HEADSTRONG

UNDERSTANDING MOOD DISORDERS AND RESILIENCE

A CURRICULUM RESOURCE TO SUPPORT THE TEACHING OF MENTAL HEALTH IN HEALTH & PHYSICAL EDUCATION

Developed by:
The Black Dog Institute and
The Inspire Foundation

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Contents

Access all Appendicies online: www. HeadStrong.org.au

Section 1:
Background information

Teacher note: This background information is intended for building teacher understanding about mood disorders and strategies for addressing mental health issues confidently in their classrooms. It is not intended to be used with students.

1.1: Understanding mood disorders and young people

What is a mood disorder?

In psychiatry the term mood disorder refers to a group of mental disorders that includes depression and bipolar disorder. One in five adolescents in Australia are affected by mood disorders. Of the 20% of young people who experience a mood disorder, research shows that only 29% (31% of females and 13% of males) seek professional help and many do not seek help for up to 5-15 years after symptoms first appear.

What is depression?

Depression is a mood state where there is a drop in self-esteem and sense of self-worth, where the individual feels 'down' and pessimistic and wants to give up, and feels others have given up on them too. It can be a 'normal' mood state (akin to sadness), a severe reaction to a difficult or stressful situation, or a disease state (such as melancholic, psychotic or bipolar depression).

Types of depression

Understanding that there are different types of depression, each with their unique characteristics and features is important because each type responds best to different treatments.

The Black Dog Institute believes that there are three broadly different types of depression, each with their own features and causes:

- Non-melancholic depression
- Melancholic depression
- Psychotic depression.

Depression can also be sub-typed into 'unipolar' and 'bipolar' expressions. Unipolar depression is the name given when only depressive episodes are experienced. Bipolar depression refers to having highs as well as depressive episodes in between.

Reducing stigma will encourage early help seeking for those experiencing mental health difficulties.

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Non-melancholic depression

Non-melancholic depression is the most common of the three types of depression. It affects up to 90% of depressions seen in clinical and general practice.

Non-melancholic depression essentially means that the depression is not primarily biological. Instead it has to do with psycho-social causes, and is very often linked to stressful life events and/or the individual's personality style.
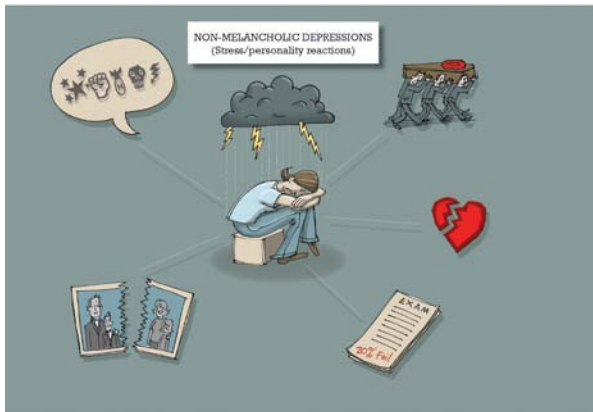
People with non-melancholic depression experience depressed mood for more than two weeks and social impairment (e.g. difficulty in dealing with school, work or relationships).

Non-melancholic depression can be hard to accurately diagnose because it lacks the defining characteristics (psychomotor disturbance and psychotic symptoms) of the other two types of depression.

In contrast to the other two types of depression, people with non-melancholic depression can usually be cheered up to some degree, and there is a high rate of spontaneous remission (meaning it can subside of its own accord). This is because it is often linked to personality styles and/or stressful life events which, when resolved, tend to see the depression also lifting. However, if the symptoms are particularly severe (e.g. sleep problems) or persistent, it can be helpful to talk to a health professional to deal with the stressors.

Non-melancholic depression responds well to different sorts of treatments (e.g. psychological therapy or counselling; antidepressant medication may also be effective in some cases), but the treatment should respect the cause (e.g. stress, personality styles).

Melancholic depression

Melancholic depression is often known as biological depression as its causes are primarily physiological – caused by biochemical imbalances in the brain, and it is often hereditary. Its defining features are a severe depressed mood state and psychomotor disturbance – which can mean slowed speech, agitated physical movements and slowed cognitive processing abilities.

Adolescents with melancholic depression are likely to lose the 'light in their eyes', be distinctly asocial (e.g. not replying to calls from friends, etc.), have a lack of energy, describe a lack of pleasure in life and inability to be cheered up, as well as impaired concentration.

Melancholic depression is a relatively uncommon type of depression. It affects only 2-10% of diagnosed cases of depression seen in clinical and general practice. The numbers affected are roughly the same for men and women.

Melancholic depression has a low spontaneous remission rate (meaning it very rarely goes away of its own accord). It responds best to physical treatments as a first step (e.g. antidepressant medication) and only minimally (at best) to psychological therapy or counselling.

Psychotic depression

Psychotic depression is the least common type of depression and affects up to 2% of diagnosed cased of depression in clinical and general practice. It is best treated with physical treatments, such as anti-depressant drugs as a first step. After the symptoms have subsided, psychotherapy or counselling may also help. The defining features of psychotic depression are:

- an even more severely depressed mood than is the case with either melancholic or non-melancholic depression.

- more severe psychomotor disturbance than is the case with melancholic depression

- psychotic symptoms – either delusions (false beliefs, e.g. ability to fly) or hallucinations (false sensations, e.g. hearing voices), with delusions being more common – and strong feelings of guilt.

How is depression different to grief and anxiety?

Lowered self-esteem is what distinguishes depression from grief and anxiety. When someone is experiencing anxiety, their main feeling is of insecurity either tied to a particularly feared situation or experienced more generally. Grief is the pain we experience as a result of the loss of someone or something of great value to us.

Though different, depression can be closely associated with anxiety and grief in the following ways:

- as anxiety increases, so does the chance of depression

- a third of people who experience major grief and loss will go on to develop depression

- for those who develop clinical depression, there is an increased chance of anxiety, often presenting as panic attacks.

Signs and symptoms of depression

Signs and symptoms of depression in adolescents may include:

- becoming asocial – e.g. avoiding school and friends, not returning calls from friends

- poorer school performance – e.g. in class and sporting endeavours

- heightened irritability, anger, hostile outbursts

- indecisiveness

- lack of energy and motivation

- restlessness, agitation, disruptive behaviours

- loss of pleasure and interest in activities

- a sense of hopelessness or pessimism

- increased sensitivity to failure or rejection

- feelings of guilt and worthlessness

- an inability to change the way they feel

- complaints of headaches, stomach aches, tiredness, 'growing pains'

- persistent sadness and bouts of crying

- morbid thoughts and statements (direct or indirect) e.g. they are worthless or don't want to continue living

- deliberate self-harm

- risk-taking (for instance, inappropriate sexual contacts, binge drinking and reckless driving)

- drug and alcohol abuse

- changes in eating and sleeping habits

- uncharacteristic behaviours such as bullying or stealing.

Signs are what can be observed, detected or measured (they are objective).
**Symptoms are what a person can report to experience or feel (they are subjective).**

The signs and symptoms above are not a 'depression checklist' but they are what you can look out for that may indicate there's a problem.
Sometimes, even one or two of these may indicate depression, especially if they are particularly severe. If so, professional help should be sought.

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Bipolar disorder

Bipolar disorder is the name used to describe a set of 'mood swing' conditions, the most severe form used to be called 'manic depression'. Bipolar disorder is characterised by alternating episodes of high and low moods.

The high moods or episodes are called mania, hypomania or highs; and the low moods or episodes are called bipolar depression (same signs and symptoms as depression – see previous page).

It is important to note that everyone has mood swings from time to time. Concern should be shown for a young person if their mood swings become extreme and interfere with everyday life or cause social impairment (e.g. difficulty in dealing with school, work or relationships).
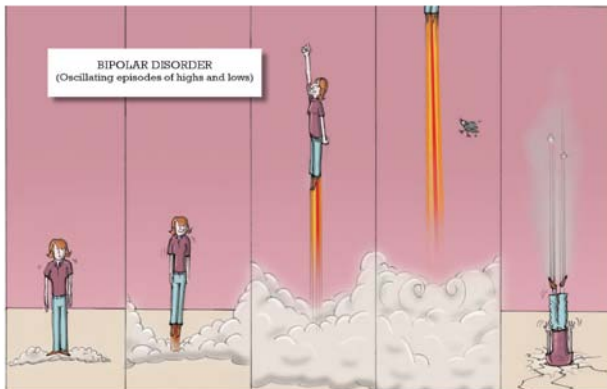
Signs and symptoms of highs

Signs and symptoms of highs in adolescents may include:

- acting 'wired' and energise
- excessive sensitivity to sensory input
- losing normal anxieties and feeling carefree
- needing less sleep, but not feeling tired (initially)
- 'pressured' speech and racing thought
- talking more – often loudly and interrupting others
- having 'grand schemes' and grandiose ideas
- frequent, rapid and dramatic changes in mood

- becoming overly frank and disinhibited (e.g. verbally or sexually)
- feeling creative, spiritual, mystical, at one with nature
- spending more money – often purchasing unaffordable items
- irritability and impatience, easily frustrated, or having severe temper tantrums
- alcohol and drug abuse
- poor impulse control
- increased impulsivity and risk-taking behaviours.

Bipolar disorder can commence in childhood, but onset is more common in adolescence or early 20s. Some people develop their first episode in mid-to-late adulthood. With the right management and support, the majority of people with bipolar disorder are able to live normal and productive lives.

Check out quick and easy self-tests from the online tools drop-down list on **www.blackdoginstitute.org.au** for: depression, bipolar disorder, temperament & personality, workplace wellbeing, and more.

More information on mood disorders

- Parker, Gordon (2004), Dealing with Depression: A Common Sense Guide to Mood Disorders 2nd Edition, Allen & Unwin, Sydney.

- Black Dog Institute website **(www.blackdoginstitute.org.au)**. Use the online tools including the *Depression Education Program (DepEd)* and *Bipolar Education Program* to learn more about the different types of mood disorders.

- Reach Out Teachers Network **(http://teachers.reachoutpro.com.au)**. See the *Fact sheets* section for detailed information on a range of mental health disorders that young people may experience.

- headspace **(www.headspace.org.au)**. Find information in the *Parents and Carers* section.

How common are mood disorders in young people?

Research shows that in an average classroom of thirty Year 12 students, 4 of those students will experience depression (1 in 7 Australians will experience at least one episode of depression in their lifetime). Of those 4, only one will get professional help for the depression. At least one young person in that class will have attempted suicide.

Experiences of mental health problems such as depression can lead to other serious problems including poor physical health, social withdrawal, breakdown in family or personal relationships, poor learning capability or performance at school or work.

Depression is also linked to substance abuse, eating disorders and implicated in many cases of youth suicide. In 2008, 281 young people aged 15-24 took their own lives in Australia; 220 young men and 63 young women. Suicide is the leading cause of death for young people aged 15-24 in Australia.

Who is most at risk?

The journey through adolescence can be a rocky one – associated with heightened emotions, significant life changes and pressure to adjust to a new role in the world. Every young person will experience some turmoil as they negotiate this developmental phase of their life.

Young people may also experience what are called "situational crises". Examples of these would include perceived failure in school or sport, family break-up, changing schools, or the loss of a close friend or family member. How well they manage these crises can have a strong bearing on their risk of developing a mood disorder. Other factors and situations that can heighten risk include:

- having an immediate family member who has experienced depression or bipolar disorder. In this case, the individual is two to three times more likely to have a mood disorder.

- being female, which can increase the risk to develop non-melancholic depression but not melancholic depression.

- experiencing stressful life events e.g. ending a relationship, losing a family member or close friend, or losing a job. Under such circumstances nearly everyone will, of course, be sad – but not everyone will be depressed.

- some personality styles e.g. anxious worrying, socially avoidant, self-critical, and rejection-sensitive personality styles are all more likely to experience depression.

- being perfectionistic – an individual with this personality style is not often likely to develop depression, but in certain circumstances may be at-risk if they are overwhelmed by multiple stressors for which they have little control.

For more information about personality types, see *Causes of depression* in the *Depression* section on **www.blackdoginstitute.org.au**
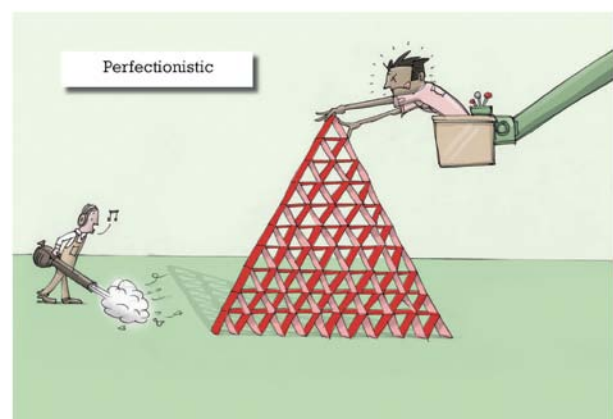
1.2: Why do we need to teach young people about mood disorders?

The earlier an individual's problems are addressed, the less likelihood there is of their illness becoming established at a level that impairs everyday functioning. The evidence is clear that with early treatment, most people recover from mental illness and are able to fully participate in the social and economic life of the community. However, current statistics suggest that only 22% of young people (31% female and 13% male) who experience mental illness seek professional help.

When young people do seek help, it is typically from informal, non-professional sources such as friends, family or teachers rather than professional sources such as a physician or mental health professional. Many young people believe that they can handle emotional problems on their own and often report concerns relating to confidentiality, a fear that no person or service could help, and the feeling that the problem was too personal to tell anyone, as barriers to seeking help.

It is hoped that by explicitly teaching students about mood disorders and by providing opportunities for students to learn practical help-seeking strategies, we can break down the barriers to accessing appropriate help in the early stages of a mood disorder.

Reducing stigma around mental illness in school communities – why and how

In their report, Young Australians: their health and wellbeing 2007, the *Australian Institute of Health and Welfare* reported that 93% of young people aged 18-24 rated their health as "excellent", "very good" or "good". Yet in the same report, it was noted that psychological distress was increasing amongst the same population group. Just over 25% of people aged 18-24 have been diagnosed with a mental disorder. This is concerning but also

demonstrates that mental health problems are not perceived or considered in the same way as a physical health problem. This evidence suggests that for many Australians, mental health is not perceived as a component of overall health. The issue of stigma and importance of destigmatisation is addressed in detail throughout this resource.

There is unfortunately still a belief amongst some in the community that mental illness, depression and anxiety in particular, is a sign of weakness. A far too common response to a young person experiencing depression is that they are "attention-seeking" and "should just toughen up and get over it!".

Until the broader community has a better understanding of mood disorders and other mental disorders, there will always be stigma attached to mental illness.

Education and understanding are key to reducing the stigma attached to mental illness. If we can raise awareness of the nature of mental illness (by promoting the experiences of people affected by mental illness) and improve our mental health literacy, we will go a long way to reduce negative perceptions of mental illness.

Mental health literacy is defined as the ability to gain access to, understand, and use information in ways which promote and maintain good health. It is the knowledge and beliefs about mental disorders which aid their recognition, management or prevention. This includes the ability to:
 - recognise specific disorders
 - know how to seek mental health information
 - know risk factors and causes
 - know self-treatments and professional help available; and
 - have an attitude that promotes recognition and appropriate help-seeking.

How can you reduce stigma in your school community?

Schools play an important role in educating young people and the wider community about mental health issues. Schools can take action through:

1. Community awareness campaigns through school newsletters, community information nights, dissemination of information brochures and participating in community events such as *Exercise Your Mood (EYM) Month* - the Black Dog Institute's national fundraising campaign throughout September to raise awareness of mood disorders and increase awareness of the importance of regular physical activity for maintaining good mental health.

Exercise is important in helping improve adolescents' mood, energy levels, sense of self-esteem, and is positively linked to relationships, learning and academic performance.

See the 'Get involved' section for more EYM information on **www.blackdoginstitute.org.au**

The Black Dog Institute also offers a range of programs for young people, parents and guardians, school staff and other youth professionals including:

- BITE BACK (webiste for 12-18 year olds): **www. BITEBACK.org.au**

- INSIGHT (Presentation for young people):
- **www.blackdoginstitute.org.au** *(Education)*

- Navigating Teenage Depression (Presentation for parents and people who work with young people) **www.blackdoginstitute.org.au** *(Education)*

- Youth health professionals **www.blackdoginstitute.org.au** *(For health professionals')*

2. Curriculum-based learning programs that explicitly teach about mental health issues and develop students' mental health literacy skills. The *Reach Out Teachers Network* **(http://teachers. reachoutpro.com.au)** has been established to support teachers and educators to address mental health issues in the school setting.

The *Teaching and Learning section* of the Reach Out Teachers Network site has a range of quality resources to support the delivery of curriculum learning programs that address mental health issues.

This resource provides a range of activities that can be used with classes to develop a greater understanding of mood disorders in the community. The Reach Out Teachers Network website also includes more lesson ideas on how to address issues related to stigma with your classes.

3. Whole school approaches to mental health care can reduce stigma in every aspect of school life; in classrooms, school yards, staff rooms and the wider community. MindMatters offers a whole school framework, planning tools, classroom resources, online surveys and free professional learning which assists schools to undertake this important work. Go to **www.mindmatters.edu.au** for more information.

1.3: How do you support a young person you are concerned about?

As teachers, you have a unique relationship with young people and as such are often privy to, or made aware of, situations when young people are going through a tough time emotionally. It is essential for both your wellbeing and their wellbeing, that you are able to deal with these situations appropriately.

Show you care and give them time and attention

Often, students don't need anything more than someone who is willing to just be there for them. Having a trusted adult that they can talk to is an important protective factor.

Be yourself and be prepared to listen

It's important that when a student does come to you that you listen to what they have to say and understand what is happening to the student.

Be non-judgmental, patient, calm and accepting

The student may be reluctant to talk about their problem because they don't want to upset anyone, but they need to know they're doing the right thing by talking to someone.

Know how and when to go to others for help

Encourage the student to seek help themselves. They may feel supported if you offer to go with them when they speak with the school psychologist or other appropriate staff member who can offer support.

Don't try dealing with the situation alone

If you feel like the problem is serious or you have concerns for the student's welfare you must report it to your Principal. As mandatory reporters, teachers are required to report situations where they believe a young person is at risk of harm.

Sometimes a student doesn't come to you for help, but they may be behaving in ways that make you worried about them. How do you know when to intervene? There are some warning signs that you can look out for, such as the signs and symptoms of depression and bipolar disorder previously described in this resource. It is important to remember that any one of these signs alone (lasting only a short time) is normal, but if you are concerned about a student exhibiting any warning signs for two weeks or more, they may need professional help.

If you do have concerns for the welfare of a student then don't be afraid to raise your concerns with them

They will often feel a sense of relief that someone has noticed and cares enough to ask how they are going. If your concerns are confirmed, then it is important to inform the appropriate staff within the school to ensure that the student receives the help and support they need to stay safe — e.g. School Psychologist, School Nurse, Student Services Manager, etc..

Each school will have policies that specify the processes that must be followed if you are concerned that a student may be at risk of harm.

1.4: Additional help and support

Black Dog Institute

www.blackdoginstitute.org.au — a world leader in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder.

www.BITEBACK.org.au — BITE BACK is the Black Dog Institute's website for 12-18 year olds based on positive psychology.

Inspire Foundation

www.reachout.com.au — ReachOut.com is an online youth mental health service, inspiring young people to take charge of their mental health and wellbeing.

http://teachers.reachoutpro.com.au — Reach Out Teachers Network has mental health and wellbeing resources and online training activities.

MindMatters (implemented by Principals Australia Institute)

www.mindmatters.edu.au — a whole school mental health and wellbeing framework, offering tools and free professional learning for all secondary school communities.

beyondblue

www.beyondblue.org.au — a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia.

www.beyondblue.org.au/senseability — SenseAbility is a strengths-based resilience program with modules and resources designed for those working with 12-18 year olds.

www.ybblue.com.au — *youthbeyondblue* for young people.

headspace

www.headspace.org.au — the National Youth Mental Health Foundation.

www.headspace.org.au/schoolsupport — information and assistance for Australian secondary schools affected by suicide.

Response Ability (implemented by the Hunter Institute of Mental Health)

www.responseability.org.au — aims to promote the social and emotional wellbeing of children and young people through the education of pre-service teachers.

> Remember that School Counselors/Guidance Officers/School Psychologists are a great resource to answer your questions and to help you discuss issues with students.

Section 2:
Using this resource

Teacher note: Teaching about mental health issues can be a sensitive issue. Teachers need to ensure that they have developed a strong rapport with their classes and that a safe and supportive classroom environment has been created prior to implementing these activities.

2.1: Background to the development of this resource

This teaching resource is based around a series of presentations developed by the Black Dog Institute that illustrate the nature, symptoms and management of mood disorders, their impacts for young people and strategies to build resilience. These presentations are the basis of many of the learning activities in the resource and provide teachers with a tool to make their classroom activities more engaging.

The presentations also play an important function for teachers. The presentations are useful in building your own knowledge and understanding of mood disorders as well as providing cleverly presented, up-to-date information supporting you to impart content confidently. They also provide a stimulus for prompting conversation and exploring issues in class.

The presentations are organised around a series of images (in Microsoft PowerPoint format) that create a comprehensive and sequential explanation of mood disorders and their impact on young people. Each PowerPoint presentation comes with informative notes to support you to deliver the presentation effectively to your students. The presentations can be accessed from **www.HeadStrong.org.au**

The presentations include:

- Facts and stats about mood disorders
- What it is to be a teenager
- The telltale signs of a mood disorder
- The different types of mood disorders
- Personality styles associated with non-melancholic depression
- Bipolar disorders
- Fears of seeking help
- Navigating the mental health maze
- The benefits of good therapy
- Touching on medication
- The importance of a good support network
- Understanding resilience
- Building resilience

This **icon** will be used throughout the resource to indicate learning activities that require access to one or more of the presentations.

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2.2: Planning your teaching program using this resource

The Head*Strong* teaching and learning activities are divided into 5 modules that link directly to the outcomes of the various state and territory curriculums and the new National Curriculum for teaching Years 9-10 HPE.

To see how the HeadStrong Modules explicitly link to the state and territory curriculums and/or the new National Curriculum, download the relevant 'How HeadStrong links to the Curriculum' document at www.headstrong.org.au

Module 1: Mood and mental wellbeing	**This module is an introduction to the concepts of mental health and wellbeing, values, perceptions, the dynamic nature of mental health, and stigma. For classes with limited learning in mental health.**
Module 2: The low down on mood disorders	This module explores the nature of moods and how a severe and persistent fluctuating mood can be indicative of a mood disorder; and the impacts of misinformation and misunderstanding in relation to stigma.
Module 3: Reaching out: helping others	This module focuses on the help-seeking journey and strategies that students can use to support peers who may be experiencing mental health difficulties. Knowledge of the types of services that are available in the local community and understanding of how to access these services are emphasised as key factors that promote help-seeking.
Module 4: Helping yourself	This module explores the ideas of building resilience and exercising the mind. These are areas that people can work on to boost their mental health and sometimes 'immunise' themselves from a mental health difficulty. Through this module, it is shown that good mental health and wellbeing are not just about the absence of mental illness.
Module 5: Making a difference	This module supports students to propose, develop and implement local actions to raise awareness and dispel myths relating to youth mental health issues. With greater understanding of the mental health issues affecting young people, stigma (one of the greatest barriers to young people seeking professional help) is broken down.

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Differentiated learning activities

Each module includes a series of learning activities that have been designed to introduce a concept, explore a concept and extend understanding of a concept. The intent in presenting the learning activities this way is to allow teachers flexibility in how they deliver the program within and across classes.

INTRODUCTORY ACTIVITY

These activities are suitable for introducing the concept to all classes and are a pre-requisite for the other activities in the module.

EXPLORATORY ACTIVITY

These activities are suitable to further explore a concept and should be taught to build a solid understanding of the concept being taught.

EXTENSION ACTIVITY

These activities explore the concept in greater detail to develop a higher order understanding of the issue.

Module and activity overview

Module 1: Mood and mental wellbeing		
Introductory	**Activity 1**	The nature of mental wellness
Introductory	**Activity 2**	Dynamic nature of mental health and wellbeing
Exploratory	**Activity 3**	Destigmatising mental illness
Module 2: The low down on mood disorders		
Introductory	**Activity 4**	What is mood and how can it change
Exploratory	**Activity 5**	When does fluctuating mood become a mood disorder
Extension	**Activity 6**	A day in the life of …
Module 3: Reaching out: helping others		
Introductory	**Activity 7**	The help seeking journey
Exploratory	**Activity 8**	Supporting someone who may be experiencing a mood disorder
Extension	**Activity 9**	Looking after yourself when you are supporting a friend
Module 4: Helping yourself		
Introductory	**Activity 10**	Building resilience
Exploratory	**Activity 11**	Exercise your mood
Module 5: Making a difference		
Introductory	**Activity 12**	Planning community action to reduce stigma
Exploratory	**Activity 13**	Taking action to reduce stigma

Incorporating the activities into your yearly program

There are a number of models that can be used to incorporate these learning activities into your teaching program:

1. Sequential teaching of all modules to one year
Teachers can teach all modules in a sequential order to their classes. Use of this model would require at least a term of programming time dedicated to this unit.

2. Teaching one or more of the modules as individual units of work
Teachers can select appropriate modules of work to teach as units of work. This allows for the development of a spiral curriculum. Students can be introduced to the foundational concepts around mental health issues by teaching Modules 1 and 3 in Year 9 as an introductory unit. This knowledge can then be built upon by teaching Modules 2, 4 and 5 in Year 10.

3. Selecting individual activities to incorporate into existing units of work
Teachers may already have units of work developed for the mental health aspects of Years 9 and 10 HPE. In this case, it may be preferable to select individual activities from the appropriate modules and incorporate them into existing units of work in order to strengthen learning outcomes.

4. Selecting individual modules or activities to incorporate into a pastoral care program
Schools may complement work that is happening in their HPE program through their pastoral care program to support and reinforce messages being covered in HPE.

Using the Student Mood Tracker Journal as a learning tool

This resource includes a **Student Mood Tracker Journal** (in PDF format for printing and *Microsoft One Note* file for use on laptops) to support learning and student reflection during the modules of work. The Journal is introduced in Module 2. It is

recommended that teachers designate 5-10 minutes at the end of each lesson to allow students to complete the relevant journaling activities. The Journal can be used during the units of work to provide evidence of student learning.

Encouraging student engagement and active participation

Key features of the activities in this resource are class-based discussions and small group work. Teachers need to provide students with a safe and supportive classroom environment that facilitates active participation and engagement of all students. This is particularly important as many of the discussion activities deal with sensitive issues in relation to mental health and wellbeing.

In order to provide a **safe and engaging learning environment for students**, it is important for teachers to:

- collaborate with students to develop a group agreement that sets the parameters for class discussions

- reflect on their own role in discussions – acting as a facilitator of the conversation to help to generate many viewpoints

- use a range of questioning techniques which open up discussion rather than trying to get to a quick right answer

- recognise that some students may not feel comfortable sharing; explore ways of dealing with this such as using think, pair, share activities

- explore ways to ensure that all students have an opportunity to speak, such as using talk tickets.

In setting up a safe and supportive environment, it is important to create an atmosphere of trust between the teacher and students. However, it is also important to emphasise to students that they should not disclose personal information in a public forum such as a class lesson. Encourage students who do need to talk about their experiences to approach you after class or link them in to other appropriate help.

2.3: HeadStrong and the National Professional Standards for Teachers

For teachers beginning a registration process from 1 January 2013, the National Professional Standards for Teachers will be followed. As each jurisdiction is developing its own arrangements for transitioning to the nationally consistent approach, the teacher registration body in your state or territory can provide local details.

The HeadStrong program and its professional development component is highly relevant to the National Professional Standards (NPS). The Standards are organised according to three domains of teaching: Professional Knowledge, Professional Practice and Professional Engagement.

✓ = HeadStrong is aligned with this standard. **S** = There is scope for HeadStrong to address this standard.

		Professional Knowledge
Standard 1		**Know students and how they learn**
✓	1.1	Physical, social and intellectual development of students
✓	1.2	Understand how students learn
	1.3	Students with diverse linguistic, cultural, religious and socioeconomic backgrounds
	1.4	Strategies for teaching Aboriginal and Torres Strait Islander students
S	1.5	Differentiate teaching to meet the specific learning needs of students across the full range of abilities
S	1.6	Strategies to support full participation of students with a disability
Standard 2		**Know the content and how to teach it**
✓	2.1	Content and teaching strategies of the teaching area
✓	2.2	Content selection and organisation
✓	2.3	Curriculum, assessment and reporting
	2.4	Understand and respect Aboriginal and Torres Strait Islander people to promote reconciliation between Indigenous and non-Indigenous Australians
✓	2.5	Literacy and numeracy strategies
✓	2.6	Information and Communication Technologies (ICT)
		Professional Practice
Standard 3		**Plan for and implement effective teaching and learning**
S	3.1	Establish challenging learning goals
✓	3.2	Plan, structure and sequence learning programs
✓	3.3	Use teaching strategies
✓	3.4	Select and use resources
✓	3.5	Use effective classroom communication
✓	3.6	Evaluate and improve teaching programs
	3.7	Engage parents/carers in the educative process
Standard 4		**Create and maintain supportive and safe learning environments**
✓	4.1	Support student participation
✓	4.2	Manage classroom activities
✓	4.3	Manage challenging behaviour
✓	4.4	Maintain student safety
✓	4.5	Use ICT safely, responsibly and ethically
Standard 5		**Assess, provide feedback and report on student learning**
✓	5.1	Assess student learning
	5.2	Provide feedback to students on their learning
	5.3	Make consistent and comparable judgements
✓	5.4	Interpret student data
S	5.5	Report on student achievement
		Professional Engagement
Standard 6		**Engage in professional learning**
	6.1	Identify and plan professional learning needs
✓	6.2	Engage in professional learning and improve practice
✓	6.3	Engage with colleagues and improve practice
✓	6.4	Apply professional learning and improve student learning
Standard 7		**Engage professionally with colleagues, parents/carers and the community**
	7.1	Meet professional ethics and responsibilities
	7.2	Comply with legislative, administrative and organisational requirements
✓	7.3	Engage with parents and carers
✓	7.4	Engage with professional teaching networks and broader communities

Section 3:
Teaching and learning activities

Module and activity overview

At the beginning of each module you will find an overview page which includes the following information to support your planning and implementation of this program.

Introduction – The introduction provides a brief overview of the rationale for learning about the content covered in the activities

Key content – Outlines the content that will be covered through the activities

Evidence of learning – Describes what students will demonstrate if they are successfully learning the content and achieving the outcome/s

Each activity page includes a list of what you need to prepare prior to teaching the lesson and a detailed activity description. Within the Activity description you will find the following icons as organisers linked to types of tasks.

 These activities require access to a handout

 These activities require access to multiple internet-enabled computers or laptops

 These activities require a medium for brainstorming such as mindmapping software or whiteboard

 These activities require students to have access to their Student Mood Tracker Journal

 These activities require the class to be divided into small working groups

 These activities are based on whole-class discussions

Module 1: Mood and mental wellbeing

A key barrier to young people seeking help for mood disorders and other mental health difficulties is the stigma related to mental illness that exists in our society. Mental illness is still seen by many people to be an indication of weakness of character. One of the key aspects of reducing stigma is to challenge negative perceptions of mental health problems in the community. This module supports students to explore their values and perceptions in relation to mental illness and then to explore the dynamic nature of mental health and the link to mood fluctuations.

Key content

Students learn about:	Students learn to:
Mental health » understanding mental health	• challenge negative community perceptions of mental health and identify reasons why these have developed

Evidence of learning

Students will demonstrate success against the outcomes and content when they:

- demonstrate an understanding of the dynamic nature of mental wellbeing
- describe common misconceptions about mental illness
- propose appropriate strategies for challenging negative community perceptions.

ACTIVITY 1: THE NATURE OF MENTAL WELLNESS

20 minutes

PREPARATION

- Print off the Mental Health Continuum Cards (Appendix 1) and if possible laminate them in order to allow them to be re-used with other classes. Ensure that you have at least one card per student.

- Set up the continuum across the classroom with Mentally well at one end and Mentally unwell at the other end.

ACTIVITY DESCRIPTION

Distribute the cards amongst students - ensure that you have at least one card per student.

Explain to students that each card includes a term that is used to describe a person in relation to their mental health. Ensure students understand that there are no right or wrong answers in this activity and that it is where they perceive the term best fits along the continuum.

Instruct students to take their card and place it along the continuum where they believe it fits e.g. if someone is described as the Life of the party would they be closer to the Mentally well end, closer to the Mentally unwell end or somewhere in between.

Once all of the cards have been placed along the continuum, ask students to walk up and down the continuum and have a look at where others have placed the terms.

Ask students to identify any card which they think could be placed somewhere else along the continuum. Ask students to pick up the card and explain the reasons why they believe it should be in a different place along the continuum.

Discuss as a class the placement of each of the cards. Use the Teacher notes following to build students' knowledge and reinforce the nature of mental illness and mental wellness.

TEACHER NOTES FOR DISCUSSION

1. Often students will place the Life of the party and Party animal cards at the **Mentally well** end of the continuum, however, research shows that excessive partying, dangerous alcohol use, high risk-taking behaviour and sexual promiscuity are indicators that the young person is having mental health difficulties. These behaviours are particularly prevalent amongst young people who are experiencing a manic episode and may indicate bipolar disorder. This behaviour, if it is ongoing and/or extreme, should be a flag for teachers, parents and friends that the young person is in need of professional help.

2. Students will normally place those terms that describe mental illnesses such as schizophrenia, bipolar disorder, post-natal depression, personality disorder at the **Mentally unwell** end of the continuum. It is important to emphasise that just because someone has been diagnosed with a mental illness, it does not necessarily mean they are mentally unwell. The majority of people who are diagnosed, receive professional help and maintain their treatment regime, can be **mentally well**. You can use the analogy that it is just like a person suffering from asthma — if that person takes their medication as prescribed and lives a healthy lifestyle they can manage their asthma and it will have little or no impact on their physical health. It is exactly the same for a person who is diagnosed with a mental illness. It should be noted that if a person is experiencing psychosis then this would indicate that they are mentally unwell. This is because a psychotic state indicates that a person has lost touch with reality.

3. Feeling blue, feeling flat, feeling down, grieving, upset, scared, lonely, sad, depressed are all natural reactions to a variety of situations and are all part of the natural fluctuations that occur in relation to people's mental wellbeing. However, if someone is feeling flat, blue, down or grieving for an extended period of time (more than two weeks) then this is when their mood and how they feel starts to become a concern. It is important to remember that statistics suggest that one in five students in your class will experience a depressive episode before they are 18 and prolonged feelings such as these are an early indicator of possible depression.

4. If a young person is feeling hopeless or isolated then these can be indicators of being **mentally unwell**. A sense of hopelessness and disconnecting or isolating oneself are key features of depression and should be flags of concern for teachers, friends and parents.

5. On the other end of the spectrum, confident, connected, excited and happy are indicators of **mental wellness**. However, if a young person is exhibiting extreme levels of over-confidence and hyper-excitement they can be signs of mania associated with bipolar disorder.

6. Terms such as anxious, shy, perfectionist are used to describe personality traits that have been associated with greater risk of experiencing mood disorders. Extreme levels of anxiety, shyness or perfectionism could indicate mental unwellness.

ACTIVITY 2: DYNAMIC NATURE OF MENTAL WELLBEING

20 minutes

Teacher note: Before beginning this activity it is recommended that teachers develop or review the class agreements to ensure that students feel safe and comfortable to actively participate.
See page 14 for ideas on creating a supportive class environment that promotes active participation.

PREPARATION

- Review class or group agreements and reinforce positive behaviours that will support open discussion

- Mentally well and Mentally unwell cards from previous Mental Health Continuum activity.

Teacher note
Emphasise to students that for this activity they are responding in general terms of how each situation would affect someone's mental wellbeing NOT specifically how they would be affected.

ACTIVITY DESCRIPTION

Ask students to refer back to the **Mental Health Continuum** used in **Activity 1** and ask them to think about where they fit at this minute — **don't ask them to move there or share.** Now ask them to think about where they would have fit last week and then last year.

Place the Mentally well and Mentally unwell cards at either end of the classroom and ask students to move along the continuum in response to various situations.

Ask students to move along the continuum to indicate how they think a person's mental wellbeing would be influenced if:

- they lost a close friend?
- their pet died?
- their best friend moved to another town?
- they got a great exam result?
- their sporting team won the grand final?
- a family member had financial concerns?
- they were worried about a friend being depressed?
- their parents were going through a divorce?

Discuss whether their position changed for each of the scenarios. It is important to ensure students understand that our mental health and wellbeing fluctuates constantly and is often influenced by situations or experiences we have in our lives.

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Select a number of the situations from the previous list that you think have the greatest relevance to your class. Brainstorm some of the factors within these situations that cause a person's mental wellbeing to fluctuate up and down the continuum. These factors could include a loss of security, feelings of happiness and optimism about the future, feelings of isolation or disconnection, or feelings of grief at the loss of a friendship.

Discuss the sorts of strategies that young people may use to cope with the more challenging of these situations. Ask students to think of who they may be able to turn to if one of these challenging situations happened to them.

Teacher note

Prompt class discussion by asking:

» *Who are the trusted adults in their life who they could talk to about stuff that is troubling them?*

» *Do they have a network of friends, family and other adults who they can count on to help them out if they are going through a tough time?*

» *Where are some of the services they can go to for help in these difficult times?*

ACTIVITY 3: DESTIGMATISING MENTAL ILLNESS

40 minutes

PREPARATION

- Access to internet-enabled computers is required for this activity

- Butchers paper for brainstorm

ACTIVITY DESCRIPTION

Explain to students that they are going to use the Black Dog Institute website **(www.blackdoginstitute.org.au)**, BITE BACK **(www.BITEBACK.org.au)** and ReachOut.com **(www.reachout.com)**, to "bust" some myths that exist around mental illness and propose strategies to dispel these myths in their community.

Brainstorm some of the myths or misconceptions that they have seen or heard in the community or media about mental health and mental illnesses. Some of the myths could include:

- Mental illnesses are contagious.

- The mentally ill should be institutionalised so that they are not a threat to society.

- You can pick a person with a mental illness just by looking at how they behave in public.

- A person who says they're depressed is just trying to get attention.

- Someone with a mental illness cannot hold down a steady job.

Divide students into small groups and allocate one myth to each group.

Ask each group to brainstorm the development of the myth by exploring where it may have came from and how it might have started.

Direct students to the ReachOut and Black Dog Institute websites to find the facts and develop arguments to dispel the myth and the negative community perceptions that are attached to believing the myth.

Groups report their findings back to the class and propose strategies for dispelling their allocated myth within their local school community. See **Module 5** for detailed learning activities to build on this activity.

Teacher note: *After undertaking this activity some students may feel the need to find out more as they may be concerned about a friend or family member. It is really important to provide students with a place to go to find out more. www.BITEBACK.org.au and ReachOut.com have information about a range of mental health disorders as well as powerful personal stories from young people who have either experienced a tough time themselves or have supported a friend or family member with a mental illness. Complimentary posters, postcards and stickers can be ordered through the Reach Out websites.*
For additional classroom ideas see MindMatters curriculum booklet Understanding Mental Illness for an example of a community attitude survey (download from the resources section at www.mindmatters.edu.

Module 2: The low down on mood disorders

One of the reasons for the stigma that is attached to mental illness is misinformation and misunderstanding about the nature of mental illnesses. These activities support students to explore the nature of moods and how a fluctuating mood, if it becomes severe or persistent, can be indicative of a mood disorder.

Key content

Students learn about:	Students learn to:
Mental health » understanding mental health	• challenge negative community perceptions of mental health and identify reasons why these have developed

Evidence of learning

Students will demonstrate success against the outcomes and content when they:

- identify the signs of a mood disorders and can describe the different types of depression

- describe how mood can affect thoughts and actions and the way we react to situations

- reflect on their own mood and the influence their day-to-day activities can have on how they feel

- demonstrate empathy for a young person who is experiencing depression or bipolar disorder.

ACTIVITY 4: WHAT IS MOOD AND HOW CAN IT CHANGE?

80 minutes

Teacher note: *Depending on your timetable structure you may need to split this activity across two lessons or alternatively you can ask students to watch a selected TV episode as a homework activity.*

PREPARATION

- Laminate copies of a range of images that represent different moods. You may find your own images or see Appendix 3 for detailed instructions on how to acquire images from **Flickr**.

- Black Dog Institute presentation chapter – What it is to be a teenager.

- Copies of the Student Mood Tracker Journal (one per student) or *Microsoft OneNote* file.

- Recorded episode of a popular TV show such as *The Simpsons, Home and Away, Neighbours, Glee* (previous episodes of these shows can also be accessed online).

ACTIVITY DESCRIPTION

Explain to students that this activity is going to explore moods and how our moods can affect the way we think about certain things and the way we act in certain situations. It is important to emphasise to students that mood swings are common during adolescence because of all the physical and emotional changes that a young person is going through.

Show the **What it is to be a teenager** presentation to students.

Ask students to reflect on the presentation and list the types of pressures that young people face. For each, identify how these pressures might affect the mood of a young person. For example, a young person might become easily upset or angry or feel flat. Often these moods can be because of the hormonal changes that are happening as part of their physical development.

Explain to students that it is often difficult to be able to describe how they are feeling. There are some moods that are more difficult to express than others and this is normal.

Place the laminated images representing various moods around the classroom.

Ask students to select one or more of the images (depending on how many there are) and:

- describe the mood that they feel is represented by the image

- explain why this image is representative of that mood

- describe what this mood feels like

Ask students to now identify an image that another student selected that they feel represents a different mood to them e.g. the previous student may have felt that the image represented a happy mood where as they may feel it represents excitement or anxiety.

Explain to students that often our moods can be influenced by situations and that is why some images, particularly of situations or activities may elicit different feelings for different people. For example, going to a party where you don't know anybody is exciting and fun for some people because they know they may make new friends there. For others, this situation will cause great anxiety.

Discuss as a class the following questions:
- What influences our mood?

- What impact can our mood have on our feelings and behaviour?

- How can our mood influence the way we relate to others?

- How can our mood influence the way we react to certain situations? For example, when sitting an exam, meeting new people at a party, going for a job interview, when you are arguing with your parents, or trying something new.

- Do you think your mood sometimes affects the way you make choices? In what way?

- Are there things we can do to alter our own mood? For example, listening to music, going for a walk, drawing or painting, writing poems etc.

Explain to students that there are different types of journals, some of which are confidential reflections on daily events, while others have a public purpose. The main value of a journal is that it records feelings, events, and changes over a period of time.

Distribute one **Student Mood Tracker Journal** to each student. Explain to students that they are going to use it to monitor their changing moods during the remainder of this unit of work.

Teacher note:
As students can sometimes disclose worrying information in their journals (or indeed, in any personal writing), it is important for teachers to have thought about how they might respond to this. Teachers need to know the appropriate procedures and processes in their school for referring concerns and for accessing support, particularly if the concerns relate to possible risk of harm to the student.

Explain to students that it is sometimes difficult to write about how you are feeling or situations that you have experienced. So, in order to help them practice this skill, they are going to watch an episode of a popular TV show such as *The Simpsons, Home and Away, Neighbours, or Glee* as a way of observing, understanding, and reflecting on other people's feelings and reactions.

Ask students to choose a character and encourage them to imagine that they are 'taking a walk in their shoes' as they watch the selected episode.

Ask students to use the template on Page 2 of the **Student Mood Tracker Journal** to write a short journal entry from that character's point of view, that includes:

- Describing a situation or incident that their selected character experienced.

- Explaining how the character felt about the situation or incident.

- Describing the character's feelings about other characters involved in the incident or situation.

- How the character's mood may have been affected by the incident or situation.

- How the character's mood may have affected their feelings and actions in the situation.

- One positive thing that happened to the character during the episode.

- One thing that the character would feel grateful for.

Ask students to share their entries in small groups. Discuss as a class some of the features of the journal entries that effectively described feelings, reactions to situations and observations of other people's behaviours.

Encourage students to make a list of some of the words that were used to describe characters' thoughts, feelings and actions so that they can refer back to them throughout the unit and as they are filling in their journal entries.

Explain that students are now going to complete their first entry in their **Student Mood Tracker Journal**. It will be a reflection on today's lesson and what they plan to do in the next week to improve their mood (Page 3 of the journal).

Encourage students to set aside at least 10 minutes each day to complete the Daily Reflection in their journal. Explain that in the first section they can draw, write or collect images that reflect their mood. The second section provides them with space to write about what happened at school that day, any challenges they are going through, things they need to plan or do, anything that is meaningful to them — whatever comes into their head. Emphasise that their entries need to focus on their thoughts, feelings and actions and how these influenced their mood and the mood of others. The final section is based on positive psychology and asks them to identify three things that lifted their mood that day.

ACTIVITY 5: WHEN DOES FLUCTUATING MOOD BECOME A MOOD DISORDER?

80 minutes

PREPARATION

- Laptop and data projector

- Black Dog Institute presentation chapters:

    » Telltale signs of a mood disorder

    » Facts and stats about mood disorders

    » The different types of mood disorders

    » Personality styles associated with non-melancholic depression

    » Bipolar disorder

- 5-6 laptop computers with internet access and Microsoft PowerPoint software.

ACTIVITY DESCRIPTION

Explain to students that experiencing a low mood or depressed mood is a common experience for all people. We have all felt 'depressed' at some time, whether it was because a friend ignored us, misunderstandings in our relationships, disagreements with siblings or friends – sometimes we feel 'down' for no reason at all.

Ask students to stand up and move around the classroom and shake hands with 7 other students. Ensure that students remember whose hands they have shaken. Once they have shaken the hands of 7 other people in the class ask them to go back to their seat.

Select 1 in 7 students (that is, 4 students if you have a class of 30) and ask them to stand up. Discuss how many students are now standing and how this represents the ratio of people in Australia who will experience at least one episode of depression in their lifetime (1 in 7).

Now ask each student who shook hands with one of these 4 students to also stand up. Discuss how these people represent the families of people who will experience depression.

Now ask those students who are still sitting to stand up if they have shaken hands with anyone standing. These people now represent the friends of those people who will experience depression.

Now ask anyone else who is sitting to stand up. These people represent the work colleagues and peers of the people who are experiencing depression.

Explain to the class that this activity shows how depression will touch everyone (directly or indirectly) in all communities. We may not all have personal experience of depression but it is very likely that we will know and/or come into contact with someone who does.

Show the **Facts and stats about mood disorders** presentation to the class to reinforce the concepts demonstrated through the handshake activity.

Explain to students that depression is one type of mood disorder.

Show the **The different types of mood disorders** and **Bipolar disorders** presentations to provide students with background knowledge about mood disorders.

Explain to students that they are now going to become experts on a particular aspect of mood disorders. Divide students into two expert teams and allocate each team a specific presentation to research further information on from the following:

- Expert team 1: **The telltale signs of a mood disorder**
- Expert team 2: **Personality styles associated with non-melancholic depression**

Ask the expert teams to break into pairs and allocate each pair with one or more of the presentation slides to work on. Each pair must record the key pieces of information they believe they need to share with the rest of the class in order to increase understanding of mood disorders.

Instruct pairs to use the Black Dog Institute website **(www.blackdoginstitute.org.au)** to research further information to supplement the images included in their presentation and prepare brief notes for what they will share with the rest of the class.

Each expert team will then present their research back to the class (15 mins max.) and answer any questions students may have. (Any questions that students can't answer can be answered by the teacher or researched after the lesson and presented in the next lesson.)

As each team presents, ask all students in the rest of the class to record key pieces of information in their **Student Mood Tracker Journal**. Review notes at the end of the presentation to ensure all students have the key points recorded accurately.

ACTIVITY 6: A DAY IN THE LIFE OF...

40 minutes

PREPARATION

- Laptop computers with internet access
- Access to the BITE BACK **(www.BITEBACK.org.au)** and ReachOut.com websites

ACTIVITY DESCRIPTION

Explain to the class that an important factor in raising awareness about mental illness in the community and breaking down stigma is to increase understanding and create a sense of empathy for people who are experiencing mental illness.

Explain to students that they are now going to explore the (real, personal) stories of young people who have experienced a mood disorder.

Divide students into groups dependent on the number of computers available. Allocate one of the following digital stories (videos from ReachOut and text-based Real Stories from the BITE BACK website).

Digital stories from ReachOut.com

Hannah: Hope - learning to live with mental illness
www.youtube.com/Reachoutfilms
Search 'hope' on the ReachOut USA channel to view the video of Hannah's journey dealing with bipolar disorder.

Johnson: Moving to a new country
www.youtube.com/ReachOutIreland
Search 'country' on the ReachOut Ireland channel to view the video of Johnson and his experiences making friends, learning the language, and getting to know his way around after moving to a new country.

Leesa: Sometimes it can be hard to see how tough times can improve
http://au.reachout.com/Leesas-story
This video shows Leesa talking about her battle with depression and what helped her get through the tough times.

Real Stories from www.BITEBACK.org.au

A greek boy in an anglo-saxon sea
www.BITEBACK.org.au/real-stories/stories/a-greek-boy-in-an-anglo-saxon-sea
This Real Story tells about a young guy's battle with bipolar disorder.

Embracing bipolar
www.BITEBACK.org.au/real-stories/stories/embracing-bipolar
This text story tells about a young girls battle with bipolar disorder and the successes she has experienced on her journey.

Grassroots
www.BITEBACK.org.au/real-stories/stories/grassroots
This text story tells about a family's journey with bipolar disorder.

Additional stories can be accessed from the BITE BACK Real Stories section at
www.BITEBACK.org.au/things-to-do/real-stories

Ask each group to view the allocated story and discuss what some of the daily challenges might be for that person.

Ask students to imagine that the young person in their podcast was a friend of theirs. As a group discuss what you could do as their friend to support them as they go through this experience. How could you help them out? What could you do to make things a little easier for them? Ask students to record their responses in their Journal.

Ask students to explore other stories on BITE BACK and ReachOut.com over the next few days and complete the reflection activity in their Journal.

Teacher note:
The INSIGHT presentation offered by the Black Dog Institute is a 50 minute presentation delivered by a presenter who has a personal experience of a mood disorder as a young person. These presentations could be an alternative or complimentary to viewing the stories online. To find out how to make a presentation booking, go to the Black Dog Institute website and click on Education. Fees may apply.

Module 3: Reaching out: helping others

Current statistics suggest that only 22% of young people who experience mental illness seek professional help and often, significant time will pass before that help is sought. The key factors that promote help-seeking are knowledge of the types of services that are available in the local community and understanding how to access these services in a timely fashion. These activities will explore the nature of the help-seeking journey and how students can support their peers if they are experiencing mental health difficulties.

Key content

Students learn about:	*Students learn to:*
Supporting others: » valuing difference and diversity » supporting others to find their own solutions » identifying positive and negative behaviours that impact on others	• explore attitudes to, and the importance of peer support for, students with particular needs, e.g. those with a long-term illness
Factors influencing access to information and services » confidentiality » trust in patient/provider relationship » embarrassment in disclosing health concerns	• locate health and support services in the local area that promote and maintain the health and wellbeing of young people • discuss the reasons why young people do not use health services as much as other groups • propose strategies that encourage young people to access appropriate health services

Evidence of learning

Students will demonstrate success against the outcomes and content when they:

- describe practical ways that they can support a friend who is going through a difficult time

- demonstrate an understanding of some of the reasons why young people are reluctant to seek help when going through mental health difficulties

- identify key health and support services in the local area

- propose appropriate strategies to encourage a friend to seek help

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ACTIVITY 7: THE HELP SEEKING JOURNEY

80 minutes

PREPARATION

- Black Dog Institute presentation chapters:
  - » Fears of seeking help
  - » Navigating the mental health maze
  - » The benefits of good therapy
  - » Touching on medication
  - » The importance of a good support network
- Laptop and data projector
- 5-6 laptop computers with internet access

ACTIVITY DESCRIPTION

Brainstorm some of the concerns young people have about seeking help for health problems in general e.g. trust in the professional, knowing who to turn to, worried about what others will think, confidentiality, having to take medication, not being allowed to participate in activities like others, etc.

Discuss as a class how the help seeking journey can be even harder for a young person with a mental health problem because of stigma. Stress to students that stigma is a problem because it can stop people from accessing help. In almost all cases, taking the first step and finding a professional or someone who can really help can be the first step toward recovery.

Take the class through the **Fears of seeking help** presentation.

Discuss some of the issues that arise in relation to accessing help.

Explain that the sooner someone seeks help the less frequent and intense episodes of mental illness can be if they will experience future episodes. Getting help early is important so that a person's mood disorder can be managed. With the right management and support, some people may never have another episode.

Discuss as a class where their first point of information would be if they or one of their friends were experiencing fluctuating or depressed moods.

Discuss the role the internet plays as a source of health information. Explain that the internet can provide anonymous information about health issues and is often a good place to start your help seeking journey (but note that not all websites feature credible information that is accurate and reliable).

Emphasise the importance of ensuring that the information that they gain from the internet is from a trusted and reliable source. Explain that some of the most trusted websites in relation to mental health information, particularly for young people are:

Reach Out website – ReachOut.com

BITE BACK website – www.BITEBACK.org.au

Black Dog Institute website – www.blackdoginstitute.org.au

headspace website – www.headspace.org.au

Ensure you provide students with the links to each of these websites.

> **Teacher note:**
> The Reach Out Teachers Network has a great lesson activity on *Developing mental health literacy* (Step 1: Investigate) to support students to effectively access and critically assess the validity and trustworthiness of health information websites. It can be accessed at **http://teachers.reachoutpro.com.au/media/75041/hu_teachers_resource.pdf**

Ask students to brainstorm some of the face to face health services that they know of in the local community that deal with young people who may be experiencing mental health problems such as headspace, general practitioners (GPs), the school psychologist, school nurse, youth workers, social workers, etc.
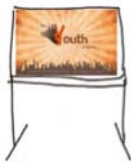
Use the slides in the presentation chapters: **Navigating the mental health maze, The benefits of good therapy**, **Touching on medication**, and **The importance of a good support network**. Discuss the different specialisations of each of these health professionals.

> **Teacher note:**
> *Further information about the various health care professionals and community organisations that can provide help can be found at:* **http://au.reachout.com/Tough-Times/Getting-help/Professional-help**

As a class create a health services directory from the internet and local phonebook that includes all of the local services that work with young people who may be experiencing mental health difficulties. If possible, introduce students to key contacts from the local youth centre, headspace centre, the school counsellor/s, or local psychologist by inviting them to the school or taking students to visit the service. This enables students to "put a face to the name". Barriers to accessing help from these services will also be broken down as students will have developed a personal link into the service and will know how they can be accessed.

Ask students to record the details of local health services in their Journal and complete the other entries for Activity 7.

ACTIVITY 8: SUPPORTING SOMEBODY WHO MAY BE EXPERIENCING A MOOD DISORDER

40 minutes

PREPARATION

- Laptop computers with internet access

- Copies of handout: Worried about someone who is feeling depressed *(Appendix 4)*

ACTIVITY DESCRIPTION

Explain to the class that this activity will explore the importance of peer support for young people who are experiencing mental health difficulties.

Discuss as a class the role a peer group can play in supporting someone to seek help if they are experiencing fluctuating or depressed moods.

Discuss questions such as:
- What are some of the characteristics of a helpful friend?

- What qualities in a friend make it easier to ask them for help?

- What factors determine who is a member of your peer group?

Discuss as a class how giving advice to friends when you are worried that they might be experiencing mental health difficulties can be tricky. Refer back to the entries students made in their Journal at the conclusion of Activity 7 about how they could best help a friend get over their fear of seeking help.

Ask students to explore the ReachOut.com website **(www.reachout.com)**, RUOK?Day website **(www.ruokday.com.au)**, BITE BACK website **(www.BITEBACK.org.au)** or Black Dog Institute website **(www.blackdoginstitute.org.au)** to find information on how to help and support friends who they think might be experiencing fluctuating or depressed moods.

Direct students to the Helping a friend with depression online page that can be accessed at **http://au.reachout.com/Helping-a-friend-with-depression** or provide students with a copy of the handout from Appendix 4.

Ask students to explore the scenario given in their Journal on **page 7** and write out a script for a conversation they could have with their friend to raise their concerns and show that they want to try and support them to get the help they need.

Share students' ideas with the rest of the class and critique which strategies would be the most effective in supporting a friend to get professional help.

Discuss how the nature of the conversations might change depending on whether the friend was a guy or a girl. Why might this have an impact? Discuss how the different genders have different ways of coping and dealing with tough times. Share examples of coping strategies that are typically male or female. For example, females often turn to their friends for help and advice, males tend to bottle up how they are feeling and put on a brave face.

Brainstorm different ways that friends may react if you approach them with your worries. For example, some people might get angry and deny there is anything wrong, others may say it's none of your business, and others may breakdown and get really upset.

Explore ways that students could handle the situation if their friend got angry or upset with them for raising the issue or denied there was an issue. Discuss the options or advice students can give to a friend to support them to get the help they need.

Teacher note:

In closing the lesson it is important to emphasise that even though students can offer support to their friends, they are not responsible for the actions or behaviours of their friend. If their friend is not willing to help himself or herself, then it is NOT the student's fault. Friends can offer great support but they are not professionals. It is very important to seek the help of adult(s) that you trust and people who have the knowledge, skills and experience to help.

ACTIVITY 9: LOOKING AFTER YOURSELF WHEN YOU ARE SUPPORTING A FRIEND

40 minutes

PREPARATION

- Access to Student Mood Tracker Journals

- Black Dog Institute presentation chapter – Fears of seeking help

ACTIVITY DESCRIPTION

Explain to students that often if a friend asks you for help when they are having a tough time, they may make you promise not to tell anyone what's going on. Emphasise to students that sometimes you will need to ask advice from a trusted adult so that you can be sure that the advice you give your friend is the right advice.

Refer back to Activity 7 on the Help seeking journey and remind students of some of the adults that were listed in their Journal. Explain that students don't necessarily need to talk to a professional to get the advice they need to help a friend. Discuss the fact that adults have a whole life of experiences and can offer great advice about ways that they can help their friend.

Brainstorm as a class the range of adults that students would consider to be trusted adults e.g. parents, teachers, sports coach, church minister. Discuss the characteristics and qualities that make them a trusted adult.

Show students the Fears of seeking help chapter. Explain to students the importance of having a network of trusted adults who they can go to for advice or support about their health and wellbeing. These people are also the people who can give advice about how to help a friend who is going through a tough time.

Ask students to answer the following questions in their Journal:

- Who might you include in your personal support network? Why?

- Who can help you support friends in need?

- How can your support network help you support a friend through tough times?

Explain to students that they are going to ask a trusted adult for advice about the strategies they proposed in Activity 8 to support their friend. Ask students to identify a trusted adult from their personal support network who they could talk to about this situation.

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Ask students to write a script of a conversation they might have with this adult to ask them for advice on page 8 of their Journal.

Divide the class into groups of three and ask each student to role play their scripted conversation with one of the other group members taking on the part of the trusted adult. The remaining group member observes the conversation and provides feedback on the aspects of the conversation that they thought were good and what could be done differently next time. Rotate roles until each student has role played their conversation and has had a turn at observing and providing feedback.

Module 4: Helping yourself

Good mental health and wellbeing is not just about the absence of a mental illness. There are things that everyone can do to boost their mental health and wellbeing and help reduce the risk of experiencing depression. This module will explore two key areas that people can work on to boost their mental health and protect themselves from mental health problems – building resilience and exercising their mind.

Key content

Students learn about:	Students learn to:
supporting yourself » identifying put-downs » reframing negative thoughts and statements and positive thinking	• examine the role and impact of stress on health and rehearse a range of positive management strategies, eg yoga, relaxation, physical activity, listening to music

Evidence of learning

Students will demonstrate success against the outcomes and content when they:

• describe practical ways to reframe negative thoughts

• discuss factors that can help them to overcome or 'bounce back' from a low mood

• describe how physical activity can positively influence mood

• reflect on their own mood and the influence their daily physical activities have on how they feel.

ACTIVITY 10: BUILDING RESILIENCE

40 minutes

PREPARATION

- Black Dog Institute presentation chapters:
  - » Understanding resilience
  - » Building resilience
- Laptop and data projector
- Student Mood Tracker Journals

ACTIVITY DESCRIPTION

Show students the **Understanding resilience** and **Building resilience** presentation chapters. Discuss the concepts explored through the images in the presentation, focus particularly on the role that 'personal put-downs' and negative thinking or self-talk can impact the way you perceive situations and influence the way you view your life and the world around you. Refer to the example of the weather – how we can't change it but we can change the way we think about and deal with it (our thoughts and self-talk can be positive).

Describe to students that resilience is our ability to face, overcome, and even be strengthened by the challenges of life; explain how being resilient is about dealing positively with life's ups and downs. Discuss how everyone goes through ups and downs, e.g. losing a loved one at some stage, missing out on getting a job they hoped for, or not going as well as expected in an exam. But the more resilient you are, the quicker you will bounce back – you can learn from these situations and get on with life, perhaps with more understanding of yourself and others.

Explain that building resilience can help prevent mood disorders – these can be divided into six domains of resilience described in the last presentation chapter (Physical, Social, Cognitive, Emotional, Moral & Spiritual). Ask students to go to their Journal and open it to the section on Lesson reflections: Bouncing Back and record the things they could do to help them overcome or bounce back from a low mood opposite each image. Ask students if they would like to share their ideas with the rest of the class.

Encourage students to undertake one or more of these things during the next week and to record in their Daily entries section of their Journal how these things made them feel and the influence it had on their mood. You may suggest they:
  - consider different views and ways to deal with a current challenging situation
  - reflect on a tough time and how they dealt with it then consider how they could deal with it differently if they were in that situation again
  - monitor their diet and physical activity
  - find ways to build upon an important relationship
  - practise mindfulness or focusing by using 'Power Up' on **www.BITEBACK.org.au**
  - acknowledge what gives them a sense of meaning and purpose

Teacher note: SenseAbility (www.beyondblue.org.au/SenseAbility) is a strengths based resilence program for those working with 12-18 year olds, from beyondblue. The MindMatters Toolkit for Making Connections has further ideas for classroom activities to build resilience (order a copy from www.mindmatters.edu.au).

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ACTIVITY 11: EXERCISE YOUR MOOD

60 minutes

Teacher note:
These activities can be implemented in physical education lessons as complementary activities to the theory work being explored. The activity could be a single lesson to explore how exercise and physical activity affects mood or students could monitor their physical activity and mood over a series of lessons and record details in their Journal.

PREPARATION

- Read through the Black Dog Institute Fact Sheet on Exercise and Depression in Appendix 5 or online at **www.blackdoginstitute.org.au (click on 'Fact Sheets)**

- Access to pedometers or if students have an iPhone download the Black Dog Pedometer app (this is free to download from the Black Dog Institute website).

- Set up a series of exercise stations that include a range of different activities such as:

    » Mini resistance-circuit

    » Half-court basketball

    » Mini soccer game

    » Walking track

    » Stretching station

    » Sprint run – shuttle

    » Mini tennis or sphairee

ACTIVITY DESCRIPTION

Explain to students that exercise is a great way to lift mood and relieve some symptoms of depression. Refer to the Black Dog Institute Fact Sheet on Exercise and Depression available online or in Appendix 5.

Allocate each student with a pedometer if they don't have an iPhone. Explain to students that they are going to be using the pedometers to measure their activity levels during the lesson and will then compare their results with their mood.

Teacher note:
This activity could be a single lesson to explore how exercise and physical activity affects mood; or students could monitor their physical activity and mood over a series of lessons; or even take pedometers home and record their daily results in their Journal for a set period of time.

Provide students with an overview of how to operate the pedometer (if they have not used one previously).

Walk class through each of the activity stations that have been set up and explain any safety considerations.

Divide students into teams of 6 and allocate each to an activity station. Students participate in that activity for a total of 10 minutes. They record their total steps taken in their Journal as well as recording their mood or how they felt about the activity (excited, happy, bored, exhausted, anxious).

Once students have completed all of the activity stations ask them to discuss and complete the following questions in their Journal and discuss as a group:

- Which activity made you feel the 'best'?

- Was this the activity with the most steps?

- What influence does enjoyment have on the level of activity and change in mood?

- What do you think are the most important things to consider when deciding how to exercise your mood? E.g. likes, skills, whether you feel successful at the activity, whether your friends will do it with you? How regularly you can do it?

Set students a homework task of planning and participating in 30-60 minutes of physical activity every day for the next week and ask them to record their steps, activity and mood in their Journal.

> *Teacher note:*
> The Black Dog Institute has a national fundraising campaign called *Exercise Your Mood (EYM) Month* in September. It is a great way to get students involved in an event for a good cause that links to their learning. See the *Get involved* section for more EYM information on **www.blackdoginstitute.org.au**.

Module 5: Making a difference

By creating greater understanding about youth mental health issues we will breakdown one of the greatest barriers to help seeking which prevent young people from getting the professional help they so desperately need - stigma. These activities will support students to propose, develop and implement local actions to raise awareness and dispel myths relating to youth mental health issues. Ultimately, we want students to realise that seeking help for a mental health problem is no different to seeking help for a problem with physical well-being.

Key content

Students learn about:	Students learn to:
affirming diversity » empathy and understanding » respect and trust » appreciating diversity as normal » valuing individual differences and perspectives	• clarify personal values and challenge negative community values and images relating to diversity • design an advocacy strategy that affirms difference and diversity
empowering individuals and communities » individual action » community action	• identify inequities that exist in the local community and propose actions to address them • identify a key issue for individual or group action. Raise awareness and gather support for the issue using ICT skills

Evidence of learning

Students will demonstrate success against the outcomes and content when they:

- propose appropriate strategies for taking action in their local community

- implement their action and reflect honestly on its success and impact .

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ACTIVITY 12: PLANNING COMMUNITY ACTION TO REDUCE STIGMA

60 minutes

PREPARATION

- Copies of the handout Action planning template from Appendix 6.

- Access to internet-enabled computers.

ACTIVITY DESCRIPTION

Ask students to brainstorm what they would want to change in order to address the stigma attached to mental illness in the community. This could include:

- increasing the amount of funding that goes to mental health services nationally or locally

- increasing the number, cost and quality of services available to young people in the community

- raising awareness about the issue of mood disorders amongst the school community or in the wider local area

- making more young people aware of the help services that are available in their local area

Ask students to share their ideas either in pairs, small groups or with the whole class depending on the time available.

Generate a list of common themes from the responses and record these on a whiteboard so that everyone can see them.

Ask students to nominate which themes or areas for change most resonate with them. Divide the class into groups based on these themes.

Explain to groups that the scope of this module does not allow them to take on a large scale action at this stage. Ask groups to identify an action that they could initiate and implement within the next 3 weeks.

Emphasise to students the importance of keeping the action really simple, specific and definitely achievable. Actions could include:

- raising awareness about the issue of youth mental health through a community information session run at a local sporting club

- organising a fundraising event such as an *Exercise Your Mood (EYM) Month* event (Get involved on www.blackdoginstitute.org.au)

- creating digital media content that provides accurate information about mood disorders to help reduce stigma

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Distribute the handout Action planning template from Appendix 6 and ask groups to write out their proposal for action on the template.

Combine each group with another group and ask them to share their proposed actions.

Ask each group to consider whether their partner group's actions are realistic and achievable based on the following questions:

- Can the activities and intended outcomes be achieved in the time available?

- Will the action be a step toward making the change that was part of the class' overall vision?

- Are the resources needed to take the action available? E.g. video equipment, venues, etc

- Does the action need revising? If so, how? And why?

Ask groups to make any changes necessary to their Action Plan.

Suggest groups access the toolkits on the ActNow website for lots of great tips and information on getting started with taking action. They can be accessed at **www.actnow.com.au/Toolkit.aspx.**

If the timetable structure permits, allow students to implement their action during class time, otherwise it can be set as an assessment task to be undertaken outside of class time.

Teacher notes:

The following activity, Taking action to reduce stigma, provides detailed information for any groups who are creating digital media content as their action.

*For students interested in leading and taking action in other areas of mental health promotion, check out the MindMatters Youth Empowerment Process (YEP) on **www.mindmatters.edu.au**.*

ACTIVITY 13: TAKING ACTION TO REDUCE STIGMA

60 minutes

> **Teacher note**
> *These activities can be implemented to support groups who have chosen to create an advocacy campaign using digital media pieces. These digital creations can then be shared with the school or wider community through the BITE BACK and ReachOut.com websites to generate awareness about young people dealing with mental illnesses.*

PREPARATION

- Copies of Handout: Digital content synopsis from Appendix 7
- A3 copies of the Storyboard template from Appendix 8
- Post-it notes for storyboarding activity

ACTIVITY DESCRIPTION

Distribute Digital content synopsis handout to those groups who are creating digital advocacy campaigns as their action. Ask groups to complete a synopsis of what their digital content will be about on the template provided.

The synopsis should include:

- a working title for their production
- the type of production they will develop – e.g. photo essay, documentary, short film, digital story
- a paragraph describing the message, story or information that will be conveyed in the production.

Explain to groups that the next step in the process is storyboarding. Explain that storyboarding is a two dimensional plan of the final production. During this step, groups create a working outline for their production that includes the timing of their production (e.g. what is going to happen and when) and the interaction of their visual assets with their audio assets (e.g. how images and video footage interact with the voiceover and music). Instruct groups that they should plan for their productions to be no more than 3 minutes long.

Provide each group with an enlarged version (A3 size) of the Storyboarding template and a packet of Post-it notes.

Ask groups to write down their ideas for video footage, images and audio that they plan to use in their digital production. Each of these individual ideas needs to be transferred onto a separate Post-it note that includes a name for the piece of content and a phrase describing what it entails.

> **Teacher note**
> Information about how to access images on Flickr that can used in students digital media production can be found in Appendix 3 of this resource.

Develop the script (audio or text) that will play through the production. Write this out and read aloud to gauge how long it will take. Remind groups that their production should be no longer than 3 minutes.

Transfer the script onto individual Post-Its by writing approximately 5-10 seconds worth of script or text onto a single Post-It note.

Use the Storyboarding template to place the corresponding video and image Post-It notes in order above the appropriate script or text Post-It notes. Using the Post-its will allow groups to move things around or take them out as the story starts to come together.

Ask each group to share their storyboard with another group and invite students to provide feedback and ideas about the proposed production.

Explain to groups that once they are happy with their storyboard they can begin creating their digital production.

Teacher note:
1. There are a number of web-based resources that can be used to facilitate this process including Animoto **www.animoto.com** and OneTrueMedia: **www.onetruemedia.com**. Both have free membership which allows students to create short digital video productions and share them via their social networks.

2. Schools may wish to explore applying for Premium memberships to allow students to download high resolution files of their content for distribution beyond the social networking sites.

3. Step-by-step instructions on how to create a digital media piece using each of these programs can be found on the Animoto website at **http://animoto.com/** and OneTrueMedia website at **www. onetruemedia.com/**.

4. Alternatively, students can use iMovie, Final Cut Pro or Windows Movie Maker to create their digital media pieces. Tutorials on each of these programs can be found at:

Windows Movie Maker tutorial
www.youtube.com/watch?v=JZXK68NS7gU

Adobe Premiere, Final Cut Pro, Pinnacle Studio tutorials
www.animationsforvideo.com/html/tutorials.htm

iMovie 09
www.apple.com/ilife/imovie

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The Black Dog Institute

The Black Dog Institute (**www.blackdoginstitute.org.au**) is a world leader in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder. Founded in 2002 but built on research since 1985, the Institute combines expertise in clinical management with cutting edge research to develop new, and more effective, strategies for people living with mood disorders.

Based in Randwick in east Sydney, NSW, it has Depression, Bipolar Disorders and Psychology CLINICS set up for second opinion expert advice, by referral, not ongoing case management. It is for people over the age of 16 with a Medicare card who, for example, have trouble getting the right diagnosis or are treatment resistant. The clinic's expert advice is given back to the referring doctor for ongoing case management.

Affiliated with the University of NSW's School of Psychiatry, RESEARCH extends from genetic risk to treatment studies, and mental resilience to brain imaging studies.

EDUCATION is offered for professional development to school counsellors, GPs, psychologists, psychiatrists, and allied health professionals. Education for the community, workplaces and schools are also offered in the form of events, seminars, support groups, resources, workplace and school programs including **Head*Strong***.

For more information about the Black Dog Institute, visit the website **www.blackdoginstitute.org.au**.

MATTHEW JOHNSTONE

The illustrations contained within the **Head*Strong*** PowerPoint presentations were created by Matthew Johnstone, Creative Director at the Black Dog Institute. Matthew has also created two 'Black Dog' books titled Living with a Black Dog and I Had a Black Dog. For more information about Matthew and these books, visit **www.matthewjohnstone.com.au**.

The Inspire Foundation

The Inspire Foundation **(www.inspire.org.au)** was established in 1996 in direct response to Australia's then escalating rates of youth suicide. We combine technology with the direct involvement of young people to deliver innovative and practical online programs that prevent youth suicide and improve young people's mental health and wellbeing. Our mission is to help millions of young people lead happier lives.

The Reach Out Teachers Network

The Inspire Foundation launched the Reach Out Teachers Network **(http://teachers.reachoutpro.com.au)** in 2007. The Reach Out Teachers Network has evolved through the recognition of the importance of promoting youth mental health and understanding the significant role technology plays in the lives of young people. The Reach Out Teachers Network provides access to resources and practical strategies for education professionals on a range of youth mental health issues and online technologies. The online resources available can be used to enhance the effectiveness of school-based mental health promotion and education programs delivered in school settings.

JANICE ATKIN

The **Head*Strong*** curriculum resource was largely authored by Janice Atkin who worked for the Inspire Foundation as Education Sector Manager and managed the Reach Out Teachers Network website. Janice is currently working for the Australian Curriculum, Assessment and Reporting Authority (ACARA) in 2013.

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nib foundation

nib foundation (**www.nibfoundation.com.au**) aims to make a positive and lasting impact on nationwide health issues by funding innovative and practical approaches to improving the health of Australian communities, with a particular focus on carers and young people.

nib foundation believes that we can make a difference by supporting good causes that have great effects.

As a not-for-profit charitable organisation, we strive to break new ground by funding Australian charities to deliver innovative programs that meet the needs of young people and carers in a practical and engaging way.

For more information about nib foundation, visit the website **www.nibfoundation.com.au**.

The Black Dog Institute would like to acknowledge the genrous support of nib foundation which has given us the opportunity to help teachers and young people across Australia with funding and support for the national rollout of **HeadStrong**.

Free download of this curriculum resource
and accompanying support materials from:

www.Head*Strong*.org.au

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