

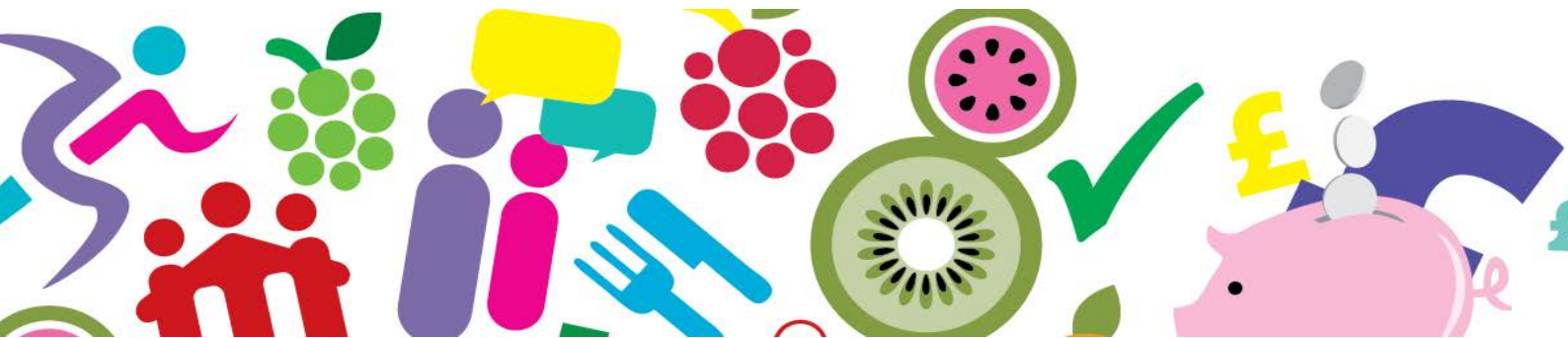


ISLINGTON



## HEALTHY MINDS

A Scheme of Work about **Mental Health**  
for Key Stage 3



## Contents

<b>Introduction</b> - Including Overview of the scheme of work	<b>Page 3</b>
<b>Further support for schools</b> - Support for teaching and learning about mental health - Support for pupils - Staff training and support - Support for parents / carers	<b>Page 4</b>
<b>Resources needed</b>	<b>Page 7</b>
<b>Lesson 1</b>	
Lesson Plan	<b>Page 9</b>
Lesson Resources	<b>Page 15</b>
<b>Lesson 2</b>	
Lesson Plan	<b>Page 19</b>
Lesson Resources	<b>Page 25</b>
<b>Lesson 3</b>	
Lesson Plan	<b>Page 31</b>
Lesson Resources	<b>Page 37</b>
<b>Lesson 4</b>	
Lesson Plan	<b>Page 41</b>
Lesson Resources	<b>Page 47</b>
<b>Appendix</b>	<b>Page 59</b>
Appendix A: Secondary schools' CAMHS list June 2013	<b>Page 61</b>
Appendix B: Further information about mental health and wellbeing services for young people in Islington	<b>Page 62</b>
Appendix C: Evaluation	<b>Page 67</b>
Appendix D: Ways to support a child with specific mental health problems	<b>Page 69</b>
Appendix E: Mental health problems – background information	<b>Page 70</b>
Appendix F: Suggested letter to parents	<b>Page 84</b>
Appendix G: Ways to support your child's mental health	<b>Page 85</b>
Appendix H: Promoting resilience in school	<b>Page 87</b>

Lessons are intended to be 50 – 60 minutes long. Timings within lessons are given as a guide to suggest the relative emphasis to be placed on the various activities rather than as prescriptive advice. The time taken by activities may vary greatly, depending on the pupils' prior knowledge and the questions and discussions that arise.



## Introduction

The Healthy Minds scheme of work was developed in partnership with an Islington school, Islington's Child and Adolescent Mental Health Service (CAMHS) and Islington's Direct Action Project to support schools to raise awareness about mental health issues in accessible, interactive and enjoyable ways. Each lesson in the scheme has a suggested lesson plan, student resources, detailed teacher background notes and eye-catching handouts.

The scheme addresses the stigma surrounding mental health, ways that everyone can look after their mental health and ways to get help or support a friend. Its emphasis is NOT on identifying the signs and symptoms of particular mental health problems, however some of the learning happens *through* considering the impacts of some mental health problems. These have been chosen to reflect the most common mental health problems among young people:

- **Depression** (lesson 1) [*also Mind bereavement story (Zac) is linked to depression*]
- **Anxiety** and related problems (lesson 2)
- **Self harm** (lesson 3)
- **Eating disorders** (touched on in lesson 3) [*also Mind Chris story*]
- **Suicide**, although less common, is dealt with throughout (lesson 1 has key messages)
- [*anger story (Jess) is a symptom or sign of a number of mental health problems*]

See the Appendix for further information about these and a range of other mental health problems.

The scheme is also available in the Healthy Schools, PSHE education room on the MLE. For copies or for more information, please contact Helen Cameron [helen.cameron@islington.gov.uk](mailto:helen.cameron@islington.gov.uk) / 020 7527 5591

### Overview of the scheme of work

	Learning outcomes <i>Pupils:</i>
<b>Lesson 1</b> Pupils learn about mental health and depression.	<ul style="list-style-type: none"><li>• understand that everyone has a state of mental health, with ups and downs</li><li>• can list some signs and symptoms of depression</li><li>• can suggest several ways in which someone can help prevent or manage depression.</li></ul>
<b>Lesson 2</b> Pupils explore the stigma surrounding mental health problems including the use of appropriate language.	<ul style="list-style-type: none"><li>• know that the stigma surrounding mental health can make a person affected by mental health problems feel worse</li><li>• understand the importance of using appropriate language about mental health to combat stigma</li><li>• can identify signs and symptoms of a variety of mental health problems</li><li>• recognise that sometimes everyone will have experiences and feelings that are symptoms of mental health problems.</li></ul>
<b>Lesson 3</b> Pupils learn about self harm and its causes, and consider how someone can respond.	<ul style="list-style-type: none"><li>• understand what self harm is and recognise that all kinds of self harm are attempts to cope with and/or communicate difficult feelings</li><li>• can suggest positive ways to respond to someone who is self harming</li><li>• can discuss strategies for coping other than self harming behaviour</li></ul>
<b>Lesson 4</b> Pupils learn that anyone can be affected by mental health problems, and that most people can and do recover.	<ul style="list-style-type: none"><li>• recognise that anyone can be affected by mental health problems</li><li>• can suggest how a young person with mental health difficulties can get help</li><li>• know that people recover from mental health problems</li><li>• can suggest ways that everyone can look after their mental health.</li></ul>

## Further support for schools

### Support for pupils

The appendix includes a list of agencies and websites for you to signpost students to for support around emotional and mental health, when the need occurs. The Direct Action Project (DAP) has produced leaflets which can be distributed to pupils in conjunction with the *Healthy Minds* lessons to direct them to further support locally and nationally. These are referred to in the lesson plans and can be obtained from Emma Charlton at DAP [admin@peelinstitute.org.uk](mailto:admin@peelinstitute.org.uk) / 020 7837 6082

Support available	Support type	Contact
<b>Child and Adolescent Mental Health Service (CAMHS)</b>	The CAMHS worker for your school provides staff consultations and direct work with families and young people when there are significant concerns about a young person's mental health and psychological well being. They also run therapeutic groups, training/workshops for staff or parents on matters related to mental health, and screening to aid the early identification of mental health difficulties in young people. They can be accessed via requests to your pastoral care team.	Contact your school's designated CAMHS worker – see Appendix A for a list
<b>Educational Psychology (EPs)</b>	EPs work with teachers and parents to help bring about positive change, and to promote the emotional wellbeing of children and young people. They use a child centred approach which encourages joint problem solving with parents and school staff. EPs carry out assessments, and support staff to implement outcome based programmes in schools. EP involvement is agreed with the Inclusion Manager at regular planning meetings held in school.	Contact your school EP or alternatively email <a href="mailto:epsenquiries@ilsington.gov.uk">epsenquiries@ilsington.gov.uk</a> or call 020 7527 5817
<b>School nursing</b>	The school nurse can offer confidential support and advice and refer or signpost as appropriate.	Contact your school nurse via the school office via email or telephone. (The pastoral support team can contact directly)
<b><i>Ways to support a young person with specific mental health problems</i> advice sheet</b>	Advice sheet that you may wish to use with parents or others who have particular concerns about a young person's mental health	See <i>Healthy Minds</i> pack, Appendix D

Staff training and support		
Support available	Support type	Contact
<b>One day youth mental health awareness training</b>	Builds the confidence of staff in understanding mental health and responding to mental health problems in schools	<a href="mailto:ethan.hanna@rethink.org">ethan.hanna@rethink.org</a>
<b>Two day Youth Mental Health First Aid (YMHFA) training (centrally based – specific dates)</b>	Aimed at adults who work with, live with, or support young people aged 11-18. Covers background information about common mental health (MH) problems, plus practical techniques to support a young person experiencing a MH problem.	<a href="mailto:MHFAIslington@rethink.org">MHFAIslington@rethink.org</a>
<b>20 minute staff briefing</b>	Alerts the whole school staff to signs and symptoms of mental health problems and gives brief advice on how to deal with concerns about a pupil or disclosures	Janine Killough or Hayley Harkins (Healthy Schools) <a href="mailto:janine.killough@islington.gov.uk">janine.killough@islington.gov.uk</a> or your school's CAMHS worker
<b>One hour staff training</b>	This slightly more in-depth training expands on the 20 minute staff briefing; it could be for whole staff or particular groups eg pastoral team, Y9 tutors and will be planned to meet the school's needs/requests	Your school's CAMHS worker or Janine Killough (Healthy Schools) <a href="mailto:Janine.killough@islington.gov.uk">Janine.killough@islington.gov.uk</a>
<b>'Teach the <i>Healthy Minds</i> scheme of work' training</b>	Up to one hour training to prepare a group of teachers to teach the <i>Healthy Minds</i> lessons	Janine (Healthy Schools) <a href="mailto:janine.killough@islington.gov.uk">janine.killough@islington.gov.uk</a>
<b>Educational Psychology (EPs)</b>	Training for school staff in supporting children with development of emotional and social skills and implementing intervention groups for young people, using evidence based programmes, to promote emotional wellbeing and positive outcomes in schools.	Contact your school EP or alternatively email <a href="mailto:epsenquiries@islington.gov.uk">epsenquiries@islington.gov.uk</a> or call 020 7527 5817
<b>School nursing</b>	Can be a point of contact in school to offer professional confidential support and advice. The nurse can clarify any sensitive issues and help explore issues of concern. They can signpost and refer as appropriate.	Contact your school nurse via the school office via email or telephone. (The pastoral support team can contact directly)
<b>Solihull training</b>	The Solihull approach combines three theoretical concepts, containment (psychoanalytic theory), reciprocity (child development) and behavioural management (learning theory). The training provides a framework for thinking about young people's emotional and mental health needs in school. In particular, It considers how more difficult early experiences, relationships and attachments can have an impact on teaching and learning. It can be delivered in a variety of formats including whole days, half days or modularised versions for twilight sessions etc	Contact your school's designated CAMHS worker – see Appendix A for a list

### Support for teaching and learning about mental health

Support available	Support type	Contact
<b>Healthy Minds scheme of work</b>	Scheme of work for KS3 PSHE education	Contact Janine for a copy <a href="mailto:janine.killough@islington.gov.uk">janine.killough@islington.gov.uk</a>
<b>Support to plan teaching and learning about mental health</b>	Includes how to use the <i>Healthy Minds</i> scheme of work (KS3) and develop work for KS4	Janine Killough <a href="mailto:janine.killough@islington.gov.uk">janine.killough@islington.gov.uk</a>
<b>In-class support</b>	Support for teachers new to teaching the <i>Healthy Minds</i> scheme of work (KS3)	Janine Killough <a href="mailto:janine.killough@islington.gov.uk">janine.killough@islington.gov.uk</a>
<b>Mental health awareness lesson (KS4 or 5) delivered by Rethink Mental Illness</b>	Available until March 2014! The sessions give young people information on mental health, and opportunity to explore their ideas around the issue, and find out more on key services that can support. Choose from a 50-minute, 90-minute and half-day version. Free of charge (funded by The City Bridge Trust).	<a href="mailto:young.people@rethink.org">young.people@rethink.org</a>

### Support for parents / carers

Support available	Support type	Contact
<b>Suggested letter for parents</b>		See <i>Healthy Minds</i> pack, Appendix F
<b>Ways to support your child's mental health advice sheet</b>	General advice sheet to send out to parents	See <i>Healthy Minds</i> pack, Appendix G
<b>Short mental health awareness sessions</b>	Workshops for parent groups on a range of topics, including depression & self harm	Emma Charlton, Direct Action Project 020 7837 6082 / <a href="mailto:admin@peelinstitute.org.uk">admin@peelinstitute.org.uk</a>



## Resources needed

In addition to the resources included in this scheme, before teaching the scheme of work you will need to order or ensure you have the following resources available:

### Lesson 1

- **CLASS SET** of *'I had a black dog'* by **Matthew Johnstone** (or at least ONE COPY of the book to produce the following pictures):
  - **Pictures A:** one copy of laminated pictures from *'I had a black dog'*, from page with caption "Black Dog could surprise me with a visit for no apparent reason or occasion." to "Eventually I became quite good at self medication... ... which never really helped." (there are ten double-page spreads)
  - **Pictures B:** eight copies of pages from "Which was about the time I sought professional help and got a clinical diagnosis." to "The most important thing to remember is that no matter how bad it gets... ...if you take the right steps, Black Dog days can and will pass." (there are six double-page spreads, or 11 sides of A4))

### Lesson 2

*No additional resources required*

### Lesson 3

- **CLASS SET** of the **booklets** from **Mind**, ('My name is Chris/Pete/Jess/Zac – this is my story') – one per pupil – available to order from [www.mind.org.uk/shop/booklets](http://www.mind.org.uk/shop/booklets) if you wish to set the Homework task.

### Lesson 4

- **Pictures of celebrities** who have suffered from mental health problems (and recovered) (a list of suggested celebrities is included in the lesson plan)
- **Healthy Minds:** a young person's guide to mental health and wellbeing services in Islington leaflet – one per pupil

### Assembly

- You may wish to have an assembly to coincide with teaching the lessons about mental health. You could use the film and resources provided by the Time to Change campaign the Stand Up Kid, see [www.time-to-change.org.uk/news/young-people-campaign-west-midlands-stand-up-kid](http://www.time-to-change.org.uk/news/young-people-campaign-west-midlands-stand-up-kid).





---

## Lesson Plan

## Lesson 1

### Learning intention:

Pupils learn about mental health and depression.

### Learning outcomes:

*Pupils:*

- understand that everyone has a state of mental health, with ups and downs
- can list some signs and symptoms of depression
- can suggest several ways in which someone can help prevent or manage depression.

### Key Questions:

- What is meant by mental health?
- What are some signs and symptoms of depression?
- What can someone do to help prevent or get better from depression? (give at least 3 things)

### Materials and preparation:

*It is essential to obtain at least one copy of 'I had a black dog' by Matthew Johnstone in advance of this lesson.*

- **CLASS SET** of '*I had a black dog*' by **Matthew Johnstone**

OR

- **Pictures A:** one copy of laminated pictures from '*I had a black dog*', from page with caption "*Black Dog could surprise me with a visit for no apparent reason or occasion.*" to "*Eventually I became quite good at self-medication... .. which never really helped.*" (there are ten double-page spreads)
- **Pictures B:** eight copies of pages from "*Which was about the time I sought professional help and got a clinical diagnosis.*" to "*The most important thing to remember is that no matter how bad it gets... ..if you take the right steps, Black Dog days can and will pass.*" (there are six double-page spreads, or 11 sides of A4)
- *Optional:* Black Dog animation <http://www.youtube.com/watch?v=XiCrniLQGYc>
- **Depression: true or false:** one copy per pupil
- *Optional: **Seven steps to wellbeing sheet:** one copy per pupil*

## The Lesson

### Introductory activities

#### 'Black Dog' metaphor

10 mins

Before showing the learning outcomes or key questions for the lesson, distribute copies of a range of the cartoon drawings from 'I had a black dog' (pictures A), giving a double-page spread to each pair or group of three pupils. Pupils should consider the following questions in relation to their picture:

- What is the person doing?
- How is he feeling?

- What is the dog doing?
- What is the effect of the dog in the picture?

Ask neighbouring pairs to swap and compare pictures. Explain that the dog is a metaphor; ask groups to discuss:

- What do you think the dog is meant to represent?

Bring the whole class together to discuss their responses to this question. Elicit or explain that the black dog is a metaphor for depression, which is one kind of mental health problem that we are going to look at in this unit.

## Ground rules

5 mins

Before going any further with the discussion about depression, agree, or remind pupils of, some essential ground rules. This is important since the discussion may touch on topics that individual pupils have personal experience of, and may find upsetting. In any case pupils will be sharing their own feelings and opinions within the scheme of work and it is important to create a safe environment for this to happen. Get the class to suggest appropriate ground rules, making sure to include:

- that no one will ask or answer personal questions
- a suggestion to use distancing techniques – talk about “a friend...”, “someone I know...” rather than talking about yourself or giving names
- the right to ‘pass’ or not give your opinion
- that everyone is entitled to express their opinion and have it heard.

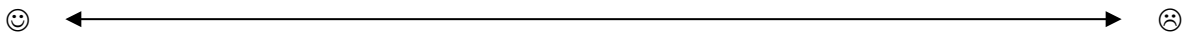
Keep a copy of the agreed list of ground rules to refer back to in later lessons.

## Main activities

### What is mental health?

#### Happy/Sad continuum

10 mins



Draw a long horizontal line on the board with a ‘happy’ face at one end and ‘sad’ face at the other. Pupils write on separate Post-it notes answers to the questions:

- What, in everyday life, makes you feel happy?
- What makes you feel sad?

Stick Post-its onto the appropriate end of the continuum.

Read out some answers from the Post-its. Explain that everyone has a state of mental health, and is usually somewhere in between very happy and very sad, and that we all have ups and downs. Someone might be thought to have a mental health problem if they are ‘stuck’ at the

'sad' end of the spectrum for a long time, or if they fluctuate dramatically between one end and the other.

Display, or read out the Islington definition of mental health and invite comments:

*Mental health is about how we think, feel and behave. There are times when everyone feels stressed or unhappy.*

*Generally these bad times pass, but sometimes they do not go away and we might need to seek help.*

*Most people fully recover from mental health problems.*

NHS Islington, April 2011

It is important to get across the idea that while we all get 'down' sometimes, and we may say we are 'depressed', this most often passes quite soon. If it lasts for longer than two weeks, then someone may be diagnosed with clinical depression. However, even if someone is clinically depressed they can get better – and they can get help to do so – but can also help themselves.

## What is depression?

10 mins

Pupils individually complete the **Depression: true or false quiz** sheet with statements about depression.

Feed back. In fact, all the statements are true. Ask pupils if anything surprises them.

## Closing activities

### Return to the black dog

10 mins

Ask pupils what they think happened to the man suffering with depression in the story. Show the cartoon of his collapse (page with caption "Black Dog finally succeeded in hijacking my life; he brought me to my knees. My will to go on had deserted me.") and ask what they think happened next.

There is also a Black Dog animation available here:

<http://www.youtube.com/watch?v=XiCrniLQGYc>

## Key messages about suicide

This is a good point to bring in a discussion about suicide, especially if pupils raise the issue.

Key messages about suicide are that:

- You should always take it seriously if someone talks about or threatens to commit suicide
- You should always tell a trusted adult – it is not up to you to work out if they are really going to try to take their life, it is more important to protect them
- Talking about suicide does not encourage suicide attempts: in fact asking someone [who is depressed] about whether they have suicidal thoughts gives them an opportunity to talk about it

- No particular ‘type’ of person commits suicide – but having a mental health condition like depression can make it more likely

Distribute **pictures B** of the ways in which he recovered from and continues to manage the illness.

Give small groups of pupils the **pictures B** and have them identify three pieces of advice for someone with depression. You may also want to revisit the page “Eventually I became quite good at self medication... .. which never really helped.” Discuss the fact that a significant number of young people use drugs or alcohol to try to manage mental health difficulties, which exacerbates their difficulties.

Give out the **Seven steps to wellbeing** sheet and discuss the fact that many things that can help someone with depression are also things that anyone can do to look after their own mental health.

### What can someone else do?

10 mins

Introduce LEGS: the four basic steps to follow when supporting anyone who might have a mental health problem:

**L**isten to them – ask questions but try not to criticise or judge

**E**ncourage them to talk to an adult who they trust

**G**ive them information about support services\*

**S**uggest doing things together that they enjoy doing

\*eg school counsellors / mentors, The Drum and Pulse youth counselling projects – see the *Healthy Minds* leaflet for other services

In the same groups, pupils should suggest one thing for each of the LEGS steps that they could do for someone they knew who they think might be depressed.

Bring the class together to feed back.

### Key questions review

2 mins

Display the key questions on the whiteboard and discuss answers. Get pupils to self-assess in pairs or on their worksheet how well they can answer the questions now.

### Homework task

2 mins

Set homework task to do something you enjoy and that is good for your own mental health for one hour before the next lesson! (This could be something from the **Seven steps to wellbeing** sheet.) Be prepared to say what you have done and how it made you feel.







---

## Resources

## LEGS

### Ways to support a friend who might have a mental health problem



**Don't forget – if you're worried about yourself or someone you know then talk to an adult you trust.**





## Depression: True or False



How much do you know about depression?

Circle TRUE/FALSE/NOT SURE for each of the statements about depression below.

<b>Depression is very common; one in five adults in the UK currently suffers from depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Depression has no single cause</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Eating less or not cooking can be a sign of depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Finding everyday tasks difficult can be a sign of depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Someone who is depressed might lose confidence in their own abilities, even things they are really good at</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Tiredness, exhaustion, loss of energy are all signs of depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Sleeping too much OR too little can be signs of depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Depression affects around 5 in every 100 teenagers in England</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Depression can make someone feel they don't want to socialise with friends or family</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Feeling down or sad sometimes is normal and doesn't mean that someone is depressed</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Someone who is depressed might cry a lot or be withdrawn from other people</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Taking risks, like misusing alcohol or drugs or reckless driving, can be a sign of depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Being irritable or angry can be a sign of depression</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>Depression affects different people in different ways</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>
<b>People suffering from depression can and do get better</b>	<b>TRUE</b>	<b>NOT SURE</b>	<b>FALSE</b>



## 7 STEPS TO WELLBEING



Studies have shown that these seven steps are good for your emotional health, so long as you keep on doing them. What do you do every week which helps you feel good? What more can you do?

**1. CONNECT** with others; talk, socialise, spend time with your friends and family.



**2. BE ACTIVE** – do things you enjoy, try something new – run, dance, get on your bike, roller blade

**3. GIVE** your time, talents, smiles and friendly words. You could even try volunteering.



**4. TAKE NOTICE** of your world. Explore your neighbourhood, discover new places. How you are feeling right now? Be mindful of your feelings and the world around you.

**5. LEARNING** isn't just for school! Teach yourself something new, like cooking something new or making computer sound effects. Grab a friend and join a photography, drama or music group, or go and play some football.



**6. EAT** a balanced diet with a range of healthy foods – this makes sure you have the right nutrients and energy to help you feel good.

**7. SLEEP WELL** – getting 8½-10 hours sleep a night can really help you stay mentally healthy, alert and feel alive!



---

## Lesson Plan

## Lesson 2

### Learning intention:

Pupils explore the stigma surrounding mental health problems including the use of appropriate language.

### Learning outcomes:

#### *Pupils:*

- know that the stigma surrounding mental health can make a person affected by mental health problems feel worse
- understand the importance of using appropriate language about mental health to combat stigma
- can identify signs and symptoms of some mental health problems
- recognise that sometimes everyone will have experiences and feelings that are symptoms of mental health problems.

### Materials and preparation:

- Flip chart paper and markers
- **Person C prompt sheet** (one per group of three)
- **Signs and symptoms Venn diagrams** on A3 (one per small group)
- **Signs and symptoms cards** – one set per small group
- **Signs and symptoms answers** – one copy for teacher's reference (or one copy to distribute to each small group)
- *Optional: **Mental health problems background information** (one copy per small group) – included in Appendix*

### Key Questions:

- Why is it important to use appropriate language to describe mental health?
- What might it feel like to experience psychosis?
- What symptoms might someone with a mental health problem experience?
- Who can experience symptoms of anxiety disorders?

## The Lesson

### Introductory Activities

#### Brainstorm words for madness

10 mins

In small groups, on flipchart or large sheets of sugar paper, have pupils brainstorm words that might be used to describe someone who had a mental health problem; for instance 'mad', 'crazy', 'weirdo'. You could give pupils permission for the duration of this exercise to use rude/offensive words that you usually wouldn't use in school (for example 'psycho', 'wacko'). Put the lists to the side to refer to later in the lesson.





## Does it make you mad? – continuum of experiences [anxiety disorders] 10 mins

A mental health problem that is much more common is anxiety. Show the class the list of experiences and ask everyone to think about (but not say) whether they have ever experienced any of them.

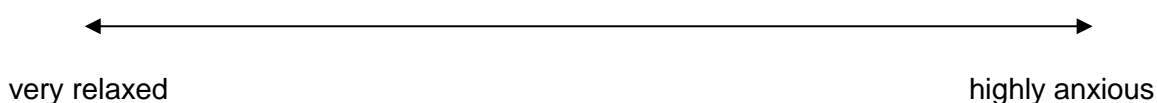
Have you ever experienced?

- Anxiety before a test or exam?
- Worry about school work or getting low marks?
- Constantly worrying about what people think or say about you?
- Avoiding social situations because they make you feel anxious?
- Thinking that something bad is going to happen to you or someone you love?
- Increased heart rate, sweating & shaking (common panic attack symptoms)?

Ask: if you have experienced any/some of them, does that make you 'mad'? – Answer: No!

In fact these are all common symptoms of anxiety disorders, but most people will experience at least some of them at some point in their lives.

Again, draw a line of continuum to represent the continuum of feelings and explain that, like depression, whether anxiety is a problem (and/or whether it could be diagnosed) would depend on the severity and frequency of the anxious feelings:



*Anxiety is very common; it's natural to feel anxious from time to time – it helps us to avoid dangerous situations, motivates us to solve everyday problems and also protects the body by prompting a FIGHT / FLIGHT / FREEZE response – which happens in our body and our mind. An estimated one in six people will suffer from an anxiety disorder in their life, when the anxiety is more severe, long-lasting and interferes with school, work and relationships (Youth Mental Health First Aid, 2011).*

Conclude by explaining that most, or possibly all, mental health problems have a continuum of feelings or experiences, some of which may be experienced by anyone at some point in their life. Whether a person needs help to get better, or specialist treatment, or even whether this problem impacts on their life significantly depends on the severity and frequency of the feelings.

## Key Signs and Symptoms

15 mins

In small groups, give pupils the A3 **Signs and symptoms Venn diagram** sheets and a set of **Signs and symptoms matching cards**. They should discuss and agree where to place the cards. Many of the signs/symptoms are typical of more than one mental illness.

If pupils struggle – or to help them check their answers – you may wish to provide them with the background information sheets. See also **Signs and symptoms answers** sheet.

Stress the infrequency of bi-polar and psychosis and commonness of depression & anxiety (though the infrequency of more specific anxiety disorders such as OCD).

Ask: where would you place 'stress' on the diagram?

Answer: although stress is not a sign or symptom, it is a potential TRIGGER for every illness and symptom. Stress on its own does not indicate mental illness. It is important to discuss to highlight the relationship between everyday emotions (stress) and mental illness; also to highlight the important of self-care regarding mental health.

## Closing activities

### Words for madness

5 mins

Pupils should come back to their lists and cross out any terms they would not want themselves/their friends/a member of their family to be called. Bring the class back together and discuss what would be an acceptable term or description for someone with a mental health problem. Why would they not want to use any of the other terms? *[They might make someone feel worse, unable to ask for help, or even suicidal.]*

### Stand Up Kid

5 mins

If you have time, you could also watch and discuss the Time to change film, The Stand Up Kid. [www.time-to-change.org.uk/news/young-people-campaign-west-midlands-stand-up-kid](http://www.time-to-change.org.uk/news/young-people-campaign-west-midlands-stand-up-kid) (This would also be suitable for use in an assembly.) Consider the impact of the film: ask pupils to identify the key issues it raises:

- That three of your classmates could experience a mental health problem and you wouldn't necessarily know.
- We might be acting in stigmatising ways without really knowing it.
- Small changes can make a difference to how someone with mental health problems might feel.
- Talking is really important.
- We can all do something positive to end mental health stigma and discrimination from being supportive to a friend through to supporting an anti-stigma campaign like Time to Change.

## Key questions review and concluding remarks

2 mins

Display the key questions on the whiteboard and discuss answers. Get pupils to self-assess in pairs or on their worksheet how well they can answer the questions now.

It is important in the conclusion to go back this lesson to reinforce the key messages that:

- Anyone can experience a mental health problem – it doesn't make them 'weird' or different
- We will all experience some symptoms of mental ill-health sometimes
- The stigma around mental health can make people with mental health problems feel worse
- We can help by being supportive to friends and by not using derogatory language about mental health.



---

## Resources



## Person C prompt sheet



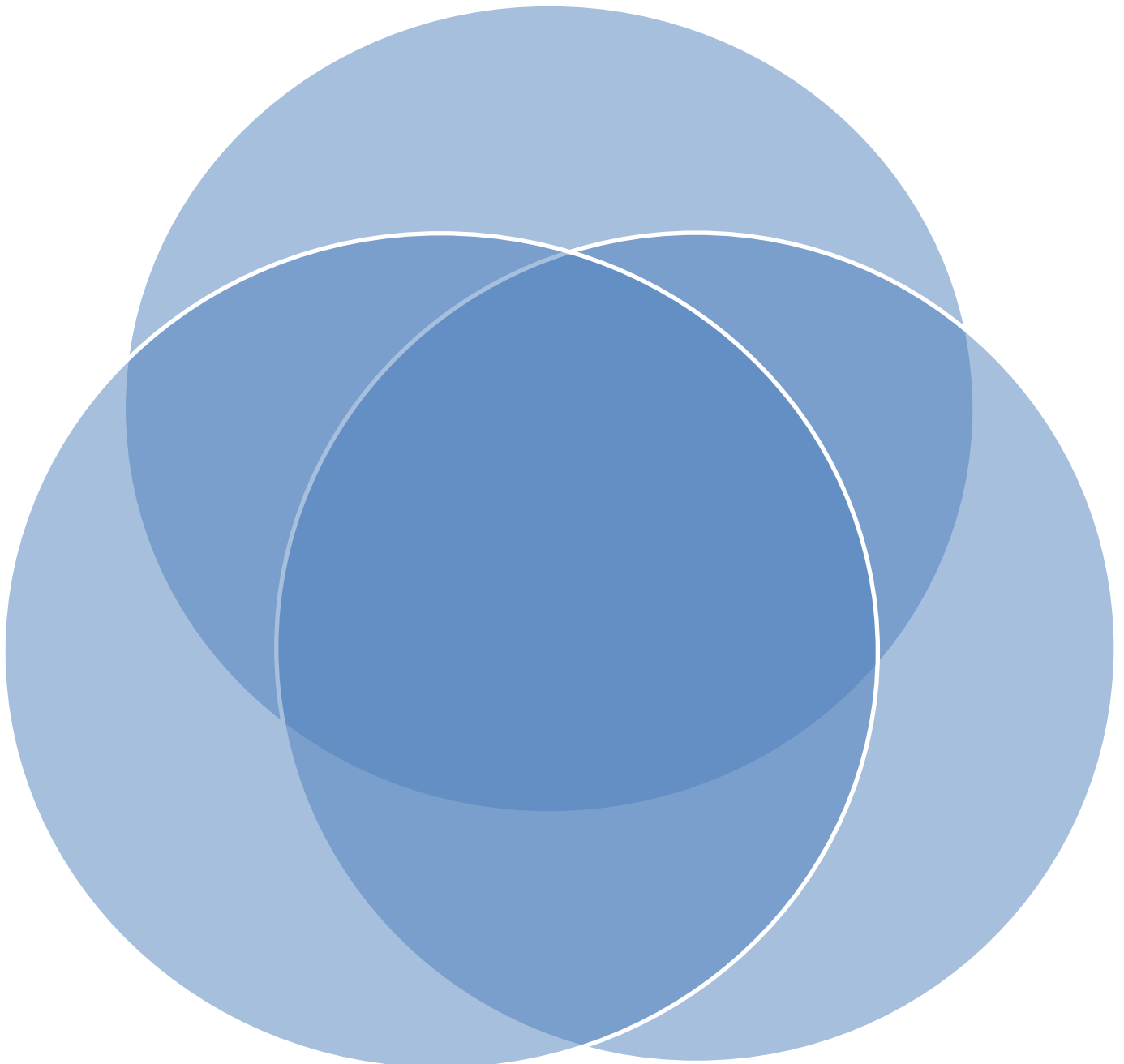
Sit (or stand) just behind Person A and say the following into their ear:

- *What are you talking about?*
- *You never told me that.*
- *You're talking rubbish.*
- *Typical nonsense!*
- *Why didn't you just stay at home?*
- *You shouldn't be talking to him/her.*
- *Why are they even listening to you?*
- *They'll never believe you anyway.*
- *They're not really listening to you, you know.*
- *They're talking rubbish too!*
- *You don't really want to know what they're saying.*
- *You should tell them to shut up.*
- *Go on! Tell them to shut up!*
- *Tell them to leave you alone.*
- *You should go and sit on your own.*
- *You should just go home.*

## Signs and symptoms Venn diagram

*Please print or photocopy this on A3 paper*

Place the signs/symptoms to the correct space on the signs and symptoms Venn diagram.



**Psychosis**













**Bi-polar disorder**



## Signs and symptoms matching cards

Cut out the signs/symptoms cards and place on the correct space on the signs and symptoms Venn diagram.

Many of the symptoms below are relevant for more than one illness, some are associated with all.

<p style="text-align: center;"><b>Not going out or not talking to friends or family</b></p> 	<p style="text-align: center;"><b>Tiredness, exhaustion, loss of energy</b></p> 	<p style="text-align: center;"><b>Feeling very anxious about being in public, even going on buses or shopping</b></p> 
<p style="text-align: center;"><b>Finding studying / going to work really difficult</b></p> 	<p style="text-align: center;"><b>Feeling very sad / feeling that you are a failure</b></p> 	<p style="text-align: center;"><b>Hearing voices or seeing things that aren't there (hallucinations)</b></p> 
<p style="text-align: center;"><b>Believing that people are saying nasty things about you behind your back (delusions, or false beliefs)</b></p> 	<p style="text-align: center;"><b>Difficulties in concentrating</b></p> 	<p style="text-align: center;"><b>Constantly feeling irritable / worried</b></p> 
<p style="text-align: center;"><b>Increased energy / loads of energy</b></p> 	<p style="text-align: center;"><b>Sleep problems</b></p> 	<p style="text-align: center;"><b>Euphoria / extreme happiness</b></p> 

## Signs and symptoms answers

Not going out or talking to friends or family (**depression / all**)

Feeling very anxious about being in public, even going on buses or shopping (**anxiety**)

Tiredness, exhaustion, loss of energy (**depression / all. NB low state of bi-polar only**).

Feeling very sad / feeling that you are a failure (**depression / low state of bi-polar**)

Finding studying / going to work really difficult (**all**)

Hearing voices or seeing things that aren't there (hallucinations) (**psychosis, high state of bi-polar**)

Believing that people are saying nasty things about you behind your back (delusions, or false beliefs) (**psychosis, high state of bi-polar**)

Constantly feeling irritable / worried (**anxiety**)

Sleep problems (**all**)

Difficulties in concentrating (**all**)

Increased energy / loads of energy (**bi-polar – high state**)

Euphoria / extreme happiness (**bi-polar – high state**)

### **Stress**

Note that although stress is not a sign or symptom, it is a potential TRIGGER for every illness/symptom. Stress on its own does not indicate mental illness.





---

## Lesson Plan

## Lesson 3

### Learning intention:

Pupils learn about self harm and its causes, and consider how someone can respond.

### Learning outcomes:

#### Pupils:

- understand what self harm is and recognise that all kinds of self harm are attempts to cope with and/or communicate difficult feelings
- can suggest positive ways to respond to someone who is self harming
- can discuss strategies for coping other than self harming behaviour.

### Materials and preparation:

- **Self harmful behaviour cards** – one set per class, one behaviour per group
- **Responses to self harm diamond nine cards** – one set per small group
- **Strategies shown to reduce self harming behaviour** – one copy per pupil

### Key Questions:

- What is self harm?
- What are the best ways someone could respond if their friend said they were self harming?
- What strategies could someone use instead of self harm behaviour?

## The Lesson

### Introductory activity

#### What is self harm?

5 mins

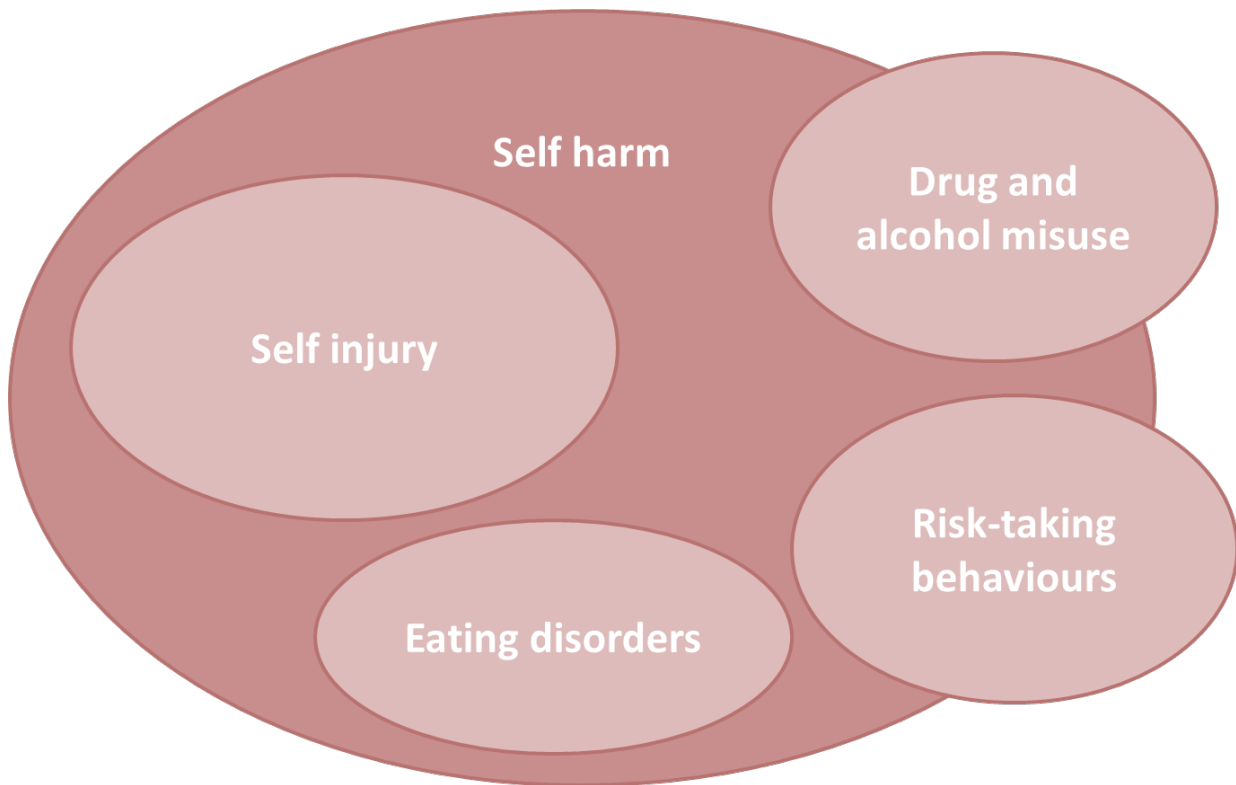
At the beginning of this lesson it is important to remind pupils of the ground rules set in lesson 1. You may want to say something like this: *“In this lesson we will be covering some sensitive issues. You may be affected personally by the topic that we are discussing, or you may know someone else who is. Please be respectful and thoughtful of others, and treat the subject responsibly. If you would like to talk to someone after the lesson, you can go to...”* (please give a contact person in school, or an outside number such as Childline, 0800 1111, ideally both).

Have a whole class brainstorm and brief discussion about the question ‘what is self harm?’ Pupils are likely to mention examples of self harming behaviour, eg cutting, but try to steer the discussion towards a general definition. Then give the following definition:

**Self harm** is when somebody intentionally damages or injures their body.

(NHS Choices)

The term 'self harm' is often used to mean 'self injury', but self harm can have a wider definition, including taking unnecessary risks, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), being addicted to alcohol or drugs, or someone simply not looking after their own emotional or physical needs. It can be represented by the following diagram:



## Main activities

### Self harmful behaviours

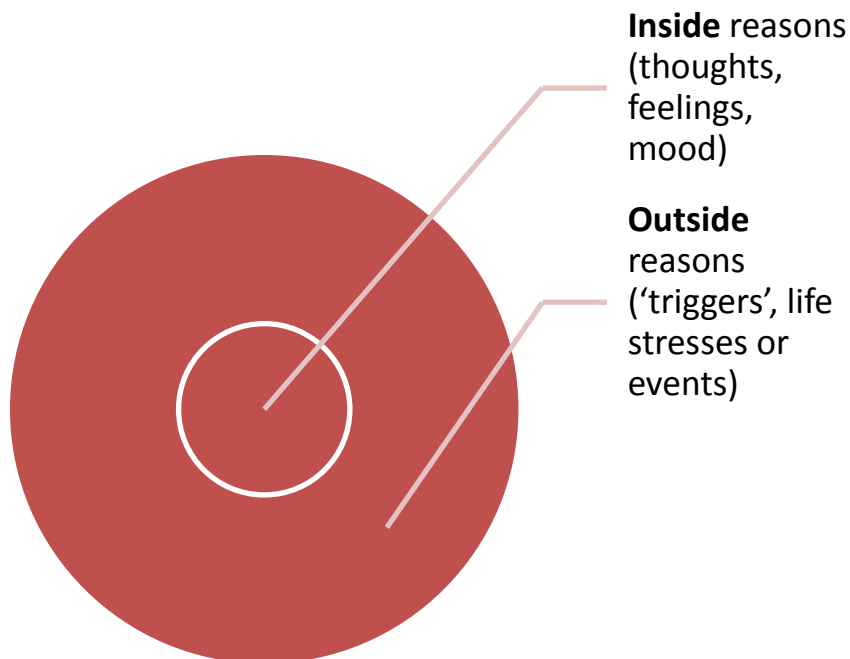
15 mins

Divide the class into small groups of 4 or 5. Give each group a 'behaviour' card from the list below. They should discuss:

- Is this a self harming behaviour?
- Why might someone do this?

1. Drinking too much
2. Not eating enough / eating too much
3. Punching a wall
4. Having a lot of sexual partners
5. Smoking a lot of marijuana
6. Picking at your skin until it bleeds
7. Staying in an abusive relationship

After about 5 minutes, take two reasons from each group. Record feedback on the board in the following way:

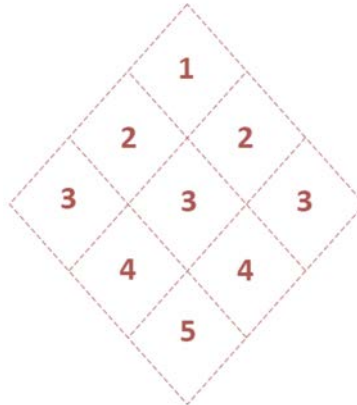


- **Inside** reasons could include low self esteem, depression, low mood, hopelessness, difficulties communicating, loneliness, feeling different in some way
- **Outside** reasons could include divorce, bereavement, bullying, exam pressure, relationship problems

In the discussion, talk about the following points:

- Any of the behaviours could (at least in some instances) be examples of self harm
- **All types of self harm are attempts to cope** with and/or to communicate distress, pressure or difficult feelings (and all of these behaviours can be different ways of trying to cope)
- Any (or most) of the reasons could apply to any of the behaviours e.g. someone might drink too much, OR eat too little, OR pick at their skin until it bleeds to try to cope with feeling lonely OR due to exam pressure OR because of relationship problem, etc Also, any of the reasons could also be risk factors for developing other mental health problems.

Imagine a situation where a friend told you that they had been self harming in some way. Look at the responses and rank them in a 'diamond nine' shape, with the best responses at the top and the worst at the bottom.



Think about what are some good and bad points about each response, and how that person could have responded better.

- A. Say nothing but tell an adult you trust
- B. Say 'your secret's safe with me' and do nothing
- C. Say 'oh that sounds horrible'
- D. Say 'you should talk to someone about it'
- E. Say 'oh that's really bad. You have to stop.'
- F. Ask lots of details and questions about how they self harm and how often
- G. Offer to go with them to tell an adult you trust
- H. Say 'it sounds like things are bad for you at the minute. How are you feeling?'
- I. Say 'do you feel like you want to kill yourself?'

There are no absolute right and wrongs to the ranking exercise, as the table below shows. However statements G, H and I are the 'best' responses to steer young people towards and to concentrate on in the discussion. In the feedback, discuss each statement and try to get across the key messages:

**DON'T:** ignore it or stop talking to them

**DO:** ask them how they're feeling, let them know you'll be there for them, talk when they're ready to talk, tell someone you trust.

<b>A.</b>	+	telling someone who can help is important – it isn't all up to you to deal with the problem
	-	saying nothing might make them feel that they haven't been heard
<b>B.</b>	-	it is important for them (and you!) to get some help – you may need to tell someone else who can help; they need to talk about this and by cutting them off they don't have the chance to talk – you may be the first person they've told; it might be upsetting for you too so it's important to talk to an adult you trust
<b>C.</b>	+	if it is said in a sympathetic way, it does acknowledge the problem but...
	-	it could really make your friend feel worse if they think that you are disgusted or horrified by what they do
<b>D.</b>	+	it does acknowledge the problem, and that it is a real problem. It would be better to also suggest someone to talk to (eg trusted adult in school) and/or to offer to go with them to talk to someone
	-	might sound like you don't want them to talk to <u>you!</u>



E.	+	it acknowledges the problem but...
	-	it's not easy for someone to stop self harming, and it might feel like their only way of coping
F.	+	it acknowledges the problem but...
	-	it misses the point: it's not important what they <i>do</i> , what's important is how they <i>feel</i> ;
G.	+	it acknowledges the problem, and that it is a real problem, and is practically helpful; also means that you don't have to deal with the problem alone
	-	might sound like you don't want them to talk to <u>you</u>
H.	+	you're acknowledging the feelings and encouraging them to talk about what's going on
	-	you might not always feel able to deal with what they have to say; you could also give a suggestion for what they could do
I.	+	most people who self harm don't have suicidal thoughts or feelings, but if they do, it is very important to talk about it – so asking the question can be really helpful to give them a chance to speak about it. Do take it seriously if someone says they sometimes think about killing themselves; it is very important to tell a trusted adult.
	-	could seem a bit extreme since most people who self harm don't want to kill themselves

## Closing activity

### Positive ways of coping

10 mins

We learned that all kinds of self harm are people's attempts to cope with difficult situations and feelings. Thinking back to the self harm behaviour you looked at, what strategies could a person try to replace or reduce their self harm?

Encourage pupils to think about:

- Things someone might do to make themselves feel good (can be specific or quite general, like the ones in the **Seven steps to wellbeing** from Lesson 1)
- Things they might do if they are feeling low to make themselves feel better
- Things they might do if they were feeling really down and not able to cope

Get each group to share some of their best suggestions. You could give out the list **Strategies shown to reduce self harming behaviour** for them to compare with, add to and take away.

### Key questions review

2 mins

Display the key questions on the whiteboard and discuss answers. Get pupils to self-assess in pairs or on their worksheet how well they can answer the questions now.

### Homework task

2 mins

- *Mind* booklets ('My name is Chris/Pete/Jess/Zac – this is my story') – one per pupil – available to order from [www.mind.org.uk/shop/booklets](http://www.mind.org.uk/shop/booklets)

To help pupils prepare for the next lesson, give them each one of the *Mind* booklets ('My name is Chris/Pete/Jess/Zac – this is my story') to take home and read. The booklets give a young person's own experience of mental health issues and tell their personal stories in an engaging style.

Ask them to be prepared to feed back:

- How did the young person get help?
- Did the young person in your story recover?
- What could the young person do to help themselves recover or avoid the problem in the future?

---

## Resources

Self harming behaviours



**Drinking too much**



**Not eating enough / eating too much**



**Punching a wall**



**Having a lot of sexual partners**



**Smoking a lot of marijuana**



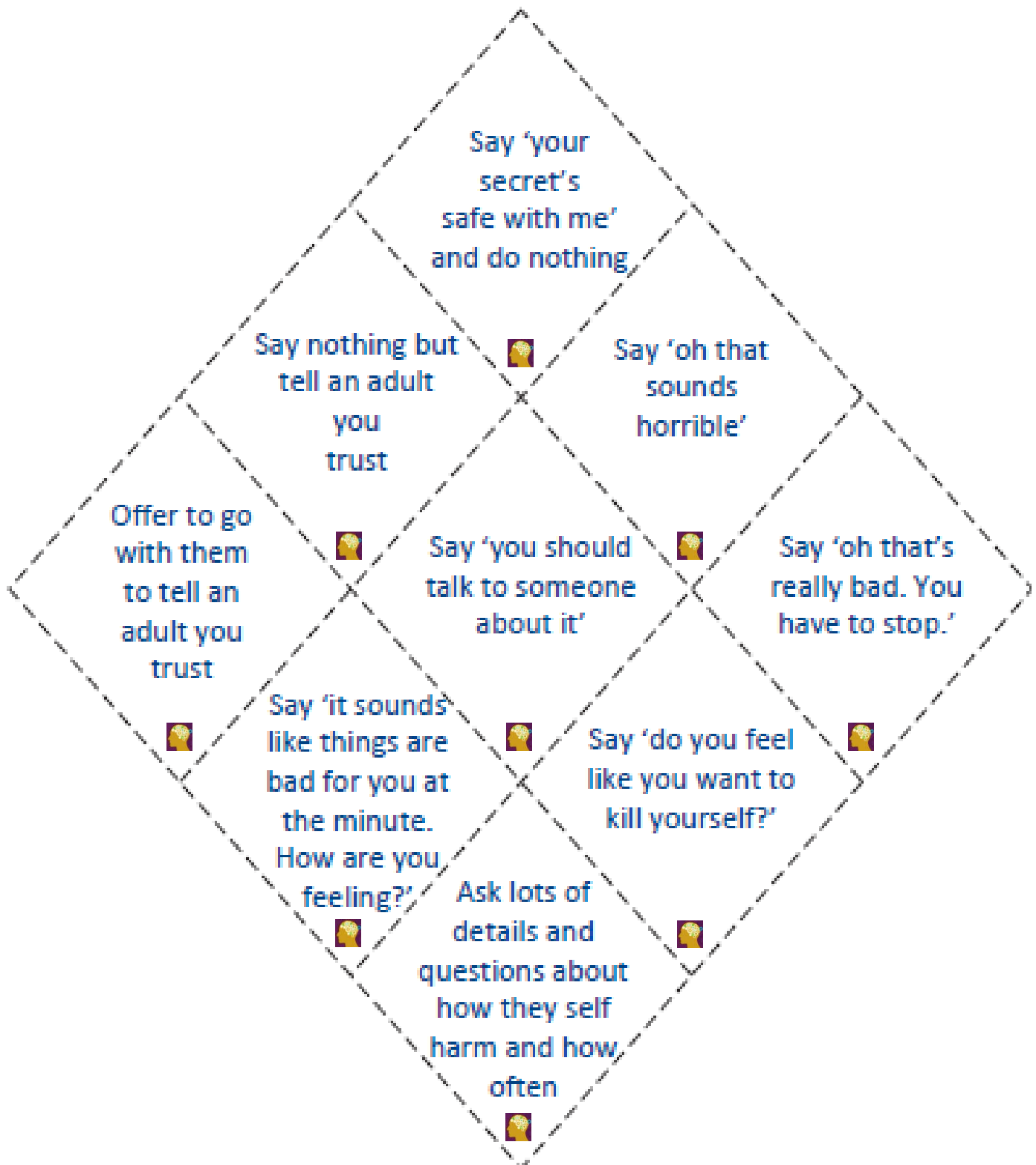
**Picking at your skin until it bleeds**



**Staying in an abusive relationship**



Self harm diamond nine cards





## Strategies shown to reduce self harming behaviour



- These are some specific strategies shown to be useful in reducing self harm. Every individual will find different activities more or less suited to them.
- Carrying 'safe' objects in pockets: conkers, favourite stones, small books, stress relieving 'squishy' things, anything that feels right that can occupy the hands and to distract attention when the urge to self-harm occurs.
- Having something to do to keep hands and brain busy, for example puzzles or listening to music.
- Taking physical exercise
- Drawing or painting feelings. Some people draw on themselves using bright body paints instead of harming themselves.
- Making a collage – tearing pictures and words from magazines and newspapers and sticking them onto paper, to express feelings or make pictures.
- Thinking about anger – deciding who should be the focus of the anger if not the young person, and writing about the people who have caused the anger to rise.
- Lining up a set of cushions that represent people who cause pain. Telling them how they have caused hurt and that this is no longer acceptable.
- Writing a diary. This can be helpful as it may help to identify “triggers” to self-harm which can be used to plan ways to avoid or get round it. This can also highlight times when the young person has coped well in difficult situations without self-harm and is a reminder of coping strategies that have been used in the past.
- Kicking or hitting cushions can relieve angry feelings.
- Making a recording saying all the positive things about you, or getting teachers or friends to list some. Sometimes people have favourite stories or poems they record. Hearing your own voice or that of someone you trust can be soothing.
- If you feel overwhelmed with distressing memories, thoughts or feelings and feel as if you are losing touch with reality try using a reality checklist to ground you in the 'here and now'. Describe your surroundings in detail to yourself e.g. There is a blue carpet, there are two chairs one has a small mark, it's cold and I can hear news on the radio from next door, etc.
- Running an errand
- Writing how you feel on a piece of paper and then ripping it up.
- Making lots of noise – playing an instrument, singing loudly, banging objects...
- Getting sensory input through breathing aromatherapy oils, fresh coffee, favourite perfume, anything you like the smell of.
- Putting an elastic band round your wrist and flicking it when you feel like cutting, or brush your skin with a toothbrush, or holding an ice cube, anything to give physical feedback without causing physical damage.
- Talking to someone close about the feeling that you want to self-harm and asking them to sit with you or keep you busy until the feeling has passed.
- Calling a friend and talking. If you feel like harming yourself, just blather or listen. Make a list of people you could call at times like these and keep it with you.

---

## Lesson Plan

## Lesson 4

### Learning intention:

Pupils learn that anyone can be affected by mental health problems, and that most people can and do recover.

### Learning outcomes:

*Pupils:*

- recognise that anyone can be affected by mental health problems
- know that people recover from mental health problems
- can suggest how a young person with mental health difficulties can get help
- can suggest ways that everyone can look after their mental health.

### Key Questions:

- Who can be affected by a mental health problem?
- How can someone recover from a mental health problem?
- What is the best first step if you think someone has a mental health problem?
- How can you look after your own mental health?

### Materials and preparation:

*In advance of this lesson it is important to find suitable images of celebrities, and also to choose which case studies you wish pupils to use, and to obtain the **Healthy Minds** leaflets from Emma Charlton at the Direct Action Project: 020 7837 6082 / [admin@peelinstitute.org.uk](mailto:admin@peelinstitute.org.uk)*

- Pictures of celebrities who have suffered from mental health problems (and recovered)
- **LEGS diagram** to display
- **Case studies:** choose from: Elliot (depression), Jamal (anxiety and panic attacks), Sophie (social anxiety), Susie (anorexia), Parvinder (self harm – cutting) – one per pair
- **Healthy Minds: a young person's guide to mental health and wellbeing services in Islington** leaflet – one per pupil
- *Optional: **Mental health problems background information** (one copy per small group) – included as Appendix*
- *Optional: **My Support Network** sheet – one per pupil*

## The Lesson

### Introductory Activity

#### Feedback from Homework task

10 mins

If pupils have read the *Mind* booklets for homework, take feedback on the following questions:

- What mental health problem did the young person in your story have?
- What signs and symptoms were there?
- How did the young person get help?
- Did the young person in your story recover?
- What could the young person do to help themselves recover or avoid the problem in the future?

## Background about the *Mind 'My name is...'* booklets.

These comic-style booklets are designed for young people aged 13 upwards. Concise, colourful and visually bold, they are designed to raise awareness among younger people.

...Chris

A boy and a girl tell their stories of bulimia and anorexia.

...Jess

A young woman who is experiencing anger tells her story. It covers the effect on her education, her family and social life, and what helps her towards managing her outbursts.

...Pete

A young man who is experiencing psychosis, including what happened in the lead up to the episode, and what helped him towards recovery.

...Zac

The booklet tells the story of a young boy's experience of bereavement when his father dies suddenly, including his feelings, the impact on his relationships with family and friends, and how he gradually comes to terms with the situation.

## Celebrities

10 mins

Show pictures (on PowerPoint) of celebrities, including all or some from the lists below and ask: what do these people have in common? (The answer is of course that they have all suffered with some kind of mental health problem – the ones in the first list have all recovered well AND are ones pupils are more likely to know).

Ask what recovery means. Clarify that recovery means different things to different people. For some it means taking medication long term, for others it's having counselling and for some it is simply looking after themselves in other ways, e.g. eating healthily, keeping physically active, making time to do things they enjoy, e.g. making music / baking cakes & spending time with friends / family.

- **Frankie from the Saturdays** – depression. Has been very vocal about her battle with depression and currently campaigning with MIND
- **Angelina Jolie** – borderline personality disorder
- **Britney Spears** – spent time as a psychiatric in-patient
- **Demi Lovato**, Disney actress – depression since a child. Rehab recently (2011) – self harm (cutting) & anorexia. Now out of rehab & in recovery
- **Catherine Zeta Jones**, actress – bi-polar (in the news April 11). High stress levels reportedly triggered breakdown
- **Lenny Henry** – depression
- **Patsy Palmer** – depression / severe anxiety attack led to clinic admittance. Counselling was key to her recovery. Part of Time to Change campaign
- **Ruby Wax** – depression. Part of Time to Change campaign. Toured a show about her experiences



- **Robbie Williams** – depression linked to drug abuse (as self admitted)
- **Stacy in Eastenders (actress Lacey Turner)** – character had bi-polar disorder (actress does not have MH issues)
- **Trisha Goddard** – depression. Psychiatric in-patient experience. Has said she found it harder to cope with depression than breast cancer due to other people's negative reaction to her depression. Part of Time to Change campaign
- **Tulisa from N Dubz** – depression as a teenager, triggered by caring for mentally ill mother (with schizoaffective disorder). Self harmed. Music 'brought it out' of her. Recent BBC documentary about her relationship with her mother

All (except Eastenders character) are good examples of recovery, as all have continued to work following being ill, or have long periods between ill-health.

ALSO:-

- **Amy Winehouse** – described herself as depressed & manic depressive in interviews
- **Frank Bruno** – bi-polar. Personal crisis triggered a breakdown – friends and fans deserted him. Full recovery – eats well and exercises to look after his health. Part of Time to Change campaign
- **Andy Cole (Manchester United & Newcastle), & Neil Lennon (Celtic)**, footballers – reputedly suffered from depression (source [www.guardian.co.uk](http://www.guardian.co.uk), 02/06/11)
- **Charles Hamilton**, rapper (US) – press reports of him receiving treatment for mental illnesses (source: [www.allhiphop.com](http://www.allhiphop.com), 11/04/11)
- **Gucci Mane & Rapper DMX**, US hip hop / rappers – press reports about them receiving treatment from mental illnesses (source: [www.allhiphop.com](http://www.allhiphop.com), 11/04/11)
- **Michael Yardy**, England cricketer – depression (in the news March 11)
- **Marcus Trescothi**, former England cricketer – depression. Left 2 England tours early. Didn't go public about reason until retirement in 2008. Part of Time to Change campaign
- **Stan Collymore**, footballer (Notts Forrest, Liverpool, England) – suffered from depression (source [www.guardian.co.uk](http://www.guardian.co.uk), 02/06/11)
- **Stephen Fry** – bi-polar. Diagnosed age 37. Part of Time to Change campaign
- **Jonny Wilkinson**, rugby player (England rugby team) – recently admitted suffering from depression (2011)
- **Paul Gascoigne**, footballer (Newcastle United) – reputedly suffers / has suffered from OCD, Bulimia, bi-polar disorder and alcoholism (at various times in life)
- **Alastair Campbell**, Tony Blair's former Director of Communications – speaks openly about his experiences of a breakdown and depression. Fronted Time to Change and co-wrote their A World Without report, which highlighted the achievements of five major historical figures who experienced mental health problems.

## Main activities

### Young people's stories – assessed task

20 mins

Give each pupil (or pair of pupils) a case study and a copy of the LEGS diagram introduced in Lesson 1. The case studies have been chosen to reflect the most common mental health problems in young people; depression, anxiety, self harm and eating disorders.

**L**isten to them – ask questions but try not to criticise or judge

**E**ncourage them to talk to an adult who they trust

**G**ive them information about support services\*

**S**uggest doing things together that they enjoy

\*eg school counsellors / mentors, The Drum and Pulse youth counselling projects, CAHMS – see the *Healthy Minds* leaflet for other services

**Don't forget – if you're worried about yourself  
or someone you know then talk to an adult you trust.**

Remind pupils that it is not their responsibility to look after someone else with mental health difficulties or to try and solve the problem, but that these are ways they can help or support.

Ask them to answer the questions on the sheet about each young person and then, using the LEGS diagram as a memory jogger, say what you could do to help if this young person was your friend and went to your school.

As a light-hearted way of emphasising the importance of asking for help you could show one of these short cinema adverts produced by the Samaritans. Each one takes a humorous look at people reluctant to ask for help in extreme situations. You can either watch them from <http://www.samaritans.org/your-community/supporting-schools/deal-programme> (scroll to the Cinema Adverts at bottom of the page) or by going to [www.youtube.com](http://www.youtube.com) and searching for one of the following: Samaritans Western, Samaritans Zombies, Samaritans Heimlich or Samaritans Trapped.

This is a good point to reiterate the support available. Ideally give pupils the *Healthy Minds: a young person's guide to mental health and wellbeing services in Islington* leaflet to keep. It is also a good opportunity to look at a new website [www.mindfull.org/](http://www.mindfull.org/) where pupils can access confidential counselling, mentoring or self help advice – either from other young people or qualified counsellors.

This can be developed into an assessed task, using 'LEGS' as part of the success criteria. This could be an individual or paired written task or a roleplay, and could be peer- or teacher-assessed.

Take feedback from a few pairs to the whole class to draw to a close.

## Closing activity

### My Support Network

10 mins

Ask each student to find a piece of blank paper and a pen (or give each pupil a copy of the **My Support Network** sheet). Now ask everyone to work on their own and draw a circle in the middle of the paper to represent themselves. Ask them to create a spider diagram identifying people who might be available to help or to talk to if they were ever in a situation where they felt really 'down' or had some major problems in life and also tell them to include people that make them feel positive about themselves and their future. Tell them they will not be asked to share their diagrams; this exercise is just for them.

Ask them to think about whether any of these relationships are 'blocked' at the moment, in other words there is a reason you might not go to them for support (they are away on holiday, you have had an argument with them) and highlight that although most people have people around them, it does not mean it always feels like there is help available. Remind them to include other possible sources of support like Childline (0800 1111) and [www.mindfull.org](http://www.mindfull.org). Encourage them to add adults they trust as well as peers. Refer them to the **Healthy Minds** leaflet they have been given and ask them to complete the blank box on the back with the school's Child Protection Officer as well as the name of a member of staff they would choose to speak to if they needed to.

## Key questions review and concluding remarks

2 mins

Display the key questions on the whiteboard and discuss answers. Get pupils to self-assess in pairs or on their worksheet how well they can answer the questions now.

To end the lesson on a positive note, you might want to remind them about the **Seven steps to mental wellbeing** sheet for ways that anyone can look after their own mental health.

### **Alternatively**

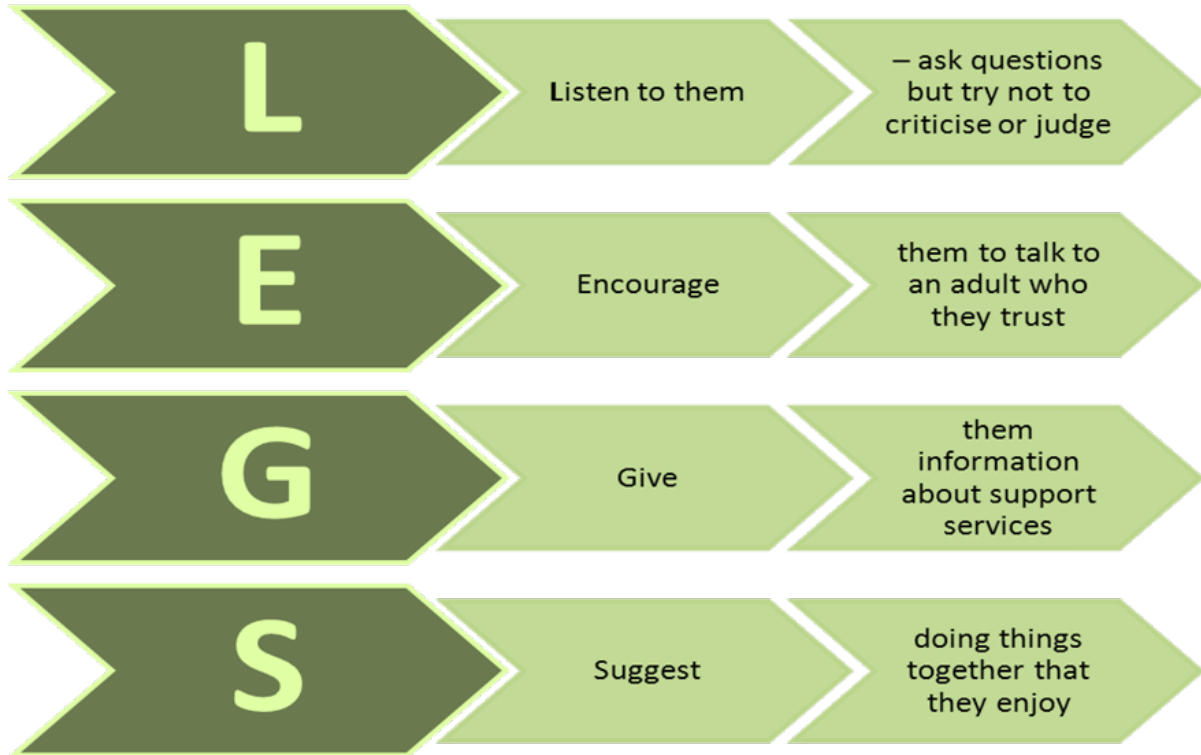
- You could end by going back to the celebrity pictures and asking *'if these celebrities were friends of yours what could you suggest that they do to look after their mental health?'* LINK to the simple self help strategies on the **Seven steps to mental wellbeing** sheet.
- Ask: *'if you knew these celebrities / if these celebrities were in your year group at school, where would you suggest that they go for professional help and support in Islington?'* Refer them to the **Healthy Minds** leaflet they have been given for ideas.

---

## Resources

## LEGS

### Ways to support a friend who might have a mental health problem



**Don't forget – if you're worried about yourself or someone you know then talk to an adult you trust.**



## Susie

*Susie, who is 13 years old, has been very worried about her weight and has the idea that she is fat (even though she is not). This is causing her to strictly control and limit what she eats and also exercise excessively. She has also started to count the number of calories in things even when she has no intention of eating them.*

### Anorexia Nervosa

Anorexia nervosa is an eating disorder and a serious mental health condition. People with anorexia have problems with eating. They are very anxious about their weight and keep it as low as possible by strictly controlling and limiting what they eat. Many people with anorexia will also exercise excessively to lose weight. Even when a person with anorexia becomes extremely underweight, they still feel compelled to lose more weight.

### Questions

- 1) What support may be available for Susie?
- 2) What should she do in order to help manage her condition?
- 3) What might be the barriers in stopping Susie from looking for help?

**Famous people that have suffered from eating disorders: Mary-Kate Olsen, Victoria Beckham, Karen Carpenter, Elton John (Bulimia\*), Lily Allen (Bulimia\*)**

**\*Bulimia nervosa** is an eating disorder and mental health condition. People who have bulimia try to control their weight by binge eating and then purging (getting rid of) the food from their body by being sick or using laxatives. As with other eating disorders, bulimia has a number of different causes, including depression, low self-esteem and stress. People with bulimia tend to alternate between eating excessive amounts of food (bingeing), and then making themselves sick or using laxatives (purging) to maintain a chosen weight. This is usually done in secret. People with bulimia purge themselves because they feel guilty about the binge eating, but the bingeing is a compulsive act that they feel they cannot control. Some people may have a combination of behaviours of anorexia and bulimia.



## Jamal

*Jamal, who is 14 years old, often feels anxious, especially when he is around lots of people or in a big crowd. School assemblies are a particular problem for him as there are lots of people in a confined space. He doesn't feel comfortable in leaving the assembly as he is worried that people are going to look at him and after, ask him why he left. Because of these panic attacks, Jamal is worried about leaving the house as he is scared that he is going to have one on the way to school.*

*Jamal's panic attacks cause his heart to beat irregularly, his palms to become sweaty and feelings of breathlessness. His anxiety and panic attacks are causing him to feel tired all the time and have irregular sleeping patterns.*

### Anxiety and Panic attacks

Anxiety is a feeling of unease, such as worry or fear. Feeling anxious is sometimes perfectly normal but some people can find it hard to control their worries. Their feelings of anxiety are more constant and often affect their daily life.

A panic attack occurs when your body experiences a rush of intense psychological (mental) and physical symptoms. You may feel an overwhelming sense of fear, apprehension and anxiety. As well as these feelings, you may also experience physical symptoms such as:

- nausea
- sweating
- trembling
- a sensation that your heart is beating irregularly (palpitations)

Panic attacks can be very frightening and intense, but they are not dangerous. A panic attack will not cause you any physical harm and it is unlikely that you will be admitted to hospital if you have had a panic attack.

### Questions

1) Why do you think Jamal is worried about telling people about his panic attacks?

2) How do you think Jamal should go about getting support for his condition?

3) What can Jamal's school do, in order for him to feel more at ease in assemblies?

Famous people with anxiety: Johnny Depp, Oprah Winfrey.



## Elliot

*Elliot is 16 years old and recently he has been feeling extremely sad. His parents, school and friends have also noticed this but can't seem to pinpoint what has caused it. At first they thought it was just because he was growing up but it seems to be more serious and has lasted longer than expected. Elliot is not socialising as much, doesn't join in with activities at school and doesn't seem to have any interest in the things that he used to enjoy doing.*

### Depression

Depression is very different from the common experience of feeling unhappy, miserable or fed up for a short period of time. When you are depressed, you may have feelings of extreme sadness that can last for a long time. These feelings are severe enough to interfere with your daily life, and can last for weeks or months, rather than days.

### Questions

- 1) What should Elliot's parents, school and friends do to help support Elliot?
- 2) What might people's perceptions be of Elliot?
- 3) What might be stopping Elliot from telling people how he really feels and admitting that he has a problem?

Famous people with depression- J.K Rowling, Jim Carrey, Princess Diana, Winston Churchill, John Lennon.





## Sophie

*Sophie is 12 years old and finds it hard to talk to people, especially in large groups at lunchtime. She is worried that she is going to say the wrong thing and embarrass herself and doesn't know when it is the right time to speak. The group that she hangs around with have started to run away from her and told her that she is boring and that they do not want to hang around with her anymore. This has made her feel very sad and has affected her self-esteem.*

### Social Anxiety

Social phobia is a fear of social situations, such as weddings, or performing in social situations, such as public speaking. People with a social phobia have a fear of embarrassing themselves or of being humiliated in public.

### Questions

- 1) What should Sophie do?
  
  
  
  
  
  
  
  
  
  
- 2) What should the school do to help Sophie?
  
  
  
  
  
  
  
  
  
  
- 3) What might people's perceptions be of Sophie?

**Famous people with social anxiety; Scarlett Johannson, Adele, Jesús Navas, Charlie Beljan, Barbara Streisand and Donny Osmond.**



## Parvinder

*Parvinder, who is 12, has extreme feelings of sadness and neglect. Throughout her life, Parvinder has felt neglected by her parents and has lived in a care home since the age of 3. She has started to self-harm by cutting the backs of her arms and legs with a knife as she feels that this is a way of getting the pain out and releasing it through her body where it can be seen and dealt with. Parvinder feels that it is her fault that her parents neglected her because she thinks that she is not good enough, so self-harm is also her way of punishing herself.*

### Self harm

Self-harm, or self-injury, describes a wide range of things people deliberately do to themselves that appear to be harmful but usually do not kill them. Self-harm is not usually a failed attempt at suicide, but it can still be very hard for parents or carers. Cutting the arms or the back of the legs with a razor or knife is the most common form of self-harm, but self-harm can take many forms, including burning, biting, hitting or taking overdoses. A young person may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, when they feel isolated, angry, guilty or desperate. Though self-harm is rarely a failed suicide attempt, it can lead to infection, permanent damage and even accidental death. About 1 in 10 young people harm themselves deliberately at some stage – so it's more common than you think.

### Questions

**1) What should Parvinder do?**

**2) What should the people that know Parvinder do to help her?**

**3) What do you think people's perceptions of Parvinder would be?**

**Famous people who have self harmed: Princess Diana, Johnny Depp, Angelina Jolie, Lindsey Lohan, Russell Brand.**



## Example answers to the case studies

Example answers are included for each case study:

- **Susie** (Anorexia)
- **Jamal** (Anxiety and panic attacks)
- **Elliot** (Depression)
- **Parvinder** (Self Harm)
- **Sophie** (Social Anxiety)

### **Anorexia Nervosa**

Susie, who is 13 years old, has been very worried about her weight and has the idea that she is fat (even though she is a healthy weight). This is causing her to strictly control and limit what she eats and also exercise excessively. She has also started to count the number of calories in things even when she has no intention of eating them.

#### **1. What support may be available for Susie?**

Support that may be available:

- Someone to talk to (Parents/Guardians, friends, trusted adults)
- Help lines for advice and support, for example Young Minds
- Support from GP
- Therapy and counselling through Child and Adolescent Mental Health Service (CAMHS)
- Advice from a dietician, especially if her weight gets too low.

#### **2. What should she do in order to help manage her condition?**

With the support available, Susie should try to realise that controlling and limiting what she eats and exercising excessively is not good for her. She should take small steps that include stopping counting calories and talking through her problem with a professional to help understand it better.

#### **3. What might be the barriers in stopping Susie from looking for help?**

As said in the case study, Susie believes she fat, so the way that she is behaving may seem normal to her and she may not realise that she needs help. On the other hand, she may admit to having a problem but may be too scared to look for help from fear of being judged and she may not want people to see how skinny she is.

### **Anxiety and Panic Attacks**

Jamal, who is 14 years old, often feels anxious especially when he is around lots of people or in a big crowd. School assemblies are a particular problem for Jamal as there are lots of people in a confined space and he doesn't feel comfortable in leaving the assembly as he is worried that people are going to look at him and after ask him why he has left. Because of these panic attacks Jamal is worried about leaving the house as he scared that he is going to have one on the way to school. Jamal's panic attacks cause his heart to beat irregularly, his palms to become sweaty and feelings of breathlessness. His anxiety and panic attacks are causing him to feel tired all the time and have irregular sleeping patterns. Jamal also has angry outbursts in school when he is worried about things.

### **1. Why do you think Jamal is worried about telling people about his panic attacks?**

Jamal may not want to admit that he has a problem and be embarrassed at the fact that he often feels anxious. He might think that asking for help is 'uncool' and that seeking help will mean that he is giving up and will affect his masculinity. He may also feel that he is alone and that telling someone will only make it worse as they will not understand.

### **2. How do you think Jamal should go about getting support for his condition?**

In order to get support for his condition, Jamal should discuss his problems with a trusted friend or adult. He could also call a trusted and reliable helpline if he wants to stay anonymous. Jamal will need help to understand that his anxiety won't just go away 'like that' and will need support to help him manage his condition. Jamal should go and see his GP where he will be offered the appropriate support. This may mean being directed to the Child and Adolescent Mental Health Service (CAMHS) and possibly some support groups where people with the same problem go to get support and help each other, if Jamal feels comfortable with it. It is helpful for the Jamal to understand that anxiety is a commonly occurring problem for young people and that evidence shows we have effective treatments for it, such as group support which can also take place via websites.

### **3. What can Jamal's school do, in order for him to feel more at ease in assemblies?**

The school could support Jamal by asking him what it is about assemblies that make him anxious so that they know how best to help him. It could be that Jamal does not attend assemblies at first. Whilst receiving support for his condition Jamal could start gradually going to assemblies and could sit at the back so that he can leave if he needs to. Jamal could also be let out of assembly early to avoid the big crowds leaving the assembly hall, as this could lead to Jamal feeling more anxious.

## **Depression**

Elliot is 16 years old and recently he had been feeling extremely sad. His parents, school and friends have also noticed this but can't seem to pin point what has caused it. At first they thought they it was just because he was growing up but it seems to be more serious and has lasted longer than expected. Elliot is not socialising as much, doesn't join in with activities at school and doesn't seem to have any interest in the things that he used to enjoy doing.

### **1. What should Elliot's parents, school and friends do to help support Elliot?**

They should talk to Elliot and find out how he feels and discuss the problems that he is having. They should support Elliot and advise him to go and see his GP with his parents if he feels comfortable in doing so. He may then be directed to the Child and Adolescent Mental Health Service (CAMHS).

### **2. What might people's perceptions be of Elliot?**

People may think that Elliot is boring, miserable or lonely. They may use words such as 'weirdo' and 'nutter' to describe him. The perceptions that others may have that Elliot is not talking to them because he doesn't like them, depressed young people often inadvertently push away others by their withdrawal.

### **3. What might be stopping Elliot from telling people how he really feels and admitting that he has a problem?**

Elliot might think that these feelings will go away if he just leaves them as he is embarrassed and ashamed in looking for help. He may feel that looking for help will make it worse because of fear of being

judged and that they (parents, school, friends, and mental health worker) won't understand what he is going through anyway.

## **Self Harm**

Parvinder, who is 12, has extreme feelings of sadness and neglect. Throughout her life, Parvinder has felt neglected by her parents and has lived in a care home since the age of 3. She has started to self harm by cutting the backs of her arms and legs with a knife as she feels that this is a way of getting the pain out and releasing it through her body where it can be seen and dealt with. Parvinder feels that it is her fault her parents neglected her because she thinks that she is not good enough, so self harm is also her way of punishing herself.

### **1. What should Parvinder do?**

Parvinder should talk to a trusted adult or friend about what she is going through, she can then hopefully be supported and they should then be able to help her go and seek help. She could also phone a trusted and reliable mental health helpline if she wants it to be anonymous. Parvinder should seek help in the form of going to her GP, who would know which service is best to direct her to

### **2. What should the people that know Parvinder do to help her?**

People that know Parvinder should approach her with understanding. They should listen to her and not judge her or the situation. The care workers or trusted adult that she has spoken to should talk to her and go through what they should do next so that Parvinder doesn't feel like she is being forced to go anywhere. They should then take her to her GP, where she may be directed to the Child and Adolescent Mental Health Service or another service that could help Parvinder.

### **3. What do you think peoples perceptions of Parvinder would be?**

People may think that Parvinder is self harming because she is attention seeking. They may also think that she is crazy to be harming herself. An argument against these perceptions would be that, there are plenty of ways to look for attention, why would she cause harm to herself? Also self harm is a serious mental health issue and some people use it to cope with their extreme negative feelings. Others could try to understand that this may be someone's attempt to cope with a situation they are finding difficult.

## **Social Anxiety**

Sophie is 12 years old and finds it hard to talk to people, especially in large groups at lunchtime. She is worried that she is going to say the wrong thing and embarrass herself and doesn't know when it is the right time to speak. The group that she hangs around with have started to run away from her and told her that she is boring and that they do not want to hang around with her anymore. This has made her feel very sad and affected her self-esteem.

### **1. What should Sophie do?**

Sophie should talk to a trusted adult about how she feels in social situations. Sophie could also go and see the school counsellor to go through why she feels anxious in social situations and to build up her confidence. Sophie should try and talk to the people she hangs around with and tell them about her difficulties and try to sort the situation out. Otherwise she can try and find some new friends that are similar to Sophie and that understand her. She may decide that she does not want to hang around with people that make her feel so sad. If the social anxiety is severely impacting on her life then she should go

and see her GP who may direct her to the Child and Adolescent Mental Health Service (CAMHS) or another service that could help Sophie.

## **2. What should the school do to help Sophie?**

The school should recognise what is going on and arrange a time to talk with Sophie on her own to discuss the problems that she is having. They should also talk to the group that Sophie hangs around with (with or without Sophie) and tell them to be more supportive of her and try to build up her confidence by being nice to her. If the group do not agree to do that, the school could ask another group of girls whether Sophie can hang around with them or advise Sophie that another group of friends may be better. In the mean time, the school should refer her to the school counsellor so that she can talk through her problems. The school could also involve Sophie in more group activities in lessons and after school.

## **3. What might people's perceptions be of Sophie?**

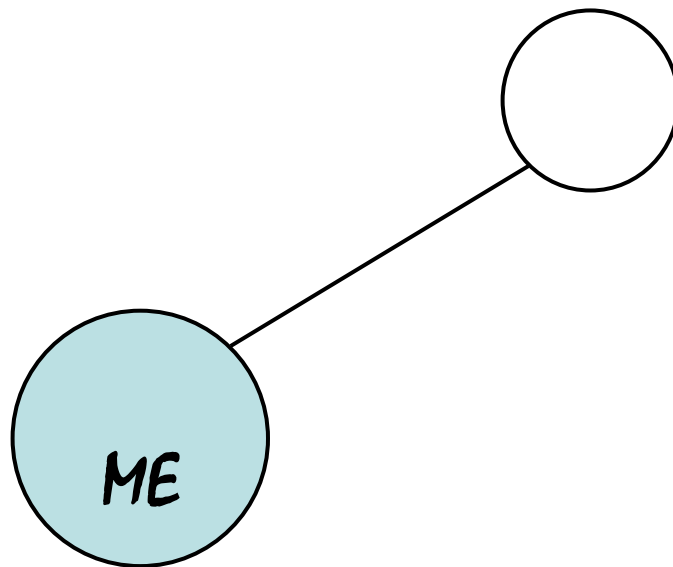
People might think that Sophie is weird, boring and unsociable. They might think that Sophie feels as if she is better than the group that she is hanging around with and doesn't want to be with them which is why she is not talking to them or joining in with activities. Some people may think she is boring or being weird but chances are most people won't have noticed how she has been feeling as often young people are more preoccupied about what is happening in their own lives. An argument against these perceptions would be that it is not her fault that she feels anxious in social situations and might be down to her confidence or a previous bad social experience.



## My Support Network



Put yourself in the middle circle. Then create a spider diagram of all the people in your life that you might be able to turn to for help or advice, or just to talk to if you had a problem or were feeling 'down'. You could add external sources of help such as Childline (0800 1111) or [www.mindfull.org](http://www.mindfull.org).





# APPENDICES

to the

# HEALTHY MINDS

Scheme of Work





## Contents

Appendix A	<b>Secondary schools' CAMHS list June 2013</b>
Appendix B	<b>Further information about mental health and wellbeing services for young people in Islington</b>
Appendix C	<b>Evaluation</b>
Appendix D	<b>Ways to support a child with specific mental health problems</b>
Appendix E	<b>Mental health problems – background information</b>
Appendix F	<b>Suggested letter to parents</b>
Appendix G	<b>Ways to support your child's mental health</b>
Appendix H	<b>Promoting resilience in school</b>

## Appendix A:

### Secondary schools' CAMHS list October 2013

Islington Child and Adolescent Mental Health Services (CAMHS) have a dedicated worker in every secondary school. These workers can provide one-to-one counselling for pupils with identified mental health issues and support for the school in dealing with a pupil's mental health difficulties. They can also recommend or refer young people to other services as appropriate.

Speak to your school's CAMHS worker about staff training which they may be able to deliver (depending on capacity and availability).

School	Link	Day in school	Area children's network	E-mail
<i>St Aloysius</i>	Teresa Sarmiento/Ruth Dawson	Monday	Holloway	<a href="mailto:maria-teresa.sarmiento@nhs.net">Maria-teresa.sarmiento@nhs.net</a> Ruth.dawson3@nhs.net
<i>IAMS</i>	Rehana Nazli	Thursday	Hornsey	Rehana.nazli@nhs.net
<i>Mount Carmel</i>	Kathy Adcock	Monday	Hornsey	katharineadcock@nhs.net
<i>Highbury Fields</i>	Sonya Kahn/Rehana Nazli/Wendy Isenwater	Friday am/Friday pm/Thursday am	Canonbury	<a href="mailto:sonyakhan@nhs.net">sonyakhan@nhs.net</a> <a href="mailto:wendy.isenwater@nhs.net">wendy.isenwater@nhs.net</a> rehana.nazli@nhs.net
<i>Highbury Grove</i>	Sian Barnett	Tuesday	Canonbury	<a href="mailto:Sian.barnett@nhs.net">Sian.barnett@nhs.net</a>
<i>COLA I</i>	Ruth Dawson	Thursday	Finsbury	Ruth.dawson3@nhs.net
<i>Central Foundation</i>	Julia Jenkinson	Monday	Finsbury	Julia.jenkinson@nhs.net
<i>EGA</i>	Jyoti Pooni	Thursday/alternate Wednesdays	Barnsbury	Jyoti.pooni@nhs.net
<i>St Mary Magdalene</i>	Steve Benson	Monday	Barnsbury	Steve.benson1@nhs.net
<i>Holloway</i>	Helen Aspland	Tuesday	Holloway	h.aspland@nhs.net

## Appendix B:

### Further information about mental health and wellbeing services for young people in Islington

This appendix provides information about organisations and/or websites for young people that provide accurate and reliable information, help and support on a range of emotional & wellbeing issues. Most of the local services listed are available for young people aged 13-21.

Be aware that details sometimes change. Please check with the individual organisations to make sure their details are correct & let us know any errors.

#### Where to go if you're worried or want some advice

##### Childline

***Are you at risk or in a crisis? Phone Childline at any time.***

For teenagers too! Phone & email counselling and message board support. Also tips and advice on a wide range of issues, including exam stress and bullying.

T: 0800 1111 (24 hours a day)

W: [www.childline.org.uk](http://www.childline.org.uk)

##### Your GP

GPs can help you with a wide range of issues. They may refer you to other specialists such as youth counselling services or CAMHS (see below). Alternatively they may refer you to a service specialising in treating a particular problem you may be experiencing.

##### Child and Adolescent Mental Health Service (CAMHS)

CAMHS is for young people (up to 18 years) who are worried about their emotional or mental health. You can call or email CAMHS yourself or you may be referred by other professionals.

T: 020 3316 1824

E: [i.camhs@islingtonpct.nhs.uk](mailto:i.camhs@islingtonpct.nhs.uk)

W: [www.izzy-info.com](http://www.izzy-info.com) – search for CAMHS

##### TYS Youth Counselling Service

Islington Council's free youth counselling service for young people aged 12 – 21 years, who live, work or study in Islington. They can refer on to other services, such as drug & alcohol or support workers, if needed. Based at the Canonbury Project and Pulse (see below).

T: 020 7527 5013 / 07825 098 200

E: [afra.bell@islington.gov.uk](mailto:afra.bell@islington.gov.uk)

##### Pulse, N1

Free counselling (from TYS Youth Counselling Service & Brook), sexual health advice (from Brook & NHS) and a range of other services for young people aged 13-21 who live, work or study in Islington.

T: 020 7527 1300

E: [badlur.rahman@nhs.net](mailto:badlur.rahman@nhs.net)

W: [www.directory.islington.gov.uk](http://www.directory.islington.gov.uk) then search 'Pulse')

### **The Drum, EC1**

The Drum is part of City YMCA. Free counselling (from The Brandon Centre), sexual health advice and other services for young people aged 14-21 who live, work or study in Islington.

T: 020 7336 0022

E: [drum@brandoncentre.org.uk](mailto:drum@brandoncentre.org.uk) / [counselling@brandoncentre.org.uk](mailto:counselling@brandoncentre.org.uk)

W: [www.brandon-centre.org.uk](http://www.brandon-centre.org.uk)

### **Platform, N7 & Lift, N1**

Youth hubs are safe spaces for 13- 21 year olds to go for information, advice & guidance on a range of issues. They also have counselling services.

T: 020 7527 4468 (Platform) / 020 7527 7030 (Lift)

W: [www.platformislington.org.uk](http://www.platformislington.org.uk) / [www.liftislington.org.uk](http://www.liftislington.org.uk)

### **Mind Connect, EC1**

Free counselling for 16-25 year olds, part of the charity Alone in London.

T: 020 7278 4224 / 020 7447 7031

E: [mindconnect@als.org.uk](mailto:mindconnect@als.org.uk)

W: [www.aloneinlondon.org](http://www.aloneinlondon.org)

### **The Brandon Centre**

Free counselling for 12-21 year olds. They're in Camden, but any London young people can use their services.

T: 020 7267 4792

E: [counselling@brandoncentre.org.uk](mailto:counselling@brandoncentre.org.uk)

W: [www.brandon-centre.org.uk](http://www.brandon-centre.org.uk)

## **What to do if you're worried about...**

### **ALCOHOL**

- **Drinkaware** - information to help you make informed decisions about alcohol & about how drinking may affect your life & lifestyle.  
T: 0800 917 8282 (Drinkline)  
W: [www.drinkaware.co.uk](http://www.drinkaware.co.uk)
- **National Association for Children of Alcoholics (NACOA)**  
Information, advice & support to children of alcohol-dependent parents. Free, confidential telephone & email helpline.  
T: 0800 358 3456  
E: [helpline@nacoa.org.uk](mailto:helpline@nacoa.org.uk)  
W: [www.nacoa.org.uk](http://www.nacoa.org.uk)

### **DOMESTIC VIOLENCE**

- **The Hide Out** website, run by the charity Women's Aid, helps children & young people understand domestic abuse and know how to take positive action if it's happening to you.  
W: [www.thehideout.org.uk](http://www.thehideout.org.uk)

## DRUGS

- **The Annexe** - support & treatment for young people (up to 19 years) who are misusing substances, & for young people affected by someone else's substance misuse.  
T: 020 7527 5099 or 0207 527 7400 (emergencies) / 0207 226 0992 (out of office hours)  
E: [drugs@islington.gov.uk](mailto:drugs@islington.gov.uk)
- **Talk to Frank** - lots of factual information about drugs. Confidential 24 hour helpline every day of the year & live chat room 2- 6pm weekdays.  
T: 0800 776600 / text: 82111  
E: [frank@talktofrank.com](mailto:frank@talktofrank.com)  
W: [www.talktofrank.com](http://www.talktofrank.com) (live chat: [www.talktofrank.com/livechat](http://www.talktofrank.com/livechat))
- **Know Cannabis** - assess your cannabis use & its impact on your life. Get help with making changes, if you want to.  
W: [www.knowcannabis.org.uk](http://www.knowcannabis.org.uk)

## EATING DISORDERS

- **B-eat** - help lines, online support & self-help groups for adults and young people to beat eating disorders. Young people's live chat Tuesday & Thursday, 5 - 6pm.  
T: 0845 634 7650 or text 07786 20 18 20  
E: [fyp@b-eat.co.uk](mailto:fyp@b-eat.co.uk)  
W: [www.b-eat.co.uk](http://www.b-eat.co.uk).
- **MGEDT (Men Get Eating Disorders Too)** – helps men recognise symptoms of eating disorders & access support when needed.  
W: [www.mengetedstoo.co.uk](http://www.mengetedstoo.co.uk)

## SELF HARM & SUICIDE

***Are you at risk or in a crisis? Phone CHILDLINE at any time.***

T: 0800 1111 (24 hours a day)

W: [www.childline.org.uk](http://www.childline.org.uk)

- **New Horizon** - group for young people who self harm (16 to 25 years).  
T: 020 7561 5289  
E: [admin@islingtonmind.org.uk](mailto:admin@islingtonmind.org.uk)  
W: [www.islingtonmind.org.uk/newhorizons](http://www.islingtonmind.org.uk/newhorizons)
- **Papyrus** - information and support around the prevention of young suicide.  
T: 0800 068 4141 (Monday – Friday 10am-5pm & 7-10pm / weekends 2-5pm)  
W: [www.papyrus-uk.org](http://www.papyrus-uk.org)
- **The Samaritans** - emotional support for people experiencing distress or suicidal thoughts.  
T: 08457 90 90 90 (24 hours a day)  
E: [jo@samaritans.org](mailto:jo@samaritans.org)  
W: [www.samaritans.org](http://www.samaritans.org)

## REFUGEES

- **Refugee Therapy Centre** – offers psychotherapy for children & adolescents, as well as family therapy.  
T: 0207 561 1587  
E: [info@refugeetherapy.org.uk](mailto:info@refugeetherapy.org.uk)  
W: [www.refugeetherapy.org.uk](http://www.refugeetherapy.org.uk)

## SEXUAL EXPLOITATION

- **Islington Council** - text service for any young person who thinks they are being sexually exploited or taken advantage of sexually. An easy way to get help and advice.  
Text: CALL ME to 82727 (Monday – Friday, 9am-5pm).

## SEXUALITY

- **PACE** - information, support, youth services and youth counselling if you're exploring or questioning your sexuality or gender identity.  
T: 020 7700 1323  
E: [andy.connolly@pacehealth.org.uk](mailto:andy.connolly@pacehealth.org.uk)  
W: [www.pacehealth.org.uk](http://www.pacehealth.org.uk)

## If you're caring for someone you love...

- **YOUNG CARERS**  
An informal, friendly and supportive group for young carers run by Family Action.  
T: 0207 527 4343  
E: [Familiesfirst@islington.gov.uk](mailto:Familiesfirst@islington.gov.uk)  
W: [www.family-action.org.uk](http://www.family-action.org.uk)

## Other good websites

- **Izzy: Young People's Islington**  
Islington Council's directory of services for young people including advice on a range of issues from relationships to mental health.  
W: [www.izzy-info.com](http://www.izzy-info.com)
- **MindFull**  
Online support, information & advice around mental health and emotional wellbeing, including email counselling, for 11-17 year olds. Live chat with mentors and counsellors daily (10am - midnight).  
E: [Hello@mindfull.org](mailto:Hello@mindfull.org)  
W: [www.mindfull.org](http://www.mindfull.org) (with 2 Ls!)
- **The Site**  
Online guide for 16-25 year-olds. Support and information on a huge range of topics including sex, exam stress, eating disorders, self harm, debt and drugs.  
W: [www.thesite.org](http://www.thesite.org)

## Find out more about mental health

Learn more, find out how to get help for someone you know and fight the stigma.

- **Time to Change** fight mental health stigma.  
[www.time-to-change.org.uk](http://www.time-to-change.org.uk)
- **Rethink Mental Illness** challenges attitudes and changes lives.  
[www.rethink.org](http://www.rethink.org)
- **Mind** for advice and support for anyone with a mental health problem.  
[www.mind.org.uk](http://www.mind.org.uk)
- **Young Minds** champion young people's mental health and wellbeing.  
[www.youngminds.org.uk](http://www.youngminds.org.uk)

## Get active, get involved...

- **Youth Mental Health First Aid Training**  
Free courses run by Rethink Mental Illness. Minimum age 16.  
T: 020 7840 3086  
W: [www.rethink.org](http://www.rethink.org)
- **Uthink London**  
A range of emotional health & wellbeing programmes for 14-18 year olds from Rethink Mental Illness.  
E: [Selina.grogan@rethink.org](mailto:Selina.grogan@rethink.org) / [kirstin.maguire@rethink.org](mailto:kirstin.maguire@rethink.org)  
W: [www.rethink.org/youngpeople](http://www.rethink.org/youngpeople)
- **Direct Action Project**  
Short, lively and informal workshops on a range of mental health issues. Youth volunteering for young people interested in busting stigma.  
T: 020 7837 6082 (ask for Emma)  
E: [admin@peelinstitute.org.uk](mailto:admin@peelinstitute.org.uk)

## Appendix C:

### Pupil Self Evaluation

Name:

Fill this in **BEFORE** the *Healthy Minds* lessons.

Please circle a number in each statement below to indicate how much you agree with each statement. 1 shows complete disagreement and 5 shows complete agreement.

---

I would know how to support someone with a mental health problem.....

**Disagree**            1        2        3        4        5                    **Agree**

If my friend had a mental health problem I would still be their friend....

**Disagree**            1        2        3        4        5                    **Agree**

Anyone can experience a mental health problem....

**Disagree**            1        2        3        4        5                    **Agree**

Being mean to someone with a mental health problem will only make them feel worse....

**Disagree**            1        2        3        4        5                    **Agree**

People with mental health problems don't get better....

**Disagree**            1        2        3        4        5                    **Agree**

People who self-harm are just attention seekers....

**Disagree**            1        2        3        4        5                    **Agree**

Everyone feels some of the symptoms of mental health problems sometimes....

**Disagree**            1        2        3        4        5                    **Agree**

I know how to look after my own mental health....

**Disagree**            1        2        3        4        5                    **Agree**



Fill this in **AFTER** the *Healthy Minds* lessons.

Please circle a number in each statement below to indicate how much you agree with each statement. 1 shows complete disagreement and 5 shows complete agreement.

---

I would know how to support someone with a mental health problem.....

**Disagree**            1       2       3       4       5                    **Agree**

If my friend had a mental health problem I would still be their friend....

**Disagree**            1       2       3       4       5                    **Agree**

Anyone can experience a mental health problem....

**Disagree**            1       2       3       4       5                    **Agree**

Being mean to someone with a mental health problem will only make them feel worse....

**Disagree**            1       2       3       4       5                    **Agree**

People with mental health problems don't get better....

**Disagree**            1       2       3       4       5                    **Agree**

People who self-harm are just attention seekers....

**Disagree**            1       2       3       4       5                    **Agree**

Everyone feels some of the symptoms of mental health problems sometimes....

**Disagree**            1       2       3       4       5                    **Agree**

I know how to look after my own mental health....

**Disagree**            1       2       3       4       5                    **Agree**

What did you enjoy about these lessons?

.....  
What will you remember from these lessons?

.....  
Will these lessons affect how you treat someone with a mental health problem? And how?

.....

## Appendix D:

### Ways to support a young person with specific mental health problems

*These are some suggestions for anyone with particular concerns about the mental health of a young person they are involved with.*

#### Are you worried about a young person's anxiety?

Many children and young people don't know what they are feeling when they are anxious, and it can be very frightening and overwhelming. They might think they are very ill or that they are having a heart attack.

Breathing and relaxation techniques are really useful; get them to breathe deeply and slowly, in through their nose for three counts and out through their mouth for three counts.

Talk to them about what anxiety is and help them to recognise anxious feelings so they can tell when they are becoming anxious and can ask for help.

#### Do you think a young person might be depressed?

Teenagers can often be moody and reserved, but that doesn't necessarily mean they are depressed. It is just part of normal adolescence and is related to hormonal changes and development.

However, some teenagers can find the changes they are going through just too much to cope with and this may cause them to withdraw completely, or seek relief by harming themselves or taking risks.

Teenagers often refuse to talk to their parents about difficult issues and this can be really worrying for parents.

#### Are you worried a young person may be deliberately hurting themselves?

Self harm is usually a way of coping with difficult feelings. Self injury can lead to infection, permanent damage and even accidental death. It is therefore important to seek professional advice if your child is self harming.

#### Are you worried a young person may be feeling suicidal?

Some young people can be vulnerable to having suicidal thoughts/feelings due to the number of changes they are experiencing both hormonally and in life. They can feel very scared of the future, anxious about career and academic pressures, overwhelmed by worries about personal relationships and sexuality.

The risk of suicide can be greatly reduced if a young person gets the help and treatment they need. If you suspect that a young person is feeling suicidal, it is extremely important to talk to them about it and seek professional help.

#### Further information and support regarding mental health

- YoungMinds provide expert knowledge to professionals, parents and young people through their Parents' Helpline, online resources, training and development, outreach work and publications. To find out more go to [www.youngminds.org.uk](http://www.youngminds.org.uk) or call the free parent helpline on: 0808 802 5544.
- You could discuss your concerns with your child's school who may suggest a meeting with the designated Child and Adolescent Mental Health Services (CAMHS) worker for your child's school.
- You can also speak to your GP who may refer you and your child to CAMHS.

## **Appendix E:**

### **Mental health problems – background information**

#### **Anxiety and related problems**

1. Anxiety
2. Social Anxiety / Phobia
3. Obsessive Compulsive Disorder (OCD)
4. Bipolar disorder
5. Depression
6. Psychosis

#### **Eating disorders**

7. Anorexia Nervosa
8. Bulimia Nervosa

#### **Others**

9. Post Traumatic Stress Disorder (PTSD)
10. Self Harm

With thanks to Solihull Council and their Young Changemakers for the mental health background information & resources links given in this appendix.

## Understanding Anxiety

Everyone experiences anxiety such as before taking an exam or before doing a public speech or presentation but people with General Anxiety Disorder (GAD) find it hard to control their worries and it causes physical symptoms that interfere with their day to day life.

### Fight or Flight Response

Our brains have a built in 'programme' that prepares our bodies for fight or flight when we feel threatened. When we feel like this, there is an adrenaline response and blood is diverted to the big muscles to help us escape or fight the threat and blood is therefore taken away from other body systems. This then causes physical symptoms to occur such as:

- Increased heart rate
- Breathlessness
- Choking feeling
- Hot, sweating
- Nausea
- Butterflies in tummy, urge to go to the toilet
- Muscle tension, aching, shaking
- More alert- scanning for danger
- Irritability
- Tingling in body- when anxious, this can cause people to breathe differently causing them to have less carbon dioxide in your blood causing the body to tingle (like pins and needles). This is why it is good for some people with anxiety to breathe into a paper bag as they breathe back in the carbon dioxide that has just been breathed out.
- Sleeping problems
- Light-headed, blurred vision

*Please note that someone with anxiety may not necessarily experience all of these symptoms.*

**Psychological symptoms** of anxiety include:

- Restlessness
- A sense of dread
- Feeling constantly on edge
- Difficulty concentrating
- Impatience
- Being easily distracted
- Worrying that the worst will happen

This may cause the person to avoid certain situations that make them feel anxious including going out with friends or going to school or college if it is too stressful. This can have a negative effect on self-esteem.

### Possible causes of anxiety:

Only about 30% of the causes of General Anxiety Disorder are inherited and there are certain traits that may make people more likely to develop this problem. These include:

- General nervousness
- Depression
- Inability to tolerate frustration
- Feeling inhibited

Researchers believe that GAD is caused by a combination of factors including:

- The body's biological processes
- Genetics (the genes that are inherited from parents)
- The environment
- Life experiences

Resources used:

<http://www.nhs.uk/Conditions/Anxiety/Pages/Introduction.aspx>

Treatment plans and interventions for depression and anxiety disorders by Robert L. Leahy and Stephen J. Holland. [www.getselfhelp.co.uk/anxiety.htm](http://www.getselfhelp.co.uk/anxiety.htm)

## Understanding Social Anxiety / Phobia

You may get a bit worried before meeting new people but find that, once you are with them, you can cope and even enjoy the situation. A fear becomes a phobia when it stops people from enjoying things or doing them easily. Someone with social anxiety/phobia would feel very anxious when with other people usually from fear of them being critical of them or that they may do something embarrassing.

**There are two main types of social anxiety/phobia:**

### General social anxiety/phobia

- People with social anxiety/phobia may:
- Worry that people are looking at them and noticing what they are doing
- Dislike being introduced to new people
- Find it hard to go into shops or restaurants
- Worry about eating or drinking in public
- Feel embarrassed about undressing in public, so can't face going to the beach
- Be unable to be assertive with people, even when they know they need to be
- Be preoccupied with how others are evaluating them will also be actively avoiding those situations that are making them anxious

### Specific social anxiety/phobia

This can affect people who have to be the centre of attention as part of their way of life such as salesmen, actors, musicians, teachers or public speakers. People with specific social anxiety/phobia may find that they can mix and socialise with other people without any problems. However, when it gets to performing or speaking in public they may get very anxious and muddle up words or even not be able to speak at all.

The worries and anxieties are similar for both types of social anxiety/phobia, they may:

- Worry a lot about making a fool of themselves in public
- Feel very anxious before going into a social situation
- Go through all the embarrassing things that could happen to them
- Be unable to say or do things they want to
- After an event, worry about how they handled the situation. They may go over it again and again wondering how they could have behaved differently or said things differently.

Physical symptoms include many of the same as general anxiety disorder (see separate sheet).

### Causes

The exact causes of complex phobias such as social anxiety/phobia are unknown. However, it is thought that genetics, brain chemistry and life experiences may all play a part in the development of social anxiety/phobia.

Social phobias may be caused by a previous intense or anxious experience in a social situation. Alternatively, a person's social confidence may not have had the chance to fully develop past the normal stage of shyness as a young child.

Resources used:

[www.rcpsych.ac.uk/mentalhealthinfoforall/problems/anxietyphobias/shynessandsocialphobia.aspx](http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/anxietyphobias/shynessandsocialphobia.aspx)  
[www.nhs.uk/Conditions/Phobias/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Phobias/Pages/Causes.aspx)

## Understanding Obsessive Compulsive Disorder (OCD)

**Have you ever had ideas that you thought were weird?**

**Such as:**

Have I just locked the front door?

Did I leave the oven on?

Standing in a high place and wondering- What if I jumped off?

What if I caused a public scene?

What if I insulted a stranger?

**Or**

**Have you ever done things that you knew didn't really make sense?**

**Such as:**

Avoiding walking under ladders.

Avoiding the number 13.

Avoiding crossing on the stairs.

Touching wood when you have thought or said things like- That would never happen to me?

**For most people, thoughts like these come and go but for others the ideas do not go away and can take a hold of them and their lives.**

**An obsession** is something that makes someone feel very anxious. It is usually a thought but can be a picture or image or sometimes can be impulses or urges - sudden feelings that the person might go and do something, usually something they believe is terrible.

**A compulsion** is usually something that a person does that makes them feel like the thing that they fear is not going to happen. Compulsions can be obvious behaviours but can also be things that people do in their heads in order to make sure that everything is alright.

**There may be a number of causes why some people get OCD. They are:**

**Biological Factors** It is possible that people may inherit genes that make it more likely for some people to develop OCD. It is also possible that there are differences in the brain chemistry of people who develop OCD that make them more likely to develop the disorder.

**Psychological factors** We live in an often stressful world and want ourselves and the people that we care about to stay safe. For example if someone was worried that they had not locked the doors to the house even though they are sure they have, the compulsion would be to go back and check. The compulsion makes them feel better and they convince themselves that they really needed to go back and check that the house is locked as they believe that an intruder could have got in and burgled the house. As this action makes them feel better they keep on doing it.

Although compulsions may make people feel better in the short term, they do not work in the long term. The more a person acts on compulsions, the more they need to. These compulsions can be things that people do in their mind or in the outside world.

Resource used:

An introduction to coping with Obsessive Compulsive Disorder by Lee Brosnan

## Understanding Bipolar Disorder

Bipolar disorder, previously called manic depression, is a serious mental illness. The condition includes phases of feeling very high or being manic, and phases of feeling very down or depressed. These mood swings are much more extreme than the mood changes that most of us feel from time to time. They can last from days to weeks at a time. People can feel elated or high when they are in the manic phase. It can make a person feel really confident and on top of the world. This feeling is the complete opposite to how they feel during the depressive phase, which can make them feel in utter despair. Unlike simple mood swings, each extreme of bipolar disorder can last for several weeks or longer. The high and low phases of the illness are often so extreme that they interfere with everyday life. This condition is quite rare, and is really rare in children. The illness often starts when people are between 15-19 years, but can start at any age.

### Depression phase

The depression phase of bipolar disorder often comes first. Initially, a person may be diagnosed with clinical depression before having a manic episode some time later (sometimes years later), after which their diagnosis might change.

During a depressive phase, people may:

- Lose interest in activities-such as eating, going out with friends
- Feel down all the time
- Feel tired all the time and have difficulty sleeping or staying awake
- Have feelings of worthlessness and suicidal thoughts.

### Manic phase

During a manic phase of bipolar disorder, a person may feel very happy and have lots of ambitious plans and ideas. They may spend large amounts of money on things that they cannot afford. During the manic phase, they may feel very creative and view mania as a positive experience. However, during the manic phase of bipolar disorder, they may also have symptoms of psychosis (explained on a separate sheet). During a manic phase, people may:

- Be over familiar and outspoken
- Be inappropriately dressed
- Talk incessantly and faster and louder than normal
- Find it difficult to concentrate and finish tasks
- Not feel the need for sleep
- Have an increase in appetite
- Do dangerous or reckless things such as drinking too much, or bingeing on recreational drugs.

### Causes of bipolar disorder

The exact cause of bipolar disorder is not fully understood; however, there are factors which may act together to cause the condition:

**Chemical imbalance in the brain:** Bipolar disorder is widely believed to be the result of chemical imbalances in the brain.

**Genetics:** As well as being linked to chemical imbalances in the brain, bipolar disorder is also thought to have a significant genetic factor. Bipolar disorder seems to run in families with the family members of a person with the condition having an increased risk of developing it themselves. However, there is no single gene that is responsible for bipolar disorder. Instead, it is thought that a number of genetic and environmental factors act as triggers for the condition. A stressful circumstance or life event is usually required to trigger the onset of bipolar disorder. Examples include:

- Physical, sexual or emotional abuse
- The breakdown of a relationship
- The death of a close family member or loved one

Resources used:

[www.youngminds.org.uk/my-head-hurts/treatments/mental-healthdifficulties/bipolar-disorder](http://www.youngminds.org.uk/my-head-hurts/treatments/mental-healthdifficulties/bipolar-disorder)  
[www.nhs.uk/Conditions/Bipolar-disorder/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Bipolar-disorder/Pages/Introduction.aspx)

## Understanding Depression

Everyone has 'off' days and feels blue now and again but depression is different. Depression is a serious illness that can make people have feelings of extreme sadness that can last a long time (weeks or months rather than days). These feelings can interfere with day-to-day life and cause people to not enjoy doing the things that they used to enjoy doing.

### Psychological symptoms

<ul style="list-style-type: none"><li>• Continuous low mood or sadness</li><li>• Feelings of hopelessness or helplessness</li><li>• Low self esteem</li><li>• Tearfulness</li><li>• Feelings of guilt</li><li>• Feeling irritable and intolerant to others</li></ul>	<ul style="list-style-type: none"><li>• Lack of motivation and little interest in things</li><li>• <input type="checkbox"/> Difficulty making decisions</li><li>• Lack of enjoyment</li><li>• Suicidal thoughts or thoughts of self-harming</li><li>• Feeling anxious or worried</li><li>• Reduced sex drive</li></ul>
--	--

### Physical symptoms

- Slowed movement or speech
- Change in appetite or weight (increased or decreased)
- Constipation
- Unexplained aches and pains
- Lack of energy
- Lack of interest in sex.
- Changes to the menstrual cycle
- Disturbed sleep patterns (problems getting to sleep, waking up in the middle of the night)

### Social symptoms

- Not doing well at school
- Taking part in fewer social activities and avoiding contact with friends
- Reduced hobbies and interests
- Difficulties in home and family life.

Please note that the symptoms of depression can be complex and these are not necessarily all of the symptoms. It affects people in many different ways; young people may be diagnosed with depression if they are showing signs of irritability even if they don't have low mood.

*Even though grief and depression can be seen as similar, there is a big difference between their causes. Grief is a natural response to loss whereas depression is an illness.*

### Causes

- **Stressful life events:** When stressful events happen like bereavement or relationship breakdown people will have a higher risk of developing depression.
- **Illness:** People may have a higher risk of depression if they are diagnosed with chronic or life threatening diseases such as coronary heart disease or cancer.
- **Personality traits:** People may be vulnerable to depression due to certain personality traits such as low self esteem or being overly self critical.
- **Family history of depression:** Research shows that some genes increase the risk of depression after a stressful life event.
- **Social isolation:** Being cut off from family and friends may increase the risk of depression.
- **Alcohol and drugs:** Substance abuse can be a cause of depression. Use of drugs such as cannabis and cocaine can also lead to feelings of depression. Some people try to cope by drinking too much alcohol or taking drugs. This can result in a spiral of depression. The isolation of alcohol or drugs make people feel worse about themselves and in response, they isolate themselves and drink or take drugs even more.

Resource used:

[www.nhs.uk/Conditions/Depression/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Depression/Pages/Causes.aspx)



Psychosis is a symptom common to several types of mental illness, including schizophrenia. People experiencing high state bi-polar disorder often experience psychotic symptoms.

A person with psychosis may be unable to distinguish between what is in their mind and reality. They may feel paranoid, hallucinate (see, smell or hear things that are not there), have delusions (where you believe things that are untrue) or feel very high or very low.

An affected person will often have their first episode of psychosis in young adulthood. It can be triggered by a stressful life event, drug use (including cannabis and cocaine) or can arise 'out of the blue'.

Although psychosis can be very frightening for the person and their family, it can be successfully controlled through medication and other treatments.

## Symptoms of Psychosis in more detail

### Hallucinations

A hallucination is when someone perceives something that does not exist in reality.

Hallucinations can occur in all five of the senses:

- Sight-someone with psychosis may see colours and shapes or imaginary people or animals.
- Sounds- Someone with psychosis may hear voices that are angry, unpleasant or sarcastic.
- Touch- A common psychotic hallucination is that insects are crawling on the skin.
- Smell- Usually a strange or unpleasant smell.
- Taste- Some people with psychosis have complained of having a constant unpleasant taste in their mouth.

### Delusions

A delusion is where you have an unshakeable belief in something that is implausible, bizarre or obviously untrue. There are two common types of psychotic delusion:

- Paranoid delusion
- Delusions of grandeur

**Paranoid delusions:** A person with psychosis will often believe that an individual or organisation is making plans to hurt or kill them. This can lead to unusual behaviour. For example, a person with psychosis may refuse to be in the same room as a mobile phone because they believe they are mind-control devices.

**Delusions of grandeur:** A person with psychosis may have delusions of grandeur where they believe that they have some imaginary power or authority. For example, they may think they are president of a country, or that they have the power to bring people back from the dead.

### Confusion of thought

People with psychosis often have disturbed, confused and disrupted patterns of thought. Signs of this include:

- Their speech may be rapid and constant
- The content of their speech may appear random. For example, they may switch from one topic to another mid-sentence.
- Their train of thought may suddenly stop, resulting in an abrupt pause in conversation or activity.

### Lack of insight

People who are experiencing a psychotic episode are often totally unaware that their behaviour is in any way strange, or that their delusions or hallucinations could be imaginary. They may be capable of recognising delusional or bizarre behaviour in others, but lack the self-awareness to recognise it in themselves. For example, a person with psychosis who is being treated in a psychiatric ward may believe that all of their fellow patients are mentally unwell while they are perfectly mentally healthy.

### Psychological causes

The following conditions have been known to trigger psychotic episodes in some people:

- Schizophrenia- a chronic (long term) mental health condition that causes hallucinations and delusions.
- Bipolar disorder (explained on a separate sheet)
- Severe stress or anxiety.
- Severe depression (explained on a separate sheet)
- Lack of sleep

The underlying psychological cause will often influence the type of psychotic episode that someone experiences. For example, a person with bipolar disorder is more likely to have delusions of grandeur, whereas someone with depression or schizophrenia is more likely to develop paranoid delusions.

### **General medical condition causes**

The following medical conditions have been known to trigger psychotic episodes in some people:

- HIV and AIDS- a virus that attacks the body's immune system.
- Malaria- a tropical disease that is spread by infected mosquitoes.
- Syphilis- a bacterial infection that is usually passed on through sexual contact.
- Alzheimer's disease- the most common form of dementia that causes a decline of mental abilities such as memory and reasoning.
- Parkinson's disease- a chronic condition that affects the way the brain coordinates body movements such as walking, talking and writing.
- Hypoglycaemia- an abnormally low level of sugar (glucose) in the blood.
- Lupus- a condition where your immune system attacks healthy tissue.
- Lyme disease- a bacterial infection that is spread to humans by infected ticks.
- Multiple sclerosis- a condition of the central nervous system (the brain and spinal cord).
- Brain tumour- a growth of cells in the brain that multiply in an abnormal and uncontrollable way.

### **Substances**

Drug and alcohol misuse may trigger a psychotic episode. This is called drug or alcohol induced psychosis and the psychotic symptoms usually disappear when the person stops using drugs / alcohol. A psychotic episode may also be triggered if you suddenly stop taking a drug after using it for a long time.

Taking drugs and alcohol can make psychotic symptoms worse and makes mental illness disorders more difficult to diagnose. Hallucinogens, including LSD & DMT, can all cause drug-induced psychosis. They *'may also trigger more serious and enduring mental health problems'* (YMHFA handbook 2011, page 63). Using these drugs can lead to depression and anxiety. Stimulants (including amphetamines such as speed & cocaine) can cause drug-induced psychosis and, importantly, may trigger longer term psychotic illness in people who are vulnerable. Drugs such as MDMA / ecstasy may worsen psychotic illnesses and led to low mood.

Using cannabis may trigger mental health problems in people who are vulnerable (YMHFA handbook 2011, page 63). It is known to trigger drug-induced psychosis in some people and interferes with anti-psychotic medication.

Resources used:

Youth Mental Health First Aid handbook (2011)

[www.youngminds.org.uk/parents/im-concerned-about/psychosis-1](http://www.youngminds.org.uk/parents/im-concerned-about/psychosis-1)

[www.nhs.uk/Conditions/Psychosis/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Psychosis/Pages/Introduction.aspx)

## Eating Disorders

### Understanding Anorexia Nervosa

Anorexia Nervosa is an eating disorder and a serious mental health condition. People with Anorexia Nervosa have an extreme fear of gaining weight. They are very anxious about their weight and keep it as low as possible by strictly controlling and limiting what they eat.

People with anorexia become so preoccupied with their weight and shape, and so distorted in their thinking about food, that it is very difficult for them to accept the need to eat a proper diet. Though people with anorexia avoid eating food whenever they can, they also develop an obsession with eating and diet. For example, they may obsessively count the calories in different types of foods even though they have no intention of eating it.

Nevertheless, they remain fascinated with food and often enjoy cooking for others. Sometimes they may pretend to have eaten when they have not. Some behaviours may include exercising vigorously, using laxatives or making themselves sick in order to lose more weight. A girl's periods may stop or never even start.

#### Symptoms

The main symptom of anorexia is losing a lot of weight deliberately. For example, by:

- eating as little as possible
- making yourself vomit
- doing too much exercise

These can show themselves in different ways. Such as:

- Telling lies about eating or what they have eaten
- Giving excuses about why they are not eating
- Pretending they have eaten earlier
- Telling lies about how much weight they have lost
- Find it difficult to think about anything other than food
- Spend lots of time reading cookery books and recipes

Someone with anorexia nervosa strictly controls what they eat. For example, by:

- Strict dieting
- Counting the calories in food excessively
- Avoiding food they think is fattening
- Eating only low calorie food
- Missing meals
- Avoiding eating with other people
- Hiding food
- Cutting food into tiny pieces- to make it less obvious that they have eaten very little and to make the food easier to swallow
- Taking appetite suppressants- such as slimming pills or diet pills.
- They may also drink lots of fluids that contain caffeine, such as coffee, tea and low-calorie fizzy drinks, as these can provide a low-calorie, short-term burst of energy.
- Some people with anorexia may also begin to use illegal stimulant drugs that can induce weight loss, such as cocaine or amphetamines.

## **Causes**

People with anorexia often believe that their value as a person is related to their weight and how they look. They think other people will like them more if they are thinner, seeing their weight loss in a positive way.

There is no single cause for anorexia. Most experts have argued that the condition is caused by a combination of psychological, environmental and biological factors, which lead to a destructive cycle of behaviour.

A widely accepted model based on these factors is that some people have distinct personality traits that make them more vulnerable to anorexia.

An environmental factor, such as going through puberty or living in a culture where thinness is an ideal, then causes the person to begin a pattern of long-term dieting and weight loss.

The lack of a normal diet has a biological effect on the brain, which helps reinforce the obsessive thinking and behaviour associated with anorexia.

A cycle then begins. The more the person diets, the greater its effect on the brain and the greater desire to lose weight. This means that symptoms gradually and then rapidly get worse.

## Understanding Bulimia Nervosa

Bulimia Nervosa is an eating disorder and a mental health condition. People with Bulimia Nervosa eat large amounts of food in 'binges' and then make themselves sick or use laxatives to get rid of the food called 'purging'. They may not look overweight or underweight and because of this, their eating problems are often difficult to detect. Continuous bingeing and vomiting can eventually do serious harm to their bodies.

### Symptoms

#### Binge eating

Binge eating is repeatedly eating vast quantities of high-calorie food, without necessarily feeling hungry or needing to eat. The urge to eat can begin as an attempt to deal with emotional problems i.e. comfort eating, but can quickly become obsessive and out of control.

Binge eating is usually a quick process and you may feel physically uncomfortable afterwards. When binge eating is a symptom of bulimia, it happens regularly, not just once or twice.

#### Purging

Purging is a response to bingeing. After someone has eaten lots of food in a short space of time, they may feel physically bloated and unattractive. They may also feel guilty, regretful and full of self-hatred.

However, the main impulse to purge is a powerful, overriding fear of putting on weight.

The most common methods of purging involve making themselves sick or using laxatives to encourage the body to pass the food quickly.

### Causes

There is no simple answer to the cause of bulimia but there are some common factors that may lead to bulimia. Such as:

- **Low self esteem:** If someone has an eating disorder, they may have a low opinion of themselves and see losing weight as a way of gaining self-worth.
- **Depression:** They may use bingeing as a way of coping with unhappiness. People with bulimia often feel depressed, so they binge regularly. However, purging does not relieve this depression and the cycle continues.
- **Stress:** Bulimia can sometimes occur following stressful situations or life events. For example, a person may develop the condition after dealing with a traumatic experience, such as a death.

#### Others include:

Cultural and social pressure

Other mental health problems

Puberty

Genetics

Resources used:

[www.youngminds.org.uk/parents/im-concerned-about/bulimia-andanorexia](http://www.youngminds.org.uk/parents/im-concerned-about/bulimia-andanorexia)

[www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Introduction.aspx)

[www.nhs.uk/Conditions/Bulimia/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Bulimia/Pages/Causes.aspx)

## Understanding Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a psychological and physical condition that is caused by very frightening or distressing events. It occurs in up to 30% of people who experience traumatic events.

PTSD can occur after experiencing or witnessing traumatic events such as:

- Military combat
- Serious road accidents
- Terrorist attacks
- Natural or man-made disasters
- Being held hostage
- Violent deaths
- Violent personal assaults such as sexual assault, mugging or robbery

PTSD may also occur in any other situation where a person feels extreme fear, horror or helplessness.

Someone with PTSD often relives the traumatic event through nightmares and flashbacks. Younger children can also have PTSD but instead of vividly remembering the event and having flashbacks, they might re-enact the experience through play, have unpleasant dreams or have problems sleeping.

Someone with PTSD may start to feel and behave differently for example, they might start to feel more irritable and angry, be more anxious, feel detached or isolated, seem withdrawn, have difficulty sleeping and even give up activities that they used to enjoy. This can cause them to start avoiding places, people or situations that remind them of the traumatic event. These symptoms are often persistent and severe enough to impact on a person's day to day life. These problems can start to happen quite soon after the traumatic event, or they might only start to happen a while after the event.

### Causes

It is not fully understood why some people develop post-traumatic stress disorder (PTSD) after experiencing a traumatic event, while others do not. However, there are a number of risk factors that seem to make certain people more likely to develop the condition.

If the person has had depression or anxiety in the past, or does not receive much support from family or friends, they are more susceptible to PTSD.

Being abused during childhood is thought to be another risk factor for PTSD.

Studies have shown that people with PTSD have abnormal levels of stress hormones such as adrenaline. Adrenaline helps to deaden the senses and dulls pain. This may be responsible for their numbed emotions and feelings of detachment.

If high amounts of stress hormones such as adrenaline are produced, part of the brain (the hippocampus) can stop working properly which causes flashbacks and nightmares to be continually repeated. This occurs because the malfunctioning part of the brain prevents flashbacks and nightmares from being processed properly.

Resources used:

[www.nhs.uk/Conditions/Post-traumatic-stressdisorder/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Post-traumatic-stressdisorder/Pages/Introduction.aspx)

[www.youngminds.org.uk/my-head-hurts/treatments/mental-healthdifficulties/post-traumatic-stress-disorder-ptsd](http://www.youngminds.org.uk/my-head-hurts/treatments/mental-healthdifficulties/post-traumatic-stress-disorder-ptsd)

## Understanding Self Harm

### **'A physical expression of emotional distress'**

We all get stressed and feel low at times. When we feel like that, we have to find ways to cope with our feelings. It is good to try to cope with stress and other difficult emotions in positive ways. Sometimes people don't know how to do this, so they use self-harm as a way of coping with the difficult feelings that get bottled up over time.

### **Self harm can include:**

- Scratching
- Cutting
- Burning
- Hitting themselves against objects
- Taking a drug overdose
- Swallowing or putting other things inside themselves

It may also take less obvious forms, including taking unnecessary risks, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), abusing alcohol or drugs or someone simply not looking after their own emotional or physical needs.

### **Often people don't know why they self harm. A person may self harm:**

- To cope with feelings and painful emotions that threaten to overwhelm them such as rage, sadness, emptiness, grief, self-hatred, fear, loneliness, feeling unclean, unworthy, trapped or silenced and guilt. These can be released through the body, where they can be seen and dealt with.
- To attempt to get the pain out physically
- To be distracted from negative emotions
- To communicate feelings to somebody else
- To find comfort
- To punish themselves
- To attempt to take some control over life

The majority of people who self harm are not suicidal, but a small minority will intentionally attempt suicide. Some suicides resulting from self harming behaviour may be accidental, occurring when someone has hurt themselves more than they intended to. It is important to note that many people who commit suicide have self harmed in the past, which is one of the many reasons that self harm must be taken very seriously.

People who self-harm usually try to keep it a secret from their friends and family. They often injure themselves in places that can be easily hidden by clothing, and they are very careful to hide the damage and scars.

### **Causes**

There are many reasons why someone could self-harm. If they self-harm more than once, it may be for a different reason each time. The causes usually stem from unhappy emotions.

### **Social factors**

People may self harm because of:

- Difficult relationships with family, friends or partners.
- Difficulties at school or college, such as not doing well academically
- Being bullied, either at home, school, college or work
- Worries about money
- Alcohol or drug use
- Being gay, lesbian, bisexual or transgender and coming to terms with it
- Cultural expectations such as arranged marriage

**Trauma**

Self harm could also sometimes be a way of coping with a traumatic experience. For example:

- Sexual, physical or emotional abuse including domestic abuse and rape
- The death of a close family member or friend
- Having a miscarriage

**Emotional distress (as explained earlier)**

Resources used:

[www.nhs.uk/Conditions/Self-injury/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Self-injury/Pages/Causes.aspx)

[www.youngminds.org.uk/young-people/how-are-you-feeling/mentalillness/self-harm](http://www.youngminds.org.uk/young-people/how-are-you-feeling/mentalillness/self-harm)



## Appendix F:

### Suggested letter to parents

Dear parent,

As part of their personal, social, health and economic (PSHE) education lessons, [Year X] pupils at [name of school] will be taking part in a series of lessons about mental health.

The purpose of PSHE education at [name of school] is: to prepare pupils for situations and feelings they may encounter as they grow up; to build their confidence and skills to deal with these; to give them the knowledge and skills to make informed and healthy choices; to help them to stay safe and know where and how to ask for help if needed.

As part of this, the mental health lessons address the stigma surrounding mental health, ways that everyone can look after their mental health and ways to get help or support a friend. The emphasis is NOT on identifying the signs and symptoms of particular mental health problems; however, during the lessons pupils will consider the impacts of mental health problems that are most common among young people:

- Depression
- Anxiety and related problems
- Self harm
- Eating disorders
- Suicide (much less common)

All the lessons will be taught in an age-appropriate way in the context of knowing how best to look after your own mental health. Pupils will learn to use appropriate language, keep safe and feel confident to ask questions and discuss in a mature and appropriate way.

External visitors and speakers may contribute to the programme. In these cases, lesson content will be agreed in advance and visitors will always be supervised by a member of school staff.

As a parent, you can support the lessons by talking to your child about mental health, and encourage them to talk to you if they have any concerns. For further ideas see the enclosed sheet *Ways to support your child's mental health*, or if you have any worries don't hesitate to contact [appropriate member of staff]

Yours sincerely,

## Appendix G:

### Ways to support your child's mental health

Changes in teenagers' moods and behaviour are generally related to hormonal changes and development, and are just a normal part of adolescence. However teenage behaviour changes can sometimes mask mental health problems; approximately 1 in 10 young people experience mental health problems\*, most commonly anxiety and depression.

*\*Office for National Statistics, Mental Health in Children and Young People in Great Britain 2005*

#### If you are worried about your child

- Don't panic. Emotional problems are common in teenagers and most will resolve naturally. However some young people will need help and treatment - it will help to talk to them about how they are feeling.
- Listen non-judgementally to your child. Reassure them and help them to access help.
- Teenagers often refuse to talk to their parents about difficult issues and this can be really worrying for parents. If you are worried about a young person who isn't ready to talk to you then start by learning a little about mental health. You could also let your child know about places where they can seek support.
- Your GP is a good place to seek help. You can see the GP yourself if your child does not want to go. Your GP may refer you and your child to Child and Adolescent Mental Health Services (CAMHS).
- There are other places to get help, including your child's school and local youth counselling services. There are also some good websites that may help you both.
- If you are experiencing difficulties with your own mental health this may be unintentionally impacting on your child, even if you believe they are unaware of your difficulties. Seeking help for yourself may be one of the best ways you can support your child's mental health and well being and shows them it's important to try to address problems as they arise.
- If you are worried about yourself or another adult there are free and low cost talking therapy services in Islington.
- Talk to your child about mental health, even if you are not worried about them. According to a recent study 1 in 4 parents never talk to their children about mental health\*. There are free mental health training courses in Islington for anyone who would like to find out more.

*\* Time to Change campaign, 2013*

**See over for details of suggested services.**

## **Some useful sources of information**

### **Child and Adolescent Mental Health Service (CAMHS)**

Every school has a dedicated CAMHS worker who you can contact via the school. Your GP can also refer to CAMHS.

### **TYS Youth Counselling Service**

Islington Council's free youth counselling service for young people aged 12 – 21 years who live, work or study in Islington.

T: 020 7527 5013 / 07825 098 200 / E: [afra.bell@islington.gov.uk](mailto:afra.bell@islington.gov.uk)

### **iCope**

Islington's free talking therapy service for adults (over 18 years). You can self refer.

T: 0303 123 1000 / W: [www.icope.nhs.uk](http://www.icope.nhs.uk)

### **Young Minds**

A national charity championing young people's mental health and wellbeing. They have lots of excellent information on their website, including a section for parents.

W: [www.youngminds.org.uk](http://www.youngminds.org.uk)

### **Mental Health First Aid Training with Rethink Mental Illness**

Free training in Islington for anyone over 16 years – learn more about mental health and get ideas on how to help someone you're worried about. Some courses focus on young people.

W: [www.rethink.org](http://www.rethink.org) / T: 020 7840 3086 / E: [MHFAIslington@rethink.org](mailto:MHFAIslington@rethink.org)

## Appendix H:

### Promoting resilience in school

# promoting resilience

in the health promoting school

Resilience describes a person's capacity to cope with changes and challenges and to bounce back during difficult times

A person who is resilient is likely to

- recognise and manage their own feelings and understand the feelings of others
- have a sense of independence and self-worth
- form and maintain positive, mutually respectful relationships with others
- be able to solve problems and make informed decisions
- have a sense of purpose and goals for the future

A caring and supportive school environment can promote a sense of connection and belonging and help children, young people and staff become more resilient and confident to learn

**Encourage the development of a positive attitude, self-belief and communication**

- Provide positive feedback, encouragement and reassurance
- Help pupils learn to understand and express their feelings
- Communicate openly with all pupils

**Increase support networks for pupils**

- Someone to talk to
- One-to-one support
- Peer support/buddying/befriending
- Foster a culture of listening

**Encourage the building of trusting and co-operative relationships between pupils and adults**

- Foster mutual respect between everyone in school
- Recognise outside pressures/influences on pupils
- Activity days/residential trips

**Increase pupils' engagement with learning**

- Flexible use of teaching methods and styles
- Opportunities for performance
- Provide additional support for learning
- Formative assessment to plan learning experiences

**Foster a positive and inclusive ethos**

- Build a sense of belonging in school and class
- Involve pupils in decision making
- Celebrate diversity within the school community

**Activities outwith the classroom**


- Lunch time/after school clubs
- Development of safe social areas in school grounds
- Participation in eco schools/health promoting schools groups

**Encourage a sense of fun**

- Make time to have fun in class
- Opportunities for games, laughter, jokes and relaxation
- School dance/pantomime/carnival/fundraising

**Develop life skills**

- Practical/project work
- Pupil involvement/responsibility for running tuck shop, looking after visitors etc
- Work experience/voluntary work
- Opportunities to think and act in enterprising ways
- Build literacy and numeracy skills

for resources and further information  [www.healthpromotingschools.co.uk](http://www.healthpromotingschools.co.uk)

Adapted from 'A Bright Future for All', Mental Health Foundation, 2002 by the Schools Team, Directorate of Public Health, NHS Tayside.