

Mental Health

Presenters:

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Public Health Agency of Canada Definitions

What is Mental Health?

The capacity to feel, think and act in ways that enhance one's ability to enjoy life and deal with challenges.

What is Mental Illness?

Mental illnesses are characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning.

Mental Illnesses

There are many mental illnesses that can affect students in our classrooms but today we will be speaking mostly about:

- * Anxiety**
- * Depression**
- * Eating Disorders**



In Canada, only 1 out of 5 children who need mental health services receives them.

70%

70% of mental health problems and illnesses have their onset during childhood or adolescence.

**3.2
MILLION**

The total number of 12-19 year olds in Canada at risk for developing depression is a staggering 3.2 million.

**3rd
HIGHEST**

Canada's youth suicide rate is the third highest in the industrialized world.

**2nd
HIGHEST**

Surpassed only by injuries, mental disorders in youth are ranked as the second highest hospital care expenditure in Canada.

Common Misconceptions

#1 Mental Illnesses are not real illnesses

Fact: Mental Illnesses create distress, do not go away on their own, and are actual health problems with effective treatments.

Common Misconceptions

#2 Mental Illnesses are just an excuse for poor behaviour

Fact: We need to remember that the illness, not the person is behind these behaviours. No one chooses to experience a mental illness.

Common Misconceptions

#3 Children cannot have a mental illness like depression. Those are adult problems.

Fact: Many mental illnesses first appear when a person is young. Mental illness can impact the way young people learn and build skills, which can lead to challenges in the future.

Common Misconceptions

#4 People with a mental illness never get better.

Fact: with the right kind of help, most people do recover and lead productive and satisfying lives.

Common Misconceptions

#5 People with a mental illness can “pull themselves out of it”

Fact: A mental illness is not caused by personal weakness and is not “cured” by personal strength.

Do You Think there is Stigma Surrounding Mental Illness?

Stigma:

- * **Labeling or discrimination against an individual or group of individuals on the basis of observed or presumed mental health difficulties.**



What is Depression?

Major depression is an episode of sadness or apathy along with other symptoms that lasts at least two consecutive weeks and interrupts daily activities.

- **Approximately 5% of males and 12% of females, ages 12 to 19, have experienced a major depressive episode.**
- **Treatment can make a difference for 80% of people who are affected.**

Symptoms

Behaviours:

- * **Social withdrawal/avoidance**
- * **Decreased energy**
- * **Insomnia/excessive sleeping**
- * **Loss of interest/pleasure**
- * **Difficulty completing tasks**

What is Anxiety?

- * **Activity - close your eyes**
- * **Generalized Anxiety Disorder is characterized by worrying that is excessive, chronic, and/or difficult to control for a significant number of days over a period of time. The focus of the worry may be a variety of events or circumstances, such as schoolwork, appearances, or the future.**

What is Anxiety?

Other forms of anxiety may include:

- * **Specific Phobia(s)**
- * **Obsessive Compulsive Disorder**
- * **Panic Disorder**
- * **Separation Anxiety Disorder**
- * **Social Anxiety Disorder**



What is Anxiety?

- **Frequent absences from school**
- **Asks to be excused from doing presentations**
- **Decline in grades**
- **Unable to work to expectations**
- **Refuses to join or participate in social activities**
- **Avoids school events or parties**
- **Exhibits panicky crying or freezing tantrums**
- **Exhibits clingy behavior or before or after an activity or social situation (e.g., recess)**
- **Worries constantly before an event or activity by asking questions, without feeling reassured by the answers**
- **Has physical complaints (e.g., stomach aches) that are not clearly attributable to a physical health condition**
- **Worries excessively about things like homework or everyday routines**
- **Has frequent bouts of tears**
- **Is easily frustrated or irritable**
- **Is extremely quiet or shy**
- **Avoids social situations for fear of negative evaluations by others (e.g., fear of being laughed at)**
- **Often rejected by peers**
- **Often spends time alone or has few friends, or has great difficulty making friends**

Strategies for the Classroom

Strategies that can reduce overall stress in the classroom:

- **Create a learning environment where mistakes are viewed as a natural part of the learning process**
- **Provide predictable schedules and routines in the classroom**
- **Provide advance warning of changes in routine**
- **Provide simple relaxation exercises that involve the whole class (e.g., how to get ready to write a test, deep breathing)**
- **Encourage students to take small steps toward accomplishing a feared task and reward them for trying**

What are Eating Disorders?

- * **It is an obsession with food, weight or body image that can interfere with everyday life**
- * **A way to cope with deeper problems that are painful or difficult; not always just about food**
- * **Can signal difficulties with identity, self-concept, self-esteem and loss of control**

What are Eating Disorders?

3 most common types of eating disorders:

- * **Anorexia**
- * **Bulimia**
- * **Binge-Eating**

Symptoms

Behaviours:

- * **Extreme or unusual eating habits**
- * **Denial of a problem**
- * **Vomiting/frequent washroom trips**
- * **Episodes of overeating**
- * **Excessive exercising**
- * **Eating in isolation**
- * **Mood Changes**
- * **Change in dress**

Case Study

Hannah was a 10-year-old girl from a close, supportive family. She was described as a shy, reserved young girl at pre-school, but she integrated well in grade 1 and began making friends and succeeding academically. She complained several times of severe abdominal pain that was worse in the morning and never present at night. She had missed about 20 days of school during the previous year because of the pain. She also avoided school excursions, fearing the bus would crash. She had difficulty falling asleep and frequently asked her parents for their reassurance.

Hannah was worried that she and members of her family might die. She was unable to sleep at all before a test. She could not tolerate having her parents on a different floor of the house from herself, and she insisted on securing the house to an unnecessary extent in the evenings, fearing intruders. Her insecurity, need for constant reassurance, and school absenteeism were frustrating and upsetting for her parents.



Let's discuss

What We Can Do

- **Recognize the signs**
- **Reduce classroom stigma by building awareness**
- **Teach strategies for developing coping skills**
- **Be empathetic and non-judgmental**
- **Connect to the student and remain supportive**
- **Be prepared to listen**
- **Build student's self-esteem by focusing on their strengths**
- **Think about how you can make a difference in the moment**
- **Identify next steps**
- **Know your role and your limits**
- **Engage student in the plan**

What Can Teachers Do?

Begin by documenting the frequency, intensity, and duration of the behaviours that are concerning you.

If these behaviours continue or worsen, share the information with:

- **your principal**
- **the student's parents**
- **a school counsellor**

Develop a plan with your support team on how to manage these behaviours and help the child to succeed while at school.

What Can Teachers Do?

Resources:

- Ontario Ministry of Education: Supporting Minds
- Books: www.pearsoncanada.ca/wellaware
- Ontario Mental Health Helpline 1-866-531-2600
- Kids Help Phone 1-800-668-6868 or KidsHelpPhone.ca



Questions/Comments?



Bell

Let's Talk