

MENTAL HEALTH & HIGH SCHOOL CURRICULUM GUIDE

> Understanding Mental Health and Mental Illness



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE



Recommended by
Curriculum Services Canada

MENTAL HEALTH & HIGH SCHOOL CURRICULUM GUIDE

> Understanding Mental Health and Mental Illness

Dedicated to Dr. Wayne Fenton 1953-2006

Dr Fenton and his colleagues at the U.S. National Institute of Mental Health helped and encouraged us as we embarked on this project. Like many, we were touched by his generosity of spirit.

“To the people of Canada, I say welcome into society as full partners. We are not to be feared or pitied. Remember, we are your mothers and fathers, sisters and brothers, your friends, co-workers and children. Join with us and travel together on our road to recovery”

Roy Muise (May 2005) Opening quote in the final report of the Standing Senate Committee on Social Affairs, Science and Technology: Out of the Shadows at Last. May 2006

<http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06-e.htm>

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– Bonnie Pape, Julie Flatt

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– Barbara Steep, Sharon Labonte Jaques, Donna Beatty

This guide builds on and borrows from a number of key publications:

- MindMatters Curriculum Corporation of Australia
<http://cms.curriculum.edu.au/mindmatters/>
- The Science of Mental Illness – NIH/NIMH
<http://science-education.nih.gov/customers.nsf/MSMental>

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INTRODUCTION

About CMHA

The Canadian Mental Health Association (CMHA), founded in 1918, is one of the oldest voluntary organizations in Canada. Each year, it provides direct service to more than 100,000 Canadians through the combined efforts of more than 10,000 volunteers and staff across Canada in over 135 communities.

As a nation-wide, voluntary organization, the Canadian Mental Health Association promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. The CMHA accomplishes this mission through advocacy, education, research and service.

“Our Vision Is Mentally Healthy People In A Healthy Society”.

The Canadian Mental Health Association focuses on combating mental health problems and emotional disorders. Our tools include research and information services, sponsored research projects, workshops, seminars, pamphlets, newsletters and resource centres.

The CMHA's programs assist with employment, housing, early intervention for youth, peer support, recreation services for people with mental illness, stress reduction workshops and public education campaigns for the community.

In addition, the CMHA acts as a social advocate to encourage public action and commitment to strengthening community mental health services and legislation and policies affecting services. All our mental health projects are based on principles of empowerment, peer and family support, participation in decision-making, citizenship, and inclusion in community life.

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www.cmha.ca



About Laing House



Laing House is a community support centre for young adults, ages 17-24, who are living with serious mental illnesses such as psychosis or mood disorders. Launched in January 2001, it is located in a refurbished Victorian house in downtown Halifax. Laing House starts with a belief that young people have an array of talents and strengths which, when supported, point them towards recovery. Youth are invited to participate - as members of Laing House – in a welcoming, respectful and collaborative environment. Involvement is voluntary and referrals can come from the young person, a family member, community agency, or mental health professional. Laing House is unique in Canada.

Laing House’s mission is “to prepare youth living with mental illness for healthy futures”.

Laing House seeks to reduce isolation, to address needs in relation to returning to school, seeking employment, re-establishing a peer group, and finding a place to live. The programs focus on these core areas, while allowing youth to gain the confidence they need to be healthy and productive. Already, more than 200 young people have found their way to Laing House, where a team of peers and professional staff provide supports.

Youth and staff build relationships and work together to create personal development, community education and advocacy programs. These experiences and opportunities provide youth with support and resources to resume educational and vocational paths, find safe housing, and become contributing members of their natural communities.

<http://www.lainghouse.org>

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About the consultants

Dr Stan Kutcher is a Professor of Psychiatry and the Sun Life Financial Chair in Adolescent Mental Health and Director of the World Health Organization Collaborating Centre in Mental Health Training and Policy Development at Dalhousie University, Halifax, Nova Scotia. Dr. Kutcher’s involvement in the project was supported through the SunLife Financial Chair In Adolescent Mental Health, and Dalhousie University.

Dr. Sonia Chehil is Associate Professor of Psychiatry and Postgraduate Training Director, Division of Child and Adolescent Psychiatry, Dalhousie University and the IWK Health Sciences Centre, Halifax, Nova Scotia. Dr. Chehil’s involvement in this project was supported through Dalhousie University.



Educating young people about mental health and mental illness

Having access to reliable information on positive mental health and mental illness is crucial for high school students for a number of reasons. Mental and emotional problems are common among high school students and need to be addressed, just like students' physical health problems.

Even if students have not experienced mental illness, it is very likely that they know someone who has. Consider the following statistics to get an idea of just how widespread the effects of mental illness are in society, and among young people in particular:

- 1) Mental illness is second only to heart disease as the leading cause of disability in Canada and worldwide. (*Global Burden of Disease – World Health Organization, World Bank, Harvard University, 1990*)
- 2) Mental health problems affect one in every five young people at any given time.
- 3) The first symptoms of severe, chronic forms of mental illness (such as schizophrenia, bipolar disorder, depression and anxiety disorders) generally appear between the ages of 15 and 24. (*CMHA, 2003*)
- 4) An estimated two-thirds of all young people with mental health problems are not receiving the help they need.
- 5) Suicide is the third leading cause of death among young people aged 15-24. At least 90% of those who commit suicide have a diagnosable mental illness. Learning about mental illness and the importance of seeking treatment can save lives.
- 6) Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need. (*SAMHSA, 2004*)

The lessons in this guide present fundamental information about mental health and mental illness. Students can apply the knowledge they gain from this guide as they encounter new situations and make decisions about their lives.

The Role of Secondary Schools

Secondary schools provide an ideal environment and natural opportunities to address issues of mental health and illness. Educators can play an important role by delivering accurate, comprehensive information and by challenging the stereotypes about mental illness held by the general community.

The Mental Health and High School program encourages secondary schools to actively promote the message that seeking help is a sensible and supportive act rather than a sign of weakness or a breach of loyalty. Therefore, in addition to providing information and education about mental health and mental illness, this material actively promotes discussion about when, why, how and where to seek help.

Reference: *The Science of Mental Illness*, National Institute of Mental Health, 2006.

http://science-education.nih.gov/supplements/nih5/mental/guide/nih_mental_curr-supp.pdf



Rationale

→ Consensus Statement on Comprehensive School Health

A number of national organizations, including CMHA, have recently drafted and endorsed a collective Consensus Statement on Comprehensive School Health. The goal of the Consensus Statement is to promote a comprehensive approach to school-based and school-linked health promotion. This comprehensive approach integrates responses to a range of health and social problems and promotes the overall health and learning of children and youth, as well as adults who work within and with schools, parents, caregivers and surrounding communities.

The Comprehensive School Health (or Health Promoting Schools) Initiative is based on a model developed by the World Health Organization. This model contains several components, including: 1) Instruction; 2) Supportive Health Services; 3) Psychosocial Support Services; and 4) Healthy Environments, which explicitly address important aspects of mental health in schools, and the roles that schools can play in promoting mental health.

Internationally, the Health Promoting Schools model has been very widely accepted and endorsed. In Canada, CMHA and a number of other key partner organizations have been instrumental in moving this initiative forward at the national level. The Mental Health and High School materials respond directly to the approach outlined in the Consensus Statement by providing specific information and tools to address all four elements mentioned above. For more information on the Consensus Statement on Comprehensive School health, please see www.safehealthyschools.org.





Objectives

→ The Mental Health and High School Curriculum Guide has several objectives.

- To provide secondary school staff across Canada with consistent, reliable and easy-to-use information to help promote basic understanding of mental health and mental illness in the classroom;
- To provide students with a basic introduction to normal brain functioning to help them better understand mental health and mental illness;
- To help students understand the various factors that can contribute to mental illness, and the biological component which makes mental illnesses not that different from other illnesses;
- To equip teenagers with the knowledge they need in order to identify when they or a friend or family member is experiencing mental health problems or mental illness;
- To reduce the stigma associated with mental illness by providing clear, factual information about mental illness, its causes, ways to address it and recovery;
- To help young people understand that seeking help for mental health problems is very important, and to suggest strategies for seeking help;
- To reinforce the importance of positive mental health and effective ways of coping with stress;
- To provide information about recovery from mental illness, and the factors which help keep people well.



Foreword

High school is often the time when young people, with the guidance and support of their families and the school community, explore new ways of understanding themselves and the world around them. As in most journeys, obstacles may cause a detour in the path, or prolong the journey. One of these obstacles is mental illness. This is how I understand my own journey from youth into adulthood, as a path challenged by mental illness.

When I was fifteen years old, in the tenth grade and an otherwise healthy young woman, I found myself unable to concentrate, feeling isolated, experiencing severe panic attacks, being unable to sit through classes without needing to leave, and experiencing sadness and guilt that I didn't understand. At the time, I had no idea why I was experiencing these things. These difficulties led to my grades falling, missing classes on a regular basis, feeling worthless and like a failure, and being afraid that my family, teachers and classmates would think I was lazy, stupid and destined to drop out of school. Luckily, the people in my life did not respond that way.

Once I told my teachers what had been happening, instead of judging me, they gave me extra help and provided support from a social worker. My parents also began to understand, and were able to help me improve my grades by getting me a tutor and supporting me through dealing with my depression. My peers and friends didn't always understand, and there were some difficult times trying to cope with feeling like I was the only person going through this struggle. I had a few close friends who helped me through. Most important, however, I began to make sense of why I was struggling so much. This understanding helped improve my sense of well being. Once I knew what depression was and that there were things I could do to change how I was feeling, I began to feel more hopeful.

Like many experiences with mental illness, my depression came and went, interfering at times with my ability to stay in school. During this time, I got involved with Laing House, a community support centre for youth with mental illness in Halifax, Nova Scotia. Being involved with Laing House allowed me to better understand my experience with depression, to develop supportive relationships with other people who have experienced mental illness, and feel confident that my depression is an obstacle I can overcome. Now at the age of 25, I recently began working at Laing House as a staff member, after beginning my training in the field of social work. I know that my understanding of depression made it possible for me change how I deal with challenges. I have also learned that my experience with mental illness does not have to stand in the way of the things I want to do.

As teachers and students, understanding mental illness empowers you to create an environment in your school where people who are living with mental illness can feel welcomed and supported. I hope you take this opportunity to grow in your understanding of mental health and mental illness, using the Mental Health and High School Curriculum Guide.

Sincerely,

Jackie Thornhill
Halifax, Nova Scotia



This guide has been developed to accompany another resource, *Mental Health and High School* (www.mcha.ca/highschool) which contains information for secondary school students who are experiencing mental health problems, and for their parents and educators.

The Mental Health and High School Curriculum Guide

This section provides general information on the material and ways that it can be used in the classroom. You will find specific suggestions in the instructions provided with each lesson.

The Mental Health and High School materials have been developed in recognition of the need to address the mental health of young Canadians by providing teacher and student-friendly classroom based resources.

The tools in this package, (including the Curriculum Guide, the PowerPoint presentation and the three-part video) are designed to help teachers and other members of school staff to:

- Promote students' awareness of mental health issues and reduce the stigma associated with mental illness;
- Provide a safe and supportive environment in which all students can maximize their learning;
- Remain accessible and responsive to students' needs;
- Help students develop their abilities to cope with challenges and stress;
- Identify those students in particular need of assistance or support.

By using the activities in the curriculum guide, teachers and students will explore the language of mental health and mental illness and learn about the causes, symptoms and approaches for dealing with different mental illnesses such as mood, anxiety, eating and psychotic disorders. Through the audiovisual materials, students will hear directly from other young people about their experiences with mental illness, and the impact of stigma on their personal struggles and at the community and societal level.

Students will also learn about seeking help and providing peer support and meaningful recovery from mental illness, as well as the importance of positive mental health for all.

Why use the guide?

Stigma, fear and a lack of information about mental health problems have been identified as reasons why mental health and mental illness have not been adequately addressed in many schools. The Mental Health and High School materials have been developed to help overcome some of these barriers. By providing accurate, peer-reviewed information on mental health and mental illness, and a range of interactive activities, the guide can help teachers deliver crucial information in a way that engages and challenges youth.

Many of the curriculum guidelines for senior-level courses in Health and Physical Education contain explicit requirements for mental health education. The Mental Health and High School curriculum guide provides teachers with a user and student-friendly way of meeting the learning objectives and curriculum requirements

Where does the material fit into the curriculum?

Because each Province and Territory has developed its own distinct curriculum frameworks, including specific courses, content standards and learning expectations, this unit has been designed to be general enough to meet many of the different criteria for Health and Physical Education courses across Canada.

This guide is designed for use in Grades 9 through 12. Although the material is intended primarily for use in Health and Physical Education courses, it may also fit well with a number of other curriculum areas, including: Personal Development, Family Living, Child Studies, Psychology and Sociology.

Educational approach

The Mental Health and High School Curriculum Guide uses activities and other strategies which engage young people in their learning, and challenge them to explore the issues.

The lesson plans in this guide are comprehensive, easy to implement and fun. The interactive teaching strategies used in the activities provide opportunities for building students' skills in participation, communication, relationship-building, teamwork, and critical thinking. Many of the activities in the lessons are designed to be completed by teams of students working together.

The activities address a range of learning styles by incorporating both experiential and reflective elements, and using guided discussion to assist students to process and share new experiences and information.

The lessons include both print-based classroom activities and audio-visual activities (web-based and/or DVD). The lessons, each of which is designed to fit into 50 minutes of classroom time, are written in the form of lesson plans that can be easily implemented by teachers without additional training.

Teacher tips are provided to highlight the sensitive aspects of certain lessons, and offer suggestions about strategies that are designed to teach about as well as model mental health.

Teachers can integrate their assessment of student learning through this resource with their assessment plan for the course with which they are using these materials.

Implementing the curriculum guide

1) Conceptual flow of the lessons

The six lessons are designed to be taught in sequence so that students progress from 1) an understanding of the basic functions of the brain to 2) details about different types of mental health problems and mental illnesses and their treatment, to 3) a real-life look at young people's experiences of mental illness, to 4) the impact of stigma on the lives of young people with mental illness, to 5) the importance of services and ongoing support for those living with mental illness, to 6) ways that everyone's mental health can be enhanced and supported through positive coping strategies and stress-reduction.

Lesson	Major Concepts
<p>Lesson 1: Understanding mental health and mental illness</p>	<ul style="list-style-type: none"> • Everyone has mental health regardless of whether or not they have mental illness • The brain controls our feelings, thoughts and behaviours • A mental illness is a health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes that person distress and difficulty in functioning • Mental illnesses have complex causes that include a biological basis and are therefore not that different from other illnesses or diseases. As with all serious illnesses, the sooner people get help and effective treatment for mental illness, the better their long and short-term outcomes
<p>Lesson 2: Information on specific mental illnesses</p>	<ul style="list-style-type: none"> • Mental illness describes a broad range of mental and emotional conditions. The type, intensity, and duration of symptoms vary from person to person • The exact cause of mental disorders is not known, but most experts believe that a combination of factors – biological, psychological and social – are involved • Like illnesses that affect other parts of the body, mental illnesses are treatable, and the sooner people get proper treatment and support, the better the outcomes

cont.>

Implementing the lessons (cont.)

Lesson	Major Concepts
<p>Lesson 3: Experiences of mental illness</p>	<ul style="list-style-type: none"> • Mental illnesses are diseases that affect many aspects of a person’s life • Mental illnesses are usually episodic. With appropriate support and treatment, most people can function effectively in everyday life • Getting help early increases the chances that a person will make a full recovery from mental illness
<p>Lesson 4: The stigma of mental illness</p>	<ul style="list-style-type: none"> • Stigma acts as a barrier to people seeking help for mental health concerns • Learning the facts about mental illness can help dispel misconceptions and stigma • People’s attitudes about mental illness can be positively influenced by exposure to accurate information • We all have a responsibility to fight the stigma associated with mental illness
<p>Lesson 5: Seeking help and finding support</p>	<ul style="list-style-type: none"> • Mental illnesses, like physical illnesses, can be effectively treated • There are many ways of seeking help for mental health problems and mental illnesses, and resources are available within schools and within the broader community • Knowing the signs and symptoms of mental illness helps people know how to distinguish the normal ups and downs of life from something more serious • Recovery from mental illness is possible, when a range of supports, beyond formal treatment, are available
<p>Lesson 6: The importance of positive mental health</p>	<ul style="list-style-type: none"> • Everyone has mental health that can be supported and promoted, regardless of whether or not they also have a mental illness • Positive coping strategies can help everyone maintain and enhance their mental health

Implementing the lessons (cont.)

2) Format of the lessons:

As you review the lessons, you'll find that each one includes several key features:

- The **Overview** provides a short summary of the activity;
- The **Learning Objectives** lists specific understandings or abilities students should derive from completing the lessons;
- The **Major Concepts** section presents the central ideas that the lesson is designed to address;
- **Teacher Background** provides ideas about suggested information to review prior to leading the lesson to enhance your understanding of the content so that you can confidently facilitate class discussions, answer students' questions and provide additional examples and illustrations;
- The **Activities** section provides a list of the steps which comprise the lesson, and suggested timelines;
- The **Required Materials** section provides a list of the masters (overheads and information sheets) that will be needed to complete the activities in each lesson;
- The **In Advance** section provides instructions for collecting and preparing materials required to complete the activities in the lesson. This includes preparing materials (such as photocopies and overheads from the masters provided), and reviewing audiovisual material;
- Each **Activity** has its own **Purpose**, which provides a brief explanation of the activity, and a **How to** section, which breaks the activity down into simple, easy-to-follow steps;
- **Notes to Teachers** appear as sidebars. Look here for information about issues that may be confusing or that need to be emphasized.

Implementing the lessons (cont.)

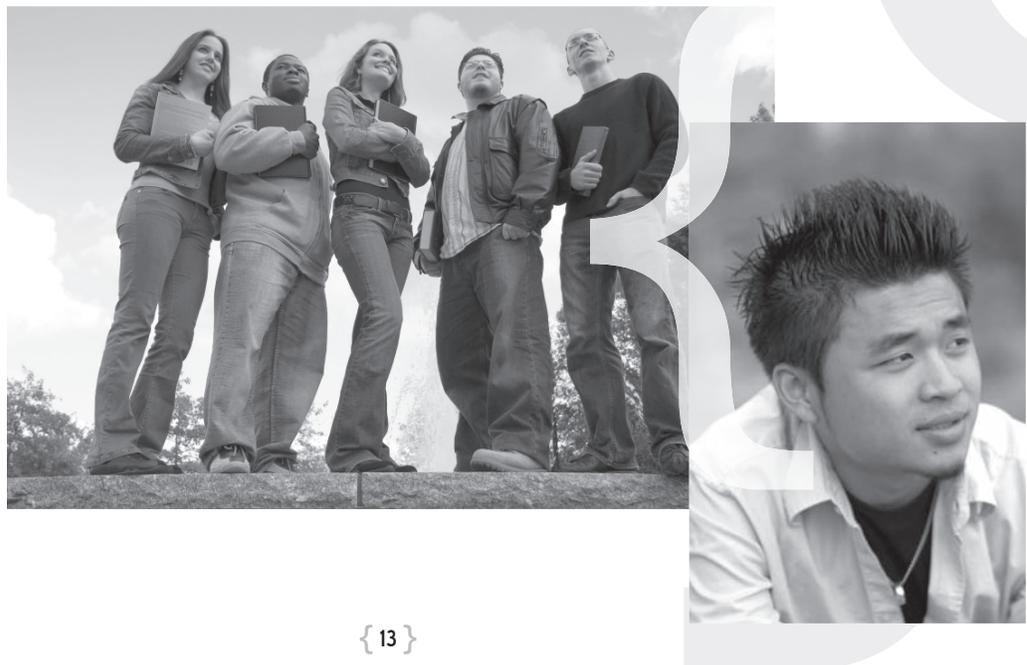
3) Suggested timeline for lessons

Timeline	Activity
3 weeks ahead	Reserve computers Check performance of website Make sure appropriate versions of plug-ins are installed on the computers (for information on technical requirements, see page 18)
7 days ahead	Make photocopies and overheads
Day 1	Lesson 1: Understanding mental health and mental illness Activity 1: What do you think? Questionnaire Activity 2: Language brainstorm Activity 3: Mental health and mental illness: The common basis (PowerPoint presentation) Activity 4: Preparing for Lesson 2 - Homework
Day 2	Lesson 2: Information on specific mental illnesses Activity 1: When the brain gets sick > The road to recovery (PowerPoint presentation) Activity 2: Information and activity sheets on different mental illnesses Activity 3: Sharing the pieces
Day 3	Lesson 3: Experiences of mental illness Activity 1: Courageous not crazy: Experiences of mental illness > video and discussion sheet Activity 2: Homework for Lesson 4 > Community Attitudes Survey
Day 4	Lesson 4: The stigma of mental illness Activity 1: Defining stigma Activity 2: Exploring attitudes- sharing survey results Activity 3: Courageous not crazy: Living with stigma Activity 4: Reducing stigma: what works?

Implementing the lessons (cont.)

3) Suggested timeline for lessons (cont.)

Timeline	Activity
Day 5	<p>Lesson 5: Seeking help and finding support</p> <p>Activity 1: Courageous not crazy > Help and support Activity 2: Getting help Activity 3: Support strategies</p>
Day 6	<p>Lesson 6: The importance of positive mental health</p> <p>Activity 1: What do you think of mental illness now? Activity 2: What do you think of mental health now? Activity 3: What do we mean by “stress”? Activity 4: How do you cope? Activity 5: Class newsletter or magazine (optional)</p>



4) Teaching about mental illness

The Mental Health and High School Curriculum Guide offers an opportunity to provide accurate information to students about a subject that many people don't understand and about which they have inaccurate beliefs.

However, because of the potentially sensitive nature of the subject, it is important to be well prepared to deal with the situations that may occur in the classroom. There may be controversial class discussions, sensitive conversations with individual students, and considerations about maintaining confidentiality.

a) Handling controversial topics in the classroom

As students encounter issues about which they feel strongly, some discussions might be controversial. How much controversy develops will depend on many factors, such as how similar the students are with respect to socioeconomic status, perspectives, value systems and religious background. Additionally, the language and attitudes of the teacher will influence the flow of ideas and the quality of the exchange among the students.

The following guidelines may help teachers facilitate discussions that balance factual information with feelings*.

- Remain neutral. Neutrality may be the most important characteristics of a successful discussion facilitator.
- Encourage students to discover as much information from reputable sources about the issue as possible.
- Keep the discussion relevant and moving forward by posing appropriate problems or hypothetical situations. Encourage everyone to contribute, but do not force reluctant students into the discussion.
- Emphasize that everyone must be open to hearing and considering diverse views.
- Use unbiased questioning to help the students critically examine all views presented.
- Allow for the discussion of all feelings and opinions, and encourage informed opinions.
- Avoid seeking consensus on all issues. The multifaceted issues that the students discuss result in the presentation of diverse views, and students should learn that this is acceptable.
- Acknowledge all contributions in the same evenhanded manner. If a student seems to be saying something for its shock value, see whether other students recognize the inappropriate comment and invite them to respond.

* Excerpted from *The Science of Mental Illness*, page 11.

- Create a sense of freedom in the classroom. Remind students, however, that freedom implies the responsibility to exercise that freedom in ways that generate positive results for all.
- Insist upon a non-hostile environment in the classroom. Remind students to respond to ideas instead of to the individuals presenting those ideas.
- Respect silence. Reflective discussions are often slow. If a teacher breaks the silence, students may allow the teacher to dominate the discussion.
- At the end of the discussion, ask the students to summarize the points that they and their classmates have made. Respect students regardless of their opinion about any controversial issue.

b) Responding to individual students

You may find that some students seem uncomfortable about studying mental illness. This may be because they, or a family member or friend has experienced mental illness directly. In other cases, these feelings arise from cultural factors; some cultures do not speak openly about this topic. You can reassure students that they will not be asked to discuss any personal situations or experiences with mental illness.

We recommend that before starting this unit, you contact the school's guidance counsellor, social worker and school nurse to inform them that you will be teaching about and addressing issues of mental illness.

Those individuals can help provide support to those who need it, and can also help connect you with local, community-based services and resources for people with mental health difficulties. Making a list of community services and resources before you begin the unit will be important if a student comes to you with a problem. A template you can use to list local mental health resources is included in the Appendix. If a student approaches you about a personal or family situation involving mental illness, it's important that you work with these school professionals to encourage that student (and his or her family, as appropriate) to seek help.

Remind students that the main goal of the Mental Health and High School curriculum is to help students understand the facts about mental illness and the importance of getting help early.

The following is a series of questions that teachers should consider before proceeding with teaching the material in this curriculum guide:

- Do I know how to respond appropriately if a student shows signs of distress?
- How should I respond if a student discloses their own, a family member's or friends struggles with mental health problems?
- How can I ensure that privacy is protected and respected when I am teaching about or responding to sensitive issues in the classroom?



If a student discloses information that raises concerns about their well-being or safety, the teacher should inform that student of their responsibility to share that information with other school personnel, or to accompany or assist the young person to pass on this information to those who need to know.

b) Responding to individual students (cont.)

- What plans and resources does the school have in place to deal with staff or students with mental health problems or critical incidents?
- How do I handle the issue of suicide if it comes up in the classroom?
For more information please see Teachers Notes on pg. 60

Depending on your school's policies and practices, you might wish to send a notice home to parents and guardians about the material covered in this guide so that they are aware of what might be discussed. A sample letter is included in the Appendix.

c) Confidentiality:

i) What does it mean in this context?

“Confidentiality is a promise of trust to safeguard personal and private information that is shared openly, either through written, spoken or another form of communication. The purpose of confidentiality is to honour an individual's right to privacy and to show respect for the vulnerability that underlies the process of sharing private information”.(SAMHSA, 2004)

Because of concerns about privacy and confidentiality, some students may be reluctant to seek help or tell anyone about problems such as mental illness, family trouble or other difficult situations. Teachers can still meet the need for privacy despite not always being able to promise confidentiality. Schools can develop mechanisms for sharing information between school personnel on a “need to know” basis, and for establishing and maintaining trust between students and staff.

The issue of privacy in the classroom is also very important, because students may disclose personal thoughts and feelings. One way of dealing with this is to establish class rules with your students, about what's OK to share, and how students will share sensitive information. These rules might include an agreement not to use the names of people who are being discussed.

Teachers may need to remind students that the classroom might not be the best place to disclose information that could intrude on another person's privacy. Encourage them to talk about such issues on a one-to-one basis outside class time. Some students may approach you to speak further if they are concerned about something – young people are most likely to seek help initially from a teacher they know and trust.

Teachers should know how and when to refer problems to other school staff such as guidance counsellors and social workers while maintaining a supportive relationship with the student.

ii) What are the limits of confidentiality?

All teachers should be aware that:

- Any disclosure, incident or thoughts of self-harm even those presented in the abstract, require serious attention and should be passed on via school pathways of referral. All students and staff should understand that in situations where someone's life or safety may be at risk, a secret should not be kept.
- Confidentiality must be broken when a student reports neglect or physical, sexual or psychological abuse. Suspicion of abuse is justification to break privacy. All teachers are mandated reporters of suspected child abuse. (SAMHSA, 2004 III-8)
- If a student discloses information that raises concerns about their well-being or safety, the teacher should inform that student that it is their responsibility to share that information with other school personnel, or to accompany or assist the young person to pass on this information to those who need to know.
- Privacy should be respected, even though confidentiality cannot be promised. When information is to be passed on, tell the student, and inform and involve them in passing on the information to the appropriate people.

Remember: Safety precedes privacy

d) The language of mental health and mental illness*

The Mental Health and High School Curriculum Guide provides teachers with a framework for engaging students in inquiry and critical thinking in an area which has been dominated by stigma and judgment. A critical component of this framework is the use of language. Examining the language that is used in the classroom is very important because of the potential impact it can have on students. On a day-to-day level, the language which teachers use will affect student perceptions of themselves and how they value their contributions.

In teaching about positive mental health and mental illness it is crucial that teachers ensure that they do not reinforce stereotypic images, myths or misconceptions. Teachers have an opportunity to dispel the myths that have been perpetuated by the ignorance and silence that have traditionally surrounded mental illness.

For more information on appropriate language, please see **Lesson 4: The Stigma of Mental Illness**.

Linking to resources outside the school community

The Additional Resources section lists some organizations and websites that provide information about mental illness and links to local resources.

* Excerpted from *MindMatters*, pg. 33



System Requirements

Supported Operating Systems:
Windows 2000 Service Pack 4;
Windows Server 2003;
Windows Vista; Windows XP
Service Pack 1

Random access memory (RAM):
For Windows 2000 with
Service Pack 4: 64 MB of RAM
For Windows XP with
Service Pack 1, Windows Server
2003: 128 MB of RAM
For Windows Vista:
512 MB of RAM

5 MB of available hard disk space

Monitor Resolution:
Super VGA (800 x 600) or
higher screen resolution

5) Technical requirements

PowerPoint

To view presentation please use version 2003 and up. If you do not have PowerPoint you can utilize PowerPoint Viewer. PowerPoint Viewer 2007 lets you view full-featured presentations created in PowerPoint 97 and later versions. This viewer also supports opening password-protected Microsoft PowerPoint presentations. You can view and print presentations, but you cannot edit them in the PowerPoint Viewer 2007.

Note: PowerPoint Viewer 2007 registers with the .ppt, .pptx, .pptm, .pot, .potx, .potm, .pps, .ppsx and .ppsm file extensions only if a version of PowerPoint is not installed on your computer.

Instructions To install the viewer:

Visit: <http://office.microsoft.com/downloads>

- 1) Type in 'power point viewer 2007' in the search box labelled "Downloads".
- 2) Click on Power Point Viewer 2007.
- 3) Click on the Download button.
- 4) Follow the instructions on the screen to complete the installation.

Once you have installed this download, from the Start menu under All Programs, open Microsoft Office PowerPoint Viewer 2007.

Utilize Power Point Program software

- A. User must have Power Point 2003 or higher to view presentation properly.
- B. If user has a lower than 2003 version of Power Point installed on their computer it is strongly recommended to download Power Point Viewer ref 'Option 1: Don't have Power Point' for instructions. Once you have installed this download, from the Start menu under All Programs, open Microsoft Office PowerPoint Viewer 2007 and click on Power Point Presentation.

*** Make changes and or updates to power point presentation - not recommended. ***

Flash (web presentation)

Visit: www.adobe.com/go/getflashplayer/ to download the player:

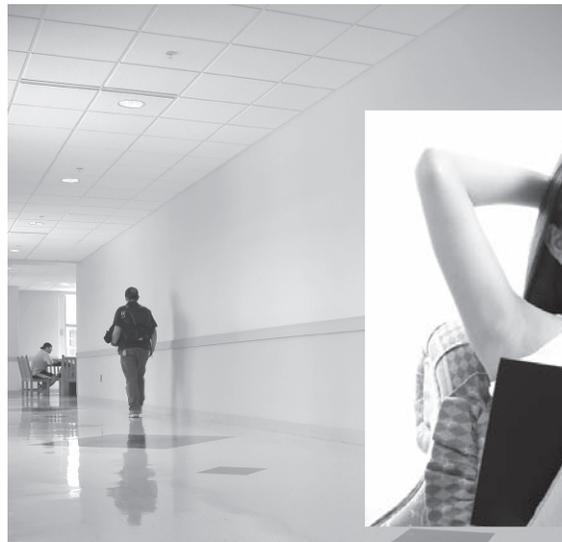
- 1.) Installation of Adobe Flash Player may require administrative access to your PC, which is normally provided by your IT department. It is recommended that you close all other open browser windows before continuing with the installation.
- 2) Click the Install Now button to automatically download and install Adobe Flash Player into Microsoft Internet Explorer.
- 3) Depending on your security settings, you may see a Security Warning dialog box. Click Install to install the ActiveX control.

When the installation is complete, you will see the Adobe Flash Player logo and text.

LESSON PLANS

Part 2

- Lesson 1: Understanding mental health and mental illness
- Lesson 2: Information on specific mental illnesses
- Lesson 3: Experiences of mental illness
- Lesson 4: The stigma of mental illness
- Lesson 5: Seeking help and finding support
- Lesson 6: The importance of positive mental health



LESSON 1

Preparation

Understanding Mental Health and Mental Illness

Overview

Many young people do not know basic facts about mental health and mental illness. In fact, many people confuse the terms mental health and mental illness. Before thinking about the problems that occur in the brain when someone has a mental illness, it is helpful to think about how the brain functions normally. In this first lesson, students will be introduced to the basics of brain function, and will learn that the brain processes and reacts to everything we experience. Its activities initiate and control movement, thinking, perception, involuntary physiological processes, as well as emotions. Students will learn that the brain function determines both mental health and mental illness, and that the two are not mutually exclusive.

By completing a baseline questionnaire, students and teachers will be able to track increases in knowledge that have been brought about through the lessons.

Learning Objectives

In this lesson students will learn:

- Some of the basic concepts involved in normal brain function, and the role the brain plays in determining our thoughts, feelings and behaviours
- That mental health and mental illness both include a wide range of states
- That having a mental health problem is not the same thing as having a mental illness
- Some of the language of mental health and mental illness

Major Concepts addressed

- Everyone has mental health regardless of whether or not they have mental illness
- The brain is responsible for our thoughts, actions and behaviours
- Changes in brain function cause changes in thoughts, feelings and behaviours that can last a short or long time
- A mental illness affects a person's thinking, feelings or behaviour (or all three) and that causes that person distress and difficulty in functioning
- Mental illnesses have complex causes including a biological basis and are therefore not that different from other illnesses or diseases. As with all serious illnesses, the sooner people get help and treatment for mental illness, the better their long and short-term outcomes.
- Many of the major mental illnesses begin to emerge during adolescence

LESSON 1

Preparation

Activities

- Activity 1: What do you think? Questionnaire (10 mins.)
- Activity 2: Language Brainstorm (10 mins.)
- Activity 3: PowerPoint presentation: (25 mins.)
Mental health and mental illness: The common basis
- Activity 4: Preparing for Lesson 2 - Homework (5 mins.)

Teacher background:

- Read through the activities and definitions provided
- Preview Part 1 of the PowerPoint Presentation:
Mental Health and Mental Illness : The common basis

In advance:

- Photocopy Activity 1 “What do you think?” questionnaires (1 for each student) and Activity 4 information sheets (enough of each illness-specific package to provide one to each student in six different groups, e.g. if the class has 24 students, then photocopy 4 sets of each package)
- Set up computers to show PowerPoint presentation
- Make overhead of Activity 2 Definitions

Materials required:

- Masters: Activity 1 “What do you think?” questionnaire, Activity 2 Definitions, Activity 4 Information Sheets
- Flip chart paper, markers and tape

LESSON 1



Tell students that their responses to these questions will not be graded, and that the questions do not have a single “correct” answer. These open-ended questions give students a chance to express what they already know about mental health and mental illness before experiencing any of the materials in the curriculum guide. Many students, as well as many adults, carry misconceptions about mental illness, and this activity will draw their conceptions to the surface.

Students will respond to these questions again at the end of the Unit. At that time, they will compare their responses from the beginning of the unit with those at the end to see how their understanding has changed. Inform them that no one will look at their answers until they do so themselves at the end of the unit.

Activity 1:

(10 mins.)

What do you think? Questionnaire*

Purpose:

- To have students reflect on their understanding and attitudes toward mental health and mental illness
- To provide a baseline snapshot of students’ ideas of mental illness that can be reexamined at the end of the unit so that students and teachers can see the impact of the material on their learning

How to:

- 1) Give each student a copy of the “What do you think?” questionnaire. Ask students to take 10 minutes on their own to complete the questionnaire.
- 2) Ask students to fold their completed copies of the questionnaire in half. Have them write their names on the outside and staple the papers closed.
At this time, do not provide answers or make judgments about students’ responses
- 3) Collect the students’ papers and save them until needed for Lesson 6.

*Adapted from *The Science of Mental Illness*, <http://science.education.nih.gov/supplements/mental>

LESSON 1



It's important to emphasize that there are no wrong answers in a brainstorm. This exercise is all about opening up a discussion. Tell students that don't have to agree with or believe in the ideas or names they offer.

Activity 2:

(10 mins.)

Language Brainstorm*

Purpose:

- To provide an icebreaker that encourages students to participate in an open discussion about a topic not often addressed in the classroom
- To get an idea of students' knowledge about mental health and illness and what their fears and misconceptions might be
- To highlight the ways we tend to conceptualize mental illness
- To set the stage for introducing information on mental health and mental illness in the next activity

How to:

- 1) Divide the class into 4 groups.
- 2) Give each group a piece of flip chart paper with one of four terms written at the top: Physical health / Mental health / Physical illness / Mental illness.
- 3) Give the groups five minutes to brainstorm all the words that come to mind when they see their term.
- 4) After five minutes, ask groups to tape their sheets up on a wall for all groups to see.
- 5) Ask one student from each group to read out their list for the whole class.
- 6) Ask students what they notice about the type of words used on each sheet.
- 7) Discuss the similarities and differences in student responses to mental and physical aspects of people's health.
- 8) Ask students to suggest some reasons for these differences.
- 9) Put up overhead of definitions of mental health and mental illness and lead a brief discussion on the definitions.

*Adapted from Lesson 1: *Understanding Mental Illness*. *MindMatters*, Pg. 17.

LESSON 1

Activity 3:

(25 mins.)

PowerPoint presentation - Mental Health and Mental Illness: The common basis

Purpose:

- To provide an introduction to basic brain functioning for students to help them understand that the brain controls our thoughts, feelings and behaviours
- To illustrate that mental health and mental illness are related to each other, but that they are not mutually exclusive
- To show that some changes in brain function cause changes in thoughts, feelings and behaviour that last a short or a long time.

How to:

- If using the web version of the presentation, log on to the CMHA website at www.cmha.ca/highschoolcurriculum and see Lesson 1/Activity 3: Mental health and mental illness: The common basis.
- If you're using the CD version enclosed with the printed resource, insert the CD into the computer and go to Lesson 1/Activity 3: Mental health and mental illness : The common basis.
- Play the presentation, pausing if needed.

LESSON 1

Activity 4:

(5 mins.)

Preparing for Lesson 2

Purpose:

To prepare students for Lesson 2, during which the class will focus on learning about specific mental illnesses.

How to:

- 1) Before ending the class, explain to students that they will need to do some homework to prepare for the next lesson. Divide the class into six equal sized groups.
- 2) Allocate each group one specific mental illness topic listed below and hand out the corresponding information sheets to each group.

Group 1: Anxiety Disorders

Group 2: Attention Deficit Hyperactivity Disorder

Group 3: Bipolar Mood Disorders

Group 4: Depression

Group 5: Eating Disorders

Group 6: Schizophrenia

- 3) Emphasize to students that it will be very important that they spend time reading the sheets before the next class, because they will be doing an activity relating to the content of the sheets and sharing the information with their classmates.

material in information sheets adapted with permission from *Mindmatters: Understanding Mental Illnesses*, <http://curriculum.edu.au/mindmatters> Curriculum Corporation, Australia 2002, and *The Science of Mental Illness* - NIH/NIMH <http://science-education.nih.gov/customers.nsf/MSMental>

LESSON 1

Activity 1

QUESTIONNAIRE

Questionnaire: What do you think?

Write two or three sentences to answer each of the following questions:

1) What is mental health?

2) What is mental illness?

3) Name some mental illnesses that you have heard about.

4) How would a person with mental illness look or act?

5) If you learned that a new student at school has a mental illness, how would you act toward him or her?
How would you feel about him or her?

6) What causes someone to be mentally ill?

LESSON 1

Activity 2

OVERHEAD

Definitions

Mental Health

“Mental health is the emotional and spiritual resilience that enables us to enjoy life and survive pain, disappointment, and sadness. It is a positive sense of well-being and an underlying belief in our own and other’s self worth.” (*Health Education Authority, UK, 1997*)

Who’s got mental health?

Everyone – we all have mental health just like we all have physical health. People with mental illness also have mental health, just as people with a physical illness also have physical well-being.

Mental Illness

Mental illness is a term that describes a variety of psychiatric (emotional, thinking and behavioral) problems that vary in intensity and duration, and may recur from time to time. Major mental illnesses include Anxiety, Mood, Eating, and Psychotic Disorders. Mental illnesses are diagnosable conditions that require medical treatment as well as other supports. (*www.cmha.ca*)

Mental Health Problems

Mental health problems refer to the more common struggles and adjustment difficulties that affect everybody from time to time. These problems tend to happen when people are going through difficult times in life, such as a relationship ending, the death of someone close, conflict in relations with family or friends, or stresses at home, school or work. Feeling stressed or having the blues is a normal response to the psychological or social challenges most people encounter at some time or another. Mental health problems are usually short-term reactions to a particular stressor, such as a loss, painful event, or illness. (*Mental Illness Foundation, 2003*).

LESSON 1

Activity 4

HOMEWORK

GROUP 1: Anxiety Disorders

What is anxiety?

Anxiety is a term which describes a normal feeling people experience when faced with threat or danger, or when stressed.

When people become anxious, they typically feel upset, uncomfortable and tense and may experience many physical symptoms such as stomach upset, shaking and headaches.

Feelings of anxiety are caused by experiences of life, such as a new relationship, a new job or school, illness or an accident. Feeling anxious is appropriate in these situations and usually we feel anxious for only a limited time. These feelings are not regarded as clinical anxiety, but are a part of everyday life.

What are anxiety disorders?

The anxiety disorders are a group of illnesses, each characterized by persistent feelings of intense anxiety. There are feelings of continual or extreme discomfort and tension, and may include panic attacks.

People are likely to be diagnosed with an anxiety disorder when their level of anxiety and feelings of panic are so extreme that they significantly interfere with daily life and stop them from doing what they want to do. This is what characterizes an anxiety disorder as more than normal feelings of anxiety.

Anxiety disorders affect the way the person thinks, feels and behaves and, if not treated, cause considerable suffering and distress. They often begin in adolescence or early adulthood and may sometimes be triggered by significant stress.

Anxiety disorders are common and may affect one in twenty people at any given time.

LESSON 1

Activity 4

HOMEWORK

Anxiety Disorders - What are the main types of anxiety disorders?

All anxiety disorders are characterized by heightened anxiety or panic as well as significant problems in everyday life.

Generalized anxiety disorder

People with this disorder worry constantly about themselves or their loved ones, financial disaster, their health, work or personal relationships. These people experience continual apprehension and often suffer from many physical symptoms such as headache, diarrhea, stomach pains and heart palpitations.

Agoraphobia

Agoraphobia is fear of being in places or situations from which it may be difficult or embarrassing to get away, or a fear that help might be unavailable in the event of having a panic attack or panic symptoms.

People with agoraphobia most commonly experience fear in a cluster of situations: in supermarkets and department stores, crowded places of all kinds, confined spaces, public transport, elevators, highways and heights.

People experiencing agoraphobia may find comfort in the company of a safe person or object. This may be a spouse, friend, pet or medicine carried with them.

The onset of agoraphobia is common between the ages of 15 and 20, and is often associated with panic disorder or social phobia.

Panic disorder

(with or without agoraphobia)

People with this disorder experience panic attacks in situations where most people would not be afraid such as: at home, walking in the park or going to a movie. These attacks occur spontaneously, come on rapidly (over a few minutes) and go away slowly. Usually they last about 10-15 minutes.

The attacks are accompanied by all of the unpleasant physical symptoms of anxiety, with a fear that the attack may lead to death or a total loss of control.

It is because of this that some people start to experience a fear of going to places where panic attacks may occur and of being in places where help is not at hand. In addition to panic attacks and agoraphobia symptoms, people with panic disorder also worry about having another panic attack.

Specific phobias

Everyone has some mild irrational fears, but phobias are intense fears about particular objects or situations which interfere with our lives. These might include fear of heights, water, dogs, closed spaces snakes or spiders.

Someone with a specific phobia is fine when the feared object is not present. However, when faced with the feared object or situation, the person can become highly anxious and experience a panic attack.

People affected by phobias can go to great lengths to avoid situations which would force them to confront the object or situation which they fear.

Social phobia (also called Social anxiety disorder)

People with social phobia fear that others will judge everything they do in a negative way and they feel easily embarrassed in most social situations. They believe they may be considered to be flawed or worthless if any sign of poor performance is detected.

They cope by either trying to do everything perfectly, limiting what they are doing in front of others, especially eating, drinking, speaking or writing, or withdrawing gradually from contact with others. They will often experience panic symptoms in social situations and will avoid many situations where they feel observed by others (such as in stores, movie theatres, public speaking and social events).

Obsessive compulsive disorder

This disorder involves intrusive unwanted thoughts (obsessions) and the performance of elaborate rituals (compulsions) in an attempt to control or banish the persistent thoughts or to avoid feelings of unease.

The rituals are usually time consuming and seriously interfere with everyday life. For example, people may be constantly driven to wash their hands or continually return home to check that the door is locked or that the oven is turned off.

People with this disorder are often acutely embarrassed about their difficulties and keep it a secret, even from their families.

cont.>

Anxiety Disorders - What are the main types of anxiety disorders? (cont.)

Post-traumatic stress disorder

Some people who have experienced major traumas such as war, torture, hurricanes, earthquakes, accidents or personal violence may continue to feel terror long after the event is over.

They may experience nightmares or flashbacks for years. The flashbacks are often brought about by triggers related to the experience.

What causes anxiety disorders?

The causes of each disorder may vary, and it is not always easy to determine the causes in every case. All anxiety disorders are associated with abnormalities in the brain-signaling mechanisms that are involved in the creation and expression of “normal” anxiety.

Personality

People with certain personality characteristics may be more prone to anxiety disorders. Those who are easily upset, and are very sensitive, emotional or avoidant of others may be more likely to develop anxiety disorders.

People who, in childhood, were inhibited and shy may also be prone to develop certain anxiety disorders, such as social phobia.

Learnt response

Some people exposed to situations, people or objects that are upsetting or anxiety-producing may develop an anxiety response when faced with the same situation, person or object again, or become anxious when thinking about the situation, person or object.

Heredity

The tendency to develop anxiety disorders runs in families and seems to have a genetic basis.

Biochemical processes

All anxiety disorders arise from disturbances in the different brain areas or processes that control anxiety.

Anxiety Disorders

How can anxiety disorders be addressed?

Anxiety disorders, if they are not effectively treated, may interfere significantly with a person's thinking and behaviour, causing considerable suffering and distress. Some anxiety disorders may precede depression or substance abuse and in such cases, treatment may help to prevent these problems.

Many professionals such as family doctors, psychologists, social workers, counsellors or psychiatrists can help people deal with anxiety disorders.

Treatment will often include education and specific types of psychotherapy (such as cognitive behavioural therapy) to help the person understand their thoughts, emotions and behaviour. People develop new ways of thinking about their anxiety and how to deal more effectively with feelings of anxiety.

Medication is sometimes used to help the person control their high anxiety levels, panic attacks or depression.

The benzodiazepines (like diazepam or valium) are used for the temporary relief of anxiety, but care has to be taken as these medications may occasionally cause dependence in some people.

Antidepressants play an important role in the treatment of some anxiety disorders, as well as associated or underlying depression. Contrary to common belief, antidepressants are not addictive.

LESSON 1

Activity 4

HOMEWORK

GROUP 2: Attention Deficit Hyperactivity Disorder (ADHD)

What is Attention deficit hyperactivity disorder?

Attention deficit hyperactivity disorder is the most commonly diagnosed behavioural disorder of childhood. In any six-month period, ADHD affects an estimated 4 -6 % of young people between the ages of 9 and 17. Boys are two to three times more likely than girls to develop ADHD. Although ADHD is usually associated with children, the disorder can persist into adulthood. Children and adults with ADHD are easily distracted by sights and sounds and other features of their environment, cannot concentrate for long periods of time, are restless and impulsive, or have a tendency to daydream and be slow to complete tasks.

Symptoms

The three predominant symptoms of ADHD are 1) inability to regulate activity level (hyperactivity); 2) inability to attend to tasks (inattention); and 3) impulsivity, or inability to inhibit behaviour.

Common symptoms include varying degrees of the following. All must occur with greater frequency and intensity than “normal” and must lead to functional impairment as a result of the symptoms in order to be considered ADHD:

- Poor concentration and brief attention span
- Increased activity - always on the go
- Impulsive - doesn't stop to think
- Social and relationship problems
- Fearless and takes undue risks
- Poor coordination
- Sleep problems
- Normal or high intelligence but under-performing at school

What causes ADHD?

While no one really knows what causes ADHD, it is generally agreed by the medical and scientific community that ADHD is due to problems in the brain's control of systems that regulate concentration, motivation and attention.

Much of today's research suggests that genetics plays a major role in ADHD. The possibility of a genetic cause to ADHD is supported by the fact that ADHD runs in families. Between 10 and 35 percent of children with ADHD have a first-degree relative with past or present ADHD. Approximately half of parents who have been diagnosed with ADHD themselves, will have a child with the disorder.

It has been generally considered that approximately 50% of ADHD cases can be explained by genetics. It is obvious that not every case of ADHD can be explained by genetics; it would seem that there are other causes.

Researchers have suggested that some of the following could also be responsible for ADHD symptoms:

- exposure to toxins (such as lead)
- injuries to the brain
- delayed brain maturation

However, all of these possibilities need further research.

Attention Deficit Hyperactivity Disorder (ADHD)

Myths, misunderstandings and facts

According to the National Institutes of Mental Health, ADHD is not caused by:

- Too much TV
- Sugar
- Caffeine
- Food colourings
- Poor home life
- Poor schools
- Damage to the brain from complications during birth
- Food allergies

How can ADHD be addressed?

A variety of medications and behavioural interventions are used to treat ADHD. The most effective treatments are medications. The most widely used medications are stimulants such as Ritalin. Nine out of ten children improve when taking one of these medications. When used as prescribed by qualified physicians, these medications are considered quite safe. Some common side effects are decreased appetite and insomnia. These side effects generally occur early in treatment and often decrease over time. Some studies have shown that the stimulants used to treat ADHD slow growth rate, but ultimate height is not affected.

Interventions used to help treat ADHD include several forms of psychotherapy, such as cognitive-behavioural therapy, social skills training, support groups, and parent and educator skills training. A combination of medication and psychotherapy may be more effective than medication treatment alone in improving social skills, parent-child relations, reading achievement and aggressive symptoms.

LESSON 1

Activity 4

HOMEWORK

GROUP 3: Bipolar mood disorder

Bipolar mood disorder is the new name for what was called manic depressive illness. The new name is used as it better describes the extreme mood swings - from depression and sadness to elation and excitement – that people with this illness experience.

People with bipolar mood disorder experience recurrent episodes of depressed and elated moods. Both can be mild to severe.

The term ‘mania’ is used to describe elation and overactivity.

Some people with bipolar disorder only have episodes of elation and excitement.

What are the symptoms of bipolar mood disorder?

Mania - Common symptoms include varying degrees of the following:

- **Elevated mood** – The person feels extremely high, happy and full of energy. The experience is often described as feeling on top of the world and being invincible.
- **Increased energy and overactivity**
- **Reduced need for sleep**

- **Irritability** – The person may easily and frequently get angry and irritable with people who disagree or dismiss their sometimes unrealistic plans of ideas.
- **Rapid thinking and speech** – Thoughts are more rapid than usual. This can lead to the person speaking quickly and jumping from subject to subject.
- **Lack of inhibitions** – This can be the result of the person’s reduced ability to foresee the consequences of their actions, for example, spending large amounts of money buying things they don’t really need.
- **Grandiose plans and beliefs** – It is common for people experiencing mania to believe that they are unusually talented or gifted or are kings, movie stars or political leaders. It is common for religious beliefs to intensify or for people with this illness to believe they are an important religious figure.
- **Lack of insight** – A person experiencing mania may understand that other people see their ideas and actions as inappropriate, reckless or irrational. However, they are unlikely to recognize the behaviour as inappropriate in themselves.
- **Psychosis** – Some people with mania or depression experience psychotic symptoms such as hallucinations and delusions.

Bipolar mood disorder

Depression

- Many people with bipolar mood disorder experience depressive episodes. This type of depression can be triggered by a stressful event, but more commonly occurs without obvious cause.
- The person loses interest and pleasure in activities they previously enjoyed. They may withdraw and stop seeing friends, avoid social activities and cease simple tasks such as shopping and showering.
- They may become overwhelmed by a deep depression, lose their appetite, lose weight, become unable to concentrate, and may experience feelings of guilt or hopelessness.
- Some attempt suicide because they believe life has become meaningless or they feel too guilty to go on.
- Others develop false beliefs (delusions) of persecution or guilt, or think that they are evil.
- For more information on depression and its treatment, please see the information sheets called “What is depression?”

Normal moods

Most people who have episodes of mania and depression experience normal moods in between. They are able to live productive lives, manage household and business commitments and hold down a job.

Everyone experiences mood swings from time to time. It is when these moods become extreme and lead to a failure to cope with life that medical attention is necessary.

LESSON 1

Activity 4

HOMEWORK

Bipolar mood disorder (cont.)

What causes bipolar mood disorder?

Bipolar mood disorder affects one to two people in every hundred in the Canadian population. Men and women have an equal chance of developing the disorder. It usually appears when people are in their twenties, but often begins in the teen years.

It is believed that bipolar mood disorder is caused by a combination of factors including genetics, biochemistry, stress and its onset may even be related to the seasons.

Genetic factors

Studies on close relations, identical twins and adopted children whose natural parents have bipolar mood disorder strongly suggest that the illness may be genetically transmitted, and that children of parents with bipolar mood disorder have a greater risk of developing the disorder.

Biochemical factors

Mania, like major depression, is believed to be associated with chemical changes or other problems in the brain which can often be corrected with medication.

Stress

Stress may play an important role in triggering symptoms, but not always. Sometimes the illness itself may cause the stressful event (such as divorce or a failed business), which may then be blamed for causing the illness. Drugs or other physical stressors (such as jet lag) may bring on an episode.

Seasons

Mania is more common in the spring, and depression in the early winter. The reason for this is not clear, but it is thought to be associated with the light/dark cycle.

How can bipolar disorder be addressed?

- Effective treatments are available for depressive and manic episodes of bipolar mood disorder. Medications called thymoleptics (such as lithium) are an essential treatment for the entire course of the illness.
- For the depressive phase of the illness, antidepressant medications are effective. Bright light therapy and some psychological treatments may also help.
- Antidepressants are not addictive. They slowly return the balance of neurotransmitters in the brain, taking one to four weeks to achieve their positive effects.
- Medication should be adjusted only under medical supervision, as some people may experience a switch to a manic phase if given an antidepressant.
- During acute or severe attacks of mania, several different medications may be used. Some are specifically used to calm the person's manic excitement: others are used to help stabilize the person's mood. Medications such as lithium are also used as preventive measures, as they help to control mood swings and reduce the frequency and severity of both depressive and manic phases.
- It may be necessary to admit a person with severe depression or mania to a hospital for a time.
- When people are in a manic phase, it can often be difficult to persuade them that they need treatment.
- Psychotherapy and counseling are used with medication to help the person understand the illness and better manage its effects on their life.
- With access to appropriate treatment and support, most people with bipolar mood disorder lead full and productive lives.

LESSON 1

Activity 4

HOMEWORK

GROUP 4: Depression

What is depression?

The word depression is often used to describe the feelings of sadness which all of us experience at some times in our lives. It is also a term used to describe a form of mental illness called clinical depression. Clinical depression is not sadness.

Because depression is so common, it is important to understand the difference between unhappiness or sadness in daily life and the symptoms of clinical depression.

When faced with stress, such as the loss of a loved one, relationship breakdown or great disappointment or frustration, most people will feel unhappy or sad. These are emotional reactions which are appropriate to the situation and will usually last only a limited time. These reactions are not a clinical depression, but are a part of everyday life.

The term clinical depression describes not just one illness, but a group of illnesses characterized by excessive or long-term depressed mood which affects the person's life. Clinical depression is often accompanied by feelings of anxiety. Whatever the symptoms and causes of clinical depression, there are many therapeutic interventions which are effective.

What are the main types of depressive illness?

Adjustment disorders with depressed mood

People with this problem are reacting to distressing situations in their lives (for example, the failure of a close relationship or loss of a job) but to a greater degree than usual.

This depression is more intense than the unhappiness experienced in daily life. It lasts longer and the symptoms often include anxiety, poor sleep and a loss of appetite. This form of depression may last longer than a few weeks.

It usually goes away when the cause is removed or the person finds a new way to cope with the stress. Occasionally people require professional help to overcome this type of depression.

"Baby Blues" and postpartum depression

The so-called "baby blues" affect about half of all new mothers. They feel mildly depressed, anxious, tense or unwell, and may have difficulty sleeping even though they are tired and lethargic most of the time. These feelings may last only hours or a few days, then disappear. Professional help is not usually needed.

However, in up to ten percent of mothers this feeling of sadness develops into a serious disorder called postpartum depression. Mothers with this illness find it increasingly difficult to cope with the demands of everyday life.

They can experience anxiety, fear, despondency and sadness. Some mothers may have panic attacks or become tense and irritable. There may be a change in appetite and sleep patterns. Because of these symptoms they may have difficulties in their daily lives, including trouble in caring for their child.

A severe, but rare form of postpartum depression is called puerperal psychosis. The woman is unable to cope with her everyday life and is disturbed in her thinking and behaviour. Professional help is needed for both postpartum depression and puerperal psychosis.

Major depressive disorder

This is the most common form of clinical depression. It can come on without apparent cause, although in some cases a severely distressing event might trigger the condition.

The cause is not well understood but is believed to be associated with a chemical imbalance or other problem in the parts of the brain that control mood. Genetic predisposition is common.

A depressive episode can develop in people who have coped well with life, who are good at their work, and happy in family and social relationships.

For no apparent reason, they can become low-spirited, lose their enjoyment of life and suffer disturbed sleep patterns. People experiencing a depressive episode lose their appetite, lack concentration and energy, and may lose weight. Feelings of guilt, hopelessness and loss of pleasure are also common.

Depression (cont.)

Major depressive disorder (cont.)

Sometimes the feelings of hopelessness and despair can lead to thoughts of suicide. Suicide is a tragic outcome of depression in some people.

The most serious form of this type of depression is called psychotic depression. During this illness, the person loses touch with reality, may stop eating and drinking and may hear voices saying they are wicked or worthless or deserve to be punished.

Others develop false beliefs (delusions) that they have committed bad deeds in the past and deserve to be punished, or falsely believe that they have a terminal illness such as cancer, despite there being no medical evidence.

A depressive episode or psychotic depression are serious illnesses which present risks to the person's life and well-being. Professional assessment and treatment is always necessary and, in severe cases, hospitalization may be required for a period of time.

Bipolar mood disorder (previously called Manic Depression)

A person with bipolar mood disorder experiences depressive episodes (as described above) with periods of mania which involve extreme happiness, overactivity, rapid speech, a lack of inhibition and in more serious instances, psychotic symptoms including hearing voices and delusions of grandeur.

Sometimes only periods of mania occur, without depressive episodes, but this is rare. More information about this mood disorder is found in the section called "What is bipolar mood disorder?"

What causes depression?

Often there are many interrelated factors associated with depression.

Heredity: It is well established that the tendency to develop depression runs in families. This is similar to a predisposition to other illnesses, such as heart disease and high blood pressure.

Biochemical imbalance: Depressive episodes are thought to be due in part to a chemical imbalance or other problems in the brain. This can be corrected with anti-depressant medication or with psychotherapy.

Stress: Depression may also be associated with stress after personal tragedies or disasters.

It is more common at certain stages of life, such as at childbirth. It may also occur with some physical illnesses.

Personality: People with certain personality characteristics may be more prone to depression.

Some people have a low grade depressive disorder called dysthymia which may become difficult to distinguish from their personality.

Depression (cont.)

How can depression be addressed?

People experiencing symptoms of depression which have persisted for a long time, or which are affecting their life to a great extent, should contact their family doctor or community health centre. Modern methods for dealing with depression can help the person return to more normal feelings and to enjoy life. The approach depends on each person's symptoms and circumstances, but will generally take one or more of the following forms:

- Psychological interventions help individuals understand their thoughts, behaviours and interpersonal relationships.
- Antidepressant medications relieve depressed feelings, restore normal sleep patterns and appetite, and reduce anxiety. Antidepressant medications are not addictive. They slowly return the balance of neurotransmitters in the brain, taking one to four weeks to achieve their positive effects.
- Specific medications help to manage mood swings for people with bipolar illness.
- General supportive counseling assists people in sorting out practical problems and conflicts, and helps them understand how to cope with their depression.
- Lifestyle changes such as physical exercise may help people who suffer from depression.
- For some severe forms of depression, electroconvulsive therapy (ECT) is a safe and effective treatment. While it is still considered by some to be controversial, it may be lifesaving for people who are psychotic, at high risk of suicide, or who, because of the severity of their illness, have stopped eating or drinking and may die as a result.

LESSON 1

Activity 4

HOMEWORK

GROUP 5: Eating Disorders

What are Eating disorders?

Anorexia nervosa (AN) and Bulimia nervosa (BN) are the two most common serious eating disorders. Each illness involves a preoccupation with control over body weight, eating and food. Sometimes they occur together.

- People with anorexia are determined to control the amounts of food they eat
- People with bulimia tend to feel out of control about food

Anorexia nervosa may affect up to one in every two hundred teenage girls, although the illness can be experienced earlier and later in life. Most people who have Anorexia nervosa are female, but males can also develop the disorder.

Bulimia nervosa may affect up to two in every hundred teenage girls. More females than males develop bulimia.

While these rates show that few people meet the criteria for eating disorders, it is far more common for people to have unrealistic attitudes about body size and shape. These attitudes may contribute to inappropriate eating or dieting practices, such as fad dieting, which is not the same as having an eating disorder.

Both illnesses can be overcome and it is important for the person to seek advice about treatment for either condition as early as possible.

What are the symptoms of Anorexia nervosa? (AN)

Anorexia nervosa is characterized by:

- A loss of at least 15% of body weight resulting from refusal to eat enough food
- Refusal to maintain minimally normal body weight
- An intense fear of becoming 'fat' even though the person is underweight
- Cessation of menstrual periods
- Misperception of body image, so that people see themselves as fat when they're really very thin
- A preoccupation with the preparation of food
- Unusual rituals and activities pertaining to food, such as making lists of 'good' and 'bad' food and hiding food.

Usually Anorexia nervosa begins with a weight loss, resulting from dieting. It is not known why some people go on to develop AN while others do not. As weight decreases, the person's ability to appropriately judge their body size and make proper decisions about their eating also decreases. About 40% of people with Anorexia nervosa will later develop Bulimia nervosa.

LESSON 1

Activity 4

HOMEWORK

Eating Disorders

What are the symptoms of Bulimia nervosa? (BN)

Bulimia nervosa is characterized by:

- Eating binges, which involve consumption of large amounts of calorie-rich food, during which the person feels a loss of personal control and following which the person feels self disgust
- Attempts to compensate for binges and to avoid weight gain by self-induced vomiting, and/or abuse of laxatives and diuretics
- Strong concerns about body shape and weight

A person with BN is usually average or slightly above average weight for height, so it is often less recognizable than the person with AN.

BN often starts with rigid weight reduction dieting in an attempt to reach 'thinness'. Inadequate nutrition causes tiredness and the person develops powerful urges to binge eat.

Vomiting after a binge seems to bring a sense of relief, but this is temporary and soon turns to distress and guilt. Some people use laxatives, apparently unaware that laxatives do not reduce calorie or fat content, and serve only to eliminate nutritionally vital trace elements and to dehydrate the body.

The person can make frantic efforts to break from the pattern, but the vicious binge/purge/exercise cycle, and the feelings associated with it, may have become compulsive and uncontrollable.

A person with bulimia may experience chemical imbalances in the body which bring about lethargy, depression and clouded thinking.

What causes Anorexia nervosa and Bulimia nervosa?

The causes of AN and BN remain unclear. Biological, psychological and social factors may be involved. While there are many hypotheses about various social and psychological factors involved in AN, there is no good scientific evidence which shows causality for one particular pathway.

What are the effects of Anorexia nervosa and Bulimia nervosa?

Physical effects

The physical effects can be serious, but are often reversible if the illnesses are tackled early. If left untreated, severe AN and BN can be life-threatening. Responding to early warning signs and obtaining early treatment is essential.

Both illnesses, when severe, can cause:

- harm to kidneys
- urinary tract infections and damage to the colon
- dehydration, constipation and diarrhea
- seizures, muscle spasms or cramps
- chronic indigestion
- loss of menstruation or irregular periods
- heart palpitations

Many of the effects of anorexia are related to malnutrition, including:

- absence of menstrual periods
- severe sensitivity to cold
- growth of down-like hair all over the body
- inability to think rationally and to concentrate

Severe bulimia is likely to cause:

- erosion of dental enamel from vomiting
- swollen salivary glands
- the possibility of a ruptured stomach
- chronic sore throat

Eating Disorders (cont.)

Emotional and psychological effects:

These are likely to include

- Difficulty with activities which involve food
- Loneliness, due to self-imposed isolation and a reluctance to develop personal relationships
- Deceptive behaviours related to food
- Fear of the disapproval of others if the illness becomes known, mixed with the hope that family and friends might intervene and offer help
- Mood swings, changes in personality, emotional outbursts or depression

How can eating disorders be addressed?

Changes in eating behaviour may be caused by several illnesses other than AN or BN, so a thorough medical examination by a medical practitioner is the first step.

Once the illness has been diagnosed, a range of health practitioners can be involved in treatment, because the illness affects people both physically and mentally. Professionals involved in treatment may include psychiatrists, psychologists, physicians, dietitians, social workers, occupational therapists and nurses.

Outpatient treatment and attendance in special programs are the preferred method of treatment for people with AN. Hospitalization may be necessary for those who are severely malnourished.

Treatment can include medication to assist severe depression and to correct hormonal and chemical imbalances. BN may respond to specific antidepressant medications.

Dietary education assists with retraining in healthy eating habits.

Counselling and specific therapies such as (cognitive behavioural therapy) are used to help change unhealthy thoughts about eating, The ongoing support of family and friends is essential.

LESSON 1

Activity 4

HOMEWORK

GROUP 6: Schizophrenia

What is schizophrenia?

Schizophrenia is a mental illness which affects one person in every hundred. Schizophrenia interferes with a person's mental functioning and behaviour, and in the long term may cause changes to their personality.

The first onset of schizophrenia is usually in adolescence or early adulthood. Some people may experience only one or more brief episodes of psychosis in their lives, and it may not develop into schizophrenia. For others, it may remain a recurrent or life-long condition.

The onset of the illness may be rapid, with acute symptoms developing over several weeks, or more commonly, it may be slow, developing over months or even years.

During onset, the person often withdraws from others, gets depressed and anxious, and develops unusual fears or obsessions.

Schizophrenia is characterized by two different sets of symptoms. Positive symptoms refers to symptoms that appear - like delusions (thinking things that aren't true), or hallucinations (seeing or hearing things that aren't there).

Negative symptoms refer to things that are taken away by the illness, so that a person has less energy, less pleasure and interest in normal life activities, spending less time with friends, being less able to think clearly.

What are the symptoms of schizophrenia?

Positive symptoms of schizophrenia include:

Delusions – false beliefs of persecution, guilt or grandeur, or being under outside control. These beliefs will not change regardless of the evidence against them. People with schizophrenia may describe outside plots against them or think they have special powers or gifts. Sometimes they withdraw from people or hide to avoid imagined persecution.

Hallucinations – most commonly involving hearing voices. Other less common experiences can include seeing, feeling, tasting or smelling things, which to the person are real but which are not actually there.

Thought disorder – where the speech may be difficult to follow, for example, jumping from one subject to another with no logical connection. Thoughts and speech may be jumbled and disjointed. The person may think someone is interfering with their mind.

Other symptoms of schizophrenia include:

Loss of drive – when the ability to engage in everyday activities such as washing and cooking is lost. This lack of drive, initiative or motivation is part of the illness and is not laziness.

Blunted expression of emotions – where the ability to express emotion is greatly reduced and is often accompanied by a lack of response or an inappropriate response to external events such as happy or sad occasions.

Social withdrawal – this may be caused by a number of factors including the fear that someone is going to harm them, or a fear of interacting with others because of a loss of social skills.

Lack of insight or awareness of other conditions – because some experiences such as delusions or hallucinations are so real, it is common for people with schizophrenia to be unaware they are ill. For this and other reasons, such as medication side-effects, they may refuse to accept treatment which could be essential for their well being.

Thinking difficulties – a person's concentration, memory and ability to plan and organize may be affected, making it more difficult to reason, communicate, and complete daily tasks.

Psychotic Disorders / Schizophrenia (cont.)

What causes schizophrenia?

No single cause has been identified, but several factors are believed to contribute to the onset of schizophrenia.

Genetic factors – A predisposition to schizophrenia can run in families. In the general population, only one percent of people develop it over their lifetime. If one parent suffers from schizophrenia, the children have a ten percent chance of developing the condition – and a ninety percent chance of not developing it.

Biochemical factors – Certain biochemical substances in the brain are involved in this condition, especially a neurotransmitter called dopamine. One likely cause of this chemical disturbance is the person's genetic predisposition to the illness.

Family relationships – No evidence has been found to support the suggestion that family relationships cause the illness. However, some people with schizophrenia are sensitive to family tensions which, for them, may be associated with relapses.

Environment – It is well-recognized that stressful incidents often precede the diagnosis of schizophrenia; they can act as precipitating events in vulnerable people. People with schizophrenia often become anxious, irritable and unable to concentrate before any acute symptoms are evident. This can cause relationships to deteriorate, possibly leading to divorce or unemployment. Often these factors are blamed for the onset of the illness when, in fact, the illness itself has caused the crisis. There is some evidence that environmental factors that damage brain development (such as a viral illness in utero) may lead to schizophrenia later in life.

Drug use – The use of some drugs, such as cannabis (marijuana), LSD, Crack and crystal meth is likely to cause a relapse in schizophrenia. Occasionally, severe drug use may lead to or “unmask” schizophrenia.

Myths, misunderstandings and facts

Myths, misunderstandings, negative stereotypes and attitudes surround the issue of mental illness in general, and in particular, schizophrenia. They result in stigma, discrimination and isolation.

Do people with schizophrenia have a split personality?

No. Schizophrenia refers to the change in the person's mental function, where the thoughts and perceptions become disordered.

Are people with schizophrenia intellectually disabled?

No. The illness is not an intellectual disability.

Are people with schizophrenia dangerous? No, people with schizophrenia are generally not dangerous when receiving appropriate treatment. However, a minority of people with the illness may become aggressive when experiencing an untreated acute episode, or if they are taking illicit drugs. This is usually expressed to family and friends, rarely to strangers.

Is schizophrenia a life-long mental disorder? Like many mental illnesses, schizophrenia is usually lifelong. However, most people, with professional help and social support, learn to manage their symptoms and have a satisfactory quality of life. About 20-30 percent of people with schizophrenia have only one or two psychotic episodes in their lives.

LESSON 1

Activity 4

HOMEWORK

Psychotic Disorders / Schizophrenia

How can schizophrenia and psychosis be addressed?

The most effective treatment for schizophrenia involves medication, psychological counseling and help with managing its impact on everyday life.

The sooner that schizophrenia is treated, the better the long-term prognosis or outcome. The opposite is also true: the longer schizophrenia is left untreated, and the more psychotic breaks are experienced by someone with the illness, the lower the level of eventual recovery. Early intervention is key to helping people recover.

The development of antipsychotic medications has revolutionized the treatment of schizophrenia. Now, most people can be treated and remain in the community instead of in hospital.

Antipsychotic medications work by correcting the brain chemistry associated with the illness. New but well-tested medications are emerging which may promote a more complete recovery with fewer side effects than the older versions.

Schizophrenia is an illness, like many physical illnesses. Just as insulin is a lifeline for people with diabetes, antipsychotic medications can be a lifeline for a person with schizophrenia.

Just as with diabetes, some people will need to take medication indefinitely to prevent a relapse and keep symptoms under control.

Though there is no known cure for schizophrenia, regular contact with a doctor or psychiatrist and other mental health professionals such as nurses, occupational therapists and psychologists can help a person with schizophrenia recover and get on with their lives. Informal supports such as self-help and social support are also very important to recovery. Meaningful activity or employment, and adequate housing and income are all essential to keeping people healthy.

Sometimes specific therapies directed toward symptoms such as delusions may also be useful.

Counseling and social support can help people with schizophrenia overcome problems with finances, housing, work, socializing and interpersonal relationships.

With effective treatment and support, most people with schizophrenia can lead fulfilling and productive lives.

LESSON 2

Preparation

Information on Specific Mental Illnesses

Overview

In this lesson, students will learn more about the most common forms of mental illness, paying special attention to those that generally affect adolescents.

Learning Objectives

In this lesson, students will

- recognize that mental illnesses are associated with differences in brain activity
- gain a better understanding of the symptoms, causes, treatments and other supports for specific mental illnesses that are common among adolescents

Major concepts addressed

- A mental illness changes a person's thinking, feelings or behaviour (or all three) and causes that person distress and difficulty in functioning
- Mental illness describes a broad range of conditions. The type, intensity, and duration of symptoms vary from person to person
- The exact cause of mental disorders is not known, but most experts believe that a combination of biological, psychological and environmental factors are involved
- Like illnesses that affect other parts of the body, mental illnesses are treatable, and the sooner people get proper treatment and supports, the better the outcomes
- With a variety of supports, most people with mental illness recover and go on to lead fulfilling and productive lives

Teacher background and preparation

- Read through the information sheets (Lesson 1: Activity 4) on mental illnesses prior to the class
- Preview Part 2 of the PowerPoint presentation.

LESSON 2

Preparation

Activities

Activity 1: PowerPoint presentation Part 2: (25 mins.)

What happens when the brain gets sick? The road to recovery

Activity 2: Specialist groups - Learning about specific mental illnesses (15 mins.)

Activity 3: Sharing the pieces (10 mins)

In advance

- Preview the PowerPoint presentation:
Part 2: What happens when the brain gets sick? The road to recovery
- Photocopy Activity 2 Activity sheets on specific mental illnesses (e.g. Understanding Anxiety and 4 other titles) enough of each specific page to provide one to each student in six different groups e.g. if the class has 24 students, then photocopy 4 of each sheet

Materials required

- PowerPoint presentation Part 2: What happens when the brain gets sick:
The road to recovery
- Masters: Activity 2 Activity sheets

LESSON 2

Activity 1:

(25 mins.)

PowerPoint presentation

Part 2: What happens when the brain gets sick? The road to recovery

Purpose:

- To provide an overview of the major mental illnesses that affect adolescents
- To introduce the idea of stigma and to begin to examine the impact it can have on the lives of people with mental illness
- To show that there are effective treatments for mental illness, and that with appropriate supports, most people recover and lead fulfilling lives

How to:

- If you're using the web version of the presentation, go to the CMHA website at www.cmha.ca/highschoolcurriculum and Lesson 2/Activity 1: What happens when the brain gets sick? The road to recovery
- If you're using the CD version enclosed with the printed resource, insert the CD into the computer and go to Lesson 2/Activity 1: What happens when the brain gets sick? The road to recovery
- Play the presentation, pausing if needed.

LESSON 2

Activity 2:

(15 mins.)

Specialist groups*

Purpose:

- To focus on some of the specific symptoms, treatments and supports for the major mental illnesses which affect adolescents
- To have students share information about the different disorders with other members of their class

How-to:

- 1) Explain to students that a jigsaw puzzle activity will be used during this lesson. This means that students will continue working in their small groups and will become “experts” about one mental illness (one piece of the jigsaw). After completing the activity sheets on their specific illness together, they will break up into mixed groups to share their information and learn more about the other illnesses from the other members of the group.
- 4) Ask the students to find the other members of their illness specific groups. Give the groups a few minutes to scan the written material again (they will already have read it for their homework, in preparation for the class). When they have finished reviewing, ask each group to discuss the nature of the mental illness they were assigned.
- 5) Have each group complete the activity sheets together to share with others during the next activity. Remind them that they will each need to complete the activity sheets, as they will switch groups in the next activity.

* adapted from *MindMatters: Understanding Mental Illness*, pg 45

LESSON 2

Activity 3:

(10 mins.)

Sharing the pieces

Purpose:

In this activity, the “student experts” will share their new knowledge about their mental illness with others in the class. In this way, each student will gain an increased understanding of the mental illnesses covered in the unit.

How to:

- 1) Form new, mixed groups which include at least one member from each of the illness-specific groups
- 2) Give each student two minutes to report to the newly-formed group about their specific area of mental illness, highlighting important points about how common the illness is, symptoms and effective supports and treatments.

LESSON 2

Activity 2

ACTIVITY SHEET

Group 1: Understanding Anxiety Disorders

What are anxiety disorders?

Who gets anxiety disorders and how common are they?

Describe some of the symptoms of anxiety disorders:

List and briefly explain some of the main types of anxiety disorders:

What type of treatment is available for people experiencing anxiety disorders?

What other kinds of support can help people with anxiety disorders recover?

LESSON 2

Activity 2

ACTIVITY SHEET

Group 2: Understanding Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

Who gets ADHD and how common is it?

Describe some of the symptoms of ADHD:

What type of treatment is available for people experiencing ADHD?

What other kinds of support can help people with ADHD recover?

LESSON 2

Activity 2

ACTIVITY SHEET

Group 3: Understanding Bipolar Mood Disorder

What is bipolar mood disorder?

Who gets bipolar mood disorder and how common is it?

Describe some of the symptoms of bipolar mood disorder:

What combination of factors is believed to cause bipolar mood disorder?

What type of treatment is available for people experiencing bipolar mood disorder?

What other kinds of support can help a person with bipolar mood disorder recover?

LESSON 2

Activity 2

ACTIVITY SHEET

Group 4: Understanding Depression

What is depression?

Who gets depression and how common is it?

Describe some of the symptoms of depression:

List and briefly describe some of the main types of depression:

What type of treatment is available for people experiencing depression?

What other kinds of support can help a person with depression recover?

LESSON 2

Activity 2

ACTIVITY SHEET

Group 5: Understanding Eating Disorders

What are eating disorders?

Who gets eating disorders and how common are they?

Describe some of the symptoms of Anorexia Nervosa (AN) and Bulimia Nervosa (BN):

What are the physical, emotional and psychological effects of AN and BN?

What type of treatment is available for people experiencing AN and BN?

What other kinds of support can help people with eating disorders recover?

LESSON 2

Activity 2

ACTIVITY SHEET

Group 6: Understanding Schizophrenia

What is schizophrenia?

Who gets schizophrenia and how common is it?

Describe some of the symptoms of schizophrenia:

List and briefly explain some of the factors that contribute to the onset of schizophrenia:

What type of treatment is available for people with schizophrenia?

What other kinds of support can help people with schizophrenia recover?

LESSON 3

Preparation

Experiences of Mental Illness

Overview:

In this lesson students will hear directly from other young people about their personal experiences with mental illness. In their own words, a number of young people describe their symptoms, the difficulties they went through as a result of their illness, and how the illness affected their lives at school, within their families, and in their friendships.

Students will work together in small groups to explore the impact of mental illnesses on the lives of the young people in the video.

Learning objectives:

- To recognize, on a more personal level, the way mental illnesses can impact on a person's life
- To appreciate the importance of getting help and proper treatment

Major concepts addressed:

- Mental illnesses are diseases that affect many aspects of a person's life
- While they are usually lifelong, mental illnesses are often episodic and with effective treatment, most people can function well in everyday life

Teacher background and preparation

Teachers should preview Part 1 of *Courageous not crazy: Experiences of mental illness*, either the DVD or online video, before showing it to the class. It may be a good idea to invite the school counselor to sit in with your class when you show the video. Even if you decide that won't be necessary, you should inform them about the nature and content of the video (or make a copy available to them) in case students approach them afterward.

Reviewing the video in advance will help you become familiar with the content so that you can then help students identify and keep track of the individual they are to focus on while watching the video.

LESSON 3

Preparation



Remind the students that the video they are about to watch was created by youth at Laing House, a peer support centre for young people with mental illness in Halifax, NS. The youth were in charge of every aspect of the video, from planning and production to editing and sound mixing.

In advance:

- Decide whether you will show the video to the class as a whole using the DVD, or whether you want smaller groups to view the video through the web-based format. Set up computer work stations or DVD equipment.
- Photocopy Activity 1 Video discussion sheet and Activity 2 Community attitudes survey. (1 copy of each per student).

Activities

Activity 1: Experiences of mental illness video and activity sheet (40 mins.)

Activity 2: Homework for Lesson 4: Community Attitudes Survey (5 mins.)

Materials required:

- DVD or web-based Video of Courageous not crazy: Experiences of mental illness
- Masters: Activity 1 Video discussion sheet, Activity 2 Community attitudes survey

LESSON 3

Activity 1:

(40 mins.)

Experiences of mental illness video and discussion sheet

Purpose:

- to explore the impact of mental illnesses on a group of young people
- to look specifically at the experience of each character in the video through small group work

How to:

- 1) Ask students to remember the information that you covered in the first two lessons. In particular, ask them to recall the definitions of mental health and mental illness. Keep the overhead from Lesson 1 handy in case you need to refresh their memories.
- 2) Inform the class that the video they are about to see was created by young people who have experienced mental illness, and is about their experiences.

Before showing the video, divide the class into 4 groups and distribute the video activity sheet. Allocate each group one of the characters in the video (Chris, Sheila, Tyrone or Aaron).

Give the students a few minutes to read through the questions on the video discussion sheet. Explain that each group will focus specifically on one character and their particular diagnosis and experience, but that they will watch the complete video and hear the stories of all of the individuals.
- 3) Play *Courageous not crazy: Experiences of mental illness*. Remind each group about which individual they should be focusing on while watching.
- 4) After viewing the video, ask students to get together in their smaller groups and complete the group questions. Ask one member of the group to record the answers so that they can be shared with the whole class afterwards. Help students understand that the video may not include direct answers by each individual for each of the questions, but that they can make inferences from what the individuals said. Circulate among the teams to listen as they discuss their answers, and provide guidance if teams are confused about how to answer the questions.
- 5) Bring the groups back together and ask a member of each group to summarize the discussion from each of the small groups for the class.

cont. >

LESSON 3



The most important concept for students to grasp through the class discussion is that although the individuals in the video had different mental illnesses and different experiences, there are some common themes and concerns for each character. Prompt students to think about the similarities among the individuals that are brought up.

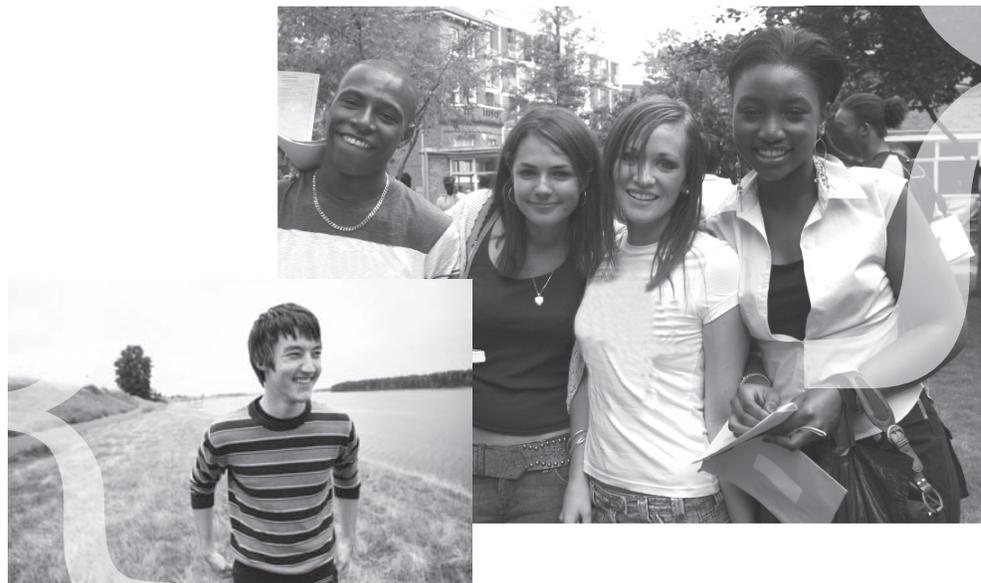


Discussion of the video may raise the issue of youth suicide. While this discussion is appropriate within the broader context of mental illness, it is important that the discussion not become focused on suicide. Any discussion of suicide should:

- avoid portraying suicide as romantic, heroic or tragic;
- avoid increasing knowledge about methods of suicide;
- emphasize the importance of seeking help and of everyone's responsibility to tell a trusted adult if a friend mentions thoughts of suicide, even if that person asks for it to be kept a secret.

How to (cont.)

- 6) Using the questions below, facilitate a discussion with the whole class:
 - a) What specific illnesses were mentioned in the video?
 - b) Describe how some of the characters appear to have lost touch with reality.
 - c) What help or treatment did the characters receive?
 - d) Did the characters recover? What do you mean by “recover”?
 - e) Are there other mental illnesses you have heard about? What mental illnesses are you aware of that were not mentioned in the video?
- 7) Conclude the activity by addressing any questions that students may have after watching the video. Can students see any similarities among the individuals in the video, even though they have different mental illnesses?



LESSON 3



Discuss with students the sensitive nature of the questionnaire and warn them that some people they approach may not want to answer it.

Activity 2:

(5 mins.)

Homework - Community attitudes survey*

Purpose:

- To prepare for Lesson 4, students need to survey five to ten people about their attitudes toward mental health problems and people with mental illness.

How to:

- 1) Hand out a copy of the Community Attitudes Survey and request that students survey a minimum of five and a maximum of ten people from the school, their household or the broader community. Remind students to bring their results to the next lesson.

*Adapted from *Mind Matters: Understanding Mental Illness*, pg 57

LESSON 3

Activity 1

DISCUSSION SHEET

Video Discussion Sheet

Name of your character:

What mental illness does the person have?

When did it start?

How did the illness affect the person's thoughts, feelings and behaviours?

Did the illness cause the person difficulty in his or her life? In what ways?

What kind of treatment did the individual get?

How has the individual's life changed since getting treatment?

What kinds of things have helped the person recover and stay well?

What other questions would you like to ask your character in order to better understand their illness?

LESSON 3

Activity 2

SURVEY

Community Attitudes Survey*

Check the most appropriate answer:		Agree	Disagree	Not sure
1)	People should work out their own mental health problems			
2)	Once you have a mental illness, you have it for life			
3)	Females are more likely to have a mental illness than males			
4)	Medication is the best treatment for mental illness			
5)	People with a mental illness are generally violent and dangerous			
6)	Adults are more likely than teenagers to have a mental illness			
7)	You can tell by looking at someone whether they have a mental illness			
8)	People with a mental illness are generally shy and quiet			
9)	Mental illness can happen to anybody			
10)	You would be willing to have a person with a mental illness at your school or at your work			
11)	You would be happy to have a person with mental illness become a close friend			

Respondent	M/F	Under 19	20-29	30-39	40-49	50 and up
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						
#9						
#10						

*Adapted from *Mind Matters: Understanding Mental Illness*, pg 57

LESSON 4

Preparation

The Stigma of Mental Illness

Overview

Many people with mental illness say that the stigma that surrounds mental illness is harder to live with than the disease itself.

In the context of the curriculum guide, stigma refers to “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHSA, 2004)

In the United States, the Surgeon General’s Report on Mental Health (1999) cites studies showing that nearly two thirds of all people with diagnosable mental disorders do not seek treatment (Regier *et al.*, 1993; Kessler *et al.*, 1996). While the reasons for this are varied, we know that stigma surrounding the receipt of mental health services is a significant barrier that discourages people from seeking treatment, and that stigma may be intensifying instead of abating over time (Sussman *et al.*, Cooper-Patrick *et al.*, 1997).

The activities in this section will explore the nature of stigma, its impact on the lives of people with mental illness, and effective ways of combating stigma.

Learning objectives

- To help students understand the stigma surrounding mental health problems and the impact of stigma and discrimination on help-seeking behaviour
- To explore the differences between the myths and the realities of mental illness
- To investigate the attitudes of people in the school and community about mental illness
- To learn ways of overcoming stigma and promoting a more realistic and positive understanding of mental illness

Major concepts addressed

- Stigma results in discriminatory behaviour and treatment towards people with mental illness
- The fear of stigma prevents people from seeking help and treatment for mental illness
- Stigma is perpetuated through mistaken beliefs about mental illness, and can be seen in people’s attitudes, in public policy and in the media.
- Stigma and discrimination can be reduced by providing accurate information about mental illness and its treatment

LESSON 4

Preparation



Our society often attaches a variety of labels to mental illness which act to reinforce stigma. In the classroom, it's more appropriate to use the term "person with mental illness".

Teacher Background and Preparation

Read through activities and preview Part 2 of **Courageous not crazy: Living with Stigma** before class

In advance:

- Make overhead of master of Activity 3 Reducing stigma: what works?
- Make photocopies of masters Activity 1 Defining Stigma; Activity 2 Community Attitudes Survey: Best Answers, Reducing the Stigma: What Works? (one copy for each student)
- Set up DVD or web-based video component
Courageous not crazy: Living with stigma

Activities

Activity 1: Defining stigma (10 mins)

Activity 2: Exploring attitudes - survey results (20 mins.)

Activity 3: Video - Courageous not crazy: Living with stigma (20 mins.)

Materials required

- Masters: Activity 1 Defining stigma, Activity 2 Community Attitudes Surveys, Activity 3 Reducing stigma – What works?
- Video - Courageous not crazy: Living with stigma

LESSON 4



Remind students that everyone has some stigmatizing or discriminatory thoughts or attitudes, and that the key message here is that we need to recognize those stigmatizing or discriminatory thoughts or attitudes, examine where they come from, and work toward changing the hurtful behaviours they cause.

Activity 1:

(10 mins.)

Defining stigma*

Purpose:

- To explore the meaning of the term stigma and the relationship between attitudes (beliefs) and discriminatory treatment (behaviour and actions) toward people with mental illness.

How to:

- 1) Ask students if they know what the word “stigma” means. Using the Activity 1 overhead, lead a whole-class discussion of the definition of stigma, and the relationship between stigma, stereotyping and discrimination.

Questions to guide discussion:

- What are some of the negative things you have heard about people with mental illness? (responses may include things like link to violence, etc)
- What are some of the positive things you have heard about mental illness? (responses may include things like link to creativity. While this may be seen as positive, remind students that generalizing can also be a form of stereotyping)
- Why do you think people with mental illness are stigmatized? (possible answers include: They are seen as being different. People don’t really know the facts about mental illness)
- Can you think of any other health conditions or social issues that have been stigmatized throughout history? (possible answers include: homosexuality, leprosy, AIDS, unwed motherhood, divorce)
- What kinds of factors have contributed to changing public attitudes around some of these conditions or issues? (possible answers include: education, public policy, open dialogue, scientific research, changing social mores)
- What do you think influences perceptions about mental illness? (possible answers include the media – films, news, newspaper headlines and stories that associate people with mental illness with violence, the fact that people with mental illness sometimes behave differently and people are afraid of what they don’t understand)
- How do you think stigma affects the lives of people with mental illness? (possible answers include: people decide not to get help and treatment even though they would benefit from it, it makes them unhappy, they may not be able to get a job or find housing, it may cause them to lose their friends, it puts stress on the whole family)

*This activity has been adapted from *Talking About Mental Illness*, CAMH 2001
http://www.camh.net/education/Resources_teachers_schools/TAMI/tami_teachersall.pdf

LESSON 4



See note to teachers on following page for general information on broader Canadian attitudes toward mental illness

Activity 2:

(20 mins.)

Examining Community Attitudes - Analyzing survey results*

Purpose:

- To collate the results of the survey completed by students and examine and analyze the results with the class
- To compare their results with the Community attitudes survey: Best answers and draw conclusions about the community's awareness of mental health and illness in relation to broader Canadian attitudes

How to:

- 1) In groups of four or five, students share survey responses to get a better picture of what the attitudes of the larger sample. If time permits (or as a possible follow up project for those who are interested), students could use the computer to collate and graph the survey results.
- 2) Ask students to come up with some general conclusions from the grouped survey findings to share with the rest of the class, for example:
 - Our sample was not well informed about mental illnesses because X % responded...
 - The women in our sample were more tolerant about mental illness than the men
 - Only half the people surveyed agreed that they would have someone with a mental illness as a close friend
- 3) Facilitate a class-wide discussion about the survey results, highlighting ways in which the results inform us about peoples' attitudes about mental illness. Refer to the Community Attitudes survey: Best answers so ground the discussion and answer any questions that students might have. Use the sample questions below as a guide for discussion.

Sample Questions:

- What do the responses tell you about the level of awareness about mental illness in the community?
- What role do you think the media plays in shaping peoples' attitudes?
- Do you think your results reflect the Canadian community attitudes more generally? Why or why not?
- Do you think it's possible to change community attitudes toward mental illness?
- How might this be done?

*adapted from *MindMatters: Understanding Mental Illness*, pg. 57.

LESSON 4



The following is some general information about Canadian community attitudes towards mental illness and effective ways of addressing mental health problems. You can use this information to compare and contrast with students' findings.

According to a 2007 Report on Mental Health Literacy in Canada prepared by the Canadian Alliance on Mental Health and Mental Illness, most Canadians:

- have difficulty recognizing and correctly identifying mental disorders.
- prefer psychosocial explanations for mental disorders over biomedical ones, i.e. prefer to think that depression is caused by stress then a chemical imbalance or other problems that are happening in the brain.
- do not know how to deal with people with mental disorders.
- do not consider common mental health problems (anxiety/mild to moderate depression) as mental illnesses, and have relatively benign attitudes towards these disorders.
- associate mental illness with psychotic disorders and are fearful of those labeled "mentally ill."
- are often reluctant to seek professional help.
- have negative attitudes towards psychiatric medications.
- are often reluctant to disclose mental disorders for fear of stigma and discrimination.

Additionally:

- A significant minority of Canadians hold stigmatizing attitudes towards mental illness, and many believe that others subscribe to these views.
- Serious mental illnesses, especially psychosis, is more feared and stigmatized than common mental health problems.
- People remain concerned about disclosing common mental health problems, particularly in the workplace, for fear of discrimination.

LESSON 4

Activity 3:

(20 mins.)

Video - Courageous not crazy: Living with stigma

Purpose:

- To provide students with an opportunity to learn about the impact of stigma on young people's lives
- To help students develop and understanding of the lived experience of stigma – the social consequences that are a part of living with a mental illness.

How-to:

- 1) Set up DVD if showing the video to the class as a whole or arrange small groups at computers to view *Courageous not crazy Part 2: Living with stigma* for students to watch. Tell the students that the video they are about to see was created by the same young people they were introduced to in Lesson 3. This section of the video addresses the experience of living with the stigma of mental illness, and how stigma has impacted on the lives of the young people interviewed.
- 2) At the end of the video, lead a brief discussion of students' impressions of the video, and distribute photocopies of Activity 3 Handout *Reducing stigma: What works?*

LESSON 4

Activity 1

OVERHEAD/HANDOUT

Defining stigma

The following are definitions of “stigma” taken from different sources and from different historical periods

“

A mark or sign of disgrace or discredit; a visible sign or characteristic of disease.

- *The Concise Oxford Dictionary, 1990*

An attribute which is deeply discrediting.

- *Goffman, E. Stigma: The management of Spoiled Identity. 1963*

A distinguishing mark or characteristic of a bad or objectionable kind; a sign of some specific disorder, as hysteria; a mark made upon the skin by burning with a hot iron, as a token of infamy or subjection; a brand; a mark of disgrace or infamy; a sign of severe censure or condemnation, regarded as impressed on a person or thing.”

- *The Shorter Oxford Dictionary, Fourth Edition, 1993*

”

The stigma of mental illness

“Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHSA 2004)

Terms related to Stigma

Stereotype:

“a person or thing that conforms to an unjustly fixed impression or attitude”

Stereotypes are the attitudes about a group of people, e.g. “All people with mental illness are dangerous.”

Prejudice:

“A preconceived opinion”

Prejudice is agreeing with the stereotypes, e.g. “I think people with mental illness are dangerous.”

Discrimination:

“unfavourable treatment based on prejudice”

Discrimination is the behavior that results: “I don’t want people with mental illness around me, therefore I discriminate against them by not hiring them, not being friends with them, etc.”

- *The Concise Oxford Dictionary, 1990*

LESSON 4

Activity 2

HANDOUT

Community Attitudes Survey: Best Answers

1) People should work out their own mental health problems.

Not true. When people have a physical health concern, they generally take some action, and often go to the doctor or seek some other kind of help for their problem. Mental illness is associated with disturbances with brain functioning and usually requires professional assistance. Because of the stigma surrounding mental illness, many people have been reluctant to seek help.

2) Once you have a mental illness, you have it for life.

While it's true that most mental illnesses are lifelong, they are often episodic, which means that the symptoms are not always present. Just like people who live with chronic physical illnesses like arthritis and asthma, people with mental illnesses can, when their illness is managed, live positive and productive lives.

3) Females are more likely to have a mental illness than males

Men and women are both equally affected by mental illnesses in general, but there may be higher rates among women of specific illnesses such as eating disorders. There may sometimes be higher rates in women for other disorders such as depression. Men have higher rates for some disorders such as alcoholism and ADHD. Some illnesses are relatively equally shared by both men and women (e.g. bipolar disorder).

Women are more likely to seek help for mental and emotional difficulties and to share their concerns with friends compared to men. Females are more willing to let friends know if they are receiving counselling. In practice, 62% of women would probably or definitely want their friends to know compared to 45% of men.

(Canadian Mental Health Survey COMPAS Inc.

Multi-Audience Research Ottawa and Toronto April 20, 2001)

http://www.cmha.ca/bins/content_page.asp?cid=5-34-212-213#

[Toc512618127](#)

4) Medication is the best treatment for mental illness

Medication can be a very effective part of managing a mental illness, but it is by no means the only type of treatment or support that helps people recover. A wide range of appropriate interventions, including medication, counselling, social, vocational and housing-related supports, as well as self-help and generic resources for all community members (such as groups, clubs, and religious institutions) are also important in helping people recover and stay well.

It is helpful to think of medications as necessary but not sufficient treatments for many mental disorders. The best approach is to have a combination of strategies that have been proven effective.

5) People with a mental illness are generally violent and dangerous

People with mental illness are generally not more violent than the rest of the population. Mental illness plays no part in the majority of violent crimes committed in our society. The assumption that any and every mental illness carries with it an almost certain potential for violence has been proven wrong in many studies.

6) Adults are more likely than teenagers to have a mental illness.

Many of the major mental illnesses begin to appear during adolescence and early adulthood.

7) You can tell by looking at someone whether they have a mental illness.

Generally, you can't tell if a person has a mental illness based on their appearance. Sometimes, when people are experiencing an acute episode of their illness, their behaviour may be bizarre, especially if they are experiencing an episode of psychosis.

Community Attitudes Survey: Best Answers (cont.)

8) People with a mental illness are generally shy and quiet.

There is no strong causal relationship between personality characteristics and tendency to develop mental illness. Some mental disorders such as depression and anxiety can lead people to avoid or limit social contact.

9) Mental illness can happen to anybody.

This is correct. In fact, it is very likely that you, a family member or someone you're close to will experience a mental illness at some point in their lives.

10) You would be willing to have a person with a mental illness at your school or at your work

11) You would be happy to have a person with mental illness become a close friend

Questions 10 and 11 both address the issue of “social distance”, that is, the willingness to engage in relationships of varying intimacy with a person. Social distance is an indicator of public attitudes toward people with mental illness.

Social distance is a complex concept influenced by a number of factors, including age, gender, socio-economic and cultural factors, but also by the respondent's general attitude toward mental health issues.

Contact, or social inclusion of people with mental illness with the rest of the population, is the factor that usually leads to a decrease in stigma by bringing about significant changes in attitudes and behavior that are maintained over time. This can happen when people find out that a coworker, neighbour or friend is struggling with mental illness, and despite it, is living on their own, working and being a part of the community.

LESSON 4

Activity 3

HANDOUT

Reducing Stigma - What works?

There is no simple or single strategy to eliminate the stigma associated with mental illness, but some positive steps can be taken. Research is showing that negative perceptions about severe mental illness can be changed by:

- **providing information based on reliable research** that refutes the mistaken association between violence and severe mental illness (*Penn & Martin, 1998*).
- **effective advocacy and public education programs** can help to shift attitudes and contribute to the reduction of stigma (*Surgeon General Report on Mental Health, 1999*).
- **proximity or direct contact with people with mental illness** tends to reduce negative stereotypes (*Corrigan & Penn, 1999*).
- **programs that help people to become better integrated in the community** through school, work, integrated housing, or interest-based social groups not only serve to promote the individual's mental health by reducing exclusion, but also can play a part in gradually shifting commonly-held negative attitudes.
- **treatments and supports** that work to help people recover.



LESSON 4

Activity 3

HANDOUT

Reducing Stigma - What works? (cont.)

Things YOU can do to fight stigma

LEARN MORE ABOUT MENTAL ILLNESS

If you are well informed about mental illness, you will be better able to evaluate and resist the inaccurate negative stereotypes that you come across.

LISTEN TO PEOPLE WHO HAVE EXPERIENCED MENTAL ILLNESS

These individuals can describe what they find stigmatizing, how stigma affects their lives and how they would like to be viewed and treated.

WATCH YOUR LANGUAGE

Most of us, even mental health professionals and people who have mental illness, use terms and expressions related to mental illness that may perpetuate stigma.

RESPOND TO STIGMATIZING MATERIAL IN THE MEDIA

Keep your eyes peeled for media that stigmatizes mental illness and report it to any number of organizations. Get in touch with the people--authors, editors, movie producers, advertisers--responsible for the material. Write, call or e-mail them yourself, expressing your concerns and providing more accurate information that they can use.

SPEAK UP ABOUT STIGMA

When someone you know misuses a psychiatric term (such as schizophrenia), let them know and educate them about the correct meaning. When someone says something negative about a person with mental illness, tells a joke that ridicules mental illness, or makes disrespectful comments about mental illness, let them know that it is hurtful and that you find such comments offensive and unacceptable.

TALK OPENLY ABOUT MENTAL ILLNESS

Don't be afraid to let others know of your mental illness or the mental illness of a loved one.

The more mental illness remains hidden, the more people continue to believe that it is a shameful thing that needs to be kept hidden.

DEMAND CHANGE FROM YOUR ELECTED REPRESENTATIVES

Policies that perpetuate stigma can be changed if enough people let their elected representatives, like city councilors, members of Provincial and Federal Parliament know that they want such change.

PROVIDE SUPPORT FOR ORGANIZATIONS THAT FIGHT STIGMA

Join, volunteer, donate money. The influence and effectiveness of organizations fighting the stigma surrounding mental illness depend to a large extent on the efforts of volunteers and on donations. You can make a contribution by getting involved.

LESSON 5

Preparation

Seeking Help and Finding Support

Overview

How do we decide that what a person is experiencing is outside the range of the normal ups and downs we all go through? When is it time to seek assistance from professionals?

Seeking help and finding support for mental health issues can be a tricky business. From the outside, it's often not clear when intervention is necessary, and people who are experiencing distress may themselves not always be aware of what's going on, and can be reluctant to come forward for fear of being labeled.

When people know that they will not be discriminated against or harassed, they are much more likely to seek help. Early intervention is important and increases the chances of a quick recovery.

This lesson will address the issues around help seeking, as well as providing ideas about ways in which that help and support can be accessed, within the school and beyond.

Learning Objectives

- To understand that people need support to deal with stressful life events and situations
- To learn to distinguish between “normal” responses to stress and difficulty, and those that may indicate a need for additional support from professionals
- To get students to consider who they could talk to if they were worried about their own mental health, or that of a friend or relative
- To identify support personnel in the school relevant to mental health
- To become familiar with the range of community-based healthcare services and groups available to support people who are experiencing mental illness and their families and friends

Major Concepts Addressed

- Mental illnesses, like chronic physical illnesses, can be effectively addressed
- Stigma acts as a barrier to people seeking help for mental health concerns
- Getting help early increases the chances that a person will make a full recovery from mental illness
- Recovery from mental illness is possible, when a range of supports, beyond formal treatment, are available

LESSON 5

Preparation

Teacher Background and Preparation

- Read through all activities and masters before class
- Preview Courageous not crazy Part 3: Help and support

Activities

- Activity 1: Video and activity sheet: Help and support - Youth Experiences (15 mins.)
- Activity 2: Getting Help (15 mins.)
- Activity 3: Support Strategies (10 mins.)

In advance

- Preview video
- Set up computers or DVD to view video
- Photocopy Masters for Activity 1 Video activity sheets, Activity 2 What if... scenarios, Checklists 1, 2 and 3, Activity 3 Support strategies (one for each student)
- Cut Activity 2: What if...scenarios into cards

Materials required

- DVD or web-based video of Courageous not crazy Part 3: Help and support
- Masters: Activity 1 Video activity sheets, Activity 2 What if... scenarios, Checklists 1, 2 and 3, Activity 3 Support strategies

LESSON 5



Remind students that communicating their concerns about coping and dealing with mental health and other difficulties is really hard, and takes a lot of courage.

It's a good idea to anticipate potential student disclosures and to be prepared to deal properly with these situations. Please see page 15 of this guide for specific steps in preparing to deal with students coming to you for help.

Activity 1:

(15 min.)

Video and activity sheet: Courageous not crazy Part 3: Help and support

Purpose:

- To learn more about young people's real life experiences getting help to deal with their mental health problems

How to:

- 1) Explain to the class that you will be watching the third and final component of the video made by youth from Laing House, and that this segment focuses on their experiences getting help and finding support to deal with their illness.

Hand out the activity sheets and give the class a minute or two to read over the questions. Tell them that they are not expected to take notes while they're watching the video, but should keep the questions in mind as they watch, so that they can discuss the answers afterward.

- 2) Show the video and discuss the students' answers to the questions as a group.

Conclude the activity by addressing any questions that students may have after watching the video. Ask students if they can see any similarities among the different individuals, even though they have different mental illnesses.

LESSON 5

Activity 2:

(15 mins.)

Getting Help*

Purpose:

- To describe a range of scenarios in which it would be important to tell or refer a problem to an appropriate adult.

How-to:

- 1) Explain to students that they will be engaging in a problem-solving lesson in which they can speculate about the possible actions they could take in a range of situations involving young people in distress. They will explore the scenarios using a game.
- 2) Ask students to arrange themselves into groups of four to six. Get them to sit in a circle – on the floor might be easiest.
- 3) Hand out the set of cards from the Activity Sheet: What if... scenarios. Ask each group to lay out their What if... cards in a circle with enough room inside the circle to spin a bottle or pen.
- 4) In turn, each of the participants takes a spin, and reads out the card the bottle points to. The person whose turn it is speculates first about what to do in such a situation, then others help out by adding their views, questions or challenges.
- 5) When they have finished discussing the scenarios, ask the class to come back together and pose the following questions:
 - Was there any disagreement in the groups about what was best to do?
 - Which was the scenario most likely to actually happen out of those you discussed?
 - Which do you think would be the hardest scenario to deal with if it happened to you or a friend or family member?
 - What sorts of fears or concerns would stop people from seeking help or telling someone else in these situations?
 - What kinds of things would motivate someone to seek help or tell someone their concerns in the situations you discussed?
- 6) Distribute “Something’s not quite right” checklists and read them through with the class.

*Adapted from Lesson 4 of Coping - *MindMatters*.

LESSON 5



Make sure to emphasize that everyone has a personal responsibility to take action if a friend mentions thoughts of suicide. Young people should always share this information with a trusted adult - like a teacher, guidance counselor, coach, relative or parent - and never promise to keep the information secret.

Activity 3:

(10 mins.)

Support Strategies*

Purpose:

- To provide students with strategies for supporting friends and others who are having trouble coping because of mental health problems or mental illness.

How-to:

- 1) Begin a discussion about the role that young people often play as supporters when they listen to their friends talk about their problems.

Ask students how they would like to be treated if they had a mental illness. Use the overhead as a starting point to encourage further discussion. Distribute photocopies of Activity 3 Support strategies and Recovery: What works? to each student. Read through the sheets with the class.

*Adapted from Lesson 4 of Coping - *MindMatters*.

LESSON 5

Activity 1

VIDEO ACTIVITY SHEET

Courageous not crazy Part 3: Help and support

How did the youth in the video find help?

Did their friends and family notice there was something going on? What did they notice?

Did any of the youth talk to school staff like teachers or counsellors?

What does it mean to be supportive?

Did any of the youth attend a self-help or peer support group? If so, what was that like for them?

What kinds of supports/services seemed to help the most?

How can you help a friend?

LESSON 5

Activity 2

What if.....scenarios

- | | | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Your friend seems really down and talks about dropping out of school. | 8 | Your friend isn't acting like his old self. He seems really down, and has been doing strange things like giving his favourite things away. He recently told you that he thought that people he knew would be better off without him around, and that he'd thought about killing himself. After he tells you, he asks you not to tell anyone else about what he's said. |
| 2 | A friend has been on a long diet, is getting really skinny and never seems to eat. She thinks she's really fat and will not wear shorts or a bathing suit. | 9 | A kid in your class often gets completely ignored and occasionally teased and even bullied. No one will ever be seen talking to this person. The teachers don't seem to notice, and no one does anything to this kid when teachers are around. |
| 3 | Since your dad left, your brother/sister is spending almost all of their time smoking, drinking and watching TV, never wanting to do anything else. You have not told your friends about your parents splitting up. | 10 | A friend has started skipping a lot of school and seems pretty down. |
| 4 | There is a situation at school that is really stressing you out. Everyday when you wake up, you remember the situation and start to feel sick. | 11 | Your friend has a parent with mental illness. From time to time, when the parent isn't doing well, your friend has to do everything at home. None of your other friends know about the situation. Your friend doesn't even know that you know. Your mom found out through a neighbour. |
| 5 | Your friend says s/he would be better off if s/he ran away. Your friend has already been sleeping over at your house a lot lately. | 12 | A classmate who is not really your friend, but is not friends with anyone else either, has started acting really strangely. Other kids have been laughing and making fun, but underneath you think this is a bit scary, and maybe the person is not doing this on purpose. |
| 6 | Someone in your class has started smoking marijuana before school everyday. The friends who smoke with this person only do it occasionally on the weekends. People are joking about how s/he is behaving – out of it and spacey. The person seems pretty down to you. | | |
| 7 | Your friend has started taking different kinds of pills at school, and is asking other people for painkillers all the time. | | |

LESSON 5

Activity 2

HANDOUT

Something is not quite right: Getting help early for mental illness*

You have a feeling that something is “not quite right” about the way someone close to you is behaving. You’re worried, but you’re not sure if it might be serious, or if moodiness, irritability and withdrawn behaviour is a stage they’ll grow out of. Could drugs be involved? Do you think you might need a professional opinion to help you decide if there is a serious problem?

Getting help early

The chances are that there is not a serious problem, and that time, reassurance and support are all that are needed. However, if a mental illness is developing, then getting help early is very important.

Being unwell for a shorter time means less time lost as school or work and more time for relationships, experiences and activities which help us stay emotionally healthy.

Checklist #1 Difficult behaviour at home, at school or in the workplace:

Behaviour which is considered “normal”, although difficult:

People may be:

- rude
- weepy
- thoughtless
- irritable
- argumentative
- over-sensitive
- over-emotional
- lazy
- withdrawn
- rebellious
- shy

These behaviours may also occur as a normal, brief reaction to stressful events such as:

- breakup of a close relationship
- moving
- divorce
- other family crisis
- death of a loved one
- other personal crisis
- exam failure
- physical illness

Probably no cause for serious concern, but...

It is often best to try not to over-react. Try to be as supportive as possible while waiting for the “bad patch” to pass. If the behaviour is too disruptive or is distressing to other people, or if the difficult behaviour lasts a long time, then you could seek professional counseling, help or advice. Talk it over with your family doctor, school counselor, community or mental health centre.

LESSON 5

Activity 2

HANDOUT

Checklist #2 - What's the difference between just having a bad day and something potentially more serious?

Signs of Clinical Depression:

- Feeling miserable for at least 2 weeks
- Feeling like crying a lot of the time
- Not wanting to do anything, go anywhere, see anyone
- Having trouble concentrating or getting things done
- Feeling like you're operating in "slow-motion"
- Having trouble sleeping
- Feeling tired and lacking energy – being unable to get out of bed even after a full night's sleep
- Having a change in appetite
- Feeling like there's a "glass wall" between you and the rest of the world
- Feeling hopeless or thinking of suicide
- Always putting yourself down and thinking you're no good

If you often experience a number of these things, you may be depressed. Remember that you don't have to be alone with these feelings, and that depression is treatable!

LESSON 5

Activity 2

HANDOUT

Checklist #3 - Behaviours which are considered ABNORMAL for that person, and may seriously affect other people.

People may:

- Withdraw completely from family, friends, and workmates
- Be afraid to leave the house (particularly during daylight hours)
- Sleep or eat poorly
- Sleep by day and stay awake at night, often pacing restlessly
- Be extremely occupied with a particular theme, for example, death, politics or religion
- Uncharacteristically neglect household or parental responsibilities, or personal appearance or hygiene
- Deteriorate in performance at school or work
- Have difficulty concentrating, following conversation or remembering things
- Talk about or write things that do not really make sense.
- Panic, be extremely anxious, or significantly depressed and suicidal
- Lose variation in mood – be “flat” – lack emotional expression, for example, humour or friendliness
- Have marked changes in mood, from quiet to excited or agitated
- Hear voices that no one else can hear
- Believe, without reason, that others are plotting against, spying on, or following them, and be extremely angry or afraid of these people
- Believe that they are being harmed or asked to do things against their will, by, for instance, television, radio, aliens, God or the devil
- Believe they have special powers, for example, that they are important religious leaders, politicians or scientists
- Believe that their thoughts are being interfered with or that they can influence the thoughts of others
- Spend extravagant or unrealistic sums of money

Seek medical assessment as soon as possible These types of behaviours are much clearer signs that someone needs to be checked out, particularly if they have been present for several weeks. They may be only a minor disturbance, but a mental illness such as a psychotic disorder may be developing.

LESSON 5

Activity 3

HANDOUT

Support Strategies -

Here are some strategies for supporting someone with a mental health problem/illness:

- Be supportive and understanding.
- Spend time with the person. Listen to him or her.
- Never underestimate the person's capacity to recover.
- Encourage the person to follow his or her treatment plan and to seek out support services. Offer to accompany them to appointments.
- Become informed about mental illness.
- Remember that even though your friend may be going through a hard time, they will recover. Stand by them.
- If you're planning an outing to the movies or the community centre, remember to ask your friend along. Keeping busy and staying in touch with friends will help your friend feel better, when they're ready.
- If you are a close friend or family member of someone who has a mental illness, make sure you get support as well. Crisis training, self-help and/or individual counseling will help you become a better support person.
- Put the person's life before your friendship. If you think the person needs help, especially if he or she mentions thoughts of suicide, don't keep it a secret – even if the person asked you to.

If a friend mentions thoughts of suicide or self harm, you **NEED** to tell his or her parents, a teacher, guidance counselor or someone else who can help. It's better to have a friend who's angry with you for a while than to keep their secret and live with knowing you could have helped, but remained quiet when your friend was in trouble.



LESSON 5

Activity 3

HANDOUT

Recovery – What helps people with mental illness get (and stay) better?

Recovery is an ongoing, slow process, and is different for each person. Research on recovery shows that there are a number of factors which people often mention are important:

- the presence of people who believe in and stand by the person who is in recovery.
- that person's ability to make their own choices about important things like treatment and housing.

Other factors that can support recovery include:

- Mutual support (self-help groups)
- Social opportunities (church groups; drop-in centres, volunteer work, participating in community life)
- Positive relationships (accepting and being accepted, family and friends and communicating with them in a positive way)
- Meaningful daily activity - Being able to work, go to school
- Medication (sticking with a treatment plan, working with doctors to find the best medications with the fewest side effects)
- Spirituality (involvement in a faith community or individual spiritual practice)
- inner healing capacity and inner peace (finding a sense of meaning and purpose, even in suffering)
- Personal growth and development (hobbies, self education, taking control of one's life, exercise, personal goal setting)
- Self awareness (self-monitoring, recognizing when to seek help, recognizing one's accomplishments and accepting and/or learning from one's failures)

LESSON 6

Preparation

The importance of positive mental health

Overview:

What constitutes a mentally healthy person? Does everyone have mental health? In this lesson, students will explore these questions and will look at the impact of mental health on overall well-being. Through several group activities, students will also learn about the impact of stress, and will identify appropriate and effective coping strategies to deal with stress.

Because this is also the final unit of the curriculum guide, it is a natural opportunity to examine what students have learned through their participation, and to reflect on their learning and how their new knowledge may have influenced their attitudes.

Learning objectives:

- To describe the characteristics of an emotionally healthy person
- To demonstrate skills that enhance personal mental health, including stress management techniques
- To evaluate the impact of the curriculum unit on students' knowledge about mental health and mental illness

Major concepts addressed:

- Everyone has mental health that can be supported and promoted, regardless of whether or not they also have a mental illness
- Positive coping strategies can help everyone maintain and enhance their mental health
- People's attitudes about mental illness can be positively influenced by exposure to accurate information

Activities:

Activity 1: What do you think about mental illness now? (15 mins.)

Activity 2: What do you think about mental health now? (5 mins.)

Activity 3: What do we mean by "stress"? (15 mins.)

Activity 4: How do you cope? (15 mins)

Activity 5: Class newsletter or magazine (optional)

LESSON 6

Preparation

The importance of positive mental health (cont.)

Materials required

- Masters: Activity 1 ‘What do you think?’ questionnaire, Activity 2 Taking care of your mental health, Activity 4 Coping cards
- Flip chart paper and pens

In advance:

- Photocopy Masters for Activity 1 ‘What do you think?’ questionnaire, Activity 2 Taking care of your mental health (one copy for each student) and Activity 4 Coping cards (only one copy)
- Cut out coping cards

Teacher preparation:

Read through all activities before class



LESSON 6



At least some of the student's answers should be different now that they have learned more about mental illness. Even if some students' attitudes have not changed within the span of this unit, the knowledge they have gained may influence their opinions about how people who have a mental illness should be treated. Notice that the discussion questions above do not ask students to divulge their answers. Because of the potentially sensitive nature of the questions, students may be uncomfortable sharing what they wrote. Use your judgment in discussing responses to specific questions. The discussion will need to be handled with sensitivity because students may bring up personal experiences or stories. You might want to ask the school guidance counselor or other support staff to be present, or to help facilitate the discussion.

Activity 1:

(15 mins.)

What do you think about mental illness now?*

Purpose:

- To provide students with an opportunity to reflect on the changes in their knowledge and attitudes about mental illness from the first lesson.

How to:

- 1) Hand out a copy of the “What do you think” questionnaire to each student and give them 5 minutes to answer the questions.
- 2) After students have answered the questions, give each student their copy of the questionnaire that they completed in the first lesson. Ask students to compare the answers they just wrote with the answers they wrote in the earlier lesson. Give students a few minutes to compare their responses, reminding them that they should only be looking at their own answers. Ask students whether their answers are different today from when they answered the questions in Lesson 1, and if so, how they are different.
- 3) Conduct a brief group discussion around students' responses. Use the following questions as a guide:
 - If your answers were different today, why do you think they were different?
 - Does learning about mental illness make a difference? Why?
 - Do you think you would react differently now to someone who has mental illness compared to your reaction before you completed this unit?

LESSON 6



Websites such as the Canadian Mental Health Association's (www.cmha.ca) and the National Institute of Mental Health's (www.nimh.nih.gov) offer reliable and accessible information on many topics related to mental health and illness. Other websites specifically geared to youth are listed in the Appendix of this guide.

Activity 2:

(5 mins.)

What do you think about mental health now?

Purpose:

- To explore students' growing understanding of mental health, and its importance to each individual.
- To brainstorm about the kinds of things that contribute to positive mental health.

How to:

- 1) Ask students to brainstorm ideas of the kinds of things that keep people mentally healthy. Potential ideas are listed below:
 - think positive
 - organize your time
 - value yourself
 - eat right and exercise
 - try new things
 - get enough sleep
 - make plans
 - set realistic goals and work towards them
 - reward yourself
 - share concerns and worries with friends and family
- 2) Hand out photocopies of 'Taking care of your mental health' for students to keep.

LESSON 6

Activity 3:

(15 mins.)

What do we mean by "Stress?"*

Purpose:

- To identify different kinds of stress and the impact that stress can have on overall well-being
- To give examples of stressors commonly experienced by young people, and explore different coping strategies and positive ways of dealing with stress

How to:

- 1) Ask students to imagine that they are about to explain to an alien what human beings mean by stress. Ask them to form pairs and talk with their partner and develop a definition, e.g. "stress is when..." and write their ideas down in point form.
- 2) Ask each pair to share their definitions, and write them on the board as they read them aloud.
- 3) Ask students what they notice about what stress means to different people.
- 4) Ask students to brainstorm about the different kinds of stressors. Use the list below as a guide to make sure all areas are mentioned. Write their responses on the board

Different kinds of stressors:

- Physical stressors (e.g. injury, illness, fatigue, hunger, lack of shelter)
- Social stressors (e.g. arguments, rejection, embarrassment)
- Intellectual stressors (e.g. mental fatigue, lack of understanding)
- Emotional stressors (e.g. death of a close friend or family member)
- Spiritual Stressors (e.g. guilt, moral conflicts, lack of sense of purpose)

cont.>

*adapted from *MindMatters, Coping*, pg. 23

LESSON 6



Introduce the idea that stress can be seen either as a challenge or an opportunity, or as a nightmare or trap. Tell students that people who can imagine or visualize themselves handling their challenges or stresses in a positive way, with an image of themselves having some power or control, are able to bounce back more easily after difficult times. Provide the example of professional athletes, who often use mental pictures to visualize themselves conquering a challenge. Explain to students that this technique can also work for the rest of us - that we can all work at inventing or imagining pictures of ourselves succeeding, and this can help us to do our best in a situation where we fear failure, embarrassment or hard work. Explain that research has shown that people who can learn to visualize themselves succeeding are more likely to actually succeed.

Activity 3:

How to (cont.)

- 5) Divide students into groups of four or five. Ask each group to brainstorm around the following question: "What are some of the stresses and challenges people around your age face?"

Circulate around the room as the students are brainstorming in their groups, and use the probes below if they need help or direction

- What sorts of stresses in the physical environment can directly affect how you feel either physically or emotionally?
 - What sorts of stresses or challenges can happen to relationships or between people?
 - What kinds of happenings or events can cause stress (e.g. family breakup, transitions like leaving school or moving, illness, end of a close relationship, etc.)
 - What are some of the fears, anxieties or thoughts that can get people feeling stressed?
- 6) As the groups report back, ask several students to record the brainstorm results on flip chart paper. Explain that this list will be used later, in the next activity.

LESSON 6

Activity 4 :

(15 mins.)

How do you cope?*

Purpose:

- To describe a range of coping strategies to deal with stressful and challenging situations
- To identify some of students' own preferred coping strategies, and examine the effectiveness of different strategies

How to:

- 1) Remind students that in the previous activity they identified the kinds of things people can feel stressed-out about, and some of the thoughts and feelings they can have when faced with challenging and stressful situations.
- 2) Ask students to get into pairs or groups of three, and ask them to share examples of things they like to do when they feel stressed or overworked. Ask a student in each group to write down at least one of the coping strategies discussed. To prepare for the next part of the activity, while students are busy in their groups, stick up one piece of paper in each corner of the room, with the words "Helpful", "Not much use", "Useless" and "Harmful" written on them.
- 3) Explain to the class that in this activity you'll be examining coping strategies, or things that people do in response to stress or challenge. Point out that there is a huge range of possible coping strategies, that it's different for each individual, varies in terms of a person's culture, religious background, gender, etc. and that there is no one right way of coping. Explain that people who cope effectively often have a whole range of different strategies that they use, and that people often learn about coping by watching what their friends and family do.
- 4) Have students come back together and arrange themselves in a circle. Ask those who recorded their group's coping strategies to put the paper on the floor in the middle of the circle, and spread Coping Cards into the pile, face down. Ask each student to choose two cards or strategies offered by the students.
- 5) Ask students to choose one of the cards and hold it up at chest height so that it can be read by others.

cont.>

* Adapted from *MindMatters: Coping*, pg 34.

LESSON 6

Activity 4: How do you cope?*

How to (cont.)

- 6) Explain to the class that you will describe a situation of potential stress or challenge. Students will then be asked to move to a defined area of the room according to whether they think their coping strategy would be helpful, not much use, useless or harmful.
- 7) Describe the scenario, choosing either from the brainstormed list that the students came up with, or from the suggestions below:
 - faced with a big exam
 - dealing with separation of parents
 - dealing with death of someone close
- 8) When the students have grouped, have them compare and comment on their choices. Ask them to put their other coping card on top and regroup if they think this card belongs to a different category.
- 9) Play a few rounds of the game to emphasize the point that different situations may call for different coping strategies. Remind students that there are no right or wrong answers, and that sometimes the most important coping strategy can involve getting help or support for yourself or someone else.

* Adapted from *MindMatters: Coping*, pg 34.

LESSON 6



Be sure to review the content of the newsletter for accuracy before it is distributed beyond the classroom.

Activity 5:

(optional)

Creating a class newsletter or magazine*

Purpose:

- To share students' learning and impressions of the curriculum unit with other members of the school community

How to:

- 1) If students are interested in helping to educate others within the school about mental illness, they can create a newsletter or magazine to share with students and staff. Using resources available on the internet (see Appendix, under Additional Resources, for a list of helpful websites), magazines, newspapers, student's own written perspectives and / or poetry and artwork.
- 2) Ask interested students to put together a magazine/newsletter about the unit. Students can write a short article or report, or can work on developing graphics, artwork and layout. The finished product can be assembled and given a catchy title and an attractive cover. The newsletter can be reproduced and copies distributed to different classrooms and common areas throughout the school.

* Activity adapted from Activity 7, pg 72, *Talking About Mental Illness*.

LESSON 6

Activity 1

QUESTIONNAIRE

What do you think?*

Write two or three sentences to answer each of the following questions:

1) What is mental health?

2) What is mental illness?

3) Name some mental illnesses that you have heard about:

4) How would a person with mental illness look or act?

5) If you learned that a new student at school has a mental illness, how would you act toward him or her?
How would you feel about him or her?

6) What causes someone to be mentally ill?

* Adapted from *The Science of Mental Illness*, <http://science.education.nih.gov/supplements/mental>

LESSON 6

Activity 2

HANDOUT

Taking care of your mental health:

Achieving mental health is about striking a balance in the social, physical, spiritual, economic and mental aspects of our lives. Reaching a balance is a learning process and it is ongoing. At times, we may tip the balance too much in one direction and have to find our footing again. Our personal balance is highly individual, and our challenge is to stay mentally healthy by finding and keeping that balance.

Mental health and mental illness each run along a continuum. When our personal balance is off, either repeatedly or for long periods, we may eventually find ourselves moving closer along the continuum towards mental illness. While some people experience a sudden onset of symptoms of a mental illness, many mental health

problems develop gradually. For example, you may hardly notice your anxiety turn to distress until, one day, you feel overwhelmed. To find out more about building healthy self-esteem, creating positive relationships, coping with change, and learning to manage stress, read the CMHA fact sheet: [Mental Health for Life](#).

From nurturing relationships with family and friends, to identifying and dealing with situations that upset you – including stressful circumstances, such as the pressure of exams, a conflict at work, or a misunderstanding with a friend – you can take steps to improve and maintain your mental health throughout your life.

The Canadian Mental Health Association has 10 tips for mental health:

1. Build a healthy self-esteem
2. Receive as well as give
3. Create positive parenting and family relationships
4. Make friends who count
5. Figure out your priorities
6. Get involved
7. Learn to manage stress effectively
8. Cope with changes that affect you
9. Deal with your emotions
10. Have a spirituality to call your own



LESSON 6

Activity 2

HANDOUT

Taking care of your mental health

Consider these key **characteristics** when assessing your own mental health:

Ability to enjoy life – Can you live in the moment and appreciate the “now”? Are you able to learn from the past and plan for the future without dwelling on things you can’t change or predict?

Resilience – Are you able to bounce back from hard times? Can you manage the stress of a serious life event without losing your optimism and sense of perspective?

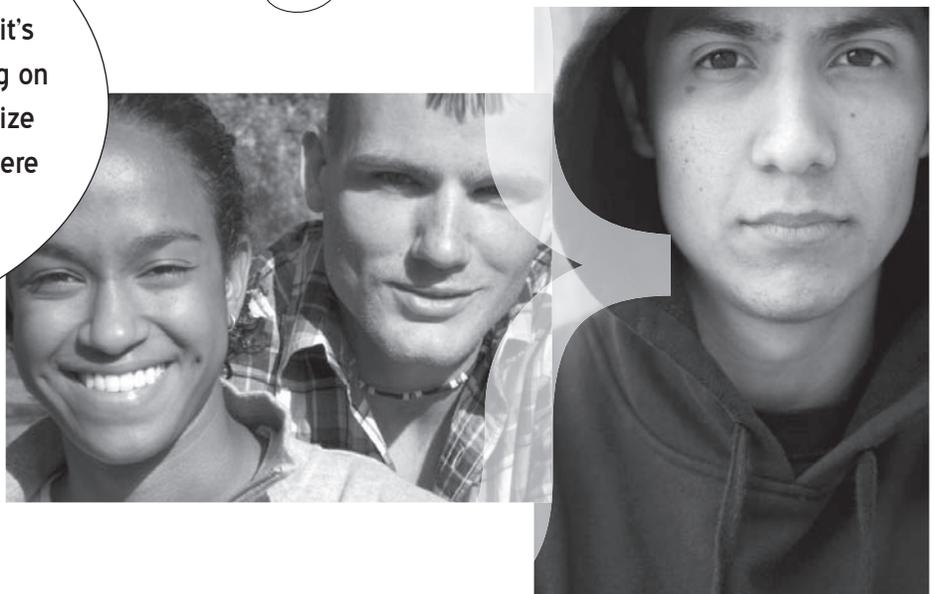
Balance – Are you able to juggle the many aspects of your life? Can you recognize when you might be devoting too much time to one aspect, at the expense of others? Are you able to make changes to restore balance when necessary?

Self-actualization – Do you recognize and develop your strengths so that you can reach your full potential?

Flexibility – Do you feel, and express, a range of emotions? When problems arise, can you change your expectations – of life, others, yourself – to solve the problem and feel better?

You can gauge your mental health by thinking about how you coped with a recent difficulty. Did you feel there was no way out of the problem and that life would never be normal again? Were you unable to carry on with work or school? With time, were you able to enjoy your life, family and friendships? Were you able to regain your balance and look forward to the future?

Taking the pulse of mental health brings different results for everyone; it’s unique to each individual. By reflecting on these characteristics, you can recognize your strengths, and identify areas where your level of mental fitness could be improved.



LESSON 6

Activity 4

HANDOUT

Coping Cards

Withdraw - not mix with other people	Think positive about how it will turn out
Play computer games	Worry
Visit a favourite person	See a counsellor
Eat more	Eat junk food
Quit (the job, the team...)	Sleep more
Avoid or put off something you have to do	Go for a run
Prioritize (put the most important things first)	Party/socialize
Fantasize - daydream an escape	Run away
Plan - figure out how to do it	Get sick
Start a fight	Blame someone else

LESSON 6

Activity 4

HANDOUT

Coping Cards

Blame yourself	Smoke cigarettes
Ask for help	Go out
Talk it over	Complain
Eat less	Change direction
Have a shower	Go to bed early
Drink alcohol	Exercise
Work harder	Stay out late
Meditate	Listen to music
Pretend it's OK	Call friends
Watch television	Write about it

LESSON 6

Activity 4

HANDOUT

Coping Cards

Cook something	Sleep less
Walk the dog	Go shopping
Pray	Draw or paint
Take a day off	Tidy up
Take risks	Make something
Problem-solve	Find new friends
Cry	Joke or laugh
Set goals	Go for a swim
Play sports	

APPENDICES

Appendix A

Glossary*

Acute: Refers to an illness or condition that has a rapid onset, marked intensity and short duration.

Antidepressant: A medication used to treat depression.

Anxiety: An abnormal sense of fear, nervousness and apprehension about something that might happen in the future.

Anxiety disorder: A group of illnesses that fill people's lives with overwhelming anxieties and fears that are chronic and unremitting. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias and generalized anxiety disorder.

Attention deficit hyperactivity disorder (ADHD): A mental illness characterized by an impaired ability to regulate activity level (hyperactivity), attend to tasks (inattention) and inhibit behaviour (impulsivity). For a diagnosis of ADHD, the behaviours must appear before an individual reaches age seven, continue for at least six months, be more frequent than in other children of the same age, and cause impairment in at least two areas of life (school, home, work or social functioning).

Bipolar disorder: A mood disorder in which a person alternates between episodes of major depression and mania (periods of abnormally and persistently elevated mood). Also referred to as manic depression.

Chronic: refers to an illness or condition that persists over a long period of time.

Cognition: Conscious mental activity that informs a person about his or her environment. Cognitive actions include: perceiving, thinking, reasoning, judging, problem solving and remembering.

Delusion: A false belief that persists even when a person has evidence that the belief is not true.

Depression: (depressive disorders) A group of diseases including major depressive disorder (commonly referred to as depression), dysthymia and bipolar disorder (manic depression). See bipolar disorder, dysthymia and major depressive disorder.

Disorder: An abnormality in mental or physical health. In this guide, it is used as a synonym for illness.

Dysthymia: A depressive disorder that is less severe than major depressive disorder but is more persistent. In children and adolescents, dysthymia lasts for an average of four years.

* Definitions reproduced with permission from *The Science of Mental Illness Curriculum Supplement*.
<http://science-education.nih.gov/customers.nsf/MSMental>

Appendix A

Electroconvulsive therapy (ECT): An effective treatment for severe depression that is used only when people do not respond to medications and psychotherapy. ECT involves passing a low-voltage electric current through the brain. The person is under anesthesia at the time of treatment. ECT is not commonly used in children and adolescents.

Hallucination: The perception of something, such as a sound or visual image, that is not actually present other than in the mind.

Major depressive disorder: A mood disorder commonly referred to as depression. Depression is more than simply being sad; to be diagnosed with depression, a person must have five or more characteristic symptoms nearly every day for a two-week period.

Mania: Feelings of intense mental and physical hyperactivity, elevated mood and agitation.

Manic depression: See bipolar disorder.

Mental illness: A brain health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person distress and difficulty in functioning.

Obsessive compulsive disorder (OCD): An anxiety disorder in which a person experiences recurrent unwanted thoughts or rituals that the individual cannot control. A person who has OCD may be plagued by persistent, unwelcome thoughts or images or by the urgent need to engage in certain rituals such as hand washing or checking.

Panic disorder: An anxiety disorder in which people have feelings of terror, rapid heart beat and rapid breathing that strike suddenly and repeatedly with no warning. A person who has panic disorder cannot predict when an attack will occur and may develop intense anxiety between episodes, worrying when and where the next one will strike.

Phobia: An intense fear of something that poses little or no actual danger. Examples of phobias include fear of closed-in-places, heights, escalators, tunnels, highway driving, water, flying, spiders and dogs.

Psychiatrist: A medical doctor (M.D.) who specializes in treating mental diseases. A psychiatrist evaluates a person's mental health along with his or her physical health and prescribes medications.

Psychiatry: The branch of medicine that deals with identifying, studying and treating mental, emotional and behavioural disorders.

Appendix A

Psychologist: A mental health professional who has received specialized training in the study of the mind and emotions. A psychologist usually has an advanced degree such as a PhD.

Psychosis: A serious mental disorder in which a person loses contact with reality and experiences hallucinations and/or delusions.

Recovery: Recovery from mental illness refers to a person's improved capacity to lead a fulfilled life that is not dominated by illness and treatment. Recovery does not always mean that symptoms go away completely, or that people no longer need medication or support services. Recovery is defined differently for each individual, but most often means that a person has the capacity to find purpose and enjoyment in their life despite their illness.

Relapse: The recurrence of symptoms of an illness.

Schizophrenia: A psychotic disorder characterized in the active phase by hallucinations, delusions, disorganized thoughts/speech, disorganized or catatonic behavior, and apathy. Schizophrenia is an extremely complex mental disorder; in fact it is probably many illnesses masquerading as one. A biochemical imbalance is believed to cause symptoms, which usually develop in the late teens or early twenties.

Serotonin: A neurotransmitter that regulates many functions, including mood, appetite and sensory perception.

Stigma: Stigma is the use of negative labels to identify a person living with mental illness.

Symptom: Something which indicates the presence of an illness.



Template - Community mental health resources

The following mental health related resources are available in many communities. Find out the contact information for these resources in your community and distribute to students.

Kid's Help Phone - 1-800-668-6868

Kid's Help Phone is Canada's only 24-hour, national bilingual telephone counseling service for children and youth. Provides counseling directly to children and youth directly between the ages of 4 and 19 years and helps adults aged 20 and over to find the counseling services they need.

Parents, teachers and any other concerned adults are welcome to call for information and referral services at any time.

Local Distress lines _____

Local Mental health Organizations _____

Canadian Mental Health Association

For information about the CMHA Branch in your area, please see the CMHA National website at www.cmha.ca

Schizophrenia Society

For information about your local Schizophrenia Society Chapter, please see their website at www.schizophrenia.ca

Local Community Mental Health Clinic _____

Local Community Health Centre _____

Local Hospital _____

Sample letter home to families / caregivers

Below is a sample letter to send home with students in order to inform their parents and caregivers about the approach and content of the Mental Health and High School Curriculum Guide. You can customize the content to suit your needs.

Dear _____

We would like to inform you that as a part of the curriculum for your son/daughter's _____ course, we will be addressing issues of mental health and illness in the classroom. We will be using a curriculum guide developed by CMHA National, a nationwide voluntary organization which promotes mental health of all Canadians and supports the resilience and recovery of people experiencing mental illness.

The goals of the curriculum guide are:

- To provide secondary school staff across Canada with consistent, reliable and easy-to-use information to help address fundamental issues of mental health and mental illness in the classroom;
- To equip teenagers with the knowledge they need in order to identify when they or a friend or family member is experiencing mental health problems;
- To reduce the stigma associated with mental illness by providing clear, factual information mental illness, causes and treatments and recovery;
- To help young people understand that seeking help for mental health problems is very important, and to explore avenues for seeking help;
- To reinforce the importance of positive mental health and effective ways of coping with stress;
- To provide information about recovery from mental illness, and the factors which help keep people well.

The guide has been extensively reviewed by clinicians as well as educators and curriculum specialists to ensure accuracy of information and educational approach.

If you have any questions or concerns, please get in touch with _____ at _____

If you would like to view the material, please ask _____ or go to the CMHA National website at www.cmha.ca/highschoolcurriculum.

Thank you,

For more information

Websites and other resources for teachers -

Further information on mental health problems and mental illness

Canadian Mental Health Association

www.cmha.ca

CMHA National has a comprehensive range of information available to download from their website, including a complete series of pamphlets with vital information on mental health and mental illness.

Additionally, you will find many resources pertaining to mental health and high school for teachers, parents and students at www.cmha.ca/highschool

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org/>

The AACAP website contains a wide range of information on childhood and adolescent mental health and illness geared toward different audiences, including educators and parents.

Parents and Teachers as Allies

[http://www.nami.org/Content/ContentGroups/Youth/Parents and Teachers as Allies.htm](http://www.nami.org/Content/ContentGroups/Youth/Parents_and_Teachers_as_Allies.htm)

by Joyce Burland, Ph.D., National Director, NAMI Education, Training and Peer Support Center, Second Edition, 2003. Available through NAMI, c/o Lynne Saunders, Colonial Place Three, 2017 Wilson Blvd. Suite 300. Arlington, VA. 22201-3042 or by fax (703) 524-9094. (\$1.00 per copy)

A useful guide that can help parents and teachers identify the key warning signs of early-onset mental illness among children and adolescents. It focuses on specific, age-related symptoms of mental illness in young people, which may differ from adult criteria for diagnosis.

National Institute for Mental Health (NIMH)

<http://www.nimh.nih.gov/>

The NIMH website contains up-to date and reliable information about a wide range of issues relating to mental health and illness across the lifespan.

Classroom resources

When Something's Wrong: Ideas for Teachers with Troubled Students

http://www.cprf.ca/publication/WSW_order.pdf

A quick reference source of useful classroom strategies to help elementary and secondary school teachers and administrators understand and assist students with mood, behaviour or thinking disorders.

Available from the Canadian Psychiatric Research Foundation
(\$10 including shipping and handling)

Eliminating Barriers for Learning: Social and Emotional factors that Enhance Secondary Education.

Substance Abuse and Mental Health Services Administration, 2004. U.S. Department of Health and Human Services

<http://allmentalhealth.samhsa.gov/schools.html>

Eliminating barriers for learning is a packaged continuing education program for secondary school teachers that focuses on mental health issues in the classroom.

MindMatters: A Mental Health Promotion Resource for Secondary Schools

<http://cms.curriculum.edu.au/mindmatters/>

A resource and professional development program to support Australian secondary schools in promoting and protecting the social and emotional wellbeing of members of school communities.

Reaching Out

<http://www.schizophrenia.ca/reachingout/>

A complete, easy to teach, bilingual educational program specially created for Canadian youth. The program includes classroom activities and a video which provide information on psychosis and schizophrenia.

The Science of Mental Illness - National Institute of Mental Health Curriculum Supplement Series

<http://science-education.nih.gov/customers.nsf/MSMental>

In this supplement designed to address science curriculum for Grades 6-8, students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.

Appendix C

Talking About Mental Illness

http://www.camh.net/education/Resources_teachers_schools/TAMI/index.html

The Centre for Addiction and Mental Health's Talking About Mental Illness Teacher's Resource Guide contains all of the information, support and tools teachers will need to implement the program in their classroom. The awareness program is focused on combating stigma, and has been proven to bring about positive change in students' knowledge and attitudes about mental illness.

Youth Engagement through Schools - Peer Helper programs

http://www.safehealthyschools.org/youth/peer_helper_programs.htm

This webpage is a good source of information on peer-helper programs which address a variety of academic, recreational, social and other health needs. The page also contains a number of links for more information on setting up peer helper programs.

Information geared to young people

Psychosis Sucks

<http://www.psychosissucks.ca/epi/>

This site contains valuable information for youth in the importance of early intervention in psychosis. It includes information on warning signs and how to get help, along with personal stories and accounts of recovery.

Mind your Mind

<http://www.mindyourmind.ca/>

Mindyourmind.ca is an award winning site for youth by youth. This is a place where youth can get information, resources and the tools to help manage stress, crisis and mental health problems.

NOTES



We thank the following agencies for their support:

