingly, doing those things regularly also helps to promote good mental health. There are several other things that are central to good mental health as well:

- (1) Getting enough sleep—at least 7 hours per night
- (2) Regularly engaging 'mental health minutes'—meditating or being mindful, i.e., slowing down, breathing deeply, and being present in the moment for five minutes at a time once or twice per day
- (3) Engaging in meaningful social interaction several times each week
- (4) Identifying and developing one's sense of purpose—connected to serving others
- (5) Making a practice of being grateful and showing gratitude

Most of us go for a yearly physical exam to maintain good physical health; should we be doing the same with regard to our mental health? Some points in the life course are so fraught with potential mental health perils that doctors, who are mostly focused on the physical, routinely ask about their patient's mental state at those times: just after the birth of a baby and for a few months thereafter, after the death of a loved one or leaving/taking on a new job, etc.

Baker's Ridge Community Church

The Baker's Ridge Community Church was a mega church that featured a "modern" approach to its religious mission. The church was also the place to be if you wanted to meet community leaders, young professionals, high-income families, college students, and other citizens who were the leaders in the community.

A proposal was made to the leadership team of the church to begin a mental health educational program. "We want our church to be known as one that cares for its member's spiritual health, but mental health is critical to good spiritual health," said Pastor Roberts, who developed the proposal. What was being proposed was a quarterly mental health Sunday that would link spiritual guidance with mental health awareness. The program would be incorporated into the Sunday school program as well as the sermon.



What Pastor Roberts didn't expect was the opposition his proposal would generate. The opposition was summed up in one statement by a long-time leader of the church: "we aren't a bunch of crazies, and we don't want to become known as a church of crazies."

Discussion Questions

1. What does "good mental health" mean to you? How did you come to develop your understanding of what good mental health is?
2. Why is there such a reluctance to engage discussions about mental health? To what extent do you think most people have a good working sense of what good mental health is—or about how to help someone who might be struggling?
3. What role might the following agents play in mental health wellness awareness:
 - Federal/State/Local government
 - Public schools/universities
 - Churches/civic organizations
 - Your family doctor

Personal Reflection

Many people seek out clergy for personal guidance. Have you ever done so? Would you? Do you feel like such persons are able to provide useful support? Should they have professional training to do so?

Possibility B: Connections Matter: Encourage People to Develop Strong Social Interaction Skills

It used to be that, starting in Kindergarten, children were assigned a “buddy” in school, on field trips, or at extracurricular programs. This ensured that someone was always looking out for one other person. No one was on his or her own. Field trips did not require an army of adult chaperones: kids watched out for their buddy. Even the most introverted children could count on at least one pal.

Neighbors would visit each other and have long conversations on their front porches. They looked out for each other. They helped each other on work around the house. They knew each other’s extended families.

How are rapid advances in technology affecting how we interact? What are the potential implications of these changes?



People enjoyed spending time with others in their community by meeting in civic groups, churches, PTA’s, recreational leagues, etc. They got to know each other and became part of each person’s support system. Individuals were rarely more than one connection away from someone who could help them.

Meaningful social bonds lie at the heart of good mental health. But, in a world wherein more and more of us live alone for longer periods of the life course and young people spend hours of their day online “interacting” virtually, do we have to worry about an increasing number of people becoming self-focused and less capable of successful, meaningful social interaction?

Charlie’s Legacy

Charlie was a sixty-year-old, retired coal miner. He lives in a small home in an even smaller town. The only thing that distinguished Charlie’s home from the others nearby was the children. There were kids everywhere. Some were riding bicycles, some were sitting at a large picnic table doing their homework. The garage double doors were open, revealing a fleet of bicycles, and, along the back wall, a row of filing cabinets. Letters, between charts and graphs of various sizes and types.

Charlie was married young in life and his wife died in child birth. The young child lived only five years before dying two weeks before Christmas. A little bicycle sitting in Charlie’s garage was to be her first real big present.

Charlie was shattered. He became a recluse. He talked to no one. He only left the house to go to work and to buy necessities.

One day, a young boy knocked on Charlie's door. Not knowing of Charlie's loss, the young boy said, "I've noticed that new bicycle in the garage. I've never ridden a bicycle before. Could you let me use it?"

Charlie looked down at the young boy. Tears formed in his eyes as he took the boy's hand in his and walked toward the garage. Charlie put the boy on the bike and helped him get his balance.

The kid fell over more than once, but each time Charlie picked him up with an assuring pat on the shoulder. Gradually the boy discovered his balance, and in just 30 minutes, he was riding with confidence. Charlie let the boy borrow the bike but ask him to return it in an hour.

At the end of the hour, the boy returned. Charlie looked at the sadness on the boy's face as he returned the bike to the garage.

"Can I ride again tomorrow?" the boy asked

"It'll cost you," Charlie responded.

"I ain't got any money," the young boy responded with a look of concern on his face

"I'll tell you what. You bring me an A & B report card, and I'll let you ride."

That was the start of a remarkable sharing experience. Other children heard of Charlie's generosity. Charlie bought a couple more bicycles and started a bicycle "library". The only condition to use a bicycle was to get A's and B's on one's report card.

Gradually Charlie expanded his operation. Children who made the honor roll for one complete year were given a bicycle to keep as long as their grades remained strong. A study hall was created to help children achieve the grades they needed. Older children taught the younger ones. The children learned study skills.

The impact of Charlie's encouragement could be seen in the school's overall performance. Sixth grade test scores were the highest in the state. Education leaders thought that the Jackson teachers were unfairly helping their students because the scores were consistently the highest in the state year after year.

Discussion Questions

1. How successful can an unstructured mental health assistance program be? What are the challenges to making such a program successful?
2. How can we encourage every citizen to become a Charlie?

Personal Reflection

Has anyone ever unexpectedly reached out to you in a helpful way? How did that make you feel? Were you inspired to do the same for someone else?

Not only were test scores high, but Jackson sports teams became among the leaders in the state. Something was obviously happening in Jackson. Drug addiction that plagued other small towns like Jackson just didn't exist there. High school graduation rates increased and unemployment rates decreased.

Possibility C: Increase Awareness Regarding Deaths of Despair so People Can be More Mindful of the Risks

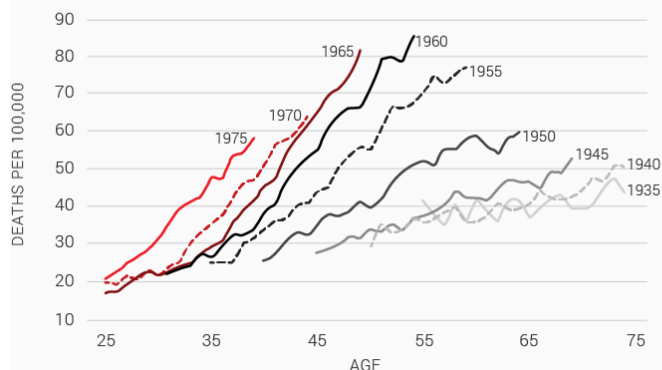
Over the last three years, the overall life expectancy in this country has declined. This hasn't happened in more than 100 years. The average life expectancy is being dragged down by a silent epidemic: suicides, overdoses (usually of opioids/heroin), and cirrhosis of the liver deaths among, most often, whites aged 45-60. This has especially impacted women, who have traditionally had a significantly longer life expectancy than have their male counterparts.

While many people in the affected communities are aware that their immediate friends and family members are being impacted, few realize that broad nature of this epidemic. So widespread are these types of deaths amongst this middle-aged population that these deaths now have a clinical name: "Deaths of Despair."

It is arguably critical that more people—especially those in the at-risk group—become aware of this epidemic. It is also important that those in positions of responsibly and care become aware of the risk. Doctors that serve this population as well as pastors and employers should know the signs that someone may be having a problem as well as the factors that put someone at

White non-Hispanic mortality from "deaths of despair" in U.S. by birth cohort

Men and women, deaths by drugs, alcohol, and suicide



Source: "Mortality and morbidity in the 21st century" by Anne Case and Angus Deaton, Brookings Papers on Economic Activity, Spring 2017.

B Economic Studies
at BROOKINGS

Were you aware that life expectancy in the U.S. has declined for three years running and that this decline is the result of skyrocketing rates of death during middle age among white, working-class people? Why are we not more aware of this phenomenon?

risk. For instance, if one is exposed to suicide—say, for instance, a friend or family member takes their life—that person is much more at risk to do the same. Similarly, if someone encounters an injury, they need to be better counseled about taking certain types of medications. Some people have an elevated risk of addiction and should not even risk taking opioid medications. But many people and even medical professionals are not always so mindful of these matters.

Jason's All-Too-Familiar Story

Jason had just turned 45. His three boys were quickly becoming young men. College was ahead for at least two of them—he hoped three, as he knew what a difference a college education could make for many people. Jason held a B.A. degree but had opted to work on the assembly line at the local Ford plant when he finished college.

The starting pay was more than \$100,000, which was hard to turn down. He'd just married

Heather, his college sweetheart, and they planned to have a family. It was a long tradition amongst men in his family to work on the assembly line.

Discussion Questions

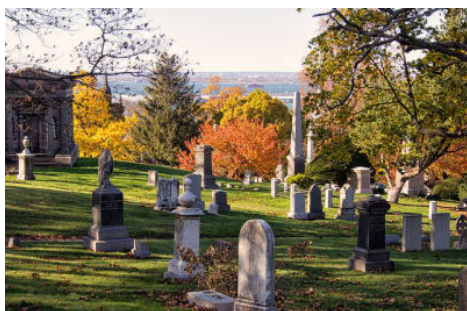
1. How familiar is this story for you? Can you relate to it at all? In what ways are these kinds of situations “contagious”?
2. What resources might have been engaged to prevent this outcome—or to help Michael and Jason’s other boys (and his surviving wife)?
3. Have some people become “expendable” as was suggested in the scenario at the beginning of this guide? What has happened to our society that this has become tolerable? And what can we do as a society to change this trajectory?

Soon, however, he found the drudgery to be overwhelming. He wondered what else he might do and even considered pursuing an advanced degree, but by then he had two young boys and one more on the way. They’d bought a bigger house—a really nice one, but even with the pay he was making, it was harder to make ends meet. It didn’t seem to make sense for Heather to keep working as the boys were young and day care for an infant and two toddlers would be a lot. Keenan would be in school soon, but it would years before the others would be at that point.

By the time the boys were all in elementary and middle school, he lost his job at the plant. Production was being scaled back. Folks just weren’t buying sedans anymore. Most people

wanted SUV’s or trucks. He found other work, but it paid nowhere near as much. At least the kids were in school, so Heather got a job, but they couldn’t keep up with house payments and lost the house. They downsized but began arguing a lot. Eventually he moved out to an apartment—which only increased overall costs for the family.

About two years ago, Jason found his best buddy, Craig. He’d hung himself. Jason missed him a lot and couldn’t get the image out of his mind. One night last month, after no one had seen or talked with Jason in a few days, Heather went to check on him. She discovered that he had shot himself to death. Heather and the boys miss him dearly—and they’re also really angry at him. Michael, their middle son, was especially close to Jason, and he has been so depressed. Heather worries every day that he might take his life as well.



Personal Reflections

Have you ever considered the possibility that suicide might be contagious? How might shows like *13 Reasons Why* help us to understand and talk about that so as to prevent such outcomes?

Possibility D: Accessibility is Critical: Establish Mental Health Urgent Care Centers for All

Mental health issues, especially in younger people, tend to manifest in very sudden and intense ways. Often there are indicators that a problem is developing, but those signs may be missed by friends and family. And, too often, individuals with mental health issues will turn to drugs or alcohol to self-medicate so as to soothe the symptoms—causing parents and others to construe the addiction issue as the key problem when, in fact, it may be but the tip of the iceberg. We don't always have the language to be able to talk about mental health issues.

At those times of crisis, when someone is suddenly and profoundly anxious, depressed, or in a manic state, or violent, hallucinating, or in the midst of a psychotic break, help is urgently needed. The problem is that, in so many communities, there are few resources available to provide immediate psychological care to those who find themselves in sudden, urgent need of it. Moreover, insurance policies are very limited in their coverage of mental health services. Emergency care is often only available via a hospitalization—typically a three-day stay, which may actually be more intense treatment than is needed. What is more, such treatment—because it is so serious—can only be provided if the individual in need or their parent(s)/caregiver(s) **attests that the person is an imminent threat to themselves or others**. Sometimes a person can become so violent and intense that police may be called, resulting in the person being arrested. It can also happen that the sudden manifestation of what may be a serious psychological issue can pass within even several hours, causing the affected individual and his or her caregivers to dismiss the incident and not seek any help at all—this may be especially true if it can take up to several months to get in to see a psychiatrist or psychologist, which it can in many communities.

What if mental health urgent care centers were made widely available? Ten years ago, urgent care centers for general medical care were virtually unknown. People would end up in hospital emergency rooms seeking treatment for cuts, sprains, and flu symptoms. Now, many of us routinely go to an urgent care center when we have a pressing but not life-threatening medical need. Many of us are probably more likely to seek treatment for relatively minor but potentially serious health issues sooner than we might have before we could conveniently see a medical professional quickly and at a range of times. The problem is that such centers are generally not equipped with psychiatrists who can address urgent mental health needs. But what if there was even one such center in a county to address such needs? How might that change the ways in which people seek mental health care?

What would you do if your son or daughter suddenly became deeply agitated, possibly even violent towards him or herself or someone else late on a Tuesday evening? Would you know who to call? Where to take him or her for help? We have urgent care centers if someone needs stitches, but what if one has a sudden mental health need?

Maddie Haverford

“Jimmie I need you to come take me to the hospital. My heart is racing. I think I’m dying.” That was a call that Jim Haverford received one/two times a week from his mother. He would take her to the emergency room, and they would find nothing wrong. This had continued for close to a year. While Maddie was old enough to receive Medicare, he often cringed when he wondered how much these panic attacks were costing the government.

Finally, Jim had enough of his mother’s calls. When he entered the emergency room, he requested that she be seen by a behavioral medicine doctor. That turned out to be a wise decision. The doctor talked to Jim and his mother and did a number of diagnostic tests. She was suffering from severe depression brought on by her sister’s death and her husband’s declining health due to diabetes.

Maddie was admitted to a mental health treatment center. Part of the treatment was family education. Jim was given a video to watch and was stunned by what he saw. The video was a perfect description of his mother’s condition. At the conclusion of the video, Jim became angry: “Why didn’t mom’s condition ever get diagnosed by the emergency room doctor?”

The video also provided advice on after treatment care which Jim felt comfortable in providing. “I’ve spent my life calming panicked college students never realizing that my mom needed the same type of support.”



Discussion Questions

1. How would this situation have been different if there were urgent care centers for mental health treatment? How could Jim have known to take his mother to one of these centers?
2. How frequently do you believe such repetitive symptoms of mental health conditions go untreated in our society by emergency rooms or standard urgent care centers? What is the likely public cost/benefit for urgent care centers for mental health?
3. How can follow up support be provided to those who come to an urgent care center for mental health treatment so that they can be given help at the onset of a recurring mental health episode?

Personal Reflections

To what extent do we simply accept that getting older means becoming lonely and depressed? Why? Must it be this way? How could we ensure that our aging citizens are socially engaged?

How does staying engaged socially as one ages impact one’s health? Have you noticed an impact in your own life or in that of your parents or grandparents?

Possibility E: Use Technology to Help Draw Troubled Individuals into Care and Coaching

Many times we view those that enact mass violence in their communities as profoundly isolated. In fact, though, they are likely to be very engaged in online worlds—sometimes interacting in fantasy-driven communities and sometimes obsessively exploring guns and other weaponry, bomb-making, serial killers or other mass shooters, etc. In their isolation, they may

We use algorithms for all sorts of things—often to promote commerce. But they could also be used to help identify troubled people within our midst and to thereby possibly stave off the next mass shooting. Would it be ethical to use this technology in that sort of way?

be inclined to seek out an identity that is driven more by fantasy than by actual interaction, which can be dangerous as there is no one to challenge them if their fantasy realm gets too dark.

It seems likely, however, that their search patterns might follow particular patterns. Google and social media forums can be used to identify such outliers because there is such a huge number of users on those systems that outliers become quite apparent. Even those who might occasionally search on relevant terms could be discerned from those that are

more obsessively focused on searching topics that might raise alarm bells. This is how the government is tracking would-be terrorists—and it is also how many companies are encouraging us to buy more goods and services.

What if we engaged the sort of analysis that many corporations do: they track individuals' patterns of behavior to ascertain what patterns lead to people buying a certain product. For example, there may be a pattern as to which social media one engages or video games one plays that correlates with one's buying practices. The challenge with anti-social behavior is that outcomes are rarely looped into the equation. But, what if Google, Facebook, and others could make a point of identifying individuals who commit suicide and/or homicide and then did a sort of online autopsy—identifying whether there are any common digital footprints among such cases? We allow companies and government agencies to do this routinely; would it not make sense to

Photo Credit JD Hancock:
<http://photos.jdhancock.com/photo/2012-02-22-070429-the-doctor-is-who.html>



use these capacities to minimize the risk of people doing harm to themselves or others? It would seem important to garner such insights not towards policing but towards social outreach.

What if an outreach effort could be created that would identify users searching on terms and topics that could indicate violent plans and then reach out to them via a chat box. It would be akin to suicide hotlines—but for the modern age. Volunteers could be trained to ‘staff’ these outreach efforts and would just try to engage the person in a discussion, perhaps helping them to consider reaching out for professional mental health support.

Youthanasia

Youthanasia, to many, was truly a sick video game. It was designed for young people who viewed suicide as a viable approach to the struggles they were facing. This being an online game, the federal government was able to track the users of the game and had followed up with investigators to track down those who had designed and promoted a game that could result in the loss of life for others.

Quietly, intelligence agencies were able to prevent several mass suicides using the data they collected from user profiles. Due to civil rights concerns, the federal agency tracking the game’s users did not track those users who were not actively planning to kill themselves. The game was designed to ratchet up dares and risk-taking until users would become comfortable doing things that could quite evidently be lethal.

The question that the federal agency was unable to resolve was what their responsibility was for sharing their intelligence gathering on those who were not actively planning suicides. Just revealing that such a surveillance effort was underway could be a political bombshell, but many of the users were 13-17 years of age—and some were much younger (one user looked to be only about 8 years old).

Discussion Questions

1. How well do you think online outreach would work? How would you feel if you were using a search engine to research depression and a chat box opened up to ask you about your search topic?
2. What should the federal agency described in the *Youthanasia* scenario do with the data they collected on those youth who were not actively planning a suicide but maybe still considering this possibility?
3. Suppose a game could be developed that draws in those with potentially violent mental health issues. Should such a game be underwritten with federal funds as a way to stimulate preventive care for mental health? What privacy concerns would this raise for you?

Final Reflections

What are two surprising things you learned from or explored during this discussion?

(1)

(2)

How has this discussion impacted your thinking about your own mental health and that of your family and friends? To what extent do you feel like you now have a vocabulary that will allow you to better talk about this issue?

What can you do to share this guide and the conversation it creates with more people in your community? Who might especially benefit from this discussion?