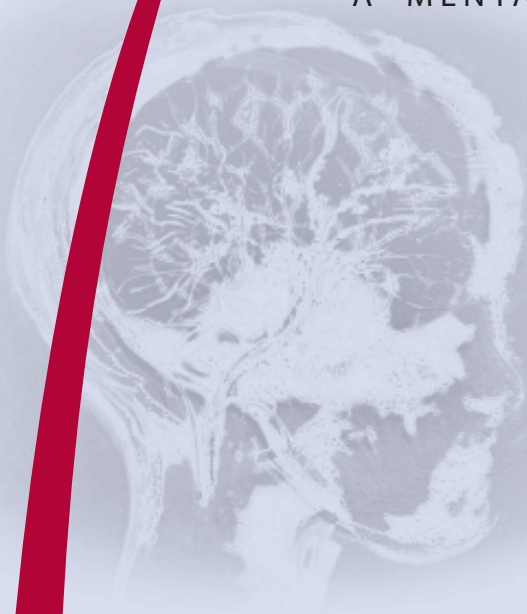


A MENTAL HEALTH PARENT RESOURCE

Bianca Lauria-Horner MD CFPC

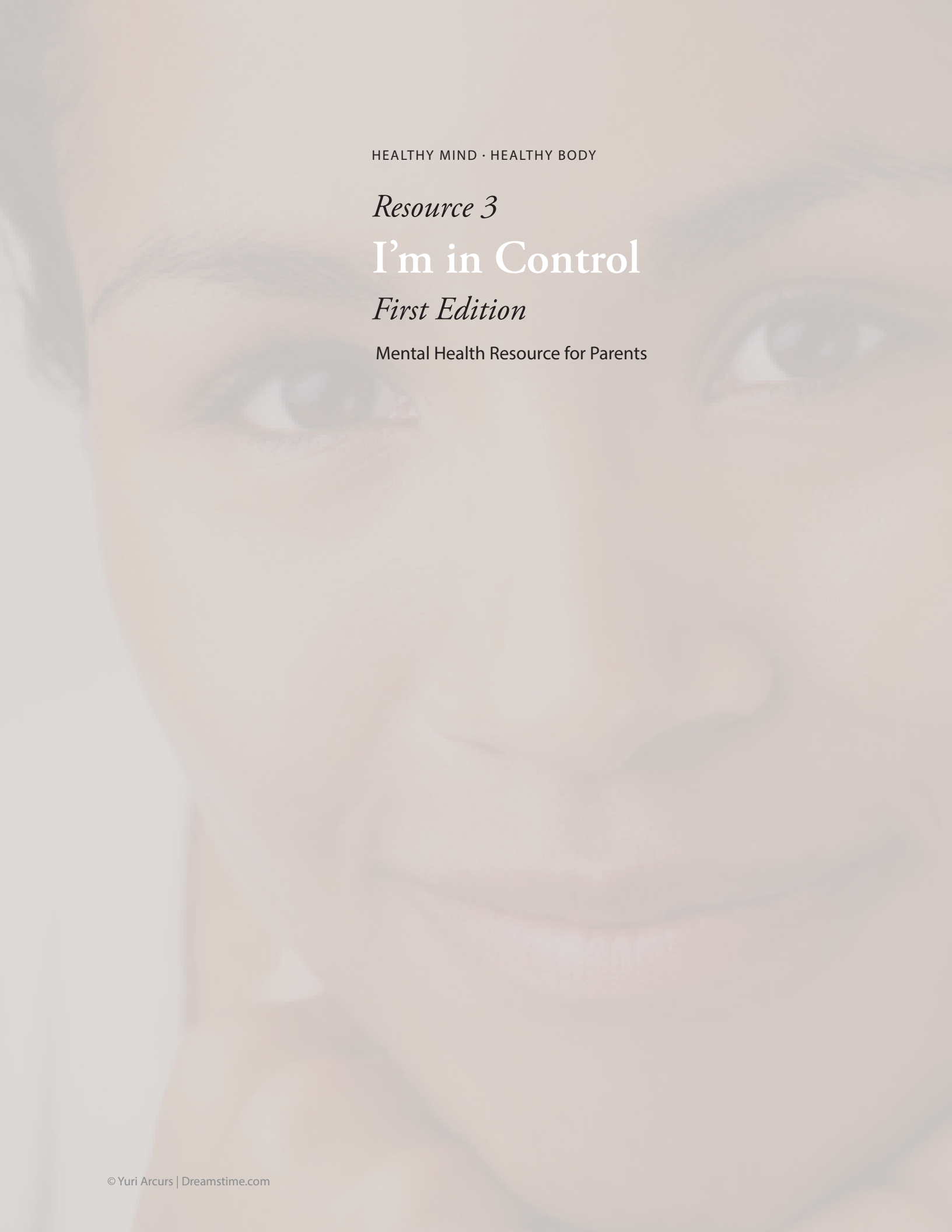


Healthy Mind Healthy Body

Parent Resource 3
My Child's Health
First Edition



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HEALTHY MIND • HEALTHY BODY

Resource 3

I'm in Control

First Edition

Mental Health Resource for Parents

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Mental Health: *Get the Facts!*

- Fact:** Mental health disorders in childhood and adolescence are real, can be severe, and should not be ignored.
- Fact:** Mental health disorders in children and adolescents are not a phase. They are brain disorders, and like other childhood illnesses (e.g., asthma, diabetes), they should be taken seriously.
- Fact:** Fifteen to 20 percent of children and adolescents experience mental health challenges at some time in their young years.
- Fact:** Although rates vary considerably by age and between countries, up to twelve percent of children and adolescents who experience mental health challenges require intervention.
- Fact:** Many children and adolescents experience challenges with their feelings and behaviours, and they need to know that they don't have to hide and endure their emotional pain alone.
- Fact:** Mental health challenges are not a weakness in character.
- Fact:** Mental health challenges are nothing to be ashamed of.
- Fact:** Mental health disorders, if not properly managed, can become severe and chronic and can persist into adulthood.

Important Information for Parents and Caregivers

Before you use this resource, please take a moment to read the information.

Dear parents and caregivers,

It is important to note that, for clarity and consistency throughout this resource, we will refer to all individuals responsible for the care of dependent children and adolescents—such as parents, caregivers, and others—collectively as “parents.” This approach aims to minimize wordiness and ensure uniform language throughout the document.

Parenting can often feel like a daunting journey. With so many resources available outlining what should and shouldn't be done, it's easy for parents to feel overwhelmed. I remember feeling that way with my own children whenever I picked up a parenting book. The countless directives about what to do or avoid often left me feeling completely lost while raising my energetic kids, and I frequently felt guilty about not doing enough. It's important to recognize that you are the best judge of what you can handle based on your unique circumstances and needs. There is no one-size-fits-all approach to exploring mental health, and you should never feel pressured to use any resource beyond its intended purpose, which is to offer assistance and support to parents who want to learn more. This resource provides information to help parents understand their child's mental health development as they grow, recognize when their child is thriving (even amid challenging emotions, thoughts, and behaviors), and identify situations that may raise concerns. You may choose to disregard prompts such as "Start the discussion" or "Ask your child." Nonetheless, you can still benefit from reviewing the activities or exercises included for informational purposes.

If you feel inspired to learn about mental health alongside your child, this resource is thoughtfully designed with activities and fact sheets to enhance your understanding together and promote open communication. You can choose to engage with some, most, or all of these activities, allowing you to explore various aspects of your child's mental and overall health. Remember, while it may be easy for some children to express themselves, for others, it can take significant effort. It's important not to get discouraged, as some children may take longer to open up and talk about their feelings and pressures. Starting these discussions early, before they begin school, may enhance their comfort level in sharing openly, making it second nature.

Learning about mental health is essential for reducing the stigma surrounding mental health challenges and disorders. As people become more comfortable discussing mental health—

just as they do with topics like nutrition or heart health—conversations about mental well-being will become as common as discussions about any other health aspect.

It is also vital to use appropriate language when discussing mental health and mental health disorders. This means discouraging negative terms such as “crazy,” “nervous breakdown,” and “mental.” By doing so, we can encourage both children and adults to express their feelings openly and recognize when those feelings or behaviors may hinder healthy development. Our hope is that, over time, society will come to understand that mental health challenges should not be viewed as shameful or as a sign of weakness—imagining that one can simply “shake off” a “bad feeling” is misleading and unhelpful.

Through this resource, you will learn about (1) healthy and unhealthy feelings and behaviors and (2) how to be more confident in detecting the warning signs that indicate when to seek help if something doesn’t feel quite right. You will become familiar with new terms and concepts regarding mental health—the health of feelings, thoughts, and behaviors—emphasizing its significance as part of overall health.

Children will learn that the brain is a vital organ for mental health, just as our lungs and heart are essential for physical health. They will understand what makes the brain healthy and unhealthy. For example, we use familiar comparisons to help children grasp how every part of the body and mind affects our overall health::

- One habit that helps your lungs become healthy is exercise.
- One habit that can make your lungs unhealthy is smoking.
- Some habits that promote heart health include eating properly and exercising.
- Some habits that can harm your heart are poor eating and a lack of exercise.
- Practices that contribute to brain health include eating well, exercising, and learning to recognize and express your feelings.
- Habits that can negatively impact brain health include not getting enough sleep, bottling up feelings, and for some consuming too much caffeine.

The primary goal of this resource is to enhance mental health literacy and dispel the misconception that health pertains solely to physical well-being. Mental health and physical health are interconnected and equally important, as they significantly influence one another. Consequently, when we talk about being healthy, we should always consider both mental and physical health. This approach can help reduce the stigma surrounding mental health issues and encourage individuals to seek help when necessary.

Introduction

Did you know that mental ill health is increasingly becoming a priority public health issue? Sadly, this alarming statement is true—namely, because mental health disorders cause unnecessary suffering and impose a disproportionately high economic burden on society.

In fact, the costs of mental ill health in Canada were estimated at \$20.7 billion in 2012, increasing by 1.9 percent per year. In the United States, the cost related to mental health disorders in 2006 was approximately \$57.5 billion.^{1,2} Moreover, chronic disability, decreased work productivity, very high economic and social burdens, and decreased quality of life all contribute to the recent World Health Organization's (WHO)

identification of depressive disorders as one of the most prevalent and costly conditions in our society. The WHO also states that mental health conditions are becoming the number one cause of years-lived with disability worldwide³

Thankfully, health professionals', governments', and the public's understanding of mental health disorders is gradually changing toward seeing these illnesses as serious brain diseases active throughout the lifespan. Better still, mental ill health is a topic increasingly seen in the media and talked about with a sense of urgency that demands immediate attention and strategies to lessen associated burdens.

Why do we need to learn about mental health?

Mental health and mental health disorders are concepts that scare people. Indeed, for centuries, these terms have been misused, resulting in myths and stigma that prevent people from getting help.

1. *Mental Illness Imposes High Costs on the Canadian Economy*, last accessed August 13, 2012, at http://www.conferenceboard.ca/press/newsrelease/12-07-19/Mental_Illness_Imposes_High_Costs_on_the_Canadian_Economy.aspx.

2. *The Global Cost of Mental Illness*, last accessed August 13, 2012, at <http://www.nimh.nih.gov/about/director/2011/the-global-cost-of-mental-illness.shtml>.

3. Kessler, Ronald C., Sergio Aguilar-Gaxiola, Jordi Alonso, Somnath Chatterji, Sing Lee, Johan Ormel, T. Bedirhan Ustün, and Philip S. Wang. 2009. "The Global Burden of Mental Disorders: An Update from the WHO World Mental Health (WMH) Surveys." *Epidemiologia E Psichiatria Sociale* 18 (1): 23–33. <https://doi.org/10.1017/s1121189x00001421>.

So, how do we change this trend? Well, first, as with physical health, people need to feel comfortable with mental health vocabulary and concepts. Questions such as What is good mental health and well-being? Do we ever wonder if feelings of sadness and uneasiness are expected? and What should we do to have good mental health and well-being? need to be explored and openly discussed. While good physical health means having a healthy body, good mental health means having a healthy mind. That's why good mental health is just as important for enabling us to feel well. A healthy mind controls how we feel, think, and behave, and ideally, in time, a greater understanding of mental health and mental ill health could decrease the stigma and eliminate the confusion. In short, people would refer to health as a whole, including both physical and mental health.

Why should we target children at such a young age?

Most mental health challenges begin in childhood and adolescence.⁴ According to Bitsko et al., lifetime diagnosis of anxiety or depression among children aged 6 to 17 years increased from 5.4% in 2003 to 8.4% in 2011-2012.⁵ In addition, mental health directly affects children's ability to use and benefit from education.⁶ Unresolved mental ill health can lead to learning challenges and decreased academic performance as well as increased absenteeism, school dropout, and special education referral.⁷

Moreover, the consequences of untreated depression can lead to increased incidence of depression in adulthood; involvement in the criminal justice system; or, in some cases, suicide. In fact, suicide is the second leading cause of death in adolescence after accidents. Even more concerning, it is the sixth leading cause of death among children ages 5–14. However, perhaps the most troubling fact is that these struggling teens often receive no counselling, therapy, or medical intervention, even though the National Institute of Mental Health reports that studies show treatments of depression in children and adolescents can be effective.

Two-thirds of parents cite barriers they may have in recognizing their child's depression, such as it being hard to tell between normal ups and downs from possible depression. University researchers found that even parents who have good communication with their children do not necessarily realize when their child is experiencing depression.⁸

4. Cree et al., "Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders and Poverty Among Children Aged 2–8 Years — United States, 2016." *Morbidity and Mortality Weekly Report* 67 (50): 1377–83. <https://doi.org/10.15585/mmwr.mm6750a15>.

5. Bitsko, Rebecca H., Joseph R. Holbrook, Reem M. Ghandour, Stephen J. Blumberg, Susanna N. Visser, Ruth Perou, and John T. Walkup. 2018. "Epidemiology and Impact of Health Care Provider–Diagnosed Anxiety and Depression Among US Children." *Journal of Developmental and Behavioral Pediatrics* : JDBP 39 (5): 395–403.

6. National Institute of Mental Health, *America's Children: Parents Report Estimated 2.7 Million Children with Emotional and Behavioral Problems*, last accessed in July 2005 at http://www.nichd.nih.gov/news/releases/americas_children05_bg_parents.cfm.

7. Howard S. Adelman and Linda Taylor, "Mental Health in Schools and System Restructuring," *Clinical Psychology Review* 19, no. 2 (1999): 137–163.

8. "Recognizing Youth Depression at Home and School." n.d. *National Poll on Children's Health*. Accessed January 14, 2022. <https://mottpoll.org/reports/recognizing-youth-depression-home-and-school..>

Furthermore, while early identification and effective intervention can improve short-and long-term outcomes,^{9,10,11,12} available data indicate that most youngsters experiencing treatable mental health disorders are not correctly identified or adequately treated.^{13,14,15,16} That said, school curricula do address several areas that help enhance healthy habits—including nutrition and how to maintain good physical health. Parents' involvement in childrens' mental health awareness is equally if not more important. Children and youth need the skills to identify or express emotions and to identify when they need help.

How will this resource help?

Lack of knowledge and stigma surrounding mental health challenges remain significant barriers to help-seeking behaviour, mental health challenges recognition, and effective treatment.^{17,18} Although this trend is changing, those who may not fully understand depression, anxiety, or other psychiatric disorders attach a certain stigma to mental health disorders as if it were shameful and something not to be discussed. The stigma and fear can be consciously or unconsciously transferred to children.

In addition, the perception—which adds to the problem—may be that youth do not have the emotional maturity to experience mental health conditions. Instead, one could conclude that children experiencing symptoms are simply going through a phase, and so the suffering can be ignored or dismissed. Also, children and teens themselves do not know what feelings and behaviours are expected for their age group and, therefore, ignore or repress internal signals and live with mental health challenges until adulthood or until they find themselves in a crisis.

Dispelling stigma surrounding mental health requires education programs for parents, schools, and the community. These initiatives should aim to demystify and familiarize children with mental health and mental ill health terminology. Additionally, they can enhance children's understanding during their early learning years, which present numerous opportunities for developing positive character traits. While there is a general

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9. Rita J. Casey and Jeffrey S. Berman, "The Outcome of Psychotherapy with Children," *Psychological Bulletin* 98, no. 2 (1985): 388–400.
 10. Alan E. Kazdin and John R. Weisz, "Identifying and Developing Empirically Supported Child and Adolescent Treatments," *Journal of Consulting and Clinical Psychology* 66, no. 1 (1998): 19–36.
 11. Neal D. Ryan, "Child and Adolescent Depression: Short-Term Treatment Effectiveness and Long-Term Opportunities," *International Journal of Methods in Psychiatric Research* 12, no. 1 (2003): 44–53.
 12. John R. Weisz, Bahr Weiss, Susan S. Han, Douglas A. Granger, and Todd Morton, "Effects of Psychotherapy with Children and Adolescents Revisited: A Meta-Analysis of Treatment Outcome Studies," *Psychological Bulletin* 117, no. 3 (1995): 450–468.
 13. United States Department of Health and Human Services, *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*, last accessed in December 2006 at <http://www.surgeongeneral.gov/topics/cmh/childreport.html>.
 14. Rob V. Bijl et al., "The Prevalence of Treated and Untreated Mental Disorders in Five Countries," *Health Affairs* 22, no. 3 (2003): 122–133.
 15. Jane McCarthy and Jemma Boyd, "Mental Health Services and Young People with Intellectual Disability: Is It Time to Do Better?" *Journal of Intellectual Disability Research* 46, no. 3 (2002): 250–256.
 16. National Institute of Mental Health, *Treatment of Children with Mental Disorders*, last accessed on November 16, 2012, at <http://www.cmhamj.com/pamphlets/Child%20and%20Youth/TreatmentOfChildrenWithMentalDisorders.pdf>.
 17. Sharon Starr, Lenora R. Campbell, and Charlotte A. Herrick, "Factors Affecting Use of the Mental Health System by Rural Children," *Issues in Mental Health Nursing* 23, no. 3 (2002): 291–304.
 18. Otto F. Wahl, "Mental Health Consumers' Experience of Stigma," *Schizophrenia Bulletin* 25, no. 3 (1999): 467–478.

consensus on the importance of teaching children how to improve their physical health, mental health can be overlooked and should be recognized as an essential component of overall well-being. Therefore, it is imperative to start identifying with the concept of health as both physical and mental health. Consequently, if we enhance young children's comfort with the notion of mental health, then discussions about it would be just as ordinary and commonplace as nutrition health or cardiovascular health; thus, the stigma would disappear. This would also most likely improve early recognition of warning signs, encourage early help-seeking behaviour, and create a supportive environment for individuals.¹⁹ Extracurricular interventions in elementary schools pertaining to mental health have been found to decrease special education usage and behaviour difficulties, while improving academic skills, positive peer interactions, and parent involvement in school.²⁰

What is needed?

The various social skills necessary for emotional competence must be developed gradually and continuously.²¹ Learning to identify and express one's feelings, to share, to listen to others, to appropriately express anger, to co-operate, to use respectful language, and to eliminate discrimination, to become assertive, and to accept differences are all examples of social skills that help avoid or resolve conflicts. Again, these life skills must be built into social relationships and the self-esteem teachings at all age levels. There's also been a growing consensus that the prevention of anti-social behaviours should be linked to the promotion of positive characteristics in programs that address multiple aspects of social and character development.^{22,23,24,25}

In this edition, outdated terms are replaced as follows: mental health challenges will be used instead of emotional problems to describe persons who experience mental distress and a child "experiencing symptoms of" or "experiencing" or "living with" a mental health disorder are used instead of mental illness to describe persons who may require professional help.

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19. Health Canada, "Mental Illnesses in Canada—An Overview," *A Report on Mental Illnesses in Canada*, last accessed on November 16, 2012, at www.phac-aspc.gc.ca/publicat/miic-mmac.
 20. Center for School Mental Health Assistance, *Outcomes of Expanded School Mental Health Programs*, last accessed on August 15, 2010, at <http://www.schoolmentalhealth.org/Resources/ESMH/ESMHoutcomes.pdf> (2003).
 21. Saskatchewan Education, "Chapter 3: Let's Talk Things Over ... A Sample Unit on Conflict Resolution," *Health Education: A Curriculum Guide for the Elementary Level* (Chapters 1–5), last accessed on February 26, 2006, at www.sasked.gov.sk.ca/docs/health/health1-5/grad32.html.
 22. Carnegie Corporation of New York, *Great Transitions: Preparing Adolescents for a New Century (Excerpts)*, *Reports of the Carnegie Council on Adolescent Development*, last accessed on August 15, 2010, at <http://successinthemiddle.wetpaint.com/page/Preparing+Adolescents+for+a+New+Century> (1995).
 23. Richard F. Catalano, M. Lisa Berglund, Jeanne A. M. Ryan, Heather S. Lonczak, and J. David Hawkins, *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs* (U.S. Department of Health and Human Services), last accessed on November 16, 2012, at <http://aspe.hhs.gov/hsp/PositiveYouthDev99>.
 24. Consortium on the School-Based Promotion of Social Competence, "The School-Based Promotion of Social Competence: Theory, Research, Practice, and Policy," *Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interaction*, eds. Robert J. Haggerty, Lonnie R. Sherrod, Norman Garmezy, and Michael Rutter (New York: Cambridge University Press, 1994).
 25. Martin E. P. Seligman and Mihaly Csikszentmihalyi, "Positive Psychology: An Introduction," *American Psychologist* 55, no. 1 (2000): 5–14.

Can we really tell when there is a problem?

The aim of this resource is to arm children and youth with the power of knowledge so that they can gain confidence in identifying healthy feelings and behaviours, even if these feelings and behaviours don't always feel good. They also need to recognize when feelings and behaviours can be challenging, what would be expected for specific age groups, and what could indicate warning signs for deeper problems.

Now, while there are key symptoms and signs for common mental health disorders of childhood, these alone are not enough to indicate possible warning signs or problems. One needs to consider the length of time key symptoms and signs have been present and how the feeling/behaviour is different from a phase or situational change in the child's life. These factors should then be combined with the child's functioning, or lack thereof, in any or all of the following areas: usual routines at home, with friends, or at school. But remember, all these factors are simply an indication that further investigation is required—**they do not confirm or exclude mental health conditions.**

Parents are not counsellors; it can be challenging to identify emotional or behavioural challenges in children and adolescents.

You're right: It's not your job to be on the lookout and identify, refer children/adolescents experiencing emotional or behavioural challenges. This is not the scope of this resource. The goal, in fact, is to help youth themselves to identify with healthy and unhealthy emotions and behaviours and to acquire the knowledge to increase their confidence in talking to a trusted adult or to ask for help if something feels not quite right.

That said, you can be a critical link between the child and a healthcare provider, resulting in the assessment and treatment of childhood mental health conditions. With warmth and empathy, you are a major, influential part of their lives. You meet with teachers and routinely address concerns about your children. Through this resource, parents can acquire confidence in discussing mental health inquiries or concerns with their children. Therefore, confidence in listening, talking to the child, and/or directing the child appropriately to talk to a professional if needed, for instance, would become more commonplace.

Are there concerns in teaching about mental health? What is the appropriate language?

When referring to a child's mental health, we recommend the following guidelines:

- Avoid using terms like "bad" or "good." Feelings and behaviours should be referred to as "expected" or "unexpected" for a particular age group.

- Do not speak to a child in terms of “Yes, it appears you have a problem” or “No, this is not a problem.” Even the most experienced professional can find it difficult to determine whether or not there truly exists a reason for concern. The appropriate language should be: “This seems to have lasted longer than expected [or] this seems to be bothering you and interfering with your school work (or with your friends, routines at home, etc.) more than is expected. Would it help to talk to an expert who knows more about mental health, for example your school counsellor or a doctor?”

*Note: If the child tells you that there is no one they feel comfortable speaking to, then an option would be to advise them to call the **Kids Help Phone** (1-800-668-6868) or country equivalent.*

- Do not counsel youth about any concerns. Once you feel that what you have observed needs further attention, direct the child to a school counsellor or a trusted professional. In addition, if you feel comfortable, you can speak to a healthcare professional yourself about your concerns; however, it is important to understand that what you observed is only a concern.
- Avoid inquiries that can be perceived as judgmental or as an invasion into the privacy of a child's life. For example, avoid asking a child if they feel that they are not doing enough, causing them to feel sad. This type of question can be perceived as judgmental and intrusive and might result in alienating them.
- Avoid using disparaging terminology such as “nervous breakdown,” “crazy,” or “mental” when referring to mental health and mental health challenges. These terms create stigma and attach a negative connotation to mental health disorders, thereby perpetuating the problem. In fact, avoid using this terminology even indirectly or in play.
- Remember, it is important to realize that some factors are out of a parent's control. You can only do your best. Guiding children and incorporating the information of this resource into your child's upbringing is already a tremendous step forward.

Note: A letter for families found in this resource will help familiarize you with the benefits of working with teachers who teach mental health in schools.

Why are parents taught about mental health?

The goal is to provide parents with an educational resource that complements what is taught in schools about emotional development, mental health, mental health challenges, and resilience skills. This resource is specifically designed for parents. Discover how the insights within can foster meaningful conversations with your child, allowing you to be actively involved and positively influence their emotional growth. Engaging in these

discussions can enrich your relationship and support their growth in numerous ways. Let's dive into the significance of these insights and empower your discussions!

Each resource is intended for use within a specific age range for children.

- Resource 1—primarily for ages 5 to 8
- Resource 2—primarily for ages 9 to 11
- Resource 3—primarily for teenagers aged 12 to the end of adolescence

Each resource will include key activities and exercises taken from Healthy Mind - Healthy Body Resources 1 to 3 for schoolteachers. Parents can use these activities and exercises as they are, rephrase them in their own words, or create new ideas to stimulate discussions with children about important mental health topics.

For lessons aimed at infants and toddlers, reflection exercises help parents generate ideas that positively influence emotional development in this age group. For preschool-aged children and older, we provide activities and discussion aids to foster conversations with your child, enhancing their emotional well-being, thinking skills, and resilience.

Conversations about a child's pressures, and coping mechanisms can start at any age, but we recommend using these "Activities and Discussion Aids" no earlier than around age four. Younger children may still be developing their ability to process and express their thoughts fully. It's important to listen actively and avoid overreacting when children share difficult experiences. Instead, respond supportively by saying something like, "That must have been hard. Was the rest of your day okay?"

Chapter 1 is intentionally the same across all three parent resources (1 to 3). In this chapter, parents will learn about the different stages of emotional development from birth to adolescence. It outlines the key emotional milestones that children typically experience during these years. It's essential to understand that while this guide helps parents recognize these important milestones, some children may reach them earlier or later than expected and still remain within a normal range. While we recommend that parents familiarize themselves with these emotional stages, it's crucial to use activities and discussion aids that are appropriate for their child's specific age group. By understanding these expected stages of emotional development, parents will be better equipped to identify when a child's development might not be progressing as expected and to seek assistance if necessary.

It's also essential to remember that many children will eventually become parents themselves. By learning about mental health and its challenges now, children can develop crucial skills needed for emotional competency, prosocial behavior, and conflict resolution. This understanding will empower them to assist their own children when faced with mental health questions or challenges. Ultimately, our goal is to break the cycle of stigma and misunderstanding—wouldn't that be wonderful?

Resource 3

I'm in Control

Teaching Scope

The following topics will be introduced gradually across the lessons:

- identifying feelings and behaviours—here, children will continue to enhance their learning about feelings and behaviours as well as the warning symptoms and signs that could indicate a deeper problem.
- common mental health disorders—here, children will continue to learn in more depth about symptoms and signs of the common mental health disorders of childhood and adolescence—namely, major depressive disorder, persistent depressive disorder, anxiety disorders, and attention deficit disorder/attention deficit hyperactive disorder—according to a simplified, age-appropriate, modified version of the Diagnostic and Statistical Manual, fifth edition, (DSM-5), criteria.

Note: The DSM-5 is the internationally accepted reference manual professionals use to diagnose these common mental health disorders.

- the importance of early recognition of warning signs, treatment and the consequences of delayed treatment
- the concept of stigma attached to mental health challenges and disorders


How will these topics be taught?

Solid emotional and character development is key for a child's healthy development. To this end, this resource encompasses topics related to mental health as well as helps children to focus on learning an appropriate cognitive foundation and methods for conflict resolution to reduce negative behaviour. In particular, the information taught will help children to develop higher-order skills such as appropriate decision making, the ability to use analytical thinking to process choices, evaluation, and communication.

Mental health occurs on a continuum from wellness to probable disorder which varies continuously. The Mental Health Continuum Model introduced in Resource 2, Section

3.1, Haoyu's Story makes the distinction between good mental health, temporary distress, declining mental health, and warning signs of mental health disorders. Good mental health is not just the absence of a mental health disorder. It reflects a positive state of well-being, satisfaction, approach to life, where stressful events are challenges, not difficulties. The following continuum illustrates more detailed signs and indicators from wellness to possible disorder. Parents can introduce this model as they see fit. Each person will look different when they move down the continuum. Signs and indicators of poor mental health do not necessarily all change together. However children can use the model to see where they may be on the spectrum. If children are starting to move to the right of the continuum compared to their usual state, it may be time to seek help.

Mental Health Continuum Guide

HEALTHY	LIMITED DISTRESS/ REACTING	DECLINING MENTAL HEALTH/ INJURED	ILL
			
Normal Mood Fluctuations	Common and reversible distress Expected Usually temporary	Ability to Cope Failing Can be triggered by stressor	Possibly a clinical disorder Persistent and sustained change in emotion (anger/tantrums, sadness, anxiety), thinking, perception, behavior
Normal Sleep Patterns	Daily life stressors	Distress can last a long time Feeling challenges (sadness, anxiety..) are more difficult to resolve/ control	Influenced by circumstances, or other factors as well
Good Energy	Feelings (sadness, anxiety..)		
Performing Well	Can temporarily affect memory, Concentration, decision-making, Decreased Social Activity	Can be associated with other difficulties ; sleep, appetite, behaviour	However, may not have any risk factors Not under the control of the individual.
	Back to usual self usually with rest, healthy food, exercise, and engaging in healthy coping strategies	Can interfere with functioning May need help.	Interferes with functioning in at least one of the important areas of life (school, friends, family) Likely needs professional help

We want to ensure that the terminology taught to children is that of “warning signs” and not “identification or diagnosis.” This is a crucial message to prevent self-diagnosis and self-labelling. Children should learn that it is difficult, even for a trained professional, to diagnose certain mental health disorders, and, therefore, we strongly discourage this practice, as it is not the purpose of this program.

Furthermore, to support children's learning, the resource contains user-friendly parents' guides, and parent awareness activities. Learning goals will be addressed by incorporating instructive lessons with interactive activities, role play, games, and group discussions. This method will enhance learning by promoting active participation, thereby piquing children's interest.

Finally, it is important to remember that this resource **is a complementary resource**. That is, when this resource is combined with the two additional resources, it will introduce children to a variety of key concepts and issues related to mental health.

Healthy Mind • Healthy Body

Complementary Resources

Resource 1—My Health and My Brain

Teaching Scope

The following topics will be introduced gradually across the lessons:

- influences put upon us and influences we put upon others
- the concept of health consisting of a healthy mind and a healthy body
- the concept of mental health consisting of the health of feelings, behaviours, and thoughts and how this is linked to the brain
- healthy emotional and behavioural expression—here, children will learn how to define and express specific feelings, learning that feelings are healthy, even if at times they don't feel so good. They will also learn how to define and express specific behaviours, learning what behaviours are expected for their age group, how to identify feelings and behaviours, and which of these are different from what is expected or may be cause for concern.
- the concept of trust
- the concept of positive and negative stress
- problem solving and conflict resolution—here, children will acquire basic skills to describe their problems and conflicts and learn appropriate steps to resolve a problem or conflict in a constructive manner.

Resource 2—Did You Know, Daddy, I Feel Sad Sometimes

Teaching Scope

The following topics will be introduced gradually across the lessons:

- identifying expected feelings and behaviours—here, children will continue to enhance their learning about feelings and behaviours.
- the concept of stress versus anxiety
- warning symptoms and signs that could indicate a deeper problem, namely for major depressive disorder, anxiety disorders, and attention deficit disorder/attention deficit hyperactive disorder
- that it's OK for children to talk to a trusted adult about their feelings, behaviours, and concerns
- positive development and social skills
- problem solving and conflict resolution—here, children will acquire more in-depth skills to describe their problems and conflicts and learn appropriate steps to resolve a problem or conflict in a constructive manner.

Overview

Chapter 1	CHAPTER OBJECTIVES
	By the end of Chapter 1, parents will
1.1 - I Will Protect You	<ul style="list-style-type: none"> • learn the expected emotional development stage of infants and toddlers from birth to 18 months old • realize the importance of a parent's influence on a baby's development of trust • demonstrate the attitudes and strategies needed for positive parenting • demonstrate an awareness of factors that can influence the way infants and toddlers, think, and behave
1.2 - It's a Big House	<ul style="list-style-type: none"> • learn the different expected behaviours that can be seen in toddlers • learn that a toddler begins to explore their world and that this is very important to develop a sense of independence • encourage the child express their feelings regarding their own sense of independence
1.3 - Why Is the Sky Blue?	<ul style="list-style-type: none"> • learn that once a child has developed a sense of independence, they can now explore, ask questions, investigate, and make decisions—all things that are important for the child to develop a sense of ambition, drive, and motivation • learn that encouraging a child to ask questions and make decisions they are capable of making will help them develop a sense of ambition • understand that if healthy initiative development doesn't occur, a child may be fearful, may cling to their parents, and may avoid groups
1.4 - Let's See What I Can Do	<ul style="list-style-type: none"> • learn that a child from 6 to 11 years of age begins to adopt the more structured skills of life, such as following rules • learn what self-discipline means • identify activities that require self-discipline—activities that are structured and require a child to follow rules and work as part of a team
1.5 - Who Am I?	<ul style="list-style-type: none"> • become aware of the changes of adolescence • recognize that adolescents go through a period of confusion, self-discovery, and uncertainty and that this is expected • learn that an adolescent who completes all the stages successfully will have an increased likelihood of having high self-esteem, whereas one who doesn't

1.5 - Who Am I?	<p>may become self-conscious and doubt themselves (In other words, the sense of self is unstable.)</p> <ul style="list-style-type: none"> • help teens observe their own development and increase their self-understanding
Chapter 2	CHAPTER OBJECTIVES
	By the end of Chapter 2, your child will be expected to
2.1 - Mary, Is Jimmy Still in His Phase?	<ul style="list-style-type: none"> • identify and practise healthy ways of expressing emotions • demonstrate an awareness of ways emotions, thoughts, and the body affect one another • identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence • express the warning symptoms and signs of major depressive disorder (MDD) • understand that the cause of MDD is still not exactly known • express some possible risk factors of MDD • recognize gender differences with regard to MDD • learn that one can recover from MDD without treatment but that in many cases MDD will return if not treated • realize how important it is to talk to someone they trust if they feel that something is not right • identify physical, emotional, and social changes of puberty and adolescence
2.2 - My "On" Switch Is Broken (continued)	<ul style="list-style-type: none"> • identify and practise healthy ways of expressing emotions • identify their feelings in different situations and at different times of the day • demonstrate an awareness of ways emotions, thoughts, and the body affect one another • identify the most common types of anxiety disorders • recognize and express the warning signs that show when anxiety needs attention (i.e., warning signs for generalized anxiety disorder, a panic attack and panic disorder, separation anxiety disorder, and social anxiety disorder) • express the difference between panic attack and panic disorder • understand that the cause of these disorders is still not exactly known • learn the impact of delayed treatment • identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence

2.3 - Do I Act Differently Than Others?	<ul style="list-style-type: none"> • deepen their knowledge about a common childhood condition that can interfere with children's learning (e.g., ADHD) • identify common warning signs that indicate a possibility of living with ADHD • name the three areas of behaviour most often affected by ADHD • become aware that the warning signs of ADHD can be similar in boys and girls • recognize the ways that girls' symptoms differ from boys' • identify physical, emotional, and social changes of puberty and adolescence
Chapter 3	<p>CHAPTER OBJECTIVES</p>
	<p>By the end of Chapter 3, your child will be expected to</p>
3.1 - I Can Almost Reach Your Hand	<ul style="list-style-type: none"> • learn that major depressive disorder (MDD) can resolve on its own if not treated but that in many cases it will return more frequently and could be more severe each time it reoccurs <p>understand some short-term and long-term consequences of delayed treatment</p> <ul style="list-style-type: none"> • realize how important it is to talk to someone they trust if they feel that something is not right • realize how important it is to get help if they experience warning signs of MDD • identify possible treatments for MDD • learn about the different help hotlines available • identify and practise strategies for strengthening their self-concept • identify and practise strategies for communicating their personal needs in relationships • identify services that support the mental health and physical health of adolescents
3.2 - Am I Alone?	<ul style="list-style-type: none"> • review and identify the three areas of behaviour most often affected by ADHD • learn that these behaviour challenges usually start before age twelve and if not identified can continue into adulthood • learn that no one knows for sure what causes ADHD • understand some short-term and long-term consequences of delayed treatment • identify some of the treatments available for ADHD • identify and practise strategies for strengthening their self-concept • identify and practise strategies for communicating their personal needs in relationships • identify services that support the mental health and physical health of adolescents

Chapter 4	CHAPTER OBJECTIVES
4.1 - Cheer Up, Haoyu, I'm Worried	<p>By the end of Chapter 4, your child will be expected to</p> <ul style="list-style-type: none"> • express the warning signs associated with other important types of depression in childhood and adolescence, such as persistent depressive disorder and seasonal affective disorder (SAD) • demonstrate an awareness of the challenges individuals living with persistent depressive disorder face, even though on the surface the afflicted individual appears to be functioning relatively well • realize how important it is to get help if they are experiencing warning signs and symptoms of persistent depressive disorder or seasonal affective disorder (SAD) • review the different help hotlines available • demonstrate the attitudes and strategies needed to face and deal with problems • identify the warning signs and strategies related to the prevention of teen suicide • demonstrate a knowledge of the symptoms, risk factors, and management strategies for depressive conditions



Childhood Emotional Development

Chapter 1

Chapter 1

Childhood Emotional Development

Parents' Corner

An overview of why the information in this chapter is relevant for Parents

Chapter 1 is intentionally identical across all three parent resources (1 to 3) to help parents understand the emotional development stages from birth to the end of adolescence. It outlines the key emotional milestones that children typically experience during these years. It's essential to understand that while this guide helps parents recognize these important milestones, some children may reach them earlier or later than expected and still remain within a normal range.

Parents will gain insight into the significant influences on youth development, which will enhance their understanding of effective parenting strategies aimed at promoting healthy emotional growth.

Resource 1 is specifically designed

for children primarily aged 5 to 8. While we recommend that parents familiarize themselves with the emotional stages described, it is essential to use activities and discussion aids that are appropriate for their child's specific age group.

For sections intended for infants and toddlers in Chapter 1, reflection exercises are designed solely for parents. These exercises help parents learn strategies that positively influence emotional development during this early stage.

For preschool-aged children up to age 8, Chapter 1 offers activities and discussion aids designed to foster conversations with your child. These interactions aim to enhance their emotional well-being, thinking skills, and resilience. Parents can choose to

begin these activities in this chapter or incorporate them into later chapters, as they are specifically tailored for this age group. It is recommended to discuss a child's pressures and coping mechanisms around age four, unless the child demonstrates an earlier ability to grasp these concepts. Younger children may still be developing their capacity to process and express their thoughts fully.

Parents should also familiarize themselves with the emotional stages described in this chapter, from ages 9 through the end of adolescence. However, activities relevant to this age group are not intended for use with Resource 1.

By understanding these expected stages of emotional development, parents will be better equipped to identify when a child's development might not be progressing as expected and to seek assistance if necessary.

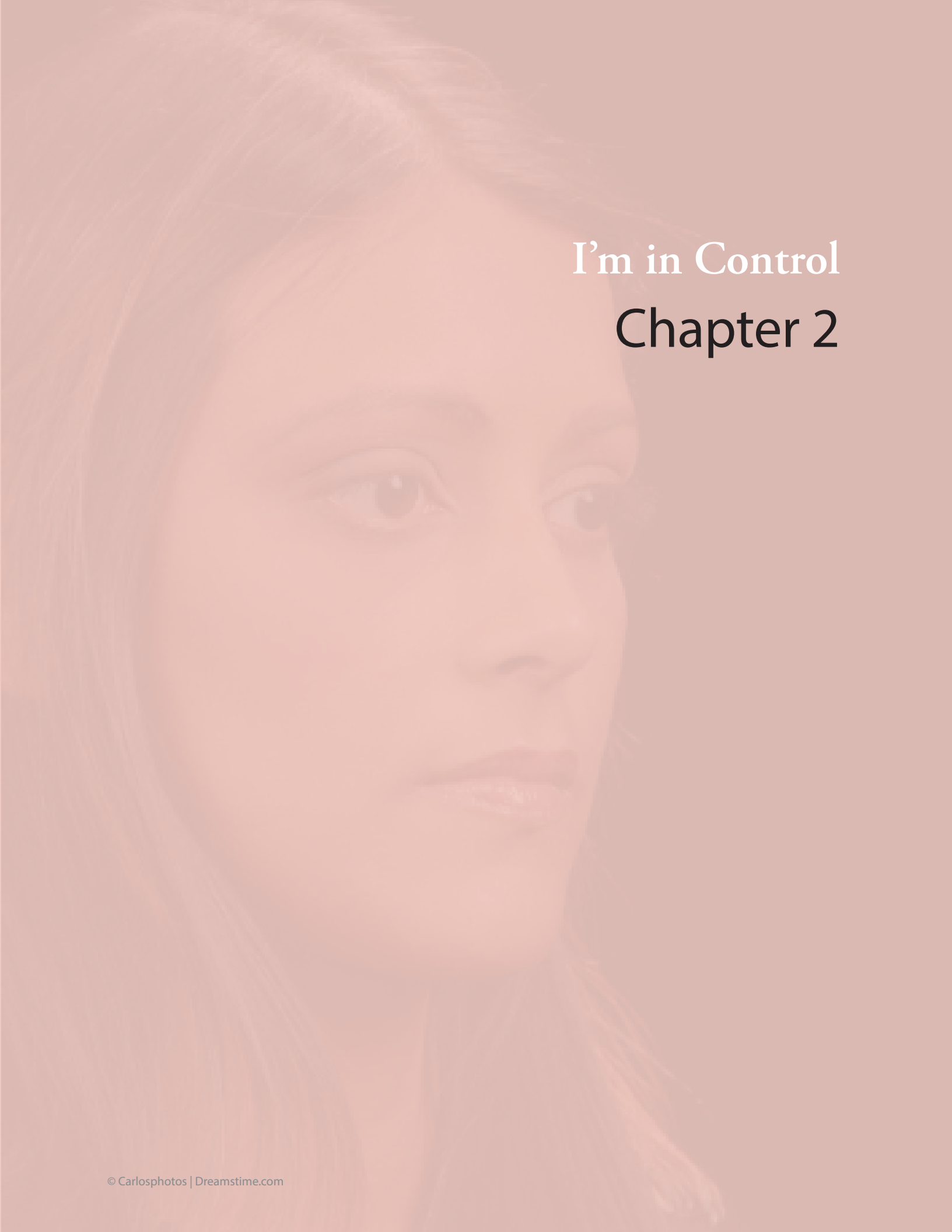
By understanding these expected stages of emotional development, parents will be better equipped to identify when a child's development might not be progressing as expected and to seek assistance if necessary.²⁶

Five important stages will be described:

- Trust vs. Mistrust: Infancy: Birth to 18 Months
- Autonomy vs. Shame: Early Childhood: 18 Months to 3 Years
- Initiative vs. Guilt: Play Age: 3 to 5 Years
- Industry vs. Inferiority: School Age: 6 to 11 Years
- Identity vs. Role Confusion: Adolescence: 12 to 18 Years

If you have any questions or concerns about a child's development, speak to a counsellors about your concerns or speak to someone you trust, such as a primary care professional.

26. Erikson's Stages of Development [Internet]. Verywell Mind. [cited 2022 Nov 23]. Available from: <https://www.verywellmind.com/erik-eriksons-stages-of-psycho-social-development-2795740>



I'm in Control

Chapter 2

I'm in Control

Importance of Early Intervention of Mental Health Challenges

Parent's Corner

This chapter provides valuable insights that can significantly enhance your conversations with your child

This chapter will provide a more in-depth look at common mental health disorders in childhood, specifically major depressive disorder, anxiety disorders, and attention deficit disorders. To help your child recap their previous learning, remind them that three key components must be present to be consistent with

warning signs of a clinical disorder:

1. a group of symptoms
2. the presence of symptoms for a specific period of time
3. symptoms causing dysfunction in some area of the child's life—learning, playing with friends, or usual routines at home

Mental health exists on a continuum that ranges from good mental health, temporary distress, declining mental health, and warning signs of mental health disorders. Note that these phases do not occur in a strict sequence.

It is essential to first identify typical unpleasant feelings and behaviors to differentiate between these feelings and the warning signs of mental health disorders. Parents can play a crucial role in helping their children practice healthy ways to express their emotions while developing new strategies for coping and building resilience in challenging situations.

Therefore, each section in this chapter will begin with an overview of typical unpleasant feelings and effective management techniques before outlining the warning signs of specific clinical disorders. Resource 2, Section 3.1, titled "Haoyu's Story," illustrates this distinction.

Your child will review the warning symptoms and signs of major depressive disorder, anxiety disorder, and attention deficit disorders while enhancing their understanding by adding information about:

- possible risk factors of mental health disorders (sometimes there are none)
- gender differences related to these disorders
- consequences of delayed treatment

In this chapter, it is important to communicate the following key messages to your child:

- Mental health challenges and disorders are not a weakness.
- Mental health disorders are disorders, just like respiratory or cardiac illness.
- Anyone can experience mental health disorders.
- Mental health disorders are no one's fault, especially not a child's.
- There is no shame in living with a mental health disorder.

Make sure to use the term "warning signs" in discussions with your child, instead of "identification" or "diagnosis." This distinction is important to prevent them from engaging in self-diagnosis or self-labeling. Here are some key messages to repeat to your child:

- Diagnosing certain mental health disorders is challenging, even for trained professionals. Therefore, it is essential not to try to diagnose or label yourself.
- This resource is intended to help you recognize warning signs in yourself and others; it is not designed for you to diagnose or identify specific mental health disorders.

2.2 My “On” Switch Is Broken

Summary

Throughout this section, your child will review warning signs of generalized anxiety disorder, the difference between a panic attack and panic disorder, separation anxiety disorder, and social anxiety disorder. In particular, you should remind them that in order to be consistent with warning signs, the child would need to experience all of the following three components: a group of symptoms, the presence of symptoms for a specific period of time (Refer to Fact Sheet 3), and symptoms causing dysfunction in some area of the child’s life—learning, playing with friends, or usual routines at home; if there is no dysfunction or problem in one of these three areas, it is less likely that the child is experiencing warning signs of a disorder.

That said, in this chapter, your child will deepen their knowledge by learning the possible causes of anxiety disorders and the consequences of delayed treatment. So, again, it’s important that your child understand that children, just like adults, need to talk to a trusted adult to see if help is necessary (e.g., if they should talk to someone like a trained therapist and/or physician who knows all about anxiety disorders).

Learning Goals

By the end of this parent-led activity, your child will be expected to

- identify and practise healthy ways of expressing emotions
- identify their feelings in different situations and at different times of the day
- demonstrate an awareness of ways emotions, thoughts, and the body affect one another
- identify the most common types of anxiety disorders
- recognize and express the warning signs that show when anxiety needs attention (i.e., warning signs for generalized anxiety disorder, a panic attack and panic disorder, separation anxiety disorder, and social anxiety disorder)
- express the difference between panic attack and panic disorder
- understand that the cause of these disorders is still not exactly known
- learn the impact of delayed treatment
- identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence

Preparation

- Create a copy of Activity Sheet 2, My Fears.
- Create a copy of Fact Sheet 3, Anxiety Disorders.

Method

Activity and Discussion

- Delivering a presentation on fear and anxiety:
 Fear and anxiety are natural biological responses to danger, and everyone experiences them at some point. In fact, when you feel scared, your body becomes more alert, which helps you react quickly in dangerous situations. However, anxiety becomes problematic when you find it difficult to overcome feelings of fear or worry. In such cases, you may strongly believe that danger or problems are imminent, even when there is no real threat to justify those feelings.

 This type of anxiety often comes with unpleasant feelings of unease or mental discomfort, known as dysphoria, as well as various physical symptoms. For instance, you might overreact in certain situations or go to great lengths to avoid them in order to escape these distressing feelings. When anxiety reaches this level, it becomes unhealthy, potentially disrupting your school life and daily activities. Additionally, these feelings can persist for a long time and may lead to challenges in adulthood.
- Review Fact Sheet 3 with your child, taking time to explore the sections on fears (or worries), common symptoms, and the required duration for these symptoms to be considered significant. Similar to Major Depressive Disorder (MDD), it is important to recognize three key components that may indicate warning signs of an anxiety disorder:
 1. a group of symptoms
 2. the presence of symptoms for a specific period of time, and
 3. symptoms causing dysfunction in at least one area of a child's life—home, school/work, or social life.
- Ask your child
 - Do many children live with anxiety disorders?
Response: Anxiety disorders are common and can persist for a long time. These disorders can develop in both children, adolescents, and adults. However, it's challenging to determine the exact number of children living with anxiety disorders, as many children do

not express their feelings, and even when they do, they may not be reported to a professional. Some estimates suggest that between 13% and 19% of children and adolescents aged 12 to 19 experience some form of anxiety disorder, with girls being affected more than boys.²⁸

- What causes anxiety disorders?

Response: The exact reasons why people develop anxiety disorders are still unclear; however, there are several factors that may increase the likelihood of someone experiencing these disorders.

- **Family History:** Anxiety disorders can run in families. If a parent has an anxiety disorder, their children are more likely to live with an anxiety disorder as well.
 - **Learned Behavior:** Some young people may develop an anxiety response after being exposed to certain situations, people, or objects that previously caused them anxiety. This means that encountering or thinking about the same situation, person, or object again can trigger anxiety.
 - **Traumatic Events:** Experiencing something distressing, such as a car accident, can trigger an anxiety disorder.
 - **Chronic Illness:** Prolonged illness can also trigger anxiety disorders in some individuals
 - **Chemical Imbalance:** For certain people with anxiety disorders, an imbalance of chemicals in the brain may play a role. The way these chemicals are balanced in the brain's nerve cells can significantly affect a person's feelings, thoughts, and behaviors.
 - **Temperament:** A child's temperament may contribute to the likelihood of developing an anxiety disorder. Traits such as irritability, shyness, fearfulness, caution, and introversion (a tendency to keep to oneself and avoid social interactions) can all increase the risk.
- What do you think a broken “on” worry switch could mean?
- Comment:** Explain to your child that people have a special reaction to danger called the “flight-fight-or-freeze” response. When there’s danger, signals are sent to your brain. One of these signals puts the body on “red alert” so it’s ready to react quickly and escape a dangerous situation. In “fight” mode, the body prepares to defend itself, while in “flight” mode, it prepares to run. When our brains decide we cannot take on the threat nor are we able to escape, we freeze. Scientists think that this “danger response” is stored in a specific part of the brain. That said, when you live with an anxiety disorder, it’s like having a worry switch that is stuck in the “on” position, so you are in the red alert mode most of the time, even when there’s no real danger. Moreover, this broken switch makes it hard to focus on everyday things.

28. Mental health of adolescents [Internet]. [cited 2023 Mar 15]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

- What can happen to teens who don't get treatment for their anxiety disorders?

Response: If teens do not receive treatment for their anxiety disorders, they may face several negative consequences, including:

- frequent absences from school or even dropping out
 - difficulty forming and maintaining friendships
 - low self-esteem
 - increased risk of alcohol or drug use
 - persistence of anxiety disorders into adulthood
- Distribute Distribute Activity Sheet 2 and ask your child to complete the grid for this activity.
 - Encourage your child to discuss one of their fears, followed by another. Ask them to explore strategies that can help cope with these fears.
 - Qualified professionals can teach your child strategies to manage fears and empower them to overcome them effectively. Here are some examples:
 1. **Deep Breathing Exercises:** Teach your child to take slow, deep breaths to help relax their body and mind. This can be done by inhaling deeply through the nose, holding for a moment, and exhaling slowly through the mouth.
 2. **Meditation:** Encourage your child to practice mindfulness or meditation. This can help clear their mind, reduce anxiety, and promote a sense of calm.
 3. **Listening to Music:** Play soft or calming music. Creating a peaceful auditory environment can help alleviate anxiety and fears.
 4. **Visualization:** Help your child imagine a safe and peaceful place. This mental imagery can provide comfort and reduce stress.
 5. **Biofeedback:** Consider using biofeedback equipment to help your child understand their body's response to fear. This technique can teach them how to control physical reactions and reduce tension.
 6. **Positive Affirmations:** Help your child develop positive self-talk. Encouraging them to repeat affirming statements can boost their confidence and reduce fear.
 7. **Journaling:** Encourage your child to write about their fears, which can provide an outlet for their feelings and help them process their emotions.
 8. **Parent-Child Communication:** Maintain an open dialogue about fears. Listening and validating your child's feelings can provide them with support and reassurance.
 9. **Professional Support:** Talk to a psychotherapist or counselor who specializes in childhood fears. They can offer tailored strategies and coping mechanisms to help your child manage their fears effectively.

NOTE TO PARENT

Your child can explore these techniques to discover how truly relaxing they can be, even if they aren't experiencing specific anxiety issues. Additionally, you might suggest to the school the idea of inviting a guest speaker, such as a trained therapist, to give a presentation in class about various exercises that can help improve well-being. These could include deep-breathing exercises, meditation, visualizations, and relaxation tapes.

To Recap

- Ask your child
 - Can you explain what we have discussed? What does it mean to have a “broken worry switch” in your brain that is always stuck in the “on” position?
 - Should you try to avoid these feelings?
 - Has this discussion changed your perspective on anxiety disorders?
 - Do you believe that people who live with anxiety disorders are weak?
- You can write your answers in a journal or notebook. Detail the steps you would take if this situation occurred.

If I had a broken worry switch in my brain that's stuck in the “on” position, I would do this:

- Continue the discussion:
- If those telltale signs persist, (Refer to Fact Sheets 3)—after trying out various approaches—and you are still struggling significantly, affecting your functioning at home, performance at school, or interactions with friends. it might be time to consider professional treatments.

- Children living with anxiety disorders can be helped in various ways. The first step is to talk to someone you trust, who can guide you in the right direction. This might involve speaking with someone experienced in understanding children's feelings and behaviors, who can help you sort out your emotions and determine which treatment is best for you.
 - For example, when Kofi hears a noise at night, he worries that someone might be breaking into his house. Through a type of counseling called "cognitive behavioral therapy," Kofi learns that there are other, more likely explanations for the noises he hears. With this therapy, children can learn to work through their panicky feelings instead of being afraid of them.
 - They can also learn to confront their fears gradually, bit by bit. This is called Gradual Exposure, where the therapists introduce your child to their fears gradually, starting with less intimidating scenarios and slowly progressing to more challenging ones. This method can help them build confidence over time.
 - For some, medication may be necessary as part of the treatment. Just like taking medication for asthma or diabetes, medication for anxiety disorders helps restore a better balance of chemicals in the brain. The good news is that a trained expert can help find the best treatment for you!

Ultimately, through therapy, children discover that they can gain control over their feelings and fears.

Activity Sheet 2

For use with Section 2.2, My “On” Switch Is Broken

Teen’s name: _____ Date: _____

My Fears

Instructions

In the space below, list three things that you are afraid of and at least two possible strategies to address each of these fears.

Some of the things that I am afraid of	Some possible strategies to address my fear
1.	1. 2.
2.	1. 2.
3.	1. 2.

Summary: Questions to Assess Understanding of Chapter 2

Assessment Tool 1

Rubric

General Assessment of Major Depressive, Anxiety, and Attention Deficit Hyperactive Disorders

(Help your child share their thoughts in a summary! You can use this tool to help refresh their memory of the main messages from Chapter 2)

Teen's name: _____ Date: _____

Outcome	Not achieved	Achieved with assistance	Achieved without assistance
1. Teen can identify at least one of two essential symptoms and four other symptoms that indicate a warning sign of MDD.			
2. Teen can clearly identify at least one strategy to help with symptoms of an anxiety disorder.			
3. Teen can explain the difference between panic attack and panic disorder.			
4. Teen can identify the three behaviour categories into which the warning signs of ADHD can be grouped.			