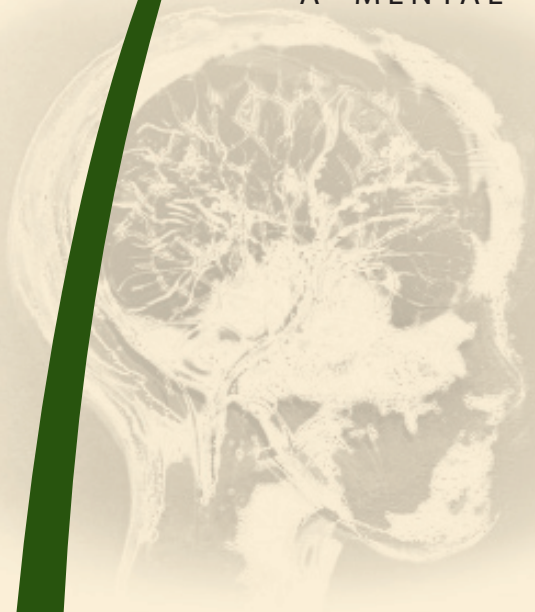


A MENTAL HEALTH CURRICULUM RESOURCE

Bianca Lauria-Horner MD CFPC



Healthy Mind Healthy Body

Resource 2

Did You Know, Daddy,
I Feel Sad Sometimes

Third Edition





HEALTHY MIND • HEALTHY BODY

Resource 2

Did You Know, Daddy, I Feel Sad Sometimes

Third Edition

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

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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 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 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.



Did You Know, Daddy,
I Feel Sad Sometimes

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 conditions 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. So, how do we change this trend? Well, first, as with physical health, people need to feel comfortable with mental health vocabulary and concepts.

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>.

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 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.

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—teaching about emotional or mental health and wellbeing is important as well. Children and youth need the skills to identify or express emotions and to identify when they need help.

How will this curriculum 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 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 ill health terminology. These programs can also enhance their understanding in the early learning

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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.

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 can be 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 warning signs, 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 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 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 use respectful language and 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}

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 likely require professional help.

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19. Health Canada, “Mental Illnesses in Canada—An Overview,” *A Report on Mental Illnesses in Canada*, last accessed on November 16, 2012, at www.phac-aspc.gc.ca/publicat/miic-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 challenging, 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 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 what about teachers? Teachers are not counsellors; it's not our job to identify mental health challenges 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 challenges. 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 health conditions. 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 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. 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 they can trust, an option would be to advise the student to call the **Kids Help Phone** (1-800-668-6868) or country equivalent.*

- 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 just state what you observed, and 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 they feel that their parents are causing them 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 the benefits of teaching mental health in schools. 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 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. 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 warning 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 mental health challenges 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 challenges. 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 health disorders in youth and risk factors.)**
- **Resource 3—deeper understanding of common mental health disorders 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 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 warning signs 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.

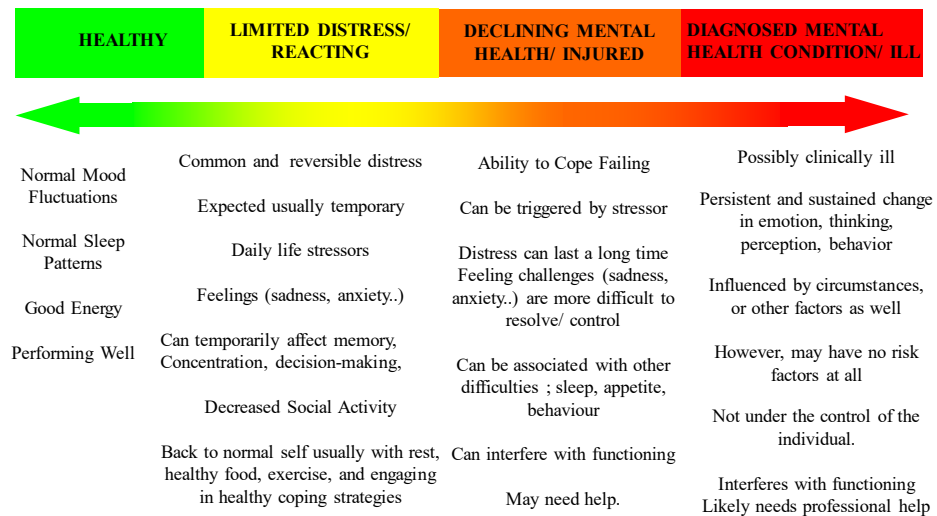
How will these topics be taught?

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 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.

Mental health occurs on a continuum from wellness to probable disorder which varies continuously. The Mental Health Continuum Model introduced in Lesson 2.1, Haoyu's Story makes the distinction between good, declining or poor mental health, and a diagnosable mental health disorder. 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. Teachers 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 students can use the model to see where they may be on the spectrum. If students 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



We want to ensure that the terminology taught to students is that of “warning signs” and not “identification or diagnosis.” This is a crucial message to prevent self-diagnosis and self-labelling. Students 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 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.

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 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 3—I'm in Control

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 as well as the warning symptoms and signs that could indicate a deeper problem.
- common mental health disorders—here, students will continue to learn in more depth about warning 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, fourth 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 and treatment and the consequences of delayed treatment
- the concept of stigma attached to mental health challenges

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 associated with mental health challenges, and disorders.

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 health challenges should not be regarded as shameful (something not to be talked about) or that somehow a person must be weak if they cannot “shake” a certain “bad feeling.” In addition, it is important to teach students the proper language when referring to mental health and mental health disorders 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 they feel or if they are experiencing challenges 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 their 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 - Something's Wrong	<ul style="list-style-type: none"> • define mental health • understand that mental health is just as important for feeling well as physical health • express important mental health messages through the use of art • become more aware of important facts concerning mental health • understand the importance of communicating emotional experiences to a trusted adult • express in writing questions or problems that they are not comfortable discussing in class • identify and demonstrate attitudes and behaviours that support healthy lifestyle choices • identify and practise strategies for making healthy adjustments to change • identify strategies for dealing with life crises
1.2 - Feeling Sad?	<ul style="list-style-type: none"> • understand that feeling sad every once in a while is expected • identify their feelings in different situations and at different times of the day • discuss some reasons why a child or youth could be sad • become more aware of the signs to watch for and recognize when things don't feel right • understand when sadness can become a challenge and how it can affect their lives • communicate needs and wants and express feelings in healthy ways • demonstrate the knowledge needed to seek help when personal safety is threatened

<p>1.3 - Is It Stress or Anxiety?</p>	<ul style="list-style-type: none"> • identify the causes and effects of positive and negative stress • recognize the difference between stress (positive and negative external pressures) and anxiety (fear) • recognize that anxiety is a natural body response to danger • discuss situations that can cause the body to respond with anxiety and why this can be positive • recognize that all children experience some anxiety feelings and that this is natural • recognize that being scared too much, for too long, and for no reason can be a sign of a deeper problem • demonstrate the knowledge needed to seek help when personal safety is threatened
<p>Chapter 2</p>	<p style="text-align: center;">CHAPTER OBJECTIVES</p> <hr/> <p style="text-align: center;">By the end of Chapter 2, students will be expected to</p>
<p>2.1 - Haoyu's Story</p>	<ul style="list-style-type: none"> • understand when sadness can become a problem and how it can affect their lives • understand what major depressive disorder (MDD) is • describe the warning signs and symptoms related to MDD • describe the three important components that need to be present to be consistent with the warning signs of MDD • describe what they would do if they felt something wasn't quite right with themselves or a friend • demonstrate an awareness of the effects of stereotyping and discrimination • demonstrate strategies for managing feelings associated with the physical and social changes of puberty • recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems
<p>2.2 - The Straw House or the Brick House?</p>	<ul style="list-style-type: none"> • understand the meaning of the word "trust" • recognize that trust is something that is acquired by parents/caregivers attending to a baby's/child's needs • express things that parents/caregivers can do to comfort babies/children in different situations, thereby enhancing trust • become more aware of the people they can trust and count on to talk to about their feelings and important events

Chapter 2	CHAPTER OBJECTIVES
By the end of Chapter 2, students will be expected to	
2.2 - The Straw House or the Brick House? (continued)	<ul style="list-style-type: none"> • become better able to express how they would communicate an important event or feeling to a trusted person • demonstrate strategies for managing feelings associated with the physical and social changes of puberty • recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems
2.3 - Butterflies that Won't Go Away	<ul style="list-style-type: none"> • express some of their worries and discuss these with their parents/caregivers • understand when fear can become a problem and how it can affect their lives • begin to identify common types of anxiety disorders in children (e.g., generalized anxiety disorder, separation anxiety disorder, panic disorder) • recognize the warning signs and symptoms related to generalized anxiety disorder, separation anxiety disorder, and panic disorder • demonstrate strategies for managing feelings associated with the physical and social changes of puberty • recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems
2.4 - All Fogged Up	<ul style="list-style-type: none"> • understand when behaviours can become unhealthy and how it can affect their lives • describe common behavioural challenges in children that can interfere with learning, playing with friends, and their usual routines at home • describe some of the common warning signs that point to the possibility of experiencing ADD or ADHD • recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems

Chapter 3	CHAPTER OBJECTIVES
3.1 - Why Do I Feel This Way?	<p>By the end of Chapter 3, students will be expected to</p> <ul style="list-style-type: none"> • recognize when sadness can become a challenge and how it can affect their lives • become more aware of the warning signs to watch for and recognize when something is telling them that things are not right • describe the symptoms and signs of major depressive disorder (MDD) • describe certain circumstances that may increase the risk of experiencing MDD • describe how many children live with MDD on average according to the age group • identify and practise strategies for making healthy adjustments to change • identify strategies for dealing with life crises • apply stress-management strategies
3.2 - Birthday Parties Are No Fun	<ul style="list-style-type: none"> • recognize when anxiety becomes a challenge and how it can affect their lives • recognize the warning signs consistent with anxiety disorders • recognize the warning signs of social anxiety disorder • identify and practise strategies for making healthy adjustments to change • identify strategies for dealing with life crises
3.3 - Oh No! Here It Is Again	<ul style="list-style-type: none"> • identify common symptoms of panic attacks • identify various displays of panic attacks (i.e., what can happen to your body during a panic attack) • make the distinction between panic attack and panic disorder • identify and practise strategies for making healthy adjustments to change • identify strategies for dealing with life crises

Chapter 3	CHAPTER OBJECTIVES
3.4 - A Roller Coaster Ride	<p data-bbox="524 394 1195 428">By the end of Chapter 3, students will be expected to</p> <ul data-bbox="477 449 1211 831" style="list-style-type: none">• become familiar with a common mental health disorder that can interfere with children’s learning (e.g., ADD/ADHD)• learn some of the common warning signs that point to the possibility of living with ADD/ADHD• identify the three areas of behaviours most often affected by ADD/ADHD• set personal goals and work toward them• identify and practise effective work habits at home and at school• demonstrate respect and caring in relating with classmates



Did You Know, Daddy,
I Feel Sad Sometimes

Chapter 2

Did You Know, Daddy, I Feel Sad Sometimes

Common Mental Health Disorders of Childhood, Part 1

Teacher's Corner

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

When learning about mental health, students first need to be familiar with the proper terminology. Using language such as “nervous breakdown,” “crazy,” or “mental” is inappropriate when referring to mental health and mental health challenges. These terms attach a negative meaning to mental health and create stigma, that just perpetuates the problem.

As students get older, they will be taught the proper terms so that they can accurately make the link between warning symptoms and signs and the appropriate disorders. This way, mental health discussions will be just as ordinary and commonplace as discussions about lung or heart health;

thus, the stigma would disappear. This will lead to earlier recognition of the problem; earlier intervention to encourage help-seeking behaviour; and, ultimately, the earlier creation of a supportive environment for the individual.

In the previous chapter, students learned that sadness and fear are expected feelings for youth and adults. In particular, they examined warning signs that show when feelings of sadness and fear could indicate a deeper problem. In this chapter, students will be introduced to the terms major depressive disorder (MDD) and anxiety disorder (AD).

- **Major depressive disorder (MDD)** is a scientific term used by health professionals to describe a condition that affects people by making them feel very sad most of the time for periods lasting longer than two weeks.
- **Anxiety disorder (AD)** is the scientific term used by health professionals to describe when a person is afraid or worries inappropriately in relation to their life situation.

- **Generalized anxiety disorder (GAD), separation anxiety disorder (SAD), and panic disorder (PD)** will specifically be introduced to students.

With new advances, it is now recognized that all previously referred to anxiety disorders form three distinct groups each belonging to their own chapter; anxiety disorders, and two chapters of anxiety and related disorders.

For example, obsessive-compulsive disorder has been removed from the anxiety disorders chapter, currently forming its own chapter, “obsessive-compulsive and related disorders”. This change was made to group closely related disorders—in terms of shared clinical features, biology, shared assessment measures, comorbidity, and treatment approaches.

Note: This distinction is too advanced for students; for simplicity purposes, we will refer to all anxiety and anxiety related disorders under one category, “anxiety disorders”.

Students will also learn that youth, just like adults, who are depressed and continuously anxious may need professional help from a trained therapist or a physician. That’s because MDD and AD interfere with learning, playing with friends, and the usual routines at home. That said, your students should be taught the following key messages:

Mental health occurs on a continuum from wellness to disorder which varies continuously. Good mental health is not 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 Mental Health Continuum makes the distinction between good, declining or poor mental health and a diagnosable mental health disorder. We want to ensure that the terminology taught to students is that of “warning signs” and not “identification or diagnosis.” This is a crucial message to prevent self-diagnosis and self-labelling. Students 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.

To date, students have mainly been learning about healthy feelings and the warning signs for unhealthy feelings. However, it's just as important for students to learn that there are healthy behaviours and warning signs for unhealthy behaviours. For example, a common behavioural challenge is called attention deficit disorder (ADD) or attention deficit hyperactive disorder (ADHD).

In this chapter, students will be introduced to behaviours that can interfere with learning, playing with friends, and/or usual routines at home. This focus will set the stage for Chapter 3, where students will learn about ADD and ADHD.

In this chapter, we will continue to provide you with lessons and activities to reinforce your students' prior learning about identifying and expressing feelings.

- Make copies of Activity Sheet 1, Start a Healthy Mind Healthy Body Journal.
- 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 and answer some of the questions, on Activity Sheet 1.
- This activity will help students communicate in written form about their experiences, pressures they face, and emotions they experience and to express their ideas as to and learn more about what mental health means.
- Teachers can review Resource 1, Lesson 3.4, Face Your Problem with students for problem-solving and decision-making strategies.

2.1 Haoyu's Story

Summary

There are several types of depression. Therefore, it's important to explain to your students that major depressive disorder (MDD) **is only one type of depression**. Also explain that, because it is a type of depression that can cause long-term challenges, we will focus on recognizing its warning signs.

In summary, one can believe that children do not have the emotional maturity to live with conditions like MDD. Conversely, MDD can start in childhood and can not only affect one's feelings but also change the way one thinks, behaves, and even looks. In addition, experiencing symptoms of MDD can make it harder to make choices and to deal with ordinary pressures. For example, one's ability to participate in school performances and activities may change (e.g., one's desire to play with friends or be on the basketball team) and school marks can also be affected. But remember, MDD is not a weakness; it is a health disorder just like having asthma or diabetes.

For health professionals to confirm a diagnosis of MDD in adults, it is essential to experience continuous sadness **and/or** a loss of interest in activities that used to be pleasurable, for at least two weeks. In addition, to be consistent with a diagnosis of MDD, it is essential to experience a total of at least five symptoms from the emotional or physical categories described below, to have these symptoms for more days than not, and to experience them for at least two weeks.

***Note:** Continuous sadness and/or loss of interest would count as one or two of the five symptoms. Furthermore, these symptoms must interfere with one's proper functioning in one's usual routines at home, at work, or in social situations.*

Also, it's important to note that children's display of MDD symptoms can be different than adults'. While feelings of continuous sadness and/or loss of interest in pleasurable activities need to be present in children, just like in adults, to be consistent with warning signs of MDD, these symptoms in children can be subtler as they may have difficulty expressing or recognizing what they are feeling. Therefore, we need to be sensitive to both the obvious and the subtle signs of MDD. In short, the goal is for your students to recognize the warning signs listed below, as a first step. Then, in subsequent lessons, they will learn more in depth warning symptoms and signs consistent with MDD.

Emotional and thinking signs/symptoms	Physical signs/symptoms
<ul style="list-style-type: none"> • You must experience at least one of these two. <ul style="list-style-type: none"> – sad mood – loss of interest or pleasure in doing things that you used to enjoy, such as sports or playing with friends • You feel you are worthless. • You feel guilty all the time, even when something is not your fault. • You can't think or concentrate as well as you used to. • You have trouble remembering things. • You wish you were dead or want to die. 	<ul style="list-style-type: none"> • You are slow to get started in the morning or in doing activities all day (psychomotor retardation). • You're tired (fatigued) all the time or have loss of energy. • You're irritable or tense (agitated). • You can't sleep, you're waking up through the night, or you're waking up earlier than you need to. • You have a decrease in appetite (or you don't have an appetite, even for your favourite foods) or an increase in your appetite nearly every day (e.g., a change of more than 5 percent of your body weight—without trying in a month, if you have stopped growing and your weight was stable).

Lesson Objectives

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

- understand when sadness can become a challenge and how it can affect their lives
- understand what major depressive disorder (MDD) is
- describe the warning signs and symptoms related to MDD
- describe the three important components that need to be present to be consistent with the warning signs of MDD
- describe what they would do if they felt something wasn't quite right with themselves or a friend
- demonstrate an awareness of the effects of stereotyping and discrimination
- demonstrate strategies for managing feelings associated with the physical and social changes of puberty
- recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems

Preparation

- Make copies of Activity Sheet 2, Little Haoyu.
- Make copies of Fact Sheet 1, MDD Is Not a Weakness!

Method

Class Activity and Discussion

- Distribute Activity Sheet 2.
- Read the story, Little Haoyu. Pause at the first discussion point.
- Ask your students
 - Is it expected for Haoyu to feel this way?
Response: Yes.
- Review with your students that it is expected that we will feel sad once in a while, but that it usually doesn't last very long.
- Continue reading the story. Pause at the second discussion point.
- Ask your students
 - Is it expected for Haoyu to feel this way?
Response: No.
- Explain to your students that sometimes the feeling of sadness won't go away—that, for some, the feeling will stay for a long time, even all the time, from morning until night, for over two weeks. And if this sadness interferes with their school work, playing with friends, and enjoying hobbies or their usual routines at home, this should alarm us to a deeper problem.
- Continue reading the story. Pause at the third discussion point.
- Ask your students
 - What do you think could make Haoyu so sad for that long?
- Remind your students that it is important for them to pay attention to this time period, as it will help them to know when their sadness could be a warning of a deeper problem. Why? Introduce the term major depressive disorder (MDD).
- Explain to your students that being sad for a long time and losing interest in playing with friends or hobbies that one used to enjoy may mean there could be a deeper problem: what doctors call major depressive disorder, or MDD.

- Explain to your students that there are several types of depression and **MDD is only one type of depression**. However, also explain that because MDD can cause long-term challenges, it is important to recognize the warning signs.
- Ask your students
 - Is there someone who would like to volunteer to take notes at the front of the class?

***Note:** The class will then name the symptoms they recognize in Haoyu that could indicate warning signs of MDD. The student taking notes will write the symptoms on a chart board or chalkboard for everyone to see.*

Here are Haoyu’s symptoms, which could be warning signs for MDD:

- His feeling of sadness has been lasting most of the day, for over a month.
- He has no interest in playing with his friends or doing the things he usually likes to do.
- He always seems to feel sick.
- He feels safer when he is with his parents and finds it hard to be separated from them.
- He refuses to go to school.
- His school marks are dropping.
- He’s having trouble sleeping; he can’t sleep like he used to.
- He’s lost his appetite.
- He’s worried that his parents may die.

Activity Sheet 2

For use with Lesson 2.1, Haoyu's Story

Little Haoyu

- Haoyu is six years old.
- Three years ago, Haoyu was given his dog, Spot, as a birthday gift. He loved his dog; they played together constantly.
- One day, Haoyu came home and Spot didn't come to greet him. Haoyu was worried because Spot would always bark and jump on Haoyu when he came home.
- Haoyu's mom had to give him the bad news: "Haoyu, Spot was hit by a car. We took him to the veterinarian, and he tried everything, but he couldn't save him."
- Haoyu realized that Spot was dead.
- He went to bed crying that night; he couldn't sleep.
- The next day, Haoyu was still crying; he didn't want to go to school.

Pause for a class discussion about whether it is expected for Haoyu to feel this way. Then continue.

- For the next four weeks, Haoyu didn't want to go to school.
- He often felt sick and wasn't very hungry.
- Moreover, he wasn't interested in playing with his friends. Haoyu used to love playing basketball, but when Johnny came to his house, he just stared at him with a long face and wouldn't go outside with him.
- Instead, Haoyu wanted to stay with his parents.
- One day, Haoyu asked his mom if she was going to die too.
- He was very worried and sad from morning to night.
- He couldn't sleep well because of his worries.
- His marks started dropping at school.

Pause for a class discussion about whether it is expected for Haoyu to feel this way. Then continue.

- Haoyu’s parents were very worried.
- The next day, they decided to take Haoyu to see Dr. Gaston, their family doctor. Maybe he could find out what was wrong and help Haoyu.
- The doctor examined Haoyu, but he couldn’t find anything wrong. He then asked Haoyu and his parents some questions about recent and past events, Haoyu’s past history, and how he had been feeling.
- Dr. Gaston thinks that Haoyu might be experiencing symptoms of major depressive disorder (MDD).
- Dr. Gaston is going to help Haoyu. His parents are glad they asked Dr. Gaston for help.

Pause for a class discussion on the symptoms that indicate Haoyu could be experiencing symptoms consistent with MDD.

Use the mental health spectrum model to suggest where Haoyu may be on the spectrum.

Mental Health Continuum

