

A MENTAL HEALTH CURRICULUM RESOURCE

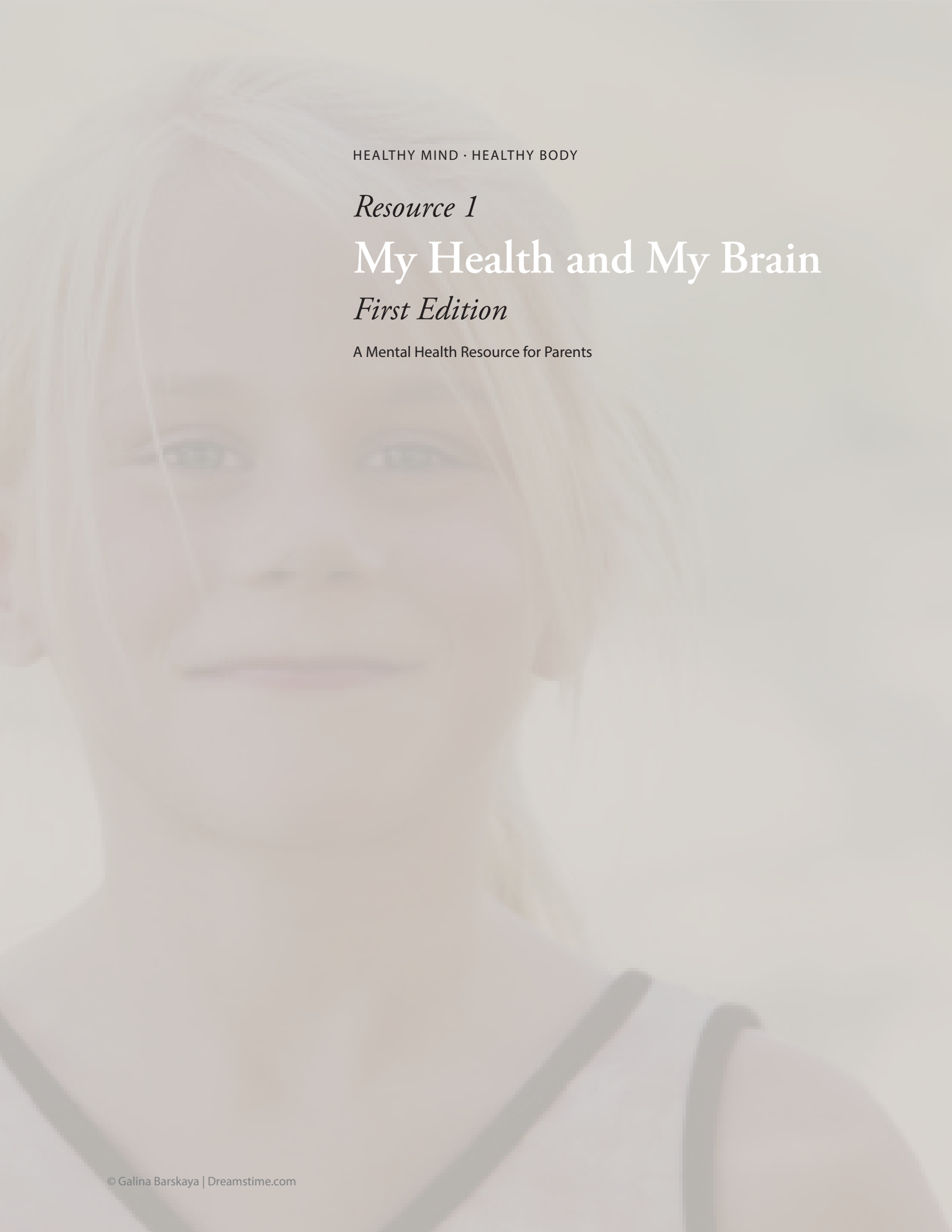
Bianca Lauria-Horner MD CFPC



Healthy Mind Healthy Body

Parent Resource 1
My Child's Health
First Edition





HEALTHY MIND • HEALTHY BODY

Resource 1

My Health and My Brain

First Edition

A Mental Health Resource for Parents

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Project Editors: Communications Nova Scotia, Paula Sarson, Jane Fielding Project, Grammarly Pro was utilized to support the writing process, offering editing services and enhancing interactive activities to improve the learning experience for both parents and children. Some examples of prompts used include:

- Improve it
- Make it interactive

Design and Formatting: Clear Graphic Design
Illustration: Elizabeth Owen

Cataloguing-in-Publication Data

Main entry under title.

Healthy Mind. Healthy Body: A Mental Health Resource for Parents: My Health and My Brain/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 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

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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/child-report.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.

enhance children's understanding during their early learning years, which present numerous opportunities for developing positive character traits. While there is a general 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.

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 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.**

But 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, a parent 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?

Healthy Mind • Healthy Body

Parents 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.

Healthy Mind • Healthy Body

Complementary 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.

Healthy Mind • Healthy Body

Complementary 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

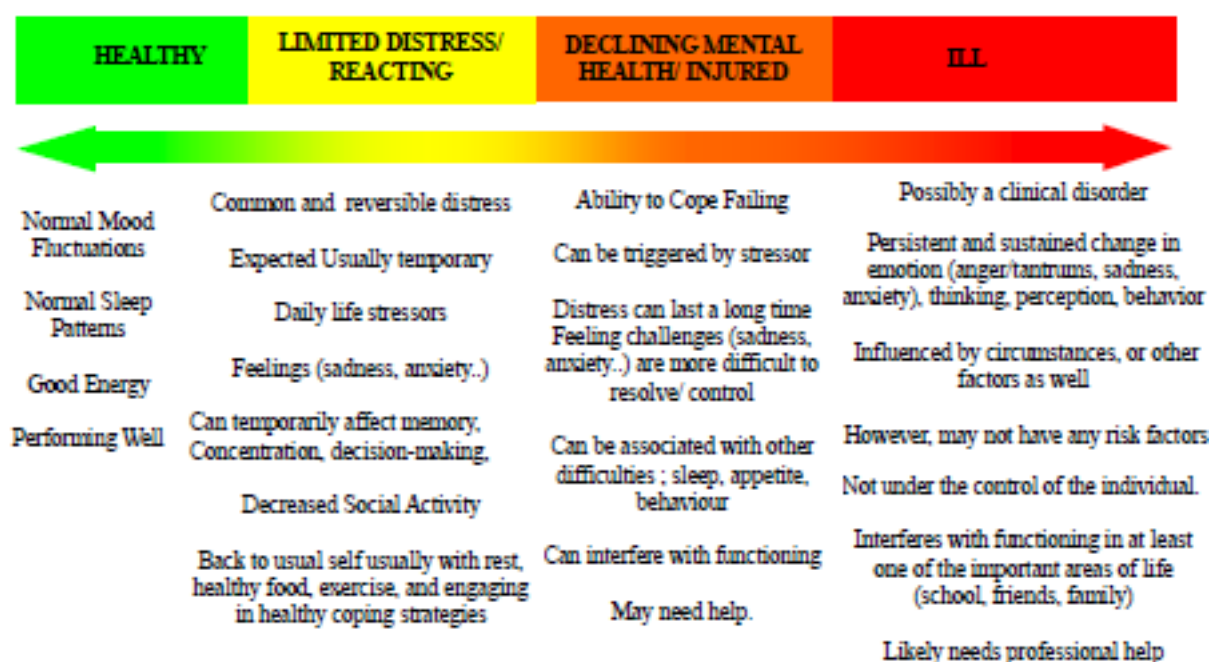
How will these topics be taught?

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, Lesson 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



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’ learning, the resource contains user-friendly parents’ guides, and parent 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 children’ 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.

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 parents' influence on a baby's development of trust • understand 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

Chapter 1	CHAPTER OBJECTIVES
	By the end of Chapter 1, parents will
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 may become self-conscious and doubt themselves (In other words, the sense of self is unstable.) • help teens observe their own development and increase their self-understanding
Chapter 2, Part 1	CHAPTER 2, PART 1 OBJECTIVES
	By the end of Chapter 2 Part 1, your child will be expected to
2.1 - I'm Influenced	<ul style="list-style-type: none"> • identify many things that influence their life • demonstrate an awareness of their need to feel safe, loved, protected, and cared for and the importance of having a trusted and safe adult in their lives who can play this role
2.2 - Basic Brain Fun	<ul style="list-style-type: none"> • define that the brain is an organ in the body • describe where the brain is within the body • learn about the basic functions of the brain • identify internal and external body parts and their functions • understand that the brain controls our feelings, thoughts, and behaviours • identify internal and external body parts and their functions
2.3 - Help Baby	<ul style="list-style-type: none"> • express how they can help (i.e., influence) other people's lives • verbally express several reasons why a baby cries (for instance, a baby does not have to be in physical pain to cry; the baby can be in emotional pain: feeling sad, angry, or frustrated) • demonstrate an awareness that humans have a range of emotions and that it is normal and expected to feel this range of emotions • demonstrate an awareness of their need to feel safe, loved, protected, and cared for and the importance of having a trusted and safe adult in their lives who can play this role • describe the role of family and ways in which their family impacts health

CHAPTER 2, PART 1 OBJECTIVES	
Chapter 2, Part 1	By the end of Chapter 2 Part 1, your child will be expected to
2.4 - My friend and I	<ul style="list-style-type: none"> • identify appropriate strategies for getting along with their classmates and friends at home • identify and practise thoughtful and caring behaviours with their classmates and friends • identify and demonstrate what friendship means to them • identify and demonstrate acceptance of their own emotions • demonstrate respect for and accept all friends and individuals. demonstrate an understanding that friendship impacts health
2.5 - Help Chaquille Decide	<ul style="list-style-type: none"> • recognize choices they are making or have made and associate feelings with these choices • recognize opportunities to take responsibility for their choices • identify how the choices they make can affect how they feel recognize that people make choices that affect their health
CHAPTER 2, PART 2 OBJECTIVES	
Chapter 2, Part 2	By the end of Chapter 2 Part 2, your child will be expected to
2.6 - I'm Healthy	<ul style="list-style-type: none"> • define that health means having a healthy mind and a healthy body • understand that mental health is just as important for feeling well as physical health
2.7 - How Do I Feel?	<ul style="list-style-type: none"> • become more aware of their own feelings and emotions • become better able to express their different emotions and feelings through the use of visual aids and stickers
2.8 - Mommy, It Hurts	<ul style="list-style-type: none"> • define that pain can be physical or emotional • understand that both types of pain are the same (they are both real, they can be mild to severe, and they can last a few seconds or much longer) • understand that both types of pain are different because in emotional pain it is our mind that hurts and in physical pain it is our body that hurts • give examples of when they might experience physical pain and when they might experience emotional pain

Chapter 2, Part 1	CHAPTER 2, PART 1 OBJECTIVES
	By the end of Chapter 2 Part 2, your child will be expected to
2.9 - Baby Feels Good	<ul style="list-style-type: none"> • learn that a baby can cry for several reasons • understand that parents can comfort a baby • demonstrate a knowledge of the different ways feelings can be expressed • learn that trust is something that is acquired by parents attending to a baby's needs • practise communication skills that promote healthy relationships and personal safety within a variety of contexts
2.10 - I Can Count on You	<ul style="list-style-type: none"> • become more aware of the people they can trust and count on to talk to about how they feel or about important events in their day • identify and practise ways of protecting their personal safety when they are not with parents • identify and demonstrate ways that friends help one another • become better able to express how they would communicate an important event or feeling to a trusted and safe person • demonstrate healthy ways of responding to stressful situations • practise communication skills that promote healthy relationships and personal safety within a variety of contexts
Chapter 3	CHAPTER OBJECTIVES
	By the end of Chapter 3, your child will be expected to
3.1 - Mental Health	<p>understand that being healthy requires the health of your body as well as the health of your brain (mind)</p> <ul style="list-style-type: none"> • understand that the health of your brain (mind) and your mental health are closely related • express that mental health is the health of feelings, thoughts, and behaviours • demonstrate an understanding that the brain controls thoughts, feelings, and behaviours and that emotions can be felt in a positive or negative way
3.2 - I Am Angry	<ul style="list-style-type: none"> • understand that unpleasant feelings are expected • understand that it is important and healthy to experience unpleasant feelings as well as pleasant feelings • demonstrate strategies for dealing with anger in oneself and others • acknowledge thoughtful and caring behaviours among their classmates

Chapter 3	CHAPTER 3 OBJECTIVES
	By the end of Chapter 3, your child will be expected to
3.3 - I Can Talk to You	<ul style="list-style-type: none"> • become more aware of the people who care for them: people they can rely on to talk to about how they feel or about important events in their day • become better able to express how they would communicate an important event or feeling to a trusted and safe person • identify and practise strategies for responding to bullying • demonstrate strategies for dealing with anger in oneself and others • demonstrate an understanding of ways a family can provide for the needs of its members • demonstrate an understanding that each family member has a position, role, and responsibility within the family
Chapter 4	CHAPTER OBJECTIVES
	By the end of Chapter 4, your child will be expected to
4.1 - When Things Irritate Me	<ul style="list-style-type: none"> • differentiate between positive and negative stress • demonstrate good strategies for dealing with stressful situations
4.2 - Feelings-and-Behaviours Game	<ul style="list-style-type: none"> • differentiate between positive and negative stress • become more aware of their feelings and be able to express them • learn that they can have feelings that are positive or troublesome; this is to be expected • become more familiar with positive behaviours, as a result of their feelings • demonstrate good strategies for dealing with stressful situations
4.3 - The Champion in All of Us	<ul style="list-style-type: none"> • identify ways in which they are both like and unlike others • express their unique qualities • demonstrate an appreciation of their own qualities • realize that they can incorporate their individuality within the structures of their day-to-day lives • demonstrate an awareness that all citizens have rights and responsibilities, including a responsibility for respecting and protecting the rights of ourselves and those of others

Chapter 3	CHAPTER OBJECTIVES
	By the end of Chapter 4, your child will be expected to
4.4 - Face Your Problem	<ul style="list-style-type: none"> • learn how to identify a problem • express the four steps for solving a problem • identify and evaluate alternative solutions for a given problem • become familiar with the concept of having and making choices to help them arrive at the best possible solution • identify and apply decision-making strategies • identify and use strategies for making and keeping friends and for resolving conflicts with friends • identify and show appreciation for skills they have developed
4.5 - My Choice Is Health	<ul style="list-style-type: none"> • define that the brain is an organ, like the lungs and heart • learn that the brain is an important organ for mental health, similar to how our lungs and heart are important for physical health • learn about several functions of the brain • understand that the brain controls our feelings, thoughts, and behaviours • become aware of some healthy and unhealthy choices for the brain's health • recognize that the choices they make in their day-to-day lives affect their physical, social, mental, and emotional health • explore the functions of the brain and ways to protect it • identify forms of active transportation and practise measures to prevent injury and protect themselves from harm while participating in such activities

Song *I Am Very Small*

Note: You can sing the song with your child; it can be sung occasionally throughout the program; your school's music teacher can also practice the song with the child. See the following page for more words to this song. Free download of the song is available at www.brainsbeyondborders.ca

By Bianca Horner

Transcribed by Zach Smith



C Dm G C

I am ve-ry small but I can feel just like you. Lis-ten to

Am Dm G

me. I want to talk to you.

C Dm G C

I am ve-ry small but you know I need you to un-der-stand how I feel

Am Dm G C

and see me through and through. I am so

F G C Am

sad my best friend he moved a - way the o - ther day.

Dm G C

I have no one to play. I am so

F G C Am

scared can I sleep with you un - til I see the light.

Dm G C

I'm so scared in the night.

I Am Very Small

Chorus:

I am very small, but I can feel just like you.
Listen to me. I want to talk to you.
I am very small, but you know I need you to
Understand how I feel and see me through and through.

I am so sad my best friend he went away the other day.
I have no one to play.
I am so scared can I sleep with you until I see the light.
I'm so scared in the night.

Chorus:

I am very small, but I can feel just like you.
Listen to me. I want to talk to you.
I am very small, but you know I need you to
Understand how I feel and see me through and through.

I am so happy we went to the park. I had so much fun all day.
I love so much to play.
I'm so angry I don't understand why I feel this way.
I don't know what to say.

Chorus:

I am very small, but I can feel just like you.
Listen to me. I want to talk to you.
I am very small, but you know I need you to
Understand how I feel and see me through and through.



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 lessons 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-psychosocial-development-2795740>



My Health and My Brain

Chapter 2 Part 1

My Health and My Brain Influences

Parent's Corner

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

While many things influence children as they grow, the goal here is for children to understand that not only do these various factors influence them personally but they themselves can also influence their life and other people's lives by the choices they make. This point can be made by using the lessons I'm Influenced and Help Baby.

The lesson Help Baby should enable your child to understand that we (i.e., the child or parents) can help the crying baby in the picture if we feed, comfort, or play with the baby. This exercise will also set the stage for the lesson Baby Feels Good, which is in Part 2 of this chapter. Here, they will learn that babies who are helped, comforted, held, and loved as they

grow will have higher chances of becoming secure and learning to trust people. Conversely, they'll also learn that babies who are not helped or loved have higher chances of becoming insecure and mistrustful as they grow.

In addition, your child will learn several reasons why a baby cries. For instance, they'll learn that a baby does not have to be in physical pain to cry; the baby can be in emotional pain: feeling sad, angry, or frustrated. Eventually, they will become aware that they make choices every day and that these choices can result in positive feelings or negative feelings. This situation will be discussed in the lesson Help Chaquille Decide.

Note: The terms "good" and "bad" influences will be used in the earlier lessons, to ensure that children understand the messages. However, in later lessons these terms will be phased out and replaced with "positive" and "negative" influences.

2.2 Basic Brain Fun

Summary

The aim of this activity is to help your child understand that the brain, located in our head, is an organ responsible for many functions.

Learning Goals

By the end of this parent-led activity, parents will help children

- define that the brain is an organ in the body
- describe where the brain is within the body
- learn about the basic functions of the brain
- understand that the brain controls our feelings, thoughts, and behaviours
- identify internal and external body parts and their functions

Discussion Aid

- Your child will need colouring crayons and drawing paper.

Process

Activity and Discussion

- Children can trace outlines of their bodies.
- Ask your child to label where the brain is.
- Next, ask your child to show functions of the brain in an artistic way.
- Your child should identify as many functions of the brain as they can.

Possible responses:

- The brain is responsible for learning English or French or other things in school.
- The brain is responsible for thinking and remembering things.
- The brain makes us move parts of our body (e.g., our hands and legs).
- The brain makes us feel (e.g., pain, heat, cold).

- The brain controls functions in our body that we don't have to think about, like breathing and our heartbeat.
- The brain controls body temperature.
- The brain controls appetite.
- The brain controls our sleep.
- The brain controls our feelings, like when we are happy or sad.
- The brain controls our behaviour (e.g., paying attention in class, the amount of energy we have).

Discussion

- Ask your your child to move different parts of their body. Tell them that their brain is making their hand or leg move.
- Ask your your child to touch something hot, then cold. Tell them that the brain tells us if something is hot or cold.

Note: You can repeat this exercise with different sensations, such as a pinprick or feeling an orange.

- Ask your your child to put their hand on their chest and feel their heartbeat or breathing. Tell them that the brain makes sure that the heart is beating all the time and that we breathe without even thinking about it (e.g., in our sleep).
- Ask your your child
 - Do you remember a time when you felt angry?

Note: Tell them that the brain is the organ that makes it possible for us to feel angry.

- Do you know why you are able to remember feeling angry?

Note: Tell them that the brain is the organ that makes it possible for us to remember.

2.7 How Do I Feel?

Summary

In this activity, your child will discover the fascinating world of emotions! They'll learn that both positive and negative feelings, like anger and sadness, are essential parts of our lives. These emotions, though sometimes uncomfortable, play a vital role in our experiences, helping us grow and understand ourselves better. It's a wonderful journey of emotional exploration!

Learning Goals

By the end of this parent-led activity, parents will help children

- become more aware of their own feelings and emotions
- become better able to express their different emotions and feelings through the use of visual aids and stickers

Discussion Aid

- Create a copy of Activity Sheet 5, How Do I Feel?

Process

Activity and Discussion

- Distribute a copy of Activity Sheet 5.
- Present your child with a sheet of feelings stickers, and embark on an exciting journey to discover the meaning behind each face together!

***Note:** You should have faces demonstrating various feelings, such as happy, sad, surprised, scared, and angry.*

- Kick Things Off: Make it exciting by saying, "Today, we're going to dive into our feelings!"
- Point to each face and say, "Look at all these emotions! Each sticker shows a different feeling. Let's discover what they all mean!"

- Challenge your child to match each feelings sticker to the corresponding picture on the activity sheet. Encourage them by saying, "Let's see how quickly you can match these! Which sticker goes with which face?" After matching, spark a fun discussion with these questions:
 - When you think about feeling happy, what does that feel like inside?
 - Can you tell me a story about a time you felt sad? What happened?
 - What's the most surprising thing that's ever happened to you?
 - What do you think makes you angry? How do you feel when that happens?
 - Do you talk to your mom or dad when you feel happy, sad, angry, or surprised?
 - What do you do when you are happy, sad, angry, surprised, etc.?
- Talk it Out: Ask, "When you're feeling any of these emotions, who do you like to talk to? Do you share your happy moments with Mom or Dad? What about when you're sad or angry?"
- Feelings Action: Wrap up the activity by discussing what they do when they feel each emotion.
 - What do you like to do when you're really happy?
 - Do you jump around or dance?
 - And when you're sad, what helps you feel better?"
- Encourage your child to express themselves, and make it a playful and open conversation! This will help them connect with their emotions in a fun way.

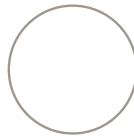
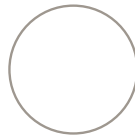
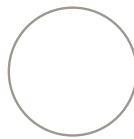
Activity Sheet 5

For use with Lesson 2.7, How Do I Feel?

Child's name: _____ Date: _____

How Do I Feel?

In each circle, place one of the feelings stickers from the next page to show how you would feel in that situation.



Feelings Stickers

A = Afraid



C = Confused



M = Mad



F = Frustrated



H = Happy



S = Sad



A = Afraid



C = Confused



M = Mad



F = Frustrated



H = Happy



S = Sad



A = Afraid



C = Confused



M = Mad



F = Frustrated



H = Happy



S = Sad



Summary: Questions to Assess Understanding for Chapter 2, Part 2

Assessment Tool

Rubric

Healthy Mind and the Brain

(Parents should check only one box per question.)

Child’s name: _____ Date: _____

Outcome	Not achieved	Achieved with assistance	Achieved without assistance
1. Child can express that health refers to both body health and brain health.			
2. Child can state one or more functions of the brain.			
3. Child can explain at least one form of body pain and brain (emotional) pain.			
4. Child can identify at least one trusted and safe person to whom they can talk about how they feel or about important events in their day.			