Development of a Mental Health Awareness Manual for The Boys and Girls Club

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ABSTRACT

In our society, mental illness is often misunderstood. Research suggests that the more mental health is discussed and the more familiar and aware people become of mental health issues, the less misunderstanding and mental illness individuals report. Further, it is important for individuals with mental health issues to be able to speak openly and seek help without facing the associated stigma that often accompanies being identified with mental health issues. Consequently, there is a need to promote mental health literacy and awareness.

The purpose of the present project was to design a resource manual for educators, child care staff, mental health staff and youth to promote mental health awareness as well as provide tools and resources to develop healthy coping mechanisms to prevent and manage stress. This project focused on using art based activities in conjunction with psychoeducation to encourage youth to participate and express themselves freely.
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“Showing up is half the battle” – Brandon Brown

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CHAPTER I: INTRODUCTION

In our society, mental illness is constantly misunderstood, but the more it is discussed and the more familiar and aware people become, the perceived fear of mental illness can decrease. This fear stems from misconceptions of how individuals with mental illness are portrayed, some are seen as violent or aggressive (Bulanda, Bruhn, Byro-Johnson, and Zentmyer, 2014). It is important for individuals with mental health issues to be able to speak openly and seek help without facing the associated stigma that accompanies mental health issues. There are many people who go untreated for several reasons, some being fear of judgement or discrimination and shame or guilt (Lau et al., 2017). With an untreated mental illness often times this can cause further problems down the road whether that be emotional or physical health issues.

Approximately one in four youth meet the diagnostic criteria for a mental disorder, the most common being anxiety, mood, substance abuse and behavior disorders (Rollins, 2017). Although mental health disorders are common among youth and adolescents they often go undiagnosed until their later years if diagnosed at all (Merikangas et al., 2010 as cited by Rollins, 2017).

Despite it being important to promote mental health, it is equally important not to define an individual by their mental illness. Many individuals or health care professionals would point out the harmful effects of defining someone by their cancer, and the same approach should be applied to mental illness. Having a mental illness should not be considered different than an experience of physical illness.

Issues surrounding mental illness often stem from misinformation and misunderstanding, which is why it is important to emphasize the promotion of mental health awareness. This is especially true for teens as they begin to enter high school and are introduced to new settings, new activities, and new situations.

Programs and support systems that promote mental health and encourage mental health literacy, can potentially decrease the stigma associated with mental illness and in turn increase the likelihood of individuals diagnosed with a mental illness to seek professional help (Simmons, Jones, and Bradley, 2017). Bulanda et al. (2014) define mental health literacy as the ability to recognize a disorder, understand risk factors of the disorder, knowledge or beliefs, attitudes towards seeking help and how to seek help. Art has been used as a therapeutic approach for some mental health disorders. Art therapy has been found to be effective for engaging youth in a non-threatening, non-verbal and safe manner. Although the topic of discussion is not art therapy, this project focused on using art based activities in conjunction with the psychoeducation of mental health to encourage youth to participate and express themselves freely (Boekhoven, Davidson, Cacciato, & Gray, 2012).

The purpose of this project is to design a resource manual for educators, child care staff, mental health staff and youth to use to promote mental health awareness as well as provide tools and resources to develop healthy coping mechanisms to prevent and manage stress. Although the manual will not include art therapy per se, this project focused on using art based activities in conjunction with the psychoeducation to encourage youth to participate and express themselves freely.

The manual includes sections discussing the most common mental illnesses as well as incorporating activities for youth to provide feedback, develop coping mechanisms for themselves and ideas for others. The manual is divided up into four sections with subheadings to aid in locating information. Section one is the introduction including a rationale and purpose for
creation and the pre-test survey to record existing knowledge of mental health for later analyses, the second section consists of basic information regarding the most common anxiety disorders and mood disorders, accompanied by an activity involving positive affirmations (Appendix A). This activity involves individuals creating or finding positive phrases or sayings in an artistic form such as a collage. The third section discusses stress, what it looks like and tips for management, followed by an activity of “Healthy versus Unhealthy Ways of Coping (Appendix B) and an activity of “Circle of Control” (Appendix C). The final section discusses mental health stigma, the impact on everyday life followed by an activity, “I am grateful for..” (Appendix D).
CHAPTER II: LITERATURE REVIEW

ADDRESSING MENTAL HEALTH

As youth enter a more independent developmental period, they must deal with more complex relationships, more competitive extracurricular activities, and increased responsibility at home and school (Bulanda et al., 2014). These outside factors can contribute to further complications regarding mental illness during this time (Bulanda et al., 2014).

Bulanda et al. (2014) found that approximately 20 percent of youths suffer from a mental health disorder which is accompanied by at least mild functional impairment. Additionally, 22 percent of youths suffer from a mental health disorder that could possibly affect their functioning in life over an extended period of time. Mental illness is the second highest in cost for hospital care in Canada, with suicide being the leading cause of non-accidental death of those between the ages of 15 and 24 years (Canadian Mental Health Association, 2009; as cited by Boekhoven et al., 2012). It is clear that mental health is a growing concern for society.

It is probable that youth may experience mental distress for themselves or come in contact with someone diagnosed with a mental illness, which is why it is important that youth are provided the opportunity to expand their mental health literacy (Bulanda et al. 2014). Mental health literacy is explained by Bulanda et al. (2014) as the ability to recognize a disorder, understand risk factors of the disorder, knowledge or beliefs, attitudes towards seeking help and how to seek help. Similarly, mental health literacy described by Kutcher et al. (2016) involves understanding how to access and maintain positive mental health, understanding mental illnesses and treatments, decreasing stigma of mental illness and increase help-seeking adequacy. Both authors emphasize the importance of accurate understanding of mental illnesses, the cause and the process of seeking help.

It is hoped that by increasing mental health awareness among youth, this will give individuals a higher chance of understanding their symptoms as well as those of others and recognize when to seek help (Bulanda et al. 2014). Chandra and Minkovitz (2007) as cited by Bulanda et al. (2014) found that students who had limited information regarding mental health had more stigmatizing attitudes towards those diagnosed with a mental illness. This point emphasizes the need for accurate representation of mental health among youths. Delgado & Staples (2008) as cited by Bulanda et al. (2014) stated that when youth are given appropriate recourses, they have a higher chance of creating a lasting change for themselves as well as in their communities. If children can be exposed to positive influences regarding mental health early on and obtain adequate knowledge about mental health and how to seek help, societal mindfulness and concerns about mental health can evolve (Bulanda et al. 2014) thus concluding that providing more information on mental health is highly important.

Psycho-educational groups for individuals is an important component to treatment of any mental illness by understanding the condition and necessary treatment (Long, Banyard & Dolley, 2015). Research has shown a lack of knowledge of mental illness can be linked to an increase in hostility and aggression while an increase in awareness is associated with a decrease in aggression in female patients diagnosed with schizophrenia (Long et al. 2015). Psycho-education involves structured teaching focusing on self-management and self-determination of goals (Long et al. 2015). In a group based Cognitive Behavioural Therapy (CBT) educational study for psychotic symptoms, McInnis, Sellwood and Jones (2006) as cited by Long et al. (2015), found the majority of participants to be less alarmed by their psychosis, more in control of the illness and to be more optimistic regarding their future following the study. This study emphasized
having accurate and appropriate knowledge of their mental health status. Psycho-education can introduce motivation to learn about disorders and strategies for improvement (Long et al. 2015).

Similarly, Zolezzi, Zahrah, Khaled and El-Gali (2017) conducted a cross-sectional survey with students at Qatar University regarding attitudes towards mental illness, they examined the students’ knowledge and beliefs associated with mental illness, attitudes towards mental illness, and students’ help-seeking and treatment preferences. The results found poor awareness of mental illness, with over a quarter of the participants indicating they believed mental illness cannot be treated (Zolezzi et al., 2017). Regarding students attitudes towards mental illness Zolezzi et al (2017) found the majority expressed believing that individuals with mental illness cannot have stable employment, are dangerous, and would not marry an individual with a mental illness. Although university students are said to be well educated, Zolezzi et al. (2017) found expressions of beliefs of poor mental health literacy and highlight the importance for educational interventions to increase awareness of mental illness (Zolezzi et al., 2017).

Mental Health Stigma

Simmons et al., (2017) define stigma as an experience or activity involving rejection which is created by judgment about an individual or group with a particular difficulty. When the term is used, Simmons et al. (2017) explain this as referring to a negative approach towards an object or individual. Stigma has been defined as a source of negative psychological distress (Major & O’Brien 2005; Quinn & Chaudoir 2009; as cited by Simmons et al., 2017), and having social consequences (Dovidio et al. 2000 as cited by Simmons et al., 2017).

Individuals who suffer from mental illness, are at an increased chance as a group to experience stigmatization (Simmons et al., 2017). Ozer, U., Varlik, C., Ceri, V., Ince, B., & Delice, M. A. (2017) found reports of individuals with a mental illness amongst one of the most vulnerable groups for stigmatization. They describe stigma as associating someone in a fashion that would decrease their reputation because they do not fit into the general norms of society (Ozer et al., 2017).

Stigma works by discouraging individuals from seeking help due to a fear of discrimination (Brown, and Bradley, 2002). Although mental health advocacy has come a long way, many believe one reason for the negative portrayal of stigma is due to how mental illness is portrayed in the media. It has been found that individuals with a mental illness are viewed as dangerous, unpredictable and unstable (Ozer et al., 2017). Simmons et al. (2017) discuss the media’s role in influencing young individuals actions, views and beliefs, which speaks to the importance of accurate education of mental illness to counteract negative attitudes. Due to an inaccurate representation of mental illness, this is what leads individuals to believe incorrect information which enhances stigma (Simmons et al., 2017).

Stigma can also lead individuals to develop a form of internalised stigma, meaning they become aware of such stigma, agree with it and apply that same discrimination to themselves (Lau et al., 2017). Internalised stigma can lead to a delay or complete avoidance of treatment due to feelings of shame and guilt, these individuals may also withdraw themselves from social events (Lau et al., 2017). A study conducted by Sibitz et al. (2011) as cited by Lau et al. (2017), found higher levels of stigma resistance associated with a reduced internalised stigma among patients diagnosed with schizophrenia, higher self-esteem and improved quality of life, all of which were also found in patients with depression and bipolar disorder.
There is an increased risk of suicide among individuals who experience stigma. Simmons et al. (2017) write that negative attitudes towards mental health have a definitive and profound impact on the well-being of an individual's life. Evidence has also suggested that a lack of understanding in a certain topic or issue is likely to create negative attitudes (Griffith et al. 2010 as cited by Simmons et al., 2017) and individuals who are educated experience an increased level of positive attitudes towards mental illness and fewer stigmatizing thoughts.

Stigma is considered one of the most important factors affecting social interactions, disruption of interpersonal and occupational functioning, a decrease in quality of life and treatment outcomes. In contrast, individuals who are educated around issues concerning mental health experience an increased level of positive attitudes towards mental illness and fewer stigmatizing thoughts. Given that stigma is sustained by misinformation and high reliance on stereotypes, therefore the notion behind an educational approach is psychoeducation and countering common stereotypes (Casados, 2017). Education is the most commonly used approach for reducing stigma of mental illness (Corrigan, 2011; as cited by Casados, 2017). Educational interventions focus on providing information to counter common stereotypes about mental illness (Casados, 2017).

Research has demonstrated that it is possible to change negative attitudes related to mental health by modifying those negative beliefs (Simmons et al., 2017). It is suggested that stigmatization towards mental illness is a result of myths, misunderstandings and negative judgements, beliefs and attitudes about mental health disorders (Ozer et al., 2017). Programs designed to educate individuals on mental illness can work to change negative stigma. Simmons et al., (2017) support previous research and strengthen existing research on the impact of education and knowledge of stigmatising attitudes.

**ART-BASED ACTIVITIES**

Art therapies have been found to be effective when working to support individuals with their mental health (Koch, 2017). Within treatment solutions, art therapy has been implemented within a variety of treatment approaches for many years, with evidence supporting its therapeutic value (Marlow, and Johnstone, 2017). Artistic engagement provides students with the opportunity to explore more about themselves and those around them while navigating through personal and social relationships (Colon & Degges-White, 2015).

Art has been used in awareness programs as a method for reaching out and engendering empathy (Marlow & Johnstone, 2017). Marlow and Johnstone (2017) express that art work done by those in treatment for mental health can contribute to addressing the negative beliefs and attitudes towards mental health disorders and stigma. Many forms of art therapy have been shown to decrease signs and symptoms of depression, reduce stress, and strengthen emotional expression and well-being (Nan, & Ho, 2017).

In a research review, Van Lith (2015) found that art-based activities used alongside mental health care are beneficial as a psychological and social aspect of recovery. The non-verbal aspect of art therapies help with relating and communicating indirectly (Van Lith, 2015). In the study conducted by Van Lith (2015), it was found that art making was a positive coping mechanisms as well as a mechanism for change. Participants in this study recognized a level of stress comfortable for them, and with time they developed an automatic tendency of rebuilding or recovery through art making (Van Lith, 2015).
By incorporating art activities in a group setting, this can increase group interaction and group dynamics, as it can work as a medium of communication. (van Westrhenen et al., 2017). Working together on art activities can better interpersonal communication and encourage community building (Colon & Degges-White, 2015). Chapter 1, page 7

**MEDIA TECHNOLOGY AND MENTAL HEALTH**

Media can promote mental health for children and youth, but concerns continue to surface regarding consequences of what is portrayed in the media and the effects on one’s mental health. An example of a potentially negative impact involves the relationship between media lifestyles, low academics, low sensitivity to pain of others, antisocial behaviour and aggressive behaviour (Nayar, 2012). Many websites are valuable when providing supportive environments regarding topics of well-being, love, sexuality and family conflicts, such as helplines or hotlines, allowing individuals to contact other youth, professionals or voluntary workers (Nayar, 2012). However, many websites can be risky for individuals they support or promote unhealthy lifestyles, such as anorexia websites which express a positive stance towards eating disorders rather than discuss it as an illness (Nayar, 2012).

Lam and colleagues (2010) as cited by Simmons et al. (2017) explain that stigma evolves from the pre-determined beliefs of a culture. Some of these beliefs include individuals diagnosed with a mental illness are dangerous, their diagnosis and actions are self-inflicted and difficult to communicate with, expressing medias negative portrayal of mental health (Simmons et al., 2017). Research concludes that the media paints a negative portrayal of mental health, however research is beginning to make positive changes (Simmons et al., 2017). Between 1992 and 2008, there was a significant decrease of negative articles discussing mental health in newspapers, with an increase in stories describing psychiatric disorders and treatment (Simmons et al., 2017).

**Mental Health Literacy**

*Mental health literacy* has been used in association with low levels of knowledge regarding mental health. This term can be defined as the knowledge and beliefs of mental illness which serve as an aid in recognition, management and prevention (Knifton & Quinn, 2013).

Research surveys have found that although prevalence rates for a mental health diagnosis are high, many individuals do not seek help or delay seeking help (Knifton & Quinn, 2013). There has been evidence found showing longer delay times in treatment to be associated with detrimental outcomes for psychosis, depression, anxiety disorders and bipolar disorders (Knifton & Quinn, 2013).

**SUMMARY**

Attitudes and beliefs towards mental illness are shaped by an individual’s level of mental health literacy, and with proper educational services regarding mental illness, the possibility to increase mental health awareness is present.

After reviewing research on addressing mental health and the significance of appropriate education, it is evident that creating resources and activities intended to promote mental health awareness, ensuring individuals are equipped with appropriate tools to seek additional help, this can decrease stigmatizing attitudes towards mental illness. This manual aims to build on mental health awareness and provide resources and activities which will help educate individuals on the topic of mental health and stigma.

Word Count: 2226
CHAPTER III: METHOD

PARTICIPANTS
A manual will be created to facilitate a psychoeducation program pertaining to mental health in adolescence. The manual is designed for child caregivers to facilitate the program with youth participants (13 years of age and above) who are enrolled in the Teen’s program at the Boys and Girls Club. The manual could also be used in other settings such as a classroom or group therapy sessions. The target participants may attend the program if they already have some knowledge about mental health or if it is a completely new subject to them. In the present circumstances, there will be no specific inclusion or exclusion criteria other than being enrolled at the Boys and Girls Club. The program will allow participants the option to self-identify when completing exercises or remain anonymous. The program is designed for an average of 10 participants at each session, equally divided between males and females. Informed consent procedures will be included in the program manual as consent should be obtained from each participant, using an informed consent letter from the Boys and Girls Club.

DESIGN
The manual (Appendix E) will be created as part of an applied thesis project to meet the requirements of a degree of Honours of Applied Arts in Behavioural Psychology. The manual is designed to be easily used by and accessible to child caregiver staff such as, but not limited to: youth program coordinators, camp counsellors, education teachers, and parents. This manual is also designed for future expansion or adaptation depending on the need, such as adaptation for age or setting.

The manual is intended to serve as an informational resource with a focus on psychoeducation of mental health by incorporating education and art-based activities. The contents of this manual include a review of the relevant research and experience through field placement with the Boys and Girls Club, including working with the Teen group during their regular program hours. The main areas of focus include explanations and definitions for mental illness, stress, coping mechanisms, stigma and written exercises for youth to complete.

The manual is divided up into four sections with subheadings to help easily find desired information, with each section accompanied by activities at the end of a session to provide youth the opportunity to express themselves or explore some of the topics discussed from a more personal perspective. Many of the exercises are in the form of group discussion questions, to keep youth engaged and promote active communication.

The setting for the program may be chosen by the Teen program staff, but a quiet and comfortable place is preferable. It is suggested that the frequency and duration of the program should be determined by the Teen staff and the placement student and shaped around already existing programs.
PROCEDURES

The program sessions should be delivered in an appropriate and safe setting chosen by staff. Consideration and sensitivity should be taken when discussing each topic in regards to the participants as some topics could be distressing to participants. The program includes a pre-test survey to assess the level of knowledge regarding mental health issues of the participants prior to beginning the program. A post-test survey should be administered following completion of the program to assess improvements in knowledge and gather general feedback from the youth as well as establish whether the program was successful in improving the teens’ understanding and information regarding mental health. This manual is intended to serve as a teaching resource used primarily by the manual facilitator, it is suggested for future use a student resource could be designed including more lay terms and more exercises and activities. Within the manual, four sections are included which are to be presented by a facilitator, who will run the program and activities within the manual. The manual is intended to serve as a teaching guide.

The four sections of the manual are as follows:

Section 1:
- Rationale for design of the program
- Pre-test to be given to participants

Section 2:
- Information regarding the most common anxiety and mood disorders
- Activity

Section 3:
- Overview of stress and how to notice and manage stress
- Group exercise
- Healthy vs Unhealthy Activity
- Circle of Control Activity

Section 4:
- Overview of stigma, what it is, and how it impacts individuals
- Group Exercise
- ‘I am grateful for’ Activity

Section 5
- Post-test survey

After reviewing other research and literature reviews a decision was made to cover the disorders that were viewed as the most prominent and most occurring in youth to include in the manual. As adolescence is filled with stressful situations, many that can contribute to the onset of anxiety and depression disorders, it is important that individuals are educated on the most common mental health disorders to be equipped with adequate information to understand signs, symptoms and when/where to seek additional help.

Session length will be decided upon by the Teen program staff, but it is suggested that the first section will be completed on the first day, section two on the second day and so on. The
activities are designed for participants to express themselves on paper, perhaps gain new insights into themselves and others, and to facilitate the participants using and creating new coping mechanisms.

**Measures**

It is hoped that youth will increase their mental health literacy by the end of the program. Unfortunately, time restrictions did not allow a pre-and post-test to be conducted with youth to evaluate the effectiveness of the program. It is suggested that staff should consider completing an evaluation using the provided pre-and post-surveys in the future if possible. It is also suggested that staff provide time for written feedback allowing participants to express what worked for them and possible changes that could be made to further benefit the manual.
CHAPTER IV: RESULTS

The manual can be found in Appendix A. The manual was designed to serve as a resource for child and youth care, education staff etc., intended to provide direction or aide when discussing mental health and promoting mental health literacy. Below, I have included a brief outline of what is included in this manual and how it is outlined including what is discussed and activities involved.

Section 1: Introduction
- Rational and Purpose to creating a manual
- Pre-test survey for participants to establish existing mental health knowledge and awareness

Section 2: What is mental illness?
- Encompasses basic information regarding anxiety and mood disorders
  - Types of Anxiety disorders
  - Types of Mood disorders
- Mental health literacy: what is it
- Activity: create positive affirmations
  - Sentences/expressions to practice shifting negative thinking towards positive thinking

Section 3: Stress
- What stress looks like and management tips
- Activities:
  - Healthy vs unhealthy ways of coping
  - Circle of control
    - Intended to encourage awareness of different stressors

Section 4: Stigma
- What is stigma and the impact on everyday life
- Activity: “I am grateful for”

Due to time restrictions results were not obtained during the student placement and could not be included.
CHAPTER V: DISCUSSION

SUMMARY

This manual was created to encourage the promotion of mental health awareness among youth within the community. The focus was to address mental health stigma and provide an agency that works with youth with possible tools, resources and information to promote open dialogue and hopefully encourage the youth involved to seek support as needed for themselves or those they know. In recent years, mental health has become a more common topic of discussion in our society, particularly with regards to how it is viewed by others and the stigma associated with having mental health issues. There are some suggestions that mental illness sometimes goes untreated because of fear of judgement or discrimination as well as shame and guilt regarding what they have done, what they have not done or how their illness impacts others (Bulanda et al., 2014). Mental health is often misunderstood which is why promotion of mental health awareness, especially in teens, is important (Bulanda et al. 2014). As youth enter high school, they are introduced into a new and stressful environment. They are faced with many pressures such as achieving good grades, fitting in with a new crowd, and teenage hormones. Many of these factors play a role in everyday stressors. It is especially important for youth to be able to vocalize their concerns surrounding their own mental health as well as others, without experiencing the associated stigma. If teens are able to access help and feel comfortable coming forward with a mental illness, this could lead to an increased rate of early intervention and improved outcome.

Some treatment approaches integrate aspects of art therapy or art based activities, which have been found to be effective when working with individuals diagnosed with a mental illness (Koch, 2017). Art based activities allow individuals to explore and express themselves in a non-verbal fashion, which is different from classic one to one therapy sessions and can serve as useful coping mechanisms to many (Van Lith, 2015).

With individuals showing compassion and acceptance, it is hoped that more youth will feel comfortable coming forward and seeking help. It is difficult to deal with a mental illness, but it is much more difficult when one must face it alone. Creating support systems and safe environments for youth to turn to could decrease potentially negative outcomes.

STRENGTHS

Although the manual was designed for youth at the Boys and Girls club, the manual can also be used for adults in a different setting as the literature and activities are relevant for an adult population. The format of the intervention is designed to be an easy read across age populations 13 years and up. Other resources may be at a higher reading level which would not be easily used by youth. The focus of this manual was directed towards a comprehension level appropriate to an age range of 13 to 18 years.

LIMITATIONS

The biggest limitation to the present project was not being able to implement the manual at the agency in terms of presenting the intervention to participants due to time constraints. It would have been beneficial to provide the results of the pre and post tests to determine if anything was learned from this program and if the topics discussed were beneficial regarding mental health awareness.

4976 word count
MULTILEVEL CHALLENGES

Adolescence is a touch age, especially beginning to enter high school. It is a new environment, filled with new and stressful situations which can often contribute to poor mental health.

At a client level, some potential challenges can be participation, positivity, or participants becoming emotional or overwhelmed with certain topics of discussion. While at the Boys and Girls Club I did notice some youth not wanting to participate in certain activities, and this could occur during implementation of the manual. Another issue regarding positivity, there may be some youth who have negative views of mental health who might feel the need to voice their anger, frustration, or negative ideas regarding certain topics of mental health which could impact and upset other participants who might see a benefit in discussing mental health awareness. Mental health is often times difficult for some individuals to open up about, which could cause some unease within some youth participants, they may feel overwhelmed with some topics, perhaps if they or someone they know are experiencing certain issues associated with mental health. To overcome this it is important to provide a fair warning at the beginning and to fully mention that it is a safe space and provide additional resources for youth to turn to if extra assistance is needed or if they simply need someone else to talk to.

At the program level, because the manual only covered a few mental health diagnoses, there could be some backlash of not targeting enough adequate information regarding mental illness. The manual was not designed for individuals who may be diagnosed with a learning disability or physical impairment, so for a youth who may not be able to see, or write effectively, some activities are not as easily done for them perhaps.

At an organizational level, challenges could surround the implementation by different staff at the agency. The Boys and Girls club is a huge organization around the world, even in Kingston there are multiple sites for youth, with different staff and facilitators. The site I was placed at was very open and willing to implement the program, but one challenge could be a difficulty getting the whole organization on board with the program, whether different site supervisors would agree to implement the program and manual.

Finally, at the societal level, mental health is a huge topic and it is constantly a growing concern in our society and there are new or updated diagnoses often. New treatments are always being created and adjusted. The manual could need updating within a few years to stay up to date with current mental health diagnoses including treatments, symptoms or comorbid disorders.

CONTRIBUTIONS TO THE FIELD OF BEHAVIOURAL PSYCHOLOGY AND FUTURE WORK

The field of psychology is constantly expanding with new treatment methods and resources available, and with the growing number of diagnoses and mental illnesses, psychoeducation is important for ensuring individuals are able to better understand and cope with various illnesses, that are either affecting themselves or others they know. When individuals are given the opportunity to learn about an illness and ways to manage, positive changes can happen regarding management of relapse, less hospitalization and decreased stigma (Bulanda et al. 2014). Focusing on promoting awareness and positive mental health advocacy contributes to the field of behavioural psychology by promoting active and positive support systems with accurate knowledge and resources. There is never too much talk about mental health.
REFERENCES


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APPENDIX A

Positive Affirmations Example

- I Am Strong
- I Am Kind
- I Am Great
- I Am Supportive
- I Am A Good Listener
- I Am My Own Unique Self
- I Am Important
- I Can Do This
- I Am A Leader
- You Look Great
- I Am Loving
- Everything Is Going to be Okay
- Keep Your Head Up
- I Am Brave
- Today is a Good Day
APPENDIX B

Healthy Versus Unhealthy Coping Mechanisms
<table>
<thead>
<tr>
<th>Healthy</th>
<th>VS.</th>
<th>Unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Progressive muscle relaxation</td>
<td></td>
<td>o Too much caffeine</td>
</tr>
<tr>
<td>o Exercise</td>
<td></td>
<td>o Excessive Drinking</td>
</tr>
<tr>
<td>o Yoga</td>
<td></td>
<td>o Compulsive Spending</td>
</tr>
<tr>
<td>o Music</td>
<td></td>
<td>o Withdrawal</td>
</tr>
<tr>
<td>o Right amount of sleep</td>
<td></td>
<td>o Taking stress out on others (angry outbursts, physical violence)</td>
</tr>
<tr>
<td>o Talk, communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22
APPENDIX C

Circle of Control

What I Can't Control

- Weather
- What other people say
- Taking care of myself
- Being Kind

What I Can Control

- Working hard
- How I spend my free time
- Studying
- Others asking for help
- Other peoples ideas
- Others taking care of themselves
- Who likes me
- Other peoples actions
APPENDIX D

“I am Grateful for..”
APPENDIX E

The Manual
MENTAL HEALTH AWARENESS

Manual for Youth

Let’s talk about it.

DEVELOPED BY: JAZMINE BATTLE
Honors of Behavioral Psychology
St. Lawrence College
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</tbody>
</table>
PROGRAM OVERVIEW

Section 1: Introduction
- Delivery of manual
- Rationale and purpose for creating a manual
- Activity: pre-test survey

Section 2: What is mental illness?
- Basic information of the most common anxiety and mood disorders
- Mental Health Literacy
- Activity: create positive affirmations

Section 3: Stress
- What stress looks like and tips for managing
- Activities:
  - Healthy vs. unhealthy ways of coping with stress (Appendix A)
  - Circle of control

Section 4: Stigma
- What is stigma and the impact on everyday life
- Activities:
  - “I am grateful for..”
  - Post-test Survey

References
SECTION 1: INTRODUCTION

PURPOSE/RATIONALE

The stigma attached to mental illness makes it difficult for individuals to come forward about their mental health issues. As a consequence, many mental health disorders go untreated. Many people do not understand how common mental illness is within the general population. Mental health disorders appear in youth and adolescents yet go undiagnosed until their later years, if diagnosed at all. Approximately one in four youth meet the diagnostic criteria for a mental disorder, the most common being anxiety, mood, substance abuse and behavior disorders.

Although the percentage of youth who experience mental illness is growing, the majority will not seek help. Reasons for this may include a lack of understanding, little knowledge in recognizing mental illness and a lack of awareness for where to seek professional help (Bulanda et al. 2014). Research has suggested that due to the importance of peer relationships, programs designed to reduce stigma should target the school population (Bulanda et al. 2014). Programs designed to prevent mental illness and early support for young children and parents have been found to be effective in decreasing mental health occurrences and problems (Crepaz-Keay, 2015).

The purpose of this project was to design a resource manual for educators, child care staff, mental health staff and youth intended to promote mental health as well as provide tools and resources to develop healthy coping mechanisms to prevent and manage stress as well as expand general mental health literacy for youth. A pre and post-test have been included for participants to complete. The pre-test is to be delivered prior to beginning the program to assess the pre-intervention level of mental health literacy.
# STUDENT EVALUATION – PRE-TEST

**Today’s Date:** ________________  
**School:** ______________________

**Teacher’s Name:** ______________  
**Subject:** ______________________

**Female**  
**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

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental illness in general</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. How people cope with mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Different approaches to help persons with mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. What it is like to have a mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. What it is like to have a family member with mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. The causes of different forms of mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Different training and career paths mental health workers have</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most people with a serious mental illness can, with treatment, get well and return to productive lives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. In most cases, keeping a normal life in the community helps a person with mental illness get better</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. People with mental illness are far less of a danger than most people believe</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Locating a group home or apartments for people with mental illness in residential neighborhoods does not endanger local residents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Locating a group home or apartments for people with mental illness in a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td></td>
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<td>---</td>
<td></td>
</tr>
<tr>
<td>residential area will not lower the value of surrounding homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. People will mental illness are, by far, more dangerous than the general population</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Mental health facilities should be kept out of residential neighborhoods</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Even if they seem OK, people with mental illness always have the potential to commit violent acts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. It is easy to recognize someone who once had a serious mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. The best way to handle people with mental illness is to keep them behind locked doors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

---

1 From *Talking about Mental Illness* (pp. 77-81), by Canadian Mental Health Association, 2001, Toronto: Centre for Addiction and Mental Health. Reprinted with permission (Appendix B)
**SECTION 2: WHAT IS MENTAL ILLNESS**

There are many definitions of mental illness, but the easiest explanation is a health condition where thoughts, feelings and behavior cause distress in everyday functioning. Symptoms of any form of mental illness can vary in intensity and frequency (Sullivan, 2009). There is no single cause of mental illness, but many researchers believe the development of mental illness to be very complex and note it is based on interactions between individual and environmental factors (Sullivan, 2009).

Programs designed to prevent mental illness and early support for young children and parents have been found to be effective in decreasing mental health occurrences and problems (Crepaz-Keay, 2015).

**MENTAL HEALTH LITERACY**

The term *mental health literacy* has been used in association with levels of knowledge regarding mental health disorders. It can be defined as the knowledge and beliefs about mental health which serve as an aid to recognition, management and prevention (Knifton & Quinn, 2013). With regards to an individual diagnosed with a disorder, mental health literacy involves knowledge of how to cope and manage the disorder, whereas for caregivers it involves the knowledge of providing effective and adequate support (Knifton & Quinn, 2013).

Mental Health Literacy Involves:
- Knowledge of prevention
- Recognizing a disorder
- Knowledge of help-seeking opportunities
- Knowledge of effective coping mechanisms and self-help strategies

**SECTION 2A: ANXIETY DISORDERS**

**What is Anxiety?**

Anxiety is an emotion, which is difficult to describe with simple words, but most common terms used in reference to anxiety include unease and nervousness (Ninan & Dunlop, 2006). In other words, someone being unable to relax, feeling overwhelmed by something occurring or about to occur in their lives. Anxiety is often useful; it is the body’s natural alarm system keeping individuals aware and alert (Young, 2010). Once the anxiety becomes out of control, this becomes an issue. The thinking process is affected, worry makes an individual inattentive to surrounding issues and impacts concentration (Ninan & Dunlop, 2006).

Although in some cases, anxiety is a common human reaction to stress and can be beneficial, an anxiety disorder differs in the fact that it involves constant, excessive fear and/or anxiety. Anxiety is an unpleasant sensation, often leading individuals to avoid triggers.

There are several types of anxiety disorders ranging from generalized anxiety disorders to separation anxiety. This manual will focus on generalized anxiety disorder, panic disorder and social anxiety disorder.
**GENERALIZED ANXIETY DISORDER (GAD)**
Involves persistent and excessive worry which cause conflict with everyday activities. Often these worries involve daily activities such as family responsibilities, general health or school responsibilities. GAD is diagnosed using criteria included in the Diagnostic and Statistical Manual of Mental Disorders (Guglielmo, Janiri, Pozzi. 2014).

**Symptoms and Diagnosis**
- Feelings may be associated with physical symptoms such as fatigue or nausea as well as *somatic symptoms* of dry mouth, cold and clammy hands.
- For a diagnosis of generalized anxiety disorder, sensations must be present most of the time over a period of six consecutive months.

**PANIC DISORDER**
If anxiety is sudden and increases rapidly, this can be labeled a panic attack (Ninan & Dunlop). Repetitive panic attacks are the foundation of Panic Disorder (PD) and occur unexpectedly (Ninan & Dunlop, 2006) with a staggering combination of physical and psychological distress. PD typically begins with varying and isolated episodes of anxiety that accompany a panic attack and later becomes a panic disorder (Evans, Foa, Gur, Hendin, O’Brien & Seligma, 2005).

**Symptoms and Diagnosis**
- Symptoms can include chest pain, palpitations, sensations of hyperventilation and dizziness (Ninan & Dunlop, 2006). Some symptoms associated can be so severe, individuals believe they are experiencing a heart attack and may seek medical help.
- Relaxation techniques can be difficult due to panic attacks affecting breathing (Ninan & Dunlop, 2006).
SOCIAL ANXIETY DISORDER

Shyness and social anxiety are common issues, often correlated with low self-esteem (Young, 2010). Social anxiety disorder is a chronic condition associated with excessive and persistent fear of exposure to negative social interactions (Ninan & Dunlop., 2006). Individuals with social phobia fear embarrassment or humiliation in public (Ninan & Dunlop., 2006). Social anxiety is described as the third largest psychological issue today as well as the least understood (Young, 2010). Many are aware that their fears do not make sense but they feel and believe the opposite. Individuals with social anxiety will attempt to avoid such interactions or experience high sensations of anxiety in the situation. Some examples include extreme fear of public speaking or being introduced to new people in new settings. Physical symptoms can include sweating, trembling, or nausea (Ninan & Dunlop., 2006).

EXERCISE: Ask students to either get into groups or stay in a big group and come up with a few coping mechanisms they know of or can come up with when dealing with any form of anxiety disorders. You may find some examples below.

<table>
<thead>
<tr>
<th>Common Coping Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>relaxation training</td>
</tr>
<tr>
<td>exercise</td>
</tr>
<tr>
<td>self-soothing (favorite song, book, etc.)</td>
</tr>
<tr>
<td>deep breathing</td>
</tr>
<tr>
<td>sleep</td>
</tr>
<tr>
<td>journaling</td>
</tr>
</tbody>
</table>
SECTION 2B: MOOD DISORDERS

Mood disorders consist of unipolar depressive and bipolar disorders (Smits & Otto, 2009). Bipolar disorders consist of manic or hypomanic episodes, unipolar depressive disorder consists solely of depression (Smits & Otto, 2009). Mania is a term used to describe abnormal and persistent elevated and irritated mood which lasts at least a week or leading to hospitalization, whereas hypomania is very similar to mania, but instead it has a shorter duration of a few days (Moore, 2013). Depression is more than simple unhappiness, the most important factor involves a loss of interest in close to all activities and lasting longer than a period of two weeks (Coetzer, 2010).

MAJOR DEPRESSIVE DISORDER
Depression is a serious mental disorder occurring at any age. Major Depressive Disorder (MDD) is characterized as the presence of at least five of the following signs over a period of two consecutive weeks (Springer, Beevers & Rublin., 2011)

- Depressed mood, approximately every day
- Diminished interest in activities
- Significant weight loss/gain or decrease/increase in appetite
- Fatigue
- Feelings of worthlessness
- Insomnia or hypersomnia
- Recurrent thoughts of death or suicide
- Decreased concentration

Diagnosis
Depression symptoms can be triggered by stressful life events or any significant changes in life. Symptoms must be present for most of the day roughly every day, and should show significant decrease in functioning (Springer, Beevers & Rublin., 2011). Symptoms should also cause a significant impairment in social and occupational situations and should not be attributed to substances such as drug abuse or medical conditions (Springer, Beers & Rublin., 2011). Depression should be given a chronic diagnosis when the depressive episodes last more than two consecutive years (Evans, Foa, Gur, Hendin, O'brien, & Seligman, 2005)

It is important to recognize the season of the mood disorder as an episode of major depressive disorder can initially present itself as seasonal affective disorder in children and adolescents (Evans et al., 2005). In order to receive a diagnosis of seasonal mood disorder, there must be a relationship between the mood disorder and a particular time of year and seasonal episodes should outweigh non-seasonal episodes (Evans et al., 2005).
Biologically, depression results from an imbalance of chemicals in the brain known as neurotransmitters (Sing & Mastana, 2015)
Bipolar Disorders

Bipolar disorder (BD) is characterized by profound changes in mood associated with severe changes in feelings, thoughts, behaviors (Moore, 2013) and extreme highs and lows. Emotions can shift from deep depression to extreme excitement without apparent reason (Moore, 2013). BD is a chronic disorder that lasts for life with reoccurring episodes occurring during adolescence, early adulthood and often times during childhood. The manic phase typically involves irritable mood, angry and/or hostile behavior and increased feelings of energy whereas in a depressive phase individuals may experience episodes of self-harm, a decrease in energy and strength and feelings of hopelessness (Moore, 2013).

<table>
<thead>
<tr>
<th>Serotonin</th>
<th>Dopamine</th>
<th>Norepinephrine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of neurotransmitter part of the central nervous system (CNS), with high levels of seroton this brings feelings of pleasure, whereas in smaller portions it is associated with depressive disorder, anxiety and sleep disorders (Sing &amp; Mastana, 2015)</td>
<td>Responsible for regulating a variety of functions such as behaviour, motor activity, motivation and mood. It is also responsible for addictions and hallucinogens. in times of stress, dopamine levels are also decreased (Sing &amp; Mastan, 2015)</td>
<td>Works as a hormone and a neurotransmitter. It is what is involved in the &quot;fight-flight&quot; response (Singh &amp; Mastana, 2015)</td>
</tr>
</tbody>
</table>
There are two different types of BD, with the main difference involving the severity of the manic episodes.

**Bipolar I**

At least one **manic episode** with the co-occurrence of a depressive episode

**Bipolar II**

The presence of one or more major depressive episodes, alternating with at least one **hypomanic** episode

---

**Mania**

- During an episode, the mania can be so severe it interferes with daily activities
- Irrational decisions (spending large amounts of money)
- High risk behaviours
- Caused by outside influences (alcohol, drugs, etc.)
Bipolar disorder is treatable, most commonly with medication such as mood stabilizers for manic episodes and antidepressants for a depressed state (Moore, 2013). Psychotherapy and psychoeducation is used in addition to medications for individuals diagnosed with BD.

Treatment objectives involve reducing symptoms, decrease episode frequency, severity, the need to be hospitalized, decrease the chances of switching from one phase to another, and prevent self-harm and suicide (Moore, 2013). The cause of BD is not completely understood, but research has found some common connections (Moore, 2013):

- Predisposed genetic factors
- Alterations in the brain which control mood and emotions
- Stress response
- Changes in hormone levels
- Environmental factors

**Hypomania**

- Period of mania less severe
- Behaviour differs from a normal state
- Influences by drugs or alcohol
CREATE POSITIVE AFFIRMATIONS ACTIVITY

Have students think of sentences or expressions that make them feel better when they are depressed/angry/anxious. Students can be as creative as they wish. Examples can be “This will pass” or “You are worth it”.

Materials needed:
- Poster paper, construction paper
- Coloring pencils or markers
**SECTION 3: STRESS**

Stress is a common major problem many individuals face every day. Psycho-physiological disorders are almost always brought on by stress or worsened due to stress (Young, 2010). There are many causes of stress ranging from noise and poor sleep to pressure to perform or relationship break-ups (Young, 2010). The idea of stress first came about during the 17th century as a synonym for hardship. Later in the 1920s research was conducted regarding the physiological responses to emotional arousal, where association between stress, wellbeing and health came in to play (Montefuscio & Barnes, 2011).

Most research surrounding stress examines three categories, including those being life events, chronic stressors, and daily hassles (Montefuscio & Barnes, 2011). Life events are characterized by discrete observable events in need of readjustment within a short time period, such as child birth or divorce. Chronic stress is persistent or recurrent and in need of readjustment over longer periods of time such as poverty or injury. Lastly, daily hassles are small events needing small adjustments throughout the day (Montefuscio & Barnes, 2011).

Stress is easily defined as reactions people feel when they experience any challenging or threatening event or situation. Stressors can be thoughts, daily hassles, anything that upsets or causes significant distress.

**EXERCISE:** Have students come up with a list of 5 common stressors. Examples can be found on the next page.
A small level of anxiety is helpful and healthy, it aids in alertness and safety (Young, 2010). Many advise that stress provides individuals with a boost of energy which is beneficial for motivation. It is important to note that stress can also become negative. Too much stress can have negative effects on one’s immune system and it can increase depression and anxiety.

One of the best things to alleviate stress is exercise on a regular basis. This helps burn off excess built-up stress hormones while producing endorphins which is the happy hormone, and helps rebalance levels in the nervous system (Young, 2010). Avoidance, problem solving, support seeking behavior, and psychological distancing are all examples of common coping strategies for stress (Gates, 2008).

**Positive Stress**

<table>
<thead>
<tr>
<th>Life Events</th>
<th>Thoughts or Feelings</th>
<th>Daily Hassles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low finances</td>
<td>Feeling overwhelmed</td>
<td>Too many things to do</td>
</tr>
<tr>
<td>Marriage</td>
<td>Loosing control</td>
<td>Not enough time</td>
</tr>
<tr>
<td>Family deaths</td>
<td>Feeling down</td>
<td>Losing things</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social obligations</td>
</tr>
</tbody>
</table>
HEALTHY VS. UNHEALTHY WAYS OF COPING WITH STRESS

Have students think about ways they cope with stress, or come up with new coping mechanisms. Create a T-chart to organize healthy ways and unhealthy ways of coping with stress. An example can be found on Appendix (A).

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**CIRCLE OF CONTROL ACTIVITY**

This activity is intended to encourage students to become aware of different stressors in their lives and identify which stressors are out of their control and which they can control and manage. Ask students to draw out a circle, on the outside have them write things they cannot control, with things they can control on the inside. Have a discussion to explore different perspectives of what is and is not within an individual’s control.
SECTION 4: STIGMA

EXERCISE: Before beginning this section, ask students what their idea of stigma is, create a list of common forms of mental health stigma as a group

Stigma can refer to the devaluation of certain individuals based on characteristics they may possess (Hinshaw, 2007). Stigma is also described as an experience or activity involving rejection formed by judgment of a person or group (Simmons et al. 2017). In our society, stigma appears to have less of an emphasis on physical aspects, and more so involve personal, psychological and social attributes (Wahl, 1999).

Along with these characteristics, individuals are socially labeled. Many labels include mentally ill, criminal and poor (Wahl, 1999). Wahl (1999) expresses that these labels influence the public’s perceptions and behavior. Other common beliefs or statements that surround a mental illness diagnosis include danger, mental health is self-inflicted and individuals diagnosed with a mental illness are difficult to communicate with (Simmons). These terms are reinforced by the media, when mental health is given derogatory terms such as ‘psycho’ (Simmons et al. 2017).

Another common form of stigma is referred to as internalized stigma, or self-stigma where individuals may believe the stigma assigned and hold the same cognitions society has about them (Wahl, 1999).

The stigma towards mental illness could prevent youth from seeking help resulting in isolation and perhaps rejection from peers (Bulanda et al.). Stigma is seen as one of the most important factors affecting social activities, disrupting interpersonal and occupational functioning, decreasing the quality of life and affecting treatment outcomes in individuals diagnosed with a mental illness (Ozer et al., 2017).
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

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Mental illness in general</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. How people cope with mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Different approaches to help persons with mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. What it is like to have a mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. What it is like to have a family member with mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. The causes of different forms of mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Different training and career paths mental health workers have</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Most people with a serious mental illness can, with treatment, get well and return to productive lives</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. In most cases, keeping a normal life in the community helps a person with mental illness get better</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. People with mental illness are far</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>less of a danger than most people believe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Locating a group home or apartments for people with mental illness in residential neighborhoods does not endanger local residents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. People with mental illness are, by far, more dangerous than the general population</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Mental health facilities should be kept out of residential neighborhoods</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Even if they seem OK, people with mental illness always have the potential to commit violent acts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. It is easy to recognize someone who once had a serious mental illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. The best way to handle people with mental illness is to keep them behind locked doors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
C. As a result of participating in the program, please indicate how much you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The activities and presentations held my attention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I learned a lot from the presentations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The presentations are a good way to learn about mental illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. It is valuable for students to be able to ask questions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. The experience of the presenters was relevant to people my age.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I learned some new information about mental illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I feel better about my ability to talk with someone with mental illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I feel that I know more about the emotions experienced by someone who has a mental illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. In the future, I will feel more comfortable when I meet people with mental illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I would recommend this program to a friend who hasn’t participated in it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
D.

1. What I liked most about the program was:

2. What I liked least about the program was:

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.

---

1 From *Talking about Mental Illness* (pp. 77-81), by Canadian Mental Health Association, 2001, Toronto: Centre for Addiction and Mental Health. Reprinted with permission (Appendix B)
REFERENCES


## Appendix A
### Healthy Versus Unhealthy Coping Mechanisms

<table>
<thead>
<tr>
<th>Healthy</th>
<th>VS.</th>
<th>Unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Progressive muscle relaxation</td>
<td></td>
<td>o Too much caffeine</td>
</tr>
<tr>
<td>o Exercise</td>
<td></td>
<td>o Excessive Drinking</td>
</tr>
<tr>
<td>o Yoga</td>
<td></td>
<td>o Compulsive Spending</td>
</tr>
<tr>
<td>o Music</td>
<td></td>
<td>o Withdrawal</td>
</tr>
<tr>
<td>o Right amount of sleep</td>
<td></td>
<td>o Taking stress out on others (angry outbursts, physical violence)</td>
</tr>
<tr>
<td>o Talk, communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RE: Copyright Permission: Placement Student

Katie Gray <Katie.Gray@camh.ca> on behalf of CAMH Publications <publications@camh.ca>

Wed 11/8/2017, 8:16 AM
Jazmine Battle [Student]

Hi Jazmine,

My apologies for the delay in response. Things have been very busy.

You may use the Talking About Mental Illness Teacher's Resource as reference for your thesis project with proper citations. We would like to caution that it was published in 2001 so some of the facts will not be the most up to date.

We ask that cite the reference and any changes or adaptations to the material/activities are first approved by CAMH.

Please let me know if you have any questions.

Thank you,

Katie Gray
Publications Assistant
416-595-6059