



**Grade 11  
Health and Physical Education**

**Healthy Active Living Education  
(PPL30)**

**Module #2  
Positive Mental Health  
and Stress  
Course Profile Supplement  
(Public and Catholic)**

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #1
Teaching Learning Strategy #1		Teaching Learning Strategy #2,3,7	

### Teacher Resource (Background Information for Assessment of Students' Prior Knowledge)

#### Instructions:

1. Distribute the Student Resource (Survey Worksheet). Have students complete a self-survey on well-being and give them the option of calculating the scoring section of the survey.
2. After students have completed the survey, lead a class discussion on their findings, concerns, questions, etc. Ask students to describe what they believe constitutes a mentally healthy person.
3. Build a list of characteristics of a mentally healthy person from the students' descriptions. Compare the list to the definition (see Teacher Resource- Overhead).
4. Provide an overview of Maslow's Hierarchy of Needs for students.

**People who are mentally healthy...**experience stress, frustrations, feelings of self-doubt, failure, and rejection. What distinguishes the mentally healthy from someone who is not mentally healthy is their resilience. Resilience is a person's ability to recapture their sense of emotional wellness within a reasonable time using a variety of coping strategies. (An example of resilience – If your partner breaks up with you, are you able to overcome this emotionally and eventually start seeing other people?)

#### Characteristics (of a Mentally Healthy Person):

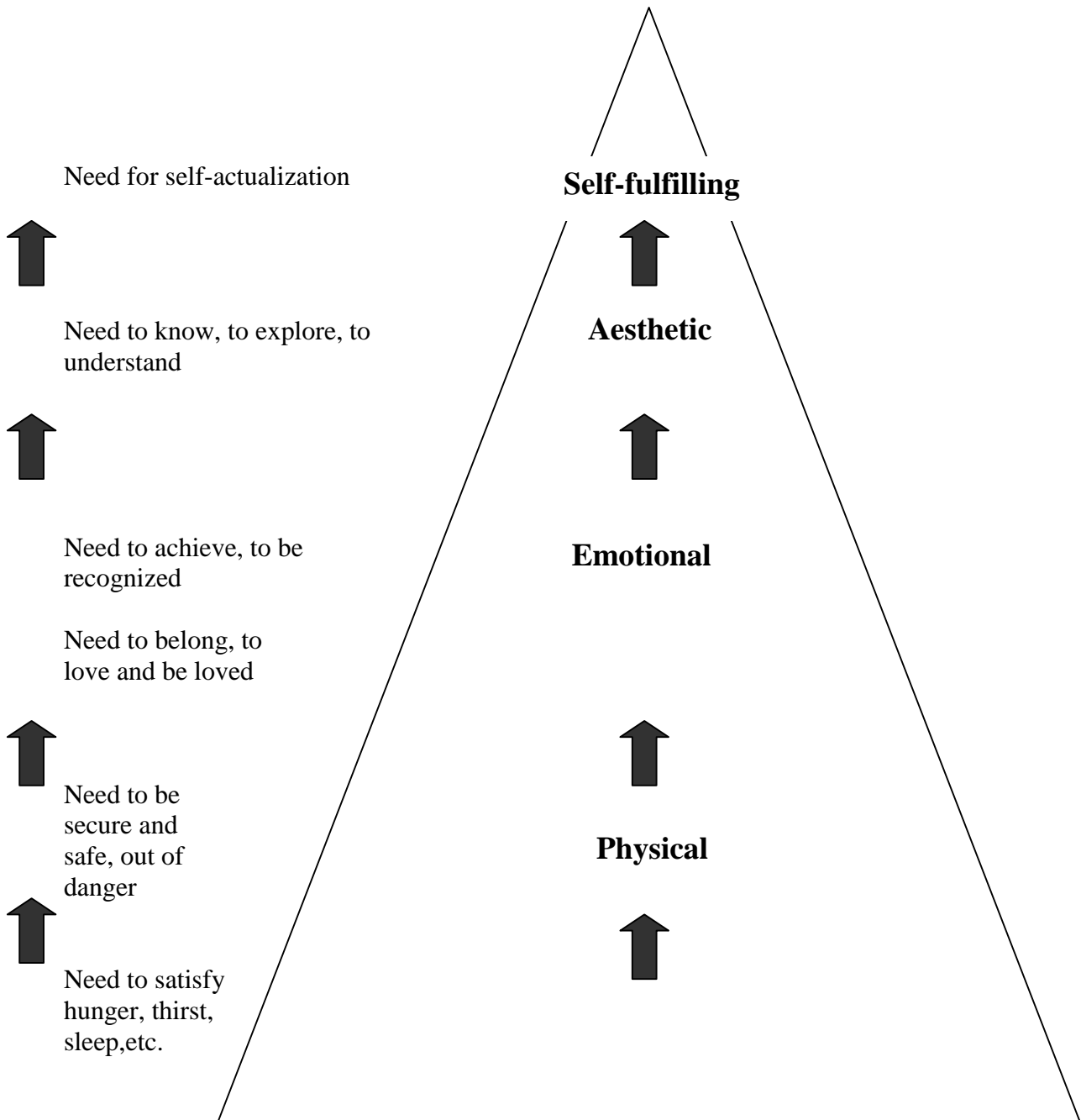
- hopefulness about opportunities and life's challenges
- persistent in achieving one's goals
- practical/realistic about goals as well as their strengths and weaknesses
- responsible for own personal behaviour
- respect own needs and the needs of others
- healthy self-esteem / positive self-concept
- healthy self-confidence
- ability to manage stress effectively
- ability to work productively
- support network (family, friends, mentors)
- healthy attitude towards life's problems and difficulties
- seeks help / advice when needed

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #3	Unit #5	Activity #1
Teaching Learning Strategy #1		Teaching Learning Strategy #2,3,7	

### Teacher Resource (Background Information)

## Maslow's Hierarchy of Needs



A psychologist named Abraham Maslow developed a theory that illustrates the different kinds of needs that everyone has. His idea is that we have to satisfy certain basic needs before you can begin to satisfy other ones.

## Positive Mental Health and Stress

<b>Public Profile</b>			<b>Catholic Profile</b>		
Unit #3	Activity #3		Unit #5	Activity #1	
Teaching Learning Strategy #1			Teaching Learning Strategy #2,3,7		

### Student Resource (Survey Worksheet)

#### Self-Survey on Well Being

##### Part One

The following questions contain statements and their opposites. Notice that the statements extend from one extreme to the other. Where would you place yourself on this scale? Place a circle on the number that is most true for you at this time. Do not put your circles between numbers.

##### Life Purpose and Satisfaction

1. During most of the day my energy level is	very low	1	2	3	4	5	6	7	very high
2. As a whole, my life seems	dull	1	2	3	4	5	6	7	vibrant
3. My daily activities are	not a source of satisfaction	1	2	3	4	5	6	7	a source of satisfaction
4. I have come to expect that every day will be	exactly the same	1	2	3	4	5	6	7	new and different
5. When I think deeply about life	I do not feel there is any purpose to it	1	2	3	4	5	6	7	I feel there is a purpose to it
6. I feel that my life so far has	not been productive	1	2	3	4	5	6	7	I feel there is a purpose to it
7. I feel that the work* I am doing	is of no value	1	2	3	4	5	6	7	is of great value
8. I wish I were different than who I am	agree strongly	1	2	3	4	5	6	7	disagree strongly
9. At this time, I have	no clearly defined goals for my life	1	2	3	4	5	6	7	clearly defined goals for my life

10. When sad things happen to me or other people	I cannot feel positive about life	1	2	3	4	5	6	7	I continue to feel positive about life
11. When I think about what I have done with my life, I feel	worthless	1	2	3	4	5	6	7	worthwhile
12. My present life	does not satisfy me	1	2	3	4	5	6	7	satisfies me
13. I feel joy in my heart	never	1	2	3	4	5	6	7	all the time
14. I feel trapped by the circumstances of my life	all the time	1	2	3	4	5	6	7	never
15. When I think about my past	I feel many regrets	1	2	3	4	5	6	7	I feel no regrets
16. Deep inside myself	I do not feel loved	1	2	3	4	5	6	7	I feel loved
17. When I think about the problems that I have	I do not feel hopeful about solving them	1	2	3	4	5	6	7	I feel very hopeful about solving them

\*The definition of work is not limited to income-producing jobs. It includes childcare, housework, studies, and volunteer services.

## Part Two

### Self-Confidence During Stress (answer according to how you feel during stressful times)

1. When there is a great deal of pressure being placed on me	I get tense	1	2	3	4	5	6	7	I remain calm
2. I react to problems and difficulties	with a great deal of frustration	1	2	3	4	5	6	7	with no frustration
3. In a difficult situation, I am confident that I will receive the help that I need	disagree strongly	1	2	3	4	5	6	7	agree strongly
4. I experience anxiety	all the time	1	2	3	4	5	6	7	never
5. When I have made a mistake	I dislike myself	1	2	3	4	5	6	7	I continue to like myself
6. I find myself worrying that something bad is going to happen to me or those I love	all the time	1	2	3	4	5	6	7	never

7. In a stressful situation	I cannot concentrate easily	1	2	3	4	5	6	7	I can concentrate easily
8. I am fearful	all the time	1	2	3	4	5	6	7	never
9. When I need to stand up for myself	I cannot do it	1	2	3	4	5	6	7	I can do it easily
10. I feel less than adequate in most situations	agree strongly	1	2	3	4	5	6	7	disagree strongly
11. During times of stress, I feel isolated and alone	agree strongly	1	2	3	4	5	6	7	disagree strongly
12. In really difficult situations	I feel unable to respond in positive ways	1	2	3	4	5	6	7	I feel able to respond in positive ways
13. When I need to relax	I experience no peace – only thoughts and worries	1	2	3	4	5	6	7	I experience a peacefulness free of thoughts and worries
14. When I am in a frightening situation	I panic	1	2	3	4	5	6	7	I remain calm
15. I worry about the future	all the time	1	2	3	4	5	6	7	never

### Scoring

The number you circled is your score for the question. Add your scores in each of the two sections and divide each sum by the number of questions in the section.

- Life Purpose and Satisfaction: \_\_\_\_\_ divide by 17 = \_\_\_\_\_.
- Self-Confidence During Stress: \_\_\_\_\_ divide by 15 = \_\_\_\_\_.
- Combined Well Being:  
(add scores for both) \_\_\_\_\_ divide by 32 = \_\_\_\_\_.

Each score should range between 1.00 and 7.00 and may include decimals (for example 5.15).

### Interpretation:

VERY LOW: 1.00 TO 2.49  
MEDIUM LOW: 2.50 TO 3.99  
MEDIUM HIGH: 4.00 TO 5.49  
VERY HIGH: 5.50 TO 7.00

These scores reflect the strength with which you feel these positive emotions. Do they make sense to you? Review each scale and each question in each scale. Your score on each item gives you information about the emotions and areas in your life where your psychological resources are strong, as well as the areas where strength needs to be developed.

If you notice a large difference between the *Life Purpose and Satisfaction* and *Self-Confidence During Stress* scores, use this information to recognize which central attitudes and aspects of your life most need strengthening. If your scores on both scales are very low, talk with a counsellor or a friend about how you are feeling about how you are feeling about yourself and your life.

Source: Kass, Jared. *Inventory of Positive Psychological Attitudes*, 1989  
See resource section for more information.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #1
Teaching Learning Strategy #1		Teaching Learning Strategy #2,7	

### Teacher Resource (Background Information)

**Mental Health Definitions** (Also enlarged as Teacher Overheads on subsequent pages).

1. The National Mental Health Association describes mentally healthy people as those who:
  - Feel comfortable about themselves. They are not overwhelmed by their own feelings, and they can accept many of life's disappointments in stride. They experience all of the human emotions (for example, fear, anger, love, jealousy, guilt, joy) but are not overcome by them.
  - Feel right about other people. They feel comfortable with others and are able to give and receive love. They are concerned about the well-being of other people and have relationships that are satisfying and lasting.
  - Are able to meet the demands of life. Mentally healthy people respond to their problems, accept responsibility, plan ahead without fearing the future, and are able to establish reachable goals.

**OR**

2. A mentally healthy person is not unduly upset by difficulties encountered; attacks problems in a real fashion; accepts the inevitable; understands and accepts his/her own limitations and those of others. He/she does not feel guilty of failing after having done his/her best. This involves a satisfactory relationship with i) self ii) others iii) environment.

**OR**

3. Mental health is more than the absence of mental illness.

Good mental health is when everything feels like it is working well. You feel good about yourself, your relationships with other people and are able to meet the challenges/demands of life. I

It is important to realize that mental health is a continuum. Your mental health may suffer when things in your life go wrong, and you have difficulty coping with everyday problems and changes.

## Teacher Resource (Overheads)

### Mental Health Definitions Overhead #1

The National Mental Health Association describes mentally healthy people as those who:

➤ Feel comfortable about themselves. They are not overwhelmed by their own feelings, and they can accept many of life's disappointments in stride. They experience all of the human emotions (for example, fear, anger, love, jealousy, guilt, joy) but are not overcome by them.

➤ Feel right about other people. They feel comfortable with others and are able to give and receive love. They are concerned about the well-being of other people and have relationships that are satisfying and lasting.

➤ Are able to meet the demands of life. Mentally healthy people respond to their problems, accept responsibility, plan ahead without fearing the future, and are able to establish reachable goals.

## Teacher Resource (Overheads)

### Mental Health Definitions Overhead #2

A mentally healthy person is not unduly upset by difficulties encountered; attacks problems in a real fashion; accepts the inevitable; understands and accepts his/her own limitations and those of others. He/she does not feel guilty of failing after having done his/her best. This involves a satisfactory relationship with i) self ii) others iii) environment.

**Teacher Resource (Overheads)**

**Mental Health Definitions Overhead #3**

Mental health is more than the absence of mental illness.

Good mental health is when everything feels like it is working well. You feel good about yourself, your relationships with other people and are able to meet the challenges/demands of life.

It is important to realize that mental health is a continuum. Your mental health may suffer when things in your life go wrong, and you have difficulty coping with everyday problems and changes.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #3	Unit #5	Activity #4
Teaching Learning Strategy #1		Teaching Learning Strategy #1, #2 and #4	

### Student Resource (Worksheet)

#### Instructions:

1. Complete a worksheet, by filling in each cell with an explanation of the positive and negative effects of various stressors.
2. Be prepared to share your answers and carry on a discussion in a small group. You will be assessed on your ability to communicate clearly.

Categories	Level 1	Level 2	Level 3	Level 4
Communication of positive and negative stressors	<ul style="list-style-type: none"> <li>communicates information and ideas with limited clarity</li> </ul>	<ul style="list-style-type: none"> <li>communicates information and ideas with some clarity</li> </ul>	<ul style="list-style-type: none"> <li>communicates information and ideas with considerable clarity</li> </ul>	<ul style="list-style-type: none"> <li>communicates information and ideas with a high degree of clarity</li> </ul>

### Positive and Negative Effects of Stress

STRESSOR	POSITIVE	NEGATIVE
<b><i>Physical Stressors</i></b>		
Food		
Shelter		
Warmth / Clothes		
Other		
<b><i>Adolescent Stressors</i></b>		
Changing Bodies		
Family Problems		
Peer Pressure		
Other		
<b><i>Imaginary Stressors</i></b>		
Things that Haven't Happened		
Other		
<b><i>Mental Stressors</i></b>		
Expectations of parents		
Pleasing - Yourself or Others		
Performance tied to self worth		
Other		
<b><i>Boredom</i></b>		
Too little change		
Other		
<b><i>Crisis</i></b>		
Death		
Divorce		
An Accident		

Other		
<b><i>Changes</i></b>		
New Home		
Parents Remarry		
Birth of a Sibling		
First Date		
Other		

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #4
Teaching Learning Strategy #2 & #3		Teaching Learning Strategy #1	
		Unit #5	Activity #5
		Teaching Learning Strategy #2	

### Teacher Resource (Background Information)

#### Instructions:

1. Have students generate a list of stressors and then categorize the stressors into one of the following categories, Physical, Social, Intellectual, Emotional, Spiritual, or Environmental.
2. Distribute the Student Resource (Case Studies Worksheet). Ask students to categorize the case study examples into the appropriate stressor categories. Have them complete the Case Study Worksheet by filling in an appropriate strategy for each example.
3. Have students read the statements on the Everyday Coping Student Resource (Worksheet). Students should identify the methods of coping for each situation.

### Stress and Stressors

**Stress:** the effect of an event on your mind and body, these effects can be both helpful or harmful; the forms of stress can be either positive (e.g., something that one is looking forward to like a school dance or wedding) or negative (e.g., break-ups and death of a loved one)

**Stressors:** situations and experiences that cause stress

- Physical Stressors – (e.g., positive; strenuous activity), (e.g., negative; bacteria, smoke, lack of sleep, injury)
- Social Stressors – (e.g., positive; receiving compliments, expectations of others), (e.g., negative; rejection, embarrassment, ridicule, arguments)
- Intellectual Stressors – (e.g., positive; challenging problems), (e.g., negative; mental fatigue, inability to comprehend)
- Emotional Stressors – (e.g., positive; falling in love), (e.g., negative; anger, lack of love, mistrust)
- Spiritual Stressors - (e.g., positive; acting in accordance with your moral code), (e.g., negative, guilt, moral conflicts, lack of meaning or purpose in life)
- Environmental Stressors – (e.g., positive; possession of a lot of money), (e.g., negative; lack of money, shelter, food)

## **Coping Mechanisms**

The following are defense mechanisms from psychoanalytic theory that are maladaptive in nature versus coping strategies that are adaptive in nature.

### **1. Compensation**

When one exaggerates a desirable trait to reduce the feeling of inferiority caused by an undesirable trait.

### **2. Rationalization**

When one explains one's undesirable or foolish behaviour or failures by giving a reasonably but untrue explanation for it.

Examples:

- “sour grapes” – a person unable to obtain what he/she wants maintains that he/she did not want it anyway
- “sweet lemons”- instead of trying to convince ourselves and others that we did not actually want the thing we were after, we talk ourselves into believing that our present situation really is best for us.

### **3. Projection**

When one places the blame elsewhere.

### **4. Identification**

When one imitates the behaviour and mannerisms of someone else.

### **5. Regression**

When one recalls pleasant experiences making the past appear much more attractive than it actually was or when one's behaviour regresses to an earlier stage of development.

### **6. Repression**

When wishes, thoughts, and experiences associated with unpleasantness are excluded subconsciously from awareness.

### **7. Suppression**

When one dismisses a thought or unpleasant experience.

### **8. Fantasy and Daydreaming**

When one escapes from difficulties of real life with preoccupying thoughts.

### **9. Withdrawal**

When a person persistently retreats from a situation in which he/she is experiencing difficulty.

### **10. Displacement**

When one redirects emotion toward a subordinate person or thing.

***11. Denial***

When one refuses to admit or acknowledge the reality of the situation.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #3	Unit #5	Activity #4
Teaching Learning Strategy #2 & #3		Teaching Learning Strategy #8	

### Student Resource (Case Studies Worksheet)

CASE STUDIES	STRESSOR	COPING STRATEGY
<b>Case 1</b> – There’s a girl on my street that I like, but whenever I’m near her I get really tongue-tied, or I stutter. I start to sweat and I drop things. Sometimes I avoid her, even though I really like her.		
<b>Case 2</b> – My Dad has just been laid off from his job and doesn’t know when he’ll be called back. What Mom makes isn’t enough to support the family and we have no savings. Dad has started drinking, and we all feel miserable.		
<b>Case 3</b> – I’m really in a panic because I’ve got a science exam tomorrow and I haven’t done any work for it. I actually feel a little sick to my stomach.		
<b>Case 4</b> – The basketball game was exciting, but during the game I landed hard to the floor and my ankle really hurts. I’m concerned about my ankle and I have to get to work on time tonight after the game.		
<b>Case 5</b> – My parents moved our family to Canada 3 years ago. They can’t understand that it is okay to go out with a boy alone. I have had to sneak out at night to see my new boyfriend. He says only being with me at school is not enough and he wants to break up.		
<b>Case 6</b> – The playoff basketball game was tied with less than one minute to go. I am on the court, have the ball in my hands, and have the opportunity to help win the game.		
<b>Case 7</b> – I put a lot of time and effort and into my English assignment. I was pleased with my mark, but I hate it when the teacher centers me out in front of the rest of the class for taking pride in my work.		
<b>Case 8</b> – The math brainteasers are a lot of fun. I enjoy that part of the math class.		

<b>Case 9</b> – The boy in my Science class that sits across from me is so nice. I am looking forward to the school dance next week. I'm going to ask him if he plans on going.		
<b>Case 10</b> – Each time my store manager leaves me alone at work I become concerned with the amount of money that is in the cash register.		

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #3	Unit #5	Activity #6
Teaching Learning Strategy #2		Teaching Learning Strategy N/A	

### Teacher Resource (Case Studies Answer Sheet)

**Note:** The column to identify the maladaptive coping strategy or defense mechanism is left blank because students will make a personal decision regarding the most appropriate strategy/mechanism for themselves.

CASE STUDY	STRESSOR	COPING STRATEGY
<b>Case 1</b> – There’s a girl on my street that I like, but whenever I’m near her I get really tongue-tied, or I stutter. I start to sweat and I drop things. Sometimes I avoid her, even though I really like her.	<ul style="list-style-type: none"> <li>• Social Stressor</li> </ul>	
<b>Case 2</b> – My Dad has just been laid off from his job and doesn’t know when he’ll be called back. What Mom makes isn’t enough to support the family and we have no savings. Dad has started drinking, and we all feel miserable.	<ul style="list-style-type: none"> <li>• Environmental Stressor</li> <li>• Social Stressor</li> </ul>	
<b>Case 3</b> – I’m really in a panic because I’ve got a science exam tomorrow and I haven’t done any work for it. I actually feel a little sick to my stomach.	<ul style="list-style-type: none"> <li>• Intellectual Stressor</li> </ul>	
<b>Case 4</b> – The basketball game was exciting, but during the game I landed hard to the floor and my ankle really hurts. I’m concerned about my ankle and I have to get to work on time tonight after the game.	<ul style="list-style-type: none"> <li>• Physical Stressor</li> </ul>	
<b>Case 5</b> – My parents moved our family to Canada 3 years ago. They can’t understand that it is ok to go out with a boy alone. I have had to sneak out at night to see my new boyfriend. He says only being with me at school is not enough and he wants to break up.	<ul style="list-style-type: none"> <li>• Emotional Stressor</li> <li>• Spiritual Stressor</li> </ul>	
<b>Case 6</b> – The playoff basketball game was tied with less than one minute to go. I am on the court, have the ball in my hands, and have the opportunity to help win the game.	<ul style="list-style-type: none"> <li>• Physical Stressor</li> </ul>	

<p><b>Case 7</b> – I put a lot of time and effort and into my English assignment. I was pleased with my mark, but I hate it when the teacher centers me out in front of the rest of the class for taking pride in my work.</p>	<ul style="list-style-type: none"> <li>• Social Stressor</li> </ul>	
<p><b>Case 8</b> – The math brainteasers are a lot of fun. I enjoy that part of the math class.</p>	<ul style="list-style-type: none"> <li>• Intellectual Stressor</li> </ul>	
<p><b>Case 9</b> – The boy in my Science class that sits across from me is so nice. I am looking forward to the school dance next week. I'm going to ask him if he plans on going.</p>	<ul style="list-style-type: none"> <li>• Emotional Stressor</li> </ul>	
<p><b>Case 10</b> – Each time my store manager leaves me alone at work I become concerned with the amount of money that is in the cash register.</p>	<ul style="list-style-type: none"> <li>• Environmental Stressor</li> </ul>	

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #4
Teaching Learning Strategy #2 and #3		Teaching Learning Strategy #8	

### Teacher Resource (Background Information)

#### Case Studies Answer Sheet (Adaptive Coping Strategies)

Emphasize that you can never completely avoid stress but you can learn to cope with it. You will be better able to cope with stress if you practice the following strategies:

#### *Physical*

- a) maintain your health – exercise your body, eat a nourishing diet and get enough sleep
- b) learn to relax – learn a relaxation exercise to release muscular tension, take up a hobby and have a warm bath, listen to calming music

#### *Mental*

- a) think positive thoughts – think of your strengths, think about things you’ve done well
- b) organize your time – sort out your tasks from most to least important; do small parts of a tough job, reward yourself, then continue to work
- c) value yourself – don’t blame yourself needlessly when things don’t go well, figure out what you can learn from your mistakes
- d) plan and think ahead – think about stressful situations and make plans to deal with them, make alternative plans in case what you are hoping for doesn’t happen
- e) express your feelings – laugh when you feel good and hug your family and friends, let yourself cry when you are feeling sad and reach out to comfort others

#### *Social*

- a) communicate with people – say something nice to someone, discuss your problems with someone you trust
- b) seek new activities – pursue new hobbies, plan something fun and exciting, spend time with someone who is calm and reassuring

Many of these coping mechanisms fall into what we call Healthy Active Living. If you are following a healthy active lifestyle you may notice you are better able to cope with stress.

The teacher will assess the handout for completion (learning skills evidence).

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #5
Teaching Learning Strategy #2 and #3		Teaching Learning Strategy #2	

### Student Resource (Worksheet)

#### Everyday Coping Exercise

What *maladaptive coping strategy* is being used in the following situations?

1. A boy who does not have the strength for team athletics, gets satisfaction by working on the school yearbook.
2. A high school student stomps on the floor and slams the door behind her when her parents refuse to let her go to a movie on a Tuesday night.
3. “I may not be doing well in school right now, but I will excel as an adult. You know that those who do best in school usually fail in life and those who fail in school are the ones who succeed in life.”
4. A young girl imagines herself at the dance with all the boys asking her for a dance.
5. A student complains of an upset stomach the morning of his History examination.
6. When Mary failed to make the basketball team she said that she did not care because it would take up too much of her time.
7. “I would do much better in school if my younger brothers and sisters wouldn’t make so much noise when I am trying to study.”
8. When Jerry, who is four years old, found he had a new baby sister, he began to suck his thumb.
9. At age ten, a strange dog bit Betty; this experience frightened her and left both a physical and emotional scar. When Betty is asked about the scar on her hand, she says that she doesn’t remember how she got it.
10. Lucy’s mother works everyday. While Lucy stays with her sister, she likes to walk around the house in her mother’s high-heeled shoes.
11. Julian puts up with his boss’ nasty remarks and unreasonable demands because he can’t afford to lose his part-time job.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #5
Teaching Learning Strategy #2 and #3		Teaching Learning Strategy #2	

### Teacher Resource (Answer Sheet for Student Worksheet)

#### Everyday Coping Exercise Answer Key

What *maladaptive coping strategy* is being used in the following situations?

1. A boy who does not have the strength for team athletics, gets satisfaction by working on the school yearbook.  
Compensation
2. A high school student stomps on the floor and slams the door behind her when her parents refuse to let her go to a movie on a Tuesday night.  
Displacement
3. “I may not be doing so well in school but just watch me smoke when I get into life. You know that those who do best in school usually fail in life and those who fail in school are the ones who succeed in life.”  
Rationalization (sweet lemon)
4. A young girl imagines herself at the dance with all the boys asking her for a dance.  
Fantasy
5. A student complains of an upset stomach the morning of his History examination.  
Withdrawal
6. When Mary failed to make the basketball team she said that she did not care because it would take up too much of her time.  
Rationalization (sour grapes)
7. “I would do much better in school if my younger brothers and sisters wouldn’t make so much noise when I am trying to study.”  
Projection
8. When Jerry, who is four years old, found he had a new baby sister, he began to suck his thumb.  
Regression
9. At age ten, a strange dog bit Betty; this experience frightened her and left both a physical and emotional scar. When Betty is asked about the scar on her hand, she says that she doesn’t remember how she got it.  
Repression

10. Lucy's mother works everyday. While Lucy stays with her sister, she likes to walk around the house in her mother's high-heeled shoes.

Identification

11. Julian puts up with his boss' nasty remarks and unreasonable demands because he can't afford to lose his part-time job.

Suppression

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3 Teaching Learning Strategy #3	Activity #3	Unit #5 Teaching Learning Strategy #4 and #5	Activity #5
Unit #3 Teaching Learning Strategy #2	Activity #4		

### Teacher/Student Resource (Background Information and Handout)

#### Strategies to Cope with Stress

##### Ways to Master Stress

##### *a) Change lifestyle habits*

- care for yourself
- well-balanced diet
- regular exercise
- adequate sleep
- decrease intake of caffeine (coffee, tea, colas, chocolate)
- decrease intake of junk food
- balance school/work with leisure time
- build a support system of people with whom you can talk freely
- seek out activities and situations, which affirm your strengths

##### *b) Change stressful situations*

- communicate your needs and concerns with assertion
- learn time and money management skills
- develop and practise a problem-solving process
- possibly leave a situation (job, relationship) if it cannot be improved

##### *c) Change your thinking*

- look at things more positively
- see problems as opportunities
- be realistic in your expectations
- refute negative thoughts
- keep a sense of humour

##### *d) Learn how to replace the alarm response with the relaxation response*

- take a deep breath when you get bad news
- count to ten before responding
- write down your thoughts or talk to someone
- give yourself time to react (“sleep on it”)

Many of these coping strategies are linked to Healthy Active Living. If you have a healthy lifestyle you may notice you are more resilient.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #4
Teaching Learning Strategy #2		Teaching Learning Strategy #8	

### Student Resource (Assignment)

#### Instructions:

The following assignment will provide you with an opportunity to demonstrate your ability to describe the positive and negative effects of stress that are part of daily life.

#### 1. *Product*

Develop a product (e.g., pamphlet, poster, video clip, P.A. announcement, newsletter article) that assists you in communicating information to high school students on:

- symptoms of stress
- positive and negative effects of stress
- how to prevent negative stress
- strategies to cope with the effects of stress
- where to find community information, support and assistance

#### 2. *Process*

Work on your own to complete the following tasks:

- develop a proposal for your product and submit it to the teacher prior to getting started
- research the information using the school resource centre (library), community library, internet, community services, medical personnel, etc.
- submit the your work on due date: \_\_\_\_\_

#### 3. *Assessment and Evaluation*

Your assignment will be evaluated using the following assessment tools:

- marking scheme for the content (to assess your knowledge/understanding)
- communication rubric. Use the Teacher/Student Resource (Communication Assessment Tool)
- observation checklist for your learning skills (e.g., works independently, work habits, organization, initiative). Use the Student Resource (Learning Skills Assessment Reflection Tool) to assess your learning skills.



## Positive Mental Health and Stress

<b>Public Profile</b>	<b>Catholic Profile</b>
Unit #3 Teaching Learning Strategy #2	Unit #5 Teaching Learning Strategy #8
Activity #4	Activity #4

### Student Resource (Learning Skills Assessment Reflection Tool)

<i>Team Work</i>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Co-operation</b> Do I share ideas and resources to achieve group goals?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Co-operation</b> Do I listen to, and show respect for, the ideas and opinions of others?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Responsibility</b> Do I take responsibility for my share of the group's work?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Roles</b> Do I perform a variety of roles to develop new skills?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Roles</b> Do I encourage and support the positive contributions of others?	Infrequently	Sometimes	Routinely	Always or Almost Always

<i>Works Independently</i>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Self Direction</b> Do I use what I already know and can do to help me learn?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Self Direction</b> Do I begin learning activities without prompting?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Persistence</b> Do I finish what I start?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Persistence</b> Do I persevere when faced with challenges?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Persistence</b> Do I revise my work when necessary?	Infrequently	Sometimes	Routinely	Always or Almost Always

<i>Initiative</i>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Approach to Learning</b> Do I look for opportunities to learn more?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Resourcefulness</b> Do I use print materials, electronic/media sources, my teachers and/or my classmates to help me learn?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Resourcefulness</b> Do I seek help when I need it?	Infrequently	Sometimes	Routinely	Always or Almost Always

<i>Organization</i>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Planning</b> Do I make a plan to help me accomplish my work?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Planning</b> Do I revise the plan if it doesn't work?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Time Management</b> Am I using my time efficiently in and out of school to improve my learning?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Information Management</b> Do I organize and use information effectively to complete my work?	Infrequently	Sometimes	Routinely	Always or Almost Always

<i>Work Habits/Homework</i>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Responsibility</b> Do I submit required work (assignments) on time?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Responsibility</b> Is the work that I submit the best that I can do?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Class Work</b> Do I come to class prepared to work?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Class Work</b> Do I work effectively in class?	Infrequently	Sometimes	Routinely	Always or Almost Always
<b>Homework</b> Do I complete homework?	Infrequently	Sometimes	Routinely	Always or Almost Always

## Positive Mental Health and Stress

<b>Public Profile</b>	<b>Catholic Profile</b>
Unit #3 Teaching Learning Strategy #2	Unit #5 Teaching Learning Strategy #8
Activity #4	Activity #4

### Teacher/Student Resource (Communication Assessment Tool)

<b>Achievement Chart Category: Communication</b>				
<b>Communication Criteria</b>	<b>Level One (50%-59%)</b>	<b>Level Two (60%-69%)</b>	<b>Level Three (70%-79%)</b>	<b>Level Four (80%-100%)</b>
<b>1. Communication of information and ideas</b>	-communicates information and ideas with limited clarity	-communicates information and ideas with some clarity	-communicates information and ideas with considerable clarity	-communicates information and ideas with a high degree of clarity and with confidence
<b>2. Communication for different audiences and purposes</b>	-communicates with a limited sense of audience and purpose	-communicates with some sense of audience and purpose	-communicates with a clear sense of audience and purpose	-communicates with a strong sense of audience and purpose
<b>Consider the following when determining to what extent the student is demonstrating communication of information or ideas for different audiences and purposes:</b>				
<b>Knowledge/ Understanding</b>	<ul style="list-style-type: none"> <li>-knowledge/understanding of facts, concepts, theories</li> <li>-appropriate supportive details</li> <li>-relevant and accurate information/ideas</li> <li>-answers questions and/or extends audience responses</li> </ul>			
<b>Sending Verbal Messages</b>	<ul style="list-style-type: none"> <li>-clear articulation</li> <li>-interesting diction</li> <li>-effective voice volume/inflection</li> <li>-eye contact with audience</li> <li>-appropriate facial expression, body language and gestures</li> <li>-effective pacing</li> <li>-projects energy and interest</li> <li>-logical progression of linked thoughts</li> </ul>			
<b>Sending Written Messages</b>	<ul style="list-style-type: none"> <li>-correct use of terms</li> <li>-correct use of language conventions (e.g., grammar, punctuation and spelling)</li> <li>-correct use of format conventions</li> <li>-written response includes main idea, supportive details and concluding statement</li> <li>-evidence of paragraph planning</li> <li>-logical progression of linked thoughts</li> </ul>			
<b>Receiving Messages (Listener)</b>	<ul style="list-style-type: none"> <li>-actively listens (e.g., asks clarifying questions, focuses on speaker, incorporates the modifications/suggestions of others, paraphrases)</li> </ul>			
<b>Presentation Skills</b>	<ul style="list-style-type: none"> <li>-presentation skills (e.g., controlled use of voice, body language, presentation style, effective use of media/technology)</li> <li>-organization (e.g., effective opening/closing, appropriate development of parts of the presentation, thoughtful sequencing of ideas)</li> <li>-creativity (e.g., audience involvement, effective use of props/visuals)</li> <li>-provokes thoughtful audience responses</li> </ul>			

<b>Media Creation</b>	<ul style="list-style-type: none"> <li>-appropriate medium form</li> <li>-content's depth/detail</li> <li>-inclusion of basic components</li> <li>-understanding of medium's elements</li> <li>-effective layout</li> <li>-creative</li> <li>-appeal to audience</li> <li>-clarity of focus</li> <li>clarity of message</li> <li>-correct use of convention of medium</li> </ul>			
<b>3. Use of various forms of communication (e.g., interview, short report)</b>	-demonstrates limited command of the various forms	-demonstrates moderate command of the various forms	-demonstrates considerable command of the various forms	-demonstrates extensive command of the various forms

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>
Unit #3	Activity #3	Unit #5
Teaching Learning Strategy #6		Teaching Learning Strategy #4

### Student Resource (Assignment)

#### Stress Management Techniques/Strategies Assignment

#### Curriculum Learning Expectations

The student will:

- demonstrate an ability to use stress management techniques
- use appropriate strategies for coping with stress and anxiety (e.g., relaxation, meditation, exercise, reframing)

#### Assignment Instructions:

##### 1. *Product*

a) Develop a class demonstration on one of the assigned stress management techniques/strategies.

Examples:

- biofeedback
- breathing exercises
- guided imagery
- hypnotherapy
- laughter therapy
- massage
- meditation
- progressive muscular relaxation
- stretching
- Tai Chi
- Yoga

b) In your healthy active living journal, identify when and what strategies you personally use to cope with daily stress and anxiety.

##### 2. *Process*

Work on your own to complete the following tasks:

- brainstorm sources of information available to you
- research the assigned stress management technique/strategy
- identify one date on the class calendar when you will present your class demonstration
- provide an appropriate class demonstration that engages students in the strategy/technique (e.g., students should not experience hypnotherapy but will participate in a media presentation on the topic, students should have the opportunity to make a personal decision whether to experience a hands-on massage)

- information demonstrations may be scheduled for the health classroom (e.g., hypnotherapy) and more active demonstrations (e.g., Tai Chi) may be scheduled during activity sessions as a warm down
- consider including the following information in the demonstration/presentation
  - a) explain/demonstrate the strategy/technique
  - b) history/background of strategy/technique
  - c) where do you go to get training (if the strategy/technique is self-administered)
  - d) where do you get treatment (if strategy/technique is provided by a professional)
  - e) claims/research re effectiveness
  - f) cost
  - g) career opportunities
- complete a self assessment related to your demonstration. See Teacher/Student Resource (Communication Assessment Tool) on page 31.

### ***3. Assessment and Evaluation***

Your assignment will be evaluated using the following assessment tools:

- Teacher/Student Resource (Communication Assessment Tool) on page 31 as a self assessment and teacher assessment of your demonstration
- observation checklist to determine your use of appropriate strategies for coping with stress and anxiety on a daily basis (e.g., journal entries)
- observation checklist for your learning skills (e.g., works independently, work habits, organization, initiative). Use the Student Resource (Learning Skills Assessment Reflection Tool) on page 29 – 30 to assess your learning skills.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #3	Unit #5	Activity #3
Teaching Learning Strategy #6		Teaching Learning Strategy N/A	

### Teacher Resource (Background Information)

#### Stress Management Techniques/Strategies Definitions

##### *Relaxation Response*

Opposite of the stress response: Heart rate, respiration and blood pressure drop, muscular tension disappears, sweating stops, etc.

##### *Relaxation Technique*

This is a method that can be learned and used to control the level of arousal due to stress. The first step is learning to be aware of the level of tension. The next step is learning mental and physical techniques to promote the relaxation response and achieve a state of inner calm. In this state, one can focus on the problem causing the stress and increase one's capacity to deal with it. One's mind is open to positive suggestions.

##### *Mind-Body Connection*

A term used frequently to describe the interconnectedness of the psychological and physical parts of the human organism. It is the basis for the efficacy of relaxation techniques.

##### *Biofeedback*

Initially sophisticated machines that measure pulse or galvanic skin response (degree of sweating) and emit a sound that becomes more or less intense as the level rises and falls monitor a person's level of arousal. The feedback allows the person to monitor and change the level of arousal. Eventually the person is able to achieve relaxation without the machine. The method has proven effective for people who get migraine headaches.

##### *Breathing Techniques*

Taking a deep breath is a natural way of reducing stress. More advanced techniques teach deep abdominal breathing and focus on the act of breathing. Breathing to a particular cadence which may include partial and full breaths, or stopping momentarily between inhalations and exhalations are additional breathing techniques.

##### *Exercise*

Physical activity promotes the relaxation response by putting the accumulated stress hormones (adrenaline) to use. Aggressive feelings can be legitimately expressed. Focussing on the activity can provide a restful "time out" from the sources of the stress. Exercise also promotes better sleep and a healthier immune system.

### ***Guided Imagery/Visualization***

To achieve a relaxed state, the leader reads a script or plays an audio tape which helps the person to imagine sights, sounds, smells, tastes and feelings that have pleasant associations from past experience. This deliberate daydream is often played out to a background of soothing, tranquil music. The next step is to visualize success at overcoming an obstacle or achieving a goal, e.g. “I see myself performing my piano solo confidently and perfectly.” The more complete and detailed the visualization, the more likely it will happen that way. “Whether you think you can, or think you can’t, you’re probably right.”

### ***Hypnotism***

The therapist uses hypnotism to induce a trance during which positive suggestions are made about dealing with emotional issues and making lifestyle changes.

### ***Laughter Therapy***

A good belly laugh is a great relaxer. In fact, people often laugh at inappropriate moments (e.g. funerals) to relieve their stress. Researchers have found that laughter did as well at reducing stress as complex biofeedback training programs. The movie, “Patch Adams”, portrayed the efforts of one doctor to influence the medical establishment about the use of laughter to cure illness. Laughter is easy, free, requires no special training or equipment.

### ***Massage***

This “hands-on” ancient therapy induces physical and mental relaxation. Massage may be administered by a trusted friend or professionally trained therapist. Alternately, self-massage is possible. Other types of massage: shiatsu, acupressure, rolfing, cranio-sacral therapy

### ***Meditation***

Meditation is the act of quieting all the “noise” in your life and focusing on the calm inside the tornado swirling around you. It can take many forms including prayer. Usually it requires finding a comfortable and quiet place, concentrating on breathing and perhaps a word or phrase (“I ...am....relaxed”, “tranquillity”) and stopping any outside thoughts from intruding.

### ***Progressive Muscular Relaxation***

Dr. Jacobsen pioneered a technique that teaches what relaxation feels like by comparing it to tension. Each muscle group in turn, beginning with the feet and moving upward is contracted isometrically for several seconds, and then the tension is released. This exploration of the body can locate particular muscles one was not aware were tense. PMR is taught routinely at prenatal classes to help women relax their pelvic muscles during labour.

***Stretching***

Slow static stretching is a method of achieving relaxation. Muscular tension is released and toxins built up during exertion are eliminated. Similar results can be achieved by active relaxation as in shaking or gently swinging the limbs.

***Tai Chi***

A Chinese system for preventing and treating disease which uses slow, smooth body movements to achieve a state of relaxation of body and mind.

***Yoga***

An ancient holistic Indian system of exercises, postures, breathing techniques, meditation and relaxation. It teaches self-control and a state of being at one with oneself, everything and everyone.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #4
Teaching Learning Strategy #1		Teaching Learning Strategy #3, #8	

### Teacher Resource (Background Information and Optional Activity)

#### Positive and Negative Effects of Stress

##### **Instructions:**

1. Introduce the topic of stress with the riddle: What Am I? Use the Teacher Resource (Overheads) to initiate the discussion.
2. Present basic information on stress using overheads (Teacher Resource- Overheads). Students should take notes or be provided with a handout.
3. Distribute and explain the assignment: Stress Journal (see Student Resource- Journal Template). Clarify how positive and negative events can be stressful and explain that students should provide examples of both. Ask students to distinguish between:
  - a) physical symptoms – sweating, blushing, heart racing, etc.
  - b) emotions – anger, excitement, fear, pride, embarrassment, etc.
  - c) thoughts – “Wow!”, “I’m such a loser”, etc.
  - d) behavioural reactions – biting fingernails, hugging, crying, cheering, etc.
4. Students will:
  - complete a five day Stress Journal
  - identify causes of stress and the effects on their bodies, emotions and behaviour
5. Upon completion of the journal entries, students will share some of their examples. Have them write examples from their journal responses on the blackboard (or large flip chart sheets). *Note:* Responses offered will depend on the student’s comfort level.
6. Students reflect on and complete a worksheet, by filling in each cell with an explanation of the sources of stress they have experienced.

Sources of Stress	Physical Symptoms	Emotional Responses	Thoughts	Behavioural Reactions

**Note:** The students’ personal experiences will provide the foundation for the ensuing class discussions.

- Students will classify the stressors listed on the blackboard by entering examples on a chart in their notebook.

	<b>Physical</b>	<b>Social</b>	<b>Intellectual</b>	<b>Emotional</b>	<b>Environmental</b>	<b>Spiritual</b>
+ve						
-ve						

**Note:** the word “moral” may be substituted for the word “spiritual”.

- Provide students with an overview of the effects of stress using the Teacher Resource (Overheads).
- Distribute the Student Resource (Worksheet) Effects of Stress. Using all of the information presented to date (e.g., overheads, notes/handouts, worksheets) and by referencing their stress journal responses, students will complete a chart on the effects of stress at each stage (initial alarm, resistance, adaptation, and exhaustion) of the stress reaction.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #4
Teaching Learning Strategy #1		Teaching Learning Strategy #3, #8	

### Teacher Resource (Overheads)

**What am I?**

**Nobody can escape me.**

**I am sometimes good and  
sometimes harmful to your  
health.**

**I can be the spice of life.**

**I can be life threatening.**

## What is Stress?

Stress is “a non-specific response of the body to any demand or challenge”

Dr. Hans Selye

Stress is anything that ...

- \* threatens us
- \* prods us
- \* scares us
- \* worries us
- \* thrills us

Stress is an inevitable aspect of life.

We are under stress every day.

Without it, we wouldn't move, think, get out of bed, or care.

## **What is Stress? (con't)**

Stress is caused by both positive and negative situations.

The initial reaction when stressed (ALARM RESPONSE) is the same every time, whether the source of the stress (STRESSOR) is real or imagined, positive or negative.

Stress can be good (called “eustress”) when it helps us perform better, or it can be bad (“distress”) when it causes upset or makes us sick.

## **Did you know?**

- \* Stress is the cause of or contributes to most human illness.
- \* Stress can act as a motivator. Some people do their best work under stress.
- \* Stress is a challenge for everyone but the ways in which it affects behaviour are highly individualistic.
- \* Each of us has a great deal of freedom to decide exactly how much impact stressful events will have on our lives.
- \* The most healthy, successful and accident free persons are those who manage stress.
- \* Persons who understand stress factors in others make the best bosses.
- \* People who feel alone in the world, who are uninvolved with other people and their community, run a higher risk of illness due to stress.
- \* Stress can be managed, and the healthiest among us manage it on a daily basis.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #4
Teaching Learning Strategy N/A		Teaching Learning Strategy #8	

### Student Resource (Journal Template)

#### Stress Journal

Fill in a Stress Journal entry each time you feel stressed in the span of the next five days. Be sure to record the date, time, and the situation that caused the stress. Describe the physical symptoms and emotions that you felt. Describe how your behaviour changed during this situation.

Date/Time	Situation	Symptoms	Emotions	Thoughts	Behaviour

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #4
Teaching Learning Strategy #N/A		Teaching Learning Strategy #3	

### Teacher Resource (Additional Background Information and Overheads)

## Effects of Stress

**Stage 1 : The Initial Alarm  
Reaction...The “Fight or Flight”  
Response**

**Stage 2- Intensification or  
Recovery**

**Stage 3- Adaptation**

**Stage 4- Exhaustion**

## **Effects of Stress**

### ***Stage I : The Initial Alarm Reaction***

#### **The “Fight or Flight” Response**

1. The mind becomes aware of the stimulus through the senses or thoughts.
2. Within seconds, sometimes even before the stressor is identified, the brain’s arousal system activates the sympathetic nervous system. Adrenalin and other stress hormones are released. Nervous stimulation and hormones act upon every part of the body to prepare it for physical action.
3. Mental alertness increases and sense organs become more sensitive, e.g. the pupils dilate to take in more details over a wider range of vision.
4. Pulse and respiration speed up and blood pressure increases to improve transport of glucose and oxygen and carbon dioxide to and from the muscles and brain.
5. Sweating increases as body heat is moved from the core of the body to the skin.
6. Muscles tense up in preparation for exertion.
7. The liver releases more blood clotting factors in case of injury.
8. Blood sugar, fats and glycogen are mobilized for extra energy.
9. Stomach and kidney action stops as all blood is re-routed to organs of priority.
10. Hair may stand on end. In animals this protective response makes the animal appear larger and more threatening to its attacker.

## ***Stage 2 – Intensification or Recovery***

The “fight or flight” response takes a lot out of you. Luckily it doesn’t last forever. You may realize almost immediately that the threat was not really a threat at all, or you may use the energy that your body that has gathered for action to actually run, hit or lift a car off the person trapped underneath. Then the body reverts to a normal or even more relaxed state, and recovery takes place.

### ***Stage 3 – Adaptation***

If the source of stress doesn't go away or is only slightly lessened, the body changes are retained. The level of stress begins to be viewed as "normal".

***Physical Symptoms:*** heartburn, tense muscles, nervous sweat, headaches, stomach aches, diarrhea, skin problems, heart palpitations, frequent illness (weakened immune system), menstrual difficulties

***Emotions:*** anxiety, irritability, crying, preoccupied, sleep disturbance

***Behavioural Signs:*** overeating, lack of appetite, increased use of caffeine or smoking, difficulty falling asleep, increase in anxiety-reducing habits (e.g. biting nails), stuttering, increased use of prescribed drugs (tranquillizers).

## ***Stage 4 – Exhaustion***

If stress continues unrelieved for a long period of time, serious health problems result:

***Physical Symptoms:*** high blood pressure, heart attack, ulcers, colitis, strokes, rheumatoid arthritis, exhaustion, migraine headaches, decrease in sex hormones

***Emotions:*** depression, suicidal tendencies, rage, hysteria

***Behavioural Signs:*** frequent serious accidents, loss of sexual desire, disordered eating.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #4
Teaching Learning Strategy #N/A		Teaching Learning Strategy #3	

### Student Resource (Worksheet)

#### Effects of Stress

STAGE:	Reaction to Stress		
	Physical	Emotional	Behaviours
<i>Initial Alarm Response</i>			
<i>Intensification or Recovery</i>			
<i>Adaptation</i>			
<i>Exhaustion</i>			

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #3		Teaching Learning Strategy #3	

### Teacher Resource (Background Information)

#### Mental Disorder

A person is considered to have a mental disorder when the changes in how a person perceives, thinks, and feels begins to interfere seriously with his or her daily life. People who have a mental disorder may find it difficult to make routine decisions, even simple ones like what to eat for breakfast or what to wear. They may withdraw from those who are close to them, feel disconnected and unable to form new relationships.

#### Internal and External Mental Health Factors

*Internal Factors* – genetic, hormonal, physical, neurological, physical fitness, personality

*External Factors* – family influences (physical, sexual, emotional abuse), drug abuse, dietary deprivation, environmental factors (crime, unemployment, role models); availability of services and supports

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #3		Teaching Learning Strategy #3,	

### Teacher Resource (Overheads)

## Mental Disorder

A person is considered to have a mental disorder when the changes in how a person perceives, thinks, and feels begins to interfere seriously with his or her daily life.

People who have a mental disorder may find it difficult to make routine decisions, even simple ones like what to eat for breakfast or what to wear.

They may withdraw from those who are close to them, feel disconnected and unable to form new relationships.

## **Internal and External Mental Health Factors**

***Internal Factors*** – genetic, hormonal, physical, neurological, physical fitness, interpersonal

***External Factors*** – family influences (physical, sexual, emotional abuse), drug/alcohol abuse, dietary deprivation, environmental factors (crime, unemployment, role models), lack of available services and supports

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #3		Teaching Learning Strategy #3	

### Student Resource (Worksheets)

#### Instructions:

1. Working with a partner, read the assigned case study and record the potential internal and external factors that may currently (or in the future) be affecting the individual's mental health in the specific case study. Highlight the key words/statements in the case study.
2. Create another case study to reflect several of the learned internal and external mental health factors.

#### Case Studies

##### **“John”**

John is a 16 year old student who is trying to get his weight under control. His size has made the football coach notice him, but John needs to become more fit. He has heard about the negative effects of steroids, and knows that there are other street drugs available too if he chooses to try to escape from his feelings. Female classmates will talk with him but there isn't a girl that is interested in being his girlfriend. He can't talk to his father because his father left the family two years ago. He can't talk to his mother because she is busy working to support the two of them. John would like to fit in more with his classmates but is having difficulty socializing. He fears that he would get teased about his situation. John doesn't want his classmates to know that his father has left his mom, his father's history of drug use, and run-ins with the police.

##### **“Joanne”**

Joanne is a 17 year old high school student. She gets good grades and is well liked by her teachers. She hopes to one day be a veterinarian.

Despite her success in school and hopes for the future, Joanne has few close friends. She spends her time working at the grocery store and helping with the care of her two younger siblings. Her mother holds down two jobs, which is needed to pay the household bills, but keeps her away from the family quite a bit. After an eight year battle with depression, Joanne's father committed suicide three years ago.

Because of her busy schedule, Joanne has no time to participate in school team sports or any other physical activities. She is self-conscious about her weight and body. Unfortunately, living in a smaller community, there are not many resources or services from which Joanne or her family can seek help.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #3		Teaching Learning Strategy #3	

### Teacher Resource (Case Studies Answer Sheet)

#### Internal and External Mental Health Factors

The case study about “**John**”, identifies the following internal and external mental health factors:

- weight
- needs to become more fit
- steroids
- street drugs
- escaping from feelings.
- there is not a girl that is interested in being his girlfriend
- cannot talk to his father
- father left the family 2 years ago
- cannot talk to his mother
- mother is supporting the two of them
- difficulty socializing
- fears of being teased
- father’s history of drug use, and run-ins with the police

The case study about “**Joanne**”, identifies the following internal and external mental health factors:

- few close friends
- spends time working
- helping with the care of her two younger siblings
- her mother holds down two jobs
- jobs needed to pay the household bills
- mother away from the family quite a bit
- father experienced depression
- father committed suicide
- no time to participate in school team sports or any other physical activities
- self-conscious about her weight and body
- lives in a smaller community without many resources or services

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2. #6
Teaching Learning Strategy #4		Teaching Learning Strategy #3, #5	

### Teacher Resource (Background Information)

#### Instructions:

1. Provide an introductory exercise by starting with Student Resource- (Worksheet) “Guess These Simple Phobias”. Have students complete the worksheet individually and then partner up with one other person to compare their thoughts. Take up the correct answers with the class.

Consider the following discussion questions to broaden students’ perspective on phobias.

- How might any one of these phobias affect a person’s daily life?
- What impacts might one of these phobias have on a person’s physical and/or emotional well-being?

Ensure students understand that similar to the long list of phobias, mental health disorders are also many in number and come in varying degrees of severity. Most of us at some point in our lives will experience a mental health disorder either personally or with a family member or a friend.

2. As an additional (or alternative) introductory exercise, use Student Resource (Worksheet) “Myth or Fact”. Have students complete the worksheet individually and then partner up with one other person to compare their thoughts. Take up the correct answers with the class.

Consider the following discussion questions to broaden students’ perspective on phobias

- Did any of the facts/answers surprise you?
- Imagine someone in your family has a mental disorder....How might this affect your life?

Ensure students understand that just like the rest of us, people with mental illness live ordinary lives, they have families, jobs, bills to pay, talents, successes and accomplishments as well as challenges and so on. Use the Teacher Resource (Overhead) Famous People to emphasize the point. Ask the class: “What do the people on this list have in common?” Answer: “This is a list of famous people who have experienced mental illness. Each person has a diagnosis or believed diagnosis of a mood disorder.” Briefly discuss the accomplishments of each and in summary, communicate clearly to students that mental illness was not a barrier to accomplishment and success.

3. Divide the students into several groups and assign each group one of the mental disorders listed below. Each group will research the disorder using the Student

Resource (Worksheet). Each group will present their findings to the class in a presentation style of their choice (e.g., game, quiz, competition, presentation and role-play). Each group will hand in one completed worksheet that will be combined with all of the others to create a booklet for each student to keep.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Student Resource (Worksheet)

#### Guess These Simple Phobias

<b>Instruction:</b> Identify the <i>phobia</i> by filling in the blank beside each term.	
Technophobia	Fear of...
Sciophobia	Fear of...
Decidophobia	Fear of...
Nyctophobia	Fear of...
Electrophobia	Fear of...
Topophobia	Fear of...
Triskaidekaphobia	Fear of...
Gatophobia	Fear of...
Hydrophobia	Fear of...
Spermophobia	Fear of...
Cynophobia	Fear of...
Aerophobia	Fear of...
Agoraphobia	Fear of...
Claustrophobia	Fear of...
Apiphobia	Fear of...
Gamophobia	Fear of...
Scholionophobia	Fear of...
Astrapophobia	Fear of...
Pyrophobia	Fear of...

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Teacher Resource (Answer Sheet)

#### Guess These Simple Phobias

Technophobia	Fear of...technology
Sciophobia	Fear of...shadows
Decidophobia	Fear of...decisions (“making decisions”)
Nyctophobia	Fear of...nights
Electrophobia	Fear of...electricity
Topophobia	Fear of...performing (“stage fright”)
Triskaidekaphobia	Fear of...number thirteen (#13)
Gatophobia	Fear of...cats
Hydrophobia	Fear of...water
Spermophobia	Fear of...germs
Cynophobia	Fear of...dogs
Aerophobia	Fear of...flying
Agoraphobia	Fear of...open space
Claustrophobia	Fear of...small / enclosed spaces
Apiphobia	Fear of...bees
Gamophobia	Fear of...marriage
Scholionophobia	Fear of...school
Astrapophobia	Fear of...lightening
Pyrophobia	Fear of...fire

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Teacher Resource (Background Information)

#### Definition:

Mental illness is a disturbance in thoughts and emotions that decreases a person's capacity to cope with the challenges of everyday life.

Media are very influential in shaping our impressions and ideas about mental illness. We are exposed daily to radio, television and newspaper accounts that present people with mental illness as violent, criminal, dangerous, comical, incompetent and fundamentally different from other people. These inaccurate images perpetuate unfavourable stereotypes, which can lead to the rejection, marginalization and neglect of people with mental illness.

#### Misconceptions

Commonly held misconceptions of people with mental illness include:

1. People with mental illness are all potentially violent and dangerous.
  - most common misconception
  - in reality people with mental illness are no more dangerous than people who do not experience mental illness. (Canadian Mental Health Association, Ontario Division, 2000)
  - people with diseases such as schizophrenia are more likely to be violent towards themselves
2. People with mental illness are somehow responsible for their condition.
  - wrongfully characterized as a weakness or character flaw
  - occurs all over the world in all races, in all cultures, and in all social classes
  - often there are biological, chemical or genetic factors that contribute to the mental illness
3. People with mental illness have nothing positive to contribute.
  - throughout history, people with serious mental health problems have been leaders and visionaries
  - examples in every area: politics, culture, academics, business, athletics, arts and science

Secondary students are at an age where they are forming opinions and values that will be with them for life. We need to reduce the stigma associated with mental illness. This is the time to help students develop a strong sense of understanding, empathy, compassion and tolerance – essential elements in healthy individuals and caring communities.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Student Resource (Worksheet)

#### Myth or Fact

##### **Instructions:**

Identify whether the statement represents a myth or a fact. Provide additional information/thoughts/ideas to explain your choice.

1. You can always tell when someone is experiencing a mental illness. (Myth or Fact)
2. People with mental illnesses are to blame for their condition. (Myth or Fact)
3. Mental illnesses are long-term illnesses. (Myth or Fact)
4. People with mental illness are more violent than other people. (Myth or Fact)
5. Mental illness can be associated with low intelligence. (Myth or Fact)

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Teacher Resource (Answer Sheet)

#### Myth or Fact

1. You can always tell when someone is experiencing a mental illness.

**MYTH:** Not all people who look or act differently are mentally ill. Some people who exhibit eccentric behaviour and mannerisms do so as a matter of choice and not because of mental illness.

2. People with mental illnesses are to blame for their condition.

**MYTH:** A mental illness is not a character flaw, it is a disease. Mental illnesses can affect people from all walks of life. Having a mental illness has nothing to do with being weak or lacking will power. People do not choose to be mentally ill, nor are they being lazy for not snapping out of it.

3. Mental illnesses are long-term illnesses.

**MYTH:** mental illnesses are not necessarily long-term. It is possible for an episode of illness to last just one or two months out of an entire lifetime. In fact, the average stay in the hospital for 97% of psychiatric patients is 33 days. Furthermore, while a person may have several episodes of mental illness in their lifetime they may have long periods of healthy living in between.

4. People with mental illness are more violent than other people.

**MYTH:** Violence is not a characteristic of mental illness. Mental illnesses are usually quite devastating and embarrassing to people. As a result, people with mental illnesses tend to be anxious and timid and are more likely to withdraw than attack.

5. Mental illness can be associated with low intelligence.

**MYTH:** On the contrary, people with mental illnesses may be as intelligent as anyone else. If anything, studies suggest that most people with mental illnesses have an average or above average IQ.

*For more information, see list of resources on page 886 and 87.*

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Teacher Resource (Overhead)

#### What Do These Famous People Have In Common?

##### **Actors / Entertainers:**

Drew Carey  
Jim Carrey  
Dick Clark  
Frances Ford Coppola  
Audrey Hepburn  
Anthony Hopkins  
Joan Rivers  
Roseanne  
Winona Ryder  
Damon Wayans  
Robin Williams

##### **Artists:**

Vincent van Gogh  
Michelangelo

##### **Athletes:**

Dwight Gooden  
Elizabeth Manley  
Monica Seles  
Darryl Strawberry

##### **Authors / Journalists:**

Agatha Christie  
Charles Dickens  
Emily Dickinson  
Ernest Hemingway  
Larry King  
Edgar Allen Poe  
Mary Shelley  
Neil Simon  
Mark Twain  
Virginia Woolf

##### **Composers/Musicians/Singers:**

Ludwig van Beethoven  
Karen Carpenter  
Eric Clapton  
Kurt Cobain  
Sheryl Crow  
Janet Jackson  
Billy Joel  
Elton John  
Sarah McLachlan  
Alanis Morissette  
Axl Rose

##### **Business Leaders:**

Howard Hughes  
Ted Turner

##### **Scientists:**

Charles Darwin  
Sigmund Freud  
Sir Isaac Newton

##### **Political Figures / World Leaders:**

Napoleon Bonaparte  
Winston Churchill  
Diana, Princess of Wales  
Thomas Jefferson  
Florence Nightingale

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Student Resource (Worksheet)

#### Mental Health Disorder Research

<b>Name of Disorder:</b>	
<b>General Description:</b>	
<b>Signs/Symptoms:</b>	
<b>Physical</b>	<b>Emotional</b>
<b>Possible Impact(s) on life:</b>	

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

### Teacher Resource (Background Information)

#### Mental Health Disorder Flow Chart

Mental Health			
Mood Disorders	Anxiety Disorders	Personality Disorders	Schizophrenia
<p>The emotion of feeling sad, 'blue', down-in-the-dumps, and unhappy are part of the normal range of emotions experienced by everyone.</p> <p>Mood disorders refer to biochemical imbalances, that cause persistent changes in a person's mood, behaviour and feelings, for extended period of time, and which interferes with their everyday living.</p>	<p>'Anxiety' is a common and normal emotion, experienced by when faced with a stressful situation.</p> <p>An Anxiety Disorder is when this anxious feeling persists, is combined with physiological symptoms, and interferes with normal everyday functioning.</p>	<p>Personality Disorders are an enduring pattern of inner experience and behaviour that deviates markedly from the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.</p>	<p>Schizophrenia is a thought disorder, characterized by a history of acute psychosis, and chronic deterioration of functioning, lasting for at least six months. It is thought to be caused by changes in brain chemistry, structure, and/or genetics, which affects thinking, perception, mood and behaviour.</p>

## Teacher Resource (con't)

### Specific Disorders

Mood Disorders	Anxiety Disorders	Personality Disorders	Schizophrenia
Major Depressive Disorder	Generalized Anxiety Disorder	Paranoid Personality Disorder (P.D.)	Schizophrenia
Bipolar Disorder	Panic Disorder	Schizoid (P.D.)	
Seasonal Affective Disorder	Obsessive-Compulsive Disorder	Histrionic (P.D.)	
	Posttraumatic Stress Disorder	Narcissistic (P.D.)	
	Phobias	Dependent (P.D.)	
	Social Anxiety Disorder	Antisocial (P.D.)	
		Borderline (P.D.)	
		Avoidant (P.D.)	
		Schizotypal (P.D.)	

**Positive Mental Health and Stress**

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #2
Teaching Learning Strategy #4		Teaching Learning Strategy #3	

**Teacher Resource (Background Information)**

**Mental Health Disorder Research Information – Mood Disorders**

***Name of Disorder: Mood Disorders***

***General Description:***  
 Mood Disorders refer to biochemical imbalances in the brain that cause persistent changes in a person’s mood, behaviour, and feelings for an extended period of time, and which interfere with their everyday living. Major depressive disorder (depression), bipolar disorder (manic depression) and seasonal affective disorder are three types of mood disorders.

***Signs/Symptoms:***

<p><b><i>Physical:</i></b></p> <ul style="list-style-type: none"> <li>• Irritability</li> <li>• Agitated and restless or decreased activity</li> <li>• Difficulty sleeping or sleeping too much</li> <li>• Fatigue / loss of energy</li> <li>• Decreased or increased appetite</li> <li>• Difficulty thinking and concentrating</li> </ul>	<p><b><i>Emotional:</i></b></p> <ul style="list-style-type: none"> <li>• Loss of interest in usual activities and/or pleasure in life</li> <li>• Sadness</li> <li>• Sense of worthlessness</li> <li>• Sense of guilt and feelings of hopelessness</li> <li>• Low self-esteem and lack of self-confidence</li> <li>• Can be thoughts of suicide and death</li> </ul>
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***Possible Impact(s) on Life:***

- Can have difficulty making it through the daily activities of life
- May experience significant weight loss or gain
- May experience difficulties at school or work
- May experience difficulties with home life
- May withdraw from friends and social activities (therefore reducing support network)
- Risk of suicide

***Specific Disorder: Seasonal Affective Disorder***

***General Description:***  
 Seasonal affective disorder is when an individual’s depressive episodes usually occur during the fall or winter months (October-April).

***Specific Disorder: Depression***

Major depressive disorder, commonly known as depression, is a biochemical disorder that causes persistent changes in a person’s mood, behaviour and feelings, for an extended period of time, and interferes with their daily living.

***Specific Disorder: Bipolar Disorder (Manic Depression)***

Bipolar disorder, also known as manic depression is a biochemical disorder characterized by excessive mood swings ranging from manic episodes to depressed episodes over a

period of time.

## Teacher Resource (con't)

### Mental Health Disorder Research Information – Anxiety Disorders

#### *Name of Disorder: Anxiety Disorders*

##### ***General Description:***

Anxiety Disorders are a category of mental disorders characterized by excessive/inappropriate feelings of anxiousness, combined with physiological symptoms that interfere with everyday activities. Taken as a group, they are the most common mental disorders in youth, affecting up to ten percent of children and adolescents. Phobias, social anxiety disorder, panic attacks, post-traumatic stress disorder and obsessive compulsive disorder are different forms of anxiety.

##### ***Signs/Symptoms:***

###### ***Physical:***

- Easily Fatigued
- Restlessness (inability to relax, feeling uptight, apprehension)
- Muscle tension
- Disturbed sleep
- Excessive sweating including clammy hands/feet
- Pounding or racing heartbeat
- Upset stomach (including stomach pains, diarrhea and nausea)
- Light headedness / dizziness and /or headaches
- Breathlessness

###### ***Emotional:***

- Difficulty Concentrating
- Irritability
- Easily distracted
- Fear of losing control
- Prevents someone from doing things
- Disruptive to school and work life
- Disruptive to family and social life
- Extreme need for reassurance

##### ***Possible Impact(s) on Life:***

- Can be stereotyped as the chronic “worry wart”
- Can lead to the avoidance of many situations (for e.g.: public speaking, eating or dressing in public, or school activities such as dances or tests) and social isolation
- Can limit ability to function in daily life:
  - self care: bathing, dressing, eating
  - family relationships
  - social relationships
  - going to work or school
  - doing household tasks and responsibilities

## Teacher Resource (con't)

### Mental Health Disorder Research Information – Anxiety Disorders

#### ***Specific Disorder: Phobias***

##### ***General Description:***

Phobias are a common form of anxiety. Phobias are characterized by persistent fear of objects, activities or situations, which interfere with the person's daily routine, including school, work and social life. Phobias are significant and persistent fears of objects or situations. Exposure to the object or situation causes extreme anxiety and interferes with everyday activities or social life.

Specific phobias have to do with objects or situations – for example, germs, dogs or heights. Social phobias is the fear of being the focus of attention or subject of criticism in situations or performance situations where embarrassment may occur – for example, public speaking or dating.

#### ***Specific Disorder: Post-Traumatic Stress Disorder***

##### ***General Description:***

Post-traumatic stress disorder is the re-experiencing of a very traumatic event, accompanied by feelings of extreme anxiety, increased excitability and the desire to avoid stimuli associated with the trauma. The trauma could be related to such incidents as military combat, sexual assault, physical attack, robbery, car accident or natural disaster.

##### ***Specific Symptoms:***

- Persistent avoidance of stimuli associated with the trauma
- Re-Experiencing of the event

#### ***Specific Disorder: Panic Disorder (Panic Attacks)***

##### ***General Description:***

Panic Disorders is characterized by recurrent, unexpected panic attacks, followed by persistent concern about having further panic attacks, worry about the possible implications or consequences of the attacks or a significant behavioral change related to the attacks.

##### ***Specific Symptoms:***

- Derealization (feelings of unreality)
- Fear of dying
- Numbing or tingling sensation
- Fear of losing control/going crazy

#### ***Specific Disorder: Obsessive-Compulsive Disorder***

##### ***General Description:***

Obsessive-compulsive disorder is marked by repeated obsessions and/or compulsions that are so severe that they interfere with everyday activities. Obsessions are disturbing, intrusive thoughts, ideas, or images that cause marked anxiety or distress. Compulsions are repeated behaviours or mental acts intended to reduce anxiety.

***Specific Symptoms:***

Most people with obsessive-compulsive disorders fall into five categories:

- Washers – fear of contamination and usually have cleaning compulsion
- Checkers – repeatedly check things like oven, irons, locks, etc.
- Doubters and sinners – fear terrible things will happen if all is not perfect
- Counters and Arrangers – ruled by magical thinking and superstitions
- Hoarders – cannot throw things away, if they do, they fear that terrible things will happen

**Mental Health Disorder Research Information – Schizophrenia**

***Name of Disorder: Schizophrenia***

***General Description:***

Schizophrenia is a disturbance involving delusions, hallucinations, disorganized speech and/or disorganized or catatonic behaviour. Delusions are false beliefs or misinterpretations of situations and experiences. Hallucinations can be auditory, visual, olfactory (smell), gustatory (taste) or tactile (touch), but auditory hallucinations are most common. Schizophrenia is also associated with a deterioration of a person’s ability to function at work, school and/or socially. It may begin in late adolescence or early adulthood.

***Signs/Symptoms:***

***Physical:***

- Delusions (beliefs not founded in facts)
- Hallucinations (when a person hears, sees, feels, smells, or tastes something that does not exist)
- Thought Disorders (disorganized or catatonic behaviours)
- Behavioural Monitoring (grossly disorganized or catatonic behaviours)
- Disturbance of speech (odd speech)
- Loss of ability to relax, concentrate, or sleep in the early stages
- Marked impairment in personal hygiene and grooming

***Emotional:***

- Affect or mood of an individual may appear to be very flat (unemotional) or inappropriate
- Altered sense of self (a person’s sense of self or personal identity may be greatly diminished)
- Relationship to external world (the person may appear to be withdrawn and preoccupied having no contact with the environment or outside world. Might be described as cold or aloof.)
- Volition (a person may have no interest in the world or their place in it. The person may become indifferent towards plans for the future.)
- Difficulty relating to others (social isolation or withdrawal)

***Possible Impacts(s) on Life:***

- Affects all aspects of a person’s daily life
- Educational progress is often disrupted, and young people may be unable to finish school or hold a job for a sustained period of time
- Requires much family, community support
- Usually requires rehabilitation and medication during acute periods of the illness
- Society often ostracizes people with this illness, due to lack of understanding and a fear of the risk of suicide.

**Positive Mental Health and Stress**

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #5		Teaching Learning Strategy #1	

**Teacher Resource (Background Information)**

**Suicide Prevention**

**Instructions:**

1. Have students brainstorm what they believe to be the leading causes of death in adolescents in Canada.
2. Provide recent statistics for students to analyze, interpret and discuss. See Teacher Resource (Overhead) Current Statistics: Leading Causes of Youth Deaths in Canada.
3. Lead a class discussion about the common student perception that suicide ranks number one, while, in fact, motor vehicle accidents are the number one cause of death. Discuss the possibility that some multi-vehicle accidents may be suicides (single vehicle accidents in good weather, good road conditions, no evidence of alcohol or drug use, etc.).

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #5		Teaching Learning Strategy #1	

### Teacher Resource (Overhead)

#### Suicide Prevention

<b>Leading Cause of Youth Deaths in Canada Ages 10 – 24 1995</b>
--

<b>Cause</b>	10-14 Male	10-14 Female	15-19 Male	15-19 Female	20-24 Male	20-24 Female	Total
<b>MVA</b>	52	36	266	137	328	82	901
<b>Suicide</b>	<b>22</b>	<b>21</b>	<b>217</b>	<b>47</b>	<b>290</b>	<b>49</b>	<b>646</b>
<b>Cancer</b>	21	34	56	28	51	38	228
<b>All Causes</b>	221	184	815	320	1088	324	2956

*Reference: CMHA Suicide Information and Education Centre Feb, 1999*

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>
Unit #3	Activity #4	Unit #5
Teaching Learning Strategy N/A		Teaching Learning Strategy #3

### Student Resource (Worksheet)

#### Facts and Myths about Suicide

Instructions: Write “*Fact*” or “*Myth*” beside each statement.

- \_\_\_\_\_ 1. Young people rarely think about suicide.
- \_\_\_\_\_ 2. Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.
- \_\_\_\_\_ 3. Suicide is sudden and unpredictable.
- \_\_\_\_\_ 4. Suicidal people are determined to die.
- \_\_\_\_\_ 5. A suicidal person will always be at risk.
- \_\_\_\_\_ 6. Boys attempt suicide more often than girls.
- \_\_\_\_\_ 7. Teenagers who have “solved their problems” with alcohol and drugs rarely commit suicide.
- \_\_\_\_\_ 8. A person who has attempted suicide once is at a much lower risk of a second attempt.
- \_\_\_\_\_ 9. All teenagers who attempt suicide have some form of mental illness.
- \_\_\_\_\_ 10. Marked improvement in the mental state of a severely depressed individual means the crisis is past and they are no longer at risk.
- \_\_\_\_\_ 11. The loss of a relationship is the most common significant event preceding a suicide attempt.
- \_\_\_\_\_ 12. Other family members are at a higher risk of attempting suicide themselves if a suicide has occurred in their family.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>
Unit #3	Activity #4	Unit #5
Teaching Learning Strategy		Teaching Learning Strategy #3

### Teacher Resource (Answer Sheet)

#### **Facts and Myths about Suicide- Worksheet Answers:**

**1. MYTH**

Teens and suicide are more closely linked than expected. Many young people know of other young people who have seriously considered suicide, made a suicide plan attempted or committed suicide.

**2. MYTH**

Talking calmly about suicide, without showing fear or making judgments, can bring relief to someone who is feeling terribly isolated. A willingness to listen shows sincere concern and encouraging someone to speak about his or her suicidal feelings can reduce the risk of an attempt.

**3. MYTH**

Suicide is often a process, not an event. Most people who have died by suicide gave some or even many indications of their intentions.

**4. MYTH**

Suicidal youth are in pain. Many don't really want to die; they just want to end their pain. They don't believe they have any choices except to end their pain by killing themselves.

**5. MYTH**

The helplessness, feeling of depression and thoughts about killing themselves last for only a limited period of time. Proper treatment can lead to a full, productive and enjoyable life. Suicidal people can be helped.

**6. MYTH**

More women attempt suicide than men, however, men are successful more often. A female is more able to express feelings and ask for help. Also a woman is more likely to use an overdose of drugs or slash her wrists in her attempt. Either of these methods permits time for intervention. A man is more likely to choose a more violent method.

**7. MYTH**

Those who abuse alcohol and drugs are at a higher risk for committing suicide. Instead of an escape the drugs become a problem in themselves. Access to drugs increases the likelihood of an overdose.

## **8. MYTH**

Youth who have made suicide attempts are at a greater risk for future attempts. If the conditions that caused the first attempt are not identified and dealt with, the person may find it easier to try a second time. Most repeated attempts happen about three months after what seems like “improvement”.

## **9. MYTH**

Not all people who commit suicide are mentally ill, but chronic mental illness increases the risk for suicide. One does not have to be “crazy” to experience a serious crisis.

## **10. MYTH**

Marked improvement in mental state could indicate that the person has made the decision to commit suicide and has planned how and when to do it. This decision brings relief, an increase in energy and an improvement in mood. This is the time to be most concerned for the person’s safety.

## **11. FACT**

Experiencing a loss of a relationship is the most common significant event preceding suicide. This loss may come from the breakup of a relationship, separation or divorce of parents, as well as death of a loved one.

## **12. FACT**

Suicidal tendencies are not inherited. However, death in the family, whether natural, accidental or suicidal, can lead to suicide of a family member if a resulting depression is not treated. If a family member commits suicide, the suicidal act may be imitated because family members identify with each other and tend to copy each other’s style of coping behaviour.

*For more information, see list of resources on page 886 and 87.*

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #7		Teaching Learning Strategy #7	

### Teacher Resource (Background Information)

#### Suicide Risk Factors

##### Instructions:

1. Divide the class into small groups and provide one case study per group. See Teacher/Student Resource (Case Studies).
2. Provide each student with a copy of Teacher/Student Resource (Background Information Handout) “Suicide Risk Factors”.
3. Have students analyze and list the risk factors in their case study, using the headings on the Student Resource (Worksheet) Suicide Risk Factors- Case Study Analysis Presentation Template.
4. Provide time for each group to present their work on an overhead to share their findings with the class.
5. Have students brainstorm strategies for intervention when a classmate or friend is exhibiting suicidal behaviours. Add additional information using attached background information Teacher/Student Resource (Handout) Suicide Intervention Strategies- Helpful Hints for Intervention.
6. Ask students what emotions they would feel if a close friend committed suicide. Use the Teacher/Student Resource (Handout) Suicide Intervention Strategies- Helpful Hints for Intervention to validate the students’ feelings.
7. Have students recall several coping strategies they have learned about regarding preventing suicide.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #7		Teaching Learning Strategy #7	

### Teacher/Student Resource (Background Information Handout)

#### Suicide Risk Factors

Suicide seldom occurs without warning. Friends and relatives should be aware of both direct and indirect distress signals. Generally these risk factors fit into 8 categories.

##### ***A. Emotional State***

- depression: feelings of hopelessness, helplessness, worthlessness
- feelings of guilt or shame
- emotionality (crying with no apparent reason, easily provoked to temper tantrums)
- apathy
- poor self-esteem
- inability to concentrate or think rationally
- moodiness, not communicating

##### ***B. Major Behavioural Changes***

- begins to neglect person appearance: carelessness about hygiene, clothing
- lack of interest in activities which used to be important
- avoidance of friends
- change in school attendance and achievement
- risk-taking behaviour
- self-destructive behaviour (cutting, new “accident-prone” behaviour)
- increased use of drugs and alcohol, combination of drugs and alcohol
- shows anger, hostility, aggressive behaviour

##### ***C. Physical Symptoms***

- muscle aches and pains, headaches, stomach aches
- change in eating habits: over-eating, lack of appetite, eating disorders
- change in sleep patterns: insomnia, nightmares, sleeping at odd times and in odd places

##### ***D. Family Background***

- fragmented family (a series of losses due to death, divorce, re-marriage, live-ins, etc.)
- over-protective family (teen has no experience making own decisions)
- rigid achievement-oriented family (teen loses value as a person if fails at school or job)
- non-supportive family (parents don't want the responsibility of children)
- ethnic conflict family (parents' cultural expectations are in conflict with those of youth's peer group)

### ***E. Previous Suicide Attempt***

-probably the strongest indicator of suicidal risk.

### ***F. Personal Crises***

-loss of significant relationship (parent, friend, girlfriend/boyfriend)

-poor grades, truancy, and discipline problems at school

-difficulty keeping a job

-change of school or residence

-trouble with the law

-values conflicts

-experiencing abuse, bullying

### ***G. Lack of Support Network***

-no friends or family members to confide in

-no church, club, team or social group affiliation

-no connection to professional support system (teachers, guidance counsellors, doctors, etc.)

### ***H. Warning Signs***

-makes a will, gives away favourite things, says goodbye

-writes poems or makes drawings about people killing themselves

-writes suicide notes

-obtains method (gun, pills, razor blades, etc.)

-verbalizes plans either directly (“I’m going to kill myself”) or indirectly (“You won’t need to worry about me anymore”)

-radical improvement in mood or sudden burst of energy (could indicate that the decision to commit suicide has been made and the person is feeling relieved). This is very significant and should not be viewed as the person suddenly getting better.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #7		Teaching Learning Strategy #7	

### Student Resource (Worksheet)

#### Suicide Risk Factors- Case Study Analysis Presentation Template

Names of Group Members:

Case Study #

<b>Emotional State</b>
<b>Behavioural Changes</b>
<b>Physical Symptoms</b>
<b>Family Background</b>
<b>Previous Suicide Attempt</b>
<b>Personal Crises</b>
<b>Support Network</b>
<b>Warning Signs of Imminent Suicide Attempt</b>

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #7		Teaching Learning Strategy #7	

### Teacher/Student Resource (Case Studies)

<b>Suicide Risk Factors – Case Studies</b>
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#### *Case Study #1 – Rachel*

Rachel is the only daughter of older parents. Her mother had a long history of depression prior to committing suicide six months prior. Her father had been so committed to his wife's health for many years, that he had never forged a close relationship with Rachel. Rachel never wanted to add to her parents' worries, thus was a conscientious student and compliant daughter. After his wife's death, her father became even more distant. Rachel misses her mother very much. In spite of her efforts to be a perfect daughter, her mother committed suicide and Rachel feels somehow responsible. She has lost her motivation to do well, has begun to be truant from school, she avoids her friends, and has started to eat compulsively. She realizes that she looks a mess, but doesn't have the energy to do anything about it. She hasn't bothered taking the sleeping medication the doctor gave her. She has drafted several suicide notes, all addressed to her mother.

#### *Case Study #2 – Tony*

Seventeen year old Tony is the middle son in a close, religious family. He has been aware that he is gay for a few years, but has not come out to anyone. He fears rejection by his family and friends. His religion teaches that homosexuality is a sin. Recently he has made an effort to get a reputation as one of the more aggressive hockey players in an attempt to deflect suspicion, but he is not happy about the double life he feels forced to lead. He feels he must be the only gay teen in his small town. His artwork depicting death images concerns his art teacher, who asked him about its' significance. He admitted to her that he has fantasized about hanging himself. The next day he gave away his extensive CD collection.

#### *Case Study #3 – Suzanne*

Suzanne's family life has been difficult. Frequent moves and her innate shyness made making friends a problem. Her mother left her alcoholic father when Suzanne was 13. At 14, she had a baby who was adopted by a couple in another province. Suzanne's first attempted suicide at 15. Although she has had several relationships, none has lasted, and at 19, she has sworn off men. Suzanne left school at age 17. She lives with her mother, has a minimum wage job and no career goals. Her boss claims she is "accident-prone".

Recently she burned herself badly at work when she spilled some grease. Concerned at the amount of time she spends alone in her room, her self-deprecating remarks (e.g. “I’m such a loser – you’d be better off without me to worry about”), her apathy and her apparent unhappiness, her mother has arranged for her to meet a counsellor.

#### ***Case Study #4 – Greg***

Greg was identified as having severe learning disabilities when he was seven. Within a supportive elementary school environment with staff and parental support, he achieved beyond expectations. He was popular and felt good about himself. High school, on the other hand, has been a far different experience. He began to find the work much more difficult, he had less special support and he became the brunt of teasing and bullying which usually went unnoticed by the school administration. Lately he has reacted physically to the bullying and has been counseled by the vice-principal who sees him as a trouble-maker.

Greg’s cheerful, outgoing nature has undergone a change. He is irritable and easily frustrated. He has not been sleeping well. He was excited about his first part-time job, but he could not keep the job because of his reading problems. This has left him depressed and demoralized. He wonders if he will ever be able to earn a good living and afford to get married and raise a family.

Last week another student who seemed to have everything going for him committed suicide. Greg wonders how many people would miss him if he shot himself with his father’s handgun.

#### ***Case Study #5 - Ming***

Ming is a school leader. President of the Student Council, active on many teams and the band, and an A student, she is likely to be selected to be the valedictorian. She always seems to have a smile on her face and all the energy in the world. But Ming has a secret – her stepfather has been sexually abusing her since she was 14. Her boyfriend of over a year has left for university in a distant city and they had agreed there would be no point in trying to maintain the relationship.

Ming’s English teacher is alarmed at an essay, which she wrote on depression, which seemed to include much personal emotion. When she spoke with Ming about it, Ming was evasive. The teacher noticed several bandages on Ming’s forearms and Ming pulled them back to reveal healing cutting marks.

#### ***Case Study #6 - Evan***

Evan grew up in a small town. His parents were hard-working people and they were ambitious for their son. When he did very well in science, they decided to encourage him to become a doctor. They monitored his study habits and made sure that neither friends nor sports nor social activities sidetracked him from doing well in school. When he

began to date a girl he cared about, his folks gave him no peace until he had given her up. The pressure on him was tremendous and every exam period was torture. Evan began to have serious doubts about whether he even wanted to become a doctor, but he felt he couldn't let his parents down.

Evan was accepted at a prestigious university, but he found the work load overwhelming. He missed his family and high school buddies and was having trouble finding new friends. Living in residence was a blast – the partying and drinking were new to him, and he partied with whoever invited him. He failed most of his midterm exams and realized that he couldn't let his parents know. That evening he drank too much and drove his motorcycle off the road. He survived the crash. The don responsible for his floor in the dorm was concerned and was planning to talk to him.

### ***Case Study #7 – Rohan***

Since coming to Canada 10 years ago, Rohan has lived with his family near the downtown core of a major city. He picked up English easily and speaks it exclusively at school and with friends, but he has to switch back to his first language at home. Rohan feels torn between the traditional life his parents lead and the life he leads with his fellow gang members. His parents do not approve of his behaviour, his friends, and his activities. He feels guilty about disappointing his parents, but knows he cannot turn his back on the gang. He sees no way out of this clash of cultures. Tonight, after yet another loud argument with his parents, including threats to kick him out of the house, Rohan storms out to join his friends. After smoking several joints and downing most of a bottle of vodka, a group of them go looking for excitement. They find it jumping off an abandoned building. One boy dares Rohan to jump off the top of a four-story building next door. To avoid being branded a wimp, Rohan must accept the dare.

At the emergency department a nurse comments, “Rohan, you jumped off a building, that was a very dangerous thing to do. What were you thinking and feeling at the time? Was it your intent to hurt or kill yourself?” and Rohan began to wonder if killing himself was actually his intent.

## Positive Mental Health and Stress

<b>Public Profile</b>		<b>Catholic Profile</b>
Unit #3	Activity #4	Unit #5
Teaching Learning Strategy #6		Teaching Learning Strategy #6

### Teacher/Student Resource

#### Suicide Intervention Strategies- Helpful Hints for Intervention

##### *DO's*

If you suspect someone may be considering suicide – Do something now!

Take the suicide threat seriously. If in doubt, ASK! (e.g. “Are you thinking about hurting yourself?” “How do you think you will do it?”) It is important to find out if plans have been made, and if a time and method have been chosen.

Share your concern and clearly communicate your support.

Encourage the person to talk about his or her feelings. Use active listening.

Encourage the person to brainstorm ideas about what to do now.

**GET HELP!** Assistance is available from caring, trusting adults and qualified supports (guidance counsellor, youth worker, public health nurse, community mental health service, emergency department, a local crisis line -listed on the inside page of the phone book). Ideally these trained resources will plan the intervention and give guidance to parents, teachers, siblings, friends, coaches and others. It is important that people close to the suicidal youth continue to be supportive.

##### *DON'T's*

Don't moralize, scold, act shocked, argue about the value of life or make the person feel guilty about causing suffering for family and friends.

Don't put off doing something while taking a wait and see approach. If you have any doubt about the level of risk, consider the risk to be on the higher side and get assistance.

Don't leave the person alone if you sense the risk is high and immediate.

Don't promise confidentiality about suicidal behaviours. (i.e., I promise not to tell anyone that you told me you are thinking of hurting yourself.)

Don't tackle this alone. Share the responsibility with professionals who have knowledge and expertise in suicide prevention.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity #4	Unit #5	Activity #3
Teaching Learning Strategy #6		Teaching Learning Strategy #6	

### Teacher/Student Resource

#### Suicide Intervention Strategies- After a student suicide ...

The sudden death of a student is invariably tragic. When a young person chooses to take his/her own life the impact is especially devastating. It is very important that something be done in response to the student suicide, as “no response” communicates the wrong message or a non caring one. Share factual information and make announcements in small groups or classes rather than a large assembly. Offer opportunities for debriefing and mutual support.

It is important to deal appropriately with reactions. Feelings are typically more intense including shock, denial, regret and loss. Anger directed towards the suicide victim and perceived guilt about something one should have done or not done to prevent the suicide may be especially troublesome. Students must be supported while they experience this common range of emotions. Those most affected by the suicide may need professional help coping with their emotional pain. Refer to the school’s Tragic Events Response Plan. Professionals in the community can be contacted to provide debriefing sessions for students. These should be done within 24 to 48 hours.

Emotional contagion must be monitored carefully. There is a real danger that others who are in crisis may imitate this act and this danger may persist for some time after. Check in with students emotional responses regularly after a suicide.

#### Wrap Up

Remind students that they all have a responsibility to care for their own mental health and that of others. Ask students to recall the coping strategies studied in previous lessons and the counseling resources readily available to them in the school and the community.

## Positive Mental Health and Stress

Public Profile		Catholic Profile	
Unit #3	Activity All	Unit #5	Activity #3
Teaching Learning Strategy #5		Teaching Learning Strategy #7	

### Resources

#### Web Site

**Canadian Mental Health Association** - [www.cmha.ca](http://www.cmha.ca)

The CMHA site discusses education, advocacy and research with regards to mental health and mental health disorders. The site shows materials (e.g., pamphlets) available for purchase.

**Centre for Addiction and Mental Health** – [www.camh.net](http://www.camh.net)

**Anxiety Disorders Association of America** – [www.adaa.org](http://www.adaa.org)

This ADAA site breaks down the different anxiety disorders and specific phobias. It provides a variety of other resources and links.

**Internet Mental Health Association** - [www.mentalhealth.com](http://www.mentalhealth.com)

This website is an excellent introduction to mental health disorders. It has many links to different research (e.g., magazines).

**National Foundation for Depressive Illness** – [www.depression.org/](http://www.depression.org/)

This website discusses facts, treatment and results of depression. It is an excellent introductory site.

**Obsessive Compulsive Foundation** – [www.ocfoundation.org](http://www.ocfoundation.org)

This site introduces OCD and discusses how it is treated. It has many links to articles related to OCD.

**The World Psychiatric Program to Fight Stigma Due to Schizophrenia** –

[www.openthedoors.com](http://www.openthedoors.com)

The site is dedicated to fighting the stigmas involved with schizophrenia. The facts, myths, and causes are also discussed.

**Canadian Association for Suicide Prevention (CASP)** – [www.suicideprevention.ca](http://www.suicideprevention.ca)

**Suicide Information and Education Centre (SIEC)** – [www.siec.ca](http://www.siec.ca)

**Canadian Mental Association, British Columbia** -

[www.vcn.bc.ca/mdcmha/stressa.html](http://www.vcn.bc.ca/mdcmha/stressa.html)

This site provides information dealing with stress, particularly relaxation and coping techniques.

**Conscious Living Foundation** - <http://www.cliving/bibliobiof.htm>  
This site includes a life stress test.

**The Web's Stress Management & Emotional Wellness Page** –  
<http://imt.net/~randolfi/StressPage.html>  
This site provides links to other sites relating to stress and stress management.

**Kids Help** – <http://kidshelp.sympatico.ca>

### **Text Resources**

Powell, Trevor. *The Mental Health Handbook* (Revised). Oxon: Winslow Press Ltd., 1992

Rush, Anne Kent. *The Modern Book of Yoga: Exercising Mind, Body and Spirit*. New York: Dell Publishing, 1996. ISBN 0-440-50719-7

Schmitz, Connie and Hipp, Earl. *Fighting Invisible Tigers: A Stress Management Guide For Teens*. Minneapolis: Free Spirit Publishing, 1995.  
(To Order 1-800-735-7323)

Simmons, M and Daw, Peter. *Stress Anxiety and Depression: A Practical Workbook*. Oxon: Winslow Press.

Merki & Merki. *Glencoe Health: A Guide To Wellness*. New York: McGraw Hill, 1999.