


SUPPORTING MENTAL HEALTH SCHOOL CURRICULUM:
A PARENT'S GUIDE

Bianca Lauria-Horner MD CFPC



Healthy Mind Healthy Body



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

First Edition



HEALTHY MIND • HEALTHY BODY

Resource 2

Did You Know, Daddy, I Feel Sad Sometimes

First Edition

A Mental Health Resource for Parents

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Mental Health: *Get the Facts!*

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



Introduction

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/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.

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-mmac.

20. Center for School Mental Health Assistance, *Outcomes of Expanded School Mental Health Programs*, last accessed on August 15, 2010, at <http://www.schoolmentalhealth.org/Resources/ESMH/ESMHoutcomes.pdf> (2003).

21. Saskatchewan Education, "Chapter 3: Let's Talk Things Over ... A Sample Unit on Conflict Resolution," *Health Education: A Curriculum Guide for the Elementary Level* (Chapters 1–5), last accessed on February 26, 2006, at www.sasked.gov.sk.ca/docs/health/health1-5/grad32.html.

22. Carnegie Corporation of New York, *Great Transitions: Preparing Adolescents for a New Century (Excerpts), Reports of the Carnegie Council on Adolescent Development*, last accessed on August 15, 2010, at <http://successinthemiddle.wetpaint.com/page/Preparing+Adolescents+for+a+New+Century> (1995).

23. Richard F. Catalano, M. Lisa Berglund, Jeanne A. M. Ryan, Heather S. Lonczak, and J. David Hawkins, *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs* (U.S. Department of Health and Human Services), last accessed on November 16, 2012, at <http://aspe.hhs.gov/hsp/PositiveYouthDev99>.

24. Consortium on the School-Based Promotion of Social Competence, "The School-Based Promotion of Social Competence: Theory, Research, Practice, and Policy," *Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interaction*, eds. Robert J. Haggerty, Lonnie R. Sherrod, Norman 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 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, parents can acquire confidence in discussing mental health inquiries or concerns with their children. Therefore, confidence in listening, talking to the child, and/or directing the child appropriately to talk to a professional if needed, for instance, would become more commonplace.

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

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

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

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

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

- Do not counsel youth about any concerns. Once you feel that what you have observed needs further attention, direct the child to a school counsellor or a trusted professional. In addition, if you feel comfortable, you can speak to a healthcare professional yourself about your concerns; however, it is important to understand that what you observed is only a concern.
- Avoid asking questions that may come across as judgmental or invasive. For example, refrain from asking a child if they feel they are not doing enough, as this could lead to feelings of guilt. A child who is already vulnerable may interpret such questions as critical, which could result in them feeling alienated.
- 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

Parent 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 hyperactivity disorder (ADHD)
- 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.

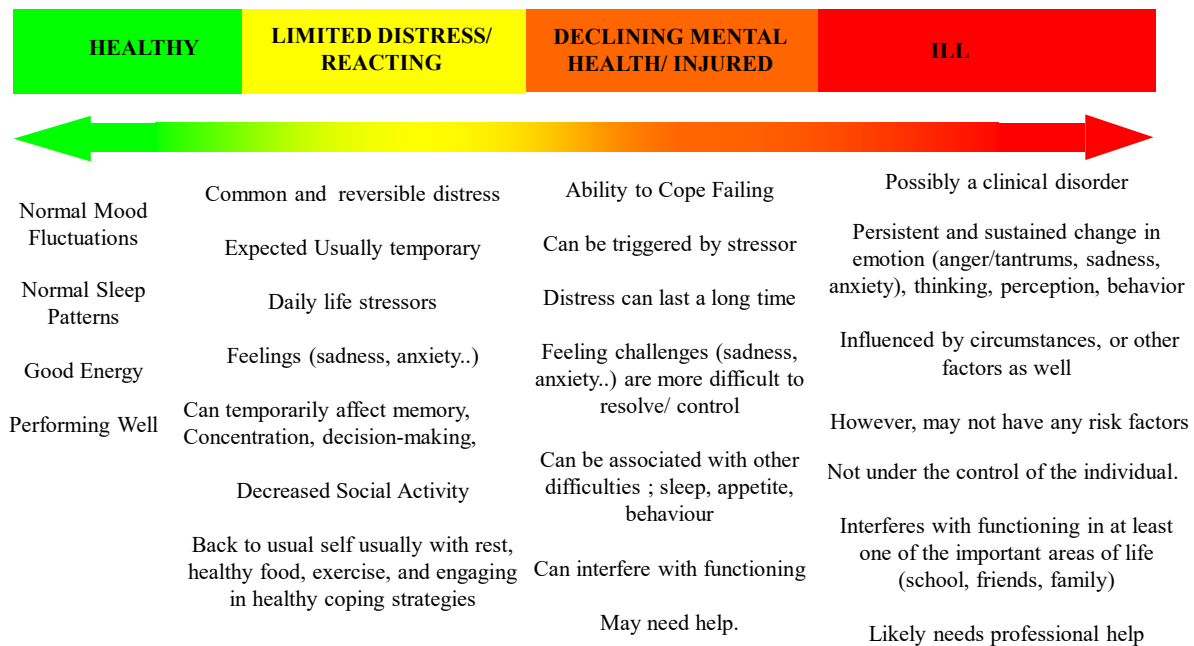
How will these topics be taught?

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 Section 3.1, Haoyu's Story makes the distinction between good mental health, temporary distress, declining mental health, and warning signs of mental health disorders. Good mental health is not just the absence of a mental health disorder. It reflects a positive state of well-being, satisfaction, approach to life, where stressful events are challenges, not difficulties. The

following continuum illustrates more detailed signs and indicators from wellness to possible disorder. Parents can introduce this model as they see fit. Each person will look different when they move down the continuum. Signs and indicators of poor mental health do not necessarily all change together. However children can use the model to see where they may be on the spectrum. If children are starting to move to the right of the continuum compared to their usual state, it may be time to seek help.

Mental Health Continuum Guide



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. Learning goals will be addressed by incorporating

instructive lessons with interactive activities, role play, games, and group discussions. This method will enhance learning by promoting active participation, thereby piquing children's interest.

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

Healthy Mind • Healthy Body

Complementary Resources

Resource 1—My Health and My Brain

Teaching Scope

The following topics will be introduced gradually across the lessons:

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

Overview

| Chapter 1 | CHAPTER OBJECTIVES |
|--|--|
| By the end of Chapter 1, parents will | |
| 1.1 - I Will Protect You | <ul style="list-style-type: none"> • learn the expected emotional development stage of infants and toddlers from birth to 18 months old • realize the importance of a parent's influence on a baby's development of trust • demonstrate the attitudes and strategies needed for positive parenting • demonstrate an awareness of factors that can influence the way infants and toddlers, think, and behave |
| 1.2 - It's a Big House | <ul style="list-style-type: none"> • learn the different expected behaviours that can be seen in toddlers • learn that a toddler begins to explore their world and that this is very important to develop a sense of independence • encourage the child express their feelings regarding their own sense of independence |
| 1.3 - Why Is the Sky Blue? | <ul style="list-style-type: none"> • learn that once a child has developed a sense of independence, they can now explore, ask questions, investigate, and make decisions—all things that are important for the child to develop a sense of ambition, drive, and motivation • learn that encouraging a child to ask questions and make decisions they are capable of making will help them develop a sense of ambition • understand that if healthy initiative development doesn't occur, a child may be fearful, may cling to their parents, and may avoid groups |
| 1.4 - Let's See What I Can Do | <ul style="list-style-type: none"> • learn that a child from 6 to 11 years of age begins to adopt the more structured skills of life, such as following rules • help a child learn what self-discipline means • identify activities that require self-discipline—activities that are structured and require a child to follow rules and work as part of a team |
| 1.5 - Who Am I? | <ul style="list-style-type: none"> • become aware of the changes of adolescence • recognize that adolescents go through a period of confusion, self-discovery, and uncertainty and that this is expected • learn that an adolescent who completes all the stages successfully will have an increased likelihood of having high self-esteem, whereas one who doesn't 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 OBJECTIVES | |
|---------------------------------------|--|
| Chapter 2 | By the end of Chapter 2, your child will be expected to |
| 2.1 - 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 |
| 2.2 - Is It Stress or Anxiety? | <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) • Discover powerful techniques to conquer life's pressures and reclaim their peace of mind. <p>recognize that all children experience some anxiety feelings and that this is a natural body response</p> <ul style="list-style-type: none"> • Recognizing when fear lasts too long or is unwarranted can indicate it's time to seek help. |
| 2.3 - Feeling Sad? | <ul style="list-style-type: none"> • communicate needs and wants and express feelings in healthy ways • 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 could be sad • understand when sadness can become a challenge and how it can affect their lives • demonstrate the knowledge needed to seek help when needed |

| CHAPTER OBJECTIVES | |
|--|---|
| Chapter 3 | By the end of Chapter 3, your child will be expected to |
| 3.1 - Haoyu's Story | <ul style="list-style-type: none"> • understand when sadness can become a challenge and how it can affect their lives • understand how major depressive disorder (MDD) differs from expected sadness. • describe the warning signs and symptoms related to MDD • describe what health professionals look for when considering a diagnosis of a common type of depression in children, namely MDD. • describe what they would do if they felt something wasn't quite right with themselves or a friend • recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems |
| 3.2 - The Straw House or the Brick House? | <ul style="list-style-type: none"> • understand the meaning of the word "trust" • recognize that trust is something that is acquired by parents attending to a baby's/child's needs • express things that parents 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 • 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 |
| 3.3 - Butterflies that Won't Go Away | <ul style="list-style-type: none"> • express some of their worries and discuss these with their parents • understand when fear can become a problem and how it can affect their lives • begin to identify warning signs for common types of anxiety challenges in children (e.g., generalized anxiety disorder, separation anxiety disorder, panic disorder) • demonstrate strategies for managing feelings associated with the physical and social changes of puberty |
| 3.4 - All Fogged Up | <ul style="list-style-type: none"> • understand when ADHD can impact daily life. • identify common ADHD patterns in children that may disrupt learning, socializing with friends, and typical routines at home. |

| | |
|---|--|
| <p>3.4 - All Fogged Up (continued)</p> | <ul style="list-style-type: none"> • recognize some common warning signs that may indicate the presence of ADHD • identify signs that suggest problems in personal relationships at home and school, and apply effective strategies to resolve them |
| <p>Chapter 4</p> | <p>CHAPTER OBJECTIVES</p> |
| | <p>By the end of Chapter 4, your child will be expected to</p> |
| <p>4.1 - Why Do I Feel This Way?</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 a specific age group • identify and practise strategies for making healthy adjustments to change • apply stress-management strategies |
| <p>4.2 - Birthday Parties Are No Fun</p> | <ul style="list-style-type: none"> • recognize when anxiety becomes a challenge and how it can affect their lives • 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 |
| <p>4.3 - Oh No! Here It Is Again</p> | <ul style="list-style-type: none"> • identify common symptoms of panic attacks • identify various displays of panic attacks • make the distinction between panic attack and panic disorder • identify and practise strategies for making healthy adjustments to change |
| <p>4.4 - A Roller Coaster Ride</p> | <ul style="list-style-type: none"> • become familiar with a common childhood condition that can interfere with children’s learning (e.g., ADHD) • learn about the common warning signs that may indicate ADHD. • identify the three areas of behaviours most often affected by 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 |



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.

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.

It is recommended to begin discussing 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 fully

process and express their thoughts.

Section 1.3 targets preschool-aged children up to age 8, and 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. This section should ideally be used with Resource 2, the target age group.

Activities in sections 1.4 and 1.5 are primarily intended for children from age 9 to the end of adolescence (Resource 3).

While Chapter 1 may serve as an informational overview, parents can also utilize its suggested activities and discussion tools to enrich their experience with Resources 2 or 3 when working with their child.

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 counsellor about your concerns or speak to someone you trust, such as a primary care professional.

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



Common Mental Health Disorders of Childhood, Part 1

Chapter 3

Did You Know, Daddy, I Feel Sad Sometimes

Common Mental Health Disorders of Childhood, Part 1

Parent's Corner

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

When learning about mental health, pre-teens first need to be familiar with the proper terminology. Using terms such as “nervous breakdown,” “crazy,” or “mental” can be hurtful 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 they 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 decrease. This will lead to earlier recognition of mental health decline; earlier intervention to encourage help-seeking behaviour; and, ultimately, the earlier creation of a supportive environment for the child.

In the previous chapter, your child learned that sadness and fear are normal emotions experienced by both youth and adults. They also examined warning signs that indicate when feelings of sadness and fear might need attention. In this chapter, your child 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. There are several types of anxiety disorders, with each type

presenting specific fears or worries. For example, generalized anxiety disorder involves excessive concern about multiple issues without any clear reason for these anxieties, while separation anxiety disorder is the fear of being separated from parents. This fear is often associated with a range of non-specific symptoms, which we will outline as we describe each type of anxiety disorder.

Common specific types of anxiety disorders in pre-teens include **Generalized anxiety disorder (GAD)**, **separation anxiety disorder (SAD)**, and **panic disorder (PD)**.

With recent 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 pre-teens ; for simplicity purposes, we will refer to all anxiety and anxiety related disorders under one category, “anxiety disorders”.

Until now, pre-teens have primarily focused on understanding healthy feelings and recognizing warning signs of unhealthy emotions. However, it is equally important for them to learn about certain medical conditions that can impact behaviors and emotions. One common condition that can pose challenges in a child’s life is attention deficit/hyperactivity disorder (ADHD). In this chapter, your child will be introduced to the signs associated with this condition. This discussion will serve as a foundation for Chapter 4, where pre-teens will learn more about ADHD.

Your child should understand that, just like adults, those who experience ongoing depression, anxiety, and ADHD may need help from a trained professional. These mental health conditions can disrupt learning, playing with friends, and daily routines at home. Therefore, it’s important to teach your child the following key

messages:

Mental health exists on a continuum that ranges from wellness to disorder. This continuum is not static; it can change over time. Good mental health is not just the absence of a mental health disorder; it involves feeling positive, satisfied, and optimistic about life. In this state, people see stressful situations as challenges instead of problems.

The Mental Health Continuum Model (pages 13-14) distinguishes between good mental health, temporary distress, declining mental health, and warning signs of mental health disorders. When educating pre-teens about mental health, we should focus on “warning signs” rather than “identification or diagnosis.” This distinction is crucial in preventing self-diagnosis and self-labeling. They should learn that it can be difficult, even for a trained professional, to diagnose mental health disorders, and, therefore, we strongly discourage this practice, as it is not the purpose of this program.

We will continue to explore activities and lessons that reinforce your child’s previous learning about identifying and expressing emotions.

- Your child can organize a computer or binder journal. To start the journal, create a copy of Activity Sheet 1, Start a Healthy Mind Healthy Body Journal, and answer some of the questions.
- At the beginning or end of each activity, your child could take 10 minutes to write about decisions they have made, peer-pressure situations they’ve been in, feelings they’ve had, etc.
- This activity will help them communicate in written form about their experiences, pressures they face, and emotions they experience. They can also express their ideas and learn more about what mental health means.
- Parents can review Resource 1, Section 4.4, Face Your Problem with their child for problem-solving and decision-making strategies.

3.1 Haoyu's Story

Summary

In this activity, we'll explore the topic of depression, specifically major depressive disorder (MDD). It's essential to understand that MDD is just one form of depression among many. We'll mainly focus on recognizing its signs, as being aware can empower us to tackle long-term challenges together. Let's dive in!

You might think that pre-teens don't really deal with serious stuff like depression. But the truth is, MDD can start when you're young. It can totally affect how someone feels but also how they think, act, and even how they look. When someone is dealing with MDD, it can make it tough to make decisions and handle everyday pressures. For instance, kids might lose interest in things like hanging out with friends or joining the basketball team, and can impact their grades, too. Just remember, having MDD isn't a sign of weakness; it's a health issue, just like having asthma or diabetes.

To get diagnosed with MDD, health professionals look for a few important criteria that must be met. They typically look for continuous feelings of sadness or a loss of interest in activities that used to be enjoyable. Additionally, a diagnosis of MDD requires the presence of at least five symptoms from either emotional or physical categories listed in the subsequent table. These symptoms must occur more days than not for a minimum of two weeks, and interfere with the child's proper functioning in at home, at school, or in social situations.

***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 pre-teens' 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 pre-teens, just like in adults, to be consistent with warning signs of MDD, these symptoms in pre-teens can be subtler and they may have difficulty expressing or recognizing what they are feeling. For instance, persistent sadness may manifest as irritability.

In short, the goal is for your child to recognize the warning signs, as a first step. Then, in subsequent activities, 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 first two. <ul style="list-style-type: none"> – sad mood (or irritability) – 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). |

Learning Goals

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

- understand when sadness can become a challenge and how it can affect their lives
- understand how major depressive disorder (MDD) differs from expected sadness.
- describe the warning signs and symptoms related to MDD
- describe what health professionals look for when considering a diagnosis of a common type of depression in children, namely MDD.
- describe what they would do if they felt something wasn't quite right with themselves or a friend
- recognize signs that indicate a problem in their personal relationships at home and at school and apply effective strategies for solving these problems

Discussion Aid

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

Process

Activity and Discussion

- Share Activity Sheet 2 with your child.
- Dive into the story of “Little Haoyu” and take a moment to pause at the first discussion point.
- Engage your child with the following question:
 - Do you think it’s normal for Haoyu to feel this way?”
Response: Yes.
- Share insights with your child about emotions:
 - It’s completely natural to feel sad sometimes. Just like a rainy day, these feelings usually pass, and the sun shines brightly again!
- Continue your journey through the tale, but be ready to pause once more at the second discussion point.
- Ask your child a thought-provoking question:
 - Is it expected for Haoyu to feel this way?
Response: No.
- Encourage Your Child’s Understanding of Sadness and Emotions with Haoyu’s Journey! Start by diving into a rich discussion about Haoyu’s experiences. Make it interactive and fun! Let your child share their thoughts and feelings—this helps them connect and engage with the story on a deeper level.
- Understanding Sadness:
 - Explain to your child that sadness can sometimes feel like a persistent shadow, lingering around from morning to night. It’s important to recognize that for some, this feeling can last more than just a few days—sometimes more than two weeks! Help them see that if this sadness starts to interfere with school, playing with friends, or enjoying their favorite hobbies, it could be a sign of something deeper.
- Pause and Reflect:
 - As you continue reading, take a moment to pause at the third discussion point. Ask your child, “What do you think could make Haoyu feel so sad for such a long time?” This question opens the door for them to express their ideas and concerns.

- Recognizing Patterns:
 - Remind your child how significant it is to pay attention to these feelings. Understanding when sadness becomes a warning sign is a valuable skill. Here's where you can introduce the term "major depressive disorder" or MDD.
- Explaining MDD:
 - Tell your child that being sad for an extended period—and losing interest in things they once loved—can sometimes indicate a condition called MDD. But it's also crucial to let them know that MDD is just one type of depression, and there are many variations.
- Spotting the Signs:
 - Finally, emphasize that recognizing the warning signs of MDD is essential, as a failure to do so can lead to challenges in the long run. Encourage your child to be observant, not just of their feelings but of their friends' and family's emotions, so they can support each other through tough times.

Through this engaging dialogue, you're helping your child navigate the complexities of feelings, fostering both empathy and emotional intelligence!

***Note:** The child can compare the symptoms described in Haoyu's story with those listed in the table. They should identify the symptoms in Haoyu that may indicate warning signs of Major Depressive Disorder (MDD). The child can then write down these symptoms on a poster or in their journal..*

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

- His feeling of sadness has been lasting most of the day, lasting over a month..
- He shows no interest in playing with his friends or engaging in activities he usually enjoys.
- He frequently complains of feeling unwell.
- He feels safer when he is with his parents and struggles to be separated from them.
- He refuses to go to school.
- His grades are dropping.
- He's having trouble sleeping like he used to.
- He's lost his appetite.
- He worries that his parents may die.

NOTE TO PARENT

We want to emphasize that if Haoyu has only one or a few symptoms that eventually go away, there is no cause for concern. What truly matters is the presence of ongoing sadness and/or a loss of interest in activities. In this context, we should be worried if the warning symptoms are consistent and last for more than two weeks, especially if they interfere with Haoyu's life—whether at school, during play, or at home.

It is also important to remember that pre-teens sometimes focus on thoughts of death without necessarily expressing a desire to die themselves. To summarize, there are three key indicators that may signal warning signs of Major Depressive Disorder (MDD):

1. Specific symptoms are present for most of the day, nearly every day.
 2. The duration of these symptoms (they must last for over two weeks).
 3. The negative impact of these symptoms in at least one aspect of life, such as at school, during play, or at home.
-
- Read and discuss Fact Sheet 1 with your child.
 - Ask your child
 - What would you do if you felt sad most of the time, for a long period of time?
 - Remind your child that they should seek help if they have questions about the material. Explain that if they notice any warning signs, they should talk to someone they trust—someone they know and can rely on. Encourage them to think about the people they can talk to
 - Next, describe the Mental Health Continuum Model (pages 13-14) to your child, highlighting the various states of mental health: good mental health, temporary distress, declining mental health, and warning signs of mental health disorders.
 - Emphasize that the signs and symptoms mentioned in the red column of the model are only warning signs, and that only a trained professional should make a diagnosis.

Activity Sheet 2

For use with *Section 3.1, 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 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 discussion about whether it is expected for Haoyu to feel this way. Then continue.

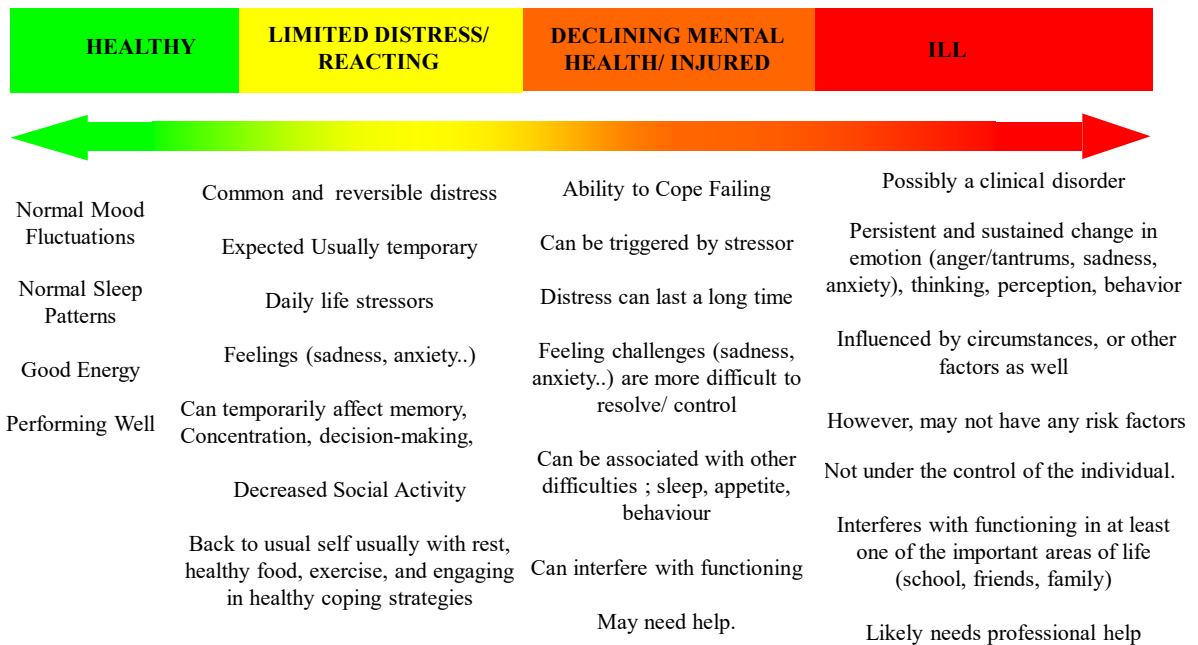
- Haoyu's parents were very worried.

- 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 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 Guide



Fact Sheet 1

For use with Section 3.1, Haoyu's Story

MDD Is Not a Weakness!

Major depressive disorder (MDD) is a health disorder (just like when you live with asthma) and it can affect anyone!



Children who experience symptoms of MDD are not “crazy” or “mental.” These descriptions are false; they hurt feelings and make children feel worse. In short, they do not help!

~~CRAZY~~ ~~MENTAL~~

Let's review what we've learned:



Feeling sad or lacking interest in the things you used to enjoy

+

Displaying some of the symptoms discussed, more days than not, for longer than two weeks.

=

Warning signs

Remember, to be concerning, the symptoms must also interfere with a child's learning, playing with friends, or usual routines at home.

TELL SOMEONE WHO CARES FOR YOU AND WHOM YOU CAN COUNT ON!