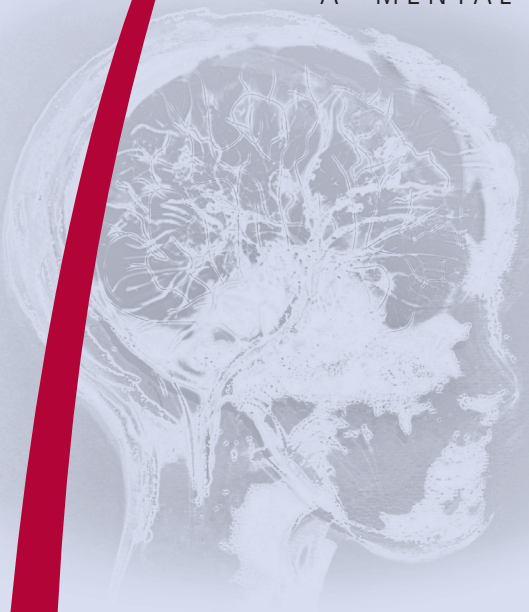


A MENTAL HEALTH CURRICULUM RESOURCE

Bianca Lauria-Horner MD CFPC



Healthy Mind Healthy Body

Resource 3
I'm in Control
Second Edition



HEALTHY MIND • HEALTHY BODY

Resource 3

I'm in Control

Second Edition

A Mental Health Curriculum Resource for Use with the
Department of Education's Health Education Curriculum

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Project Editors: Communications Nova Scotia, Paula Sarson, Jane Fielding
Project Design and Formatting: Clear Graphic Design
Illustration: Elizabeth Owen

Cataloguing-in-Publication Data

Main entry under title.

Healthy Mind. Healthy Body: A Mental Health Curriculum Resource for Use with the Department of Education’s Health Education Curriculum: I’m in control/Lauria-Horner, Bianca.

ISBN-13 978-1-897501-00-9

1. Mental health education. 2. Mental health promotion. 3. Department of Education. 4. Department of Health.

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Mental Health: *Get the Facts!*

- Fact:** Mental illness in childhood and adolescence is real, can be severe, and should not be ignored.
- Fact:** Mental illness in children and adolescents is not a phase. It is a brain disorder, and like other childhood illnesses (e.g., asthma, diabetes), it should be taken seriously.
- Fact:** Fifteen to 20 percent of children and adolescents suffer from mental illness at some time in their young years.
- Fact:** Ten percent of children and adolescents who suffer from mental illness require intervention.
- Fact:** Many children and adolescents have problems with their feelings and behaviours, and they need to know that they don't have to hide and endure their pain alone.
- Fact:** Mental illness is not a weakness in character.
- Fact:** Mental illness is nothing to be ashamed of.
- Fact:** Mental illness, if not properly managed, can become severe and chronic and can persist into adulthood.

Introduction

Did you know that mental health disorders are 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 health illnesses in Canada were estimated at \$20.7 billion in 2012, increasing by 1.9 percent per year. In the United States, the costs related to mental illnesses in 2006 were 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 illnesses as the second-most disabling health disorder worldwide. WHO also expects mental illness to become the number one cause of years lived with disability worldwide by the year 2020.³

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 illness 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 illness 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. Christopher J. L. Murray and Alan D. Lopez, "Alternative Projections of Mortality and Disability by Cause 1990–2020: Global Burden of Disease Study," *Lancet* 349, no. 9064 (1997): 1498–1504.

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 illness 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 disorders begin in childhood and adolescence.⁴ Depression, anxiety, and behavioural disorders such as attention deficit disorder/attention deficit hyperactive disorder (ADD/ADHD) collectively affect 15–20 percent of youngsters.⁵ In addition, mental health directly affects children's ability to use and benefit from education.⁶ Unresolved mental health problems can lead to learning problems 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 shocking, 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.

Brown University reported in 2002 that many parents simply do not recognize the symptoms of depression in their adolescent children. University researchers found that even parents who have good communication with their children do not necessarily realize when their child is depressed.⁸

4. Rose M. Giaconia, Helen Z. Reinherz, Amy B. Silverman, Bilge Pakiz, Abbie K. Frost, and Elaine Cohen, "Ages of Onset of Psychiatric Disorders in a Community Population of Older Adolescents," *Journal of the American Academy of Child and Adolescent Psychiatry* 33, no. 5 (1994): 706–717.

5. David Shaffer et al., "The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): Description, Acceptability, Prevalence Rates, and Performance in the MECA Study," *Journal of the American Academy of Child and Adolescent Psychiatry* 35, no. 7 (1996): 865–877.

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. *The Brown University Child and Adolescent Behavior Letter* 18, no. 4 (2002).

Furthermore, while early identification and effective intervention can improve short- and long-term outcomes,^{9,10,11,12} available data indicate that most youngsters with treatable mental disorders are not correctly identified or appropriately 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—but teaching about mental or emotional health and mental illness is important as well. Children and youth need the skills to identify or express emotions or to identify when they need help.

How will this curriculum resource help?

Lack of knowledge and stigma surrounding mental illness remain significant barriers to help-seeking behaviour, problem recognition, and effective treatment.^{17,18} Many adults (although this trend is changing) who do not fully understand depression, anxiety, or other psychiatric disorders attach a certain stigma to mental illness as if it were shameful and something not to be discussed. Worse, this ignorance and fear can be consciously or unconsciously transferred to children.

In addition, the general view—which adds to the problem—is that youth do not have the emotional maturity to suffer from mental illnesses. Instead, it's often felt that children showing 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 problem feelings and behaviours are expected for their age group and, therefore, ignore or repress internal signals and suffer in silence until adulthood or until they find themselves in a crisis.

Dispelling stigma requires community education programs, including school programs that aim to demystify and familiarize students with mental health and mental illness terminology. These programs can also enhance their understanding in the early

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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.

learning years, where multiple “teachable moments” for positive character trait development occur. While it is generally agreed that children need to be taught how to improve their health, it’s often overlooked that mental health is an important component of health. 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 problems, encourage early help-seeking behaviour, and create a supportive environment for individuals.¹⁹ In fact, extracurricular interventions in elementary schools pertaining to mental health have been found to decrease special education usage and behaviour problems, 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 at all education levels.²¹ Learning to identify and express one’s feelings, to share, to listen to others, to appropriately express anger, to co-operate, 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 lessons of the school program at all 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}

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-mmacc.

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 Garnezy, 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 students 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. Students also need to recognize when feelings and behaviours can be problematic, when they are not, 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 disorders of childhood, these alone are not enough to indicate possible problems or warning signs. 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 problems.**

But what about teachers? Teachers are not counsellors; it's not our job to identify problems in children/adolescents.

You're right: It's not a teacher's job to be on the lookout for, identify, or refer children/adolescents with emotional or behavioural problems. However, this is not the scope of this resource. The goal, in fact, is for students themselves to identify 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, teachers are in constant contact with children. They, along with other school personnel, can be a critical link, resulting in the assessment and treatment of childhood mental illnesses. With warmth and empathy, teachers already talk to children; listen; and are a major, influential part of their lives. They also meet with parents/caregivers and routinely address concerns about their children. Through this resource, teachers (like students and, hopefully, parents/caregivers) can acquire confidence in discussing students' mental health inquiries or concerns. Therefore, confidence in listening, talking to the child, and/or directing the child appropriately to talk to a trusted adult, for instance, would become more commonplace.

Are there dangers 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. I think you should talk to your parents/caregivers (or a school counsellor or trusted adult) about this.”

*Note: If the student tells you that there is no one he/she can trust, then an option would be to advise the student to call the **Kids Help Phone** (1-800-668-6868).*

- Do not counsel students about any concerns. Once you feel that what you have observed needs further attention, direct the child to a school counsellor or a trusted adult. In addition, if you feel comfortable, you can speak to the child's parent/caregiver about your concerns; however, it is important to stress that, at this time, the issue is only a concern.
- Avoid inquiries that can be perceived as judgmental or as an invasion into the privacy of a student's home life. For example, avoid asking a child if he/she feels that his/her parents are causing him/her to feel sad. This type of question can be perceived as judgmental and intrusive and might result in alienating the parents/caregivers.

Note: A sample letter for parents/caregivers is included in this resource that will help familiarize families with this very sensitive issue. See page 14.

- Remember, it is important to realize that some factors are out of a teacher's control. You can only do your best. Guiding children and incorporating this resource into your teaching program are already tremendous steps forward.
- Avoid using judgmental terminology such as “nervous breakdown,” “crazy,” or “mental” when referring to mental health and illness. These terms create stigma and attach a negative connotation to mental illness, thereby perpetuating the problem. In fact, avoid using this terminology even indirectly or in play. As children get older, they will be taught the proper terms—such as major depressive disorder (a common type of depression), anxiety, and attention deficit disorder / attention deficit hyperactive disorder—to help them appropriately make the link between the symptoms and signs of these disorders.

Why aren't parents/caregivers taught about mental health?

Through this resource and interactive activities, parents/caregivers will be exposed to concepts of mental health and involved with their children's emotional development. And, while it is the long-term goal to develop an educational component for parents/

caregivers to complement this aspect of the school curriculum, it was felt that the biggest impact would be made by teaching the students. Therefore, this is our first step.

Indeed, children need to know if their own feelings and behaviours are expected for their age group so they know when to ask for help. Furthermore, many children will become parents/caregivers themselves. So, by learning about mental health and illness now, students will gain the enhanced, higher-level skills needed for emotional competency, pro-social behaviour, and conflict resolution. They will also feel more comfortable and in a better position to help their own children or other children when faced with mental health questions or issues. In the end, hopefully, the cycle of stigma and lack of knowledge will be broken—wouldn't that be wonderful?

How should this resource be used?

Content and recommended mental health literacy gradually increase from Resource 1 to Resource 3 in keeping with school-age-appropriate comprehension levels. Although teachers can choose to introduce lessons at any grade by adapting the lesson with age-appropriate language, lessons have been strategically developed to be introduced as follows:

- **Resource 1—primarily for grades primary to 3**
- **Resource 2—primarily for grades 4 to 6**
- **Resource 3—primarily for grades 7 to 12**

Topics are introduced in Resource 1 and intentionally revisited in more depth in Resources 2 and 3, in order to increase the likelihood of students' long-term retention.

The resources consist of the following main themes:

- **Resource 1—understanding mental health, the brain, and influential factors**
- **Resource 2—making the distinction between healthy feelings, thoughts, behaviours, and warning signs that could indicate a deeper problem (Students will acquire a basic understanding of common mental illnesses in youth and risk factors.)**
- **Resource 3—deeper understanding of common mental illnesses in youth, stigma, the importance of early intervention, and consequences of delayed treatment**

Each lesson is divided into the following subsections:

- **Teacher's Corner**
- **Lesson Objectives**
- **Teaching Content**

- **Activity Sheets, Work Sheets, Fact Sheets, and Handouts**
- **Suggested Assessment Strategies**

Teacher's Corner

This subsection contains helpful background information to clarify why the material in the chapter is relevant for teaching at this stage of a child's learning development.

Note: The information contained in Teacher's Corner is meant to give teachers a fuller understanding of the resource as it pertains to mental health, and it should not be taught to students as it could be too advanced for the grade level.

Lesson Objectives

These objectives are specific to each lesson and describe the learning goals students are expected to achieve.

Teaching Content

This subsection contains the topics to be taught to students. This material has been developed to engage students' interest by truly involving them in the learning process. To this end, several interactive activities have been provided in each chapter, to ensure variety and choice. These activities can be taught as is or used to generate ideas to develop your own activities. Again, some concepts will have more than one activity to provide teachers with variety and choice. It is recommended, however, that teachers incorporate each concept in the order in which it is presented, to ensure a sequential flow in learning about mental health.

Activity Sheets, Work Sheets, Fact Sheets, and Handouts

This material can be copied for students and should enhance the topics by adding visual stimulation.

Suggested Assessment Strategies

A student assessment tool is included at the end of each chapter. These assessment tools can be copied and used as is or used to generate ideas to develop your own assessment tools.

Resource 3

I'm in Control

Teaching Scope

The following topics will be introduced gradually across the lessons:

- identifying feelings and behaviours—here, students 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 illnesses—here, students will continue to learn in more depth about symptoms and signs of the common mental disorders of childhood and adolescence—namely, major depressive disorder, dysthymia, anxiety disorders, and attention deficit disorder/attention deficit hyperactive disorder—according to a simplified, age-appropriate, modified version of the *Diagnostic and Statistical Manual*, fourth edition, (DSM-IV), criteria.

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

- the importance of early recognition and treatment and the consequences of delayed treatment
- the concept of stigma attached to mental illness

How will these topics be taught?

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

Furthermore, to support students' learning, the package contains user-friendly teachers' guides, student take-home activities, and parent/caregiver awareness activities. Lesson objectives 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 students' interest.

In addition, 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 students 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, students 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, students 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, students 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 students to talk to a trusted adult about their feelings, behaviours, and concerns
- positive development and social skills
- problem solving and conflict resolution—here, students 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.

Parents/Caregivers Sample Letter

Dear parents/caregivers:

We are pleased to inform you that, this year, along with other aspects of education, such as social studies, math, and science, your child will be learning about healthy emotional development and mental health.

The goal of including this topic in our health education curriculum is to help your child learn about (1) healthy and unhealthy feelings and behaviours and (2) the warning signs so they are more confident in talking to an adult they trust or to ask for help if something doesn't feel quite right. Moreover, it will help to reduce the overall stigma attached to mental illness.

In particular, students will learn new terms and concepts of mental health (the health of feelings, thoughts, and behaviours) that will help them recognize mental health as an important part of being healthy. Students will learn that the brain is an important organ for mental health—similar to how our lungs and heart are important organs for physical health—and they will learn what makes the brain healthy and unhealthy.

To do this, we will use familiar comparisons to help students understand how every part of the body and mind affects our health as a whole. The following are examples of what they'll learn:

- One habit that helps your lungs become healthy is exercise.
- One habit that can make your lungs unhealthy is smoking.
- Some of the habits that help your heart become healthy are eating properly and exercising.
- Some of the habits that can make your heart unhealthy are poor eating habits and a lack of exercise.
- Some of the habits that help your brain become healthy are eating properly, exercising, and learning to recognize and express your feelings.
- Some of the habits that can make your brain unhealthy are drinking too much coffee, not getting enough sleep, and keeping your feelings bottled up inside.

Overall, the goal is to eliminate the separation between physical health and mental health. Students will learn that to be healthy automatically means health of the brain as well as health of the body. As students become more comfortable talking about mental health as naturally as they refer to nutrition health or heart health, mental

health discussions will be just as ordinary and commonplace as talking about any other part of the body. This will hopefully allow children and adults to freely talk about and express their feelings and to recognize if feelings and behaviours are interfering with healthy development. We want our students to understand that mental illnesses should not be regarded as shameful (something not to be talked about) or that somehow a person must be weak if he/she cannot “shake” a certain “bad feeling.” In addition, it is important to teach students the proper language when referring to mental health and illnesses and to begin to discourage—and with time eliminate—negative terms such as “crazy” or “nervous breakdown” or “mental.”

What can you do as a parent/caregiver to help your child?

There will be several opportunities in the program that involve interactive activities between parents/caregivers and students. These activities are meant to allow your child to open up to you. In turn, we encourage you to listen to what your child has to say about how he/she feels or if he/she is having problems paying attention. Your child needs an “open” ear. And remember, while it may be easy for some children to express themselves, for others this is a big effort, so it is important not to discourage your child from opening up and talking about his/her feelings.

If you have any questions or concerns about this aspect of our health education program, please do not hesitate to contact me at

(insert teacher's phone #)

Best regards,

Overview

Chapter 1	CHAPTER OBJECTIVES
By the end of Chapter 1, students will be expected to	
1.1 - 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 • express the symptoms and signs of major depressive disorder (MDD) • express some possible risk factors of MDD • recognize gender differences with regard to MDD • understand that the cause of MDD is still not exactly known • 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 that occur through the changes of childhood • identify physical, emotional, and social changes of puberty and adolescence • identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence • identify and practise ways of contributing to the physical and emotional safety of the school community
1.2 - My "On" Switch Is Broken	<ul style="list-style-type: none"> • 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, panic attacks and panic disorders, separation anxiety disorder and social phobia) • express the difference between panic attack and panic disorder • express some possible causes of anxiety disorders • understand that the cause of these disorders is still not exactly known • learn the impact of delayed treatment

Chapter 1	CHAPTER OBJECTIVES
1.2 - My "On" Switch Is Broken (continued)	<p>By the end of Chapter 1, students will be expected to</p> <ul style="list-style-type: none"> • identify physical, emotional, and social changes that occur through the changes of childhood • identify physical, emotional, and social changes of puberty and adolescence • identify and practise healthy ways of expressing emotions • identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence • identify and practise ways of contributing to the physical and emotional safety of the school community
1.3 - Do I Act Differently Than Others?	<ul style="list-style-type: none"> • deepen their knowledge about a common behavioural problem that can interfere with children's learning (i.e., ADD/ADHD) • identify some of the common warning signs that point to the possibility of suffering from ADD/ADHD • name the three areas of behaviour most often affected by ADD/ADHD • become aware that the warning signs that could indicate a problem with ADD/ADHD can be similar in boys and girls • recognize the ways that girls' symptoms differ from boys' • identify physical, emotional, and social changes that occur through the changes of childhood • identify physical, emotional, and social changes of puberty and adolescence • identify and practise ways of contributing to the physical and emotional safety of the school community

Chapter 2	CHAPTER OBJECTIVES
By the end of Chapter 2, students will be expected to	
2.1 - 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 • 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 are suffering from 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 • understand some short-term and long-term consequences of delayed treatment
2.2 - Am I Alone?	<ul style="list-style-type: none"> • review and identify the three areas of behaviour most often affected by ADD/ADHD • learn that these problems usually start before age seven and if not identified can continue into adulthood • learn that no one knows for sure what causes ADD/ADHD • understand some short-term and long-term consequences of delayed treatment • identify some of the treatments available for ADD/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 3	CHAPTER OBJECTIVES
3.1 - Cheer Up, Chris, I'm Worried	<p>By the end of Chapter 3, students 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 dysthymia and seasonal affective disorder (SAD) • demonstrate an awareness of the suffering of individuals affected by dysthymia, 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 suffering from dysthymia or SAD • review the different help hotlines available • demonstrate the attitudes and strategies needed to face and deal with problems • demonstrate a knowledge of the symptoms, prevention, and treatment of depression • 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 a variety of chronic illnesses and conditions
Chapter 4	CHAPTER OBJECTIVES
4.1 - I Will Protect You	<p>By the end of Chapter 4, students will be expected to</p> <ul style="list-style-type: none"> • demonstrate a knowledge of the expected emotional development stage of infants and toddlers from birth to 18 months old • realize the importance of a parent's/caregiver'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 they feel, think, and behave
4.2 - It's a Big House	<ul style="list-style-type: none"> • discuss different expected behaviours that can be seen in toddlers • learn that a toddler begins to explore his/her world and that this is very important to develop a sense of independence • express their feelings regarding their own sense of independence

Chapter 4	CHAPTER OBJECTIVES
By the end of Chapter 4, students will be expected to	
4.3 - Why Is the Sky Blue?	<ul style="list-style-type: none"> • learn that once a child has developed a sense of independence, he/she 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 he/she is capable of making will help him/her develop a sense of ambition • understand that if healthy development doesn't occur, a child may be fearful, may cling to his/her parents, and may avoid groups
4.4 - Let's See What I Can Do	<ul style="list-style-type: none"> • learn that a child from 5 to 12 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
4.5 - 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 may become self-conscious and doubt himself/herself (In other words, the sense of self is unstable.) • observe their own development and increase their self-understanding



I'm in Control

Chapter 1

I'm in Control

Importance of Early Intervention in Mental Illness

Teacher's Corner

An overview of why the information in this chapter is relevant to the students you teach

This chapter's content will consist of a more in-depth focus on the common mental illnesses in childhood—namely major depressive, anxiety, and attention deficit disorders. However, to recap their previous learning, remind students that the following three components must be present to be consistent with the warning signs of a mental illness:

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

Students will review the symptoms of major depressive, anxiety, and attention deficit disorders and deepen their knowledge by adding the following:

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

In this chapter, the important messages to relay to your students include the following:

- Mental illness is not a weakness.

- Mental illness is a health disorder, just like a respiratory or cardiac illness.
- Anyone can suffer from mental illnesses.
- Mental illnesses are no one's fault, especially not a child's.
- There is no shame in having a mental illness.

Also, ensure that the terminology you use to teach your students is that of "warning signs" and not "identification" or "diagnosis." This is a crucial message to prevent a student from engaging in the practice of self-diagnosis and/or self-labelling. That said, repeat the following key messages to your students:

- It is difficult, even for a trained professional, to diagnose certain mental illnesses, and, therefore, it is important for you to not try to diagnose and/or label yourself.
- This program/resource is designed to help you learn the warning signs for mental illnesses in yourself and in others; it is not designed to have you diagnose or identify specific mental illnesses.

NOTE TO TEACHER

At the start of this chapter, students can organize a computer or binder journal. At the beginning or end of each class, students could take 10 minutes to write about decisions they have made, peer-pressure situations they've been in, feelings they've had, etc., since the last class.

This activity will help students communicate in written form about their experiences, pressures they face, and emotions they experience.

Teachers can review Resource 1, Lesson 3.4, Face Your Problem with students for problem-solving and decision-making strategies.

1.2 My “On” Switch Is Broken

Summary

In this lesson, your students will review generalized anxiety disorder, panic attacks and panic disorders, separation anxiety disorder, and social anxiety disorder (social phobia). In particular, you should remind them that anxiety disorders are disorders only if the child experiences all of the following three components: a group of symptoms, the presence of symptoms for a specific period of time, 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 unlikely that the child has a disorder.

That said, in this chapter, your students 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 students understand that children, just like adults, need to talk to a trusted adult to see if help is necessary (e.g., they should talk to someone like a trained therapist and/or physician who knows all about anxiety disorders).

Lesson Objectives

By the end of this lesson, students will be expected to

- 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, panic attacks and panic disorders, separation anxiety disorder, and social phobia)
- express the difference between panic attack and panic disorder
- express some possible causes of anxiety disorders
- understand that the cause of these disorders is still not exactly known
- learn the impact of delayed treatment
- identify physical, emotional, and social changes that occur through the changes of childhood
- identify physical, emotional, and social changes of puberty and adolescence

- identify and practise healthy ways of expressing emotions
- identify and practise strategies for managing stress and solving problems associated with the changes and challenges of adolescence
- identify and practise ways of contributing to the physical and emotional safety of the school community

Preparation

- Make copies of Activity Sheet 1, My Fears.
- Make copies of Fact Sheet 3, Anxiety Disorders.

Method

Class Activity and Discussion

- Deliver the following presentation on being scared or anxious to the class:

Being scared or anxious is a natural biological (body) response to danger, and it happens to everyone. In fact, when you are scared, you are more alert; it helps you to react to a dangerous situation more quickly. However, anxiety becomes a problem (disorder) when you cannot stop yourself from being scared or worried. In particular, you are certain that danger or problems will happen even though there is no reason to feel this way. There is also an unpleasant feeling (dysphoria—unease or mental discomfort), as well as physical symptoms, that accompany this type of anxiety. For example, you may overreact to a situation or try to avoid a situation at all costs to avoid these unpleasant feelings. Anxiety in this situation is unhealthy because it can cause you trouble at school and interfere with your day-to-day life. Moreover, these feelings can last a long time and even cause problems when you're an adult.

- Review Fact Sheet 3, with your students, taking the time to examine the sections on fears (worries), common symptoms, and required length of time for symptoms.
Comment: Similar to MDD, it is essential to have the presence of the following three components of symptoms for one to be alerted to the possibility of having 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 students

- Do many children suffer from anxiety disorders?

Response: Anxiety disorders are common and can last a long time. These disorders can be found in children and adolescents as well as in adults. Furthermore, we don't know exactly how many children suffer from anxiety disorders because often, children don't talk about their problem feelings and if they do, it is often not reported to a professional. However, some reports say that as many as 13 out of every 100 children and adolescents ages 9 to 17 experience some kind of anxiety disorder, and girls are affected more than boys.

- What causes anxiety disorders?

Response: It is still unclear why people suffer from anxiety disorders, but there are factors that may increase the chances of someone developing these disorders.

- Sometimes this problem runs in families (is hereditary). If a parent suffers from an anxiety disorder, his/her children are much more likely to suffer from an anxiety disorder too.
 - Sometimes it is a learned behaviour. Some youth exposed to certain situations, people, or objects that caused them anxiety can develop an anxiety response when they are faced with or think about the same situation, person, or object.
 - A person might develop problems after something terrible happens, like a car accident.
 - Being sick for a long time can trigger an anxiety disorder.
 - For some people with an anxiety disorder, there is an imbalance of chemicals in the brain. Different chemicals in the brain can play a role in anxiety disorders. In particular, how these chemicals in the brain's nerve cells are balanced can affect how a person feels, thinks, and acts.
 - Sometimes the temperament of the child adds to the chances of him/her developing an anxiety disorder, such as irritability, shyness, fearfulness, cautiousness, quietness, or being introverted (i.e., you tend to keep things to yourself and you tend to avoid being with others).
 - What do you think a broken “on” worry switch could mean?
- Comment:** Explain to your students that people have a special reaction to danger called the “fight-or-flight” 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. Scientists think that this “danger response” is stored in a specific part of the brain. That said, when you suffer from 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.

Activity Sheet 1

For use with Lesson 1.2, My "On" Switch Is Broken

Student'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.

Suggested Assessment Strategies for Chapter 1

Assessment Tool 1

Rubric

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

(Teachers should check only one box per question.)

Student's name: _____ Date: _____

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

Assessment Tool 2

Chapter Test

(Note: This is an optional activity assessment.)

Student's name: _____ Date: _____

Instructions

Answer each statement with a **true** or **false** response and give a brief written explanation for each answer.

1. There is only one type of depression.

True or false?

Explain _____

2. Two to 3 out of 100 grade 7 students can suffer from MDD, with equal numbers of girls to boys.

True or false?

Explain _____

3. Eight to 9 out of 10 children who suffer from MDD respond well to treatment.

True or false?

Explain _____
