

# APPENDIX A: ONTARIO MINISTRY OF EDUCATION AND TRAINING CURRICULUM GUIDELINES — MENTAL HEALTH

The following are excerpts from the Ontario Ministry of Education and Training's Curriculum Guidelines showing where mental health issues fit. Opportunities to address mental health/mental illness topics are indicated in bold.

## **1) Healthy Active Living Education (Grade 11)**

The Grade 11 course Healthy Active Living Education is organized around four strands: 1) Physical Activity, 2) Active Living, 3) Healthy Living and 4) Living Skills, which are divided into units.

Within strand 3, Healthy Living, the guidelines for Healthy Active Living Education (Grade 11) specify the following overall expectations:

By the end of this course, students will:

- demonstrate an understanding of sexual and reproductive health
- demonstrate, in a variety of settings, the knowledge and skills that reduce risk to personal safety

- describe the influences of mental health on overall well-being.

**Specific expectations for the unit on mental health, contained within strand 3 include:**

**By the end of this course, students will:**

- describe the characteristics of an emotionally healthy person (e.g., positive self-concept, ability to manage stress effectively, ability to work productively)
- demonstrate the skills that enhance personal mental health (e.g., coping strategies for stress management)
- analyze the factors (e.g., environmental, genetic) that influence the mental health of individuals and lead to the prevalence of mental health problems in the community
- describe the impact of mental health disorders (e.g., phobias, anxiety disorder, schizophrenia, affective disorders) on a person's emotional and physical health
- identify and describe suicidal behaviours and strategies for suicide prevention.

**Within strand 4, Living Skills, the guidelines for Healthy Active Living Education (Grade 11) specify the following overall expectations:**

**By the end of the course, students will:**

- use decision-making and goal-setting skills to promote healthy active living
- demonstrate an ability to use stress management techniques
- demonstrate the social skills required to work effectively in groups and develop positive relationships with their peers.

**Specific expectations for the unit Stress Management, contained in strand 4, include:**

**By the end of this course, students will:**

- describe the positive and negative effects of stresses that are part of daily life
- explain physiological responses to stress
- use appropriate strategies for coping with stress and anxiety (e.g., relaxation, meditation, exercise, reframing)
- demonstrate an understanding of change and its impact on an individual's health.

## **2) Health for Life (Grade 11)**

The Grade 11 course, Health for Life, is organized around three broad curriculum areas or strands: 1) Determinants of Health, 2) Community Health and 3) Vitality. These strands are divided into units. Mental health fits well into strand 1, Determinants of Health.

Within strand 1, Determinants of Health, the curriculum guidelines for Health for Life (Grade 11) specify the following overall expectations:

**By the end of this course, students will:**

- analyze the role of individual responsibility in enhancing personal health

- analyze the social factors that influence personal health.

Specific expectations for the unit Personal Factors, contained in strand 1, are:

By the end of this course, students will:

- **describe the interrelationship of physical, social, and mental health in enhancing personal health**
- **describe the heredity factors that influence personal health (e.g., a family history of an illness such as diabetes, breast cancer, cardiovascular disease, or mental illness; body shape and size)**
- analyze how various lifestyle choices (e.g., decisions pertaining to nutrition, physical activity, and smoking) affect health
- **evaluate the factors (e.g., personal responsibility; the influence of peers, culture, and the media) that influence personal choices with regard to health-related products and services**
- **explain how stress and one's ability to cope with stress affect personal health**
- **implement a personal plan for healthy living.**

Specific expectations for the unit Social Factors, contained in strand 1, are:

By the end of this course, students will:

- **describe how family, peers, and community influence personal health;**
- **analyze the social factors that influence personal health (e.g., employment, education, socio-economic status, isolation, rural and urban settings, access to health and recreational services);**
- **describe the influence of culture on health (e.g., foods eaten, methods of treating illness, gender roles).**

### **3) Introduction to Anthropology, Psychology and Sociology (Grade 11)**

The Grade 11 course Introduction to Anthropology, Psychology and Sociology is organized around four broad curriculum areas or strands: 1) Self and Others, 2) Social Structures and Institutions, 3) Social Organization, and 4) Research and Inquiry Skills. These strands are divided into units. Mental health issues fit well into strands 1, Self and Others and 3, Social Organization.

Within strand 1, Self and Others, the overall expectations for Introduction to Anthropology, Psychology and Sociology (Grade 11) are:

By the end of this course, students will:

- describe some differences and similarities in the approaches taken by anthropology, psychology, and sociology to the concept of self in relation to others
- **demonstrate an understanding of the social forces that influence and shape**

**behaviour as described by anthropologists, psychologists, and sociologists**

- analyze socialization patterns from the perspectives of anthropology, psychology, and sociology.

Specific expectations for the unit Forces that Influence and Shape Behaviour, contained in strand 1, are:

By the end of this course, students will:

- **identify and assess the major influences that contribute to an individual's personal and social development (e.g., heredity, environment, race, gender)**
- **analyze the role of the mass media in influencing individual and group behaviour**
- explain why behaviour varies, depending on context and on the individuals involved (e.g., at work, within a family, in sports, in a crowd, in a large city or small town).

Specific expectations for the unit Socialization, contained in strand 1, are:

**By the end of this course, students will:**

- **explain the role of socialization in the development of the individual**
- **identify the primary and secondary agents of socialization (e.g., family, school, peers, media, work) and evaluate their influence**
- **demonstrate an understanding of anthropological, psychological, and sociological theories that deal with socialization (e.g., enculturation, nature versus nurture, social isolation)**
- **evaluate the role of cultural influences in socialization (e.g., as they affect gender expectations).**

Within strand 3, Social Organization, the overall expectations for Introduction to Anthropology, Psychology and Sociology (Grade 11) are:

By the end of this course, students will:

- demonstrate an understanding of the characteristics of groups in Canadian Society as identified by anthropology, psychology, and sociology
- **analyze the psychological impact of group cohesion and group conflict on individuals, groups, and communities**
- describe the characteristics of bureaucratic organizations.

Specific expectations for the unit: Conflict and Cohesion, contained in strand 3, are:

By the end of this course, students will:

- identify and compare anthropological, psychological, and sociological perspectives on conflict among individuals, groups, and communities
- analyze anthropological, psychological, and sociological perspectives on group cohesion
- **demonstrate an understanding of discrimination and exclusion in social relationships, from the perspectives of anthropology, psychology, and sociology**

- **analyze examples of social or institutional practices in earlier historical periods that formed the basis for social relationships involving discrimination or exclusion in contemporary society (e.g., apartheid, segregation, ghettoization, ostracism, gender discrimination).**

#### **4) Media Studies (Grade 11)**

The Grade 11 course, Media Studies, is organized around three broad curriculum areas or strands: 1) Media Texts, 2) Media Audiences and 3) Media Production.

Within strand 1, Media Texts, the guidelines for Media Studies (Grade 11) specify the following overall expectations:

**By the end of the course, students will;**

- **analyze, interpret, and assess the techniques, forms, style, and language of media works to describe and explain how different media communicate meaning;**
- **analyze media representations to describe their content, identify bias, and explain their impact on audiences.**

Specific expectations for the unit, Analyzing Media Forms, Techniques, Style and Language, contained in strand 1, include:

By the end of this course, students will:

- **identify the characteristics of a variety of media, including television, newspapers, and the Internet, and explain how these characteristics influence meaning (e.g., in an oral presentation examine how a newspaper, a radio station, a television network, and a news Web site cover the same event, and explain how the differences affect interpretations of the event);**
- **identify and explain how media conventions and techniques influence the creation and interpretation of media works (e.g., describe how audience expectations about a western or a horror film are shaped by the use of a familiar formula; compare the production costs for a 30-second TV commercial and a 30-minute TV show and assess the implications of the findings; report on the controversy about the use of computer retouching in fashion photography and photo-journalism);**
- **analyze how the language used in media works influences the interpretation of messages, with a focus on tone, level of language, and point of view (e.g., analyze the language used in a sports broadcast and explain its purpose and effect; describe the narrative language used in an animated media work and state what themes and beliefs are being communicated);**
- **explain how a media form changes when presented in a new communication context and assess the effect of the changes (e.g., describe the changes that occur when newspapers**

- are presented on the Internet);
- explain the ways in which media influence and shape various environments and activities (e.g., describe how the televising of hockey or baseball games influences the appearance of the arena or stadium and the pace of the game).

Specific expectations for the unit, Analyzing Media Representations, contained in strand 1, include:

**By the end of this course, students will:**

- **analyze how individuals or groups are presented in media works and assess the accuracy and influence of these representations (e.g., create a collage of familiar stereotypes in the media and explain the overall impact of these images; compare media representations of work, vacation experiences, or family life with their own experiences;**
- **examine how people or groups are presented in a variety of media works and explain the beliefs revealed and the messages conveyed (e.g., discuss how the message of a popular television program would change if the main characters were from a different socio-economic or ethnic group; explain the effects of the inclusion, exclusion, or positioning of people or groups in magazine advertisements);**
- **analyze media representations of social, political, and cultural issues and explain how the presentations influence people's interpretation of the issues and their level of concern (e.g., analyze media coverage of the international response to a war or uprising; assess the effectiveness of public-service announcements in the media);**
- **analyze and explain the representations of behaviours and attitudes in media works (e.g., analyze the news coverage given to the achievements of a local hero; describe and explain the attitudes depicted during a conflict and its resolution in a feature or television drama);**
- **compare and analyze the representations of people and issues in a variety of media and identify factors that may account for any differences (e.g., compare the coverage of social issues and current events in mainstream media with that in alternative periodicals, video documentaries, or on some specialty cable-TV channels; prepare an oral presentation about how the ownership of a variety of media may influence their presentation of events).**

## **5) Leadership and Peer Support (Grade 11)**

The Grade 11 course, Leadership and Peer Support, is organized around three broad curriculum areas or strands: 1) Personal Knowledge and Management Skills; 2) Interpersonal Knowledge and Skills; and 3) Exploration of Opportunities.

Within strand 2, Interpersonal Knowledge and Skills, the guidelines for Leadership and Peer

Support (Grade 11) specify the following overall expectations:

By the end of this course, students will:

- **demonstrate an understanding of and use theories and strategies related to positive and healthy interpersonal relationships;**
- demonstrate an understanding of and use theories and strategies related to effective communication;
- **demonstrate an understanding of theories and strategies related to leadership and group dynamics and use these to help individuals and diverse groups achieve their goals;**
- **demonstrate an understanding of how community diversity and individual rights and responsibilities affect leadership and peer support roles.**

Specific expectations for the unit on Interpersonal Relations, contained in strand 2, include:

By the end of this course, students will:

- demonstrate an understanding of the characteristics of positive relationships and of the early signs of an abusive relationship;
- **demonstrate an understanding of the elements of good mental health;**
- **describe the elements of effective interpersonal relations (e.g., respect for differences; flexibility, honesty, integrity) and demonstrate their use in selected leadership and peer support roles in the school or community;**
- describe a conflict resolution model and demonstrate its use in a variety of situations to reduce conflict and reach mutually agreeable solutions;
- **define and explain concepts (e.g., bias, stereotyping, prejudice) and contemporary social problems (e.g., substance abuse, poverty, violence) that denote barriers to individual success, and identify strategies to address these barriers;**
- **identify the types and sources of pressure on adolescents (e.g., peer pressure, family tensions, media influence), describe the behaviours that may result, and identify appropriate strategies to deal with pressure.**

Specific expectations for the unit on Communication Skills, contained in strand 2, include:

By the end of this course, students will:

- **explain the benefits and pitfalls of expressing emotions and demonstrate appropriate ways of managing their own emotions;**
- **describe the elements of effective communication (e.g., active listening, non-judgmental statements, paraphrasing) and demonstrate their use in selected leadership and peer support roles in the school or community (e.g., tutoring, mentoring, coaching, mediating, assisting with school or community projects);**
- **use feedback effectively and appropriately to help others identify their strengths and areas needing improvement;**

- **demonstrate an understanding of how to respond appropriately to peers' disclosures of serious personal matters (e.g., health problems, physical and emotional abuse, family issues, harassment, substance abuse).**

Specific expectations for the unit on Connecting With the Community, contained in strand 2, include:

By the end of this course, students will:

- **describe the dimensions of diversity within their community (e.g., gender, culture, race, ability, age, religion, socioeconomic level) and identify the value of diversity as well as the challenges it poses;**
- **describe their rights and responsibilities as a part of a community whose members come from diverse backgrounds;**
- identify their own rights and responsibilities and those of others that influence the ways they perform various leadership and peer support roles;
- **explain how power can be used positively or misused in work, family, and peer contexts and identify strategies to deal with situations where power is misused (e.g., gang aggression, child abuse, workplace harassment);**
- **describe the causes and costs to individuals, families, and communities of discrimination, harassment, violence, and poverty, using appropriate documentation and statistical information;**
- **describe a personal vision of a just equitable society and propose means of addressing social and individual problems.**

## **6) Philosophy: The Big Questions (Grade 11)**

The Grade 11 course Philosophy: The Big Questions is organized around four broad curriculum areas or strands: 1) Philosophical Questions, 2) Philosophical Theories, 3) Philosophy and Everyday Life, and 4) Applications of Philosophy to Other Subjects. Mental health issues fit well into strand 3, Philosophy and Everyday Life.

Within strand 3, Philosophy and Everyday Life, the overall expectations for Philosophy: The Big Questions are:

By the end of this course, students will:

- **relate the big questions of philosophy to their own experience, reports in the news media, and their society;**
- demonstrate the application of philosophical theories and skills to jobs, occupations, and everyday life.

Specific expectations for strand 3, Philosophy and Everyday Life are:

By the end of this course, students will:

- describe what difference the answers people accept to three (or more) of the big questions of philosophy should make to their values, behaviour, and life plans;
- **describe the strengths and weaknesses of alternative responses to questions of applied philosophy (e.g., What decisions, if any, should medical practitioners make for patients without the patient's consent?; What obligations, if any, do humans living in the present have to future generations and to the natural environment?; What obligations, if any, do humans living in the present have to redress racial or gender inequalities inherited from the past?);**
- apply philosophical skills such as precise writing and critical analysis to solve problems that arise in jobs and occupations (e.g., What obligations do employees have to the public, to their employers, and to themselves?; When resources are scarce, how should decisions be made about their allocation?).

## 7) Individuals and Families in a Diverse Society (Grade 12)

The Grade 12 course, Individuals and Families in a Diverse Society, is organized around five broad curriculum areas or strands: 1) Self and Others, 2) Personal and Social Responsibilities, 3) Diversity, Independence, Global Connections, 4) Social Challenges and Social Structures, and 5) Research and Inquiry Skills.

Within strand 4, Social Challenges and Social Structures, the guidelines for Individuals and Families in a Diverse Society (Grade 12) specify the following overall expectations:

By the end of this course, students will:

- analyze current issues and trends relevant to individual development, and speculate on future directions;
- analyze current issues and trends affecting the dynamics of intimate relationships, and speculate on future directions for individuals and families;
- analyze current issues and trends affecting childrearing and socialization and speculate on the changing role of children;
- demonstrate an understanding of the cycle of violence and consequences of abuse and violence in interpersonal and family relationships.

Specific expectations for the unit, Individual Development, contained in strand 4, include:

- **describe current perceptions, opinions, and demographic trends relating to the life patterns of individuals (e.g., life expectancy, educational attainment, labour-force participation, income), and speculate on the significance of these trends for individual development;**
- **explain the impact on individual development and decision making of social changes and challenges (e.g., aids, emerging communication technologies, the increase in non-family households, cultural diversity) and life events (e.g., illness,**

- infertility, disability, unemployment, death, divorce);**
- demonstrate an understanding of the effect of various aspects of social systems, on individual development (e.g. legal requirements, such as age restrictions; economic factors; educational opportunities; employment trends; availability of social support).**

## **8) Healthy Active Living Education (Grade 12)**

The Grade 12 course, Healthy Active Living Education, is organized around four broad curriculum areas or strands: 1) Physical Activity, 2) Healthy Living, 3) Active Living, and 4) Living Skills.

These strands are divided into units.

Within strand 2, Healthy Living, the guidelines for Healthy Active Living (Grade 12) specify the following overall expectations:

By the end of this course, students will:

- describe how society and culture affect individual perceptions and expressions of sexuality;
- demonstrate an understanding of strategies that promote personal safety and prevent injuries;
- demonstrate an ability to use specific strategies to enhance their own mental health and that of others;
- demonstrate an understanding of strategies that promote healthy relationships.**

Specific expectations for the unit on mental health, contained in strand 2, include:

**By the end of this course, students will:**

- demonstrate an understanding of specific mental health issues (e.g., depression, anxiety, suicide);**
- apply the skills necessary to manage stressful situations (e.g., death and dying; mental or physical illness in a family);**
- demonstrate an ability to use skills to enhance their own mental health;**
- describe the importance of relationships and communication with others to mental health;**
- identify sources of information on and services related to mental health (e.g., the Internet, libraries, community agencies, and media) in the community and beyond.**

## **9) Challenge and Change in Society (Grade 12)**

The Grade 12 course, Challenge and Change in Society, is organized around four broad curriculum areas or strands: 1) Social Change, 2) Social Trends, 3) Social Challenges, and 4) Research and Inquiry Skills. These strands are divided into units. The strand in which mental health fits well is Social Challenges.

Within strand 3, Social Challenges, the curriculum guidelines for Challenge and Change in Society specify the following overall expectations:

By the end of this course, students will:

- appraise the differences and similarities in the approaches taken by anthropology, psychology, and sociology to the study of social challenges pertaining to health, social injustice, and global concerns;
- demonstrate an understanding of the social forces that shape such challenges.

Specific expectations for the unit Health and Wellness, contained in strand 3, are:

**By the end of this course, students will:**

- **analyze social practices leading to health-impairing behaviours from the perspective of at least two of anthropology (e.g., the impact of formula feeding over breast-feeding in developing countries), psychology (e.g., the increase of isolation and depression among the elderly), and sociology (e.g., the rise of smoking among teenaged girls);**
- **discuss cultural, psychological, and sociological barriers to accessing health care;**
- **demonstrate an understanding of the ethical issues related to health-care provision (e.g., the blood supply system, organ donation, medical research);**
- **evaluate the impact of changing social mores on the well-being of Canadians (e.g., desensitization to violence and abuse).**

Specific expectations for the unit, Prejudice and Discrimination, contained in strand 3, are:

**By the end of this course, students will:**

- **explain the relationship between prejudice and discrimination, and assess the impact of both on ideas of self-worth;**
- **assess the role of stereotyping as a barrier to full participation in society;**
- **analyze patterns of hate crimes and differentiate ways in which social scientists (e.g., John Ogbu, Gordon Allport, George Dei, Beverly Tatum, Stuart Hall) would attempt to understand racism.**

## **10) Parenting and Human Development (Grade 12)**

The Grade 12 course, Parenting and Human Development, is organized around five broad curriculum areas or strands: 1) Stages of Family Life, 2) Human Development: Self and Others, 3) Personal and Social Responsibilities, 4) Social Structures and Social Challenges, and 5) Research and Inquiry Skills.

Within strand 4, Social Structures and Social Challenges, the guidelines for Parenting and Human Development (Grade 12) specify the following overall expectations:

By the end of this course, students will:

- analyze the challenges of balancing work and family;
- demonstrate an understanding of the role and functions of schooling in our society and in relation to family life;

- **evaluate the influence that the media have on parents, children, and adolescents;**
- **explain the role of social-service organizations in supporting children and families when problems arise.**

Specific expectations for the unit, Media Influence, contained in strand 4 include:

**By the end of this course, students will:**

- **demonstrate an understanding of the effects that media violence has on children and adolescents (e.g., increasing school and peer violence);**
- **analyze the influences advertising has on families (e.g., pressure to purchase fad items);**
- **analyze how families can adapt to focus on the positive uses of media (e.g., keeping abreast of current events through a discussion of daily new stories, by watching educational programming together).**

Specific expectations for the unit: The Role of Social Services, contained in strand 4, include:

**By the end of this course, students will:**

- **demonstrate an understanding of individual and family concerns (e.g., violence, poverty, family breakdown, addiction, death of a family member) that are addressed by agencies in society;**
- **identify the support and care options available to parents and siblings when a family member has a physical exceptionality or is affected by a disease or illness;**
- **explain the role and function of family counselling (e.g., short-term and crisis counselling, grief counselling, relationship counselling);**
- **identify job opportunities in the social-service sector that involve helping families.**

# APPENDIX B: USEFUL MENTAL HEALTH-RELATED WEB SITES

## **Mental health resources for educators**

School Psychology Resources On-line: <http://www.schoolpsychology.net>

Study Web: Links for Learning: [http://www.studyweb.com/science/ment\\_toc.htm](http://www.studyweb.com/science/ment_toc.htm)

Teachers First — Guidance Issues, links to teens at risk: <http://www.teachersfirst.com/guidance.htm>

## **General mental health Web sites**

Canadian Health Network: [http://www.canadian-health-network.ca/1mental\\_health.html](http://www.canadian-health-network.ca/1mental_health.html)

Canadian Mental Health Association, National Office: <http://www.cmha.ca/>

Canadian Mental Health Association, Ontario Division: <http://www.ontario.cmha.ca/>

Centre for Addiction and Mental Health: <http://www.camh.net>

Internet Mental Health: <http://www.mentalhealth.com>

Health Canada, Mental Health Web site: <http://www.hc-sc.gc.ca/hppb/mentalhealth/index.html>

Mental Health Centre: <http://www.health-center.com/english/brain/>

National Alliance for the Mentally Ill: <http://www.nami.org/>

The Self-Help Resource Centre of Ontario: <http://www.selfhelp.on.ca/>

### **Children and youth**

Bipolar Kids Homepage: <http://www.bpkids.org>

Breakaway — for youth and adults 13-25 years of age and their families, deals with concern about the use of alcohol and drugs. <http://www.breakawayyouth.org>

### **Adolescent depression and suicide**

You asked about... Adolescent depression — from the Internet Mental Health Web site <http://www.mentalhealth.com/mag1/p51-dp01.html>

The Befrienders: Youth depression and suicide: <http://www.jaring.my/befrienders/youth1.htm>

Eclipse Depression and Manic Depression Support Group:  
<http://www.bfree.on.ca/comdir/medical/eclipse/index.htm>

Facts about youth suicide: <http://www.emh.org/acadia/su.htm>

Focus Adolescent Services: Warning Signs, Information, Getting Help:  
<http://www.focusas.com/Depression.html>

Recognizing depression in youth: <http://www.extension.unr.edu/teens/depression.html>

Suicide Awareness Voices of Education: <http://www.save.org/>

Suicide Information and Education Centre: <http://www.suicideinfo.ca/>

Youthwork Links — Emotions and Behaviour — Suicide:  
<http://www.youthwork.com/healthmentsuicide.html>

Training on suicide prevention: <http://www.livingworks.net>

### **Anxiety disorders**

Obsessive Compulsive Disorder home page: <http://www.fairlite.com/ocd/>

Obsessive-Compulsive Foundation: <http://www.ocfoundation.org/>

Anxiety Disorders Association of America: <http://www.adaa.org/>

### **Eating disorders**

National Eating Disorder Information Centre: <http://www.nedic.ca>

Eating Disorders Awareness and Prevention (u.s.): <http://www.edap.org>

Bulimia Anorexia Nervosa Association: <http://www.bana.ca>

Information on Eating Disorders: <http://members.aol.com/lacillo/eating.html>

The Something Fishy Web site on Eating Disorders: <http://www.sfwed.org/>

### **Mood disorders**

Mood Disorders Association of Ontario (mdao): <http://www3.sympatico.ca/mdmt>

National Depressive and Manic Depressive Association: <http://www.ndmda.org>

Bipolar Disorder Information Centre: <http://www.mhsource.com/bipolar/index.html>

Dr. Ivan's Depression Central: <http://www.psycom.net/depression.central.html>

About Bipolar Disorder: <http://bipolar.about.com/health/bipolar/>

About Depression: <http://depression.about.com/health/depression/>

National Foundation for Depressive Illness: <http://www.depression.org/>

Wing of Madness Depression Community: <http://www.wingofmadness.com/>

Treatment of Bipolar Disorder: A guide for patients and families:  
<http://www.psychguides.com>

### **Schizophrenia**

Ian Chovil's Homepage: <http://www.chovil.com/>

Schizophrenia.com: <http://www.schizophrenia.com/>

Schizophrenia Society of Canada: <http://www.schizophrenia.ca/>

The World Psychiatric Association program to fight stigma due to schizophrenia:  
<http://www.openthedoors.com/>

Schizophrenia Digest: <http://www.schizophreniadigest.com/>

### **Mental illness and the arts**

Centre for Addiction and Mental Health — Images 2000 Exhibit:

[http://www.camh.net/events/images\\_2000.html](http://www.camh.net/events/images_2000.html)

Dee Rimbaud: <http://www.writhe.net/rimbaud/frame.html>

First Person: <http://www.1stpm.org/>

Fire and Reason: [http://www.geocities.com/fire\\_reason/](http://www.geocities.com/fire_reason/)

The Reading Room: [http://www.geocities.com/the\\_reading\\_room/index.html](http://www.geocities.com/the_reading_room/index.html)

National Art Exhibitions by the Mentally Ill: <http://www.naemi.org/>

Please note: Aside from our own sites, no endorsement of any of the above sites by the Centre for Addiction and Mental Health should be inferred.

## APPENDIX C: RESOURCES FOR YOUTH (ALTERNATIVE FORMATS — CD-ROMS, 'ZINES, ON-LINE DISCUSSIONS)

### **Fire and Reason**

**[http://www.geocities.com/fire\\_reason](http://www.geocities.com/fire_reason)**

A series of 'zines brings together powerful written and visual creative work by young people who struggle with depression or manic depression. The long-term goal is to publish an anthology. The aim of *Fire and Reason* is to create much-needed resources and raise awareness, while celebrating and sharing the insight and creativity of young Canadians.

### **Mauve**

**<http://www.hc-sc.gc.ca/hppb/mentalhealth/mauve.htm>**

Teenagers take to the streets with video cameras in *Mauve*, an interactive cd-rom created by and for youth today. They meet with other teens and talk about life and death, friendship and love, work and stress, and about themselves and the adults in their lives. These personal experiences are often humorous and sometimes troubling, but always true to life. Available through Health Canada, Mental Health Promotion.

### **Networking Youth Nationally**

**<http://209.217.127.51/>**

This is a national network run by youth for youth that encourages young people to participate in problem solving and decision-making on mental health issues at individual and organizational levels. It also provides an opportunity for youth to support each other through life's ups and downs. The network strives to include all youth as well as people who care about and work with youth (such as youth-friendly professionals, educators, community workers, etc.).

For more information about Networking Youth Nationally (nyn) contact:

Tel: (613) 737-2764

Fax: (613) 738-3917

### **Students' Commission**

**<http://www.tgmag.ca/aorg/>**

The Students' Commission is a global-minded organization that is run by youth for youth across Canada. The Commission is currently the lead organization for the National Centre of Excellence for Youth Engagement.

Working with its sister organization, Tiny Giant Magazine, the Students' Commission combines the expertise of multimedia and education professionals with diverse young people to create unique and highly effective programs for students.

### **Virtual Party Web Site**

**<http://www.virtualparty.org>**

The Virtual Party is an interactive, educational Internet-based resource simulating a party situation, providing information to youth about alcohol, emphasizing healthy choices and imparting skills for the reduction of harm. It is targeted at youth between the ages of 13 and 19. The young person is able to choose either a male or female character, and make choices about their activities during a "virtual" event. Two story lines are currently under development: one related to the use of drugs other than alcohol, and one related to concurrent disorders.

### **Youth Net**

**<http://www.youthnet.on.ca>**

Youth Net/Réseau Ado is a mental health program run by youth for youth. The goal is to involve as many people as possible between the ages of 13 and 20 in the promotion of youth mental health. As well, the program helps people identify early signs of mental illness so that they can take the next step to get help.

Youth Net also produces Youth Fax, a monthly newsletter, written for youth by youth. It deals with issues affecting all youth: stress, relationships, independence, jobs, etc. Youth Fax is put

together by a youth editor, with contributions from youth all over the region. We are always looking for contributions of art, poetry, stories, opinions, questions, so send them in!!!

Because youth have asked us to, we are also starting to provide ongoing support groups led by young facilitators for depression, self-esteem, or an issue, which you suggest, in communities around the region. If you have any questions or comments about Youth Net/Réseau Ado or would like to get involved with the program, please refer to the Web site.

Please note: Aside from our own sites, no endorsement of any of the above sites by the Centre for Addiction and Mental Health should be inferred.



# APPENDIX D: TOLL-FREE PHONE LINES — DISTRESS LINES

Distress lines are an anonymous way to get help during a crisis. They also provide information on getting long-term help for the caller, a family member or a friend. They are accessible 24 hours a day. If in doubt about where to call in an emergency, call 911.

## **direct (Depression Information Resource and Education Centre Toll-free)**

Public Line: 1-888-557-5050, ext. 8000

Physician Line: 1-888-557-5050, ext. 800

These toll-free phone lines provide comprehensive information on mood and anxiety disorders through pre-recorded messages, which are available 24 hours a day. The information available through direct has been written and reviewed by members of the internationally recognized Mood Disorders Program, part of the Faculty of Health Sciences at McMaster University.

## **Kid's Help Phone**

1-800-668-6868

Kids Help Phone is Canada's only toll-free, 24 hour, national bilingual telephone counselling service for children and youth. Provides counselling services directly to children and youth between the ages of 4 and 19 years and helps adults aged twenty and over find the counselling services they need.

Parents, teachers, and any other concerned adults are welcome to call for information and referral services at any time.

**Distress Centres of Ontario**

**<http://www.dcontario.org/members.html>**

Please refer to the dco Web site to find the number of the Distress Centre member in or near your community.

**Crisis Centres in Ontario**

**<http://www.siec.ca/siec/provinces/ontario.htm>**

Provides numbers and contact information for a large number of crisis lines throughout Ontario.

Please note: Aside from our own sites, no endorsement of any of the above sites by the Centre for Addiction and Mental Health should be inferred.

# APPENDIX E: ONTARIO MENTAL HEALTH ORGANIZATIONS

## **Centre for Addiction and Mental Health**

Infoline: 1-800-463- 6273  
or in Metro Toronto: (416) 595-6111

33 Russell St.  
Toronto on M5S 2S1  
Web site: <http://www.camh.net>

## **Canadian Mental Health Association, Ontario Division**

180 Dundas St. W. Suite 2301  
Toronto on M5G 1Z8

Phone: 416-977-5580  
Fax: 416-977-2264 or 416-977-2813  
E-mail: [division@ontario.cmha.ca](mailto:division@ontario.cmha.ca)  
Web site: <http://www.ontario.cmha.ca>

For information about the cmha branch in your area, please call 416-977-5580, or visit the cmha National Web site at <http://www.cmha.ca/>

### **The Mood Disorders Association of Ontario and Toronto**

40 Orchard View Blvd., Suite 222

Toronto on M4R 1B9

Phone: 416-486-8046

Toll-free: 1-888-486-8236

Fax: 416-486-8127

E-mail: [mdamt@sympatico.ca](mailto:mdamt@sympatico.ca)

Web site: <http://www3.sympatico.ca/mdamt/>

For information about groups in your area, please call 1-888-486-8046.

### **Schizophrenia Society of Ontario**

885 Don Mills Rd., Suite 322

Don Mills on M3C 1V9

Phone: 416-449-6830

Toll-free: 1-800-449-6367

Fax: 416-449-8434

E-mail: [sso@web.net](mailto:sso@web.net)

Web site: <http://www.schizophrenia.on.ca/>

For information about the chapter in your area, please call 1-800-449-6367, or visit the sso Web site.

### **The Self-Help Resource Centre**

40 Orchard View Blvd., Suite 219

Toronto on M4R 1B9

Phone: 416-487-4355 (in Toronto)

Toll-free: 1-888-283-8806 (outside Toronto)

Fax: 416-487-0344

E-mail: [shrc@selfhelp.on.ca](mailto:shrc@selfhelp.on.ca)

Web site: <http://www.selfhelp.on.ca/>

**Ontario Obsessive Compulsive Disorder Network**

P.O. Box 151

Markham on L3P 3J7

Tel: 416-410-4772

Fax: (905) 472-4473

E-mail: [oocdn@interhop.net](mailto:oocdn@interhop.net)

Web site: <http://www.oocdn.org>

Please note: Aside from our own sites, no endorsement of any of the above sites by the Centre for Addiction and Mental Health should be inferred.



# APPENDIX F: SUGGESTED AUDIOVISUAL RESOURCES

## DOCUMENTARIES

From the National Film Board of Canada, Sales and Customer Services, D-10  
PO Box 6100, Station Centre-Ville  
Montreal, Quebec H3C 3H5 [www.nfb.ca](http://www.nfb.ca)

available by calling toll-free: 1-800-267-7710

Fax: (514)283-7564

(Most titles \$39.95 each)

### ***A Gift for Kate* (National Film Board, 28 minutes, 1986)**

Kate is a recently discharged psychiatric patient who now lives in a run-down halfway house. The weekly visits from her 15-year-old son, Arthur, are bright spots in her difficult life. For Arthur, who has trouble dealing with his mother's condition, the visits are difficult. Arthur's embarrassment and confusion lead him to lie to his girlfriend about Kate, with some surprising results when the two women meet.

***Beautiful Dreamers* (National Film Board, 105 minutes, 1989)**

The superintendent of the London insane asylum, Dr. Maurice Bucke, despairs of the treatment methods in use during the Victorian era, which consist essentially of restraint and electroshock. At a conference in Philadelphia, he meets the American poet Walt Whitman, who has avant-garde ideas about mental illness, sexuality, the emotions and life in general. Bucke invites Whitman to London, with profound results.

***Conspiracy of Silence* (National Film Board, 26 minutes, 1981)**

A dramatic film about generational differences that almost split a family apart. Anna's parents don't trust her. Jack, her brother, committed suicide a year ago. Her parents disguised it as a car accident. Tension builds between Anna and her parents until she attempts suicide. The magnitude of their problems prompts a family reconciliation. Dramatic, realistic, fast-moving, this film sounds an alarm on the subject of teenage suicide.

***First Break* (National Film Board, 51 minutes, 1997)**

Three per cent of Canadians will experience a psychotic episode at some point during their lives. This video explores the different outcomes of a first episode of mental illness on three young adults and their families. Shot over a year, this video dispels the myths and questions the stigma associated with mental illness, while providing a powerful portrait of coping.

***The Myths of Mental Illness* (National Film Board, 56 minutes, 1988)**

Under mounting pressure at work and in his personal life, a successful journalist "burns out." *The Myths of Mental Illness* tells the story of his breakdown and traces his battle to regain his life's meaning. Interviews with prominent psychiatrists who hold opposing views of mental illness are intercut with the powerful drama.

The film raises questions about coping with stressful life and work situations, mental health and illness, psychiatry, drug therapy and psychotherapy, the healing power of human relationships, human freedom and dignity, technology and the invasion of privacy, and media integrity.

***Remembering Tom* (National Film Board, 24 minutes, 1999)**

Tom was 18 when he killed himself, leaving his family to deal with the anguish of his death. We meet Tom's parents, sister and brother two years later. They convey how they have learned to live with, not "get over" Tom's suicide. Rachel, 17, describes how she coped with the "greatest pain anyone could imagine" and recounts overcoming her own suicidal thoughts in the months after her brother died. The strength and resilience of Rachel and her family vividly demonstrate that, although we cannot always prevent such a tragedy, we can make choices about how to cope.

***Shattered Dreams* (National Film Board, 28 minutes, 1989)**

*Shattered Dreams* is a powerful and emotional exploration of the experiences of a family forced to deal with the tragedy of schizophrenia in a loved one — not once, but twice. The Martini family lived through the turmoil of losing their youngest son Ben to schizophrenia and eventually suicide, only to discover six years later that a second son, Liv, has developed the disease. Clem Martini, a third brother, narrates the film, sharing with us his family's journey through a world of confusion, guilt, loss, and ultimately, hope.

***Someone To Talk To* (National Film Board, 27 minutes, 1996)**

In over 6,000 Canadian Schools, peer helping programs have successfully trained kids to help each other overcome everything from nagging personal problems to full-blown crises. In the process, peer helpers learn about empathy and improve their own social skills. This eye-opening portrait follows a group of volunteers from two secondary schools.

***The Sterilization of Leilani Muir* (National Film Board, 47 minutes, 1996)**

A single iq test and misguided “science” irreparably changed the life of a 14-year-old Canadian girl. This powerful documentary follows Leilani Muir's search for justice and explores how eugenics (improving hereditary qualities of a race through the control of reproduction) became acceptable in the early 1900s.

***Thin Dreams* (National Film Board, 20 minutes, 1986)**

A film made by young women participating in a training program sponsored by the Secretary of State's International Youth Secretariat and Studio D of the National Film Board. The film is a look at how young women in secondary school feel about their bodies, and how their self-images are affected by North American society's obsession with thinness.

***Working Like Crazy* (National Film Board, 54 minutes, 1999)**

Laurie spent years in psychiatric isolation and now runs a courier business. Diana has transformed rage and family violence into work for the Ontario Council of Alternative Businesses. Meet these and other former mental health patients who work in businesses owned and run by other psychiatric survivors. Labelled “unemployable,” they are now earning an income and rebuilding their lives. *Working Like Crazy* is about alternatives to conventional community mental health and economic development. It portrays work as a human process that rebuilds people's connections to one another.

## FEATURE FILMS

There are also a number of feature films that address issues of mental illness that may be appropriate for classroom use. These videos are most likely available in your local video store.

***I Never Promised You a Rose Garden* (Anthony Page, 1977) aa**

***Ordinary People* (Robert Redford, 1980) aa**

***Permanent Record* (Marisa Silver, 1988) aa**

***Sybil* (Daniel Petrie, 1976) aa**

# APPENDIX G: ADDITIONAL PROGRAMS AND RESOURCES

## **Substance use**

Under the Influence? Educator's kit on alcohol advertising for students in Grade 7-10.

arapo (Association to Reduce Alcohol Promotion in Ontario) 1999.

Lesson plans, presentation outline and activities focusing on media literacy and alcohol advertising for youth. Contact: Kari Sutoski, arapo co-ordinator, 750 Oakdale Rd. Unit 60, Toronto. M3N 2Z4

(416) 740-9592.

Educating Students About Drug Use and Abuse — ready-to-use lesson plans for drug education in your classroom.

Centre for Addiction and Mental Health.

A curriculum support for the Ontario Curriculum, Grades 1-8. Identifies progression and expectation for Grades 1 to 8. Available free from the Web site: <http://sano.camh.net/curriculum.htm>

**Opening Doors: A Personal and Social Skills Program.**

Centre for Addiction and Mental Health. 1995.

A program for secondary school “at-risk” students that addresses life skills in an interactive and challenging series of activities. Call 1-800-661-1111 for details about accessing the program.

Available in French.

**About Alcohol, About Cocaine, About Marijuana, About Smoking.**

Centre for Addiction and Mental Health.

Written and illustrated in the style of a comic book, these four booklets use humour to deliver a serious message to teens. They describe the sensations and dangers associated with each substance, legal penalties for possession and trafficking, health concerns and a brief history of the drug. To order class sets, contact the Centre for Addiction and Mental Health at 1-800-661-1111.

**Virtual Party: [www.virtual-party.org](http://www.virtual-party.org)**

The Virtual Party is an interactive, educational Internet-based resource simulating a party situation, providing information to youth about alcohol emphasizing healthy choices and imparting skills for the reduction of harm. It is targeted at youth between the ages of 13 and 19. The young person is able to choose either a male or female character, and make choices about their activities during a “virtual” event. Two story lines are currently under development: one related to the use of drugs other than alcohol, and one related to concurrent disorders.

**Your Life: Your Choice! An educational resource for teaching young teens about alcohol: [www.schoolnet.ca/alcohol](http://www.schoolnet.ca/alcohol)**

The goal of this site is to improve the quality and breadth of alcohol abuse prevention education in Canadian schools. More specifically, it contains educational resource materials that support the acquisition of information and the development of skills and attitudes on the use, misuse and abuse of alcohol.

**Suicide prevention**

asist (Applied Suicide Intervention Skills Training ) is a two-day workshop designed for anyone who may come in contact with a person at risk of suicide. This world-wide suicide prevention program was developed by LivingWorks, a public service corporation out of Calgary Alberta, and is appropriate for mental health professionals, volunteers working in the community, physicians, nurses, police, teachers, counsellors, clergy and youth workers. To learn more about this training opportunity and how to gain access to it, contact your local branch of the Canadian Mental Health Association. A list of local branches of the CMHA can be found on their Ontario Web site < [www.ontario.cmha.ca](http://www.ontario.cmha.ca) > or by calling their toll-free line 1-800-875-6213.

Suicide Awareness Voices of Education: <http://www.save.org/>

Suicide Education and Information Centre: <http://www.siec.ca/>

Youthwork Links — Emotions and Behaviour — Suicide:

<http://www.youthwork.com/healthmentsuicide.html>

A Handbook for the Caregiver on Suicide Prevention

This handbook is intended for teachers, guidance counsellors, social workers, nurses and others working in the field of suicide prevention. Originally published by the Board of Education for the City of Hamilton on behalf of the Council on Suicide Prevention Hamilton and District in 1987, the handbook is currently in the process of being updated and is expected to be available in Spring 2001. For further information on this resource, contact:

Suicide Crisis Line

340 York Blvd.

Hamilton, on L8R 3L2

Tel: (905) 521-1660

Fax: (905) 521-0244

## **Eating disorders**

Ontario Community Outreach Program for Eating Disorders  
(Toronto General Hospital and Hospital for Sick Children)

Dr. Gail McVey, Director

Tel: (416) 340-4051

Fax: (416) 340-4144

E-mail: [gail.mcvey@sickkids.on.ca](mailto:gail.mcvey@sickkids.on.ca)

Go Girls! Media Literacy, Activism and Advocacy Project

Go Girls (Giving Our Girls Inspiration and Resources for Lasting Self Esteem) is a program developed by Eating Disorders Awareness and Prevention, Inc. (edap). Its goal is to prevent the development of eating disorders among high school students through media literacy education, media activism and media advocacy. For more information please contact edap's Web site: [www.edap.org](http://www.edap.org)

Please note: Aside from our own sites, no endorsement of any of the above sites by the Centre for Addiction and Mental Health should be inferred.



# APPENDIX H: OVERHEADS AND HANDOUTS



# WHAT IS STIGMA?

The following are definitions of “stigma” taken from different sources and from different historical periods:

“A mark or sign of disgrace or discredit.”

“A visible sign or characteristic of a disease.”

— *The Concise Oxford Dictionary, 1990*

“An attribute which is deeply discrediting”

— *Goffman, E., Stigma: The management of spoiled identity. 1963*

“A distinguishing mark or characteristic of a bad or objectionable kind; a sign of some specific disorder, as hysteria.”

“A mark made upon the skin by burning with a hot iron, as a token of infamy or subjection; a brand.”

“A mark of disgrace or infamy; a sign of severe censure or condemnation, regarded as impressed on a person or thing.”

— *The Shorter Oxford English Dictionary*

# TERMS RELATED TO STIGMA

## **stereotype**

“a person or thing that conforms to an unjustifiably fixed impression or attitude”

## **prejudice**

“a preconceived opinion”

## **discrimination**

“unfavourable treatment based on prejudice”

— *The Concise Oxford Dictionary, 1990*

# CASE STUDY

## FRANK JONES

Frank Jones had been released from a provincial psychiatric hospital after having been admitted recently for intense psychotic symptoms. At the time of admission, Frank was highly agitated, yelling that the police were going to harm him because he's the Boston Strangler's brother. In the emergency room, Frank told the on-call psychiatrist that he was hearing voices of the devil preaching about his murderous relatives.

This was the patient's third hospitalization since schizophrenia was first diagnosed 12 years earlier at age 22. Frank had made an excellent recovery from previous hospital stays: He had been working as a salesman at a hardware store for the past six years, and lived nearby in a small but comfortable apartment. He visited a psychiatrist at the community mental health centre for medication about once a month. He also met with a counsellor there to discuss strategies to cope with his mental illness. Frank had several friends in the area and was fond of playing softball with them in park district leagues. He had been dating a woman in the group for about a year and reported that he was "getting serious." Frank was also active in the local Baptist Church, where he was co-leading Bible classes with the pastor. The reappearance of symptoms derailed his job, his apartment and his social life.

Recuperating from this episode involved more than just dealing with the symptoms of his illness. The reaction of friends, family members and professionals also affected what happened to Frank. The hardware store owner was frightened by Frank's "mental hospitalization." The owner had heard mentally ill people could be violent, and worried that the stress of the job might lead to a dangerous outburst in the shop. Frank's mother had other concerns. She worried the

demands of living alone were excessive: " He's pushing himself much too hard trying to keep that apartment clean and do all his own cooking," she thought. She feared Frank might abandon his apartment and move to the streets, just like other mentally ill people she had seen.

Frank's doctor was concerned his hospitalization signaled an overall lack of stability. His doctor believed schizophrenia was a progressively degenerative disease, a view first promoted by a renowned psychiatrist in 1913. In this view, psychiatric hospitalizations indicated the disease was worsening. The doctor concluded Frank's ability to live independently would soon diminish; it was better to prepare for it now rather than wait for the inevitable loss of independent functioning. So the doctor, with the help of Frank's mother and boss, talked him into leaving his job, giving up his apartment and moving in with his mother. Frank's mother lived across town, so he stopped attending the Baptist church. Frank was unable to meet with his friends and soon dropped out of the sports league. He stopped seeing his girlfriend. In one month, he lost his job, apartment and friends.

## **ALICE JOHNSON**

Like Frank Jones, Alice Johnson had been diagnosed with a significant and chronic disease: diabetes. She had to carefully monitor her sugar intake and self-administer insulin each day. She watched her lifestyle closely for situations that might aggravate her condition. Alice also met regularly with a physician and a dietitian to discuss blood sugar, diet and exercise. Despite these cautions, Alice had an active life. She was a 34-year-old clerk-typist for a small insurance broker. She belonged to a folk-dancing club she attended at a nearby secondary school. She was engaged to an accountant at the insurance company.

Despite carefully watching her illness, Alice suffered a few setbacks, the last occurring about a month ago when she required a three-day hospitalization to adjust her medication. The doctor recommended a two-week break from

work after her discharge, and referred her to the dietitian to discuss appropriate changes in lifestyle. Even though diabetes is a life-threatening disease (in her most recent episode, Alice was near coma when she was wheeled into the hospital), no one suggested she consider institutional care where professionals could monitor her blood sugar and intervene when needed. Nor did anyone recommend Alice give up her job to avoid work-related stressors that might throw off her blood sugar.

*Case studies adapted from Corrigan, P. (1998). The Impact of Stigma on Severe Mental Illness. Cognitive and Behavioral Practice, 5, 201–222.*

# FAMOUS PEOPLE WITH MENTAL ILLNESS

(Diagnosis or believed diagnosis of mood disorder, unless otherwise indicated)

## **ACTORS/ENTERTAINERS/DIRECTORS**

Marlon Brando

Drew Carey

Jim Carrey

Dick Clark

John Cleese

Rodney Dangerfield

Richard Dreyfuss

Patty Duke

Frances Ford Coppola

Audrey Hepburn

Anthony Hopkins

Ashley Judd

Margot Kidder

Vivien Leigh

Joan Rivers

Roseanne

Winona Ryder

Charles Schultz

Rod Steiger

Damon Wayans

Robin Williams

## **ARTISTS**

Paul Gauguin

Vincent van Gogh

Michelangelo

Vaslov Nijinski (schizophrenia)

Georgia O'Keefe

Jackson Pollock

## **ATHLETES**

Lionel Aldridge (schizophrenia)

Oksana Baiul

Dwight Gooden

Peter Harnisch

Greg Louganis

Elizabeth Manley

Jimmy Piersall

Monica Seles

Darryl Strawberry

Bert Yancey

## **AUTHORS/JOURNALISTS**

Hans Christian Andersen

James Barrie

William Blake

Agatha Christie

Michael Crichton

Charles Dickens

Emily Dickinson  
William Faulkner  
F. Scott Fitzgerald  
John Kenneth Galbraith  
Ernest Hemingway  
John Keats  
Larry King  
Eugene O'Neill  
Sylvia Plath  
Edgar Allen Poe  
Mary Shelley  
Neil Simon  
William Styron  
Leo Tolstoy  
Mark Twain  
Mike Wallace  
Walt Whitman  
Tennessee Williams  
Virginia Woolf

## **BUSINESS LEADERS**

Howard Hughes (depression & OCD)  
J.P. Morgan  
Ted Turner

## **SCIENTISTS**

Charles Darwin

Sigmund Freud

Stephen Hawking

Sir Isaac Newton

## **COMPOSERS/MUSICIANS/SINGERS**

Irving Berlin

Ludwig van Beethoven

Karen Carpenter (anorexia)

Ray Charles

Frederic Chopin

Eric Clapton

Kurt Cobain

Leonard Cohen

Natalie Cole

Sheryl Crow

John Denver

Stephen Foster

Peter Gabriel

Janet Jackson

Billy Joel

Elton John

Sarah McLachlan

Charles Mingus

Alanis Morissette

Marie Osmond

Charles Parker

Cole Porter

Bonnie Raitt

Axl Rose

Robert Schumann

Paul Simon

James Taylor

Peter Tchaikovsky

### **POLITICAL FIGURES/WORLD LEADERS**

Alexander the Great

Napoleon Bonaparte

Barbara Bush

Winston Churchill

Diana, Princess of Wales

Tipper Gore

Thomas Jefferson

Ralph Nader

Florence Nightingale

George Patton

George Stephanopolous

*(Taken from the Mood Disorders Web site: [www.ndmda.org](http://www.ndmda.org))*

# FACT OR FICTION?

1. One person in 100 develops schizophrenia. True or False
2. A person who has one or two parents with mental illness is more likely to develop mental illness. True or False
3. Mental illness is contagious. True or False
4. Mental illness tends to begin during adolescence. True or False
5. Poor parenting causes schizophrenia. True or False
6. Drug use causes mental illness. True or False
7. Mental illness can be cured with willpower. True or False
8. People with mental illness never get better. True or False
9. People with mental illness tend to be violent. True or False
10. All homeless people are mentally ill. True or False
11. Developmental disabilities are a form of mental illness. True or False
12. People who are poor are more likely to have mental illness than people who are not. True or False

# MENTAL HEALTH STATISTICS FOR ONTARIO

- 22 per cent of Ontarians have experienced at least one mental health problem in their lifetime.
- Women are more likely than men to experience a mental health problem, specifically anxiety or depression.
- Men are more likely to experience antisocial personality disorder
- 31 per cent of 15- to 24-year olds have experienced a mental health problem:
  - 27 per cent have anxiety problems
  - 7.5 per cent have affective problems
  - 15- to 24-year-olds are more likely to have social phobias and bipolar disorder.
  - Older people experience depression more often than younger people.
  - Mental disorders (especially depression) are more common among people who are separated, divorced or widowed.
- 52 per cent of Ontarians whose parents have experienced a mental health problem also experience a mental disorder.

*Source: Canadian Mental Health Association, Ontario Division, 1999*

*For further information, please refer the source document of these statistics.*

*It can be found on the Canadian Mental Health Association, Ontario Division's Web site:*

[http://www.ontario.cmha.ca/mhic/omhss\\_v1.pdf](http://www.ontario.cmha.ca/mhic/omhss_v1.pdf)

# DEFINITION OF MENTAL ILLNESS

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

# DESCRIPTIONS OF MENTAL ILLNESSES — MOOD DISORDERS

Mood disorders are persistent changes in mood caused by biochemical imbalances in the brain. Major depressive disorder and bipolar disorder are two types of mood disorders.

*Major depressive disorder* is a depressed mood accompanied by symptoms such as: loss of interest or pleasure in life; irritability; sadness; difficulty sleeping or sleeping too much; decreased or increased appetite; lack of concentration; sense of worthlessness; guilt; and in some cases, thoughts of suicide.

*Bipolar disorder* is a cycle of depressed mood, “normal” mood and mania. Mania is an elevated, exaggerated mood accompanied by symptoms such as: inflated self-esteem or confidence; a decreased need for sleep; increased energy; increased sexual drive; poor judgment; increased spending; agitation; non-stop talk; and increased involvement in pleasurable and possibly dangerous activities.

# DESCRIPTIONS OF MENTAL ILLNESSES — PSYCHOSIS

Psychosis is the active state of experiencing hallucinations or delusions and can be organic (mental illness) or drug-induced.

*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.

# DESCRIPTIONS OF MENTAL ILLNESSES — ANXIETY DISORDERS

Anxiety disorders are associated with feelings of anxiousness, combined with physiological symptoms that interfere with everyday activities. Obsessive-compulsive disorder, phobias and post-traumatic stress disorder are types of anxiety disorders.

*Obsessive-compulsive disorder* is marked by repeated obsessions and/or compulsions that are so severe 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.

*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.

*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 or heights. Social phobias have to do with social situations or performance situations where embarrassment may occur — for example, public speaking or dating.

# DESCRIPTIONS OF MENTAL ILLNESSES — PERSONALITY DISORDERS

A personality disorder is a pattern of inner experience and behaviour that is significantly different from the individual's culture; is pervasive and inflexible; is stable over time; and leads to distress or impairment. Personality disorders usually begin in adolescence or early adulthood.

*Dissociative identity disorder*, formerly known as "multiple personality disorder," is the presence of two or more distinct identities that alternately control a person's behaviour. It reflects a failure to make connections between identity, memory and consciousness. Known by the general public as "split personality," there is now a controversy as to whether or not it is a real diagnosis.

# DESCRIPTIONS OF MENTAL ILLNESSES — EATING DISORDERS

Eating disorders are a range of conditions involving an obsession with food, weight and appearance that negatively affect a person's health, relationships and daily life. Stressful life situations, poor coping skills, socio-cultural factors regarding weight and appearance, genetics, trauma, and family dynamics are thought to play a role in the development of eating disorders.

*Anorexia Nervosa* is characterized by an intense and irrational fear of body fat and weight gain, the strong determination to become thinner and thinner, the refusal to maintain a normal weight (for height and age) and a distorted body image.

*Bulimia Nervosa* is characterized by self-defeating cycles of binge eating and purging. Bingeing is the consumption of large amounts of food in a rapid, automatic and helpless fashion and leads to physical discomfort and anxiety about weight gain. Purging follows bingeing and can involve induced vomiting, restrictive dieting, excessive exercising or use of laxatives and diuretics.

*(Eating Disorders Awareness and Prevention Web site: <http://www.edap.org>)*

# FACTORS THAT MAY CONTRIBUTE TO THE DEVELOPMENT OF MENTAL ILLNESS

The following are factors that may contribute to the development of mental illness:

- chemical imbalance
- substance abuse
- traumatic life events
- heredity
- other illnesses.

# TREATMENT OF MENTAL ILLNESS

## Biological treatments

- medication
- electroconvulsive therapy (ECT).

## Psychosocial Interventions

- psychotherapy
- self-help groups
- family support and involvement
- community supports.

# "VOICES" SCRIPT

## VOICE 1

You jerk!

Stupid!

Everyone knows it

They're all looking at you

They know you're stupid

They are laughing at you

You're ugly

Hide your face

Run away

You're no good

You lazy, good for nothing

Get a job you bum

Do something

Don't listen to them

Go for a coffee

Have a cigarette

This is boring

Hurt yourself

You deserve it

You're useless

No one cares

## VOICE 2

Save these people

They're devils

They must be persecuted

God works through you

You can save the world

You are Jesus, son of God

Cleanse yourself

Save the world

Dirty! Dirty!

Take your clothes off

Purify yourself

Go naked in the presence of God

Naughty! Naughty!

You're tired

Get out of here

Go to sleep

They're staring with evil eyes

Run away

Hit them now

Hit! Hit!

Before they hurt you

# SUPPORT STRATEGIES

Here are some strategies for supporting someone with a mental health problem:

- Be supportive and understanding.
- Spend time with the person. Listen to him or her.
- Never underestimate the person's abilities.
- Encourage the person to follow his or her treatment plan and seek out support services.
- Become informed about mental illness.
- If you are a close friend or family member of someone who has a mental illness, make sure you get support as well. Crisis training, self-help and/or individual counselling will help you become a better support person.
- Put the person's life before your friendship. If you think the person needs help, especially if she or he mentions having thoughts of suicide, don't keep it a secret (even if the person may have asked you to). Tell his or her parents or someone else who can help.

# STUDENT EVALUATION — PRE-TEST

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Female  or Male  Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Grade: \_\_\_\_\_

A. Please indicate how much you feel you **know** about each of the following. Circle the number that best describes your knowledge.

	None	A little	Some	A lot
1. mental illness in general	1	2	3	4
2. how people cope with mental illness	1	2	3	4
3. different approaches to help persons with mental illness	1	2	3	4
4. what it is like to have a mental illness	1	2	3	4
5. what it is like to have a family member with mental illness	1	2	3	4
6. the causes of different forms of mental illness	1	2	3	4
7. how to recognize signs of mental illness	1	2	3	4
8. different training and career paths mental health workers have	1	2	3	4

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

	Strongly disagree	Disagree	Agree	Strongly agree
1. Most people with a serious mental illness can, with treatment, get well and return to productive lives.	1	2	3	4
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1	2	3	4

	Strongly disagree	Disagree	Agree	Strongly agree
3. People with mental illness are far less of a danger than most people believe.	1	2	3	4
4. Locating a group home or apartments for people with mental illness in residential neighbourhoods does not endanger local residents.	1	2	3	4
5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes.	1	2	3	4
6. People with mental illness are, by far, more dangerous than the general population.	1	2	3	4
7. Mental health facilities should be kept out of residential neighbourhoods.	1	2	3	4
8. Even if they seem OK, people with mental illness always have the potential to commit violent acts.	1	2	3	4
9. It is easy to recognize someone who once had a serious mental illness.	1	2	3	4
10. The best way to handle people with mental illness is to keep them behind locked doors.	1	2	3	4

**THANK YOU**

# STUDENT EVALUATION — POST-TEST

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Female  or Male  Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Grade: \_\_\_\_\_

A. Please indicate how much you feel you **know** about each of the following. Circle the number that best describes your knowledge.

	None	A little	Some	A lot
1. mental illness in general	1	2	3	4
2. how people cope with mental illness	1	2	3	4
3. different approaches to help persons with mental illness	1	2	3	4
4. what it is like to have a mental illness	1	2	3	4
5. what it is like to have a family member with mental illness	1	2	3	4
6. the causes of different forms of mental illness	1	2	3	4
7. how to recognize signs of mental illness	1	2	3	4
8. different training and career paths mental health workers have	1	2	3	4

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

	Strongly disagree	Disagree	Agree	Strongly agree
1. Most people with a serious mental illness can, with treatment, get well and return to productive lives.	1	2	3	4
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1	2	3	4

	Strongly disagree	Disagree	Agree	Strongly agree
3. People with mental illness are far less of a danger than most people believe.	1	2	3	4
4. Locating a group home or apartments for people with mental illness in residential neighbourhoods does not endanger local residents.	1	2	3	4
5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes.	1	2	3	4
6. People with mental illness are, by far, more dangerous than the general population.	1	2	3	4
7. Mental health facilities should be kept out of residential neighbourhoods.	1	2	3	4
8. Even if they seem OK, people with mental illness always have the potential to commit violent acts.	1	2	3	4
9. It is easy to recognize someone who once had a serious mental illness.	1	2	3	4
10. The best way to handle people with mental illness is to keep them behind locked doors.	1	2	3	4

C. As a result of participating in the program, please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
1. The classroom activities and presentations held my attention.	1	2	3	4
2. I learned a lot from the presentations.	1	2	3	4
3. The presentations are a good way to learn about mental illness.	1	2	3	4
4. It is valuable for students to be able to ask presenters questions.	1	2	3	4

	Strongly disagree	Disagree	Agree	Strongly agree
5. The experience of the presenters was relevant to people my age.	1	2	3	4
6. I learned some new information about mental illness.	1	2	3	4
7. I feel better about my ability to talk with someone with mental illness.	1	2	3	4
8. I feel that I know more about the emotions experienced by someone who has a mental illness.	1	2	3	4
9. In the future, I will feel more comfortable when I meet people with mental illness.	1	2	3	4
10. I would recommend this program to a friend who hasn't participated in it.	1	2	3	4

D.

1. What I liked most about the program was:

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2. What I liked least about the program was:

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3. If you have any further comments on the program or would like to make suggestions for the improvement of the program, please add them below.

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**THANK YOU**



# TEACHER EVALUATION

We would appreciate your help in evaluating the Talking About Mental Illness program.

Your feedback will help us to improve it for the future.

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Program: \_\_\_\_\_

1. (a) Please name the students' courses that the Talking About Mental Illness Program is being incorporated into:

\_\_\_\_\_

- (b) Approximately how much time was devoted to the suggested classroom activities **prior to** the presentation?

\_\_\_\_\_ hours

- (c) Approximately how much time did you spend **after** the presentation debriefing?

\_\_\_\_\_ hours

Please describe:

\_\_\_\_\_

2. How helpful did you find the classroom activities contained in the Teachers Resource?

Not at all helpful      1            2            3            4            5            Very helpful

Please list which activities you used:

\_\_\_\_\_

3. In your experience, how closely did the suggested classroom activities compliment the curriculum guidelines for your course?

Not at all helpful      1            2            3            4            5            Very helpful

4. (a) What did you hope your students would learn from participating in the program?

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(b) To what extent were your expectations satisfied?

Not at all            1            2            3            4            5            To a great extent

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5. Do you feel the choice of presenters (e.g., consumers, family) was appropriate?

Yes  No

Please comment:

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6. Do you feel that the classroom setting was appropriate for the presentation?

Yes  No

Please explain:

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7. Please make comments and suggestions on the presentation you attended (i.e., length, depth, format, content, etc.).

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8. What other tools or activities would you like to see included in the *Teacher's Resource*?

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9. Overall, how would you rate the program?

1	2	3	4	5
EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY

10. Any additional comments or suggestions?

**THANK YOU**