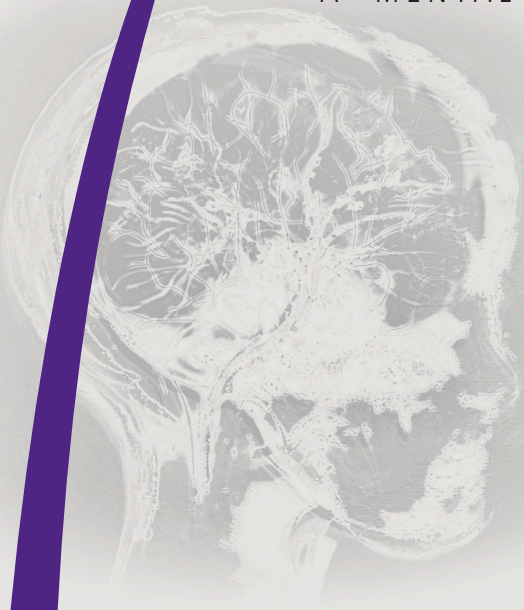


A MENTAL HEALTH CURRICULUM RESOURCE

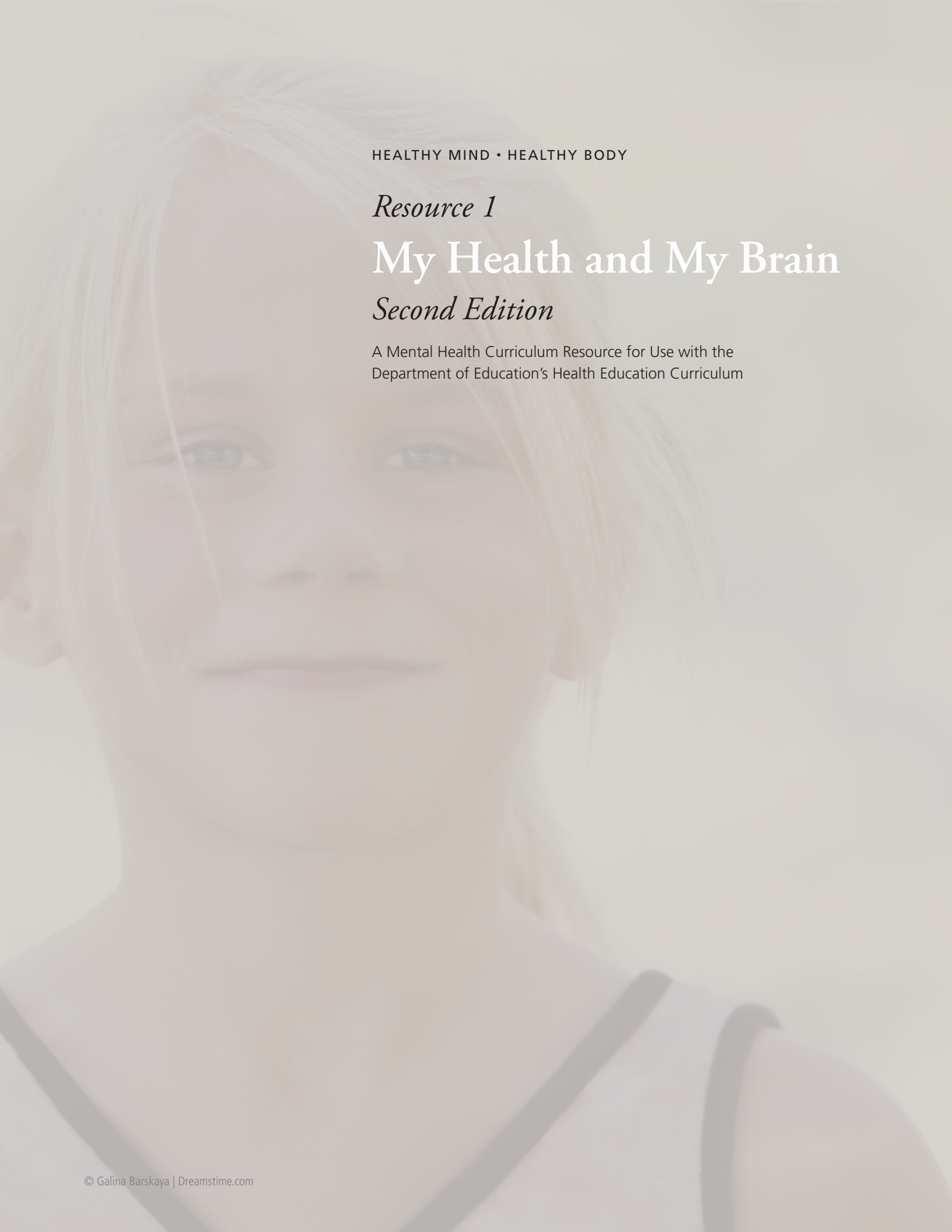
Bianca Lauria-Horner MD CFPC



Healthy Mind Healthy Body

Resource 1
My Health and My Brain
Second Edition





HEALTHY MIND • HEALTHY BODY

Resource 1

My Health and My Brain

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.

Introduction

Did you know that mental health disorders are increasingly becoming a priority public health issue? Sadly, this alarming statement is true—namely, because mental health disorders cause unnecessary suffering and impose a disproportionately high economic burden on society. In fact, the costs of mental health illnesses in Canada were estimated at \$20.7 billion in 2012, increasing by 1.9 percent per year. In the United States, the costs related to mental illnesses in 2006 were approximately \$57.5 billion.^{1,2} Moreover, chronic disability, decreased work productivity, very high economic and social burdens, and decreased quality of life all contribute to the recent World Health Organization's (WHO)

identification of depressive illnesses as the second-most disabling health disorder worldwide. WHO also expects mental illness to become the number one cause of years lived with disability worldwide by the year 2020.³

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

Why do we need to learn about mental health?

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

1. *Mental Illness Imposes High Costs on the Canadian Economy*, last accessed August 13, 2012, at http://www.conferenceboard.ca/press/newsrelease/12-07-19/Mental_Illness_Imposes_High_Costs_on_the_Canadian_Economy.aspx.

2. *The Global Cost of Mental Illness*, last accessed August 13, 2012, at <http://www.nimh.nih.gov/about/director/2011/the-global-cost-of-mental-illness.shtml>.

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

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

Why should we target children at such a young age?

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

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

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

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

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

6. National Institute of Mental Health, *America's Children: Parents Report Estimated 2.7 Million Children with Emotional and Behavioral Problems*, last accessed in July 2005 at http://www.nichd.nih.gov/news/releases/americas_children05_bg_parents.cfm.

7. Howard S. Adelman and Linda Taylor, "Mental Health in Schools and System Restructuring," *Clinical Psychology Review* 19, no. 2 (1999): 137–163.

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

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

How will this curriculum resource help?

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

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

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

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

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

What is needed?

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

19. Health Canada, “Mental Illnesses in Canada—An Overview,” *A Report on Mental Illnesses in Canada*, last accessed on November 16, 2012, at www.phac-aspc.gc.ca/publicat/miic-mmacc.

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

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

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

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

24. Consortium on the School-Based Promotion of Social Competence, “The School-Based Promotion of Social Competence: Theory, Research, Practice, and Policy,” *Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interaction*, eds. Robert J. Haggerty, Lonnie R. Sherrod, Norman Garnezy, and Michael Rutter (New York: Cambridge University Press, 1994).

25. Martin E. P. Seligman and Mihaly Csikszentmihalyi, “Positive Psychology: An Introduction,” *American Psychologist* 55, no. 1 (2000): 5–14.

Can we really tell when there is a problem?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How should this resource be used?

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

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

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

The resources consist of the following main themes:

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

Each lesson is divided into the following subsections:

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

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

Teacher's Corner

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

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

Lesson Objectives

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

Teaching Content

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

Activity Sheets, Work Sheets, Fact Sheets, and Handouts

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

Suggested Assessment Strategies

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

Resource 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.

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 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.

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, Part 1	CHAPTER 1, PART 1 OBJECTIVES By the end of Chapter 1 Part 1, students will be expected to
1.1 - I'm Influenced	<ul style="list-style-type: none"> • identify many things that influence their life • demonstrate an awareness of their need to feel safe, loved, protected, and cared for and the importance of having a trusted and safe adult in their lives who can play this role
1.2 - Basic Brain Fun	<ul style="list-style-type: none"> • define that the brain is an organ in the body • describe where the brain is within the body • learn about the basic functions of the brain • identify internal and external body parts and their functions • understand that the brain controls our feelings, thoughts, and behaviours
1.3 - Help Baby	<ul style="list-style-type: none"> • express how they can help (i.e., influence) other people's lives • verbally express several reasons why a baby cries (for instance, a baby does not have to be in physical pain to cry; he/she can be in emotional pain: feeling sad, angry, or frustrated) • demonstrate an awareness that humans have a range of emotions and that it is normal and expected to feel this range of emotions • demonstrate an awareness of their need to feel safe, loved, protected, and cared for and the importance of having a trusted and safe adult in their lives who can play this role • describe the role of family and ways in which their family impacts health
1.4 - My friend and I	<ul style="list-style-type: none"> • identify appropriate strategies for getting along with their classmates and friends at home • identify and practise thoughtful and caring behaviours in the classroom • identify and demonstrate what friendship means to them • identify and demonstrate acceptance of their own emotions • demonstrate respect for and acceptance of all classmates • demonstrate an understanding that friendship impacts health
1.5 - Help Martin Decide	<ul style="list-style-type: none"> • recognize choices they are making or have made and associate feelings with these choices • recognize opportunities to take responsibility for their choices • identify how the choices they make can affect how they feel • recognize that people make choices that affect their health

Chapter 1, Part 2	CHAPTER 1, PART 2 OBJECTIVES By the end of Chapter 1 Part 2, students will be expected to
1.6 - I'm Healthy	<ul style="list-style-type: none"> • define that health means having a healthy mind and a healthy body • understand that mental health is just as important for feeling well as physical health
1.7 - How Do I Feel?	<ul style="list-style-type: none"> • become more aware of their own feelings and emotions • demonstrate a knowledge of the different ways feelings can be expressed • become better able to express their different emotions and feelings through the use of visual aids and stickers
1.8 - Mommy, It Hurts	<ul style="list-style-type: none"> • define that pain can be physical or emotional • understand that both types of pain are the same (they are both real, they can be mild to severe, and they can last a few seconds or much longer) • understand that both types of pain are different because in emotional pain it is our mind that hurts and in physical pain it is our body that hurts • give examples of when they might experience physical pain and when they might experience emotional pain
1.9 - Baby Feels Good	<ul style="list-style-type: none"> • learn that a baby can cry for several reasons • understand that parents/caregivers can comfort a baby • demonstrate a knowledge of the different ways feelings can be expressed • learn that trust is something that is acquired by parents/caregivers attending to a baby's needs • practise communication skills that promote healthy relationships and personal safety within a variety of contexts
1.10 - I Can Count on You	<ul style="list-style-type: none"> • become more aware of the people they can trust and count on to talk to about how they feel or about important events in their day • identify and practise ways of protecting their personal safety when they are not with parents/caregivers • identify and demonstrate ways that friends help one another • become better able to express how they would communicate an important event or feeling to a trusted and safe person • demonstrate healthy ways of responding to stressful situations • practise communication skills that promote healthy relationships and personal safety within a variety of contexts

Chapter 2	CHAPTER OBJECTIVES
By the end of Chapter 2, students will be expected to	
2.1 - Mental Health	<ul style="list-style-type: none"> • understand that being healthy requires the health of your body as well as the health of your brain (mind) • understand that the brain is essential for good mental health • demonstrate an understanding that the brain controls thoughts, feelings, and behaviours and that emotions can be felt in a positive or negative way • express that mental health is the health of feelings, thoughts, and behaviours
2.2 - I Am Angry	<ul style="list-style-type: none"> • understand that unpleasant feelings are expected • understand that it is important and healthy to experience unpleasant feelings as well as pleasant feelings • demonstrate strategies for dealing with anger in oneself and others • acknowledge thoughtful and caring behaviours among their classmates
2.3 - I Can Talk to You	<ul style="list-style-type: none"> • become more aware of the people who care for them: people they can rely on to talk to about how they feel or about important events in their day • become better able to express how they would communicate an important event or feeling to a trusted and safe person • identify and practise strategies for responding to bullying • demonstrate strategies for dealing with anger in oneself and others • demonstrate an understanding of ways a family can provide for the needs of its members • demonstrate an understanding that each family member has a position, role, and responsibility within the family

Chapter 3	CHAPTER OBJECTIVES
3.1 - When Things Irritate Me	<p>By the end of Chapter 3, students will be expected to</p> <ul style="list-style-type: none"> • differentiate between positive and negative stress • demonstrate good strategies for dealing with stressful situations
3.2 - Feelings-and-Behaviours Game	<ul style="list-style-type: none"> • differentiate between positive and negative stress • become more aware of their feelings and be able to express them • learn that they can have feelings that are positive or troublesome; this is to be expected • become more familiar with positive behaviours, as a result of their feelings • demonstrate good strategies for dealing with stressful situations
3.3 - The Champion in All of Us	<ul style="list-style-type: none"> • identify ways in which they are both like and unlike others • express their unique qualities • demonstrate an appreciation of their own qualities • realize that they can incorporate their individuality within the structures of their day-to-day lives • demonstrate an awareness that all citizens have rights and responsibilities, including a responsibility for respecting and protecting the rights of ourselves and those of others
3.4 - Face Your Problem	<ul style="list-style-type: none"> • learn how to identify a problem • express the four steps for solving a problem • identify and evaluate alternative solutions for a given problem • become familiar with the concept of having and making choices to help them arrive at the best possible solution • identify and apply decision-making strategies • identify and use strategies for making and keeping friends and for resolving conflicts with friends • identify and show appreciation for skills they have developed

Chapter 3	CHAPTER OBJECTIVES
3.5 - My Choice Is Health	<p data-bbox="516 394 1214 428">By the end of Chapter 3, students will be expected to</p> <ul data-bbox="480 464 1247 1031" style="list-style-type: none">• define that the brain is an organ, like the lungs and heart• learn that the brain is an important organ for mental health, similar to how our lungs and heart are important for physical health• learn about several functions of the brain• understand that the brain controls our feelings, thoughts, and behaviours• become aware of some healthy and unhealthy choices for the brain's health• recognize that the choices they make in their day-to-day lives affect their physical, social, mental, and emotional health• explore the functions of the brain and ways to protect it• identify forms of active transportation and practise measures to prevent injury and protect themselves from harm while participating in such activities



My Health and My Brain

Chapter 1

Part 1

My Health and My Brain Influences

Teacher's Corner

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

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

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

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

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

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

1.2 Basic Brain Fun

Summary

The focus of this lesson is for students to learn that the brain is an organ in our head that is responsible for many tasks.

Lesson Objectives

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

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

Preparation

- Ask your students to bring colouring crayons and drawing paper.

Method

Class Activity and Discussion

- In pairs, students can trace outlines of their bodies.
- Ask students to label where the brain is.
- Next, ask students to show functions of the brain in an artistic way.
- Students should identify as many functions of the brain as they can.

Possible responses:

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

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

Teacher-Led Discussion

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

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

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

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

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

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

1.7 How Do I Feel?

Summary

In this lesson, students will learn to understand that emotions can be felt in a positive or negative way. For example, they'll learn that even when emotions such as anger or sadness do not make us feel good at the time, these and other emotions are essential and are a part of everyone's life.

Lesson Objectives

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

- become more aware of their own feelings and emotions
- demonstrate a knowledge of the different ways feelings can be expressed
- become better able to express their different emotions and feelings through the use of visual aids and stickers

Preparation

- Make copies of Activity Sheet 5, How Do I Feel? and
- Make a transparency of Activity Sheet 5.

Method

Class Activity and Discussion

- Distribute the copies of Activity Sheet 5, and display the transparency.
- Distribute a sheet of feelings stickers to each student and explain each face.

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

- Next, ask your students to match each feelings sticker to the appropriate picture.
- Ask your students
 - How does it feel when you are happy, sad, angry, surprised, etc.?
 - Can you describe this feeling?
 - Do you talk to your mom or dad when you feel happy, sad, angry, or surprised?
 - What do you do when you are happy, sad, angry, surprised, etc.?

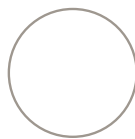
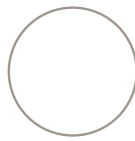
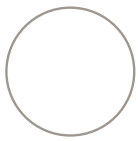
Activity Sheet 5

For use with Lesson 1.7, *How Do I Feel?*

How Do I Feel?

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

Student's name: _____



Feelings Stickers

A = Afraid



C = Confused



M = Mad



F = Frustrated



H = Happy



S = Sad



A = Afraid



C = Confused



M = Mad



F = Frustrated



H = Happy



S = Sad



A = Afraid



C = Confused



M = Mad



F = Frustrated



H = Happy



S = Sad



Suggested Assessment Strategies for Chapter 1, Part 2

Assessment Tool

Rubric

Healthy Mind and the Brain

(Teachers should check only one box per question.)

Student's name: _____ Date: _____

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