

MODULE 2

PREPARATION

Understanding Mental Health and Mental Illness

Overview

Many young people do not know basic facts about mental health and mental illness. In fact, many people confuse the terms mental health and mental illness. Before thinking about the problems that occur in the brain when someone has a mental illness, it is helpful to think about how the brain functions normally.

In this module, students will be introduced to the basics of brain function, and will learn that the brain processes and reacts to everything we experience. Its activities initiate and control movement, thinking, perception, and involuntary physiological processes (as well as emotions). Students will learn that the brain function determines both mental health and mental illness, and that the two are not mutually exclusive.

Learning Objectives

In this lesson students will learn:

- Some of the basic concepts involved in normal brain function, and the role the brain plays in determining our thoughts, feelings and behaviours
- That mental health and mental illness both include a wide range of states
- That having a mental health problem is not the same thing as having a mental illness
- Some of the language of mental health and mental illness

Major Concepts Addressed

- Everyone has mental health regardless of whether or not they have mental illness.
- The brain is responsible for cognition, perception, emotions, physical functions, signaling (reactions to the environment) and behaviours
- Changes in brain function cause changes in thoughts, feelings and behaviours that can last a short or long time
- A mental illness affects a person's thinking, feelings or behaviour (or all three) and that causes that person difficulty in functioning
- Mental illnesses have complex causes including a biological basis and are therefore not that different from other illnesses
- As with all illnesses, the sooner people get help and treatment for mental illness, the better their long and short-term outcomes
- Many of the major mental illnesses begin to emerge during adolescence

MODULE 2

PREPARATION

Understanding Mental Health and Mental Illness (cont.)

Teacher Background

- Read through the activities and definitions provided
- Preview Part 1 of the PowerPoint Presentation: Mental Health and Mental Illness : The Common Basis
- Watch the Brain Video: <http://teenmentalhealth.org/curriculum/modules/module-1/>

Activities

- Activity 1: Language Brainstorm (20 mins.)
- Activity 2: Mental Health and Mental Illness: Language Matters (20 mins.)
- Activity 3: PowerPoint Presentation: Mental Health and Mental Illness: The Common Basis (25 mins.)

In Advance

- Set up computers or projector to show PowerPoint presentation
- Photocopy handouts for Activity 1, one for each student

Materials Required

- Handout Activity 1 Definitions
- Flip chart paper, markers and tape

Online Supplementary Materials

The supplementary materials are designed to challenge students to learn more about the brain. Please review these resources to decide if and how you will use them in your class.

Useful Links

Teen Mental Health (Sun Life Financial Chair in Adolescent Mental Health IWK/Dalhousie University)

<http://www.teenmentalhealth.org>

MODULE 2

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It's important to emphasize that there are no wrong answers in a brainstorm. This exercise is all about opening up a discussion. Tell students that they don't have to agree with or believe in the ideas or names they offer.

Activity 1: (20 mins.)

Language Brainstorm

Purpose:

- To provide an icebreaker that encourages students to participate in an open discussion.
- To highlight the ways we tend to conceptualize mental illness as different from physical illness.
- To set the stage for introducing information on mental health and mental illness in the next activity.

How-to:

- 1) Divide the class into four groups.
- 2) Give each group a piece of flip chart paper with one of four terms written at the top: Physical health / Mental health / Physical illness / Mental illness.
- 3) Give the groups five minutes to brainstorm all the words that come to mind when they see their term.
- 4) After five minutes, ask groups to tape their sheets up on a wall for all groups to see.
- 5) Ask one student from each group to read out their list for the whole class.
- 6) Ask students what they notice about the type of words used on each sheet.
- 7) Discuss the similarities and differences in student responses to mental and physical aspects of people's health.
- 8) Ask students to suggest some reasons for these differences.
- 9) Give students handout of definitions of mental health and mental illness and lead a brief discussion on the definitions.

MODULE 2

Activity 1 HANDOUT

Definitions

Mental Health

There are many different definitions of mental health. They all trying to capture one important thing. That is, that a healthy brain is what gives us mental health. The brain is an important part of the body and the body and brain are linked. It is really not possible to consider them separately. We know that what is good for your body will be good for your brain as well, and vice-versa.

Basically, mental health means having the capacity to be able to successfully adapt to the challenges that life creates for people. These challenges are both positive and negative. In order to adapt to them our brains need to apply all of their capacities of: emotions, cognition/ thinking and behaviours. Our brains learn how to apply these capacities over time and as we grow and develop we are able to take on more and more challenges and be successful in dealing with them.

Sometimes people forget that negative emotions are a part of good mental health. Crying, feeling sad occasionally, getting annoyed or angry, etc. are all normal responses to life challenges. So are negative thoughts such as: “this is too hard for me” or “I am not a good person” or “people don’t like me”. So are negative behaviours, such as yelling at somebody or avoiding a situation that makes us feel stressed. Just because we feel stressed does not mean that we don’t have good mental health. Indeed, being able to identify stress and learn how to successfully overcome it in a way that solves the problem causing it is fundamental to having good mental health.

For example: feeling stressed about writing an examination could lead to a negative behaviour

– such as going out to party with friends to “forget” about the stress. Or it could lead to a neutral behaviour – such as going for a run or meditating to “release” the stress. But if that is your adaptive response you likely will not do well on your exam. The important coping strategy here is to study or to get help from your teacher to assist you in understanding something that you may not know very well. If you add this coping strategy to your stress “releasing” activity you will be much more likely to succeed and that is a sign of good mental health.

It is important to understand that everyone has mental health just like everyone has physical health. And, just like a person can have good physical health and at the same time have a physical illness, people can have good mental health and a mental illness at the same time.

To understand mental health it is necessary to understand the three related components of mental health: mental distress, mental health problems and mental disorder.

Mental Distress

Mental distress is the inner signal of anxiety or “stress” that a person has when something in their environment is demanding that they adapt to a challenge (for example: writing a test, giving a presentation in front of the class, asking a person to go out on a date, failing to make a school sports team, etc.). This is called a “stress signal” or “stress response”. A stress signal has different components to it: emotions/feelings (such as worrying, unhappiness, feeling energized, annoyance), cognitions/thinking (negative thoughts such as “I am no good at anything”, “I wish I did not have to do

Definitions (cont.)

this”, or positive thoughts such as “this is something I need to solve”, “it may be difficult but I can do this”, “I should ask my friend for their advice”), physical symptoms (such as stomach aches and headaches, the stomach “butterflies”) and behaviours (such as avoidance of the situation, engagement of the challenge, positive energy, withdrawal from others, yelling at someone or helping someone). As we can see, the response to distress can have both negative and positive components! We need to make sure we don’t always focus on the negative ones.

Everybody experiences mental distress (often called “stress”) everyday. It is a part of good mental health. It is a signal that tells us to try something new to solve the challenge we are facing. As the person who feels distress tries to develop solutions or strategies to solve the challenges (often called “stressors”) they figure out what works and what does not work well. Successfully dealing with the stressor (also called solving the problem) leads to learning what strategy worked and use of that strategy in similar situations in the future. Once the person has successfully overcome the challenge, the distress goes away. But the learning and skill sets remain, ready to be used another time.

Young people experiencing everyday mental distress do not require counselling, they are not “sick” and they do not need treatment. They can learn how to manage stress and how to use the “stress signal” to learn new skills. They learn these skills by trial and error, by obtaining advice from friends, parents, teachers and trusted adults and from other sources (such as the media). They can also use techniques that are part of general health management, such as: exercise, having enough sleep, being with friends and family, eating properly and staying away from drugs and alcohol. Sometimes what the young person tries

does not work (for example: instead of studying for an exam they go out and party with their friends, instead of getting a good night’s sleep before an exam they try to stay up all night and study) and as a result their distress may increase. But making wrong choices is part of learning how to make good choices. This is a normal part of growing up. Allowing young people to avoid everyday mental distress can have negative impacts on their development of skills that they need to learn in order to have successful adult lives.

Mental Health Problems

Mental health problems arise when a person is faced with a much larger stressor than usual. For example: death of a loved one, moving to a new country, having a serious physical illness, etc. When faced with these large stressors, everyone experiences strong negative emotions (such as: sadness, grief, anger, demoralization, etc.). These emotions are also accompanied by substantial difficulties in other domains such as: cognitive/thinking (for example: “nothing will ever be the same”, “I don’t know if I can go on in my life”, etc.), physical (for example: sleep problems, loss of energy, numerous aches and pains), and behavioural (for example: social withdrawal, avoidance of usual activities, angry outbursts, etc.).

Sometimes the young person experiencing a mental health problem will exhibit noticeable difficulties in everyday functioning - at school and outside of school. In addition to the distress management skills and general health enhancing activities that are useful in decreasing mental distress, young people experiencing a mental health problem will often need additional support to help them through the difficult situation or assist them with problems in functioning (such as extra time for academic activities, time away from school to be with their families, etc.). In such cases, this support can come from a counselor, a religious leader, or another person that has the skills needed to help effectively. Medical treatment is usually not necessary.

Definitions (cont.)

Mental Illness

A mental illness is very different from mental distress and from a mental health problem. It arises from a complex interplay between a person's genetic makeup and the environment in which they live. A mental illness (also called a mental disorder) is a medical condition diagnosed by trained health professionals (such as doctors, mental health clinicians, psychiatric nurses and psychologists) using internationally established diagnostic criteria. A person with a mental disorder is best helped by a trained health professional providing best evidence-based treatments. Mental illnesses are the result of changes that arise in usual brain function as a result of a complex interplay between a person's genes and environment. When a person has a mental disorder, their brain is not working as it should be.

A person with a mental illness will experience significant, substantial and persistent challenges with emotions/feelings (for example: depression, panic attacks, overwhelming anxiety, etc.), cognition/thinking (delusions, disordered thoughts, hopelessness, suicidal thoughts, etc.), physical (for example: fatigue, lethargy, excessive movement, etc.), and behavioural (for example: school refusal and withdrawal

from family and friends, suicide attempt, poor self-care, etc.). The presence of a mental disorder signifies that an individual needs best evidence-based interventions of many different types (such as medications, psychotherapies, social interventions, etc.), provided by appropriately trained health providers. While interventions that can help distress and mental health problems can also be used to help a person who has a mental illness, and general health enhancing activities are always useful, a young person with a mental disorder requires a degree of care above and beyond that usually provided for a mental health problem. Mental disorders always require treatment using best evidence-based care by trained health professionals (such as: mental health officers, doctors, psychiatric nurses, psychologists, etc.).

And: a person can be in each of these states at the same time. For example, over the course of one day a person can be laughing and having fun with their friends (no distress, problem or disorder), can experience distress (lost his/her house key), be experiencing a mental health problem (their uncle with whom they were close died earlier this week), and have a mental disorder (such as Attention Deficit Hyperactivity Disorder).

Glossary

In Module 2 there is a mental health glossary. Consider making some copies for the class or send students to www.teenmentalhealth.org to find it.

MODULE 2

Activity 2: (20 mins.)

Mental Health and Mental Illness: Language Matters

Purpose:

- To help understand how the words that we use can help us better understand what mental health state category others or we are in.
- To learn how to use specific words to more clearly describe how we are feeling.

How-to:

- 1) Provide the class with the following list of words, which all describe emotional states.
- 2) Prepare four sections along the wall of the classroom (or four different flip charts) with each titled as one of the four different mental health states.
- 3) Have each student write each word on a sticky note corresponding to the mental health state category that they think best captures the meaning of the word.
- 4) Once they are finished, have students place their words in the mental health state categories as you have prepared them.
- 5) Discuss which words are most commonly used for each category and why some words may be less appropriate for certain categories.

Word list: upset, annoyed, sad, unhappy, disappointed, disgusted, demoralized, angry, disappointed, bitter, blue, heartbroken, down, sorry, sorrowful, glum, forlorn, pensive, thoughtful, disconsolate, distressed, despondent, depressed, dejected, pessimistic, mournful, despairing, Depression.

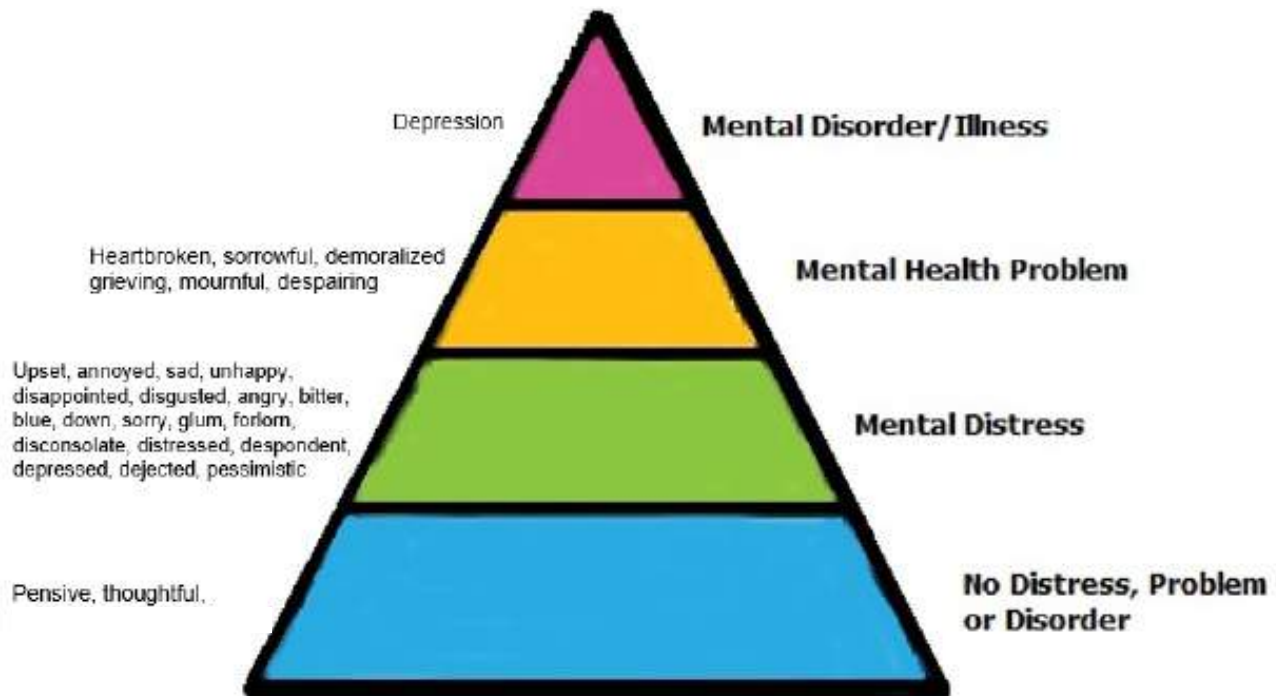
Note: here the word “Depression” would be used to denote the mental illness of Depression while the word “depressed” would be used to denote a negative emotional state which may better fit in the category of mental health problem.

What does it Mean?

If students do not know the meaning of a word, they need to find out as part of this activity.

MODULE 2

The inter-relationship of mental health states



Note to Teachers:

- Mental health states are not a continuum. People do not usually progress from mental distress to illness.
- People can experience one or more states at the same time.
- Different mental health states should be dealt with differently. For example, daily mental distress may not need any intervention. People are able to adapt by themselves with support from the family or community. People with mental health problems may need extra professional help, such as counseling, in addition to family and community support. People with mental disorders require best evidence-based care from properly trained health care providers.

Glossary

In Module 2 there is a mental health glossary. Consider making some copies for the class or send students to www.teenmentalhealth.org to find it.

MODULE 2

Activity 3: (25 mins.)

PowerPoint Presentation: Mental Health and Mental Illness: The Common Basis

Purpose:

- To provide an introduction to basic brain functioning for students to help them understand that the brain controls cognition, perception, emotions, physical functions, signaling (reactions to the environment) and behaviours.
- To illustrate that mental health and mental illness are related to each other, and that they are not mutually exclusive.
- To show that some changes in brain function cause changes in thoughts, feelings and behaviour that last a short or a long time.

How-to:

- 1) Use the web version of the presentation by logging on to:

http://teenmentalhealth.org/curriculum/wp-content/uploads/2014/07/Module_2_-_2013.pdf

The password is: **t33nh3alth**

See Module 2/Activity 2: Mental Health and Mental Illness: The Common Basis.