

Issues in Mental Health: Mental Illness Awareness

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Table of Contents

Educator Preparation Before the Delivery of the Mental Illness Awareness Curriculum	v
Children’s Mental Health Disorder Fact Sheets	ix
Connections to Wisconsin Standards for Health Education	1
Chapter 1: Recognizing and Changing Misconceptions	3
Chapter 2: Follow the Mental Health Road	15
Chapter 3: The Good, the Bad, and the Ugly of Mental Illness in the Media.....	33
Chapter 4: May ‘MONK’ Be With You.....	39
Chapter 5: Can You Hear Me Now? Awareness of the Signs.....	45
Chapter 6: The Biggest Winner: Reducing Stigma	55
Chapter 7: Taking Action: Practicing the Skill of Helping Someone with Mental Illness	59
Chapter 8: Mind Smart Review.....	69
Chapter 9: Help Wanted.....	75

Educator Preparation Before the Delivery of the Mental Illness Awareness Curriculum

This section provides information to help you successfully deliver this eight-lesson unit of instruction.

Cautions and Issues

- Awareness of student issues:** Students who have experienced illnesses such as depression or have family members that have lived with mental illness may withdraw from the class discussion or make sarcastic comments about the topic. Through discussion and possible participation by a member of your pupil services staff, be prepared for a range of student responses to some of the discussions on these issues. If the student seems upset or angry, please refer them to an appropriate pupil services professional.
- Some conditions that were not included in this curriculum, but are included in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV):**
 - **Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD):** Because of the nature of the disorder and the number of students diagnosed as having ADD/ADHD, it was decided that its inclusion in the curriculum could create a misunderstanding that ADD/ADHD is more debilitating than it generally is in young people. This, and other organic mental disorders, are hard to diagnose because other unrelated problems could be underlying the behavior associated with ADD/ADHD. It is relatively easy to treat when properly diagnosed.
 - **Schizophrenia:** Because of the complexity and rarity of this mental illness, it is not included in this resource. This curriculum consists of information on the most common mental illnesses. Because many teachers and students may not see a person with schizophrenia their entire life, it was excluded.
- Parental support can be beneficial on this issue:** Because of the sensitivity of this subject, it is critical to make parents aware of the unit before it is implemented. Have your students give the brochure they developed to their parents to increase awareness of the knowledge and skills your students are learning in their Health, Family and Consumer Education, and/or Developmental Guidance classes.
- Addressing cultural competence:** Mental illness affects both genders, and all races and ethnicities. Therefore, it is important to include the contributions, images, and experiences of diverse cultural groups in this unit of instruction. The decision about which disorders to include in the curriculum was a difficult one. The final choices reflected disorders that were well known to a group of high school students that served as a focus group. This focus group pointed out that the media has addressed these disorders with young people, further supporting the reasoning behind their inclusion in this unit.
- Co-occurring disorders (mental health and substance abuse):** In this curriculum, we have not included comprehensive information on the effects of substance abuse in combination with a mental health need. These issues are often interwoven with each other in youth. One study

indicates that 70% of our youth population is experiencing the complex interactions of both mental health issues and substance use. The proportion of youth that have addiction issues (based on prevalence data in Wisconsin) indicate 10.1% are in need of substance use intervention and/or treatment. This is approximately 47,000 Wisconsin youth.

We know that if a youth uses alcohol before the age of 13 they are four times as likely to have lifetime substance use issues. We also know the use of substances affect their school performance because areas of functioning are affected. In a recent study by Sandara Brown, Ph.D., alcohol-dependent teens showed impaired memory, altered perception of spatial relationships, and verbal skill deficiencies. The cognitive effects of alcohol put alcohol-dependent adolescents at risk for falling farther behind in school. Alcohol abuse is also a risk indicator for suicide attempts. If you suspect this is an issue of concern, please consult with a pupil services professional in your school or a substance abuse counselor in your community before approaching this issue by yourself.

6. **The team approach:** Because of the sensitivity of the subject matter, it is critical to have both an appropriate pupil services professional as well as the classroom teacher working together to implement the curriculum. It may be important for the highly skilled pupil services professional to serve mainly in the role of observer, but she/he/they may want to present a lesson or two that relates to topics they feel are their strengths. It is important for the pupil services professional to look at non-verbal, as well as verbal, responses that are going on in class. It is important to share that the pupil services professional is willing to help with any concerns students might have on mental health issues.

Instructional Hints

1. **Spell out the goals of this unit of instruction to the students:** To set the stage for the unit, it is important to spell out its major goals.
 - Present accurate knowledge about mental illness
 - Develop skills so we can all work together to eliminate the stigma(s) related to mental illness
 - Build a school climate accepting of mental illness
2. **Present correct terminology as an introduction to the unit:** It is critical for students to know the correct terminology for various mental illnesses and brain disorders. Slang terms such as “psycho” can increase stigmas and serve to humiliate people struggling to cope and treat their mental illness. Please use the glossary of terms and illnesses we use in the unit of instruction. As an introductory activity, it might be of value to explore a definition of mental illness that could include the following words: persistent, changes in behavior, physical illness, brain chemistry, brain structure, treatable, warning signs. (Mental Illness is a physical illness that consists of persistent changes in behavior and is caused by changes in brain chemistry or brain structure. These illnesses have distinct warning signs and are treatable in a number of ways.)
3. **These lessons are aligned with the Wisconsin Standards for Health Education:** An effort was made by the workgroup to develop at least one lesson that will reach each health education standard. The intent of this unit of instruction is to build health literacy as it relates to the health issue of mental illness. A health-literate individual is:
 - A critical thinker and problem-solver,
 - A self-directed learner,
 - An effective communicator, and
 - A responsible and productive citizen.

4. **The unit has a scope and sequence:** This unit of instruction has eight lessons from which the teacher can choose to implement all or some. If the teacher has a minimal amount of time to address the issue, the teacher can limit the amount of assessments he/she uses. If the entire curriculum is implemented, it will take nine to ten days to complete. The unit's scope and sequence includes the following:
 - Addressing misconceptions.
 - Exploring a behavior continuum from mental health to mental illness.
 - Identifying the impact of the media.
 - Signs of mental illness.
 - Reducing stigma(s) related to mental illness.
 - Taking A.C.T.(T.)ion to support people with mental illness.
 - A review game.
 - A performance assessment utilizing a brochure.
5. **Points of emphasis:** It should be emphasized that students may experience some of the symptoms described in the unit but not in a repeated, debilitating way. In addition, some students display behaviors discussed in the unit knowingly. You as the teacher should point both of these issues out in class.
6. **Presenting content:** You have been given fact sheets adapted from the Minnesota Association for Children's Mental Health on most of the mental illnesses that are covered in the unit of instruction. It would be a good idea to cover these illnesses after you do lesson one on norms and misconceptions. You could have groups report information to the rest of the class or you could deliver key information on each of the illnesses in a mini-lecture, discussion format.

Children’s Mental Health Disorder Fact Sheets

Adapted from the Minnesota Association for Children’s Mental Health Fact Sheets

1. **Obsessive-Compulsive Disorder (OCD)**

OCD is a biological disease of the brain and is not caused by environmental factors such as inconsistent or ineffective parenting or economic status. Children who have OCD may have obsessive thoughts, repetitive impulses, and often engage in compulsive rituals to ease their anxiety. Some examples of the symptoms and behaviors are: erasing sentences or problems repeatedly, frequent trips to the bathroom, poor concentration, school avoidance, anxiety or depressed mood, repeatedly touching the same objects, and frequent hand washing. Students are often ashamed of their behavior as it tends to consume their everyday life. Referral for a mental health assessment and subsequent therapy are appropriate and successful options for treating children with OCD.

Resources

Anxiety Disorders Association of America
www.adaa.org

National Alliance for the Mentally Ill
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov

Obsessive-Compulsive Foundation, Inc.
www.ocfoundation.org

SAMHSA’S National Mental Health Information Center
http://www.samhsa.gov/MentalHealth/mentalhealth_public_i.aspx

2. **Eating Disorders**

The two most common eating disorders, anorexia nervosa and bulimia nervosa, are related to individuals’ obsessions with food, their weight, and the need to be thin. Children with anorexia fail to maintain a minimally normal body weight, have excessive concerns about food, and often exercise excessively. Students with bulimia consume an abnormally large amount of food in a short amount of time and then compensate for this by fasting, self-induced vomiting, exercising intensely, or using laxatives. Symptoms and behaviors of eating disorders include perfectionism, irritability, anxiety, fainting spells, avoiding snacks/food, frequent trips to the bathroom, depression, and lethargy. A mental health assessment followed by medical intervention can help that individual treat their disorder and prevent future occurrences.

Resources

Eating Disorders Resources
www.gurze.net

National Association of Anorexia Nervosa and Associated Disorders
www.anad.org

National Eating Disorders Association
www.nationaleatingdisorders.org

3. Depression

Children who experience feelings of sadness with great intensity for weeks or months may be suffering from depression. These feelings may be related to organic mental disabilities. Such emotions affect students' school performance, social habits, relationships, interests, and overall attitude. Depression can lead to alcohol and other drug abuse, school failure, or even suicide. The common symptoms and behaviors of depressed individuals include isolation, frequent absences, feelings of hopelessness, talks about dying or suicide, defiance, self-deprecating remarks, decreased interest in usual hobbies, and low energy/lethargy. Although it is more difficult to diagnose and treat in childhood, it is essential to perform a mental health assessment on a possible depressed child and provide them with treatment to help them recover from this disorder.

Resources

The Council for Exceptional Children
www.cec.sped.org

National Alliance for the Mentally Ill
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov

SAMHSA'S National Mental Health Information Center
http://www.samhsa.gov/MentalHealth/mentalhealth_public_i.aspx

Suicide Awareness Voices of Education
www.save.org

4. Bipolar Disorder

Individuals with bipolar, or manic-depressive, disorder experience unusual shifts in their mood, energy, and ability to function. This is a brain disorder that must be managed throughout a person's life. Unlike adults, children with this disorder have very fast mood swings between depression and mania often within one day. Symptoms or behaviors of bipolar disorder may include irritable mood, depression, explosive rages, defiance, delusions, grandiose belief in own abilities, strong cravings, and risk taking behaviors. Because many of these symptoms can be associated with other disorders, bipolar disorder is often hard to distinguish from other possible problems. Students with bipolar may be more prone to drug use, are at a higher risk for suicide, and should be evaluated by a mental health professional.

Resources

Child and Adolescent Bipolar Foundation
www.bpkids.org

Depression and Bipolar Support Alliance
www.dbsalliance.org

National Alliance for the Mentally Ill
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov

SAMHSA'S National Mental Health Information Center
http://www.samhsa.gov/MentalHealth/mentalhealth_public_i.aspx

5. Anxiety Disorders

Children who suffer from anxieties severe enough to interfere with the daily activities of childhood or adolescence could have an anxiety disorder. These students may lose friends, are left out of activities, experience academic failure, or exhibit low self-esteem. Other common symptoms or behaviors of anxiety disorder are frequent absences, many physical complaints, recurrent bouts of tears, drug or alcohol abuse, fear of new situations, refusal to join in social activities, and excessive worry about homework/grades. Although there are many anxiety disorders, the most prevalent are Generalized Anxiety Disorder, Phobias, Social Phobias, Panic Disorder, Obsessive-Compulsive Disorder, and Post-Traumatic Stress Disorder. When treatment is begun early, academic, social, and vocational failures can be decreased and prevented.

Resources

Anxiety Disorders Association of America
www.adaa.org

Child Development Institute
www.childdevelopmentinfo.com

National Institute of Mental Health
<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

SAMHSA'S National Mental Health Information Center
http://www.samhsa.gov/MentalHealth/mentalhealth_public_i.aspx

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A special acknowledgement goes to Screening for Mental Health for coming up with the original skill acronym A.C.T. (Acknowledge, Care, Tell) used in their *SOS: Signs of Suicide* program. We have adapted the A.C.T.(T.) acronym for this unit to help students remember the acronym with two applications (Avoid labeling, Care for the mentally ill, Treat the mentally ill with respect, and Tell others if someone needs help).

We owe a great deal to the Wisconsin educators who reviewed, refined, and approved these items for use in Wisconsin schools. The following dedicated professionals assisted in the development process for this unit of instruction.

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Connections to Wisconsin Standards for Health Education

In 1997, the state of Wisconsin adopted a set of health education standards that reflected the national health education standards. The seven standards are as follows:

- A. Students in Wisconsin will understand concepts related to personal health promotion and disease prevention. (Disease prevention and health promotion concepts)
- B. Students in Wisconsin will practice behaviors to promote health, prevent disease, and reduce health risks. (Health behavior)
- C. Students in Wisconsin will demonstrate the ability to use goal-setting and decision-making skills to enhance health. (Goal setting and decision-making)
- D. Students in Wisconsin will demonstrate the ability to access valid health information and services. (Accessing accurate information)
- E. Students in Wisconsin will analyze the impact of culture, media, technology, and other factors on health. (Impact of culture and media)
- F. Students in Wisconsin will demonstrate the ability to use effective interpersonal communication skills to enhance health. (Communication skills)
- G. Students in Wisconsin will demonstrate the ability to advocate for personal, family, school, and community health. (Advocacy)

In the teacher's instructions section, we have now added the brief description of the seven standards above and boldfaced the standards that are covered in the lesson. We hope this will help you map out your units of instruction to address as many standards as possible.

Recognizing and Changing Misconceptions

1

Student Instructions

Many of you have preconceived notions, thoughts, and beliefs about what mental illnesses are and what people who have mental illness act and look like. This lesson will explore some of these notions and provide accurate and factual information to address these misconceptions. You will do this two-part lesson individually.

Part One: You will estimate how common certain mental health-related conditions are in Wisconsin from the Wisconsin Youth Risk Behavior Survey and the Wisconsin Family Ties Fact Sheet. If you overestimate by 10% or more, please put a star next to the answer. We will discuss the reason for this after we complete the sheet with corrected answers.

Part Two: You will be given a list of misconceptions about mental illnesses. Your task will be to determine what you think is the concept related misconception.

Analysis Page 1

Estimating Mental Illness in Wisconsin

Your task is to put down the percentages of persons who are experiencing the following issues related to mental illness.

*No great genius has ever
existed without some
touch of madness.*
—Aristotle

	Your Estimate	Survey Information
1. The percentage of children and adolescents who experience mental illness in Wisconsin.	_____	_____
2. The percentage of families in Wisconsin that are personally affected by mental illness.	_____	_____
3. The percentage of youth with eating disorders in Wisconsin.	_____	_____
4. Percentage of Wisconsin students who have reported feelings of sadness or hopelessness for at least two weeks over the past year which has affected doing usual activities.	_____	_____
5. Percentage of Wisconsin students who have been diagnosed with depression.	_____	_____
6. Percentage of Wisconsin students who seriously considered suicide.	_____	_____
7. Percentage of Wisconsin students who have developed a plan to attempt suicide.	_____	_____
8. Percentage of Wisconsin students who have attempted suicide in the last twelve months which resulted in injury, poisoning, or overdose that was treated by a doctor or nurse.	_____	_____
How many questions did you overestimate?	_____	

Stigma Myths and Misconceptions Analysis Page:

Myth: People who have mental illness are more dangerous than the general population.

What is the misconception?

Myth: Persons who have mental illness do not get better (they never recover).

What is the misconception?

Myth: More men than women experience depression.

What is the misconception?

Myth: Untreated mental illness does not affect your performance and grades.

What is the misconception?

Myth: All movies present persons with a mental illness accurately.

What is the misconception?

Myth: Mental illness is a weakness—so you can “just get over it”!

What is the misconception?

Myth: You can usually tell by looking if a person has a mental illness.
What is the misconception?

Myth: Persons who have a mental illness are treated fairly in housing or employment situations.
What is the misconception?

Myth: People can get over depression by themselves and depression never reoccurs.
What is the misconception?

Myth: Only adults and older adults experience mental illnesses.
What is the misconception?

Myth: Only crazy people see shrinks.
What is the misconception?

Myth: If you talk about suicide, you won't attempt it.
What is the misconception?

Teacher Information

Curriculum Connections

Development Guidance, Family and Consumer Education, Social Studies

Overview

This lesson explores the prevalence of certain mental health issues and common stigmas and the misconceptions related to mental illness. Based on research we know that students underestimate the prevalence of mental illness within the general population.

Requirements

Students will fill out the analysis pages related to the norms and facts about mental illness as well as the misconceptions. In part one they are to put down their best guess as to the percentages of the numbers of individuals who experience mental illnesses.

In part two, students will be presented with the misconceptions, which they will analyze and then write an answer representing the facts.

Please give the Anti-Stigma Fact Sheet (DOs and DON'Ts) at the end of this lesson for use in the rest of the unit. Please use the answers that are provided in each analysis page to guide the class discussion.

Time

One class period

Materials

Two analysis pages, writing instruments

	Wisconsin Health Education Standards
A	Disease prevention and health promotion concepts
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Analysis Page 1

Estimating Mental Illness in Wisconsin

Your task is to put down the percentages of persons who are experiencing the following related to mental illness.

1. The number of children and adolescents who experience mental illness in Wisconsin (5% according to the Wisconsin State Mental Health Plan, 2006 (SMHP)).
2. The percentage of families in Wisconsin that are personally affected by mental illness in Wisconsin (20%, State Mental Health Plan, 2006).
3. The percentage of youth with eating disorders in Wisconsin (4% SMHP 2006).
4. Percentage of Wisconsin students who have reported feelings of sadness or hopelessness for at least two weeks over the past year which affected doing some usual activities (28%, 2009 Youth Risk Behavior Survey (YRBS)).
5. Percentage of Wisconsin students who have been diagnosed with depression (6%, SMHP 2006).
6. Percentage of Wisconsin students who seriously considered suicide in the last twelve months (18%, 2009 YRBS).
7. Percentage of Wisconsin students who have developed a plan to attempt suicide in the last twelve months (15%, 2009 YRBS).
8. Percentage of Wisconsin students who have attempted suicide in the last twelve months which resulted in injury, poisoning or overdose that was treated by a doctor or nurse (2%, 2009 YRBS).

How many questions did you overestimate? _____

Stigma Myths and Misconceptions Analysis Page:

People who have a mental illness are more dangerous than the general population.

What is the misconception?

Fact: The vast majority of people with mental illnesses are not violent. In the cases when violence does occur, the incidence typically results from the same reasons as with the general public, such as feeling threatened or excessive use of alcohol and/or drugs. The media often sensationalizes accounts of crime. Statistics do not show a connection between mental illness and violence.

Persons who have mental illness do not get better (they never recover).

What is the misconception?

Fact: People with mental illnesses can recover and resume normal activities. Most people lead productive lives, work, pursue education and religion, enjoy hobbies, recreational activities, and contribute actively due to treatments, a variety of support systems, programs, and/or medications. For example, spokespersons like Mike Wallace, newscaster; Terry Bradshaw, athlete; and Brooke Shields; actor, have had major depression, received treatment, and lead successful lives today.

More men than women experience depression.

What is the misconception?

Fact: Men and women experience depression at different rates. The National Institute of Mental Health (NIMH) says that 25% of women and 10% of men will have one or more episodes of major depression during their lifetimes. These numbers may reflect the greater willingness of women to admit their symptoms and seek treatment.

Untreated mental illness does not affect your academic performance and grades.

What is the misconception?

Fact: Mental illnesses may interfere with functioning in different ways. Many illnesses may affect a student's ability to do certain things, such as thinking or communicating with others. It is estimated that more than one in five youth in Wisconsin may experience a mental health disorder. Some of these disorders include: depression (mood disorders), anxiety disorders, conduct disorders, and eating disorders.

All movies and newspapers depict persons with a mental illness accurately.

What is the misconception?

Fact: The media is responsible for many of the misconceptions which persist about people with mental illnesses. Newspapers, in particular, often stress a history of mental illness in the backgrounds of people who commit crimes of violence. Television news stories frequently sensationalize crimes where persons with mental illnesses are involved. Similarly, movie scripts often have plots that perpetuate myths about persons who have mental illness through distorted characterizations. National advertisers use stigmatizing images as promotional gimmicks to sell products. Moreover, comedians may make fun of people with mental illnesses, using their disabilities as a source of humor.

Mental illness is a weakness—so you can “just get over it”!

What is the misconception?

Fact: Some people believe “mental illness” is not a legitimate medical/health condition. Some believe that mental illness is a character flaw or weakness that a person “can just get over.” Mental illnesses are real, common, and treatable. Recovery is possible and often requires time and resources that are not necessarily in the person’s direct control. When persons with mental illness receive treatment, medication, and support, they can recover.

You can always tell by looking if a person has a mental illness.

What is the misconception?

Fact: Although there are many signs and symptoms when someone may be developing a mental illness, diagnosis is a difficult task best undertaken by mental health professionals. Quick judgments and stereotypes do not replace the need for a person to get help from a mental health professional.

Persons who have a mental illness are treated fairly in housing or employment situations.

What is the misconception?

Fact: Research suggests that employers are less likely to hire persons who are labeled mentally ill (Bordieri and Drehmer, 1987; Farina and Felner, 1973 and Link, 1987). At the employer level, some have false expectations related to the employment capabilities of persons with mental illness (Brown and Saura, 1996). Some people also believe that those with mental illness are less competent, unable to work, should be institutionalized, or will never get better.

Persons with mental illnesses may face many housing difficulties. They face problems looking for safe, decent, and affordable housing, and some may need assistance to live in their own residence. An example stigma is the NIMBY (Not In My Back Yard) syndrome. It impedes the placement of supported housing for people with serious mental illnesses in certain neighborhoods.

People can get over depression by themselves and depression never reoccurs.

Mental illnesses are real, common, and treatable.

What is the misconception?

Fact: It is important for people with depression to get treatment from a mental health professional or from their physician. Many people are not able to recognize depression in themselves or others. Clinical depression is very treatable, with improvement shown in 80% for those persons treated.

Only adults and older adults experience mental illnesses.

What is the misconception?

Fact: Mental illnesses occur in persons of all ages, and all ethnic, racial, educational, and religious groups. They do not discriminate. Mental illnesses appear in families of all backgrounds in every community across the country. Over four million youth experience a major mental illness that can result in significant problems at home, at school, and with peers. Among children and youth ages 9-17, on average there are one or two with serious emotional problems in virtually every classroom in the country. Over seven million older adults age 65 and older in the United States (20 percent of the older adult population) have a mental illness and that number is expected to double into 15 million people in the next three decades. Depression can occur along with other physical illnesses such as diabetes, cancer, and heart disease. Suicide rates are highest among Americans age 65 and older.

Only crazy people see shrinks.

What is the misconception?

Fact: People of all ages and all walks of life seek help from a variety of mental health professionals, including psychiatrists. Seeking out and accepting help are signs of positively coping and of preventing situations from getting worse.

If you talk about suicide, you won't attempt it.

What is the misconception?

Fact: Suicidal comments should **always** be taken seriously as they may lead to plans, attempts, or completions. If you are worried about yourself or another person, and do not know how serious the problem is, know where to get help. It's better to be safe than sorry.

ANTI-STIGMA

Do You Know the Facts?

- Mental illnesses affect five to nine percent of Wisconsin children and adolescents each year. That means, on average, that one or more students in every high school classroom could be affected.
- One in five families in Wisconsin is personally affected by mental illness.
- The impact of children's mental health on schools—teachers, classrooms, students, staff—can be significant.
- Mental illnesses are real, common, and treatable.
- Recovery is possible.
- A stigma is a cluster of negative attitudes and beliefs that motivate people to fear, reject, avoid, and discriminate against others with mental illnesses.
- A stigma is not just a matter of using the wrong word or action.
- Fortunately, everyone can do something to reduce stigma.
- Stigma is about disrespect.
- Fear of stigma and resulting discrimination discourages individuals and their families from getting the help they need.
- Untreated mental illness is associated with school absenteeism, below average or failing grades, and poor relationships.
- A stigma can cause discriminatory treatment toward youth and their families by their peers as well as by educators and community members.

One in five families in Wisconsin is personally affected by mental illness.

DOs

DO use respectful language such as: People first language (e.g., person who has schizophrenia, person who has asthma, person who has an eating disorder, NOT schizophrenic, OCD student, or diabetic, etc.).
DO emphasize abilities, not limitations.
DO tell someone if they express a stigmatizing attitude.

DON'Ts

DON'T portray successful persons with disabilities as super-human.
DON'T use a generic label such as retarded.
DON'T use terms like crazy, lunatic, manic-depressive, slow functioning, or normal.

Follow the Mental Health Road

Student Instructions

In this lesson you will focus on developing an understanding of the mental health continuum and the signs and symptoms associated with the spectrum.

In groups of four or five, you will be given a packet of signs, symptoms, key descriptive pictures, or key words that relate to mental well-being/distress.

Some of your answers will be placed in the middle because they may be situational or they may occur only once in a person's life.

Your task is to take three of the middle situational items and present three strategies that could move a person with this sign or symptom in either direction towards well-being or towards distress.

Example: The loss of a pet can be helped by a family funeral service and purchasing another pet. The loss of a pet can be made worse if the rest of the family repeatedly blames one person for the death of the animal.

You will present one of your middle items to the rest of the class with three strategies that could move the situation to well-being and three that might move it to mental distress.

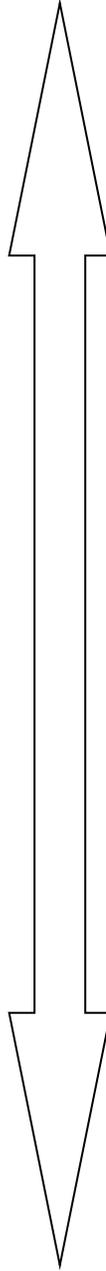
2

Mental health exists in a continuum of well-being to illness.

Mental
Illness

Situational

Mental
Well-being



Teacher Information

Curriculum Connections

Social Studies, Developmental Guidance, and Family and Consumer Education

Overview

This lesson will focus on developing an understanding of the mental health continuum and the signs and symptoms associated with the spectrum.

Requirement

Each group of four or five students will be given a packet of signs, symptoms, key descriptive pictures or key words that relate to mental well-being and mental distress.

Some of the answers will be placed in the middle because they may be situational or they may occur only once in a person's life.

The group's task is to take three of the middle situational items and present three strategies that will move a person with this sign or stigma in either direction towards well-being or towards mental distress.

Example: The loss of a pet can be helped by a family funeral service and purchasing another pet. However, this situation could be made worse if the rest of the family repeatedly blames one person for the death of that animal.

Please discuss with your students how many are not behaviors, the frequency (how often), severity (how extreme), and duration (how long) of signs and symptoms that impact mental illness.

Present a couple of examples of the situational events that could go in either direction, depending on how the situation was handled.

Time

One class period

Materials

The continuum graphic; pictures and words on the following pages.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Answers will vary from group to group.

Teacher Note:

The first set of descriptors is an overlay for the pictures in the next set. You can use these to help you direct the students when they do their presentation.

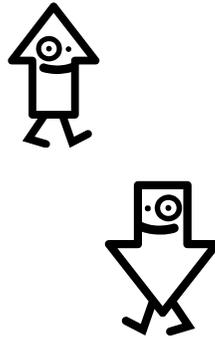
DESCRIPTORS		
Picture of alcohol	Picture of a person sad and crying	Picture of time management
Picture of person hitting computer	Picture with a symbol of ups and downs	Picture of person whispering in another's ear
Teacher helping student with art picture	Picture of family	Picture of risk-taker

DESCRIPTORS		
Picture of talking about your feelings	Picture of bullying	Picture of guy with fist
Picture of person sleeping	Picture of surfing	Picture of I hate my life
Picture of support	Picture of declining grades	Picture of giving away belongings

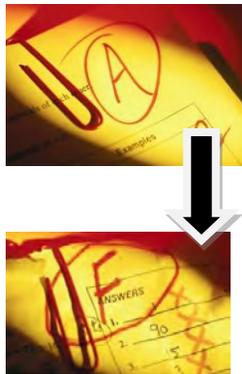
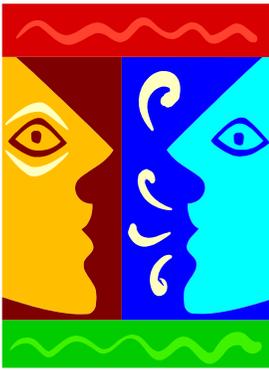
DESCRIPTORS		
Spend time with friends	Open communication with parents	Constantly being blamed by the rest of the family
Parents divorce	Sad for more than two weeks	Takes care of his/her physical health
Constantly has nightmares	Loss of Sleep	Respectable

DESCRIPTORS		
Handles conflicts easy	Grades in school	Flashbacks
Hallucinating	Behaviors done in the same way at the same time, such as washing one's hands	Being happy all the time
Perfectionist	Abraham Lincoln	Edgar Allen Poe

Descriptors in Picture Form



Descriptors in Picture Form



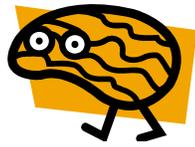
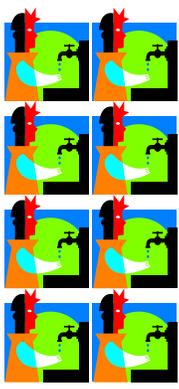
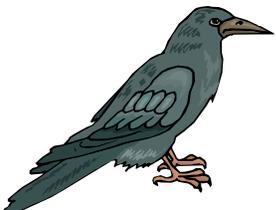
Giving Away Possessions



Descriptors in Picture Form

		<p>YOU... NEVER DO ANYTHING RIGHT!!! YOU MESS UP!! ALWAYS YOUR FAULT!! WHY CAN'T YOU EVER...</p> <p>YOU... YOU... YOU...</p> 
 <p style="writing-mode: vertical-rl; text-orientation: mixed;">D I V O R C E</p>	<p>Sad for more than 2 weeks</p> 	
 <p>night after night after...</p>		<p>Respectable</p>

Descriptors in Picture Form

 <p>HANDLES CONFLICT EASILY</p>	<p>A B C D Uh oh... F</p>	
<p>DO NOT DISTURB— HALLUCINATION IN PROCESS</p> 		<p>HAPPY HAPPY HAPPY HAPPY HAPPY HAPPY HAPPY HAPPY HAPPY HAPPY HAPPY</p> 
<p>P E R F E C T I O N</p>	 <p><i>Lincoln</i></p>	 <p><i>The Raven....</i> - EDGAR ALLEN POE</p>

The Good, the Bad, and the Ugly of Mental Illness in the Media

3

Student Instructions

In this lesson, you and a partner will be given three descriptions of characters in a fictional television story related to mental illness. Your task is to evaluate the description based on the following criteria from the National Alliance on Mental Illness:

1. Violence by those with mental illness.
2. Ways treatment is portrayed.
3. Ways medications are treated.
4. Mixed messages such as mixing drugs, using tobacco to solve medical problems, etc.

Then, your group will decide if the description of the person on the program was good (accurate and realistic), bad (had a few problems), or ugly (loaded with stigma causing references). Write an explanation to support your decision.

After a discussion of the analysis your group puts together, your group will develop a public service announcement designed to reduce stigma surrounding mental illness.

Assessment Criteria

Answers will be scored on the following:

1. How well and completely you analyze the roles described in the television program.
2. How well and completely you develop your anti-stigma public service announcement.

Three Programs with Mental Illness in the Plot

#1 Title: He's Back:

The lead character in the story is Bobby Joe Smith who has just come out of an institution for treatment for an anxiety disorder. When he returns from the hospital, he is portrayed as a violent sort doing such things as drop-kicking a stuffed dog as a remembrance of what he did to the family pet years before. There is always background laughter whenever he does it in the plot. He always smiles and looks at the audience when he sees a knife and says, "I would like to use that again." The plot continuously has him going back to his young therapist and dreaming of an affair. There are always jokes about the meds he is taking and references to the fact that he needs monumental doses to make a difference. Alcohol becomes water for Bobby Joe, especially when he mixes it with the medications he is taking for his illness.

#2 Title: Making a Difference:

The lead character is Ms. Jean Jones, a 27-year-old teacher working in an inner city school in the Bronx. She was diagnosed with Obsessive-Compulsive Disorder (OCD) when she was 13. She is very observant of the students in her language arts class and provides quality assignments that the students like to do. The students have a hard time understanding Ms. Jones' cleaning of the room after every class, and some of the students purposely leave candy wrappers and gum wrappers in strange locations to see if she finds them by the next day. The students find it very strange that she cleans the doorknob before entering the room. They call her "Ms. Clean Jeans." She has an incredible ability to pick up both verbal and non-verbal messages in class and the plot has her helping solve student problems related to relationships, home problems, and school issues in a creative, effective, and non-judgmental way.

#3 Title: Ups and Downs:

The lead character in this sitcom is Dr. Raymond Goggins, a psychiatrist. He likes to joke with patients and often makes jokes about the patient's behaviors or their treatment. Most of the program has a few light-hearted comments about the condition the patient is living with or jokes about the effectiveness of the medications that were prescribed.

Example: "You might need a shipping crate of anti-depressants to help you plan for the wedding." He always finishes the comments with, "That's a poor joke."

Teacher Information

Curriculum Connections

Family and Consumer Education, Social Studies, Developmental Guidance

Overview

Throughout the history of media, there have been some realistic and accurate portrayals of people living with mental illness. Television programs such as “Monk” are excellent examples. There are also some that make the mentally ill out to be violent criminals who cannot be helped in any way. This lesson will let students explore the good, the bad, and the ugly of the media, and how it can help reduce or cause stigma depending on the script.

Requirements

First, review how media is used to sell an idea or image. You can emphasize how famous examples such as Superman[®], the Marlboro[™] man, and MTV[™] try to sell an image. As a class, brainstorm people with mental illnesses that students remember from TV programs or that are portrayed in the movies. In addition, a discussion of the PSA’s in the DVD could be used as examples to help students develop their own messages.

Pairs of students will analyze one of three descriptions of a role in a new television program. Their task is to decide if the description is realistic and if there are problems, they should identify them. Scenario one is “ugly,” two is “good,” and three is “bad.”

After a brief class discussion, the pair will develop an anti-stigma public service announcement (PSA).

A follow-up activity could include students viewing “As Good As It Gets” with their parents to determine if they felt it was an accurate portrayal of mental illness.

Time

One class period, unless the PSA’s will be filmed. Then the activity may go on after school or into the next class period.

Materials

Paper, writing instruments, and a computer

Mass media can increase or reduce stigma related to mental illness, depending on how those with mental illness are portrayed.

Assessment Criteria

Answers will be scored on the following:

1. How well and completely the pair analyzes the roles described in the television program.
2. How well and completely the pair develops an anti-stigma Public Service Announcement.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion concepts
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Title: He's Back:

The lead character in the story is Bobby Joe Smith who has just come out of an institution for treatment for an anxiety disorder. When he returns from the hospital, he is portrayed as a violent sort doing such things as drop-kicking a stuffed dog as a remembrance of what he did to the family pet years before. There is always background laughter whenever he does it in the plot. He always smiles and looks at the audience when he sees a knife and says, "I would like to use that again." The plot always has him going back to his young therapist and dreaming of an affair. There are continuous jokes about the meds he is on and references to the fact that he needs monumental doses to make a difference. Alcohol becomes water for Bobby Joe, especially when he mixes it with the medications he is taking for his illness.

Analysis:

We think that this is an ugly portrayal of a person working to function as part of society. He is looked at as a bizarre and violent person who might like to hurt real animals and becomes relaxed when he sees knives. The mentally ill are many times the recipients of sexual assault and here he is portrayed as the perpetrator of sexual assault, not a victim. Drugs are portrayed in a casual sense, which could possibly scare the mentally ill from seeking proper mental health care. Even the title strains the "us versus them" stigma in terms of differences.

Scenario two is "good"; scenario three is bad.

The PSA might have as an example: *Understanding, Respect, and Love. People with mental illness need this URL everyday of their life. Please learn about mental illness; its causes, treatments, and misconceptions.*

May ‘MONK’* Be With You

Student Instructions

In this lesson, we are going to look at three scenes from the USA channel’s television program called “Monk.” Many of you may have seen the program. The basic premise of the series is that Monk has obsessive-compulsive disorder (OCD) and is a private investigator. He is extremely alert to the environment around him and portrays many of the behaviors associated with OCD. It is an award winning program from the National Alliance for the Mentally Ill for its portrayal of mental illness.

- Monk exhibits many behaviors that surprise and entertain viewers.
- He is able to understand his illness and be very successful.
- He has a support system that helps him function from day to day.

Your task is to view several scenes from the program and answer five questions. The final question puts you into the scene and asks what you could do to work with Monk both as a person with OCD and as a fellow investigator.

4

The television show, “Monk,” has won an award for its portrayal of mental illness.

*These lessons may only be reproduced for educational purposes. Courtesy of Universal Studios Licensing LLLP.

Questions Surrounding the Monk Television Clips

1. In the first scene, what were three behaviors that lead you to think that Monk might have OCD?
2. In the second scene, what were three behaviors that lead you to think that Monk might have OCD?
3. In the third scene, what were three behaviors that lead you to think that Monk might have OCD?
4. Choose one of the clips. Describe how the people around Monk treated him because of this OCD and whether their behavior was good, bad, or ugly.
5. If you were in the cast of “Monk” for the scene you chose in number 4, who would you be? Describe three ways you could assist Monk.

Teacher Information

Curriculum Connections

Developmental guidance, Family and Consumer Education, Social Studies

Overview

This lesson is going to explore the world of the modern media and how one television program, “Monk” portrays a person living with a mental illness and how significant others in his life help him live from day to day. The basic premise of the series is that Monk has obsessive-compulsive disorder (OCD) and is a private investigator. He is extremely alert to the environment around him and portrays many of the behaviors associated with OCD. It is an award winning program for its portrayal of mental illness.

- Monk exhibits many behaviors that surprise and entertain viewers.
- He is able to understand his illness and be very successful.
- He has a support system that helps him function from day to day.

Requirements

Instruction should focus on the different ways people can help someone with mental illness and how others can prevent stigma with respect to mental illness. The previous lesson could discuss how others can intervene in these situations to produce either a mentally healthy outcome or one that may result in a mentally distressing outcome.

OCD is a biological disease of the brain and is not caused by environmental factors such as bad parenting or economic status. Children who have OCD may have obsessive thoughts, repetitive impulses, and often engage in compulsive rituals to ease their anxiety.

This lesson will use three DVD clips from the television program “Monk”:

1. Mr. Monk and Little Monk—Monk is terrorized by a bully who gets chocolate frosting all over his shirt (this is the first time Monk asks for a wipe).
2. Mr. Monk Gets Jury Duty—Everyone complains as Monk takes forever to fill out a secret ballot. They decide that they have to work together to make this decision the right one.
3. Mr. Monk and the Astronaut—Monk is in the classroom giving a lecture and the kids taunt him with a laser pointer. Monk flees in horror and Natalie comforts him.

The students will observe Monk’s behavior and how others around him act in good, bad, and ugly ways.

Time

One class period

The television program, Monk, portrays a highly successful person who understands his mental illness.

Materials

Worksheet, writing materials, dvd player, and projector

Assessment Criteria

Answers will be scored on the following:

1. How well and completely the student completes the “Monk” worksheet.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Answer for a person in the script on Mr. Monk and Little Monk: I would be an observer of Monk getting bullied and step in and report the bully to the school administration.

Talking Points for Teachers:

It is likely that many students will laugh at parts of the “Monk” video segments. You can use this opportunity to contrast your student’s laughter with the laughter of the students in the “Mr. Monk and Astronaut” DVD clip. How is it the same? How is it different? Note: your students should not feel guilty about laughing at a TV program that is intended to be funny. At the same time, this provides an ideal opportunity for them to explore how we view other people’s challenges in their daily lives.

Questions you can ask for each scene:

BAKE SALE: What follow up should occur? What should Monk do? What should his friend do? How should the school staff interact with Monk, Bully, Bystander? How should the Bully be handled?

JURY SCENE: How could Monk have developed his own support system with the rest of the Jury? (Self Advocacy – inform the jurors right away). What are your feelings about the man (the man who wanted to smoke) who verbally attacked Monk? What do you think other jury members could have done to support Monk?

CLASSROOM SCENE: How could Monk’s partner have helped him? How might Monk self-advocate to the class? What should the other adults or non-bullying students do to support Monk?

Can You Hear Me Now? Awareness of the Signs

5

Student Instructions

You will be working in small groups of four or five on the following scenarios related to the signs of mental illness. Your group will determine what signs are being described and which mental illness the scenario portrays. The four mental illnesses to choose from are Depression, Obsessive-Compulsive Disorder, Bipolar Disorder, and Post-Traumatic Stress Disorder. In addition, a healthy normal adolescent without a diagnosis could be described. Your group will complete the worksheet listing the warning signs and possible disorder.

Be prepared to discuss your findings with the rest of the class.

Assessment Criteria

You will be scored on the following:

1. How effectively you complete your scenario analysis.
2. How well your group prepares and presents the warning signs.

Mental Illness Scenarios

Scenario: Stacy Norman, a 9/11 survivor.

Stacy was one of the lucky ones who came out of the 9/11 tragedy without any major physical injuries. This is not to say that the experience has been easily forgotten. Prior to 9/11, Stacy worked on the 18th floor of the Federal Reserve building as a human relations manager. She still is in the field of human relations, but no longer can be in a large, multi-level building. Stacy completely relocated back to her home state and city of Huntington, Long Island. It is very hard for Stacy to even talk about what she has been through even after several years. Lots of everyday luxuries for you and me are no longer ideal for Stacy, such as the use of elevators, escalators, stair wells, and watching movies or TV shows with collapsed buildings or even being near loud working areas.

Scenario: Wanda, observations by her sister.

Wanda used to be one of the funniest people I have ever seen. That changed when she got into her senior year. Suddenly, she became quiet and stopped hanging out with us. She seemed sad all the time and rarely came out of her room after supper. We think the change came when she broke up with her boyfriend, Tommy. I am worried about her and do not know what to do.

Scenario: Tom, the four-year high school football letter winner.

At our high school, Tom Ross is known as the “All American” football star. Everyone knows Tom will be playing pro in years to come. No matter where or when, you can find Tom watching old football tapes, going over football plays, or talking about football. If you were ever in Tom’s room, you could find football memorabilia still in their original packaging and a huge sign stating “DO NOT TOUCH!” You will also find Tom cleaning all of his memorabilia with the #2 Scotch Guard™ cleaning pad at precisely 6:20 a.m. every day. Before and after cleaning his memorabilia, Tom will wash his hands for 10 minutes straight with Lava™ hand soap and dry his hands four times using four different towels.

Scenario: Michael's best friend, Tony, has written a poem about Michael.

His teachers don't understand him,
Sometimes neither do I.
From his friends to his parents,
They all ask why?

Michael will play the class clown,
Joking around all the time.
People will laugh or shake their head,
He didn't think it was such a crime.

He liked to keep a journal,
His inner thoughts only he knew.
His behavior was complex,
Every experience is oh so new.

I know people will think it's weird,
That Michael acts as he does.
But I still think the world of him,
And all the things he does.

Scenario: Young girl brings artwork home to her mom.

Lisa is a six-year-old kindergartner. She loves school and brings her creations home to show her mom whenever possible. One day, Lisa brings home a picture she made in class. When she shows it to her mom, her mom is overjoyed. She tells Lisa it is the most wonderful picture and hangs it on the refrigerator. She tells Lisa it is the most wonderful thing she has ever seen, calls Grandma to tell her about it, and they take Lisa out for ice cream to celebrate. Lisa is so happy. Mom is fun, talkative, and full of energy. She never seems to get tired and is always doing a million things.

Several weeks later, Lisa's kindergarten teacher tells the class they will be able to make another picture to take home. Lisa decides to make this picture even better than the last. She loves to see her mother happy and busy, but lately she seems sad and tired. Little things seem to make her cry. Lisa works hard on her picture using lots of colors and designs. The teacher tells her she did a great job and Lisa hurries home to show it off to her mom.

When she gets home, the house is dark and the curtains are closed. Mom is in bed and doesn't greet Lisa when she comes into her room. Lisa jumps on the bed to show Mom the greatest picture ever. Mom hardly looks at it, tells Lisa she doesn't feel well and that she needs to be quiet and leave her alone. Lisa leaves the bedroom wondering what she did wrong.

Scenario Analysis (To be done with each scenario)

What were the signs of the possible mental illness?

What mental illness was being described in this scenario?

Teacher Information

Curriculum Connections

Developmental Guidance, Family and Consumer Education, and Social Studies

Overview

This lesson will explore the various warning signs of mental illness. Some of these warning signs can be physical, behavioral, and/or emotional in nature. Keep in mind that all are treatable.

Requirements

The students will be working in small groups of four or five. The scenarios will be provided in this lesson. Each group will be in charge of determining what signs are being described and the mental illness this scenario portrays. The four mental illnesses are: Depression, Obsessive-Compulsive Disorder, Bipolar, Post-Traumatic Stress Disorder, and a description of a healthy normal adolescent without a diagnosis. By changing the warning signs, you can make these scenarios usable for any mental disorder. The group will complete the worksheet listing the warning signs and possible disorder.

A follow-up discussion will take place as a large group.

You may want to discuss some general signs of mental illnesses before this lesson. When behaviors are repeated (frequency) and start to interfere with a person's daily life (severity) and happen over a long period of time (duration), this might be an indication of a possible mental illness.

Time

This activity will take one class period. You may want to discuss some basic mental illness signs prior to the activity.

Materials

Six scenarios of mental illnesses, mental illness worksheet

Assessment Criteria

Answers will be scored on the following:

1. How effectively the students complete their scenario analysis.
2. How well the groups prepare and present the warning signs.

Wisconsin Health Education Standards	
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Mental Illness Scenarios

Scenario: Stacy Norman, a 9/11 survivor. Post-Traumatic Stress Disorder

Stacy was one of the lucky ones who came out of the 9/11 tragedy without any major physical injuries. This is not to say that the experience has been easily forgotten. Prior to 9/11, Stacy worked on the 18th floor of the Federal Reserve building as a human relations manager. She still is in the field of human relations, but no longer can be in a large, multi-level building. Stacy completely relocated back to her home state and city of Huntington, Long Island. It is very hard for Stacy to even talk about what she has been through even after several years. Lots of everyday luxuries for you and me are no longer ideal for Stacy, such as the use of elevators, escalators, stair wells, and watching movies or TV shows with collapsed buildings or even being near loud working areas.

Scenario: Wanda, observations by her sister. Depression

Wanda used to be one of the funniest people I have ever seen. That changed when she got into her senior year. Suddenly, she became quiet and stopped hanging out with us. She seemed sad all the time and rarely came out of her room after supper. We think the change came when she broke up with her boyfriend, Tommy. I am worried about her and do not know what to do.

Scenario: Tom, the four-year high school football letter winner. Obsessive-Compulsive Disorder

At our high school, Tom Ross is known as the “All American” football star. Everyone knows Tom will be playing pro in years to come. No matter where or when, you can find Tom watching old football tapes, going over football plays, or talking about football. If you were ever in Tom’s room, you could find football memorabilia still in their original packaging and a huge sign stating “DO NOT TOUCH!” You will also find Tom cleaning all of his memorabilia with the #2 Scotch Guard™ cleaning pad at precisely 6:20 a.m. every day. Before and after cleaning his memorabilia, Tom will wash his hands for 10 minutes straight with Lava™ hand soap and dry his hands four times using four different towels.

Scenario: Michael's best friend Tony has written a poem about Michael. No Known Mental Illness

His teachers don't understand him,
Sometimes neither do I.
From his friends to his parents,
They all ask why?

Michael will play the class clown,
Joking around all the time.
People will laugh or shake their head,
He didn't think it was such a crime.

He liked to keep a journal,
His inner thoughts only he knew.
His behavior was complex,
Every experience is oh so new.

I know people will think it's weird,
That Michael acts as he does.
But I still think the world of him,
And all the things he does.

Scenario: Young girl brings artwork home to her mom. Bipolar Disorder

Lisa is a six-year-old kindergartner. She loves school and brings her creations home to show her mom whenever possible. One day, Lisa brings home a picture she made in class. When she shows it to her mom, her mom is overjoyed. She tells Lisa it is the most wonderful picture and hangs it on the refrigerator. She tells Lisa it is the most wonderful thing she has ever seen, calls Grandma to tell her about it, and they take Lisa out for ice cream to celebrate. Lisa is so happy. Mom is fun, talkative, and full of energy. She never seems to get tired and is always doing a million things.

Several weeks later, Lisa's kindergarten teacher tells the class they will be able to make another picture to take home. Lisa decides to make this picture even better than the last. She loves to see her mother happy and busy, but lately she seems sad and tired. Little things seem to make her cry. Lisa works hard on her picture using lots of colors and designs. The teacher tells her she did a great job and Lisa hurries home to show it off to her mom.

When she gets home, the house is dark and the curtains are closed. Mom is in bed and doesn't greet Lisa when she comes into her room. Lisa jumps on the bed to show Mom the greatest picture ever. Mom hardly looks at it, tells Lisa she doesn't feel well and that she needs to be quiet and leave her alone. Lisa leaves the bedroom wondering what she did wrong.

Sample Response

Scenario: Tom, the four-year high school football letter winner.

*At our high school, Tom Ross is known as the “All American” football star. Everyone knows Tom will be playing pro in years to come. No matter where or when, you can find Tom watching old football tapes, going over football plays, or talking about football. If you were ever in Tom’s room, **you could find football memorabilia still in their original packaging and a HUGE sign stating “DO NOT TOUCH!”** You will also find Tom cleaning all of his memorabilia with the number 2 Scotch Guard™ cleaning pad, at precisely 6:20 a.m. every day. Before and after cleaning his memorabilia, Tom will wash his hands for 10 minutes straight with Lava™ hand soap and dry his hands four times using four different towels. (Bold sentences are the signs of a mental illness.)*

We think that this is an example of OCD because the behaviors are planned, repetitive, and rigid.

The Biggest Winner: Reducing Stigma

6

Student Instructions

Now that you have learned about mental illnesses and stigma, you will be asked to imagine the specific kinds of stigmatizing behaviors people are subjected to and their effects.

Your teacher will divide the class into groups. You will be provided with a short scenario describing Juanita, a girl with bipolar disorder. Each group will be asked to do the following:

1. Review Juanita's Story handout.
2. Discuss and record on poster paper your group's answers to the following questions:
From your experiences, what kinds of stigmatizing behaviors might Juanita be subjected to in the family? At school? In the community?
What impact might these stigmas have on Juanita on a daily basis?
3. Discuss with your group how you (or someone your age) would feel if you had to experience such treatment.

Next you will have the opportunity to vote on your reaction to the stigmatizing behaviors discussed. You will be given a sheet of colored dots that you can utilize for this purpose.

Assessment Criteria

Answers will be scored on the following:

1. How well you present appropriate answers to the questions assigned.

*Mental illness is nothing
to be ashamed of, but
stigma and bias shame us
all.*

—Bill Clinton

JUANITA'S STORY

Juanita ran into several difficulties in the latter part of elementary school, and her grades deteriorated when she transitioned into middle school. Her family was unsure about the ups and downs of Juanita's behaviors. She had always been bouncy, energetic, and creative, but at times she seemed unusually animated. Just before starting high school, Juanita's behavior was a tremendous concern for the family. She would stay up all night, rarely eat, and seemed to possess a ton of energy. Other times, she slept all day, hardly spoke to anyone, and locked herself in her room. She seemed to snap at people in a grumpy and even hostile tone. At first, the family thought she might be using drugs. Juanita eventually ran away for three days.

At school, Juanita's behavior also proved unpredictable. Some days, or parts of days, she was bubbly and animated—often to an exaggerated degree. On those days, she often dominated class discussion and conversations with friends. Other days, she isolated herself from other students, kept her eyes downcast, and often sat and ate alone. She would refuse to join in conversations and activities and communicated only argumentatively.

In the community, Juanita was impatient, appeared annoyed at others as her behavior varied between very impulsive to rigid. Her dress could be bizarre and flamboyant, and she sometimes talked to herself. At times, she violated the personal space of others, while other times she would withdraw completely.

Modified from *Eliminating Barriers to Learning: Social and Emotional Factors that Enhance Secondary Education*, available through SAMHSA (see Mental Illness Fact Sheet in front of book).

Teacher Information

Curriculum Connections

Developmental Guidance, Physical Education, Psychology, Family and Consumer Education

Overview

This activity can be utilized to identify the definition of stigma, recognize stigmatizing behaviors, and empathize with those who may experience such negative behaviors.

Requirements

Students will be divided into cooperative groups of three to four students. Each group will do each of the following as part of this lesson.

1. Through the use of the Anti-Stigma Do You Know Handout, introduce the concept of *stigma*.
2. Ask students to create their own definition of *stigma* and share these with the class.
3. Have a student look up *stigma* in the dictionary and share that definition with the class.
4. Show overhead with the definition of stigma.
5. Ask for examples of stigmatizing behavior.
6. Divide class into cooperative groups of three to four students.
7. Have the students read Juanita's Story.
8. Have students answer the questions for Juanita's Story.
9. Students will be asked to select their two strongest feelings by placing the colored dots next to the appropriate feelings on the class list.

What is Stigma? (Definition)

Stigma is a cluster of negative attitudes and beliefs that motivate people to fear, reject, avoid, and discriminate against others with mental illness.

Anti-Stigma: Do You Know The Facts? (Teacher Handout)

How Stigma and Discrimination Keep Teens and Families from Getting Help (Handout)

Stigma, Discrimination, and Help-Seeking Behavior

What (Identification)

Why (Referral)

Where (Treatment)

The Teacher's Role (Guide)

Time

One class period

Materials

Colored sticker dots (two dots per student)

Masking tape

Poster paper enough for one sheet per group of three to four students

What We Can Do To Counter Stigma (Handout/Slide)

Anti-Stigma: Do You Know The Facts? (Student Handout)

Juanita's Story (Student Handout)

You could enhance this lesson by using the following overheads from Eliminating Barriers for Learning (SAMHSA Curriculum):

What is Stigma?

How Stigma Keeps Teens and Their Families from Getting Help Stigma, Discrimination, and Help-Seeking Behavior

Assessment Criteria

Answers will be scored on the following:

1. How well the students present appropriate answers to the questions assigned.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion concepts
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Answers will vary from group to group.

Taking Action: Practicing the Skill of Helping Someone with Mental Illness

7

Student Instructions

You have been looking at issues surrounding mental illness in terms of misconceptions, stigmas surrounding mental illness, the mental health-illness continuum, and the impact of the media on stigma. In this lesson you create an action plan script to assist individuals that have a mental illness through the use of the skill “A.C.T.(T.)”

Avoid labeling and use correct terminology

Care for people with mental illnesses

Treat people with mental illness with respect and dignity and, when necessary

Tell someone who can help

Keeping this acronym in mind, your group of three or four will be given one of five scenarios describing young people who are in need of help. Your task is to write a script where you apply A.C.T.(T.) to assist the individual presented in the scenario. You may utilize any previous handouts to aid you in your work (the misconception sheet, the anti-stigma handout, and the descriptor pages). Each group will present its script to the class and will answer questions posed to them from the rest of the class.

Assessment Criteria

Answers will be scored on the following:

1. How well and completely your group develops its script and includes the A.C.T.(T.) skill.
2. How appropriately and completely your group presents its script to the rest of the class.
3. How completely and correctly your group demonstrates the ability to handle questions from the rest of the class.

Sometimes, I get so consumed by depression that it is hard to believe that the whole world doesn't stop and suffer with me.

—Elizabeth Wurtzel,
Prozac Nation

Scenario #1 Anxiety—Panic Disorder

Marquis has always been a rather nervous person, preferring to spend time alone or with his long-time next door friend. He rarely raises his hand to answer a question in class. When walking through the hallways at school, he focuses on the floor, never making eye contact. He is not involved in school activities, but has become quite a good chess player as a result of his nightly matches with his grandma. He also sorts donated food at his church food pantry, a job he can do alone.

Marquis' freshman English class includes a speech unit where each student must research, prepare, and present a speech on a topic of current interest. He has been worrying about this second semester assignment since school began. When thinking about it, Marquis feels nauseous and dizzy. Last week, he awoke in a cold sweat, heart racing, and had strong chest pains. He thought he was having a heart attack. The thought of going to school has begun to panic him. He is now afraid that if he goes to speech class, he will actually die.

When his friend from next door came to pick him up for school today, he found him hiding in his darkened room. Marquis' grandma had already left for work.

“How can I help him?” he thought. “What can I say?”

Scenario #2 Teen Depression

Sam was an active participant in class activities until the eleventh grade. He loved drama and music, but also excelled in track. He was conference champion in the 800-meter run as a sophomore and had dreams of winning state in two years. That all changed over the summer before his junior year. Sam was seemingly nowhere to be found. He never came to the summer running club, did not try out for the summer community musical, or come to the junior class summer swim parties at Jessica Riley's pool. It seems like he fell off the face of the earth, and you become very worried because you have seen him in his yard sitting on a chair looking into space. You decide to go to Sam's house and have a talk with Sam.

As you enter his darkened room, you say, “Boy, do we miss you, Sam. I haven't seen you all summer.”

Scenario #3 Bulimia

Yolanda was a popular eighth grader at Mitchum Middle School. She had a great future ahead of her because she was a gifted dancer and won the eighth grade talent contest with her singing and dancing performance. During May, practice and tryouts began for the cheerleading squads at the high school, and Yolanda thought she was a shoe-in to make the varsity team. As she was dressing for the final practice before tryouts, she overheard Stephanie and Tanya talking about how they thought Yolanda had gained weight and might have trouble making more than the freshman cheerleader's squad, a team which everyone makes.

She was shocked, and that night after the family meal she went upstairs into the bathroom and forced herself to throw up. This pattern continued to get worse and worse. In addition, sores on the corners of her mouth are becoming larger and larger. Every time Yolanda went with her friends to get something to eat she went to the bathroom immediately after. You are noticing this behavior and decide to follow her after a night at the drive-in. The sounds were unmistakable. She was vomiting violently. You confront her.

“Yolanda, this scares me. I know you have been doing this for a long time and I am very worried.”

Scenario #4 Obsessive-Compulsive Disorder

Maria is 14 years old and an eighth grader. She is friendly, fun-loving, and outgoing with many friends. She loves science, has a lead in the school musical, and plays flute in band/jazz bands.

Lately, she has been showing some strange behaviors. At first, her friends all laughed, thinking she was being funny. Now she is acting more silly and saying odd things. She can be observed counting floor and ceiling tiles. At every doorway, she crosses through three times before entering or leaving rooms. She washes her hands constantly, talking about needing to clean off the germs. She has difficulty concentrating and is easily distracted. Lately, she arrives late to class, band, lunch, and play practice.

Maria has changed and she has not told her friends what is going on with her. They all like her and want to help in any way they can....

Rock bottom is feeling like the only thing that matters in all of life is the one bad moment. . . . Rock bottom is everything out of focus. it's a failure of vision, a failure to see the world as it is, to see the good in what it is, and only to wonder why the hell things look the way they do and not—and not some other way. As if there were any way that might look right from behind that depressive fog.

—Elizabeth Wurtzel,
Prozac Nation

Scenario #5 Bipolar Disorder

Eric is a tenth grader at Storyville High School. He is a real puzzle to those who know him. His family, teachers, and few friends never know how to react to Eric. Eric can be a chatterbox at times. In fact, he often talks too much, too fast, changes topics too quickly, and often jumps from subject to subject. Eric's family is very concerned because he stays up very late and functions on very little or no sleep.

On some days, Eric cannot sit still. He often engages in risky behaviors or activities. He never thinks of his health or safety. On other days, he is very sad or irritable. He can hardly wake up and often falls asleep in class. He appears to have no energy at all. On these days, Eric tells others how worthless he is and how much he doesn't like himself. He often complains about headaches, muscle aches, stomach aches, and is frequently absent from school.

Eric is a hard person to figure out.

Teacher Information

Curriculum Connections

Developmental Guidance, Family and Consumer Education, Social Studies

Overview

This lesson is designed to get students to practice the skill A.C.T.(T.) that consists of the following components:

Avoid labeling and use correct terminology

Care for people with mental illnesses

Treat people with mental illness with respect and dignity and when necessary

Tell someone who can help

The students can use any of the previous handouts as they go through this lesson.

Requirements

In groups of three or four, students will read the introductory scenarios assigned to them. They are then to develop a script that must include at least three references to issues and skills such as not labeling, using correct terminology, showing care for the individual, treating a person with respect and dignity, and assisting a person in getting help. The group will then read their script or act it out if you want them to and where it is appropriate in the given class time.

Present the skill with the acronym A.C.T.(T.) in an organized way. Remind students that they have explored types of mental illness in previous lessons.

A follow-up question and answer session will take place after each presentation.

Time

One class period

Materials

Scenarios that address five different mental illnesses, previous information sheets and descriptors, and writing instruments

Assessment Criteria

Answers will be scored on the following:

1. How well and completely the group develops its script and includes the A.C.T.(T.) skill.
2. How appropriately and completely the group presents its script to the rest of the class.
3. How completely and correctly the group demonstrates the ability to handle questions from the rest of the class.

I am afraid. Afraid of managing the desolation of each second. Afraid that I won't make it to the next hour. These feelings are still so alien to me. Time used to be something I loved to play with, to tease, to race. But there is no contest now.

—Martha Manning,
*Undercurrents:
A Life Beneath
the Surface*

	Wisconsin Health Education Standards
A	Disease prevention and health promotion concepts
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Sam has been an active participant in class activities all the way until the eleventh grade. He loved drama and music but also excelled in track. He was conference champion in the 800-meter run as a sophomore and had dreams of winning state in two years. That all changed over the summer before his junior year. Sam was seemingly nowhere to be found. He never came to the summer running club, did not try out for the summer community musical or come to the junior class summer swim parties at Jessica Riley's pool. It seems like he fell off the face of the earth, and you become very worried because you have seen him in his yard sitting on a chair looking into space. You decide to go to Sam's house and have a talk with Sam.

As you enter his darkened room, you say, "Boy, do we miss you, Sam. I haven't seen you all summer."

Sam: Ya, I just want to chill this summer.

You: But what about the things you liked to do so much? I haven't seen you at one club run or at any of Jessica's pool parties.

Sam: I just have been busy around the house this summer.

You: I am very concerned about you Sam and worried—you seem to be depressed. You didn't even look happy to see me, your best friend.

Sam: I am happy to see you, but I just don't show it.

You: As I said, I am very worried about you, Sam. You seem like you could be depressed or down in the dumps about something.

Sam: Just stay out of my business.

You: I asked Ms. Carroll about your change, and she is worried too. We both are going to help. There are lots of people with depression, and they are helped all the time. Ms. Carroll is contacting your parents today and I am going to be a part of your life the rest of the summer until you are back to your old self.

Sam: Well, what if I don't want help?

You: If you don't go to get the help we set up, I will go by myself because I care about you too much.

Some struggles are so solitary that they drown in words.

—Martha Manning,
*Undercurrents:
A Life Beneath
the Surface*

Scenario #1 Anxiety—Panic Disorder

Marquis has always been a rather nervous person, preferring to spend time alone or with his long-time next door friend. He rarely raises his hand to answer a question in class. When walking through the hallways at school, he focuses on the floor, never making eye contact. He is not involved in school activities, but has become quite a good chess player as a result of his nightly matches with his grandma. He also sorts donated food at his church food pantry, a job he can do alone.

Marquis' freshman English class includes a speech unit where each student must research, prepare, and present a speech on a topic of current interest. He has been worrying about this second semester assignment since school began. When thinking about it, Marquis feels nauseous and dizzy. Last week, he awoke in a cold sweat, heart racing, and had strong chest pains. He thought he was having a heart attack. The thought of going to school has begun to panic him. He is now afraid that if he goes to speech class, he will actually die.

When his friend from next door came to pick him up for school today, he found him hiding in his darkened room. Marquis' grandma had already left for work.

“How can I help him?” he thought. “What can I say?”

Scenario #2 Teen Depression

Sam has been an active participant in class activities all the way till the eleventh grade. He loved drama and music, but also excelled in track. He was conference champion in the 800-meter run as a sophomore and had dreams of winning state in two years. That all changed over the summer before his junior year. Sam was seemingly nowhere to be found. He never came to the summer running club, did not try out for the summer community musical or come to the junior class summer swim parties at Jessica Riley's pool. It seems like he fell off the face of the earth, and you become very worried because you have seen him in his yard sitting on a chair looking into space. You decide to go to Sam's house and have a talk with Sam.

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Scenario #3 Bulimia

Yolanda was a popular eighth grader at Mitchum Middle School. She had a great future ahead of her because she was a gifted dancer and won the eighth grade talent contest with her singing and dancing performance. During May, practice and tryouts began for the cheerleading squads at the high school, and Yolanda thought she was a shoe-in to make the varsity team. As she was dressing for the final practice before tryouts, she overheard Stephanie and Tanya talking about how they thought Yolanda had gained weight and might have trouble making more than the freshman cheerleader's squad, a team which everyone makes.

She was shocked, and that night after the family meal she went upstairs into the bathroom and forced herself to throw up. This pattern continued to get worse and worse. Every time Yolanda went with her friends to get something to eat she went to the bathroom immediately after. You are noticing this behavior and decide to follow her after a night at the drive-in. The sounds were unmistakable. She was vomiting violently. You confront her.

"Yolanda, this scares me. I know you have been doing this for a long time and I am very worried."

Scenario #4 Obsessive-Compulsive Disorder

Maria is 14 years old and an eighth grader. She is friendly, fun-loving, and outgoing with many friends. She loves science, has a lead in the school musical, and plays flute in band/jazz bands.

Lately she has been showing some strange behaviors. At first, her friends all laughed, thinking she was being funny. Now she is acting more silly and saying odd things. She can be observed counting floor and ceiling tiles. At every doorway she crosses through three times before entering or leaving rooms. She washes her hands constantly, talking about needing to clean off the germs. She has difficulty concentrating and is easily distracted. Lately she arrives late to class, band, lunch, and play practice.

Maria has changed and she has not told her friends what is going on with her. They all like her and want to help in any way they can....

A large proportion of my best friends are a little bit crazy. . . . I try to be cautious with my friends who are too sane. Depression is itself destructive, and it breeds destructive impulses: I am easily disappointed in people who don't get it.

—Andrew Solomon,
The Noonday Demon

Scenario #5 Bipolar Disorder

Eric is a tenth grader at Storyville High School. He is a real puzzle to those who know him. His family, teachers, and few friends never know how to react to Eric. Eric can be a chatterbox at times. In fact, he often talks too much, too fast, changes topics too quickly, and often jumps from subject to subject. Eric's family is very concerned because he stays up very late and functions on very little or no sleep.

On some days, Eric cannot sit still. He often engages in risky behaviors or activities. He never thinks of his health or safety. On other days, he is very sad or irritable. He can hardly wake up and often falls asleep in class. He appears to have no energy at all. On these days, Eric tells others how worthless he is and how much he doesn't like himself. He often complains about headaches, muscle aches, stomach aches, and is frequently absent from school.

Eric is a hard person to figure out....

Mind Smart Review

8

Student Instructions

You will be placed in teams of three to four and will be competing with other teams to attain the highest points possible.

Two random letters will be displayed on the board. Your task is to come up with as many words in the unit on mental illness awareness that we have discussed in the unit that has those two letters in it (example “P” and “B”—Phobia, Bipolar or Obsessive-Compulsive could all be possible words of merit).

The three focal points of the words that you can use are:

- a. Types of illnesses we covered in class
- b. Behaviors associated with mental illness
- c. Ways people can apply A.C.T.(T.) to help people with mental illness

You will be shown two letters and then allotted five minutes to identify as many words in the three categories above. At the same time, you will be asked to answer one teacher-determined question from the following possibilities for two bonus points. Both the word and the answer to the posed question need to be written down. At the end of five minutes, a runner will submit your paper to the teacher or assigned judge. Possible questions are:

- What are two physical symptoms associated with this word?
- What is a possible treatment used with this word?
- What is a possible stigma associated with this word?
- What classification of mental illness does this word fall under?
- Name one possible preventable measure used to protect yourself from this word.
- What are two mental/emotional symptoms associated with this word?
- What is one myth associated with this word?
- Name someone or someplace you would go to for help with this word.
- Explain one norm associated with this word.
- What are two behavioral systems associated with this word?

Your teacher controls the two letters used and the accompanying question, while keeping a running tally of the teams’ scores. You may challenge the accuracy of other teams’ responses by raising your hand. If your challenge is accepted, no points are awarded. End of the game rewards will be determined by your teacher.

Assessment Criteria

Answers will be scored on the following:

1. How completely and correctly your group demonstrates the ability to create words from provided letters in the world of mental illness.
2. How completely and correctly your group demonstrates the ability to respond to the proposed question.

*If you would lift me up, you
must be on higher ground.*
—Ralph Waldo Emerson

Teacher Information

Curriculum Connections

Family and Consumer Education, Language Arts, Physical Education

Overview

There are a number of ways to process student knowledge, skills, and attitudes. The use of a review game is one way that this can happen. The game “Mind Smart Review” helps students connect key vocabulary terms about the world of mental illness in a valuable way. Here is an outline of how the game is played:

1. Students are placed in teams of three to four and will be competing with other groups to attain the highest points possible.
2. Two random letters will be displayed on the board. The group’s task is to come up with as many words in the world of mental illness that they have discussed in the unit that has those two letters in it (example “P” and “B”—Phobia, Bipolar or Obsessive-Compulsive could all be possible words of merit). A maximum of three words can be used. The three categories to be used to come up with as many vocabulary words as possible are:
 - Types of illnesses we covered in class
 - Behaviors associated with mental illness
 - Ways people can apply A.C.T.(T.) to help people with mental illness
 - a. Suggested letter combinations:
 - i. “T” and “O” (Ex. Eating disorder)
 - ii. “E” and “D” (Ex. Eating disorder)
 - iii. “M” and “E” (Ex. Mental Illness)
 - iv. “U” and “L” (Ex. Obsessive-Compulsive disorder)
 - v. “S” and “R” (Ex. Schizophrenia)
 - vi. “I” and “P” (Ex. Bipolar disorder)
 - vii. “A” and “N” (Ex. Anxiety disorder)
 - viii. “O” and “I” (Ex. Obsessive-Compulsive disorder)
3. The students will be shown two letters and then allotted five minutes to identify as many words found in the mental illness world for one point. Teams may not use a word more than once, but they may use different forms of the same word (if the word “phobia” was used previously, the word itself may not be used again, but “claustrophobia” or “agoraphobia” may be used). Simultaneously, students will be asked to answer one teacher-determined question from the following possibilities for two points:
 - What are two physical symptoms associated with this word?
 - What is a possible treatment used with this word?
 - What is a possible stigma associated with this word?
 - What classification of mental illness does this word fall under?

*In helping others, we shall
help ourselves, for
whatever good we give
out completes the circle
and comes back to us.*

—Flora Edwards

- Name one possible preventable measure used to protect yourself from this word.
- What are two mental/emotional symptoms associated with this word?
- What is one myth associated with this word?
- Name someone or someplace you would go to for help with this word.
- Explain one norm associated with this word.
- What are two behavioral systems associated with this word?

After five minutes, teacher says “Time!” Students will bring up written responses.

1. Teacher controls the two letters used and the accompanying question, while keeping a running tally of the group’s scores.
2. Rewards can be linked to: points, healthy snacks, value of learning.

Requirements

The students should have received lessons focusing on norms, the mental health illness continuum, symptoms and treatments, warning signs, stigmas and myths, the application of the A.C.T.(T.) skills, mental health services and resources, and any other related information about mental illness that you deem valuable.

- Teacher should predetermine groups prior to class.
- Accuracy of the responses should be determined by the other groups first. The only way to challenge an incorrect response is for students to raise their hands.
- If the challenge is correct, no points are awarded.
- The award system should be communicated in advance and distributed at the end of the game (bottled water, extra points on the grade, etc.).

Time

This task will take one class period.

Materials

Overhead projector or chalk board/wipe board.

Assessment Criteria

Answers will be scored on the following:

1. How completely and correctly the group demonstrates the ability to create words from provided letters in the world of mental illness.
2. How completely and correctly the group demonstrates the ability to respond to the proposed questions.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion concepts
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

If you light a lamp for somebody, it will also brighten your path.
—Buddhist Saying

Sample Response

Responses and results of the game will vary from group to group.

Help Wanted

9

Student Instructions

You will be working in pairs to create a three-column brochure that raises awareness and understanding of a certain mental illness. You will use a computer or handwrite/draw the brochure. Brochure requirements will include:

- A description of the mental illness
- The classification of the mental illness
- At least three signs/symptoms of the mental illness
- At least two other interesting facts/statistics
- At least three resources for help/treatment including:
 - Two local organizations with current phone numbers
 - One regional organization with the website
 - One national organization with the website
- Neatness and creativity

Assessment Criteria

Answers will be scored on the following:

1. How well and completely you complete the brochure on mental illness using the scoring rubric provided below:

Mental Health Brochure Rubric

____/5 Points	Description of the Mental Illness
____/5 Points	Classification of the Mental Illness
____/6 Points	Signs and Symptoms of the Mental Illness (at least three)
____/9 Points	Resources for Help (two local, one regional, one national)
____/4 Points	Other Interesting Facts/Statistics (at least two)
____/6 Points	Reader Friendly/Neatness/Creativity
____/35 Points	Total Points

Teacher Information

Curriculum Connections

Family and Consumer Science, Language Arts, Developmental Guidance, Social Studies

Overview

Students working in pairs will create a three-column brochure that raises awareness and understanding of a certain mental illness. Students will use a computer or handwrite/draw the brochure. Brochure requirements will include:

- A description of the mental illness
- The classification of the mental illness
- At least three signs/symptoms of the mental illness
- At least two other interesting facts/statistics
- At least three resources for help/treatment including:
 - Two local organizations with the phone numbers
 - One regional organization with the website
 - One national organization with the website

Requirements

The students should have received lessons focusing on the world of mental illness, including accessing resources. Upon randomly selecting a mental illness with their assigned partner, students will search the provided websites and create a brochure based on the assessment criteria outlined in the rubric.

The students should have received lessons focusing on the world of mental illness, including accessing resources. Upon randomly selecting a mental illness with their assigned partner, students will search the provided websites and create a brochure based on the assessment criteria outlined in the rubric.

Time

One to two class periods

Materials

Resources (phone books, list of resource options), access to a computer lab, list of mental illness options, access to brochure template (Microsoft Publisher, etc.), example of brochures.

Possible Mental Illness Options:

- Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Phobias
- Hypochondria
- Anorexia Nervosa
- Bulimia

In everyone's life, at some time, our inner fire goes out. It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle the inner spirit.

—Albert Schweitzer

- Clinical Depression
- Bipolar Disorder
- Passive Aggressive Disorder
- Anti-social Personality Disorder
- Tourette's Syndrome
- Autism
- Alzheimer's
- Dementia
- Seasonal Affective Disorder
- Multiple Personality Disorder
- Binge Eating/Drinking Disorder

Possible List of Resources for Students:

Annenberg Foundation
 copecaredeal.org

National Mental Health Association
 www.nmha.org

Wisconsin United for Mental Health
 www.wimentalhealth.org

National Alliance for the Mentally Ill
 www.nami.org

Assessment Criteria

Answers will be scored on the following:

1. How well and completely the student group completes their brochure using the scoring rubric below:

Mental Health Brochure Rubric

_____ /5 Points	Description of the Mental Illness
_____ /5 Points	Classification of the Mental Illness
_____ /6 Points	Signs and Symptoms of the Mental Illness (at least three)
_____ /9 Points	Resources for Help (two local, one regional, one national)
_____ /4 Points	Other Interesting Facts/Statistics (at least two)
_____ /6 Points	Reader Friendly/Neatness/Creativity
_____ /35 Points	Total Points

Wisconsin Health Education Standards	
A	Disease prevention and health promotion concepts
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

It is literally true that you can succeed best and quickest by helping others to succeed.

—Napoleon Hill

Sample Response

Brochures will vary from group to group.

