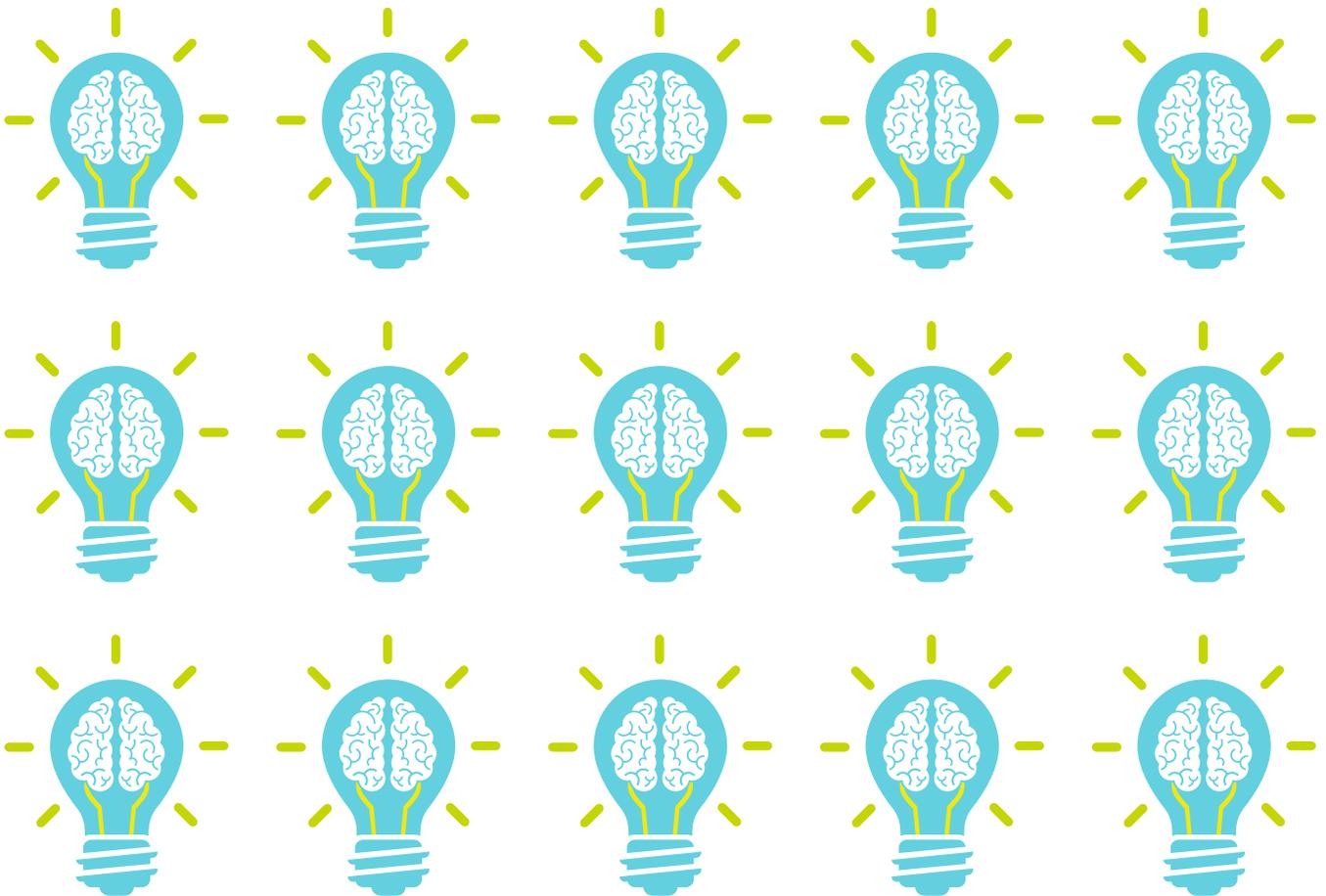




can we talk?

# Creating a Compassionate Classroom





# can we talk?

Healthy minds. Bright futures.

## Healthy minds. Bright futures.

Alberta's teachers are concerned about the well-being of children and youth, and they understand that to educate children properly, their physical and mental health needs must be met. That's why the Alberta Teachers' Association (ATA) and the offices of the Canadian Mental Health Association (CMHA) in Alberta are partnering to promote the mental health of children and youth.

Launched in May 2009, the Healthy Minds. Bright Futures program aims to increase awareness of the mental health needs of children and to decrease the stigmatization often associated with mental illness.

## Creating a Compassionate Classroom

The most important factor for success in dealing with a mental health problem is support; teachers, staff, school communities and peers are all a part of a student's support system. The ATA and CMHA hope that this booklet will help educate all of us about mental health, mental illness, and how we can help our students, our colleagues and ourselves. We want this booklet to encourage the development of more compassionate classrooms, schools and communities by changing how we look at mental health and mental illness, school culture, education, policy and partnerships on the large scale, but also the small. Having a small positive effect on just one student's life is absolutely worth the effort and will reverberate through our community. Imagine if we could affect them all.



# Contents

## 02 Introduction

- 02 Defining “mental illness” and “mental health problems”
- 03 Is it mental illness or a mental health problem?

## 04 Mental Health

- 04 Defining “mental health”
- 06 Mental health problems

## 08 Mental Illness

- 10 Myths about mental illness
- 12 Symptoms of mental illness
- 13 What causes mental illness?
- 14 Common mental illnesses
- 21 Other behaviour warranting immediate attention
- 22 Concern about suicide
- 24 Ways to help a student (colleague, friend or loved one)
- 26 Treatment for mental illness

## 29 What Can Teachers Do?

- 29 How do we make our schools more compassionate?
- 32 Is there anything else I can do?
- 34 Frequently Asked Questions
- 37 Resources

## 38 Project Partners

- 38 Canadian Mental Health Association
- 39 The Alberta Teachers’ Association
- 39 Global Television

## 40 Sources

# Introduction



**Did you know** that a person with a mental illness can be without a mental health problem?

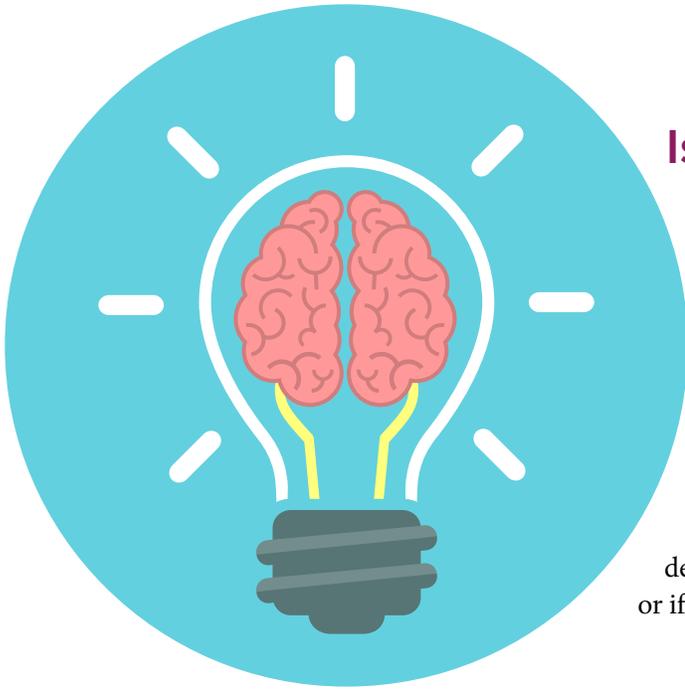
Or that those with a mental health problem don't necessarily have a mental illness?

## Defining “mental illness” and “mental health problems”

Did you know that a person with a mental illness can be without a mental health problem? Or that those with a mental health problem don't necessarily have a mental illness? These can be seen as two separate concepts.

“Mental illness” refers to conditions that can be diagnosed, such as schizophrenia, depression, bipolar disorder, anxiety disorders, obsessive compulsive disorder (OCD) and anorexia. It is estimated that one in five Canadians will experience a diagnosable mental illness at some point in their lives. These medical conditions, diagnosed by a medical professional, are usually long lasting, have pronounced symptoms and require medical treatment. Often symptoms of a mental illness are severe enough that they cause significant distress or disability in social life, school, work or other important activities. Early diagnosis and treatment are very important for the recovery journey.

“Mental health problems” on the other hand, describe the more common struggles and difficulties that all people experience. Feeling stressed, upset, confused or overwhelmed is often in response to a demand or pressure, but such feelings usually pass and do not require medical treatment. Nevertheless, these feelings also have a real impact on one's mental health and our ability to thrive and enjoy life. Therefore, those experiencing mental health problems also benefit from help, support and understanding.



## Is it mental illness or a mental health problem?

With young people, and teenagers especially, it may be hard to determine if what they are experiencing is a mental illness or if they are facing a mental health problem. Mental illnesses require attention from a professional, while mental health problems may simply need the support and attention of a caring adult.

While diagnosing a mental illness is only to be done by a mental health professional, these are a few suggestions to determine whether support and assistance is needed or if additional resources should be sought.

### Mental health problems

- are a common experience of negative or upsetting emotions or thoughts,
- are generally triggered by an event or problem,
- are usually associated with emotions and behaviours that are not very severe and are relatively short lasting and
- don't generally require professional help, but it may be useful.

### Mental illness

- is a less common experience,
- symptoms may occur in response to an event or problem or they may occur spontaneously,
- symptoms tend to be more severe and long lasting and
- requires professional help, which is essential in order for a positive prognosis.

# Mental Health



Students should be encouraged to discover their own unique qualities and find confidence in themselves.

## Defining “mental health”

Good mental health is not the absence of mental illness. Rather, it can be seen as a state of well-being that allows one to flourish and fully enjoy life.

Some of the factors that affect student mental health include

### Feeling loved

When young people feel loved, trusted and accepted by their parent(s), guardian(s) and other adults, they are far more likely to feel comfortable, safe and secure. They are also better able to communicate and develop positive relationships. Supportive people also facilitate help-seeking behaviour for any trouble that may develop.

### Self-esteem

This is the value we place on ourselves, our positive self-image and sense of self-worth. Students with healthy self-esteem generally have a positive outlook and are satisfied with themselves most of the time. Being able to identify and challenge negative self-talk positively affects our self-esteem.

### Empowerment

Having the confidence to face challenges and take risks is important. Students should be encouraged to discover their own unique qualities and find confidence in themselves. Being entrusted with important responsibilities and others having high but attainable expectations of them are both ways to develop feelings of empowerment, as is having skills so they feel capable of developing relationships, resisting peer pressure and dangerous situations, and resolving conflict. Feeling that they have control over their actions and the outcomes of those actions is important.

### **Self-actualization**

It is important that students feel they are reaching their potential. They should be encouraged to use their best abilities to enhance their lives. Students, and all people, need to value themselves and believe they are worth caring for.

### **Optimism**

Having a positive outlook on the world means that students can enjoy life and focus on the positive aspects. Being optimistic also includes being accepting that some things can't be changed. Being flexible to change helps a person adapt and make the most out of life.

It is important that students feel they are reaching their potential.

### **Resilience**

Life can be full of tough times. To be resilient, students need the skills to learn from difficulties and bounce back from adversity. These skills can be taught and practiced at school.

### **Safe spaces**

Physical safety but also having spaces where a person feels valued and cared for is essential to well-being. Being connected to an ethnic, spiritual, school or other community group and knowing of resources for support is important.

Not only should teachers and staff enhance the areas listed above for their own benefit, but we should do so because students need good role models in promoting good mental health. Making these aspects a part of everyday activities is one way to promote mental health in the classroom.

Refer to the Hats On! lesson plans for more ideas on how to promote good mental health in your students at [www.canwetalk.ca](http://www.canwetalk.ca).



## Mental health problems

Some areas of life that can bring on mental health problems include

### Unmanaged stress

Stress is a part of everyday life, but when it is being managed in unhealthy ways (like self-harming behaviour) or is completely unmanaged, it can negatively affect mental health and even trigger mental illness.

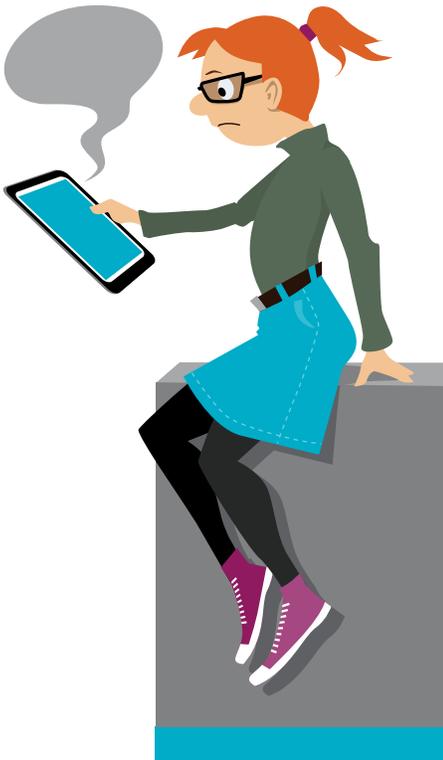
For more information on stress, healthy stress management and how to teach stress management skills to your students, refer to the Hats on for Mental Health lesson plans at [www.canwetalk.ca](http://www.canwetalk.ca).

### Bullying and abuse

Many people who experience bullying or abuse live with fear and a constant threat to their physical safety. Even when bullying or abuse takes place over the Internet or comes in the form of verbal harassment, it effects the mental health of its target and those around them. Bullying should always be addressed by teachers and school officials. If a young person is being abused or neglected, inside or outside of the school, it is every citizen's legal obligation to inform the proper authorities. Check our resources section on page 37 for the contact information of the child abuse hotline.

### Personality

Some people are more prone to experiencing upsetting feelings. Just like some people tend to be more confident or shy, being more sensitive is not a weakness but rather one of the ways that people are unique. Unfortunately, this characteristic may put the person at higher risk of mental health problems.



If a young person is being abused or neglected, inside or outside of the school, it is every citizen's legal obligation to inform the proper authorities.



Finding ways to cope and adjust to the changes wrought by life events is critical for everyone, but particularly for youth.

### **Grief or loss**

Separation, divorce or the loss of a family member or friend can be extremely painful events. Finding ways to cope and adjust to the changes wrought by these events is critical for everyone, but particularly for youth. How grief is handled can affect young people for years to come.

### **Physical ill health**

Diseases, injuries and other physical problems often contribute to poor mental health, and sometimes physical causes (such as brain injury and drug abuse) can directly affect brain chemistry and contribute to mental health problems or even mental illness. Poor physical health can affect self-esteem and people's ability to meet their goals, which leads to unhappiness or even depression. In such cases, receiving the best possible treatment for both the physical problem and the resulting psychological consequences is key to optimal recovery to good mental health.

# Mental Illness

Mental illness affects people of all ages, education and income levels, and cultures.



The following are some information and statistics from the Canadian Mental Health Association.

Mental illness affects people of all ages, education and income levels, and cultures. In fact, 20% of Canadians will experience a mental illness in their lifetimes. Canada's rate of suicide, which sometimes occurs with a person with a mental illness, is the third highest in the industrialized world.

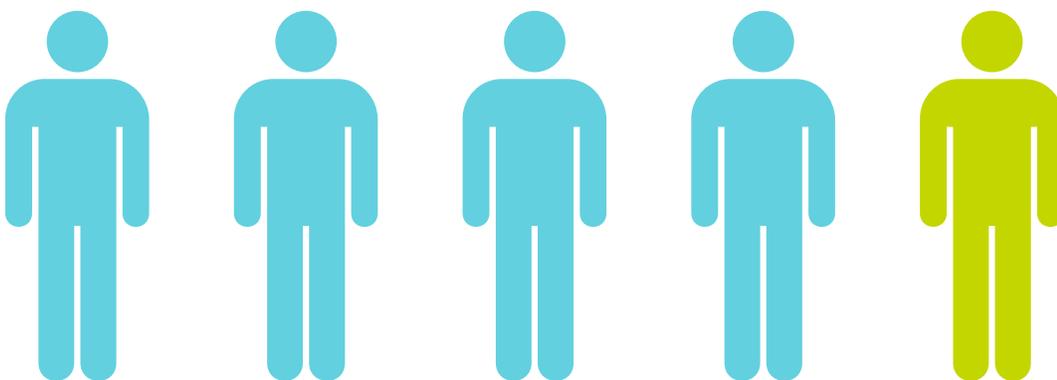
Ten to twenty per cent of youth are affected by a mental illness, but estimates suggest only one in five will receive the mental health services they need. But mental illnesses can be treated effectively, and early diagnosis and treatment are the best ways to help in recovery.

The first step in reducing the severity of mental illness is reducing the stigma that surrounds it, as this stigma is one reason why people do not reach out for the help they need to speed or assist their recovery.



Ten to twenty per cent of youth are affected by a mental illness.

Mental illnesses can be treated effectively, and early diagnosis and treatment are the best ways to help in recovery.



Estimates suggest only **one in five** of youth with mental illness will receive the mental health services they need.

## Myths about mental illness

**Myth:** Mental illness is caused by a personal weakness.

**Reality:** A mental illness is not a character flaw. It is an illness that affects the brain and body and has nothing to do with being weak or lacking willpower. Although people with mental illnesses can play a big part in their own recovery, they did not choose to become ill, and they are not lazy because they cannot just “snap out of it.”

**Myth:** If I seek help for a mental illness or a mental health problem, others might think I’m weak or even crazy.

**Reality:** Seeking appropriate help is a sign of strength, not weakness. No one should delay getting treatment for a mental health problem or illness, just as one would not wait to take care of a physical health condition that needed treatment. The wisest, most courageous way to cope is to seek help, especially since early treatment can produce more positive results.

**Myth:** Mental illness is a single, rare disorder.

**Reality:** Mental illness is not a single disease but a broad classification that contains many disorders. Schizophrenia, depression, bipolar disorder, anxiety disorders, obsessive compulsive disorder (OCD) and anorexia are life-altering for millions of Canadians. In fact, one in five Canadians will experience a mental illness in their lifetime.

**Myth:** People with mental illness never get better.

**Reality:** With the right kind of help, people with mental illnesses often recover and go on to lead healthy, productive lives. While the illness may not go away, the symptoms associated with it can often be managed.

**Myth:** People with mental illness are poor and/or less intelligent.

**Reality:** Mental illness, like physical illness, can affect anyone regardless of intelligence, social class or income level.

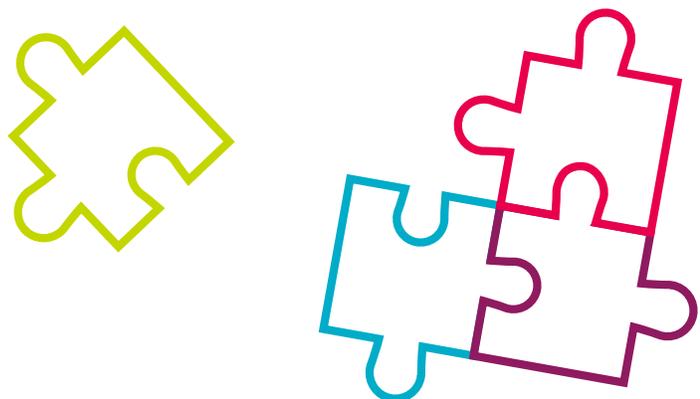
Symptoms vary with each person and type of mental illness, but there are some common symptoms to watch for.

## Symptoms of mental illness

Changes in thinking, mood or behaviour that are troubling, last longer than two weeks, or are interfering with everyday life should prompt an evaluation by a doctor or other mental health professional. A family doctor is a good place to start, as they can rule out any other causes for changes in thinking, mood or behaviour and can refer patients to another mental health professional like a counsellor, psychologist, psychiatrist or social worker.

Symptoms vary with each person and type of mental illness, but the following are some of the common symptoms to watch for:

- Sudden withdrawal from friends and family
- Confused thoughts, delusions and/or hallucinations
- Extreme fears or anxiety that seem out of proportion to circumstances or events
- Lack of motivation for a prolonged period of time (longer than two weeks)
- Persistent feelings of helplessness or hopelessness
- Loss of interest in activities previously enjoyed
- Extreme mood swings between depression and mania, sometimes with overly reckless behaviour
- Repeated, unusual actions such as hand washing or checking of lights
- Unexplained physical symptoms such as nausea, trembling, fatigue or headaches
- Difficulty concentrating, maintaining attention and/or sudden irritability
- Disruption to usual sleep patterns
- Serious disturbance in eating patterns accompanied by a preoccupation with body image
- Talk or thoughts of suicide





There is no single cause of mental illness, and no one is to blame when someone develops a mental illness.

## What causes mental illness?

There is no single cause of mental illness, and no one is to blame when someone develops a mental illness. A complex interplay of factors affect the likelihood of developing a mental illness.

### Brain chemistry

A chemical imbalance in the brain is caused by an imbalance of neurotransmitters, which can lead to symptoms such as depression, anxiety or stress reactions.

### Psychological and social factors

It is commonly thought that mental illness can be triggered by a traumatic life event or situation, and/or prolonged stress. Some examples of traumatic events are child abuse and neglect, family violence, severe or prolonged stress and unemployment.

### Genetics and heredity

Most mental illnesses are more common among close family members, which suggests that genetics plays a role. However, people don't inherit the illness itself; they inherit only the tendency to get it.

### Personality characteristics

People who are prone to think, feel and behave in certain ways can influence their likelihood of developing a mental illness or experiencing mental health problems.

Depressive disorders affect the body, mood and thoughts.



## Common mental illnesses

Here are a list of common mental illnesses according to the fifth and most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) published in 2013.

### Depressive disorders

Depressive disorders affect the body, mood and thoughts. It's important to remember that people with these disorders, as with all mental illnesses, cannot “pull themselves together” and get better using willpower alone.

#### *Major depressive disorder*

People who suffer from major depression often have a depressed or irritable mood most of the day for nearly every day. People often feel worthless and empty to the point of being unable to function. They lose interest in their usual activities and gain no pleasure from life. Other symptoms include changes to appetite, energy levels and sleep patterns. A person with depression may also have thoughts of death or suicide.

#### *Persistent depressive disorder*

Also known as dysthymia, persistent depressive disorder is different from major depression in that the symptoms are less severe but last a good deal longer than with major depression. Symptoms must be present for at least one year in children and adolescents and two years in adults. Often people think that persistent depressive disorder is “not as bad” as major depression, but effects have been shown to be as great as or greater than the effects of major depression.

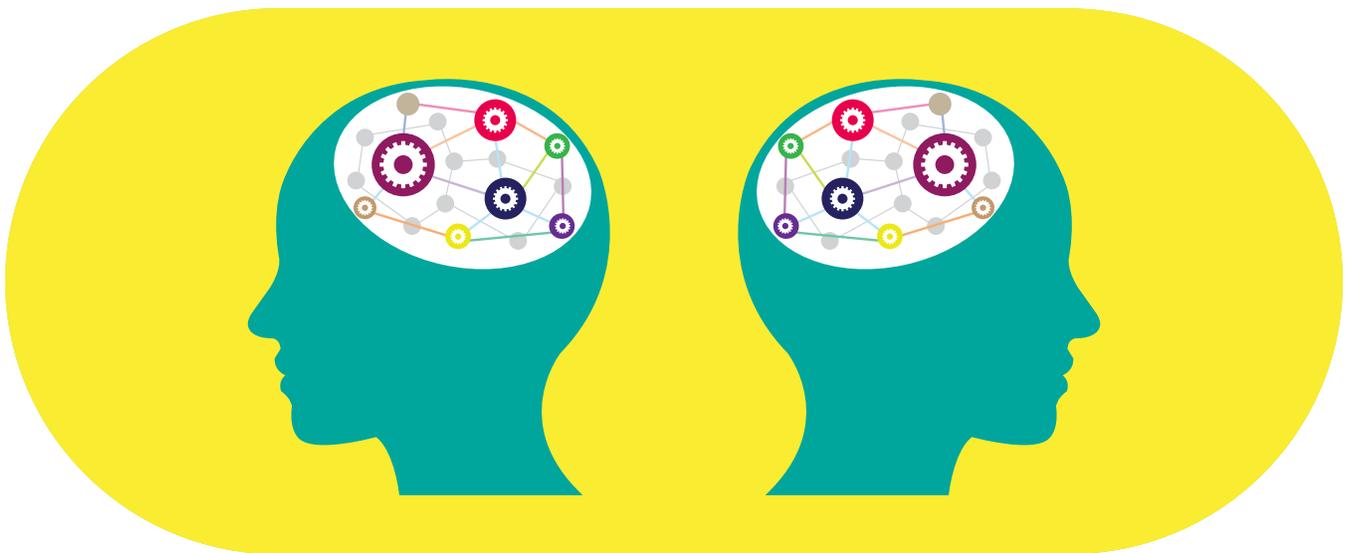
### *Depression with a seasonal pattern*

Previously known as seasonal affective disorder, depression with a seasonal pattern is linked to higher latitudes and the reduced daylight hours in winter months. With this illness, every year people experience a cycle of an average or “normal” mood in the spring and summer and a depressed mood in the fall and winter.

## **Bipolar and related disorders**

### *Bipolar I and II disorders*

Bipolar disorders are broken into two distinct disorders: people with bipolar I disorder experience manic episodes often with episodes of depression and/or hypomania; people with bipolar II disorder experience episodes of depression with episodes of hypomania. Mania is an episode of significantly elevated or irritable mood that often includes recklessness or other behaviour that is out of character for that individual. Hypomanic episodes occur when people experience elevated or irritable mood, but they are generally shorter and less severe than manic episodes. These changes in mood are not necessarily related to the events in a person’s life.



## **Anxiety disorders**

People with anxiety disorders experience excessive anxiety, fear or worry, which often leads to the avoidance of certain situations or objects. Anxiety disorders are the most common of all mental illnesses. Many anxiety disorders develop in childhood and persist if not treated.

### *Separation anxiety disorder*

Separation anxiety disorder is the most common anxiety disorder for children under 12. Its key features is excessive fear or anxiety around separation from attachment figures. People experience distress anticipating as well as experiencing separation, often worry about the safety of themselves and the people they are separated from and may be reluctant or refuse to be separated. Some people will have physical symptoms like headaches, stomach aches, nausea and vomiting.

# Anxiety disorders are the most common of all mental illnesses.

### *Phobias*

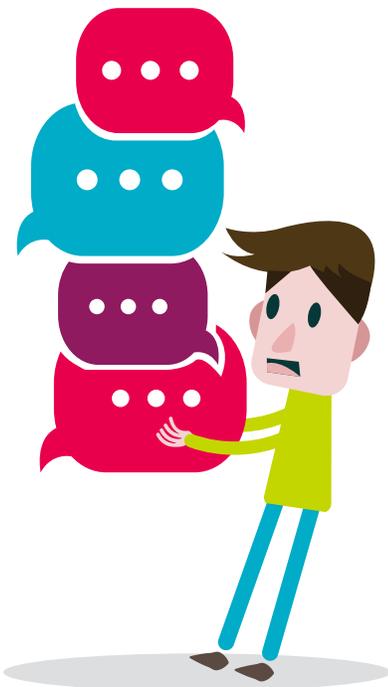
Phobias are marked by a persistent fear of particular objects or situations, such as flying, heights or animals. When faced with that particular object or situation, people are overwhelmed by fear that they cannot control.

### *Social anxiety disorder*

Social anxiety disorder involves significant fear or anxiety surrounding social interactions where the person may be exposed to possible scrutiny by others. These feelings often lead to social situations being avoided. The symptoms are severe, long lasting (typically six months or longer) and occur in almost all social situations.

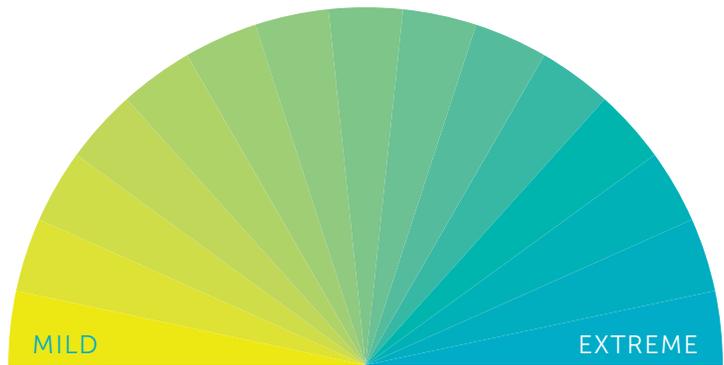
### *Generalized Anxiety Disorder*

People with generalized anxiety disorder experience uncontrollable excessive anxiety and worry about most events and activities. This worry is extreme and long lasting and it significantly interferes with everyday life. People with GAD may also experience physical symptoms like muscle tension, sweating, nausea, dizziness and irritable bowel syndrome.





In all mental illnesses, the severity of the disorder can vary from mild to extreme.



### **Eating disorders**

Eating disorders are characterized by a serious disturbance in eating behaviour. As with all mental illness, the severity of the disorder can vary from mild to extreme.

#### ***Binge eating disorder***

Binge-eating disorder is characterized by episodes where an individual eats a great deal more than most people would in a similar amount of time with a sense of a lack of control. People often feel disgusted, depressed or guilty after overeating. To be diagnosed with binge eating disorder, the binge eating must occur at least once a week for three months or more. The binge eating behaviour is not because of a lack of willpower.

#### ***Bulimia nervosa***

Bulimia involves reoccurring episodes of binge eating followed by extreme behaviour designed to prevent weight gain, such as self-induced vomiting, the use of laxatives, fasting or excessive exercise. These behaviours happen at least once per week for three months or more. Individuals with bulimia nervosa are often within the normal or overweight range.

#### ***Anorexia nervosa***

Anorexia nervosa involves drastic weight loss due to restrictive food intake that sometimes is accompanied by excessive exercise. Symptoms of the disorder include having an intense fear of gaining weight and the lack of awareness of the severity of their weight loss. Anorexia has the highest mortality rate of all mental illnesses.

Anorexia has the highest mortality rate of all mental illnesses.

## Neurodevelopmental disorders

### *Intellectual disability (Intellectual developmental disorder)*

A person with an intellectual disability has challenges to their intellectual and social abilities as well as their everyday life skills.

### *Childhood-onset fluency disorder (Stuttering)*

Typical fluency and time patterning of speech is affected and persists over time with sound and syllable repetitions, broken words or other struggles with language. One component of the diagnosis is that the disturbance causes anxiety about speaking and the limits of communication.

### *Autism spectrum disorder*

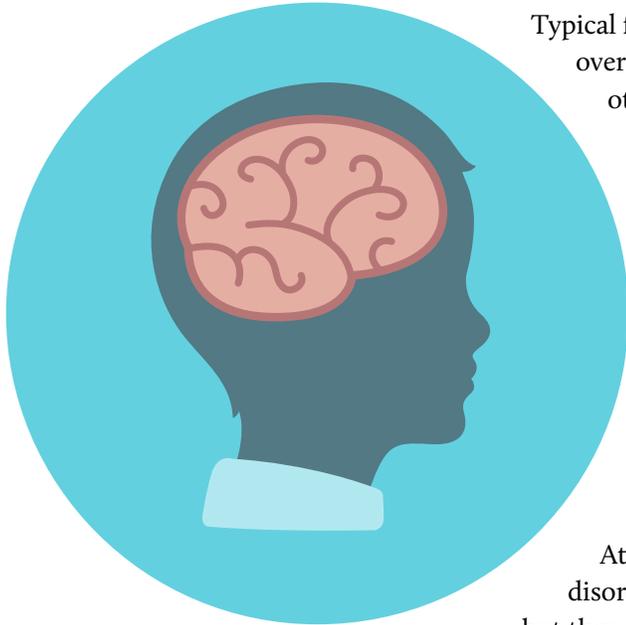
Some of the key features of autism spectrum disorder are persistent deficits in social communication and interaction, restricted and repetitive patterns of behaviour, interests or activities and the significantly negative effects on social, occupational or other important areas of functioning that these deficits have.

### *Attention-deficit/hyperactivity disorder (ADHD)*

Attention deficit disorder and attention deficit hyperactivity disorder (together referred to as ADHD) are not learning disabilities, but they do interfere with the learning process. Students with ADHD have a reduced ability to pay attention and/or are hyperactive or impulsive. Symptoms must persist beyond six months and be present in more than one setting (eg, home, school, work). An essential feature is that these behaviours negatively impact social and academic/occupational functioning. Behaviours such as defiance, hostility or failure to understand tasks or instructions do not qualify a person as having ADHD.

### *Specific learning disorder*

People with specific learning disorder have academic skills that are substantially below those expected for their age, which causes significant interference with academic or occupational performance or with the activities of everyday life. Affected areas may include reading or comprehension, spelling or written expression, and the mastering of numbers or mathematical reasoning.



Students with ADHD have a reduced ability to pay attention and/or are hyperactive or impulsive.

Some of the symptoms of oppositional defiant disorder include anger, irritability, argumentativeness, defiant behaviour and vindictiveness.

## Disruptive, impulse-control and conduct disorders

These disorders involve problems with an individual's ability to control their emotions and behaviours and result in the violation of the rights of others. Some of these behaviours include aggression, violence and destruction of property, etc.

### *Oppositional defiant disorder*

Some of the symptoms of ODD include anger, irritability, argumentativeness, defiant behaviour and vindictiveness. These symptoms must be present for over six months and with individuals other than a sibling. Consideration for what is typical for an individual in a similar situation is important.

### *Conduct disorder*

A person with conduct disorder has a pattern of aggressive and deceitful behaviour, and often destroys property or seriously violates other rules. This disorder may manifest itself in childhood or adolescence.



## Substance-related and addictive disorders

Substance related disorders (including alcohol-, cannabis- and tobacco-use disorders) and nonsubstance-related disorders (gambling disorder) all show a problematic pattern of substance use or behaviour that interferes with everyday life or causes significant distress. People with a substance-related disorder usually have an increased tolerance and desire for the substance. Often people will experience withdrawal symptoms and are unable to decrease the amount of the substance they use. People are unable to stop using even when it is causing or exacerbating physical, psychological, social or interpersonal problems.

While behaviours such as Internet and gaming addictions are not recognized by doctors as diagnosable illnesses, the problems associated with any addiction-like behaviour warrants extra attention and help.

## Schizophrenia spectrum and other psychotic disorders

### *Schizophrenia*

These disorders are characterized by delusions, hallucinations, trouble understanding and communicating with others, changes in typical movement (including catatonia) and negative symptoms like lessened emotional expression. These signs persist for at least six months and beginning at onset, there is a significant drop in functioning in major areas of life including school or work, relationships or self-care.

## Other behaviour warranting immediate attention

### Nonsuicidal Self-Injury (Self-harm or cutting)

A person is said to be self-harming if they engage in intentional self-inflicted damage to the surface of their body (eg, cutting, burning, hitting, stabbing); the behaviour is associated with emotional distress; they have expectations that they will gain relief or positive feelings from the action; and the behaviour is not socially sanctioned (eg, most tattooing, piercing, religious rituals, etc do not constitute self-harm).

While self-harm can have long-term effects on an individual's mental and physical health, (including the risk of accidental death), it is different from suicidal behaviour in that the individual believes the action will lead only to minor or moderate physical harm.

It is important for people exhibiting self-harm behaviour to talk to an adult they trust.

It is important for people exhibiting this behaviour to talk to an adult they trust who will not judge them but will help them get help. A mental health professional can assist the person in finding other ways of expressing their feelings and dealing with underlying issues in a healthier way.

Refer to "Ways to help a student" on page 24 for steps you can take if you notice or suspect self-harm.





## Concern about suicide

### Suicide

The circumstances that can lead someone to take his or her own life vary, but all people who consider suicide feel extreme hopelessness, helplessness and desperation.

Warning signs that someone is at risk of suicide include repeated expressions of hopelessness or desperation, behaviour that is out of character, signs of depression, withdrawal from friends and family, increase in drug or alcohol use, making preparations for death (such as making a will or gifting important items), making remarks related to death and dying, or a sudden and unexplained cheerful attitude (which may be a sign that they have made the decision to attempt suicide and feel relief at having made a decision). An expressed intent to attempt suicide should always be taken seriously.

If you suspect someone is suicidal, reach out to the person and ask them about their suicidal intentions.

Asking a person if they are considering suicide will **not** encourage them to do so.

Places to call if you are suicidal or are concerned about someone who is:

**Mental Health Help Line: 1-877-303-2642**

**Kids Help Phone: 1-800-668-6868**

**Call a local crisis centre, family doctor; or call 911.**

#### *Preventing suicide*

By learning about and paying attention to warning signs, even if it means asking uncomfortable questions, teachers can help prevent a suicide and get professional help for people who are feeling suicidal.

If you suspect someone is suicidal, reach out to the person and ask them about their suicidal intentions. Asking a person if they are considering suicide will not encourage them to do so. It is important to show respect and take the situation seriously. Offer your support by encouraging the person to talk and urging them to get help. If they won't seek help, get help for them. Never promise to keep their suicidal thoughts secret. Immediately contact a suicide prevention resource in your school or school division, such as a psychologist or guidance counsellor who knows how to work sensitively with these issues. Inform the school principal if you have concerns about a student who might be suicidal and make sure that the parent(s) or guardian(s) are informed.

Refer to “How do we make our schools more compassionate” on page 29 for what school procedures can do to ensure at-risk students, staff and teachers are provided for.

If you are suicidal or concerned about someone who is, contact the Mental Health Help Line at 1-877-303-2642; the Kids Help Phone at 1-800-668-6868; call a local crisis centre, family doctor; or call 911.

## Ways to help a student (colleague, friend or loved one)

- Be aware of the mental health and behaviour of the people around you and when you see worrying behaviour, act on your intuition.
- Talk to the person in a caring and respectful manner. Keep in mind that the stigma surrounding mental illness is the biggest reason why people do not seek the help that they need.
- Communicate the things you have noticed that concern you. Talk about behaviour rather than the student as an individual; rather than saying “you are acting strange,” talk about the specifics you have noticed without placing judgment.
- If you have spoken with the student and you remain concerned, talk to the most appropriate person in your school. This may be a counsellor, social worker, nurse, psychologist, your department head or principal. Setting up a procedure beforehand is the best thing a school can do. You can find more information on this in the “How do we make our schools more compassionate?” section on page 29.
- You may need to alert the parent(s) or guardian(s) that the student is in need of additional help and/or outside resources.
- If necessary, refer the student to an outside mental health professional to assist with obtaining any necessary treatment for the student. The student, teacher, parent(s)/guardian(s), along with the mental health professional(s) should work as a team to develop strategies to support the student in the school.

**Talk to the person in a caring and respectful manner.** Keep in mind that the stigma surrounding mental illness is the biggest reason why people do not seek the help that they need.

**Ask the person how they want you to help.**  
You may be surprised at what small things they may need that you can do for them.



- Be understanding and accepting. Feeling unconditionally accepted, is very important for the recovery of those living with a serious mental health problem or mental illness.
- Ask the person how they want you to help. You may be surprised at what small things they may need that you can do for them. On the other hand, they may resist your help, but they will know that you are there to support them if they change their minds.
- Pay attention to any suicidal behaviours, thoughts or feelings they may exhibit or disclose to you. If you are concerned about the risk of suicide of a student, inform the appropriate person in your school and implement school procedure for suicide prevention. See our resource section at [www.canwetalk.ca](http://www.canwetalk.ca) for information on how to develop these policies.
- Accommodation for a student may be necessary in cases where a mental health problem or mental illness is interfering with a student's ability to participate fully in school. Mental health professionals, parents/guardians and staff involved with the student should work together to make a plan of action.
- Remember self-care. It can be stressful helping a student, staff or loved one who is struggling with a mental health problem or illness. Take time for yourself and get whatever support you need as well.



Mental illnesses are treatable, so asking for help is critical to regaining optimum mental health.

## Treatment for mental illness

Just as there are different causes and symptoms of mental illness, there are also many different ways to treat it. Remember, mental illnesses are treatable, so asking for help is critical to regaining optimum mental health. Healthcare professionals can work with their clients to determine the problem and prescribe the best treatment options for them. To contact a mental health professional, see our list of resources.

The Canadian Mental Health Association advocates for all types of care that help people find optimal mental health. The treatments that a mental health professional prescribes could include one or more of the following:

- Psychotherapy and/or counselling
- Medication
- Holistic treatments
- Community support services

## **The first step**

The first step to getting treatment begins by visiting a mental health professional like a doctor, psychologist, psychiatrist, nurse, counsellor or social worker. Although it's sometimes uncomfortable or frightening to talk about, the sooner a person seeks help, the better prepared they will be to manage a mental illness.

## **Psychotherapy and counselling**

Psychotherapy and counselling are valuable components of mental health treatment programs. Psychologists can provide support and psychotherapies, such as cognitive behavioural therapy, that help patients learn to effectively change their thinking, feelings and behaviour.

Counsellors can also provide support, resources and assistance to people who need help making positive changes and/or informed choices in their lives. The counsellor will talk with the person to get a clear idea of the problem and will then be able to offer treatment options.

Social workers help people deal with personal and social problems, either directly or by planning or implementing programs that benefit groups or communities.

Because everyone is different, no one treatment or medication works the same for every person.

## **Medication**

Medication can be a crucial component of the treatment of certain mental illnesses. Physicians and psychiatrists are medical doctors who assess a person's condition, work with patients to determine a diagnosis, and prescribe medication and/or other treatments necessary for that person to get well.

Because everyone is different, no one treatment or medication works the same for every person. Sometimes patients must try different medications until they find the right one that makes them feel better without disruptive side effects. Furthermore, psychiatric medication can take some time to stabilize a mental illness. While experimenting with medications can be frustrating, it is worthwhile following through to find the medication(s) that work.

## Holistic treatments

While visiting a mental health professional is the first step in obtaining a diagnosis and starting your recovery journey, some people find complementary treatments helpful to their recovery plan. A wide range of holistic methods is available, including acupuncture, herbalism and naturopathic counsellors.

## Support systems

Finding support, whether that be in family members, friends, co-workers, a psychologist or a community group, is essential to maintaining your mental health and managing a mental illness. Some people with a mental illness become isolated, which can impede recovery. Exploring spirituality, pursuing a passion and even volunteering can give added meaning and purpose to a person's life. Finding a self-help group is a way to find support from people with common life experiences.

A supportive person doesn't necessarily need to have personal experience with a mental illness in order to be a good support system. Good supports are people who are empathetic, patient, have faith the person can recover and continue to treat the individual as the person that they are and not simply a diagnosis.

## CMHA and other community programs and services

When you, a colleague or a student is facing a mental illness, it's important to know that you are not alone. CMHA programs and services are available through regional offices in communities across Alberta. Many regions offer programs for children and youth. You can also look in your community for other mental health organizations and in our resource section at [www.canwetalk.ca](http://www.canwetalk.ca) for more information.

Finding support, whether that be in family members, friends, co-workers, a psychologist or a community group, is essential to maintaining your mental health and managing a mental illness.



# What Can Teachers Do?

## How do we make our schools more compassionate?

### Comprehensive School Health

Modeled after the World Health Organization's endorsed framework for supporting improvements in students' educational outcomes by addressing school wellness in a planned, integrated and holistic way, here is a list of ways we can make our schools more compassionate:

- i. Ensure a social and physical environment where there is safety, well-being and interconnected relationships.
  - Create a compassionate culture every day of the year.
    - Do not tolerate bullying and/or discrimination on any level.
    - Encourage positive social norms, including stigma free acceptance of people with mental illnesses.
    - Promote healthy relationships, including safe use of technology, developing boundaries, how to respond to violence, how to avoid and recover from addiction, how to make healthy choices and connectedness to others.
    - Focus on the importance of exercise and nutrition.
    - Promote staff wellness and act as role models.
    - Reward self and peer mental health awareness and help-seeking behaviour.
    - Keep materials/policy/procedures relevant to the unique context of each school including gender, sexuality, religious, class and cultural needs.



2. Align what is taught with the goals of a compassionate classroom.
  - Teach explicitly about mental health, suicide and mental illness.
  - Teach resilience and mental health skills starting at an early age and through to adulthood. See our lesson plans at [www.canwetalk.ca](http://www.canwetalk.ca).
  - Incorporate the importance of mental health into curricula across subjects. See our FAQ section for more information.
  - Connect with resources in and out of the school including local agencies. For a list of resources, see [www.canwetalk.ca](http://www.canwetalk.ca).
  - Educate parents and students about the resources available to help.



Schools need policies and procedures that promote and support mental health.

3. Build healthy school policy.
  - Schools need policies and procedures that promote and support mental health. This should include
    - protocol to guide the response for a person at risk of or experiencing a mental health problem, mental illness or suicidal behaviour;
    - protocol for contacting parent(s) or guardian(s);
    - how referrals should be made to outside services;
    - how the school will accommodate and support the student after they have been identified as at risk;
    - protocol to guide the school's response to a death by suicide. This should include who to contact, how to respond to the media, how to inform students and staff in the safest manner and how to prevent contagion;
    - policy on the minimum number of staff having training in suicide intervention (eg, Applied Suicide Intervention Skills Training, etc) and other mental health crisis management skills (eg, Mental Health First Aid, etc); and
    - ensure students have access to mental health resources like a school counsellor or psychologist and other sufficiently trained staff members, information about community supports as well as crisis line phone numbers and websites.



4. Develop partnerships and services inside and outside of schools.

- Ensure students have a voice across all levels of policy with student-led action plans that focus on student engagement.
- Build student-led groups, including peer support groups and leadership clubs, that are engaged and model healthy behaviour for their peers.
- Establish advisory committees (teachers, staff, principal, community members, students, stakeholders) and ensure open communication to all groups.
- Establish a district committee — connect, plan, train, disseminate information and strategies for school health.
- Involve the community, all levels of government, school districts and other stakeholders.

## Summary on how we make our schools more compassionate:

- 1 Ensure a social and physical environment where there is safety, well-being and interconnected relationships.
- 2 Align what is taught with the goals of a compassionate classroom.
- 3 Build healthy school policy.
- 4 Develop partnerships and services inside and outside of schools.



## Is there anything else I can do?

### Have your say in local, provincial and national government priorities

Support initiatives to ensure

- sustained and substantial funding to comprehensive school health initiatives,
- teachers and administrators are heard by school districts and boards in regard to school mental health,
- there is an established plan for implementing comprehensive school health including initiatives already taking place,
- there is a team assembled to understand and support a vision of a mentally healthy school community,
- research is completed on how best to support the mental health of staff and students in schools and how to help students at risk of or experiencing mental illness or suicidal behaviour,
- there are opportunities for teachers and other staff to meet face to face in order to network, attend training and provide mutually beneficial support in regard to mental health promotion,
- there are resources available to schools, students and families supporting mental health and recovery from mental illness,
- there are trained mental health professionals in every school,
- preservice teachers are receiving adequate training to better serve schoolwide mental health,
- there is adequate communication among the parents, schools, students and community groups regarding mental health,
- that teachers, staff and administrators as well as the students all have good mental health and the supports needed in case of mental illness and
- there is adequate policy, funding, human resources, time, professional development and physical resources to support comprehensive school health.

\* **Have your say** in local, provincial and national government priorities.

\* **Advocate.**

\* **Volunteer.**

\* **Host** a mental health event.

\* **Donate.**

### Advocate

- Be an advocate for people with mental illness by working actively to reduce the stigma and increase awareness of mental illness, or simply when interacting with friends, students, family or other members of your community.
- Dispel myths and support mental health initiatives through letters to the media and MLAs.
- Share the knowledge you've gained, or, if you're comfortable doing so, share your personal experiences with mental health problems or mental illness with others when the opportunity is right.

## **Volunteer**

- Most nonprofit organizations rely on the dedication of volunteers, and mental health organizations are no different. Find a local Canadian Mental Health Association or a different mental health organization to help provide programs to the thousands of people who depend on their services.

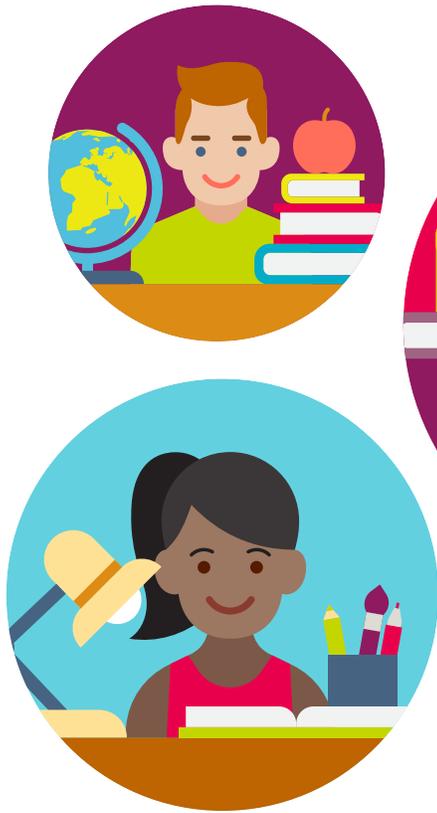
Be an advocate for people with mental illness by working actively to reduce the stigma.

## **Host a mental health event**

- Host a fun event to raise awareness and support for mental illness. Rally friends or coworkers together for activities you enjoy and have a great time while giving back to the community.
- Holding a corporate challenge event to gather pledges can support mental health initiatives while improving the public image of teachers and schools.
- Use your imagination and creativity to come up with an event idea. Contact your local office of the Canadian Mental Health Association or Shelley Magnusson at the Alberta Teachers' Association at 780-447-9478 in Edmonton, or toll-free at 1-800-232-7208 outside of Edmonton, to share your vision and discuss how they can help you with planning and implementing your idea.

## **Donate**

- The Canadian Mental Health Association wants to empower people to live with better mental health and break the stigma of mental illness. To do this, it needs support in the form of donations. Donations to CMHA or other mental health organizations make a significant difference in sustaining core programs, enhancing specialized supports and developing mental health innovations.



## Frequently Asked Questions

### **I am an elementary school teacher; does any of this apply for my classes?**

It is never too early to start teaching important life skills to support good mental health in a student. Mental health problems are often linked to a lack of healthy coping skills and resiliency, both of which are learned starting at a young age. As an elementary school teacher you can help build students' confidence and resiliency skills through simple activities. Check out [www.canwetalk.ca](http://www.canwetalk.ca) for lesson plans ready to be implemented in your class.

Additionally, some mental illnesses present in childhood. Early intervention can go a long way towards managing how great an effect a mental illness will have on a student's academic and personal life.

### **I am a secondary school teacher; what can I do to develop my students' skill for mental health?**

Just as with any skill, coping skills that ensure resiliency and good mental health need to be practiced often in order to stay fresh and effective. Secondary students may soon be heading to a postsecondary school or right into the workplace, and there is no better time to remind them of the importance of good mental health and teach them new ways to manage stress. Check out [www.canwetalk.ca](http://www.canwetalk.ca) for some great lesson plans on how to talk to students about mental health and mental illness.

Additionally, many individuals living with mental illness say their symptoms began in late adolescence. Take some time to teach students about recognizing signs, and stress the importance of reaching out for help right away. Early intervention is an important element of an individual's recovery journey.

### **What do I do if the student won't accept help?**

You've probably heard the saying, "you can lead a horse to water, but you can't make it drink." The same can be said about offering help to a student. Be open and honest with the student and their family about your observations and concerns; keep it as objective as possible by focusing on behaviours and their impact on the student's learning without judgement. Let the family know where they can get support and that services are confidential. It's important to understand that people generally don't want something to be wrong, so initially denial is very common. More often than not, denial is strongly linked to self-stigma or fear of stigmatization from others. If the student continues to refuse help, speak to your school guidance counselor or principal about your concerns. In the case of severe distress or suicidal behaviour, intervention is a must, even if the student is reluctant.

It's important to understand that people generally don't want something to be wrong, so initially denial is very common.

### **What if mom and dad don't believe there is a problem?**

It can be frustrating and confusing for a student looking for help when they are not supported at home. Some parents do not support their child speaking up about their problem for fear of what others will say, while some do not have the right information to fully understand the issues their child is experiencing.

The truth is, over 40% of parents admit they wouldn't tell anyone if their child had a mental illness, including their doctor. It may take some time and further conversation before they are able to come around. In the meantime, it is important as a teacher to validate and acknowledge the information the student has shared with you, reassure them that they are doing the right thing in speaking up, and help them access resources through the school like a school psychologist or guidance counselor. If a student is in severe distress, experiencing suicidal thoughts or behaviours or otherwise needs urgent attention, it is essential the student receive that care with or without parental permission. Because mental illness is a medical condition and suicide is an emergency situation, if the student is not receiving proper care, this falls under the legal category of neglect and teachers are legally obligated to report it. See our resources section on page 37 for contact information for the child abuse hotline.



## What are some simple strategies that we can do in our school to promote positive mental health?

The great thing about promoting positive mental health in your school is there are so many ways to do it. A great way to get started is by creating a committee comprised of staff, teachers, parents, students and community members. From there, the sky is the limit. Develop a drop-in peer support group; host resource fairs with local nonprofit groups that support mental health; have poster campaigns or other activities to raise awareness; you can also host full-day events with presentations and workshops on mental illness and health-related topics. Contact your nearest Canadian Mental Health Association for support in getting your committee or event started.

A great way to get started in promoting positive mental health is by creating a committee comprised of staff, teachers, parents, students and community members.

## How do I embed mental health ideas into all areas of the curriculum or subject areas?

It might seem difficult to weave mental health into the curriculum, but you can start small. Include mental health and well-being in your discussions about physical health, outlining how each impacts the other; use stories of lived experience as examples or essay topics for your English or history class; include mental health—identifying stressors, naming feelings, talking about well-being—when you check in with students. This can be a quick and easy way to let students know it is just as important to talk about as physical health and other everyday things, no matter which subject you teach. Refer to the Hats On for Mental Health lesson plans for other ideas.



For lesson plans and other great resources on mental health, visit [www.canwetalk.ca](http://www.canwetalk.ca).

## Resources

Wondering where you can access resources, supports and phone numbers for students, teachers and staff? For a great list of resources available to you, including lesson plans, please visit [www.canwetalk.ca](http://www.canwetalk.ca).

For any further questions, contact the ATA or the CMHA in your community.

Kids Help Phone: 1-800-668-6868

Rural Distress Line: 1-800-232-7288

Suicide Crisis Hotline: 1-800-448-3000

Bullying Helpline: 1-888-456-2323

Mental Health Helpline: 1-877-303-2642

Child Abuse Hotline: 1-800-387-KIDS (5437)

Addictions Helpline: 1-866-332-2322

Health Link: 811

Local crisis line \_\_\_\_\_

(check online to see if your area has one)

# Project Partners



Canadian Mental  
Health Association  
Alberta

Founded in 1918, the **Canadian Mental Health Association** (CMHA) is one of Canada's oldest not-for-profit organizations. With more than 10,000 staff and volunteers in hundreds of communities across Canada, the CMHA provides vital services and support to well over half a million Canadians every year. As the nationwide leader and champion for mental health, the CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience and support recovery from mental illness. For mental health and mental illness information, resources and tools and to find a CMHA community location, please go to [www.cmha.ca](http://www.cmha.ca).

The Canadian Mental Health Association (CMHA) in Alberta is made up of eight regions (Fort McMurray, Grande Prairie, Edmonton, Camrose, Red Deer, Calgary, Medicine Hat and Lethbridge). Additionally CMHA in Alberta includes the Centre for Suicide Prevention and a divisional (provincial) office located in Edmonton. CMHA regional offices focus on the delivery of mental health recovery services, housing, advocacy and mental health promotion. CMHA's divisional office supports and promotes the work of CMHA across the province of Alberta for collective impact. The division and regions work cooperatively to advance the greater good of people with mental illness in our society. For more information on the CMHA, please refer to its website, [www.cmha.ab.ca](http://www.cmha.ab.ca).



The Alberta  
Teachers' Association

**The Alberta Teachers' Association**, as the professional organization of teachers, promotes and advances public education, safeguards standards of professional practice and serves as the advocate for its members. It represents teaching professionals in Alberta's public, separate and francophone school divisions.

Alberta's teachers are committed to the well-being of the children and youth they serve. Teachers value the importance of public education in developing all children's potential and gifts and enabling them to function effectively in school, work and life.



**Global Television** is dedicated to developing partnerships for building stronger communities. Audiences rely on Global Edmonton and Global Calgary for their local, national and international news and entertainment programming, and for the support of important initiatives that improve the lives of all Albertans.

Global Television is proud to partner with the Alberta Teachers' Association and the Canadian Mental Health Association to build awareness of "Healthy Minds, Bright Futures," the goal of which is to help parents, children and the community understand and recognize the importance of student mental health.

# Sources

Alberta Education. nd. *Mental Health Matters: Manage Challenges—Build Your Mental Health Muscles!* Level 10–12. <http://education.alberta.ca/media/7838155/manage10-12.pdf> (accessed September 21, 2015).

Alberta Health Services. 2012. *Elementary Mental Health Kit: Be Kind to Yourself and Others*. <http://www.albertahealthservices.ca/ps-7344-mhk-elem-manual-low.pdf> (accessed September 21, 2015).

———. 2012. *Junior High Mental Health Kit: Be Kind to Yourself and Others*. <http://www.albertahealthservices.ca/ps-7344-mhk-jhs-manual.pdf> (accessed September 21, 2015).

Alberta Healthy School Community Wellness Fund. 2014. *Developing Healthy School Communities Handbook*. [http://www.wellnessfund.ualberta.ca/~media/abhealthyschools/Wellness\\_Fund\\_Handbook\\_2015-English.pdf](http://www.wellnessfund.ualberta.ca/~media/abhealthyschools/Wellness_Fund_Handbook_2015-English.pdf) (accessed September 21, 2015).

Alberta Teachers Association. 2009. *Compassionate Classrooms: Understanding Student Mental Health*. 1st ed. Edmonton, Alta: ATA. Also available at <http://www.teachers.ab.ca/SiteCollectionDocuments/ATA/Publications/Human-Rights-Issues/Compassionate%20classrooms%20booklet%20COOR-79e.pdf> (accessed September 21, 2015).

———. 2014. *Report of the Blue Ribbon Panel on Inclusive Education in Alberta Schools*. Edmonton, Alta: ATA. Also available at <http://www.teachers.ab.ca/SiteCollectionDocuments/ATA/News-Room/2014/PD-170-1 PD Blue Ribbon Panel Report 2014-web.pdf> (accessed September 21, 2015).

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. 5th ed. Arlington, VA: American Psychiatric Publishing.

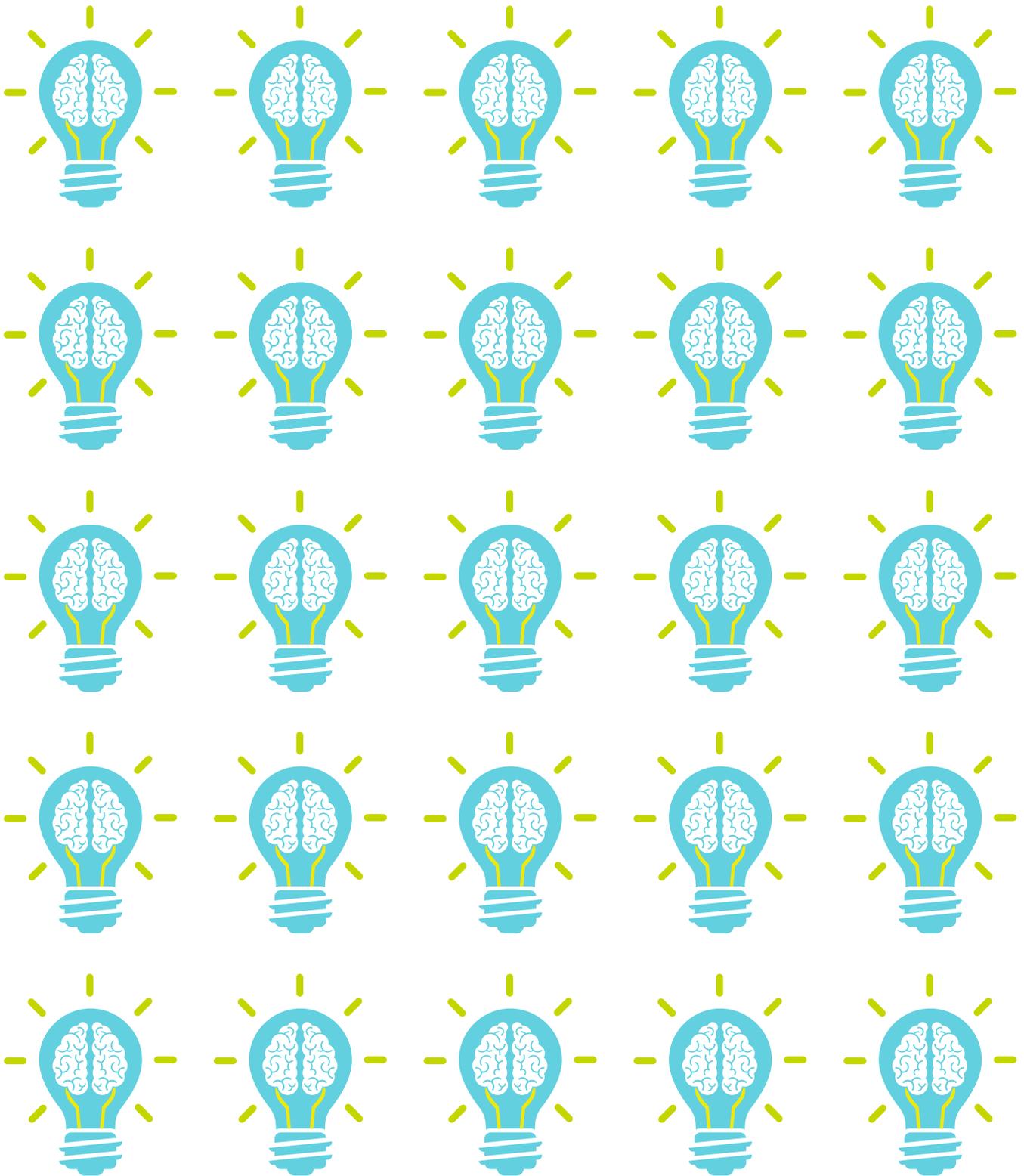
Canadian Mental Health Association (CMHA). 2015. “Fast Facts About Mental Illness.” CMHA website. <http://www.cmha.ca/media/fast-facts-about-mental-illness/#.VZKzIPiViko> (accessed September 21, 2015).

Schacter, D L, D T Gilbert and D M Wegner. 2009. *Psychology*. Worth Publishers: New York.

Search Institute. 2007. “40 Developmental Assets for Adolescents.” Search Institute website. <http://www.search-institute.org/content/40-development-assets-adolescents-ages-12-18> (accessed September 21, 2015).



For more information and resources on mental health, scan the QR code or visit [www.canwetalk.ca](http://www.canwetalk.ca).



The Alberta  
Teachers' Association



Canadian Mental  
Health Association  
Alberta

