A MENTAL HEALTH CURRICULUM RESOURCE

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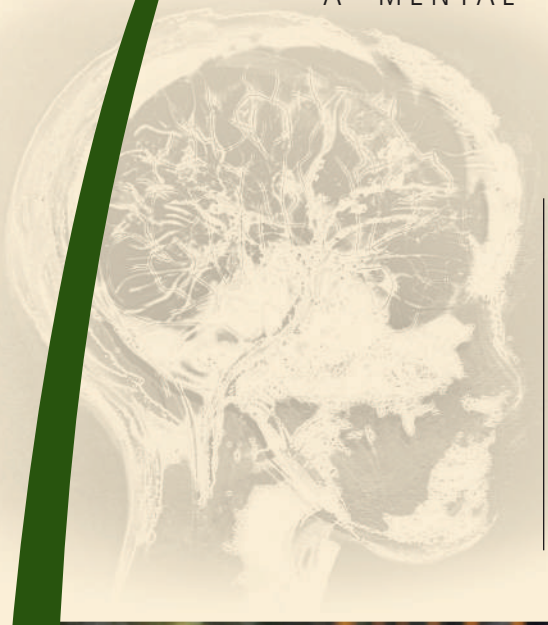
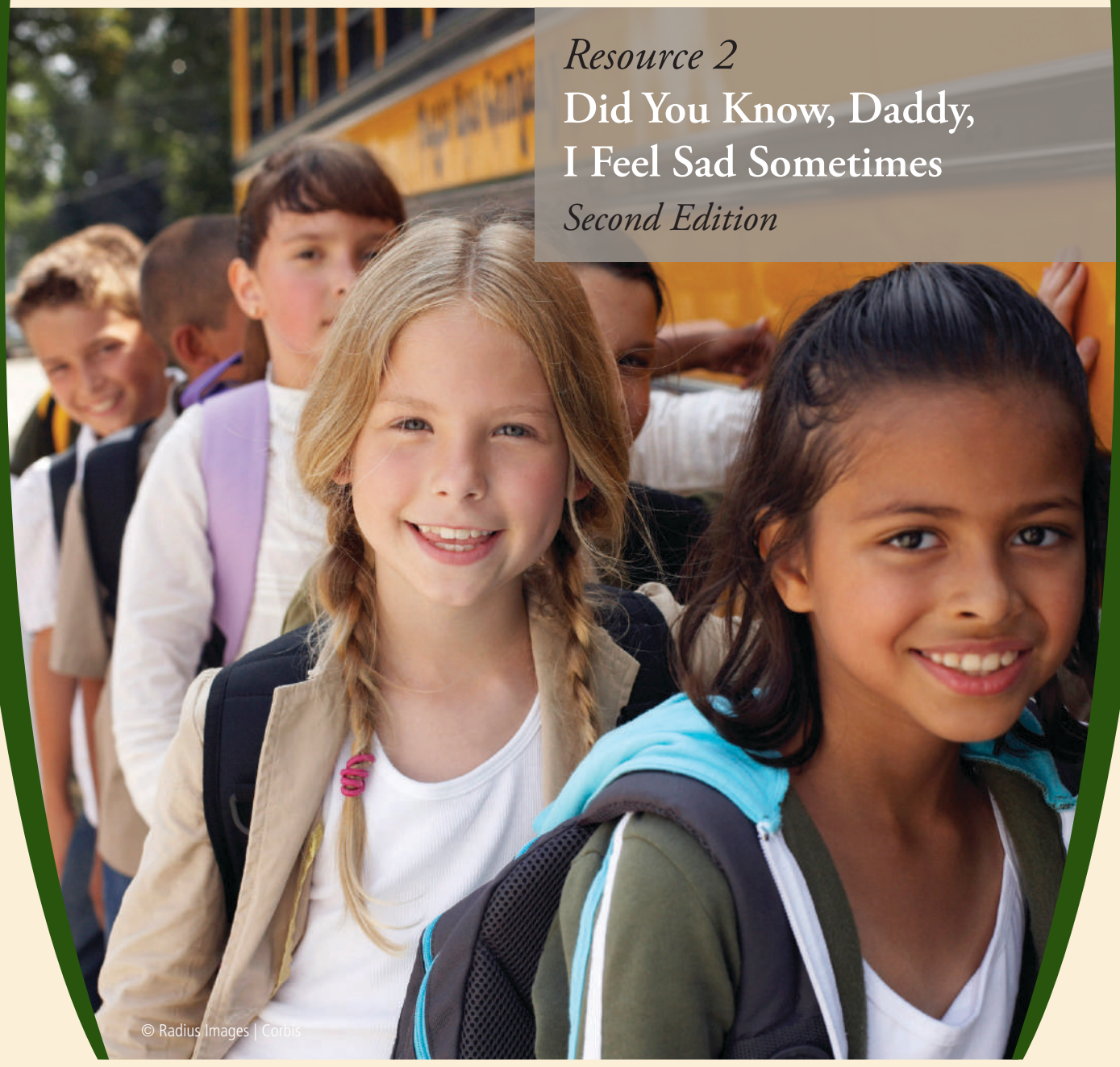


Healthy Mind Healthy Body



Resource 2

Did You Know, Daddy, I Feel Sad Sometimes

Second Edition

HEALTHY MIND • HEALTHY BODY

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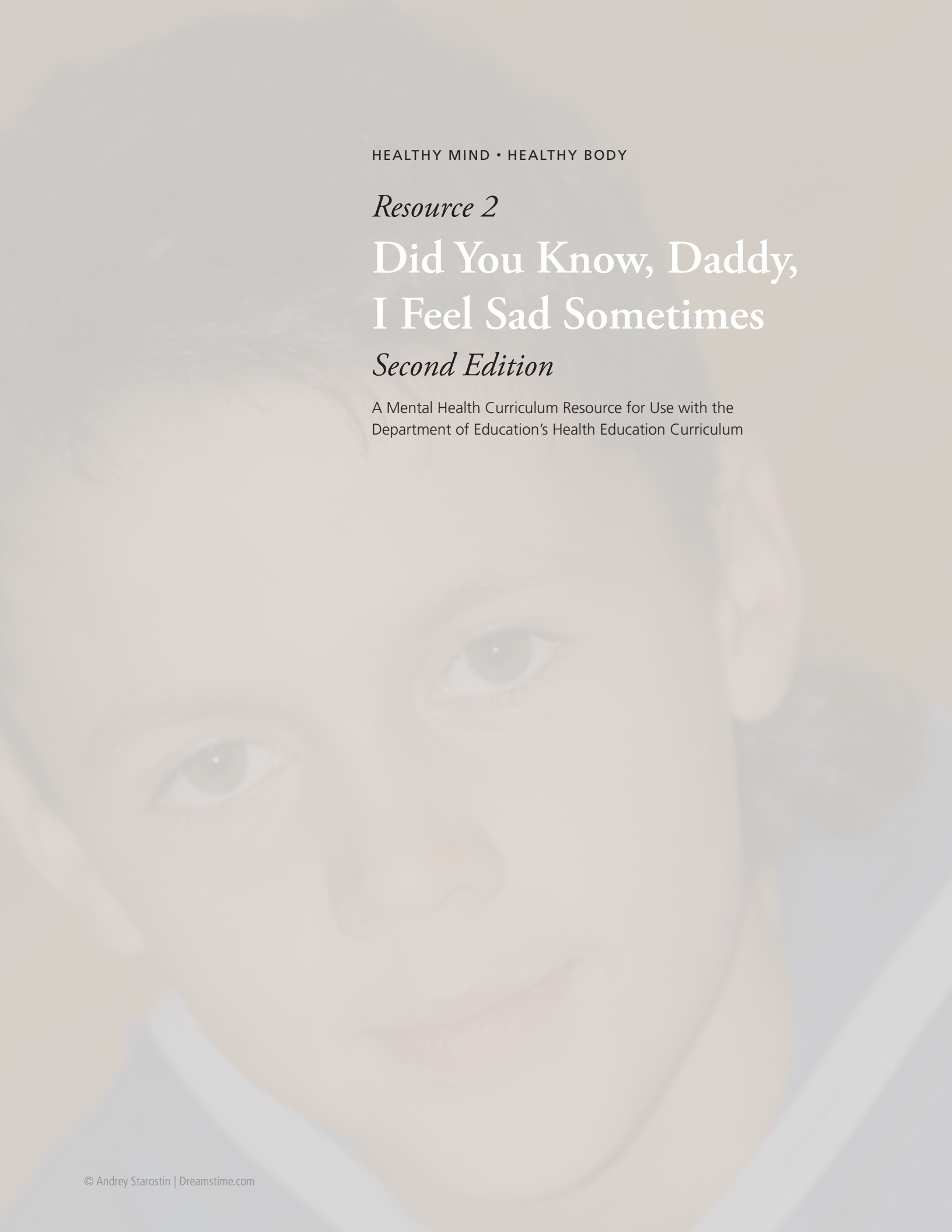
Second Edition

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 illness in childhood and adolescence is real, can be severe, and should not be ignored.

Fact: Mental illness in children and adolescents is not a phase. It is a brain disorder, and like other childhood illnesses (e.g., asthma, diabetes), it should be taken seriously.

Fact: Fifteen to 20 percent of children and adolescents suffer from mental illness at some time in their young years.

Fact: Ten percent of children and adolescents who suffer from mental illness require intervention.

Fact: Many children and adolescents have problems with their feelings and behaviours, and they need to know that they don't have to hide and endure their pain alone.

Fact: Mental illness is not a weakness in character.

Fact: Mental illness is nothing to be ashamed of.

Fact: Mental illness, if not properly managed, can become severe and chronic and can persist into adulthood.

Did You Know, Daddy, I Feel Sad Sometimes

Introduction

Did you know that mental health disorders are increasingly becoming a priority public health issue? Sadly, this alarming statement is true—namely, because mental health disorders cause unnecessary suffering and impose a disproportionately high economic burden on society. In fact, the costs of mental health illnesses in Canada were estimated at $20.7 billion in 2012, increasing by 1.9 percent per year. In the United States, the costs related to mental illnesses in 2006 were approximately $57.5 billion.[1,2] Moreover, chronic disability, decreased work productivity, very high economic and social burdens, and decreased quality of life all contribute to the recent World Health Organization's (WHO) identification of depressive illnesses as the second-most disabling health disorder worldwide. WHO also expects mental illness to become the number one cause of years lived with disability worldwide by the year 2020.[3]

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

Why do we need to learn about mental health?

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

1. *Mental Illness Imposes High Costs on the Canadian Economy*, last accessed August 13, 2012, at http://www.conferenceboard.ca/press/newsrelease/12-07-19/Mental_Illness_Imposes_High_Costs_on_the_Canadian_Economy.aspx.
2. *The Global Cost of Mental Illness*, last accessed August 13, 2012, at http://www.nimh.nih.gov/about/director/2011/the-global-cost-of-mental-illness.shtml.
3. Christopher J. L. Murray and Alan D. Lopez, "Alternative Projections of Mortality and Disability by Cause 1990–2020: Global Burden of Disease Study," *Lancet* 349, no. 9064 (1997): 1498–1504.

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

Why should we target children at such a young age?

Most mental health disorders begin in childhood and adolescence.[4] Depression, anxiety, and behavioural disorders such as attention deficit disorder/attention deficit hyperactive disorder (ADD/ADHD) collectively affect 15–20 percent of youngsters.[5] In addition, mental health directly affects children's ability to use and benefit from education.[6] Unresolved mental health problems can lead to learning problems and decreased academic performance as well as increased absenteeism, school dropout, and special education referral.[7]

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

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

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4. Rose M. Giaconia, Helen Z. Reinherz, Amy B. Silverman, Bilge Pakiz, Abbie K. Frost, and Elaine Cohen, "Ages of Onset of Psychiatric Disorders in a Community Population of Older Adolescents," *Journal of the American Academy of Child and Adolescent Psychiatry* 33, no. 5 (1994): 706–717.
5. David Shaffer et al., "The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): Description, Acceptability, Prevalence Rates, and Performance in the MECA Study," *Journal of the American Academy of Child and Adolescent Psychiatry* 35, no. 7 (1996): 865–877.
6. National Institute of Mental Health, *America's Children: Parents Report Estimated 2.7 Million Children with Emotional and Behavioral Problems*, last accessed in July 2005 at http://www.nichd.nih.gov/news/releases/americas_children05_bg_parents.cfm.
7. Howard S. Adelman and Linda Taylor, "Mental Health in Schools and System Restructuring," *Clinical Psychology Review* 19, no. 2 (1999): 137–163.
8. *The Brown University Child and Adolescent Behavior Letter* 18, no. 4 (2002).

Furthermore, while early identification and effective intervention can improve short- and long-term outcomes, [9,10,11,12] available data indicate that most youngsters with treatable mental disorders are not correctly identified or appropriately treated.[13,14,15,16] That said, school curricula do address several areas that help enhance healthy habits—including nutrition and how to maintain good physical health—but teaching about mental or emotional health and mental illness is important as well. Children and youth need the skills to identify or express emotions or to identify when they need help.

How will this curriculum resource help?

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

In addition, the general view—which adds to the problem—is that youth do not have the emotional maturity to suffer from mental illnesses. Instead, it's often felt that children showing symptoms are simply going through a phase, and so the suffering can be ignored or dismissed. Also, children and teens themselves do not know what problem feelings and behaviours are expected for their age group and, therefore, ignore or repress internal signals and suffer in silence until adulthood or until they find themselves in a crisis.

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

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

learning years, where multiple "teachable moments" for positive character trait development occur. While it is generally agreed that children need to be taught how to improve their health, it's often overlooked that mental health is an important component of health. Therefore, it is imperative to start identifying with the concept of health as both physical and mental health. Consequently, if we enhance young children's comfort with the notion of mental health, then discussions about it would be just as ordinary and commonplace as nutrition health or cardiovascular health; thus, the stigma would disappear. This would also most likely improve early recognition of problems, encourage early help-seeking behaviour, and create a supportive environment for individuals.[19] In fact, extracurricular interventions in elementary schools pertaining to mental health have been found to decrease special education usage and behaviour problems, while improving academic skills, positive peer interactions, and parent involvement in school.[20]

What is needed?

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

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

Can we really tell when there is a problem?

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

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

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

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

That said, teachers are in constant contact with children. They, along with other school personnel, can be a critical link, resulting in the assessment and treatment of childhood mental illnesses. With warmth and empathy, teachers already talk to children; listen; and are a major, influential part of their lives. They also meet with parents/caregivers and routinely address concerns about their children. Through this resource, teachers (like students and, hopefully, parents/caregivers) can acquire confidence in discussing students' mental health inquiries or concerns. Therefore, confidence in listening, talking to the child, and/or directing the child appropriately to talk to a trusted adult, for instance, would become more commonplace.

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

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

- Avoid using terms like "bad" or "good." Feelings and behaviours should be referred to as "expected" or "unexpected" for a particular age group.
- Do not speak to a child in terms of "Yes, it appears you have a problem" or "No, this is not a problem." Even the most experienced professional can find it difficult to determine whether or not there truly exists a reason for concern. The appropriate language should be: "This seems to have lasted longer than expected [or] this seems to be bothering you and interfering with your school work (or with your friends, routines at home, etc.) more than is expected. I think you should talk to your parents/caregivers (or a school counsellor or trusted adult) about this."

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

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

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

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

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

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

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

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

How should this resource be used?

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

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

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

The resources consist of the following main themes:

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

Each lesson is divided into the following subsections:

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

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

Teacher's Corner

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

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

Lesson Objectives

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

Teaching Content

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

Activity Sheets, Work Sheets, Fact Sheets, and Handouts

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

Suggested Assessment Strategies

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

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

Teaching Scope

The following topics will be introduced gradually across the lessons:

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

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.

Furthermore, to support students' learning, the package contains user-friendly teachers' guides, student take-home activities, and parent/caregiver awareness activities. Lesson objectives will be addressed by incorporating instructive lessons with interactive activities, role play, games, and group discussions. This method will enhance learning by promoting active participation, thereby piquing students' interest.

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

Healthy Mind · Healthy Body Complementary Resources

Resource 1—My Health and My Brain

Teaching Scope

The following topics will be introduced gradually across the lessons:

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

Resource 3—I'm in Control

Teaching Scope

The following topics will be introduced gradually across the lessons:

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

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

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

Parents/Caregivers Sample Letter

Dear parents/caregivers:

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

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

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

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

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

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

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

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

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

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

_____

(insert teacher's phone #)

Best regards,

Overview

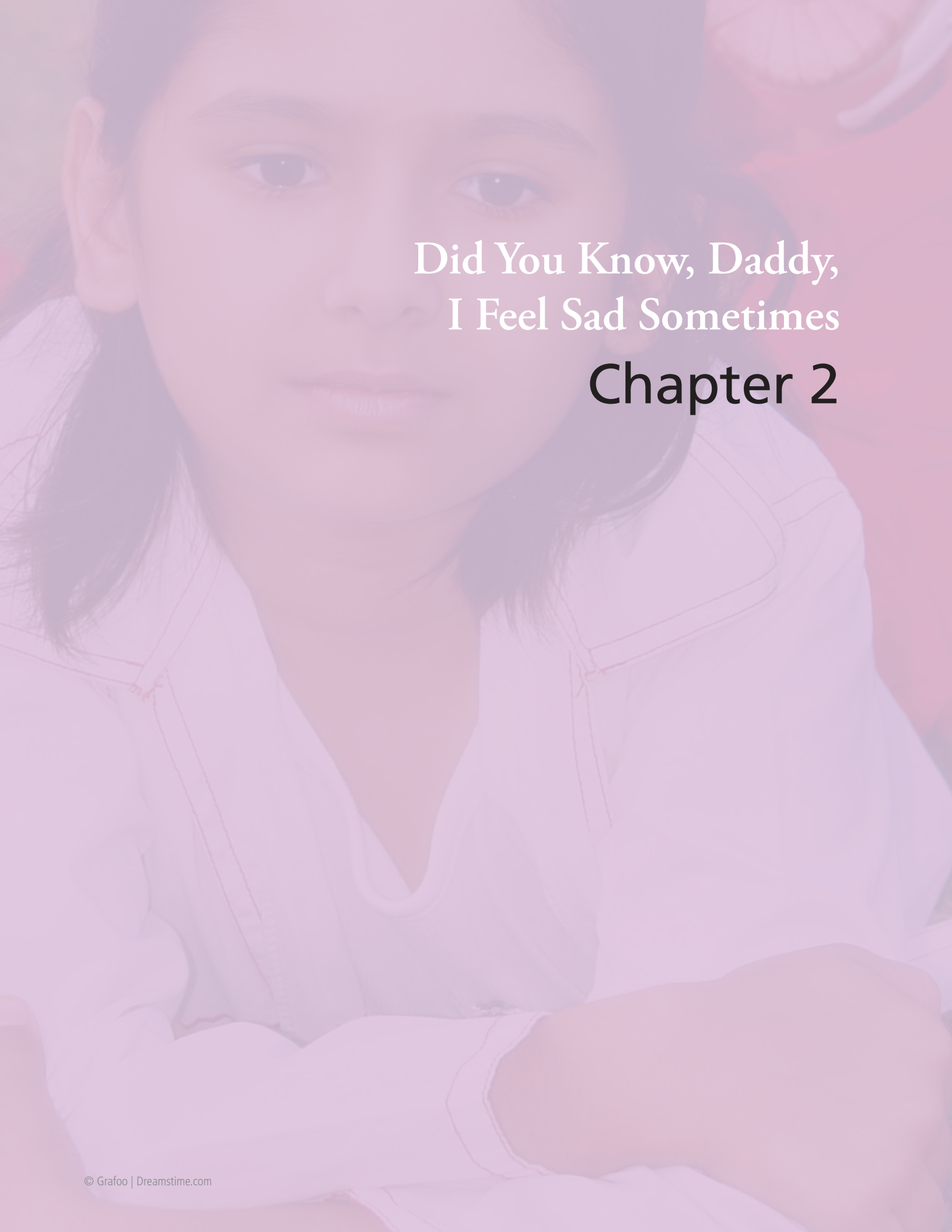
Chapter 1	CHAPTER OBJECTIVES **By the end of Chapter 1, students will be expected to**
1.1 - Something's Wrong	• define mental health • understand that mental health is just as important for feeling well as physical health • express important mental health messages through the use of art • become more 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?	• 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 boy or girl 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 problem 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

1.3 - Is It Stress or Anxiety?	• 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 than 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
Chapter 2	CHAPTER OBJECTIVES **By the end of Chapter 2, students will be expected to**
2.1 - Jeremy's Story	• understand when sadness can become a problem and how it can affect their lives • understand what major depressive disorder (MDD) is • describe the 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
2.2 - The Straw House or the Brick House?	• 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)*	• 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	• 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 problems in children (e.g., generalized anxiety disorder, separation anxiety disorder, panic disorder) • recognize the 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	• understand when behaviour can become a problem and how it can affect their lives • describe common behavioural problems 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 having behavioural difficulties • 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 **By the end of Chapter 3, students will be expected to**
3.1 - Why Do I Feel This Way?	• recognize when sadness can become a problem 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 someone getting MDD • describe how many children suffer from 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	• recognize when anxiety becomes a problem and how it can affect their lives • recognize the warning signs that show when anxiety has become a problem • recognize the warning signs of social phobia • 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	• 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 **By the end of Chapter 3, students will be expected to**
3.4 - A Roller Coaster Ride	• become familiar with a common behavioural problem that can interfere with children's learning (e.g., ADD/ADHD) • learn some of the common warning signs that point to the possibility of having 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 Illnesses 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 illness. These terms attach a negative meaning to mental illness 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 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 children 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 his/her life situation.

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

In addition, students will learn that children, 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.

> ***Note:*** *If there is no dysfunction in one of these three areas, then it is unlikely that the child has a problem.*

That said, your students should be taught the following key messages:

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 need to understand that it is difficult, even for a trained professional, to diagnose certain mental illnesses, 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 problem 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.

2.1 Jeremy'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 problems, we will focus on recognizing its warning signs.

In summary, the popular belief is that children do not have the emotional maturity to suffer from 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, having 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 have 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 have 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 have 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 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 the symptoms and signs consistent with a medical diagnosis of MDD.

Emotional and thinking signs/symptoms	Physical signs/symptoms
• You must experience at least one of these two. – 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 memory loss. • You wish you were dead or want to die.	• 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 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 problem and how it can affect their lives
- understand what major depressive disorder (MDD) is
- describe the 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 Jeremy.
- Make copies of Fact Sheet 1, MDD Is Not a Weakness!

Method

Class Activity and Discussion

- Distribute Activity Sheet 2.
- Read the story, Little Jeremy. Pause at the first discussion point.
- Ask your students
  - Is it expected for Jeremy 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 Jeremy to feel this way?

    Response: No.
- Explain to your students that sometimes the feeling of sadness won't go away—that, for some boys and girls, 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 Jeremy 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 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 more serious 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 problems, 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 Jeremy that could indicate a problem. The student taking notes will write the symptoms on a chart board or chalkboard for everyone to see.*

Here are Jeremy'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.

NOTE TO TEACHER

At times, a child can exhibit preoccupation with death rather than expressing that he/she wishes he/she were dead or wants to die.

Make sure to stress the fact that there is nothing for Jeremy to worry about if he has only one or more symptom(s) and they go away. What matters here is that continuous sadness and/or loss of interest is present. In other words, what should concern us is the consistency and length of the warning symptoms (over two weeks) and that these symptoms are interfering with an aspect of Jeremy's life (at school, play, or home). Again, the three important components required to be consistent with the warning signs of MDD are

1. symptoms
2. length of time the symptoms are present
3. the symptoms must interfere with an aspect of your life—at school, play, or home

Read and discuss Fact Sheet 1 with your students.

Ask your students

- What would you do if you felt sad most of the time, for a long period of time?

Tell your students that being sad or scared for more days than not, for a long time, means that your mind is hurting.

Reinforce to your students that they should ask for help if they have questions about the material. Explain to them that if they recognize some of these warning signs, they should talk to someone they trust (i.e., someone they know and can rely on). To do this, remind them of the people they can talk to.

Activity Sheet 2

For use with ***Lesson 2.1, Jeremy's Story***

Little Jeremy

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

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

- For the next four weeks, Jeremy 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. Jeremy 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, Jeremy wanted to stay with his parents.
- One day, Jeremy 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 Jeremy to feel this way. Then continue.

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

Pause for a class discussion on the symptoms that indicate Jeremy could be suffering from MDD.

Fact Sheet 1

For use with ***Lesson 2.1, Jeremy's Story***

MDD Is Not a Weakness!

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

Children who suffer from 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

+

Having some of the symptoms discussed, for longer than two weeks

=

Warning sign

Remember, to be alarming, 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!