Mental Health: Hope, Dignity and Our Compassionate Response
Grade 9-10

October 2012
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Catholic Curriculum Corporation Opening Message

Our Purpose
The Catholic Curriculum Corporation is a consortium of seventeen Catholic school boards across central and western Ontario. As an important partner in Catholic education, we recognize that Catholic education exists to provide a holistic formation of people as living witnesses of faith. We demonstrate our mission when we engage with, and support, our member boards in sustained, substantive school improvement and student growth that is reflective of a Catholic professional learning community.

Our Mission
Our mission is to build and sustain the Catholic capacity of educators through the development and provision of high quality Catholic curriculum, resources, support and professional development.

Our Vision

Faith through Learning – A Distinctive Catholic Curriculum

Message from the Executive Director

On behalf of the Catholic Curriculum Corporation, I would like to thank Paulette Lippert, project lead for her vision and leadership, as well as the writers from Bruce-Grey Catholic District School Board, for their expertise and dedicated efforts in the development of the resource Mental Health: Hope, Dignity and Our Compassionate Response. Special thanks also to the reviewers of this resource, including members from the Windsor-Essex Catholic District School Board, the Ontario English Catholic Teacher’s Association Professional Development department and Sister Joan Cronin, Institute for Catholic Education. Thanks is also extended to Fran Craig for her guidance as Curriculum Manager.

Over the past year the Ministry of Education has been developing a three year plan for Ontario school boards to support student mental health and well-being. This new resource provides a uniquely Catholic, faith-based perspective which will help teachers address a variety of mental health and mental illness topics, including strategies to address the stigma surrounding mental health. Teachers will have a range of activities which will engage students to think critically about the issues of mental health and to respond in a manner that is congruent with their faith.

Again sincere thanks to those involved in developing a resource for Catholic teachers which will assist them in addressing mental health with hope, dignity and compassion. I wish continued success to all who use this resource while sharing and celebrating our Catholic mission in education.

Michael Bator,
Executive Director
Acknowledgements

Project Lead:
Paulette Lippert, Bruce-Grey Catholic School Board

Writers:
Ann-Marie Deas, Bruce-Grey Catholic District School Board
Catherine Fritz, Bruce-Grey Catholic District School Board
Amy Kieffer, Bruce-Grey Catholic District School Board
Mary-Adele O’Gorman, Bruce-Grey Catholic District School Board

Reviewers:
Sister Joan Cronin, Institute for Catholic Education
Claire Laughlin, Ontario English Catholic Teachers’ Association
Betty Brush, Windsor-Essex Catholic District School Board
Mary-Lou Cortese, Windsor-Essex Catholic District School Board
Dr. Erin Picard, Windsor-Essex Catholic District School Board

Editor:
Fran Craig, Curriculum Manager, Catholic Curriculum Corporation

Special Thanks:
Cathy Kelly, Administrative Assistant, Bruce-Grey Catholic District School Board
Jerry Casey, Superintendent of Education, Bruce-Grey Catholic District School Board
Mental Health: Hope, Dignity and Our Compassionate Response

The resource, Mental Health: Hope, Dignity and Our Compassionate Response, supports teachers in Grades 9-10 Religious Education classes to begin the conversation with students about mental health and mental illness. The lessons are written from the lens of our Catholic Faith, with the intention of raising awareness, decreasing stigma and creating opportunities for open dialogue about mental health and well-being.

Mental Health and Our Catholic Faith Community

This resource, Mental Health: Hope, Dignity and Our Compassionate Response, addresses aspects of Mental Health, while anchoring the lessons in HOPE, DIGNITY and COMPASSION, cornerstones of our Catholic faith.

One of our great purposes as Catholic educators is to help our students and ourselves continually change and become more Christ-like, inviting us to stretch and grow. Expressing human emotion can be uncomfortable. Whenever human emotion is expressed, people often find a way to make light of it, change the subject, or retreat from it. Many see emotion, experienced and/or expressed, as a sign of weakness. And yet, it is experiencing and expressing emotion that defines us as human beings. Building true communities of belonging, inclusion and acceptance will assist all of us to grow in ways that affirm our emotional, spiritual, physical, intellectual and social nature.

“In Christian writings, emotions are often called “passions.” Our emotions or passions are gifts from God that help us to make connections between the life of the senses and of the mind. They encourage us to act or not to act and to make choices between good and evil.” (Be With Me, p. 41, CCCB)

Because our faith recognizes the importance of the whole person, distinctive expectations, known as the Ontario Catholic School Graduate Expectations, have been selected to guide the teaching and learning.

“The expectations guiding the journey of learning for all students in Catholic schools, therefore, are described not only in terms of knowledge and skills, but necessarily in terms of values, attitudes and actions informed by reason and faith” (The Ontario Catholic School Graduate Expectations, ICE, p.15)

As Catholics, our tradition tells us that God creatively and lovingly calls us into the wonder of life. As stewards of the life God has entrusted to us, we are charged to assist young people in recognizing that gift by:

- Affirming the God-given potential of each person, developing the body, mind and spirit of each and every student.
- Entering into open dialogue, increased self-awareness and shared information about mental health and well-being.
- Responding as the hands, feet and eyes of Christ to those in our schools who experience isolation, illness, powerlessness, or poverty in any form.

Faith through Learning – A Distinctive Catholic Curriculum
With an increased understanding of mental health issues, we expect that our students will be better equipped to serve the greater good, as they reach out to their communities with compassion, understanding and service.


> The conviction that we are made in God’s image surely calls for holistic education that engages the whole person, head, heart, and hands. It should fully develop the capacities of learners’ minds for reason, memory, and imagination: the capacities of their hearts for right and loving relationships: the capacities of their wills to know, choose, and live the best of values and life-giving virtues. Given peoples’ “inner vitality,” they need to be active participants in the teaching/learning dynamic, agents of their own knowing and not just passive recipients. They should be empowered in their great human potential and be prepared to be makers of history toward God’s reign. Called to be more than the creatures of their culture, they should be educated as its creators and re-creators as well. In the sentiment of St. Irenaeus of old, a good Catholic education is to enable its participants to become “fully alive to the glory of God.” (p. 240-241)

**Mental Health and the Ministry of Education**

In 2012 in Canada, suicide is the second leading cause of death for young people between the ages of 15-24. Canadian suicide rates are higher than those in the United States, Australia and the United Kingdom (Canadian Mental Health Association, 2012).

In 2011 - 2012 the *Ontario Mental Health and Addictions Strategy – The First Three Years* was presented to various stakeholders. The strategy outlined themes, indicators and initiatives which will be presented and shared in community settings, health care settings and in educational settings.

The Ministry of Education’s commitment to the strategy includes:

- Amend the education curriculum
- Develop a K-12 Resource Guide/Website
- Provide support for professional learning in mental health for all Ontario educators
- Fund and support Mental Health Leaders in 15 school boards
- Support *Working Together for Kids’ Mental Health*
- Implement School Mental Health ASSIST

As this provincial initiative evolves, more information will be forth-coming as outlined in the Mental Health Capacity Continuum. The goal is to support student mental health and well-being by raising Mental Health Awareness, Mental Health Literacy and Mental Health Expertise.

As stated in *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, the first signs that children and youth are struggling with mental health issues may occur at school. “For 70 per cent of adults living with mental health problems, their symptoms developed during childhood or adolescence.” (p. 20).
We acknowledge that the Ministry of Education is currently developing mental health resources for the province. The CCC and its Catholic boards and partners recognize the importance of making connections between mental well-being and our Catholic faith traditions. As educators, we recognize the importance of this initiative and the challenge and privilege of assisting students in this area of learning.

By equipping people who work with children and youth with the tools and knowledge they need, they will be better able to identify issues and handle them effectively. Communities must work to build a shared understanding of mental health issues, and ensure that there is strong regional and local leadership, particularly in community-based mental health agencies and schools. Providing services and supports early on will help to address problems sooner - before they do too much harm. (p. 22). Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy

Considerations for Teachers

Teachers are critical to what happens in the classroom: the planning, delivery, and assessment of any curriculum resource to best meet the needs of students. Your professional judgment and expertise in teaching will guide the lessons about Mental Health. The following are offered as considerations:

- **Know your students and respect their needs.** Because of the nature of the lesson topics, it is imperative that teachers be sensitive to the personal situations and personalities of their students. Some students will be willing to share thoughts and feelings openly and others may prefer to reflect quietly during the lessons.

- **Ensure your classroom environment is one of welcome, inclusion and acceptance.** The nature of the lessons, themes and topics require small group sharing, whole class discussions, and written reflections. Having a community of trust and open dialogue is key to sharing ideas, thoughts, opinions and experiences about the topics. Students must feel safe to share their thinking, while also being able to listen to the thoughts of others, all done in a respectful manner.

- **Remember you are not alone.** It is strongly recommended that teachers contact the school’s Guidance Counselors, Chaplain or school Mental Health team before beginning discussions with students. It is important that the school team is aware that teachers are wading into sensitive subject matter and that some students may seek support. The teacher could invite support personnel into the lesson, or consider team-teaching, as an option. Mental health professionals such as school mental health nurses, school social workers or child and youth workers, may assist with lesson implementation.

- **Be well prepared before implementing the lessons.** Teachers are encouraged to preview all videos, websites, audio clips, etc. This will allow for an increase in the comfort level with the content and will help to anticipate the kinds of questions students may ask.
• **Be the teacher, not the counselor.** It is important to emphasize that teachers are not counselors; however, they are listeners and keen observers of their students. Many are in a position to recognize when something is wrong and when students should access additional supports and services.

• **Know your board protocols in the event of disclosure.** If a student should disclose high risk behaviours and/or suicidal thoughts, teachers should refer to the policies and protocols outlined by their own school board. Again, in these situations, it is advisable to consult with Administration, Chaplaincy, Guidance personnel and available mental health professionals.

• **Adapt the lessons as best meets the needs of your students.** Although it is not recommended that the lessons be taught in isolation but rather as a unit, teachers will need to consider the needs of their students and adjust the process, product or assessment accordingly. Choice and flexibility are infused throughout the lessons, including the culminating activities. In Grade 9, the culminating activity has students complete an individual response to a mental health topic of choice based on their own strengths and interests. This individual response for Grade 9 is meant to demonstrate students’ understanding of self and others, while delivering a message of hope. In Grade 10, the lessons build upon the understanding of self and others and move to a compassionate response where student voice is honoured. The culminating task asks the class to develop a compassionate response to mental health needs within their own community through an event of their choice.

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Stigma is one of the greatest barriers to hope when dealing with mental health issues, as it often prevents people from seeking help. Consequently, both units begin with a lesson on the dignity of the human person and stigma, as well as the history of mental illness and the functions of the brain. The next two lessons deal specifically with stigma, and then stigma continues to be addressed throughout the other lessons. As Catholics, we are called to see the face of Christ in everyone. Only by doing so, can we create a culture of hope and reach out with a compassionate response to those most vulnerable.

*Every child, every person needs to know that they are a source of joy; every child, every person, needs to be celebrated. Only when all of our weaknesses are accepted as part of our humanity can our negative, broken self-images be transformed.*

*Jean Vanier, Becoming Human, Paulist Press, 2008*
Resource Overview

This resource was developed to support secondary Religious Education teachers in teaching students about mental health and mental illness in grades 9 and 10. (Although specific expectations are not used in the resource, ties can be made to a number of expectations in the Ontario Curriculum Gr. 9-10 Health and Physical Education Healthy Living Strand.)

The Grade 9 unit, "Mental Health: Hope and Dignity," contains nine three part lessons, including the culminating activity.

The Grade 10 unit, "Mental Health: A Compassionate Response," contains ten three part lessons, including the culminating activity.

Both units can be taught over a three week period in their entirety or teachers can choose specific stand alone lessons based on the needs of their class. With that said, teachers should select stand alone lessons very carefully and use professional judgment when deciding if students require scaffolding or extensions to a single lesson. For example, both units begin with a lesson on the dignity of the human person and stigma, as well as the history of mental illness and the functions of the brain followed by specific lessons on stigma. This is a very important topic to cover since stigma prevents many people from seeking the help that they need.

It may also be inappropriate to teach some topics in isolation without developing background knowledge first. For example, the topics of self-injury and suicide may be too complex to teach in isolation. To frame the units, one common lesson is used to introduce both the grade nine unit and the grade ten unit. This was done to ensure that students develop a deep understanding of mental health, mental illness and stigma. Teachers using the grade 10 unit may decide to omit this lesson if they feel that their students have a solid understanding of each of these concepts and can articulate the difference between mental health, mental illness and stigma or they may use it as a brief review before beginning the Grade 10 lessons.

The Lesson Template

The lesson template has been adapted from the Teaching Learning Examples found on the EduGAINS website. The components of each lesson include:

Lesson Header
- indicates the name of the unit and lesson, the grade and the number of the lesson within the unit

Curriculum Expectations
- identifies the Ontario Catholic School Graduate Expectation(s) that are developed in the lesson
- identifies the strand as well as overall and specific Secondary Religious Education expectations addressed in the lesson taken from the Secondary Religious Education policy document from the Institute for Catholic Education
Learning Goals & Success Criteria

- learning goals are brief statements that describe in student-friendly language what students should know and be able to do by the end of the lesson
- success criteria helps students articulate in their own language, the standards by which their work will be evaluated. Success criteria are created from the learning goal and should be developed with the class. "When students take part in developing criteria, they are much more likely to understand what is expected of them, 'buy in,' and then accomplish the task successfully." (Gregory, Cameron and Davies, p. 13). Resources for co-constructing success criteria are found in the Consolidation section of lesson ten as well as in BLM 10.2

Instructional Components and Context

- the prior knowledge and/or skills that students require for success
- the terminology that the teacher and the students will need to know and understand
- related resources that provide background information for the teacher, websites that are utilized during the lesson and a list of the blackline masters that are provided at the end of each lesson
- a prayer or scripture focus that is utilized within the lesson and is relevant to the topic, learning goal, curriculum expectations, or the lesson activities

The Three-Part Lesson

Minds On

- teacher instructions including questions to guide discussions
- this portion of the three-part lesson includes:
  - establishing a positive learning environment
  - connecting to prior learning and/or experiences
  - setting the context for learning
- intended to be brief

Action

- teacher instructions including questions to guide discussions
- this portion of the three-part lesson includes:
  - introducing new learning or extending/reinforcing prior learning
  - providing opportunities for practice and application of learning

Consolidation

- teacher instructions including questions to guide discussions
- this portion of the three-part lesson includes:
  - providing opportunities for consolidation and reflection
  - helping students demonstrate what they have learned

D.I. Options

- highlights opportunities for differentiation within the lesson
- are noted and briefly explained within the various parts of the three-part lesson, where appropriate and necessary
Assessment

• identifies specific assessment opportunities for the teacher
  
  o **assessment for learning** - The ongoing process of gathering and interpreting evidence about student learning for the purpose of determining where students are in their learning, where they need to go, and how best to get there. The information gathered is used by teachers to provide feedback and adjust instruction and by students to focus their learning. Assessment for learning is a high-yield instructional strategy that takes place while the students is still learning and serves to promote learning.

  o **assessment as learning** - The process of developing and supporting student metacognition. Students are actively engaged in this assessment process: that is, they monitor their own learning; use assessment feedback from the teacher, self, and peers to determine next steps; and set individual learning goals. Assessment as learning requires students to have a clear understanding of the learning goals and the success criteria. Assessment as learning focuses on the role of the student as the critical connector between assessment and learning.

  o **assessment of learning** - The process of collecting and interpreting evidence for the purpose of summarizing learning at a given point in time, to make judgments about the quality of student learning on the basis of established criteria, and to assign a value to represent that quality. The information gathered may be used to communicate the student's achievement to parents, other teachers, students themselves, and others.


Blackline Masters

• for student use or as reference for teacher use
• includes graphic organizers, planning sheets, rubrics, etc.
• listed in the **Resources** section of **Instructional Components** of the lesson plan template
### Grade 9 Unit Overview

**Lesson & Title** | **Learning Goal** | **Approximate Length of Lesson and Type of Activity** | **By the end of this lesson students will ...** |
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1 Dignity of the Human Person, Stigma, Mental Health, &amp; Mental Illness</td>
<td>have a deeper understanding of the Catholic Social Teaching 'Dignity of the Human Person' and how it is the opposite of stigma, the history of mental illness and the basic functions of the brain.</td>
<td>30 minutes Timeline</td>
<td>Minds On: 30 minutes Timeline</td>
</tr>
<tr>
<td>2 The Stigma of Mental Illness</td>
<td>identify stigma and its impact on the dignity of the human person and contrast this to the hope that empathy offers.</td>
<td>15 minutes Shapes (drama)</td>
<td>Minds On: 15 minutes Shapes (drama)</td>
</tr>
<tr>
<td>3 Addressing the Stigma of Mental Illness</td>
<td>identify evidence of stigma within printed media and articulate ways to challenge stigma in society by being an intentional hero.</td>
<td>10 minutes Brainstorm</td>
<td>Minds On: 10 minutes Brainstorm</td>
</tr>
<tr>
<td>4 Primary and Secondary Relationships</td>
<td>identify and assess their primary and secondary relationships and explain how these relationships impact their mental health.</td>
<td>10 minutes Four Word Compromise</td>
<td>Minds On: 10 minutes Four Word Compromise</td>
</tr>
<tr>
<td>5 Discerning Healthy Relationships</td>
<td>articulate their own developmental assets that can aid their resiliency. Students will be able to articulate characteristics of healthy and unhealthy relationships and how they impact mental health.</td>
<td>10 minutes Developmental Assets checklist</td>
<td>Minds On: 10 minutes Developmental Assets checklist</td>
</tr>
<tr>
<td>6 The Triple A: Anxious About Anxiety</td>
<td>identify that stress and anxiety come in many forms, be able to use relaxation techniques, and show an understanding that Jesus is always with us to lessen our burdens.</td>
<td>20 minutes KWL Chart, Thumbs Up/Thumbs Down</td>
<td>Minds On: 20 minutes KWL Chart, Thumbs Up/Thumbs Down</td>
</tr>
</tbody>
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*Faith through Learning – A Distinctive Catholic Curriculum*
<table>
<thead>
<tr>
<th></th>
<th><strong>7</strong> Letting Go of Our Anxieties</th>
<th>Recognize symptoms of both anxiety and stress and understand that prayer and meditation can be used to relieve stress.</th>
<th>10 minutes Throwing Away Worries</th>
<th>15 minutes Guided Meditation</th>
<th>20 minutes Journal Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>8</strong> Substance Abuse</td>
<td>Learn about the harmful side effects of substance abuse and begin to use the information learned in class to make informed decisions.</td>
<td>10 minutes Poem &amp; Discussion</td>
<td>100 minutes Substance Abuse Prevention Fair</td>
<td>40 minutes Sharing Displays &amp; Reflection</td>
</tr>
<tr>
<td></td>
<td><strong>9</strong> Culminating Task</td>
<td>Develop a product that demonstrates an understanding of a specific topic related to mental health, showing both the effects of stigma and a message of hope.</td>
<td>15 minutes Summarize key learning, Multiple Intelligence Survey</td>
<td>30 minutes Choice Board for Individual Response</td>
<td>20 minutes Peer &amp; Self Assessment</td>
</tr>
</tbody>
</table>
# Grade 10 Unit Overview

## Grade 10 Unit, "Mental Health: A Compassionate Response"

<table>
<thead>
<tr>
<th>Lesson &amp; Title</th>
<th>Learning Goal</th>
<th>Approximate Length of Lesson and Type of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dignity of the Human Person, Stigma, Mental Health &amp; Mental Illness</td>
<td>By the end of this lesson students will...</td>
<td>Minds On</td>
</tr>
<tr>
<td></td>
<td>have a deeper understanding of the Catholic Social Teaching 'Dignity of the Human Person' and how it is the opposite of stigma, the history of mental illness and the basic functions of the brain.</td>
<td>30 minutes Timeline</td>
</tr>
<tr>
<td></td>
<td><strong>NOTE:</strong> This lesson is also used to introduce important background information in Grade 9. If students already have a good understanding of the concepts and information, it may be used as a review.</td>
<td></td>
</tr>
<tr>
<td>2 The Stigma of Mental Illness</td>
<td>have a firm understanding of stigma and will explore community attitudes toward mental illness.</td>
<td>20 minutes Explore audio clips</td>
</tr>
<tr>
<td>3 Limits Versus Possibilities</td>
<td>identify stigma and its impact on the human person as well as the hope evident in the lives of people experiencing mental illness.</td>
<td>20 minutes Impact Analysis</td>
</tr>
<tr>
<td>4 Understanding Depression</td>
<td>distinguish the features of depression from sadness; and know the signs, symptoms and available supports for depression.</td>
<td>30 minutes Brainstorm and Venn Diagram</td>
</tr>
<tr>
<td>5 Depression: Seeking Help and Support</td>
<td>explain how the stigma of depression can prevent someone from seeking help and identify possible sources of help, including turning to one’s faith.</td>
<td>10 minutes T-Chart</td>
</tr>
<tr>
<td>6 Eating Disorders</td>
<td>have a deeper understanding of the three main types of eating disorders and how we are called to value and respect human life.</td>
<td>15 minutes Awareness Activity</td>
</tr>
</tbody>
</table>
**Catholic Curriculum Corporation – Central and Western Region**  
Mental Health: Hope, Dignity and Our Compassionate Response

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Time Allocations</th>
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<tbody>
<tr>
<td>7 Self-Injury</td>
<td>describe some of the reasons, risk factors and preventative measures for self-injury. Students will explore how Jesus can serve as a model for us when supporting those who self-harm.</td>
<td>20 minutes Scripture Exploration</td>
</tr>
<tr>
<td>8 Suicide Self-Awareness</td>
<td>express their personal views about suicide, identify the myths often associated with suicide and reflect on our calling as Christians to compassionately help those in need.</td>
<td>15 minutes Word Association</td>
</tr>
<tr>
<td>9 Suicide Awareness</td>
<td>develop an understanding of Catholic faith teachings regarding suicide, identify facts and warning signs about suicide, and articulate what a compassionate Christian response to suicide would be.</td>
<td>15 minutes Think, Pair, Share Small Group Share</td>
</tr>
<tr>
<td>10 Culminating Task</td>
<td>will understand that they can engage in actions that will impact others in a compassionate way.</td>
<td>20 minutes Discussion</td>
</tr>
</tbody>
</table>
Grade 9 Unit
Mental Health: Hope and Dignity

Curriculum Expectations - Catholic Graduate Expectation, Overall & Specific R.E. Expectations

Catholic Graduate Expectation
A Discerning Believer Formed in the Catholic Faith Community
CGE1d develops attitudes and values founded on Catholic social teaching and acts to promote social responsibility, human solidarity and the common good

Professional of Faith Overall Expectation
consider how religious faith is shaped by human experience (i.e., one’s family, one’s culture, one’s temperament);

Profession of Faith Specific Expectation
evaluate how to live in and challenge society based on the model of Jesus

Instructional Components

Prior Knowledge and/or Skills
A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established.

Students should already know and understand the Catholic Social Teaching of human dignity and respect for all as well as the virtue of hope. (For more information on the Catholic social teachings, consult the website listed in the resources section).

Terminology

*hope* - a strong and confident expectation; having trust in God’s love for us even when we are experiencing difficulty

*dignity of the human person* - every human life is sacred and created in the image of God; therefore each life has tremendous worth and value and should be treated as such

*mental health* - a person’s overall emotional, psychological and spiritual condition

*mental illness* - a brain health condition that changes a person’s thinking, feelings or behaviour (or all three) and that causes the person substantial distress and difficulty in functioning (CMHA & Sun Life

Resources


www.gotabrain.ca/calgary-games.htm

www.youtube.com/watch?v=da5QQSxsGy

BLM 1.1 - Classroom Timeline: The History of Mental Disorders and Treatment Statements

BLM 1.2 - Classroom Timeline: The History of Mental Disorders and Treatment Time Periods

BLM 1.3 - Getting to Know the Brain: Student Copy

BLM 1.4 - Getting to Know the Brain:
Financial, 2009)

**empathy** - an ability to understand and share the feelings of another

**stigma** - refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHDS, 2004)

<table>
<thead>
<tr>
<th>Prayer/Scripture Focus</th>
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<tr>
<td>Romans 12: 12</td>
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<tr>
<td>Rejoice in hope, be patient in tribulation, be constant in prayer.</td>
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<table>
<thead>
<tr>
<th>Minds On</th>
<th>Approximately 30 minutes</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>Record the definitions of mental health, mental illness, dignity of the human person and stigma on the whiteboard. These definitions may be re-visited throughout the lesson.</td>
<td></td>
<td>(AFL) Assessment for Learning: Teachers may need to explain some of the terminology within the historical statements. Encourage students to ask for clarification if they do not understand the concepts or vocabulary within the statements. For example, students may need to be told that an asylum is another word for a mental hospital. The number of corrections that need to be made to the timeline will let the teacher know how much background</td>
</tr>
<tr>
<td><strong>Questions to Guide Discussion</strong></td>
<td></td>
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<tr>
<td>What does the term ‘human dignity’ mean to you?</td>
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<tr>
<td>What is mental health and how can we maintain good mental health?</td>
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<td></td>
</tr>
<tr>
<td>What is mental illness and how is mental illness different from mental health?</td>
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<tr>
<td><strong>How should ‘Dignity of the Human Person’ guide our response and actions to people with mental illness?</strong></td>
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<table>
<thead>
<tr>
<th>Classroom Timeline</th>
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<tr>
<td>The teacher will cut and paste the years provided on BLM 1.2 chronologically along a wall in the classroom. Randomly distribute one historical mental health statement to each student or pair of students taken from BLM 1.1. Ask students one by one to place their statement on the appropriate place on the timeline, using their best guess. After all students have made their best guess, consult the website <a href="http://www.gotabrain.ca/calgary-games.htm">www.gotabrain.ca/calgary-games.htm</a> to check their responses. Students can make corrections to the classroom timeline as needed.</td>
</tr>
</tbody>
</table>
Questions to Guide the Discussion:

- How have our treatments for mental illness changed over time?
- What stigma related to mental illness do you see in the timeline?
- Where in today’s society do examples of stigma still exist? (i.e. television shows, movies, commercials, Halloween costumes, tabloid headlines, etc.)

**Getting to Know the Brain**

Distribute BLM 1.3 to students. In pairs, have students label and discuss the parts of the brain and their functions. You may choose to display the answer key, BLM 1.4 on the whiteboard for reference.

D.I. Option: Students may create a model of the brain with plasticine, using BLM 1.4 as a guide.

The students will now be asked to demonstrate through role play, the function of each part of the brain. The teacher may assign the part of the brain they will demonstrate or they may pick one out of a hat. The rest of the class must guess which part of the brain students are demonstrating. For example, students may role play the frontal lobe by working out a math problem.

When Something Goes Wrong with the Brain

Distribute a post-it note to each student and write the following statements on the whiteboard.

"Certain mental illnesses are now known to be linked to structural abnormalities or chemical dysfunction of the brain"

Because we now know this, people with mental illness need _________.

Have each student write a word to complete the sentence on their post-it note. Students may use words like understanding, medical treatment, resources, medication, etc. These post-its can be placed on the whiteboard around the statement.

**Consolidation**

Write the scripture passage on the whiteboard.

As a class, watch the short inspirational video from "60 Minutes" on the life on Nick Vujicic, found at the following link,

[www.youtube.com/watch?v=da5QQSxSsGY](http://www.youtube.com/watch?v=da5QQSxSsGY)

(AaL) Assessment as Learning:

If any student chooses a word that stigmatizes people with mental illness, teachers can address the stigma in a respectful way by revisiting the definition of stigma posted at the beginning of the lesson. Invite students to think of another word that does not stigmatize.
### Questions to Guide Discussion:

How does the life of Nick Vujicic relate to today’s scripture passage?  
How does this video speak to the 'Dignity of the Human Person'?  
What impact has mental health had on Nick's life journey?  
While Nick's challenges are obvious to those who see him, how might someone with mental illness be perceived by others?  
Just as someone with physical disabilities can overcome significant challenges, how can someone with mental illness find hope? (students may not know where hope can be found for those with mental illness but this will be explored through the course of the unit).
Use of trepanning (drilling a hole in the skull) to release evil spirit of individual demonstrating unusual behaviour.

Hippocrates uses humors (excess or deficiency in bodily fluids) to explain mental disorders, the first to explain mental health in relation to the physical body.

The development of "lunacy trials" held in England to test a person's sanity.

Religious explanations take precedence over medical explanations.

St. Mary of Bethlehem Hospital becomes the first asylum to devote treatment just to people with mental disorders.

Asylums seen as a means of entertainment. St. Mary of Bethlehem Hospital had "Sunday Tours". Inhumane and painful treatments were used. Patients were shackled, restrained, beaten and starved.

First asylum to open in Canada was in New Brunswick.

Sigmund Freud conducts research. He later becomes known as the father of psychoanalysis.

Wundt opens the first psychological laboratory. This is when the progression of scientific research in psychology is started.

Asylum is established in Alberta. Massive overcrowding leads to poor treatment conditions for patients across Canada.

Introduction of Behavioural Psychology. Treatment using positive and negative reinforcement began.

Experimental treatments such as insulin shock therapy, electroconvulsive shock therapy and frontal lobotomies were used.

First medications are produced for mental disorders - tranquilizers and antidepressants.
<table>
<thead>
<tr>
<th>BLM 1.1 – Lesson 1 – Dignity of the Human Person, Stigma, Mental Health &amp; Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASSROOM TIMELINE: THE HISTORY OF MENTAL DISORDERS AND TREATMENT</td>
</tr>
<tr>
<td>STATEMENTS… continued</td>
</tr>
<tr>
<td>Humanistic Psychology develops. Famous contributors are Maslow and Rogers who follow the idea that every person has a “hierarchy of needs” and view treatment by looking at the whole person, including environment.</td>
</tr>
<tr>
<td>Cognitive Psychology develops - the study of the dynamics of perception and thought in the brain.</td>
</tr>
<tr>
<td>De-institutionalization of mental health facilities leads many individuals with mental health issues into jails and homelessness due to lack of community services.</td>
</tr>
<tr>
<td>Advances in research lead to new form of medications to treat depression.</td>
</tr>
<tr>
<td>World Health Organization estimates 154 million people globally have clinical depression, 25 million have schizophrenia, 91 million suffer from alcohol related disorders.</td>
</tr>
<tr>
<td>Mental Health Commission of Canada launches Opening Minds, an anti-stigma initiative.</td>
</tr>
</tbody>
</table>
## CLASSROOM TIMELINE: THE HISTORY OF MENTAL DISORDERS AND TREATMENT

<table>
<thead>
<tr>
<th>Time Periods</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.C. 10, 000 Years Ago</td>
<td></td>
</tr>
<tr>
<td>400's Ancient Greece</td>
<td></td>
</tr>
<tr>
<td>1200's: 13th Century</td>
<td></td>
</tr>
<tr>
<td>1330 Dark &amp; Middle Ages</td>
<td></td>
</tr>
<tr>
<td>1547</td>
<td></td>
</tr>
<tr>
<td>1676-1770</td>
<td></td>
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<tr>
<td>1835</td>
<td></td>
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<tr>
<td>1856-1939</td>
<td></td>
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<tr>
<td>1879</td>
<td></td>
</tr>
<tr>
<td>1911</td>
<td></td>
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<tr>
<td>1913</td>
<td></td>
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</tbody>
</table>
## CLASSROOM TIMELINE: THE HISTORY OF MENTAL DISORDERS AND TREATMENT

**TIME PERIODS …continued**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Time Period</th>
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</thead>
<tbody>
<tr>
<td>1920-1950</td>
<td></td>
</tr>
<tr>
<td>1950's</td>
<td></td>
</tr>
<tr>
<td>1961</td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td></td>
</tr>
<tr>
<td>1970's - 80's</td>
<td></td>
</tr>
<tr>
<td>1990's</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
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</tbody>
</table>
Different parts of the brain are in charge of different tasks. Label the different parts on the diagram above.

1. The **frontal lobe** is responsible for decision-making, problem solving and planning.
2. The **temporal lobe** deals with memory, emotion, hearing and language.
3. The **occipital lobe** deals with vision.
4. The **parietal lobe** deals with the reception and processing of sensory information from the body.
5. The **cerebellum** is responsible for coordination, skilled movement, balance and posture.
6. The **brainstem** coordinates heart rate, breathing, eating and sleeping.
BLM 1.4 – Lesson 1 – Dignity of the Human Person, Stigma, Mental Health & Mental Illness

GETTING TO KNOW THE BRAIN - ANSWER KEY

Answer Key

- Frontal lobe
- Parietal lobe
- Temporal lobe
- Cerebellum
- Brain stem
## Mental Health: Hope and Dignity

<table>
<thead>
<tr>
<th>Grade 9 Unit</th>
<th>Mental Health: Hope and Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9 Lesson 2</td>
<td>&quot;The Stigma of Mental Illness&quot;</td>
</tr>
<tr>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</strong></td>
<td><strong>Learning Goal</strong></td>
</tr>
<tr>
<td><strong>Catholic Graduate Expectation</strong></td>
<td>By the end of this lesson, students will be able to identify stigma and its impact on the dignity of the human person and contrast this to the hope that empathy offers.</td>
</tr>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith Community</strong></td>
<td></td>
</tr>
<tr>
<td>CGE1d develops attitudes and values founded on Catholic social teaching and acts to promote social responsibility, human solidarity and the common good</td>
<td></td>
</tr>
<tr>
<td><strong>An Effective Communicator</strong></td>
<td></td>
</tr>
<tr>
<td>CGE2c presents information and ideas clearly and honestly and with sensitivity to others</td>
<td></td>
</tr>
<tr>
<td><strong>Scripture Overall Expectation</strong></td>
<td></td>
</tr>
<tr>
<td>explain how the message of Scripture informs and challenges society</td>
<td></td>
</tr>
<tr>
<td><strong>Profession of Faith Specific Expectation</strong></td>
<td></td>
</tr>
<tr>
<td>evaluate how to live in and challenge society based on the model of Jesus</td>
<td></td>
</tr>
</tbody>
</table>

### Instructional Components

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>mental health</strong> - a person's overall emotional, psychological and spiritual condition</td>
<td></td>
</tr>
<tr>
<td><strong>mental illness</strong> - a brain health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person substantial distress and difficulty in functioning (CMHA &amp; Sun Life Financial, 2009)</td>
<td>BLM 2.1 - Take a Stand Statements</td>
</tr>
<tr>
<td><strong>empathy</strong> - an ability to understand and share the feelings of another</td>
<td></td>
</tr>
</tbody>
</table>
stigma - refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need." (SAMHDS, 2004)

stereotype - a person or thing that conforms to an unjustly fixed impression or attitude. Stereotypes are the attitudes about a group of people, e.g. "All people with mental illness are dangerous." (CMHA & Sun Life Financial, 2009)

Prayer/Scripture Focus

Isaiah 64: 8
Yet, O Lord, you are our Father; we are the clay, and you are our potter; we are all the work of your hand.

Matthew 7: 12
In everything do to others as you would have them do to you; for this is the law and the prophets.

Minds On
Approximately 15 minutes

Display the scripture passages from the Scripture Focus on the whiteboard.

Shapes
The group is arranged in two lines, each student lines up across from a partner. On command, students will cross to their partner and individually manipulate their partner's stance or mold their body as 'clay'; taking turns being the sculptor.

Have students move their partner to express each emotion: HAPPY, SAD, ANGRY, SHOCKED
Students continue to move their partner to reflect each place: CROWDED BUS STOP IN THE POURING RAIN, HOUSE PARTY ON A SATURDAY NIGHT.

Brainstorm stereotypes as a class. Have students move to their partner and mold their ‘clay’ to reflect a STEREOTYPE.

Students now mold their partner to reflect MENTAL ILLNESS.

<table>
<thead>
<tr>
<th>Action</th>
<th>Approximately 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Take a Stand</strong></td>
<td></td>
</tr>
<tr>
<td>Designate a long area of the room as a continuum, indicating Agree, Disagree and Don't Know. Instruct participants to move around the room according to the comments below. As you get into the statements dealing with mental illness, information is presented to guide the discussion.</td>
<td></td>
</tr>
</tbody>
</table>

  - **You grew up in a household where you heard derogatory terms / or jokes.**
  - **You have been called names by someone you didn’t know because of your age, racial or ethnic identity, gender, sexual orientation, ability or behaviour.**
  - **You have picked up that someone has been afraid of you because of your age, racial or ethnic identity, gender, sexual orientation, ability or behaviour.**

Continue with the activity, using the belief statements about mental health and corresponding information in BLM 2.1.

<table>
<thead>
<tr>
<th>Consolidation</th>
<th>Approximately 25 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empathy Offers Hope</strong></td>
<td></td>
</tr>
<tr>
<td>With the class, create word webs to define mental health, mental illness, stigma and empathy. Definitions are provided under terminology at the start of the lesson for teacher reference.</td>
<td></td>
</tr>
</tbody>
</table>

**Questions to Guide Discussion:**

- **How do you see this topic of mental health and stigma relating to your school?**
- **How is stigma a barrier for a person experiencing mental illness?**
- **How does an attitude of empathy offer hope?**

Now, go back to your partner from the Shapes activity. Students will mold their partners to reflect STIGMA and then mold their partners to reflect EMPATHY.

**How easy was it to mold STIGMA and EMPATHY? Why?**

**What were you trying to convey when you molded “stigma” and when you molded “empathy”?**

(AfL) **Assessment for Learning:** The results of “Take a Stand” will provide rich data that can inform your approach for the rest of the unit. Teachers can determine how much discussion will be required to fully address stigma with the group.

(AaL) **Assessment as Learning:**

As students place themselves on the continuum, they are receiving new information that may impact their subsequent placement choices.
Exit Card
Students will answer the following questions on an exit card.

What does stigma mean to you now?
Choose one of the featured scripture passages and explain how it relates to Stigma and Empathy?
How does the chosen scripture passage offer hope?

(AfL) Assessment for Learning: Based on student responses on the exit card, the teacher will determine whether or not more time needs to be spent on defining stigma.
BLM 2.1 – Lesson 2 – The Stigma of Mental Illness

TAKE A STAND STATEMENTS

You believe or have heard that:

1. Mental illness is contagious.
   • False. Mental illness is not contagious. Heredity can, and often does, play a factor in the development of the illness.

2. Mental illness tends to begin during adolescence.
   • True. The first episode of a mental illness often at 14-15 years old. Early intervention is one of the most important factors related to early identification, and linking with the appropriate supports in order to support recovery. Embarrassment, fear, peer pressure and stigma often prevent young people from seeking out help.

3. Drug use causes mental illness.
   • True and False. Substance misuse is typically a way of coping with mental health distress. Substance misuse creates vulnerability for people dealing with mental health problems, and can worsen symptoms of mental illness.

4. Depression and anxiety can be cured by will power.
   • False. Due to the invisible nature of mental health problems and mental illness, support, treatment and resources are a critical part of recovery. Stigma often creates a mindset that says, “I can do this on my own.”

5. People with mental illness never get better.
   • False. Recovery from mental illness is possible. Early identification, support and treatment provide the best opportunities for recovery. Medication and counseling are treatment options that can help people recover from mental illness.

6. People with mental illness tend to be violent.
   • False. Statistically, people with mental illness are more often the victims of violence than the perpetrators.

7. Most people do not seek help for mental illness because of peer pressure/stigma.
   • True. Not everyone gets help (only 1 in 6 access services). 63% of youth indicated that embarrassment; fear, peer pressure, and/or stigma are the major barriers to young people seeking help for mental health problems.
<table>
<thead>
<tr>
<th>Grade 9 Unit</th>
<th>Mental Health: Hope and Dignity</th>
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<tbody>
<tr>
<td>Grade 9 Lesson 3</td>
<td>“Addressing the Stigma of Mental Illness”</td>
</tr>
<tr>
<td>Curriculum Expectations - Catholic Graduate Expectation</td>
<td>Learning Goal</td>
</tr>
<tr>
<td><strong>A Responsible Citizen</strong></td>
<td>By the end of this lesson, students will be able to identify evidence of stigma within printed media and articulate ways to challenge stigma in society by being an intentional hero.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Catholic Graduate Expectation</th>
<th><strong>Profession of Faith Overall Expectation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Responsible Citizen</td>
<td>consider how religious faith is shaped by human experience (i.e., one’s family, one’s culture, one’s temperament);</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scripture Specific Expectation</th>
<th><strong>Scripture Specific Expectation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>critique contemporary values with the teachings found in the Gospels</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>Instructional Components</th>
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<th>Resources</th>
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<tbody>
<tr>
<td>Prior Knowledge and/or Skills</td>
<td><strong>mental health</strong> - a person's overall emotional, psychological and spiritual condition</td>
<td>Ted Talk, Mental Health Superhero: <a href="http://www.youtube.com/watch?v=bjSkkwcy4uo">http://www.youtube.com/watch?v=bjSkkwcy4uo</a></td>
</tr>
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<td><strong>mental illness</strong> - a brain health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person substantial distress and difficulty in functioning (CMHA &amp; Sun Life Financial, 2009)</td>
<td>Catholic Social Teachings: <a href="http://www.usccb.org/beliefs-and-teachings/what-we-believe/catholic-social-teaching/seven-themes-of-catholic-social-teaching.cfm">http://www.usccb.org/beliefs-and-teachings/what-we-believe/catholic-social-teaching/seven-themes-of-catholic-social-teaching.cfm</a></td>
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</table>
Charlotte Lahey, Bruce-Grey CDSB

Amen.

resurrection, fulfilled the hopes of all people.

Teach me to live in the Spirit of Jesus, whose birth, death and resurrection, fulfilled the hopes of all people. Teach me to live in the Spirit of Jesus, whose birth, death and resurrection, fulfilled the hopes of all people. Amen.

Charlotte Lahey, Bruce-Grey CDSB

<table>
<thead>
<tr>
<th>Prayer/Scripture Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prayer for Hope</td>
</tr>
<tr>
<td>Dear God:</td>
</tr>
<tr>
<td>I place my hope in You, knowing that you are with me always - yesterday, today, tomorrow and forever! When I feel sad or discouraged, remind me of Your faithful love and guide me to use wisely the gifts that You have given me to overcome the challenges of life. Through my words and actions, help me to be a source of hope for others who struggle. Teach me to live in the Spirit of Jesus, whose birth, death and resurrection, fulfilled the hopes of all people. Amen.</td>
</tr>
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<table>
<thead>
<tr>
<th>Minds On</th>
<th>Approximately 10 minutes</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainstorming</td>
<td></td>
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<tr>
<td>Brainstorm everyday situations which cause people to fear, reject, avoid or discriminate against others.</td>
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</table>

Brainstorm a list of terms often used to describe people who experience mental illness.

<table>
<thead>
<tr>
<th>Question to Guide Discussion</th>
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<tbody>
<tr>
<td>Where do these terms come from? Think back to Lesson 1 and the history of Mental Illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>Approximately 40 minutes</th>
<th>(AFL) Assessment for Learning:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Media Search</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a variety of printed material for students to examine, for example, newspapers, magazines, flyers, posters. Have students work in small groups to find examples, pictures, phrases, photos, articles that stigmatize people. Students should look for things that reflect the brainstorming activity as well as other forms of stigmatization. As students find examples, have them post them to a common bulletin board or graffiti wall. When the wall has many contributions, stop the class and reflect on what has accumulated.</td>
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</tbody>
</table>

(AFL) Assessment for Learning: Student selections of media will demonstrate the degree of understanding of stigma.
D.I. Options:
Some students could search the internet for other examples of stigma which they can share with the class.
Students with a keen interest in literature could brainstorm examples from novels, children’s books, nursery rhymes, fables, fairy tales that stigmatize people and share these with the class.
Students could search for some of the words used to describe Mental Illness as discussed in the Minds On part of the lesson. They could create a visual collage of the words.

Questions to Guide the Discussion:
What labels do you see on the board/wall?
Would we ever use these terms to refer or describe people with other illnesses such as cancer or heart disease? Why or why not?
Why would the media portray people with mental illness in these ways?
How might these portrayals affect the individuals depicted?
Besides the media, what else contributes to the creation of stigma?
Why do we stigmatize those who experience mental illness?

Post the definition of stigma in the middle of this bulletin board/wall.

Consolidation  Approximately 50 minutes

Being an Intentional Hero
Watch the Ted Talk: Mental Health Superhero, found at:
http://www.youtube.com/watch?v=bISkkwcy4uo

This video is approximately 12 minutes in length. After viewing the Ted Talk, discuss what an intentional hero is.

Questions to Guide Discussion
What impact did an intentional hero have on the speaker’s life? (This refers to the gift of a hope necklace from a stranger).
Ask students for examples of intentional heroes, past or present (e.g. historical figures, Saints, family members, celebrities, community leaders).
Can you think of specific times when Jesus was an intentional hero?

Brainstorm ways we can be an intentional hero, reducing stigma and offering hope.

Working individually or with a partner, students will find a visual way to show how they will be an intentional hero. These visual products will be displayed on a second bulletin board, which contains the prayer of hope provided in the scripture focus, to contrast the first bulletin board created during the Action portion of the lesson. Students can continue to contribute to either bulletin board/graffiti wall throughout the rest of the unit.

Conclude the lesson by praying the prayer for hope as a group.

(AfL) Assessment for Learning:
Through the visuals, teachers can monitor whether or not students have fully understood empathy and ways to challenge or reduce stigma in our society.
**Grade 9 Unit**  
**Mental Health: Hope and Dignity**

<table>
<thead>
<tr>
<th><strong>Grade 9 Lesson 4</strong></th>
<th><strong>&quot;Primary and Secondary Relationships&quot;</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CG1i integrates faith with life</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **A Discerning Believer Formed in the Catholic Faith Community** | Learning Goal  
By the end of this lesson, students will identify and assess their primary and secondary relationships and explain how these relationships impact their mental health. |
| **CG5e respects the rights, responsibilities and contributions of others** |  |
| **Christian Moral Development Overall Expectation** |  |
| **demonstrate the use of Christian moral principles in decision-making** |  |
| **Family Life Education Specific Expectation** |  |
| **recognize and compare the signs of healthy and unhealthy relationships (e.g., bullying)** |  |

<table>
<thead>
<tr>
<th><strong>Instructional Components</strong></th>
<th><strong>Terminology</strong></th>
<th><strong>Resources</strong></th>
</tr>
</thead>
</table>
| **Prior Knowledge and/or Skills** | **mental health** - a person's overall emotional, psychological and spiritual condition | Trinity Theatre Toronto. (2011).  
Moving Forward: A Social/Emotional Development Program for Disengaged Students |
| | **primary relationships** - primary relationships are based on affection and personal loyalty and endure over long periods of time. They involve a great deal of interaction that focuses on people's feelings and welfare more than accomplishing specific tasks or goals. | BLM 4.1 - Relationship Circles |
| | **secondary relationships** - secondary relationships are organized around narrow ranges of practical interests or goals without which it would not exist. | BLM 4.2 - Relationship Circle De-Brief |

<table>
<thead>
<tr>
<th><strong>Prayer/Scripture Focus</strong></th>
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</thead>
<tbody>
<tr>
<td>John 15: 12-15,17</td>
<td>This is my commandment, that you love one another as I have loved you. No one has greater love than this, to lay down one's life for one's friends. You are my friends if you do what I command you. I am giving you these commands so that you may love one another.</td>
</tr>
</tbody>
</table>
Four Word Compromise (adapted from Trinity, 2011, p. 24)
Ask students to write down the first four words that come to mind in response to the question, "What do you value most in friendship?"

Once each student has thought of four words and written them down, they find a partner. The partners share their words with each other, with the aim being to select a combination of four words, the best four from their list of eight. No new words are to be added.

Each pair joins with another pair to make a group of four. This group shares their words with each other, deciding on which four words they will keep.

The groups of four join up to make groups of eight and the process continues until there are two or three groups left. These remaining groups endeavor to create one list of only four words.

Questions to Guide Discussion:
Are the words we value in friendship also the words that Jesus would value? Are any of the words reflective of the scripture passage from John?

Provide students with the definitions of primary and secondary relationships.

Relationship Circles
Using BLM 4.1, Circle of Relationships, each student will place their name in the centre circle. In the second circle from the centre, students will list the names of individuals with whom they have primary relationships.
In the third circle from the centre, students will list the names of individuals with whom they have secondary relationships.

Questions to Guide Discussion:
Ask the students to focus on one primary and one secondary relationship. Using BLM 4.2, ask the students to answer the following questions so that they may compare these relationships.

How does this relationship influence my life?
What are my responsibilities in this relationship?
What are the benefits for me and the other person in this relationship?
How does today's technology impact this relationship?
How would you like to modify or change this relationship?
How does the possibility of change in relationships bring hope into our lives?
Students can share their responses with a partner of their choice.
If the beatitudes have been studied, students could also apply a specific beatitude to their primary and secondary relationship.

How does the scripture passage from John apply to your primary relationship? How does it apply to your secondary relationship?

If the beatitudes have been studied, students could also apply a specific beatitude to their primary and secondary relationship.

(AFL) Assessment for Learning: Based on student responses on the exit card, the teacher will determine whether or not more time needs to be spent on exploring primary and secondary relationships and their impact on mental health.
BLM 4.1 – Lesson 4 – Primary & Secondary Relationships

Your Name

Your Primary Relationships

Your Secondary Relationships
RELATIONSHIP CIRCLES
BLM 4.2 – Lesson 4 – Primary and Secondary Relationships

RELATIONSHIP CIRCLE DE-BRIEF
Focus on one of your primary relationships and one of your secondary relationships to help you answer these debriefing questions.

<table>
<thead>
<tr>
<th>Debriefing Question</th>
<th>Primary Relationship Name: ______________________</th>
<th>Secondary Relationship Name: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does this relationship influence my life and impact my mental health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are my responsibilities in this relationship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the benefits for me and the other person in this relationship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does today's technology impact this relationship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like to modify or change anything about this relationship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What could you do to strengthen this relationship? How would doing so enhance your mental health?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scripture Passage for exit card: “This is my commandment, that you love one another as I have loved you. No one has greater love than this, to lay down one’s life for one’s friends. You are my friends if you do what I command you. I am giving you these commands so that you may love one another.” John 15:12-15, 17
**Catholic Curriculum Corporation – Central and Western Region**  
**Mental Health: Hope, Dignity and Our Compassionate Response**

<table>
<thead>
<tr>
<th>Grade 9 Unit</th>
<th>Mental Health: Hope and Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9 Lesson 5</td>
<td>“Discerning Healthy Relationships”</td>
</tr>
</tbody>
</table>

**Curriculum Expectations - Catholic Graduate Expectation, Overall & Specific R.E. Expectations**

<table>
<thead>
<tr>
<th>Self-Directed, Responsible Life-long Learner</th>
<th>By the end of this lesson, students will be able to articulate their own developmental assets that can aid their resiliency. Students will be able to articulate characteristics of healthy and unhealthy relationships and how they impact mental health.</th>
</tr>
</thead>
</table>
| CGE4g examines and reflects on one's personal values, abilities and aspirations influencing life's choices and opportunities | **Learning Goal**  
| **A Reflective and Creative Thinker** |  
| CGE3c thinks reflectively and creatively to evaluate situations and solve problems |  
| **Family Life Education Overall Expectation** |  
| explore the importance of fostering a positive, healthy self-esteem, intellectually, spiritually and socially |  
| **Family Life Education Specific Expectation** |  
| recognize the importance of a healthy positive acceptance of self, with strengths and weakness |  
| recognize and compare the signs of healthy and unhealthy relationships (e.g., bullying) |  

**Instructional Components**

| Prior Knowledge and/or Skills | Terminology  
|------------------------------|--------------------------------------------------|
| A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established. | **healthy relationships** - are defined by mutual respect, trust, honesty, good communication.  

**unhealthy relationships** - a relationship is unhealthy when it involves mean, disrespectful, controlling, or abusive behaviour.  

**protective factors** – external and internal factors which help protect and strengthen youth. External factors might include: family cohesion, good relationships, academic achievement, connection to a religious community, etc. Internal factors might include: sense of belonging, sense of worth and self-confidence, service to others, well developed life skills, etc. |

| Resources |  
|-----------|--------------------------------------------------|
| 40 Developmental Assets available from: |  
| [http://www.search-institute.org/developmental-assets-are-free](http://www.search-institute.org/developmental-assets-are-free) |  
| BLM 5.1 - An Asset Checklist |  
| BLM 5.2 - Signs of Health and Unhealthy Relationships |  
| Kids Help Phone website: |  
| [http://www.kidshelpphone.ca/Teens/Home.aspx](http://www.kidshelpphone.ca/Teens/Home.aspx) |  
| Jason Mraz video, “I Won't Give Up”: |  
| [http://www.youtube.com/watch?v=TdN5GyT18K0](http://www.youtube.com/watch?v=TdN5GyT18K0) |
### Prayer/Scripture Focus

Corinthians 13: 4-8

Love is patient; love is kind; love is not envious or boastful or arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice in wrongdoing, but rejoices in the truth. It bears all things, believes all things, hopes all things, endures all things. Love never ends.

### Minds On

**Approximately 10 minutes**

**Developmental Assets**

Students will complete BLM 5.1, "The Developmental Assets Checklist" individually. Teachers will want to explain to students that this checklist can provide them with valuable information about the areas of their lives that can influence their choices, behaviours and attitudes. Developmental assets are generally considered protective factors (See Terminology under Instructional Components). Have students submit this checklist at the end of the lesson.

**Questions to Guide Discussion:**

*When we reflect on how we feel about ourselves and our lives, how might that influence our relationships (family, friends, dating, meeting new people, etc.)? How might our feelings about ourselves and our lives impact our mental health?*

### Action

**Approximately 40 minutes**

Display the scripture passage from Corinthians 13 on the whiteboard.

Have the students identify actions which might be present in a healthy dating relationship.

Have students access the Kids Help Phone website at: http://www.kidshelpphone.ca/Teens/Home.aspx. From the info booth topics on the left hand side of the page, have students choose "Dating Relationships". From there, select "Am I in an Abusive Relationship". Students will examine the following qualifiers of abusive relationships.

Your partner is acting abusively if he or she is:

- acting jealous and possessive
- keeping you away from your family or friends
- deciding how you should dress or act
- hitting, kicking or pushing you
- using guilt or manipulation to get you to stay in the relationship or do things you don't want to do
- insulting you, degrading you, humiliating you
- forcing you to have sex

### Assessment

**(AFL/AaL) Assessment for/as Learning:**

This will give the teacher and students valuable information about assets and supports available to the students. This can provide helpful information for the lessons on healthy relationships and for the rest of the unit. Please note that the average young person experiences fewer than half of the 40 assets. Boys experience three fewer assets than girls (17.2 assets for boys vs. 19.9 for girls) (search-institute.org)
Questions to Guide the Discussion:
Do you agree with this list? Why or why not?
Are there any qualifiers that should be added to the list? If so, what else would you add?
How might people excuse some of this behaviour? Why might people excuse this type of behaviour?
How are the behaviours on this list also seen in other relationships?
What impact would unhealthy dating relationships have on one's mental health?

The Grade 9 Religious Education Program, *Be With Me*, 4.4, provides an excellent explanation of how Paul's words to the Corinthians can be misused to convince people to stay in unloving and unhealthy relationships. See sections, “Evaluating Our Relationships” and “Does Love Accept Abuse?” on pg. 100 of the student text. After reading these sections, have students get into small groups to complete the chart in BLM 5.2. where they will create signs of healthy and unhealthy relationships as they relate to the scripture passage. If time permits, have each group share their examples with the whole class. Access to this text is not necessary in order to complete this activity. The song/video, “I Won't Give Up” by Jason Mraz can also be shared to assist students to complete the chart. Access the song at: [http://www.youtube.com/watch?v=TdN5GyT8K0](http://www.youtube.com/watch?v=TdN5GyT8K0).

Consolidation  Approximately 15 minutes
Journal Response
Have students re-visit their Developmental Assets checklist.

Suggested Prompts to Guide Journal Response:
Which developmental assets can you utilize in order to make good decisions within dating relationships?
Which developmental assets could you work to develop that would help you to promote healthy relationships in your own life?
How do healthy relationships provide hope for the future?
How do healthy relationships contribute to the dignity of the human person and impact mental health?
How do abusive relationships destroy the dignity of the human person and impact mental health?

D.I. Option: Students could give their responses orally, using a graphic organizer or a mind map, or in writing.

(AFL/AoL) Assessment for/of Learning:
Teachers may choose to collect the responses and offer qualitative feedback to students about their reflections. Teachers could choose to evaluate this reflection based on success criteria that is co-constructed with students.
BLM 5.1 – Lesson 5 – Discerning Healthy Relationships

DEVELOPMENTAL ASSETS


Many people find it helpful to use a simple checklist to reflect on the assets young people experience. This checklist simplifies the asset list to help prompt conversation in families, organizations, and communities.

**NOTE:** This checklist is not intended nor appropriate as a scientific or accurate measurement of developmental assets.

- I receive high levels of love and support from family members.
- I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them.
- I know some nonparent adults I can go to for advice and support.
- My neighbors encourage and support me.
- My school provides a caring, encouraging environment.
- My parent(s) or guardian(s) help me succeed in school.
- I feel valued by my adults in my community.
- I am given useful roles in my community.
- I serve in the community one hour or more each week.
- I feel safe at home, at school, and in the neighborhood.
- My family sets standards for appropriate conduct and monitors my whereabouts.
- My school has clear rules and consequences for behavior.
- Neighbors take responsibility for monitoring my behavior.
- Parent(s) and other adults model positive, responsible behavior.
- My best friends model responsible behavior.
- My parent(s)/guardian(s) and teachers encourage me to do well.
- I spend three hours or more each week in lessons or practice in music, theater, or other arts.
- I spend three hours or more each week in school or community sports, clubs, or organizations.
- I spend one hour or more each week in religious services or participating in spiritual activities.
- I go out with friends with nothing special to do two or fewer nights each week.
- I want to do well in school.
- I am actively engaged in learning.
- I do an hour or more of homework each school day.
- I care about my school.
- I read for pleasure three or more hours each week.
- I believe it is really important to help other people.
- I want to help promote equality and reduce world poverty and hunger.
- I can stand up for what I believe.
- I tell the truth even when it’s not easy.
- I can accept and take personal responsibility.
- I believe it is important not to be sexually active or use alcohol or other drugs.
- I am good at planning ahead and making decisions.
- I am good at making and keeping friends.
- I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
- I can resist negative peer pressure and dangerous situations.
- I try to resolve conflict nonviolently.
- I believe I have control over many things that happen to me.
- I feel good about myself.
- I believe my life has a purpose.
- I am optimistic about my future.

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Faith through Learning – A Distinctive Catholic Curriculum 42
# BLM 5.2 – Lesson 5 – Discerning Healthy Relationships

## SIGNS OF HEALTHY AND UNHEALTHY RELATIONSHIPS

<table>
<thead>
<tr>
<th>Paul's Description of Love: 1 Corinthians 13: 4-8</th>
<th>Signs of Healthy Relationships</th>
<th>Signs of Unhealthy Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love is patient</td>
<td></td>
<td></td>
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<tr>
<td>Love is kind</td>
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<tr>
<td>Love is not envious</td>
<td></td>
<td></td>
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<tr>
<td>Love is not boastful or arrogant</td>
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<td></td>
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<tr>
<td>Love is not rude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love does not insist on its own way</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love is not irritable or resentful</td>
<td></td>
<td></td>
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<tr>
<td>Love does not rejoice in wrongdoing, but rejoices in the truth</td>
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<tr>
<td>Grade 9 Unit</td>
<td>Mental Health: Hope and Dignity</td>
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<td></td>
</tr>
<tr>
<td><strong>Grade 9 – Lesson 6</strong></td>
<td><strong>“The Triple A: Anxious About Anxiety”</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation</strong></td>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Graduate Expectation</strong></td>
<td><strong>Learning Goal</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith</strong></td>
<td>By the end of this lesson, students will be able to identify that stress and anxiety come in many forms, be able to use relaxation techniques, and show an understanding that Jesus is always with us to lessen our burdens.</td>
<td></td>
</tr>
<tr>
<td>CGE1i integrates faith with life</td>
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<tr>
<td><strong>A Reflective, Creative and Holistic Thinker</strong></td>
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<tr>
<td>CGE3a recognizes there is more grace in our world than sin and that hope is essential in facing all challenges</td>
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<td></td>
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<tr>
<td><strong>Family Life Education - Overall Expectation</strong></td>
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<tr>
<td>recognize and explore the meaning of integrity and belonging in human life</td>
<td></td>
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<tr>
<td><strong>Family Life Education - Specific Expectation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate awareness of the experience of anger, its expression, management strategies and sources of help; evaluate healthy and unhealthy attitudes to the human body and physical appearance</td>
<td></td>
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</tbody>
</table>

### Terminology

**Anxiety** - an abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension, and increased pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one’s capacity to cope with it.

**Generalized Anxiety (GAD)** - is a more general form of anxiety that brings with it distressing symptoms such as trembling, irritability, insomnia, feelings of unreality, and depression.

**Social Anxiety Disorder (SAD)** - difficulty coping in social situations. Quite often one will have very low

### Instructional Components

**Prior Knowledge and/or Skills**

Students should recognize the common feelings of anxiousness and stress.

Students should understand the terms “fact” and “myth”.

Students should be familiar with a KWL chart (what they Know, what they Want to know and what they have Learned).

### Resources

- Anxiety Website: http://www.anxietybc.com/
- BLM 6.1 - Anxiety Quiz Answer Sheet
- BLM 6.2 - Myth or Fact Activity
- BLM 6.3 - Information Gathering
- BLM 6.4 - Awareness Poster Rubric
Players place cards on the Myth or Fact piles.

Mix up the game cards and pass them out to players.

**Fact or Myth**
Were there certain words or phrases that hinted to it being a fact or a myth?

- **Panic Disorder** - severe attacks of panic, often producing distressing physical symptoms that feel as if one is having a heart attack or even dying.
- **Obsessive Compulsive Disorder** - recurrent, unwanted thoughts or rituals that the individual cannot control and impairs functioning.

<table>
<thead>
<tr>
<th><strong>Prayer/Scripture Focus</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proverbs 12: 25</td>
</tr>
<tr>
<td>An anxious heart weighs a man down, but a kind word cheers him up.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Minds On</strong></th>
<th><strong>Approximately 20 minutes</strong></th>
<th><strong>Assessment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KWL Chart</strong></td>
<td>As a whole class, create a <strong>KWL</strong> chart. Have students brainstorm “K” What they know about anxiety and “W” What they want to know about anxiety. The “L”, What they have learned about anxiety will be completed after the lesson.</td>
<td></td>
</tr>
<tr>
<td><strong>Thumbs Up/Thumbs Down</strong></td>
<td>Give the anxiety quiz (BLM 6.1) aloud to the students and have them indicate whether they believe it is true using a thumbs up or false using a thumbs down. Now read the correct answer aloud to the students.</td>
<td></td>
</tr>
<tr>
<td><strong>Did this background knowledge help you have a clearer understanding of what anxiety is? Is there anything else to add to our <strong>KWL</strong> chart?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fact or Myth</strong></td>
<td>Place the two cards labeled “Myths” and “Facts” on the table (from BLM 6.2). Mix up the game cards and pass them out to players. In small groups, players take turns reading their cards aloud. The group decides whether the card is a Myth or a Fact. Players place cards on the Myth or Fact piles. After the game, lead a discussion on their placement decisions.</td>
<td></td>
</tr>
</tbody>
</table>
| **Questions to Guide Discussion:** | *How did your group determine whether it was a fact or myth?*  
*Were there certain words or phrases that hinted to it being a fact or a myth?*  
*Did any of the facts or myths surprise you? Why?* |
<table>
<thead>
<tr>
<th>Action</th>
<th>Approximately 45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness Posters</td>
<td>Enter the following website. <a href="http://www.anxietybc.com">www.anxietybc.com</a>. Once there, click on the ('youth and young adults)' tab where you will find the topics listed below. In small groups or pairs have students enter the site and assign a group to one of the areas to complete BLM 6.3 provided. The groups will present their information to the whole class.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facing Fears</td>
</tr>
<tr>
<td>2. Thinking Right</td>
</tr>
<tr>
<td>3. How to Chill</td>
</tr>
<tr>
<td>4. Healthy Habits</td>
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<tr>
<td>5. Common Problems</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Consolidation</th>
<th>Approximately 10 minutes</th>
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<tbody>
<tr>
<td>Refer to the KWL chart once again and discuss the progress made. After doing the quiz earlier in the lesson, completing the KWL chart and the small group presentations, reflect on the scripture reading from Proverbs 12:25: “An anxious heart weighs a man down, but a kind word cheers him up.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions to Guide Discussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How might these words help a person who is feeling anxious?</td>
</tr>
<tr>
<td>What can you do or say to someone who may be feeling anxious that would be a compassionate response to their anxiety? Share this idea with an elbow partner.</td>
</tr>
<tr>
<td>Have several students share their ideas with the class.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prayer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflect on the material covered today and create a prayer asking Jesus to help you when you experience anxiety in your day or to give you guidance to support others who may be experiencing anxiety.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D.I. Option:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students could share their prayers in the form of a song, art piece, slideshow, photo essay, etc.</td>
</tr>
</tbody>
</table>

| Prayers may be posted in the classroom or placed on the classroom prayer table. |

<table>
<thead>
<tr>
<th>(AoL) Assessment of Learning:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the rubric, BLM 6.4, to evaluate the awareness posters.</td>
</tr>
</tbody>
</table>
ANXIETY QUIZ ANSWER SHEET

1) Anxiety’s main job is to keep you safe.
   ☑ True
   ☐ False

When faced with danger, your body goes through lots of changes in order to get you ready to protect yourself from danger. Your body revs up and you are ready to strike out at danger, make a safe getaway, or hold still until the danger passes.

2) Feeling anxious can be harmful.
   ☑ True
   ☐ False

Your body is designed to react to danger. The changes you feel in your body are its ways of adapting to keep you safe. For example, your heart makes sure blood and oxygen is pumped to major muscles like your biceps or thighs. This gives you energy and power to strike out at danger or to run away as fast as you can. These changes might feel uncomfortable or annoying, but they’re not dangerous.

3) Feelings of anxiety eventually go away.
   ☑ True
   ☐ False

Sometimes anxiety feels like it could go on forever. However, eventually it always goes away or lessens. Just as your body is designed to rev up to protect you from danger, it is also designed to calm down at some point. It may take a little time, but your anxiety will come down.

4) Most people don’t feel anxious.
   ☑ True
   ☐ False

Everyone feels anxiety at times. For example, most people feel anxious on the first day of school, before a final exam, or at a job interview. The only difference between people is how often, how easily, and how much they experience anxiety.

5) Everyone can tell when you’re anxious.
   ☑ True
   ☐ False

Anxiety can feel really loud to you. It’s like listening to your iPod on full blast with your earphones. Someone walking past you on the sidewalk while you’re listening to your iPod would only hear a quiet muffled sound, if anything. It’s the same with anxiety. Most other people don’t really notice when you’re anxious, except maybe those closest to you, like your parents or best friend.
BLM 6.1- Lesson 6 - The Triple A: Anxious About Anxiety

ANXIETY QUIZ ANSWER SHEET…continued

6) If you get REALLY anxious you could lose control or go crazy.
☐ True
☐ False

Although sometimes we can feel really overwhelmed or panicky when we’re anxious, we’re not going to lose control or go crazy. That’s just not what happens when we’re anxious.

7) Anxiety problems are common.
☐ True
☐ False

Anxiety problems are quite common. In fact, 1 in 4 teens will experience some type of problem with anxiety at some point. If you struggle with anxiety, you are not alone!

8) Having problems with anxiety means you’re weak.
☐ True
☐ False

Having anxiety problems does not mean there is anything wrong with you. It has nothing to do with weakness. In fact, there are lots of famous and successful people who have had anxiety problems. To name just a few: Oprah Winfrey, Howard Stern, Johnny Depp, Anthony Hopkins, Nicholas Cage, Cher, and Nicole Kidman. It takes strength to acknowledge that anxiety is a problem for you and to take steps to deal with it.

9) If you’re a really anxious person, there’s not much you can do to change that.
☐ True
☐ False

If anxiety is a problem for you, there is a lot you can do! You can learn strategies for relaxing, challenging worrisome thinking, and facing your fears. You can take control of managing your anxiety, so it doesn’t hold you back. You have taken the first step already by visiting this website.

10) Telling yourself to “relax” is a very effective way to deal with anxiety.
☐ True
☐ False

When you struggle with anxiety, it’s not as simple as just telling yourself to “relax.” Most people have to learn some new coping strategies to help them better deal with anxiety. The good news is that there is help available. And this website is a great place to start.
BLM 6.2 - Lesson 6 - The Triple A: Anxious About Anxiety

MYTH OR FACT ACTIVITY

Photocopy and cut these two cards out to place on table for group activity

Answer Key

**Myth:** Being worried all the time is not an actual illness. Everyone is anxious sometimes.
**Fact:** Everyone is worried sometimes, but it is not normal to be worried almost all the time.

**Myth:** If you can't stand to step on cracks, are fussy about your things, or wash your hands a lot, you "are OCD" (have obsessive-compulsive disorder).
**Fact:** Obsessive-compulsive disorder is a debilitating illness that robs people of their time, often hours a day.

**Myth:** "Social anxiety disorder" is a made-up disorder. Lots of people are shy.
**Fact:** Shyness is not the same as social anxiety disorder.

**Myth:** Panic attacks are not a real illness, like a heart attack is.
**Fact:** The symptoms of a panic attack are very much like the symptoms of a heart attack and can include chest pains, choking, tingling in the extremities, difficulty breathing, and a sense of impending doom.
BLM 6.2 - Lesson 6 - The Triple A: Anxious About Anxiety

**MYTH OR FACT ACTIVITY…continued**

Make photocopies and cut apart the following myths and facts to distribute to your groups.

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being worried all the time is not an actual illness. Everyone is anxious sometimes.</td>
<td>Everyone is worried sometimes, but it is not normal to be worried almost all the time.</td>
</tr>
<tr>
<td>If you can't stand to step on cracks, are fussy about your things, or wash your hands a lot, you &quot;are OCD&quot; (have obsessive-compulsive disorder).</td>
<td>Obsessive-compulsive disorder is a debilitating illness that robs people of their time, often hours a day.</td>
</tr>
<tr>
<td>“Social anxiety disorder” is a made-up disorder. Lots of people are shy.</td>
<td>Shyness is not the same as social anxiety disorder.</td>
</tr>
<tr>
<td>Panic attacks are not a real illness, like a heart attack is.</td>
<td>The symptoms of a panic attack are very much like the symptoms of a heart attack and can include chest pains, choking, tingling in the extremities, difficulty breathing, and a sense of impending doom.</td>
</tr>
</tbody>
</table>
BLM 6.3 - Lesson 6 - The Triple A: Anxious About Anxiety

INFORMATION GATHERING

In your groups you have been asked to visit the website www.anxietybc.com. Enter the tab marked “Youth and Young adults”. Each group is responsible for one of the topics. Answer the questions below. You will use this information to create an “Awareness” poster about Anxiety.

Topic: ____________________________________________________________

Group members: ____________________________________________________

1. What problems or questions stand out to you? List at least 3.
2. Was there any advice on how to cope with the problem? If yes, what was it? Do you think it would be effective? Why or why not?
3. What tips, if any, are offered to help an individual cope with these issues?
4. How can you use this information to create awareness?

Choose some of the key ideas to produce an awareness poster to be displayed in the classroom. Your poster can include words, phrases, pictures from magazines, computer generated or hand drawn images.

Be prepared to present your poster to the rest of the class and be able to explain why you included certain ideas.
### BLM 6.4 – Lesson 6 – The Triple A: Anxious About Anxiety

**AWARENESS POSTER RUBRIC**

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knowledge and Understanding</th>
<th>Below Level 1 (0-49%)</th>
<th>Level 1 (50-59%)</th>
<th>Level 2 (60-69%)</th>
<th>Level 3 (70-79%)</th>
<th>Level 4 (80-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ the facts and information on the poster are presented and used with insufficient accuracy and completeness</td>
<td>□ the facts and information on the poster are presented and used with limited accuracy and completeness</td>
<td>□ the facts and information on the poster are presented and used with moderate accuracy and completeness</td>
<td>□ the facts and information on the poster are presented and used with considerable accuracy and completeness</td>
<td>□ the facts and information on the poster are presented and used with a high degree of accuracy and completeness</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Thinking and Inquiry</th>
<th>Below Level 1 (0-49%)</th>
<th>Level 1 (50-59%)</th>
<th>Level 2 (60-69%)</th>
<th>Level 3 (70-79%)</th>
<th>Level 4 (80-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ students are able to explain their poster and choices to the class with insufficient effectiveness</td>
<td>□ students are able to explain their poster and choices to the class with limited effectiveness</td>
<td>□ students are able to explain their poster and choices to the class with moderated effectiveness</td>
<td>□ students are able to explain their poster and choices to the class with considerable effectiveness</td>
<td>□ students are able to explain their poster and choices to the class with a high degree of effectiveness</td>
<td></td>
</tr>
<tr>
<td>□ support of ideas is provided through graphics, labels and key words with insufficient effectiveness</td>
<td>□ support of ideas is provided through graphics, labels and key words with limited effectiveness</td>
<td>□ support of ideas is provided through graphics, labels and key words with moderate effectiveness</td>
<td>□ support of ideas is provided through graphics, labels and key words with considerable effectiveness</td>
<td>□ support of ideas is provided through graphics, labels and key words with a high degree of effectiveness</td>
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<table>
<thead>
<tr>
<th>Communication</th>
<th>Below Level 1 (0-49%)</th>
<th>Level 1 (50-59%)</th>
<th>Level 2 (60-69%)</th>
<th>Level 3 (70-79%)</th>
<th>Level 4 (80-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ poster codes and conventions (design, layout, neatness, size considerations, title) are used with insufficient clarity and effectiveness</td>
<td>□ poster codes and conventions (design, layout, neatness, size considerations, title) are used with limited clarity and effectiveness</td>
<td>□ poster codes and conventions (design, layout, neatness, size considerations, title) are used with moderate clarity and effectiveness</td>
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<td>□ poster codes and conventions (design, layout, neatness, size considerations, title) are used with a high degree of clarity and effectiveness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application</th>
<th>Below Level 1 (0-49%)</th>
<th>Level 1 (50-59%)</th>
<th>Level 2 (60-69%)</th>
<th>Level 3 (70-79%)</th>
<th>Level 4 (80-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ poster and presentation provide an insufficient degree of awareness raising</td>
<td>□ poster and presentation provide a limited degree of awareness raising</td>
<td>□ poster and presentation provide a moderated degree of awareness raising</td>
<td>□ poster and presentation provide a considerable degree of awareness raising</td>
<td>□ poster and presentation provide a high degree of awareness raising</td>
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</tbody>
</table>

Teacher’s comments:
### Grade 9 Unit

**Mental Health: Hope and Dignity**

#### Grade 9 – Lesson 7

"Letting Go of Our Anxieties"

#### Curriculum Expectations - Catholic Graduate Expectation, Overall & Specific R.E. Expectations

<table>
<thead>
<tr>
<th>Catholic Graduate Expectation</th>
<th>Learning Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith</strong></td>
<td>By the end of the lesson, students will be able to recognize symptoms of both anxiety and stress and understand that prayer and meditation can be used to relieve stress.</td>
</tr>
</tbody>
</table>

**Family Life Education Overall Expectation**

demonstrate an understanding of the sacredness of the human person, body and spirit from conception until natural death

**Family Life Education Specific Expectation**

demonstrate awareness of the experience of anger, its expression, management strategies and sources of help

evaluate healthy and unhealthy attitudes to the human body and physical appearance

### Instructional Components

<table>
<thead>
<tr>
<th>Prior Knowledge and/or Skills</th>
<th>Terminology</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students should recognize the common feelings of anxiousness and stress in everyday lives.</td>
<td><strong>mantra</strong> - a repetitive word or phrase to be used in relaxation.</td>
<td>BLM 7.1 - Guided Meditation - Prayer Journey (used with permission from: Rainbows for All Children, Inc., Headquarters, Itasca, Illinois, USA)</td>
</tr>
<tr>
<td>Students should recognize that Jesus is with us to take some of the burden away and to guide us to mental health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Prayer/Scripture Focus

**Prayer for Relieving Stress and Anxiety**

Lord, there has been too much change in my life recently, and I feel overwhelmed. Because I try to be a responsible person, I sometimes forget that it is unwise for me to allow my sense of duty to override my common sense. Lord, help me to allow myself more time to rest, relax, and pray. Guide me toward something spiritual to read every day and a quiet time afterwards to reflect on what I have read and how it pertains to my life. I truly want to simplify my life and live more as Christ did. Help me remember that there is no loss or problem I must face alone. You are always near, with Your love and compassion to comfort me. Amen.

*Anonymous*
For example, if I have an upcoming exam, I might be motivated to study. Sometimes, anxiety serves a purpose – a purpose that God intended. In what ways can worrying be positive?

Teacher Prompt: If only it were that easy. We must realize that we must take action to manage our worries so they do not interfere with our abilities to do the things we are supposed to do. Also we need to realize that worries are not all bad. Sometimes, anxiety serves a purpose – a purpose that God intended. For example, if I have an upcoming exam, I might be motivated to study.

**Questions to Guide Discussion:**
- What are some of the things that teens worry about or cause them anxiety?
- What are some ways they can turn their thinking around and think about managing their anxiety?
- What are some ways to relax?
- In what ways can worrying be positive?

**Action**

**Throwing Away Worries**

**Teacher Prompt:** Letting go of worries is not easy. This is a symbolic gesture to help us try and get rid of a worry or an anxious thought.

Each student is given a piece of scrap paper. They write something that has made them anxious or worried recently. Now shred or tear up that paper and dispose of the worries in an empty garbage can.

Teacher Prompt: If only it were that easy. We must realize that we must take action to manage our worries so they do not interfere with our abilities to do the things we are supposed to do. Also we need to realize that worries are not all bad. Sometimes, anxiety serves a purpose – a purpose that God intended. For example, if I have an upcoming exam, I might be motivated to study.

**Assessment**

**Questions to Guide Discussion:**
- What are some of the things that teens worry about or cause them anxiety?
- What are some ways they can turn their thinking around and think about managing their anxiety?
- What are some ways to relax?
- In what ways can worrying be positive?

**Action**

**Guided Meditation - Prayer Journey**

Use the Guided Meditation/Relaxation script, BLM 7.1. Teachers may set the tone for the meditation by dimming the lights, having students close their eyes, etc.

An alternative would be to invite a Yoga instructor to lead an exercise.

Close the meditation with the Prayer for Relieving Stress and Anxiety from the Prayer/Scripture focus.

**Consolidation**

To summarize today’s activities, the students will be asked to create a mantra. To guide students’ thinking, the following prompts may be used.

**Suggested Prompts to Guide Journal Response**
- Describe how you felt after you threw your worries away.
- Describe how the guided meditation helped you relax and feel better.
- Describe how we can use prayer to help us relieve the stress in our lives.
- How can prayer be used to respond to others who may be anxious?

Create a mantra (phrase or word) that would help you relax or feel better. Put this in your journal and decorate it as you see appropriate.

**Assessment**

(AoL) Assessment of Learning:
Journals can be assessed using class-generated success criteria to determine student understanding of anxiety and our Christian response.
BLM 7.1 – Lesson 7 – Letting Go of Our Anxieties

GUIDED MEDITATION - PRAYER JOURNEY

Everyone get comfortable on the floor. Do not disturb or talk to the person next to you. Please do not interrupt their journey.

Now relax…

Breathe slowly. Concentrate on your entire body. Feel yourself breathing, in and out… in and out… If you have any aches or pains – imagine them being lifted from your body by helium balloons. They are going up, up and away from your body.

Feel your toes wiggle…now relax. Tighten your right leg muscles… now relax them. Tighten your left leg muscles… now relax them. Feel your chest move up and down as you breathe deeply. Wiggle your fingers … make a fist…now relax them.

Breathe deeply. Tighten your neck muscles … now relax them. Feel your head resting on the floor … Take a deep breath … let it out slowly.

Imagine yourself on an airplane – your destination is Hawaii. You look out the window and see white puffs of clouds. Through the clouds, you get a glimpse of the Pacific Ocean.

After a quiet flight, you land and step off the plane. The sun is shining brightly. Feel the warmth on your skin. Smell the fresh clean air.

You begin to walk – looking for the beach. Once you are there, the beach is crowded with people. You keep walking on the sand away from everyone. You continue to walk on the sand, all alone – with no destination. You see a figure of someone coming towards you. You are unable to distinguish if it is a man or a woman. As the figure comes closer… you are able to see this person. The person continues to walk gently towards you until you are face to face with them. You now realize that this person is God.

What does God look like? Is God tall? What colour are God’s eyes? How long is God’s hair? You begin to talk to God…

What is it you want to say to God? (Long pause)

Tell God all the things that you have bottled up inside. Be honest (Long pause)

What does God have to say to you? (Long pause)

“You are important to me. You are my friend. I made each human being unique because I knew everyone is very important and special. Each snowflake is special.
BLM 7.1 – Lesson 7 – Letting Go of Our Anxieties

GUIDED MEDITATION - PRAYER JOURNEY - CONTINUED

Each leaf on every tree is special.
Each butterfly is special.
I created these for a reason. Please accept who you are and be patient with yourself.
This time in your life is the unwrapping of your gift – the gift of you – to My world.

Take time to gently unwrap yourself because the gift of who you are is fragile. It must be cherished.
And please, Be gentle with the gifts of all those who you meet as you travel your journey of life.
For they, too, are valuable. (Long pause)

I really care about you and love you – as you are. I have always been there with you by your side – even if it hasn’t felt like it.
At night, in your room when it is dark and you feel alone,
I am there waiting, to share your day,
to share your hurts, 
yes, to even share your anger and guilt.
I am there on your way to school as a new day is beginning filled with hope, with excitement with anticipation about what the day will hold.
I am there even at parties with all of your friends, laughing and having a good time.
I am with you when you feel you don’t belong or don’t fit in with those around you.
You are MY friend.
I love you and care about you every second of every day.
There are many times as you travel through life that you will hurt inside, friends will let you down, parents will disappoint you, dreams will be shattered.
Many times these burdens and hurts will feel too heavy for you to carry. Please, remember to ask Me…
I am always there to share your burdens.
I will listen.
When the inside pains and hurts are shared with someone - it lightens the load.
I do understand
your hurt
your anger
your pain.

It is okay to feel this way, but never forget that pain and hurt can be a time of courage and strength.
I am always by your side …
to listen,
to care,
to love,
to encourage,
to guide.

Please, just ask Me.”

God then hands you a gift, and with extended arms, gives you a hug. Then, God is gone.

(Let everyone remain quiet for two minutes)

End with the “Prayer for Relieving Stress and Anxiety” found in the prayer/scripture focus.

Guided meditation used with permission from: Rainbows for All Children, Inc., Headquarters, Itasca, Illinois, USA
### Grade 9 Unit
**Mental Health: Hope and Dignity**

<table>
<thead>
<tr>
<th>Grade 9 Lesson 8</th>
<th>&quot;Substance Abuse&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Graduate Expectation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>An Effective Communicator</strong></td>
<td></td>
</tr>
<tr>
<td>CGE2c presents information and ideas clearly and honestly and with sensitivity to others</td>
<td></td>
</tr>
<tr>
<td><strong>A Reflective and Creative Thinker</strong></td>
<td></td>
</tr>
<tr>
<td>CGE3c thinks reflectively and creatively to evaluate situations and solve problems</td>
<td></td>
</tr>
<tr>
<td><strong>Christian Moral Development Overall Expectation</strong></td>
<td></td>
</tr>
<tr>
<td>demonstrate the use of Christian moral principles in personal decision-making</td>
<td></td>
</tr>
<tr>
<td><strong>Family Life Education Specific Expectation</strong></td>
<td></td>
</tr>
<tr>
<td>demonstrate a respect for the human body, in light of the sacredness of human life created by God</td>
<td></td>
</tr>
</tbody>
</table>

| **Learning Goal** |
| By the end of this lesson, students will learn about the harmful side effects of substance abuse and begin to use the information learned in class to make informed decisions. |

| **Instructional Components** |
| **Prior Knowledge and/or Skills** |
| A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established. |

| **Terminology** |
| **Substance Abuse** - a pattern of harmful use of any substance, for mood altering purposes, that has negative effects on a person's social, emotional, physical, and/or spiritual well-being. |

| **Resources** |
| Above the Influence website: [www.abovetheinfluence.com](http://www.abovetheinfluence.com) |
| Xperiment website: [www.xperiment.ca](http://www.xperiment.ca) |
| For statistics about the connection between substance abuse and mental health, visit The Centre for Addiction and Mental Health: [www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx](http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx) |
| BLM 8.1 - Types of Substance Abuse |
| BLM 8.2 - Substance Abuse Prevention Fair |
### Prayer/Scripture Focus

#### The Serenity Prayer

God, grant me the serenity to accept the things I cannot change;  
Courage to change the things I can;  
and wisdom to know the difference.  
Living one day at a time;  
Enjoying one moment at a time;  
Accepting hardships as a pathway to peace;  
Taking, as He did, this sinful world as it is,  
not as I would have it;  
Trusting that He will make all things right,  
if I surrender to His will;  
That I may be reasonably happy in this life,  
And supremely happy with Him forever in the next.  
Amen.  
Reinhold Niebuhr

### Minds On

**Approximately 10 minutes**

Go to the website [www.abovetheinfluence.com](http://www.abovetheinfluence.com). From the menu tab, go to Influences and select Live Above. Display the poem on the Smart Board for the class to view. Ask the students to read the poem and lead a class discussion to obtain student reactions.

**Questions to Guide Discussion:**

*Why do people sometimes choose to live under the influence?* (At this point, the teacher may choose to share the statistics from the Centre for Addiction and Mental Health with the students).  
*What does it mean to be above the influence?*  
*How can you and your friends support one another in remaining above the influence?*

Since this lesson covers two 75-minute classes, as the Minds On for the second class, pray the Serenity Prayer together. Briefly share with the class where the prayer originated (adopted by Alcoholics Anonymous and other 12-step programs).

### Action

**Approximately 100 minutes**

Have students explore the website [www.abovetheinfluence.com](http://www.abovetheinfluence.com) by going on to the computers in pairs. Provide students with some time to explore the website first. Next, assign pairs of students a specific substance to explore. Have the students complete BLM 8.1 as they check out the Drug Facts sheets under the Facts tab and the True Stories under the Media tab.

An alternative to the above website could be [www.xperiment.ca](http://www.xperiment.ca).

When students have completed BLM 8.1, have them share their findings with another pair who explored a different substance.

### Assessment

**Student responses during the minds on activity will provide the teacher with valuable information about students’ prior knowledge about substance abuse.**

**AFL Assessment for Learning:**

Student questions and discussions as they explore the website and complete BLM 8.1 will provide information for further learning.
Next, divide students into small groups of 3 or 4. Explain to the students that they will work together to create a visual display focused on a topic of their choice. A sample list of suggested activities is given on BLM 8.2. Explain to the students that they will research their chosen topic, and create a visual display which contains important information as well as local resources which can offer help.

Once the assignment is clearly explained to the students, co-construct a list of success criteria for the visual display and oral presentation. Suggested criteria for the visual display could include: sufficient and relevant information, eye-catching display, organization of information, etc. Suggested criteria for the oral presentation could include: student preparation, organization of ideas, equal sharing of information among group members, creativity, class involvement, etc.

Provide students with time to work on their project in class and assist students in obtaining information about local community resources as needed.

Before students submit their project for evaluation, have them complete a self-evaluation using the class-generated success criteria.

D.I. Option:
While there is already choice embedded in the assignment, further differentiation based on student learning styles, multiple intelligences or student interests could be considered.

<table>
<thead>
<tr>
<th>Consolidation</th>
<th>Approximately 40 minutes</th>
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</thead>
<tbody>
<tr>
<td>Groups share their visual displays with the whole class through oral presentations.</td>
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</tbody>
</table>

If possible, student projects could be placed on display in the school cafeteria or hallways for all students to view or the teacher could make arrangements with another class to come and view the presentations.

Personal Reflection:
After each group has presented their information to the class, each group member will individually write a short reflection which answers the following questions:

- How will the information you have obtained influence your decision-making regarding substance use and abuse?
- Explain how the Serenity prayer helps us to remain above the influence?
BLM 8.1 – Lesson 8 – Substance Abuse

**TYPES OF SUBSTANCE ABUSE**

Name: __________________________________________

Type of Substance Abuse: ____________________________

<table>
<thead>
<tr>
<th>Other Names for this Substance</th>
<th>Short Term Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Long Term Effects

|                               | I am surprised by . . .  |
|                               | One question I have is . . . |
|                               |                               |

I am surprised by . . .

One question I have is . . .
BLM 8.2 – Lesson 8 – Substance Abuse

SUBSTANCE ABUSE PREVENTION FAIR

Working in small groups, you will create a visual display on the topic of your choice. The purpose of this display is to provide important information to your peers and demonstrate your own learning about substance abuse. Each group will present their information to the class in a short (10 - 15 minute) presentation.

Suggested topics include:

- The consequences of drinking and driving
- Positive effects of not smoking or benefits of quitting
- Substance abuse prevention strategies
- Long-term effects of drug use
- Negative side effects of a particular drug

Visual Display

Your visual display must include the following components:

1. **Collage**
   Include a combination of pictures and words which provides clear information about your topic. Answer the question: What are the __________________________? (Ex. What are the consequences of drinking and driving?)

2. **Message of Hope**
   Communicate your message to fellow teenagers about your topic in an eye-catching and informative manner. Answer the question: *How can you help someone who is struggling with substance abuse?*

3. **List of Community Resources**
   Include contact information and a short summary of a minimum of three local community agencies/resources which can be used to treat dependencies and/or addictions. Answer the question: Where can you go for help?

Your visual display can be done on bristol board, a display board or another medium of your choice.
### Grade 9 Unit

**Mental Health: Hope and Dignity**

<table>
<thead>
<tr>
<th>Grade 9 – Lesson 9</th>
<th>“Culminating Task”</th>
</tr>
</thead>
</table>

### Curriculum Expectations - Catholic Graduate Expectation, Overall & Specific R.E. Expectations

**An Effective Communicator**

CGE2a presents information and ideas clearly and honestly and with sensitivity to others

**A Reflective and Creative Thinker**

CGE3a recognizes there is more grace in our world than sin and that hope is essential in facing all challenges

**A Self-Directed, Responsible, Life-Long Learner**

CGE4f applies effective communication, decision-making, problem-solving, time and resource management skills

### Family Life Overall Expectation

explore the importance of fostering a positive, healthy self-esteem physically, intellectually and spiritually

### Profession of Faith Specific Expectation

define hope as a virtue which keeps us searching for true happiness and which sustains us in times of abandonment and struggle

### Instructional Components

#### Prior Knowledge and/or Skills

Students should know their multiple intelligence(s). If needed, a multiple intelligence survey can be found at: [www.paec.org/teacher2teacher/gotthehots_multi_intell_survey.pdf](http://www.paec.org/teacher2teacher/gotthehots_multi_intell_survey.pdf)

Students will be using the knowledge they have gained about the various aspects of mental illness over the past 8 lessons.

#### Terminology

**hope** - a strong and confident expectation; having trust in God's love for us even when we are experiencing difficulty

**stigma** - refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need." (SAMHDS 2004)

### Learning Goal:

By the end of the culminating task, the students will develop a product that demonstrates an understanding of a specific topic related to mental health, showing both the effects of stigma and a message of hope.

### Resources

- BLM 9.1 - Culminating Task Choice Board
- BLM 9.2 - Culminating Task Rubric
- BLM 9.3 - Culminating Task Proposal
- BLM 9.4 - Peer Assessment
- BLM 9.5 - Self Assessment

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**Catholic Curriculum Corporation – Central and Western Region**

**Mental Health: Hope, Dignity and Our Compassionate Response**

**Faith through Learning – A Distinctive Catholic Curriculum**

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### Prayer/Scripture Focus
In their culminating task, students need to incorporate the prayer/scripture focus from previous lessons and/or the Catholic faith teachings, in such a manner that a message of hope becomes clear.

### Assessment
- **(AFL) Assessment for Learning:**
  This summarizing task ensures that all key points have been understood. Time can be taken during this activity to stress or correct any understanding as necessary.

### Minds On
**Approximately 15 minutes**
- Ask students to summarize some of the key learnings from the lessons to date. Record these on chart paper that will be visible to students while completing their summative task. Prompt them not only for the information about the topics, but the stigma that may be associated with each, and the Catholic faith teaching connections that were also considered.

- If students are not aware of their strengths in terms of the Multiple Intelligences, this is an appropriate place to do the survey.

### Action
**Approximately 30 minutes**
- Distribute the Culminating Task sheet, BLM 9.1. Go over the assignment with the students, addressing the key requirements and addressing any questions students have about the assignment.

- Distribute the Rubric for the Culminating Task, BLM 9.2. Go over it with students, looking closely at the expectations, and how to achieve a level 3 or 4.

- Students make their selections and submit the proposal sheet, BLM 9.3.

- **D.I. Option:**
  Teacher-student conferences are encouraged for those students who require extra support in the planning process.

### Consolidation
**Approximately 20 minutes**
- Self/Peer assessment, BLM 9.4 and BLM 9.5.
- Share their creations with the class and/or display the products in the classroom.

- **(AAL) Assessment as Learning:**
  Students make their choices based on their own understanding of their multiple intelligences and interest in a particular topic from the unit.

- **(AAoL) Assessment as Learning:**
  Students use the peer and self assessment sheets to reflect on and improve their projects.

- **(AoL) Assessment of Learning:**
  Students’ final products are evaluated according to the rubric, BLM 9.2
BLM 9.1 – Lesson 9 – Culminating Task

**CHOICE BOARD**

Your task is to **create a product** which shows, that despite the challenges and stigma associated with one of the topics in this unit, hope is always present; and that the source of our hope is God and our faith.

Using the choice board below, select a task that you will complete as a project to demonstrate:

- your understanding of a specific topic/disorder from the unit (healthy relationships, anxiety, substance abuse)
- the stigma associated with the topic and its impact
- a message of hope, and how our faith offers us hope

<table>
<thead>
<tr>
<th>Verbal/Linguistic</th>
<th>Logical/Mathematical</th>
<th>Interpersonal/People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a newsletter or brochure to inform people about the topic, the associated stigma, and where hope can be found.</td>
<td>Create a flow chart or use graphic organizers to communicate the key learnings on the topic, the effects of stigma, and how hope is present.</td>
<td>Create a script between two friends, discussing the issue, where one friend is experiencing the disorder and the other is offering support. Remember to address the three key points listed above.</td>
</tr>
<tr>
<td><strong>Intrapersonal/Self</strong></td>
<td><strong>Musical/Rhythmic</strong></td>
<td><strong>Visual/Spatial</strong></td>
</tr>
<tr>
<td>Write a series of journal or blog entries (approximately 5-7), as a person experiencing the disorder. Remember to address the three key points listed above.</td>
<td>Find two songs with lyrics that deal with the topic. One of the songs should present a hopeful message. Explain your choices, clearly outlining your understanding of the topic, the stigma and the hopeful message. <strong>OR</strong> Create your own lyrics which address the three key points listed above.</td>
<td>Create an artistic response: drawing, painting, model, sculpture, photo essay. Include an explanation of your choices so that your knowledge of the disorder and stigma and your understanding of hope are clear.</td>
</tr>
<tr>
<td><strong>Kinesthetic/Body</strong></td>
<td><strong>Naturalistic</strong></td>
<td><strong>Existential/Spiritual</strong></td>
</tr>
<tr>
<td>Create an active game or a dance routine that demonstrates an understanding of the topic, its associated stigma and a message of hope.</td>
<td>Create a guided meditation that uses objects and images from the natural world to address the topic, its associated stigma and a message of hope.</td>
<td>Create and lead the class in a prayer service that addresses the topic, the associated stigma, and provides a message of hope.</td>
</tr>
</tbody>
</table>
**BLM 9.2 – Lesson 9 – Culminating Task**

**RUBRIC**

<table>
<thead>
<tr>
<th>Topic and Product:</th>
<th>Below Level 1 (0-49%)</th>
<th>Level 1 (50-59%)</th>
<th>Level 2 (60-69%)</th>
<th>Level 3 (70-79%)</th>
<th>Level 4 (80-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Understanding</td>
<td>□ product demonstrates an insufficient understanding of the disorder and the stigma</td>
<td>□ product demonstrates a limited understanding of the disorder and the stigma</td>
<td>□ product demonstrates a moderate understanding of the disorder and the stigma</td>
<td>□ product demonstrates a considerable understanding of the disorder and the stigma</td>
<td>□ product demonstrates a high level of understanding of the disorder and the stigma</td>
</tr>
<tr>
<td>Thinking and Inquiry</td>
<td>□ product demonstrates an insufficient level of thought and creativity</td>
<td>□ support and examples are used with insufficient effectiveness</td>
<td>□ product demonstrates a limited level of thought and creativity</td>
<td>□ support and examples are used with moderate effectiveness</td>
<td>□ product demonstrates a considerable level of thought and creativity</td>
</tr>
<tr>
<td>Communication</td>
<td>□ the conventions and features of the chosen format are used with insufficient effectiveness</td>
<td>□ ideas are presented with limited clarity</td>
<td>□ the conventions and features of the chosen format are used with limited effectiveness</td>
<td>□ ideas are presented with moderate clarity</td>
<td>□ the conventions and features of the chosen format are used with considerable effectiveness</td>
</tr>
<tr>
<td>Application</td>
<td>□ the message and source of hope is explored with insufficient effectiveness</td>
<td>□ the message and source of hope is explored with limited effectiveness</td>
<td>□ the message and source of hope is explored with moderate effectiveness</td>
<td>□ the message and source of hope is explored with considerable effectiveness</td>
<td>□ the message and source of hope is explored with a high degree of effectiveness</td>
</tr>
</tbody>
</table>

Teacher’s comments:
Ideas and Brainstorming for my project:

My strongest intelligence(s) is/are:

My selection from the choice board is:

The Unit Topic for my project is:

Why I want to focus on this topic for my project:

Name: ___________________________ Date: ___________________________
Brainstorming…continued:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How I will incorporate a message of hope and faith:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Teacher Approval and Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Conference Requested: by student _______ by teacher_______
BLM 9.4 – Lesson 9 – Culminating Task

PEER ASSESSMENT

Name of Assessor: ____________________________________ Date: ______________

What are three key messages you gathered from the product you assessed?

•

•

•

What are the strengths of this product? How has the message of hope been communicated?

•

•

What are two or three specific and concrete suggestions you can give that would improve the product, its clarity, and its communication of the messages?

•

•

•

Signature: ________________________________
BLM 9.5 – Lesson 9 – Culminating Task

SELF ASSESSMENT

Name: __________________________________________  Date: ______________

Give specific evidence of where the three (3) key points are demonstrated in your product:

1. your understanding of a specific topic from the unit:

2. the stigma associated with the topic and its impact:

3. a message of hope, and how our faith offers us hope:

What is an aspect of your project that you are proud of? Explain.

What is an aspect of your project that you could improve upon? Explain.

Signature: ______________________________________
### Grade 10 Unit, "Mental Health: A Compassionate Response"

**Grade 10 Lesson 1**

"Dignity of the Human Person, Stigma, Mental Health & Mental Illness"

<table>
<thead>
<tr>
<th>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catholic Graduate Expectation</strong></td>
</tr>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith Community</strong></td>
</tr>
<tr>
<td>CGE1d develops attitudes and values founded on Catholic social teaching and acts to promote social responsibility, human solidarity and the common good</td>
</tr>
</tbody>
</table>

**Professional of Faith Overall Expectation**

consider how religious faith is shaped by human experience (i.e., one's family, one's culture, one's temperament);

**Profession of Faith Specific Expectation**

evaluate how to live in and challenge society based on the model of Jesus

<table>
<thead>
<tr>
<th>Instructional Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior Knowledge and/or Skills</strong></td>
</tr>
<tr>
<td>A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established.</td>
</tr>
<tr>
<td>Students should already know and understand the Catholic Social Teaching of dignity of the human person as well as the virtue of hope. For more information on the Catholic social teachings, consult the website in the resources list).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>hope</strong> - a strong and confident expectation; having trust in God's love for us even when we are experiencing difficulty</td>
</tr>
<tr>
<td><strong>dignity of the human person</strong> - every human life is sacred and created in the image of God; therefore each life has tremendous worth and value and should be treated as such</td>
</tr>
<tr>
<td><strong>mental health</strong> - a person's overall emotional, psychological and spiritual condition</td>
</tr>
<tr>
<td><strong>mental illness</strong> - a brain health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person substantial distress and difficulty in functioning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.gotabrain.ca/calgary-games.htm">www.gotabrain.ca/calgary-games.htm</a></td>
</tr>
<tr>
<td><a href="http://www.youtube.com/watch?v=da5QQSxSsGY">www.youtube.com/watch?v=da5QQSxSsGY</a></td>
</tr>
<tr>
<td>BLM 1.1 - Classroom Timeline: The History of Mental Disorders and Treatment Statements</td>
</tr>
<tr>
<td>BLM 1.2 - Classroom Timeline: The History of Mental Disorders and Treatment Time Periods</td>
</tr>
<tr>
<td>BLM 1.3 - Getting to Know the Brain: Student Copy</td>
</tr>
</tbody>
</table>
Prayer/Scripture Focus
Romans 12: 12
Rejoice in hope, bear patient in tribulation, be constant in prayer.

**Minds On**
Record the definitions of mental health, mental illness, dignity of the human person and stigma on the whiteboard. These definitions may be re-visited throughout the lesson.

Questions to Guide Discussion
- What does the term ‘human dignity’ mean to you?
- What is mental health and how can we maintain good mental health?
- What is mental illness and how is mental illness different from mental health?
- How should ‘Dignity of the Human Person’ guide our response and actions to people with mental illness?

Classroom Timeline
The teacher will cut and paste the years provided on BLM 1.2 chronologically along a wall in the classroom. Randomly distribute one historical mental health statement to each student or pair of students taken from BLM 1.1. Ask students one by one to place their statement on the appropriate place on the timeline, using their best guess. After all students have made their best guess, consult the website www.gotabrain.ca/calgary-games.htm to check their responses. Students can make corrections to the classroom timeline as needed.

---

(CMHA & Sun Life Financial, 2009)

**empathy** - an ability to understand and share the feelings of another

**stigma** - refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHDS, 2004)

BLM 1.4 - Getting to Know the Brain: Answer Key

(AfL) Assessment for Learning:
Teachers may need to explain some of the terminology within the historical statements. Encourage students to ask for clarification if they do not understand the concepts or vocabulary within the statements. For example, students may need to be told that an asylum is another word for a mental hospital. The number of corrections that need to be made to the timeline will let the
Questions to Guide the Discussion:
- How have our treatments for mental illness changed over time?
- What stigma related to mental illness do you see in the timeline?
- Where in today’s society do examples of stigma still exist? (i.e. television shows, movies, commercials, Halloween costumes, tabloid headlines, etc.)

Action

Teacher Prompt: Historically, people with mental illness have been treated unfairly. Current research supports the connection between mental illness and the functioning of the brain. We know that if a person suffers from other illnesses of the body we can talk about it: heart disease, diabetes, asthma, etc. but with illnesses of the brain, we do not. Perhaps we need to look at the functions of the brain to see how various parts of the brain do different jobs and what happens when the brain does not function properly.

Getting to Know the Brain
Distribute BLM 1.3 to students. In pairs, have students label and discuss the parts of the brain and their functions. You may choose to display the answer key, BLM 1.4 on the whiteboard for reference.

D.I. Option: Students may create a model of the brain with plasticine, using BLM 1.4 as a guide.

The students will now be asked to demonstrate through role play, the function of each part of the brain. The teacher may assign the part of the brain they will demonstrate or they may pick one out of a hat. The rest of the class must guess which part of the brain students are demonstrating. For example, students may role play the frontal lobe by working out a math problem.

When Something Goes Wrong with the Brain
Distribute a post-it note to each student and write the following statements on the whiteboard.

"Certain mental illnesses are now known to be linked to structural abnormalities or chemical dysfunction of the brain"

Because we now know this, people with mental illness need _______. Have each student write a word to complete the sentence on their post-it note. Students may use words like understanding, medical treatment, resources, medication, etc. These post-its can be placed on the whiteboard around the statement.

(AaL) Assessment as Learning:
If any student chooses a word that stigmatizes people with mental illness, teachers can address the stigma in a respectful way by revisiting the definition of stigma posted at the beginning of the lesson. Invite students to think of another word that does not stigmatize.
### Consolidation

<table>
<thead>
<tr>
<th><strong>Approximately 25 minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Write the scripture passage on the whiteboard.</td>
</tr>
</tbody>
</table>

As a class, watch the short inspirational video from "60 Minutes" on the life on Nick Vujicic, found at the following link, [www.youtube.com/watch?v=da5QOSxSsGY](http://www.youtube.com/watch?v=da5QOSxSsGY)

**Questions to Guide Discussion:**

- How does the life of Nick Vujicic relate to today's scripture passage?
- How does this video speak to the 'Dignity of the Human Person'?
- What impact has mental health had on Nick's life journey?
- While Nick's challenges are obvious to those who see him, how might someone with mental illness be perceived by others?
- Just as someone with physical disabilities can overcome significant challenges, how can someone with mental illness find hope? (students may not know where hope can be found for those with mental illness but this will be explored through the course of the unit).
<table>
<thead>
<tr>
<th>CLASSROOM TIMELINE: THE HISTORY OF MENTAL DISORDERS AND TREATMENT - STATEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of trepanning (drilling a hole in the skull) to release evil spirit of individual demonstrating unusual behaviour.</td>
</tr>
<tr>
<td>Hippocrates uses humors (excess or deficiency in bodily fluids) to explain mental disorders, the first to explain mental health in relation to the physical body.</td>
</tr>
<tr>
<td>The development of &quot;lunacy trials&quot; held in England to test a person's sanity.</td>
</tr>
<tr>
<td>Religious explanations take precedence over medical explanations.</td>
</tr>
<tr>
<td>St. Mary of Bethlehem Hospital becomes the first asylum to devote treatment just to people with mental disorders.</td>
</tr>
<tr>
<td>Asylums seen as a means of entertainment. St. Mary of Bethlehem Hospital had “Sunday Tours”</td>
</tr>
<tr>
<td>Inhumane and painful treatments were used. Patients were shackled, restrained, beaten and starved.</td>
</tr>
<tr>
<td>First asylum to open in Canada was in New Brunswick.</td>
</tr>
<tr>
<td>Sigmund Freud conducts research. He later becomes known as the father of psychoanalysis.</td>
</tr>
<tr>
<td>Wundt opens the first psychological laboratory. This is when the progression of scientific research in psychology is started.</td>
</tr>
<tr>
<td>Asylum is established in Alberta. Massive overcrowding leads to poor treatment conditions for patients across Canada.</td>
</tr>
<tr>
<td>Introduction of Behavioural Psychology. Treatment using positive and negative reinforcement began.</td>
</tr>
<tr>
<td>Experimental treatments such as insulin shock therapy, electroconvulsive shock therapy and frontal lobotomies were used.</td>
</tr>
<tr>
<td>First medications are produced for mental disorders - tranquilizers and antidepressants.</td>
</tr>
<tr>
<td>Humanistic Psychology develops. Famous contributors are Maslow and Rogers who follow the idea that every person has a “hierarchy of needs” and view treatment by looking at the whole person, including environment.</td>
</tr>
</tbody>
</table>
BLM 1.1 – Lesson 1 – Mental Health, Mental Illness & Stigma

CLASSROOM TIMELINE: THE HISTORY OF MENTAL DISORDERS AND TREATMENT – STATEMENTS…continued

| Cognitive Psychology develops - the study of the dynamics of perception and thought in the brain. |
| De-institutionalization of mental health facilities leads many individuals with mental health issues into jails and homelessness due to lack of community services. |
| Advances in research lead to new form of medications to treat depression. |
| World Health Organization estimates 154 million people globally have clinical depression, 25 million have schizophrenia, 91 million suffer from alcohol related disorders. |
| Mental Health Commission of Canada launches Opening Minds, an anti-stigma initiative. |
BLM 1.2 – Lesson 1 – Dignity of the Human Person, Stigma, Mental Health & Mental Illness

CLASSROOM TIMELINE: THE HISTORY OF MENTAL DISORDERS AND TREATMENT
TIME PERIODS

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.C. 10,000 Years Ago</td>
<td></td>
</tr>
<tr>
<td>400's Ancient Greece</td>
<td></td>
</tr>
<tr>
<td>1200's: 13th Century</td>
<td></td>
</tr>
<tr>
<td>1330 Dark &amp; Middle Ages</td>
<td></td>
</tr>
<tr>
<td>1547</td>
<td></td>
</tr>
<tr>
<td>1676-1770</td>
<td></td>
</tr>
<tr>
<td>1835</td>
<td></td>
</tr>
<tr>
<td>1856-1939</td>
<td></td>
</tr>
<tr>
<td>1879</td>
<td></td>
</tr>
<tr>
<td>1911</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
</tr>
<tr>
<td>1913</td>
<td></td>
</tr>
<tr>
<td>1920-1950</td>
<td></td>
</tr>
<tr>
<td>1950's</td>
<td></td>
</tr>
<tr>
<td>1961</td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td></td>
</tr>
<tr>
<td>1970's - 80's</td>
<td></td>
</tr>
<tr>
<td>1990's</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
</tr>
</tbody>
</table>
GETTING TO KNOW THE BRAIN

Different parts of the brain are in charge of different tasks. Label the different parts on the diagram above.

1. The frontal lobe is responsible for decision-making, problem solving and planning.
2. The temporal lobe deals with memory, emotion, hearing and language.
3. The occipital lobe deals with vision.
4. The parietal lobe deals with the reception and processing of sensory information from the body.
5. The cerebellum is responsible for coordination, skilled movement, balance and posture.
6. The brainstem coordinates heart rate, breathing, eating and sleeping.
BLM 1.4 – Lesson 1 – Dignity of the Human Person, Stigma, Mental Health & Mental Illness

GETTING TO KNOW THE BRAIN - ANSWER KEY

Answer Key

- frontal lobe
- parietal lobe
- temporal lobe
- cerebellum
- brain stem
<table>
<thead>
<tr>
<th>Grade 10 Unit</th>
<th>Mental Health: A Compassionate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 10 Lesson 2</td>
<td>“The Stigma of Mental Illness”</td>
</tr>
<tr>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</strong></td>
<td><strong>Learning Goal</strong></td>
</tr>
<tr>
<td>Catholic Graduate Expectation</td>
<td>By the end of this lesson, students will have a firm understanding of stigma and will explore community attitudes toward mental illness.</td>
</tr>
<tr>
<td><strong>A Responsible Citizen</strong></td>
<td></td>
</tr>
<tr>
<td>CGE7e Witnesses Catholic social teaching by promoting equality, democracy, and solidarity for a just, peaceful and compassionate society.</td>
<td></td>
</tr>
<tr>
<td><strong>Christian Moral Development Overall Expectation</strong></td>
<td></td>
</tr>
<tr>
<td>demonstrate an understanding of the importance of social justice by applying the teachings of Jesus to their own culture and own life situations</td>
<td></td>
</tr>
<tr>
<td><strong>Christian Moral Development Specific Expectation</strong></td>
<td></td>
</tr>
<tr>
<td>demonstrate a knowledge of the life and teachings of Jesus and the social teachings of the Church and identify their importance for moral decision-making</td>
<td></td>
</tr>
</tbody>
</table>

**Instructional Components**

**Prior Knowledge and/or Skills**

- Students should be able to listen to and reflect critically on the messages of ads.
- Students should be able to relate the life of Jesus to current societal issues and human behaviours.
- Success criteria for writing personal reflections should be co-constructed previously with students.

**Terminology**

- **compassion** - deep awareness of the suffering of another coupled with the wish to relieve it
- **mental health** - a person's overall emotional, psychological and spiritual condition
- **mental illness** - a brain health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person substantial distress and difficulty in functioning (CMHA & Sun Life Financial, 2009)
- **stigma** - refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is about disrespect. It is the use of negative labels to

**Resources**

- Canadian Psychiatric Research Foundation audio clips: [http://cprf.ca/media/images/cry_for_help_60.mp3](http://cprf.ca/media/images/cry_for_help_60.mp3)
- [http://cprf.ca/media/images/911_60.mp3](http://cprf.ca/media/images/911_60.mp3)
- Not Myself Today website: [http://www.notmyselftoday.ca/start](http://www.notmyselftoday.ca/start)
- BLM 2.1 - Community Attitudes Survey
- BLM 2.2 - Community Attitudes Survey Best Answers
identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHDS, 2004)

### Prayer/Scripture Focus

**Luke 5:12-14**

Once, when he was in one of the cities, there was a man covered with leprosy. When he saw Jesus, he bowed with his face to the ground and begged him, “Lord, if you choose you can make me clean.” Then Jesus stretched out his hand, touched him, and said, “I do choose. Be made clean.” Immediately the leprosy left him.

**Questions to Guide the Discussion:**

- What were some of your reactions, thoughts and feelings as you listened to these audio clips?
- What is the message of these ads?
- What are some negative things you have heard about people with mental illness?
- Why do you think people with mental illness are stigmatized?
- Can you think of any other health conditions or social issues that have been stigmatized throughout history? (possible answers include: homosexuality, leprosy, AIDS, unwed parents, divorce, obesity)
- What impact do you think stigma has on individuals who experience mental illness? (Possible answers include: isolation, not seeking help, feeling shame, etc.)

Share the definition of stigma with the students.

**Ask:** How does Jesus respond to those who have been stigmatized within His society?

In discussion, note that Jesus breaks many of the social norms regarding the stigmatization of leprosy, women, the poor, etc. Have students give examples from scripture passages they are familiar with.

Share with students the scripture passage: Luke 5:12-14, as a model of Jesus reaching out to someone stigmatized.
### Action

<table>
<thead>
<tr>
<th>Approximately 40 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have students take the Community Attitudes Survey, BLM 2.1 (taken from Mental Health &amp; High School Curriculum Guide 2009, attached). For instant results, this survey could be taken, using an interactive response system (clickers). If not available, a show of hands could be used to tabulate responses quickly.</td>
</tr>
</tbody>
</table>

In groups of 4 or 5, students share and discuss their own responses to the survey. Students should examine and discuss which items they agreed on and which items they disagreed. Explore opinions around the items of disagreement or uncertainty. Have each group report back to the whole group with observations about their small group discussions. For example, the group could discuss which item created the most controversy in the group.

Ask students to survey 5 individuals in their community - friends, family, neighbours, acquaintances. Explain that they will use the information in the next class. Students should not provide names but should track age and gender of the respondents. Share the tally chart so students fully understand the task. Discuss with students the sensitive nature of the questionnaire and warn them that some people they approach might not want to answer it.

### Consolidation

<table>
<thead>
<tr>
<th>Approximately 50 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine the survey data back to class and as a whole group, tabulate the results.</td>
</tr>
</tbody>
</table>

Share the handout, BLM 2.2, "Community Attitudes Survey: Best Answers" and have the students compare the best answers with the survey results. Ask them to make specific observations about the data such as "only half the people surveyed agreed that they would have someone with a mental illness as a close friend."

### Questions to Guide the Discussion

- **What do the survey responses tell you about the level of awareness about mental illness in the community?**
- **What role do you think the media plays in shaping people’s attitudes?**
- **Do you think it is possible to change community attitudes toward mental illness?**
- **How might this be done?**

Now have students write a personal reflection on how stigma has impacted their life, whether it be as a witness, participant or recipient.

As a whole class, visit the site, [http://www.notmyselftoday.ca/start](http://www.notmyselftoday.ca/start)

This pledge allows students the opportunity to commit themselves to the common good and preferential option for the vulnerable. Here, students can articulate a compassionate response by taking the pledge to:

- **Pay more attention to their own mental health and well-being**
- **Support a loved one/friend/co-worker who is living with a mental health issue or illness**

### (AfL) Assessment for Learning:

- The results of the student and community survey will provide rich data that can inform your approach for the rest of the unit. Teachers can determine how much discussion will be required to fully address stigma with the group.

### (AoL) Assessment of Learning:

- Teachers collect and evaluate personal connections based on success criteria co-constructed with students previously.
Challenge the stereotypes and negative attitudes that exist around mental illness
Contact elected officials to help influence policy that will improve the mental health system
Volunteer time to support the mental health cause
Donate/fundraise for the mental health cause

In this site, a map can also be viewed where individuals from all over Canada have "mapped their mood." Students may also want to add their own mood to the map, which will create a mood cluster for their own community. This map can be re-visited throughout the unit so students can note how the map changes over time.

(AfL) Assessment for Learning:
Are students ready and willing to take the pledge? For some, they may need more time before they are ready. If this is the case, this exercise could be re-visited later in the unit.
BLM 2.1 – Lesson 2 – The Stigma of Mental Illness

COMMUNITY ATTITUDES SURVEY

Students bring back the survey results they collected from their school and local communities. Students can tabulate, graph and analyze the results. This will lead to a class-wide discussion about the survey results, highlighting ways in which the results inform us about community attitudes about mental illness.

Community Attitudes Survey and Tally Chart

<table>
<thead>
<tr>
<th>Check the most appropriate answer:</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) People should work out their own mental health problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Once you have a mental illness, you have it for life.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Females are more likely to have a mental illness than males.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Medication is the best treatment for mental illness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) People with a mental illness are generally violent and dangerous.</td>
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<tr>
<td>6) Adults are more likely than teenagers to have a mental illness.</td>
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<tr>
<td>7) You can know by looking at someone whether they have a mental illness.</td>
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<tr>
<td>8) People with a mental illness are generally shy and quiet.</td>
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<tr>
<td>9) Mental illness can happen to anybody.</td>
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<tr>
<td>10) You would be willing to have a person with a mental illness at your school or at your work.</td>
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<tr>
<td>11) You would be happy to have a person with mental illness become a close friend.</td>
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<thead>
<tr>
<th>Respondent</th>
<th>M/F</th>
<th>Under 19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50 and up</th>
</tr>
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<td>#4</td>
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<td>#5</td>
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</table>

BLM 2.2 – Lesson 2 – The Stigma of Mental Illness

COMMUNITY ATTITUDES SURVEY: BEST ANSWERS

1. People should work out their own mental health problems.

Not true. When people have a physical health concern, they generally take some action, and often go to the doctor or seek some other kind of help for their problem. Mental illness is associated with disturbances with brain functioning and usually requires professional assistance. Because of the stigma surrounding mental illness, many people have been reluctant to seek help.

2. Once you have a mental illness, you have it for life.

While it's true that most mental illnesses are lifelong, they are often episodic, which means that the symptoms are not always present. Just like people who live with chronic physical illnesses like arthritis and asthma, people with mental illnesses can, when their illness is managed, live positive and productive lives.

3. Females are more likely to have a mental illness than males.

Men and women are both equally affected by mental illnesses in general, but there may be higher rates among women of specific illnesses such as eating disorders. There may sometimes be higher rates in women for other disorders such as depression. Men have higher rates for some disorders such as alcoholism and ADHD. Some illnesses are relatively equally shared by both men and women (e.g. bipolar disorder). Women are more likely to seek help for mental and emotional difficulties and to share their concerns with friends compared to men. Females are more willing to let friends know if they are receiving counselling. In practice, 62% of women would probably or definitely want their friends to know compared to 45% of men.

4. Medication is the best treatment for mental illness.

Medication can be a very effective part of managing a mental illness, but it is by no means the only type of treatment or support that helps people recover. A wide range of appropriate interventions, including medication, counselling, social, vocational and housing-related supports, as well as self-help and generic resources for all community members (such as: groups, clubs, and religious institutions) are also important in helping people recover and stay well.

It is helpful to think of medications as necessary but not sufficient treatments for many mental disorders. The best approach is to have a combination of strategies that have been proven effective.

5. People with a mental illness are generally violent and dangerous.

People with mental illness are generally not more violent than the rest of the population. Mental illness plays no part in the majority of violent crimes committed in our society. The assumption that any and every mental illness carries with it an almost certain potential for violence has been proven wrong in many studies.

6. Adults are more likely than teenagers to have a mental illness.

Many of the major mental illnesses begin to appear during adolescence and early adulthood.
BLM 2.2 – Lesson 2 – The Stigma of Mental Illness

COMMUNITY ATTITUDES SURVEY: BEST ANSWERS - CONTINUED

7. You can tell by looking at someone that they have a mental illness.

Generally, you can't tell if a person has a mental illness based on their appearance. Sometimes, when people are experiencing an acute episode of their illness, their behaviour may be bizarre, especially if they are experiencing an episode of psychosis.

8. People with a mental illness are generally shy and quiet.

There is no strong causal relationship between personality characteristics and tendency to develop mental illness. Some mental disorders such as depression and anxiety can lead people to avoid or limit social contact.

9. Mental illness can happen to anybody.

This is correct. In fact, it is very likely that you, a family member or someone you're close to will experience a mental illness at some point in their lives.

10. You would be willing to have a person with a mental illness at your school or at your work.

11. You would be happy to have a person with mental illness become a close friend.

Questions 10 and 11 both address the issue of "social distance", that is, the willingness to engage in relationships of varying intimacy with a person. Social distance is an indicator of public attitudes toward people with mental illness.

Social distance is a complex concept influenced by a number of factors, including age, gender, socioeconomic and cultural factors, but also by the respondent's general attitude toward mental health issues.

Contact, or social inclusion of people with mental illness with the rest of the population, is the factor that usually leads to a decrease in stigma. This aids in bringing about significant changes in attitudes and behaviour that are maintained over time. This can happen when people find out that a coworker, neighbour or friend is struggling with mental illness, and despite it, is living on their own, working and being a part of the community.

### Grade 10 Unit

**Mental Health: A Compassionate Response**

### Grade 10 Lesson 3

**“Limits Versus Possibilities”**

<table>
<thead>
<tr>
<th>Curriculum Expectations - Catholic Graduate Expectation</th>
<th><strong>Learning Goal</strong></th>
</tr>
</thead>
</table>
| **A Discerning Believer Formed in the Catholic Faith Community**  
CGE1d develops attitudes and values founded on Catholic social teaching and acts to promote social responsibility, human solidarity and the common good.  
**A Self-Directed, Responsible, Life-Long Learner**  
CGE4a demonstrates a confident and positive sense of self and respect for the dignity and welfare of others.  
**Profession of Faith Overall Expectation**  
demonstrate a profound respect for the dignity and mystery of the human person, as both blessed and broken, created, loved and redeemed by God  
**Profession of Faith Specific Expectation**  
demonstrate the Christian meaning of personhood as being created in the image and likeness of God  
**Instructional Components** | By the end of this lesson, students will be able to identify stigma and its impact on the human person as well as the hope evident in the lives of people experiencing mental illness. |

<table>
<thead>
<tr>
<th><strong>Prior Knowledge and/or Skills</strong></th>
<th><strong>Terminology</strong></th>
<th><strong>Resources</strong></th>
</tr>
</thead>
</table>
| Students should already know and understand the Catholic Social Teaching of human dignity as well as the virtue of hope. (For more information on the Catholic social teachings, consult the website listed in the resources section). | **mental health** - a person's overall emotional, psychological and spiritual condition  
**mental illness** - a brain health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person substantial distress and difficulty in functioning (CMHA & Sun Life Financial, 2009)  
**stigma** - "refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is about disrespect. It is..." | Canadian Mental Health Association & Sun Life Financial. (2009). Mental Health & High School Curriculum Guide: Understanding Mental Health & Mental Illness. Ottawa: CMHA.  
Not Myself Today website: [http://www.notmyselftoday.ca/start](http://www.notmyselftoday.ca/start)  
A Prayer for Stigma: [www.mentalhealthministries.net/inspiration/prayers.html](http://www.mentalhealthministries.net/inspiration/prayers.html)  
the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHDS, 2004)

<table>
<thead>
<tr>
<th>Prayer/Scripture Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Prayer for Stigma</strong></td>
</tr>
<tr>
<td>Break into my confusion, Lord.</td>
</tr>
<tr>
<td>Help me to know who I am and what I am meant to be.</td>
</tr>
<tr>
<td>Guide, uphold and strengthen me as I leave behind the world of limits and labels.</td>
</tr>
<tr>
<td>Guide, uphold and strengthen me as together we create a world of infinite possibility.</td>
</tr>
<tr>
<td><strong>Susan Gregg-Schroeder</strong> (<a href="http://www.mentalhealthministries.net/inspiration/prayers.html">http://www.mentalhealthministries.net/inspiration/prayers.html</a>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minds On</th>
<th>Approximately 20 minutes</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact Analysis</strong></td>
<td></td>
<td><em>(AFL) Assessment for Learning:</em> The results of the Impact Analysis activity will provide rich data that can inform the rest of the unit. Teachers can determine how much background knowledge students have around mental health conditions that are explored later in the unit.</td>
</tr>
<tr>
<td>Before beginning this exercise, have the definitions of mental health, mental illness and stigma posted for students. Then divide the students into small groups. Each group is given BLM 3.1, which is a list of physical and mental conditions. Advise the students there are no right or wrong answers, only personal perspectives. Option A: Ask each group to sort the conditions based on physical and mental conditions and then arrange the list of conditions from least disabling to most disabling for daily functioning. Some time may be needed to clarify the meaning of some conditions, depending on students’ background knowledge. Once the groups have completed the continuum, have each group share their decisions.</td>
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</table>

**Questions to Guide Discussion:**

What is the difference between mental and physical conditions?

What do you notice about how your group and other groups ranked the conditions?

What surprises you?

Are there any placements with which you do not personally agree? Why?

How might the rating change depending on your personal supports, family attitudes, society attitudes, past experience or frame of mind?

**Option B:** Have each group select one mental health condition and one physical condition. List the activities of their daily life which would be impacted by each condition. The students could list the activities and rank them as affecting their life significantly, moderately or minimally.

**Questions to Guide Discussion:**

What is the difference between mental and physical conditions?

What do you notice about how various conditions impact our lives?

What surprised you?

How might the rating change depending on your personal supports, family attitudes, society attitudes, past experience or frame of mind?
### Testimonial Exploration

In pairs or small groups, students will explore the personal stories available at the site, http://www.notmyselftoday.ca/start. Students will explore three or four testimonials. Students will then choose one testimonial and complete BLM 3.2.

### Consolidation

Invite students to share the testimonial findings from BLM 3.2. Each student will create a prayer of intention for the individual they researched, as a compassionate response.

**Closing Prayer**
1. Invite students into prayerfulness.
2. Students share their individual intentions.
3. Conclude prayer time with “A Prayer for Stigma” included in the Prayer and Scripture Focus

### Approximately 45 minutes

**Check for Completion**

Collect the completed BLM 3.2 to check for understanding of stigma.

**AfL Assessment of Learning:**

Check for Completion
### IMPACT ANALYSIS

<table>
<thead>
<tr>
<th>Tourette Syndrome</th>
<th>Anorexia</th>
<th>Down Syndrome</th>
<th>Drug Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Asthma</td>
<td>Obsessive Compulsive Disorder</td>
<td>Clinical Depression</td>
<td>Severe Acne</td>
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<tr>
<td>Bulimia</td>
<td>Alcoholism</td>
<td>Mono</td>
<td>Arthritis</td>
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<tr>
<td>Blind/Low Vision</td>
<td>Obesity</td>
<td>Broken Arm</td>
<td>Chronic Back Pain</td>
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<tr>
<td>High Blood Pressure</td>
<td>Common Cold</td>
<td>Breast Cancer</td>
<td>Concussion</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>Hearing Impairment</td>
<td>Multiple Sclerosis</td>
<td>HIV</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>Food Allergies</td>
<td>Paraplegia</td>
<td>Schizophrenia</td>
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<tr>
<td>Diabetes</td>
<td>Quadriplegia</td>
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</table>
BLM 3.2 – Lesson 3 – Limits Versus Possibilities

TESTIMONIAL EXPLORATION: LIMITS VS POSSIBILITIES

Part A

As you explore the testimonials in the website, www.notmyselftoday.ca/start, select one life story to explore. As you read or hear about this person's life, find evidence of the stigma experienced. Contrast this to his or her own perceptions of self.

Testimonial Explored (Individual's Name, Hometown):

How The World Sees This Person

How This Person Sees Him or Herself

Part B

How did the person feel limited by the stigma? How are they hopeful about their future?
<table>
<thead>
<tr>
<th>Grade 10 Unit</th>
<th>Mental Health: A Compassionate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grade 10 Lesson 4</strong></td>
<td>&quot;Understanding Depression&quot;</td>
</tr>
<tr>
<td><strong>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</strong></td>
<td><strong>Learning Goal</strong></td>
</tr>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith Community</strong></td>
<td>By the end of the lesson, students will be able to distinguish the features of depression from sadness; and know the signs, symptoms and available supports for depression.</td>
</tr>
<tr>
<td>CGE1a illustrates a basic understanding of the saving story of our Christian faith</td>
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<tr>
<td>CGE1c actively reflects on God’s Word as communicated through the Hebrew and Christian scriptures</td>
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<tr>
<td><strong>Profession of Faith Overall Expectation</strong></td>
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<tr>
<td>demonstrate a profound respect for the dignity and mystery of the human person, as both blessed and broken, created, loved and redeemed by God</td>
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<tr>
<td><strong>Family Life Education Overall Expectation</strong></td>
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</tr>
<tr>
<td>demonstrate an understanding of the sacredness of the human person, body and spirit, from conception until natural death</td>
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</tr>
<tr>
<td><strong>Instructional Components</strong></td>
<td><strong>Terminology</strong></td>
</tr>
<tr>
<td><strong>Prior Knowledge and/or Skills</strong></td>
<td>sadness – temporary feelings of sorrow or unhappiness</td>
</tr>
<tr>
<td>Students should be familiar with a Venn diagram graphic organizer.</td>
<td>situational depression - an episode of emotional and psychological depression that occurs in response to a specific set of external conditions or circumstances such as divorce or death</td>
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<tr>
<td></td>
<td>clinical depression - a diagnosable mood disorder characterized by intense negative emotions and feelings, that negatively impact on people’s lives leading to social, educational/vocational, personal and family difficulties (teenmentalhealth.org)</td>
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Faith through Learning – A Distinctive Catholic Curriculum
clinical depression, a mental illness which affects a person’s life and normal

Depression” and “Clinical Depression”.

Tell the students that they are going to engage in the action this video called them
to by visiting the website, and using it to learn more about depression. They will
need to be focused, and while they can help each other find where to go on the
website to get information, everyone needs to find their own ideas to include.
### Action | Approximately 35 minutes
--- | ---
**Website Investigation**
Students will visit the website [www.depressionhurts.ca](http://www.depressionhurts.ca). They are to explore the website, reading and learning about depression, and complete the worksheet that accompanies this activity (BLM 4.2).

**NOTE:** Teachers are encouraged to preview the website and check the worksheet instructions against it, as the structure of the website may change.

### Action | Approximately 10 minutes
--- | ---
**Quick Write**
Read John 10:10 "I came that they may have life, and have it abundantly" to the students. Explain to them that this means that we are meant to live fully, here and now. Ask the students to write a paragraph explaining a variety of ways depression prevents someone from experiencing the fullness of life. These ways must clearly reflect the signs and symptoms of depression they discovered in their Website Investigation.

**Consolidation**

### (AFL) Assessment for Learning:
Worksheets can be collected or taken up orally in order to check for full and accurate responses.

### (AoL) Assessment of Learning:
Accuracy of ideas according to the website, and the level of thought shown in the connections to the scripture passage, could be evaluated.
BLM 4.1 - Lesson 4 – Understanding Depression

SADNESS VS DEPRESSION

One difficulty in dealing with depression is that there is a lot of confusion between normal, daily-life sadness, and the symptoms of situational and clinical depression. The following Venn Diagram identifies features of ‘sadness’, ‘situational depression’, ‘clinical depression’ and features that fit all three.

Definitions:

Clinical Depression:

Situational Depression:

Sadness:
BLM 4.2 – Lesson 4 – Understanding Depression

WEBSITE INVESTIGATION

Visit the website Depression Hurts found at: www.depressionhurts.ca Use the website to complete this worksheet.

Part A
From the five categories under which you can search for information, which one might be most helpful if you...

a. are wondering if what you are experiencing is depression?

b. want to seek help for your depression?

c. are wanting to support a friend who has depression?

Under the section, “Understanding Depression”, what are some of the attitudes people express (stigma) which can make it difficult for someone to seek help for their depression?

Part B
Thoroughly explore the whole website. As you do, find at least 5 ideas/pieces of information for each of the four boxes below.

<table>
<thead>
<tr>
<th>Symptoms/Signs of depression</th>
<th>Facts or statistics</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Getting help and support</th>
<th>Other information you found interesting, surprising or helpful</th>
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<tbody>
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</table>
# Mental Health: A Compassionate Response

<table>
<thead>
<tr>
<th>Grade 10 Unit</th>
<th>Mental Health: A Compassionate Response</th>
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</thead>
<tbody>
<tr>
<td>Grade 10 Lesson 5</td>
<td>“Depression: Seeking Help and Support”</td>
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<tr>
<td>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</td>
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<tr>
<td><strong>Catholic Graduate Expectation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith Community</strong></td>
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<tr>
<td>CGE1e speaks the language of life… “Recognizing that life is an unearned gift and that a person entrusted with life does not own it but that one is called to protect and cherish it.”</td>
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<tr>
<td>CGE1g integrates faith with life</td>
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<tr>
<td><strong>A Self-Directed, Responsible, Life-Long Learner</strong></td>
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<tr>
<td>CGE 4a demonstrates a confident and positive sense of self and respect for the dignity and welfare of others</td>
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<td><strong>Instructional Components</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Prior Knowledge and/or Skills</strong></td>
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<tr>
<td>If students have studied the Sacraments of Reconciliation and Anointing of the Sick, they are encouraged to bring their understanding of these sacraments to the discussion.</td>
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</tr>
<tr>
<td>Students should be familiar with the concept of stigma as it relates to mental illness.</td>
<td></td>
</tr>
<tr>
<td><strong>Terminology</strong></td>
<td></td>
</tr>
<tr>
<td>clinical depression - a diagnosable mood disorder characterized by intense negative emotions and feelings, that negatively impact on people’s lives leading to social, educational/vocational, personal and family difficulties (teenmentalhealth.org)</td>
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<tr>
<td><strong>Resources</strong></td>
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<tr>
<td>Websites on Depression: <a href="http://www.mooddisorderscanada.ca/page/what-better-feels-like">http://www.mooddisorderscanada.ca/page/what-better-feels-like</a></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.depressionhurts.ca">http://www.depressionhurts.ca</a></td>
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<tr>
<td>BLM 5.1 - What Depression Is/Is Not Characteristics</td>
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<tr>
<td>BLM 5.2 - Sample Student Note</td>
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<tr>
<td>BLM 5.3 - Creed Assignment</td>
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</tbody>
</table>
### Pair, Share strategy.
Go to the menu on the right-hand side of the site and select, “what better feels faith and coming to Jesus provide effective help, compassion and support for depression to talk about it and seek help.

Present to students the scripture verse, “Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest” from Matthew 11:28. This is a promise or assurance that Jesus makes to us. Ask students, how can our faith and coming to Jesus provide effective help, compassion and support for those experiencing depression? Students should respond using the Think, Pair, Share strategy.

### Minds On
#### Matthew 11:28
Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest.

### Approximately 10 minutes
#### What Depression Is / What Depression Is Not
Have a T-Chart with the two headings (“What Depression Is” and “What it is Not”) posted on chart paper. Give students a card with one of the ‘characteristics’ as they come into the class (BLM 5.1). They are to place their card in the appropriate column on the chart. Students are encouraged to review the two lists and suggest if they would change any characteristics to the other column and why. Teachers can also question some specific placements.

(This acts as a review and re-cap from the previous lesson, or can be used to introduce many ideas about depression if this is being used as a stand-alone lesson).

### Assessment
#### (AfL) Assessment for Learning:
This activity provides a check for understanding of depression.

### Approximately 45 minutes
#### Identify those things from the t-chart that may promote stigma about depression. Discuss how these stigmas may make it more difficult for someone experiencing depression to talk about it and seek help.

With students, create a list of things that people may say to someone who is experiencing depression. (e.g. go for a run, get over it, cheer up, I’ll make you laugh, etc.)

Discuss with students that many of these offer short-term solutions to a long-term illness; that they are designed to address the symptoms, not the illness.

Show students the video, “Nancy’s Story” at http://www.mooddisorderscanada.ca.

Go to the menu on the right-hand side of the site and select, “what better feels like”. There are other videos on the website that the teacher might prefer to use instead. The “Nancy’s Story” video is approximately 5 minutes long.

### Action
#### (AfL) Assessment as Learning:
This aspect of the lesson provides a good check for understanding of the term stigma, which was covered at the beginning of the unit. This can also be AaL, as students reflect on what they recall about the topic, and what they need to review from the previous lesson.
After viewing and discussing the video, continue by asking students to identify what effective help might be (medication, talk therapy, lifestyle changes). They should be encouraged to use ideas from both their Website Investigation of depressionhurts.ca from the previous lesson and from the video they just viewed. As a whole group, identify and give a few points of explanation on effective help for students to copy as a note.

Then, “Faith/the Catholic Community” should be added to the note regarding effective help and support, using the students ideas and teacher’s additional comments as the explanation. For example, the teacher could suggest and discuss the following ideas if they are not presented by the students: the two sacraments of healing provide comfort for many, Reconciliation and The Anointing of the Sick; speaking to one’s pastor can be helpful – often they have training in counseling; prayer and developing a strong relationship with God can keep one hopeful; the diocese and parish may have specific programs or ministries for those experiencing depression or distress (e.g. Project Rachel, Grief Support, etc.)

See BLM 5.2 for a Sample Student note for this part of the lesson.

<table>
<thead>
<tr>
<th>Consolidation</th>
<th>Approximately 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taking Care of (Y)our Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>Students are encouraged to brainstorm strategies or ways they can take care of their own mental health. They are given strips of paper on which to write down their ideas, and these are then posted on a bulletin board with the title “Taking Care of (Y)our Mental Health”. Teachers should discern and discuss these strategies with the class, and only the healthy strategies should remain on the bulletin board. Note that these ideas should not be suggested as ‘cures’ or treatment for depression, but as a whole variety of ways we can keep ourselves in good mental health. Draw the comparison for students that we know of many strategies to keep ourselves in good physical health, and likewise we should know many strategies we can use to take care of our mental health. A variety of ways for the various dimensions of our lives (physical, intellectual, social, emotional and spiritual) should be brainstormed together.</td>
<td></td>
</tr>
<tr>
<td><strong>(AoL) Assessment of Learning:</strong></td>
<td></td>
</tr>
<tr>
<td>Criteria should be co-constructed with students in terms of “what counts” for the creed. This is especially important since these are personal statements of beliefs. BLM 10.2 from the Culminating Task lesson provides a procedure for co-constructing criteria.</td>
<td></td>
</tr>
</tbody>
</table>

Create a Personal Creed

Tell students: Creed comes from the Latin word “credo” which means “I believe”; hence The Apostles Creed gives a series of statements and each begin with, “I believe…”. While The Apostles Creed is a summary of our most fundamental beliefs as Catholics, today we will create our own creeds for mental health and depression. Provide students with BLM 6.3 as a guide for the development of their creed.
**BLM 5.1 - Lesson 5 – Depression: Seeking Help and Support**

**WHAT DEPRESSION IS/WHAT IT IS NOT**

**‘CHARACTERISTICS’**

<table>
<thead>
<tr>
<th>A serious medical condition</th>
<th>Has emotional, cognitive (thinking), physical and behavioural symptoms</th>
<th>A disease which is treatable</th>
<th>A disease which is common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lasts for an extended period (especially without treatment)</td>
<td>A sadness, despair, or lack of interest that interferes with one’s day to day life</td>
<td>A temporary mood swing</td>
<td>A sign of personal weakness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A condition that will go away by itself</th>
<th>Something you can just get over or snap out of</th>
<th>A character flaw</th>
<th>Something you bring on yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Feeling down”, sad or having &quot;the blues&quot;</td>
<td>A normal reaction to stress or loss</td>
<td>Moodiness</td>
<td>Something which can be fixed by physical exercise</td>
</tr>
</tbody>
</table>

| A phase you are going through | A mood disorder | The growing pains of just being a teenager | Can be caused by a biochemical imbalance |

| Something which may distort the way you see yourself, others around you, and the world | Extended periods of feeling hopelessness and helplessness | A normal reaction to life’s struggles, setbacks and disappointments | A condition whose symptoms often include feelings of lifelessness, apathy, and irritability. |
BLM 5.2 - Lesson 5 – Depression: Seeking Help and Support

SAMPLE STUDENT NOTE

Support for Clinical Depression

Someone who is experiencing depression should speak to their doctor in order to create an individualized plan that may include some or all of the following:

Medication: Many researchers share the belief that a biochemical imbalance exists which causes the depression. As such, medication can be helpful in reducing and eliminating the symptoms of depression. Medication should only be taken as directed by a doctor, and the type and dosage should be determined specifically for you.

Talk Therapy: There are many types of talk therapy. Cognitive behavior therapy, which helps people correct negative thought patterns, has been found to be effective.

Lifestyle Changes: One’s doctor may suggest changes such as exercise, nutrition and proper sleep. Changes in social activity can also help: reaching out to family and friends and increasing your social time with others.

Faith/the Catholic Community: Much compassion and support can be provided through one’s own faith and one’s Catholic community. Faith and prayer provide hope even in the darkest times of our life. The priest, youth minister or someone with a strong faith, may be someone who one can talk to. Celebrating the Eucharist with a parish community can provide companionship. The Sacraments of Reconciliation and the Anointing of the Sick can bring healing of mind, spirit and body. Parishes may provide or be able to put you in contact with an organization that does provide a support group.

“Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest”. Matthew 11:28

Many of the ideas used to create this note were taken from the website: http://www.depressionhurts.ca/en/treatment.aspx
Students have investigated this website in the previous lesson. Many ideas from this site may be raised by students when creating the note.
BLM 5.3- Lesson 5 – Depression: Seeking Help and Support

CREED ASSIGNMENT

Creed comes from the Latin word “credo” which means “I believe”; hence The Apostles Creed gives a series of statements that each begin, “I believe…”.

While The Apostles Creed is a summary of our most fundamental beliefs as Catholics, today you will create your own creed regarding mental health and depression.

Your creed should include a variety of ideas from the following four areas. The statements are to reflect your beliefs about:

- stigma (e.g. I believe that stigma disrespects the dignity of the human person and prevents people from seeking help. I promise to treat everyone I meet with respect because you cannot tell by looking at them if someone is suffering from a mental illness.)
- individualized plan (e.g. I believe faith is an important aspect of one’s plan for dealing with depression as it can offer you a source of unconditional love and hope.)
- depression itself (e.g. I believe that depression is a debilitating disease which isolates people from their community.)
- taking care of one’s mental health (I believe that it is important that I take time for myself, going to my favourite spot by the pond, to quietly reflect.)

You are encouraged to make personal connections with the material as you are able.

Your creed should be 15 statements in length.

Your creed will be evaluated according the to success criteria we create as a class.
# Mental Health: A Compassionate Response

## Grade 10 Unit

### Grade 10 Lesson 6

**“Eating Disorders”**

### Catholic Graduate Expectation

**A Discerning Believer formed in the Catholic Faith Community**  
*CGE 1e speaks the language of life*

**A Responsible Citizen**  
*CGE7d promotes the sacredness of life*

### Family Life Education Overall Expectation

explore the importance of fostering a positive, healthy self-esteem physically, intellectually, spiritually and socially

### Family Life Education Specific Expectation

demonstrate a respect for the human body, in light of the sacredness of human life created by God

## Instructional Components

### Prior Knowledge and/or Skills

A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established.

### Terminology

**Eating Disorder** - when a person eats, or refuses to eat, in order to satisfy a psychic need and not a physical need. The person doesn't listen to bodily signals or perhaps is not even aware of them and has extreme emotions, attitudes and behaviours surrounding food and weight loss issues. (National Eating Disorders Association)

**Anorexia Nervosa** - is characterized by excessive preoccupation with body weight control, a disturbed body image, an intense fear of gaining weight and a refusal to maintain a minimally normal weight (Canadian Mental Health Association)

**Bulimia Nervosa** - is characterized by regular and recurrent binge eating, and by frequent and inappropriate behaviours designed to prevent weight gain (Canadian Mental Health Association)

### Learning Goal

By the end of this lesson, students will have a deeper understanding of the three main types of eating disorders and how we are called to value and respect human life.

### Resources

- National Eating Disorders Association: [http://www.nationaleatingdisorder.org/information-resources/general-information.php#terms-definitions](http://www.nationaleatingdisorder.org/information-resources/general-information.php#terms-definitions)
- Guided Meditation on Body Image: used with permission from: Inner Health Studio. *Coping Skills and Relaxation Resources*. Red Deer, Alberta. (see Appendix)
- BLM 6.1 - Anticipation Guide
- BLM 6.2 - Frayer Model Definition


**Binging** - characterized by extreme over eating without the purging behaviours seen in Bulimia (National Eating Disorders Association)

**Prayer/Scripture Focus**

Romans 14: 7-8

We do not live to ourselves and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or whether we die, we are the Lord’s.

A Guided Mediation related to body image is also available in the Appendix of this resource as an option.

**Minds On**

Place the following scripture quote on the board: “We do not live to ourselves and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or whether we die, we are the Lord’s.” (Romans 14:7-8)

Talk with the students about their understanding of this scripture, asking them to think about how our lives can reflect God’s presence within us. Explain to the students that in today’s lesson they will be examining eating disorders and as they go through the lesson ask them to think about how an eating disorder can affect one’s relationship with self, others and God.

**Awareness Activity**

Label 4 areas or walls of the room as Agree, Disagree, Strongly Agree and Strongly Disagree. Instruct the students that after each statement is read they are to go to the area which best reflects their reaction. After students have moved, have them share their opinions and reactions to the statement.

- Eating disorders can be caused by societal pressures.
- A family history of eating disorders can be a risk factor.
  (both societal pressures and family history can be contributing factors.)
- Some athletes are more susceptible to eating disorders because of their training routines. (This can be a contributing factor.)
- Eating disorders are more prevalent in women than men. (True)
- Eating disorders existed in Greek, Roman and Medieval societies. (True)

Once each group has had sufficient time to discuss and represent their thinking, have each group share with the whole class. After the 5th statement, have students remain in their groups and discuss this final question: *How can an eating disorder affect someone’s relationship with others? Self? God?* Again, have students summarize their group’s thinking for the whole class.

D.I. Options: Depending on the comfort level of your group, the following activity can be done using four corners, clickers or an anticipation guide (see BLM 6.1).
Together, create a class K-W-L chart on eating disorders. Record what the students know and want to know regarding eating disorders.

Provide students with a copy of the Eating Disorders brochure from the Canadian Mental Health Association, which can be found at http://www.cmha.ca/mental_health/facts-about-eating-disorders/ or display a copy of the brochure on the Smart Board. Read through the brochure, highlighting the key points with the students and recording new learning in the ‘Learned’ section of the KWL chart.

Together, develop a class definition for eating disorders using the Frayer Model graphic organizer found on BLM 6.2

Divide students into small groups and ask each group to complete the graphic organizer (BLM 6.2) for one of the following: Anorexia, Bulimia, or Binge Eating. Students can use the information contained in the brochure from the Canadian Mental Health Association or use the internet to obtain more information if needed.

Media Text:
Students work individually or in pairs to create a media text about one specific eating disorder which teens could use to obtain more information and/or provide help to a friend in need. Media text forms could include a brochure, magazine advertisement, poster, etc. Revisit the Eating Disorders brochure from the Canadian Mental Health Association as an example. Talk about how text is arranged in the brochure, the type of information included, how colour and graphics are used, etc. Discuss what could be done with the brochure to make it more eye-catching for teens. Talk about how our Catholic faith teachings on the respect for human life and the dignity of the human person could be included in a brochure like this.

Working with the students, develop a set of Success Criteria for the media text. Suggested criteria for the media text could include: visually appealing to teens (colours, graphics, fonts, layout), sufficient and accurate facts, connection to Catholic faith (ie. Dignity of the human person, value of human life), places to go for help, etc.

When students have completed their media text, have them self-evaluate their work using the class-generated Success Criteria.

Once all students have completed their media text, return to the K-W-L chart and have students add any additional learning to the ‘Learned’ section.

D.I.O. Options: Teachers could choose a guest speaker or a case study to use in place of the media text assignment.
<table>
<thead>
<tr>
<th>Journal Entry:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have students respond to these questions in their journals:</td>
</tr>
<tr>
<td>What should our Christian response be when we know someone who has an eating disorder?</td>
</tr>
<tr>
<td>How would you provide help and hope to a friend in need if you knew they had an eating disorder?</td>
</tr>
</tbody>
</table>

Collect journal entries from the students.
### BLM 6.1 – Lesson 6 – “Eating Disorders”

#### ANTICIPATION GUIDE

**Start of the Lesson:** Read each statement and indicate if you agree or disagree with it at this point.

<table>
<thead>
<tr>
<th>Start of Lesson</th>
<th>Statement</th>
<th>End of Lesson</th>
<th>Notes: Support from the Lesson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Eating disorders can be caused by societal pressures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>A family history of eating disorders can be a risk factor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some athletes are more susceptible to eating disorders because of their training routines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating disorders are more prevalent in women than men.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating disorders existed in Greek, Roman, and Medieval societies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**End of Lesson:** Based on your learning from this lesson, indicate whether you now agree or disagree with the statement. Complete the “Notes” column with the lesson information to support your position.

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Faith through Learning – A Distinctive Catholic Curriculum
BLM 6.2 Lesson 6 – Eating Disorders

FRAYER MODEL DEFINITION

Definition

Characteristics

Examples

Non-Examples
### Grade 10 Lesson 7

#### Catholic Expectations

##### Grade 10 Unit

**Mental Health: A Compassionate Response**

<table>
<thead>
<tr>
<th>Curriculum Expectations - Catholic Graduate Expectation, Overall &amp; Specific R.E. Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catholic Graduate Expectation</strong></td>
</tr>
<tr>
<td><strong>An Effective Communicator</strong></td>
</tr>
<tr>
<td>CGE2c - presents information and ideas clearly and honestly with sensitivity to others</td>
</tr>
<tr>
<td><strong>A Reflective and Creative Thinker</strong></td>
</tr>
<tr>
<td>CGE3d makes decisions in light of gospel values with an informed moral conscious</td>
</tr>
<tr>
<td><strong>A Responsible Citizen</strong></td>
</tr>
<tr>
<td>CGE7d – promotes the sacredness of life</td>
</tr>
<tr>
<td><strong>Profession of Faith Specific Expectation</strong></td>
</tr>
<tr>
<td>summarize how followers of Jesus are called to love self and others</td>
</tr>
<tr>
<td><strong>Family Life Specific Expectation</strong></td>
</tr>
<tr>
<td>demonstrate a respect for the human body, in light of the sacredness of human life created by God</td>
</tr>
</tbody>
</table>

#### Instructional Components

| Prior Knowledge and/or Skills |
| Terminology |
| Resources |

- A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established.

- Self-injury is behaviour, not a diagnosable mental illness. It is often associated with other mental illnesses.

**Self-harm (self-injury)** - deliberate attempt to harm oneself, for example, by cutting, burning, hitting, biting, pulling out hair, picking at sores on their skin, etc. You can’t always tell if someone is self-harming, especially if the wounds and scars are hidden under clothes (adapted from Kids Help Phone)

- **Learning Goal**

  By the end of this lesson, students will be able to describe some of the reasons, risk factors and preventative measures for self-injury. Students will explore how Jesus can serve as a model for us when supporting those who self-harm.

- **Resources**

  - Canadian Mental Health Association: [www.cmha.ca](http://www.cmha.ca)
  - BLM 7.1 - Self-Harm Myths

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*(adapted from Kids Help Phone)*

- Mental Health: are hidden under clothes someone is self-harming, burning, hitting, biting, pulling out deliberate attempt to harm

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*Faith through Learning ~ A Distinctive Catholic Curriculum*

109
**Prayer/Scripture Focus**

John 8: 1-11 A Woman Caught in Adultery  
Mark 5: 21-43 Jarius’s Daughter and the Woman with a Hemorrhage  
Luke 10: 29-37 The Parable of the Good Samaritan

<table>
<thead>
<tr>
<th>Minds On</th>
<th>Approximately 20 minutes</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Scripture Review  
Divide students into small groups and assign each group one of the following scripture passages. Have students find the scripture in their Bibles, read it aloud for their group and discuss, using the following guiding questions. Have students record their thinking on chart paper. | | |


**Questions to Guide Discussion:**

*What is the main message of this passage?*

*What does Jesus teach us about the dignity and value of human life?*

*How do Jesus' words and actions call us to love ourselves and others?*

*How can we connect scripture passages like these to our own lives?*

Have groups share their thinking with the whole class. Next, explain to the students that they will begin to investigate the topic of self-harm and lead a discussion to determine what students already know about self-harm using the following questions:

**Questions to Guide Discussion:**

*What is self-harm? What do you know about it?*

*Do you know any other words for self-harm? (e.g. Self-injury, cutting)*

*How do any of these terms with which you are familiar, stigmatize the human person?*

*What are some of the ways people self-harm? (e.g. by punching a wall, pulling out hair, cutting the body, burning oneself, etc.)*

Help students to see the difference between accidental harm and self-harm by emphasizing the fact that self-harm occurs repeatedly and deliberately.

Provide each group with one of the myths about self-harm from BLM 7.1. On (AfL) Assessment for Learning:  
Student responses during the minds on activity can provide insight to both the teacher and students regarding students’ knowledge level about self-injury and where further teaching is required.
chart paper, have students identify whether they agree or disagree with the statement and provide an explanation of their thinking. Facts connected to each myth are provided for teacher reference on BLM 7.2.

<table>
<thead>
<tr>
<th>Action</th>
<th>Approximately 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide students with paper copies of an article on Self-Injury such as the New York Times article from the following website. Display the article on the Smart Board: “The Growing Wave of Teenage Self-Injury” <a href="http://www.nytimes.com/learning/teachers/featured_articles/20080506tuesday.html">www.nytimes.com/learning/teachers/featured_articles/20080506tuesday.html</a></td>
<td></td>
</tr>
</tbody>
</table>

Individually, have students read the article and then work in pairs to complete BLM 7.3. For possible responses, see BLM 7.4.

Next, place the following questions on chart paper around the room. Have students rotate through the room, responding to the questions. Students can respond ‘graffiti style’, using pictures/symbols and words.

- **What are some situations that lead to emotional stress?**
- **What are some different ways of dealing with stress brought on by strong or painful experiences?**
- **Where and how have you learned methods for dealing with stress?**
- **Where can individuals find help to deal with stress in a constructive manner?**
- **What are some do’s and don’ts to remember when talking to someone who self-injures?**
- **In what ways is self-injuring similar to / different from other addictions?**


<table>
<thead>
<tr>
<th>Consolidation</th>
<th>Approximately 25 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide students with copies of BLM 7.5 and review the two response options with the students. As a class, develop Success Criteria for the responses. Success criteria could include: sufficient facts/information about self-harm, knowledge of community resources, communication of support from a faith perspective, clarity and organization of response, etc.</td>
<td></td>
</tr>
</tbody>
</table>

When students have completed their response, have them self-assess their work using the class-generated Success Criteria.

(AfL) Assessment for Learning:
Student responses on the chart paper will identify their understanding of self-injury and any additional areas for further teaching.

(AoL) Assessment of Learning:
Students’ finished responses can be evaluated using class-generated success criteria.
BLM 7.1 – Lesson 7 – Self-Injury

**SELF-HARM MYTHS**

<table>
<thead>
<tr>
<th>Myth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people who self-harm are attempting suicide.</td>
<td></td>
</tr>
<tr>
<td>Young people who self-harm are just attention-seeking.</td>
<td></td>
</tr>
<tr>
<td>Don't approach a young person who self-harms; send them straight to the doctor.</td>
<td></td>
</tr>
<tr>
<td>You will know if someone is self-harming if they have cuts on their arms.</td>
<td></td>
</tr>
<tr>
<td>Self-harm is just the latest fashion which young people will grow out of.</td>
<td></td>
</tr>
</tbody>
</table>
BLM 7.2 – Lesson 7 – Self-Injury

**TEACHER RESOURCE SHEET**

<table>
<thead>
<tr>
<th><strong>Young people who self-harm are attempting suicide.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-harm can help people who are experiencing emotional distress to go on living with the pain they feel, rather than trying to escape it through suicide.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Young people who self-harm are just attention-seeking.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people tend to keep their self-harm secret often as a result of feelings of embarrassment, shame or guilt. It is not ‘just attention-seeking’ however sometimes it can be a cry for help.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Don't approach a young person who self-harms, send them straight to the doctor.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking time to listen without judging encourages young people to get their problems out into the open - the first step along the road to recovery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>You will know if someone is self-harming if they have cuts on their arms.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting is one form of self-harm; others include burning, hitting, bruising or poisoning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Self-harm is just the latest fashion which young people will grow out of.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-harm is not a phase or a fashion. Listening to certain music, or dressing in certain ways does not lead to self-harm. People of all ages, backgrounds and of both genders self-harm. Self-harm is always a signal that something is seriously wrong.</td>
</tr>
</tbody>
</table>

Adapted from: See Me Scotland:
http://www.seemescotland.org.uk/findoutmore/aboutmentalhealthproblemsandstigma/selfharm
BLM 7.3 – Lesson 7 – Self-Injury

**ARTICLE SUMMARY**

<table>
<thead>
<tr>
<th>Reasons for Self Injury</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUGGESTIONS FOR THE TEACHER

The following is not an exhaustive list but provides some suggestions for the teacher. Please note that someone who self-injures may have one, more than one, or none of the factors listed below.

<table>
<thead>
<tr>
<th>Reasons for Self Injury</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tension / Anxiety</td>
<td>• Peers who self-injure</td>
<td>• Connectedness - support of family / friends</td>
</tr>
<tr>
<td>• Alleviate feelings of depression and emptiness</td>
<td>• Substance abuse</td>
<td>• Religious beliefs</td>
</tr>
<tr>
<td>• Maintain a sense of security</td>
<td>• Changes in family / relationships</td>
<td>• Positive attitude</td>
</tr>
<tr>
<td>• Control over one’s body</td>
<td>• Traumatic life events (ie. Death of a loved one)</td>
<td>• Sense of empowerment</td>
</tr>
<tr>
<td>• Coping with feelings of alienation</td>
<td>• Abuse/neglect</td>
<td>• Sense of identity</td>
</tr>
<tr>
<td>• Communicate emotional pain, aggression and/or anger to others</td>
<td>• Low self-esteem</td>
<td></td>
</tr>
<tr>
<td>• Feeling of euphoria</td>
<td>• Isolation</td>
<td></td>
</tr>
<tr>
<td>• Alleviate sense of numbness</td>
<td>• Poor coping mechanisms</td>
<td></td>
</tr>
</tbody>
</table>

Suggestions obtained from: [www.kidshealth.org](http://www.kidshealth.org)
BLM 7.5 – Lesson 7 – Self-Injury

ALL LIFE IS SACRED

Choose one of the following options:

Option 1:

A close friend has just confided in you that they cut themselves. They have been dealing with a lot of stress lately: parents are going through a messy divorce, exams are on the way and you both are in your senior year of high school. The friend has assured you that it is under control and has demanded that you don’t tell anyone else.

You want to be supportive and respectful of your friend’s situation but are concerned about his/her well-being. What do you do?

In a one-page response, describe how you would respond in this situation. Your response should include what you would say to your friend, how you would support him/her from a faith perspective, any community/school resources you could utilize and any challenges you could face in the process.

Option 2:

Your school newspaper is publishing a special issue on teen mental health. You have been asked to write a submission regarding self-injury, addressing some of the common misconceptions, where teens can go for help and how to respond from a faith perspective.

Write a one-page article or a letter to the editor which explains the facts you have learned about self-injury and how our Catholic faith calls us to respond.
### Grade 10 Unit
**Mental Health: A Compassionate Response**

### Grade 10 Lesson 8
"Suicide Self Awareness"

### Curriculum Expectations - Catholic Graduate Expectation, Overall & Specific R.E. Expectations

<table>
<thead>
<tr>
<th>Catholic Graduate Expectation</th>
<th>Learning Goal</th>
</tr>
</thead>
</table>
| **A Discerning Believer Formed in the Catholic Faith Community**  
CGE 1e speaks the language of life…"recognizing that life is an unearned gift and that a person entrusted with life does not own it but that one is called to protect and cherish it."  
**A Responsible Citizen**  
CGE 7d promotes the sacredness of life | By the end of the lesson, students will be able to express their personal views about suicide, identify the myths often associated with suicide and reflect on our calling as Christians to compassionately help those in need. |

### Profession of Faith Overall Expectation
Demonstrate a profound respect for the dignity and mystery of the human person, as both blessed and broken, created, loved and redeemed by God

### Family Life Specific Expectation
Recognize and explore the meaning of integrity and belonging in human life

### Instructional Components

<table>
<thead>
<tr>
<th>Prior Knowledge and/or Skills</th>
<th>Terminology</th>
<th>Resources</th>
</tr>
</thead>
</table>
| Students require an understanding of mental illness.  
A classroom atmosphere of trust to allow for open and genuine discussion would need to be already established. | **suicide** - intentionally killing oneself  
**suicidal person** - a suicidal person is feeling so much pain that they can see no other option. They feel that they are a burden to others, and in desperation see death as a way to escape their overwhelming pain and anguish. The suicidal state of mind has been described as constricted, filled with a sense of self-hatred, rejection, and hopelessness (CMHA/12)  
**mental health** - a person’s overall emotional, psychological and spiritual condition  
**mental illness** - a brain health condition that changes a person’s | **Canadian Mental Health Association websites:**  
[www.canadianmentalhealth.ca](http://www.canadianmentalhealth.ca)  
Blue Wave, Suicide Prevention video:  
[http://www.youtube.com/watch?v=zSpS9ipZ-e0](http://www.youtube.com/watch?v=zSpS9ipZ-e0)  
Writings on Suicide (see Appendices p. 138): **Our Misunderstandings About Suicide; My Annual Reflection on Suicide; Struggling to Understand Suicide; Children Within Our Care.** Used with permission of the author, Oblate Father Ron Rolheiser.  
<table>
<thead>
<tr>
<th>BLM 8.1 - Myths About Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLM 8.1 - Myths About Suicide</td>
</tr>
</tbody>
</table>

**Prayer/Scripture Focus**

Matthew 25: 34-36, 40

Then the king will say to those at his right hand, “Come, you that are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.”...And then the king will answer them, “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.”

**Minds On**

**Approximately 15 minutes**

**Assessment**

**Background Information for Teachers**

NOTE: Prior to implementing either lesson on suicide, it is recommended that teachers read the short writings on suicide by Father Ron Rolheiser which are included with permission (Appendices p.138).

NOTE: Teachers are encouraged to contact a mental health professional such as a school social worker, mental health nurse or a child and youth worker to help support the implementation of the two lessons on suicide.

**Word Association Task**

Ask students to do a word association task. Students will each be given 3 sticky notes. Explain that you will say a word and the students will write down what immediately comes to mind. One association on one sticky note. Use the following 3 words (teacher uses the word ‘suicide’ all three times).

- A. Suicide
- B. Suicide
- C. Suicide

Ask students to post their responses on a common chart overlapping any duplication. Reference the student responses as the lesson proceeds.

Ask students to rate their comfort level in talking about suicide from 1 (not comfortable) to 10 (very comfortable). Share their response with a partner. The teacher asks volunteers to share with the whole class and discusses responses.

**Questions to Guide Discussion**

What may cause people to be uncomfortable talking about suicide?

What would make it more comfortable for people to talk about suicide?

Share the following statement from the Canadian Mental Health Association and post the definition of suicide and a suicidal person found in the terminology section.
People are often uncomfortable discussing suicide. Unfortunately, this tradition of silence perpetuates harmful myths and attitudes. It can also prevent people from talking openly about the pain they feel or the help they need. “(CMHA)

<table>
<thead>
<tr>
<th>Action</th>
<th>Approximately 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4 Corners Activity</strong></td>
<td></td>
</tr>
<tr>
<td>Establish 4 corners in the room to represent</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

Students are asked to respond to the following statements by going to the corner of their choice. Read each statement individually and allow students time to get to a corner. Ask for student responses for why they chose that particular corner. Debrief each statement using the Myths about Suicide, BLM 7.1 before reading the next statement and continuing the exercise.

1. Young people rarely think about suicide.
2. Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.
3. Suicide is sudden and unpredictable.
4. Suicidal youth are only seeking attention or trying to manipulate others.
5. Suicidal people are determined to die.
6. A suicidal person will always be at risk.

Ask students to share their thoughts and feelings about this activity.

**Website Review**
Ask students to examine the website, [http://teenmentalhealth.org/for-families-and-teens/suicide/](http://teenmentalhealth.org/for-families-and-teens/suicide/)
and find the following:

- two risk factors
- two warning signs
- two things youth can do to support someone thinking about suicide

Think, Pair and Share their results and ask each pair to speak to their findings with the larger group.

**AFL Assessment for Learning:**
The results of the student voice will provide rich data that can inform your approach for the rest of the topic. Teachers can determine how much discussion will be required with the group to fully address the understanding of suicide.
<table>
<thead>
<tr>
<th><strong>Consolidation</strong></th>
<th><strong>Approximately 25 minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch the video, Blue Wave, Suicide Prevention together at: <a href="http://www.youtube.com/watch?v=zSpS9ipZ-e0">http://www.youtube.com/watch?v=zSpS9ipZ-e0</a></td>
<td></td>
</tr>
</tbody>
</table>

**Reflection Activity**

Ask students to do a personal journal reflection using the following discussion points.

1. “1 in 5 youth will have a serious mental health issue in their life”, “Suicide is the second leading cause of death among youth aged 15 – 24.” What thoughts and feelings do these statements provoke in you?
2. The video clip ends with a plea ‘to give’. Using the Scripture focus, write a personal reflection on the ways, as Christians, we are called to give compassionately to those dealing with thoughts of suicide.

**(AoL) Assessment of Learning:**

Teachers collect and evaluate personal connections based on success criteria constructed with the students.
BLM 8.1 - Lesson 8 - Suicide Self Awareness

MYTHS ABOUT SUICIDE

Myth: Young people rarely think about suicide.

Reality: Teens and suicide are more closely linked than adults might expect. In a survey of 15,000 grade 7 to 12 students in British Columbia, 34% knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt and 2% had required medical attention due to an attempt.

Myth: Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.

Reality: Talking calmly about suicide, without showing fear or making judgments, can bring relief to someone who is feeling terribly isolated. A willingness to listen shows sincere concern; encouraging someone to speak about their suicidal feelings can reduce the risk of an attempt.

Myth: Suicide is sudden and unpredictable.

Reality: Suicide is most often a process, not an event. Eight out of ten people who die by suicide gave some, or even many, indications of their intentions.

Myth: Suicidal youth are only seeking attention or trying to manipulate others.

Reality: Efforts to manipulate or grab attention are always a cause for concern. It is difficult to determine if a youth is at risk of suicide. All suicide threats must be taken seriously.

Myth: Suicidal people are determined to die.

Reality: Suicidal youth are in pain. They don't necessarily want to die; they want their pain to end. If their ability to cope is stretched to the limit, or if problems occur together with a mental illness, it can seem that death is the only way to make the pain stop.

Myth: A suicidal person will always be at risk.

Reality: Most people feel suicidal at some time in their lives. The overwhelming desire to escape from pain can be relieved when the problem or pressure is relieved. Learning effective coping techniques to deal with stressful situations can help. (Canadian Mental Health Association)
<table>
<thead>
<tr>
<th>Grade 10 Unit</th>
<th>Mental Health: A Compassionate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 10 Lesson 9</td>
<td>“Suicide Awareness”</td>
</tr>
</tbody>
</table>

### Catholic Graduate Expectation

**A Discerning Believer Formed in the Catholic Faith Community**

GCE 1a illustrates a basic understanding of the saving story of our Christian faith

**A Reflective, Creative and Holistic Thinker**

GCE 3a recognizes there is more grace in our world than sin and that hope is essential in facing all challenges

### Prior Knowledge and/or Skills

- Awareness of personal belief systems regarding the topic of suicide
- Awareness of mental health and mental illness

Students should already know and understand the Catholic social teachings of human dignity and respect for all as well as the virtue of hope. (For more information on the Catholic social teachings, consult the website listed in the resources section).

### Terminology

- **suicide** - intentionally killing oneself
- **suicidal person** - a suicidal person is feeling so much pain that they can see no other option. They feel that they are a burden to others, and in desperation see death as a way to escape their overwhelming pain and anguish. The suicidal state of mind has been described as constricted, filled with a sense of self-hatred, rejection, and hopelessness (CMHA 2012)
- **mental health** - a person's overall emotional, psychological and spiritual condition
- **mental illness** - a brain health condition that changes a person's thinking, feelings or behaviour (or

### Learning Goal

By the end of this lesson, students will develop an understanding of Catholic faith teachings regarding suicide, identify facts and warning signs about suicide, and articulate what a compassionate Christian response to suicide would be.

### Family Life Overall Expectation

demonstrate an understanding of the sacredness of the human person, body and spirit, from conception until natural death

### Family Life Specific Expectation

explore the meaning of respect for life from conception until natural death

### Instructional Components

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>suicidal person</strong></td>
<td>Canadian Mental Health Association CMHA website: <a href="http://www.youthsuicide.ca">http://www.youthsuicide.ca</a></td>
</tr>
<tr>
<td><strong>mental health</strong></td>
<td>Suicide Prevention Video: <a href="http://www.youtube.com/user/ok2bblue">http://www.youtube.com/user/ok2bblue</a></td>
</tr>
</tbody>
</table>

**Writing on Suicide (see Appendix): Our Misunderstandings**
all three) and that causes the person substantial distress and difficulty in functioning (CMHA & Sun Life Financial, 2009)

<table>
<thead>
<tr>
<th>Statement Scramble</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minds On</td>
</tr>
<tr>
<td>Approximately 15 minutes</td>
</tr>
<tr>
<td>Assessment</td>
</tr>
</tbody>
</table>

**Prayer/Scripture Focus**

Matthew 22: 37-40

He said to him, “You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.” This is the greatest and first commandment. And a second is like it: “You shall love your neighbour as yourself.” On these two commandments hang all the law and the prophets.”

**Background Information for Teachers**

NOTE: Prior to implementing either lesson on suicide, it is strongly recommended that teachers read the short writings on suicide by Father Ron Rolheiser, printed with permission in the appendix.

NOTE: Teachers are encouraged to contact a mental health professional such as a school social worker, mental health nurse or a child and youth worker to help support the implementation of the two lessons on suicide.

Ask the question, “How does the Catholic Church view suicide?” Have students discuss their response with a partner. Ask for volunteers to share their thoughts. Divide the students into 6 small groups. Give each group one of the statements from the Catechism on suicide (below). Ask students to discuss what message is communicated within each statement.

| About Suicide: My Annual Reflection on Suicide; Struggling to Understand Suicide; Children Within Our Care |
| Used with permission of the author, Oblate Father Ron Rolheiser. Currently, Father Rolheiser is serving as President of the Oblate School of Theology in San Antonio Texas. He can be contacted through his website, www.ronrolheiser.com. |
| Coalition for Children and Youth Mental Health. |
| Catechism of the Catholic Church (CCC) |
| Bruce Grey Catholic District School Board. (2012). Suicide Prevention Protocol |
| BLM 9.1 - Teacher Key for Statement Scramble |
| BLM 9.2 - Scramble Statements for Students |
Catechism of the Catholic Church

2280 Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

2281 Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

2282 If suicide is committed with the intention of setting an example, especially to the young, it also takes on the gravity of scandal. Voluntary co-operation in suicide is contrary to the moral law.

2282 Grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide.

2283 We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.

2285 Suicide is seriously contrary to justice, hope and charity. It is forbidden by the fifth commandment.

In summary, share with the students that the Catholic Church considers suicide to contradict the fifth commandment, "Thou shall not kill." However, the Church has compassion for the person who is suffering from mental illness and recognizes that such individuals suffer from impaired condition of the mental functions, involving the intellect, emotions, and will.

<table>
<thead>
<tr>
<th>Action</th>
<th>Approximately 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement Scramble</td>
<td></td>
</tr>
<tr>
<td>The teacher puts the following five titles on chart paper, one title per chart:</td>
<td></td>
</tr>
<tr>
<td>1. Facts on Suicide</td>
<td></td>
</tr>
<tr>
<td>2. Myths about Suicide</td>
<td></td>
</tr>
<tr>
<td>3. Warning signs of Suicide</td>
<td></td>
</tr>
<tr>
<td>4. Verbal Warning Signs of Suicide</td>
<td></td>
</tr>
<tr>
<td>5. What should youth do?</td>
<td></td>
</tr>
</tbody>
</table>

Students randomly choose Scrambled Statements BLM 8.2 and must walk around the room putting the statements under the appropriate headings. Review each chart with the students using the Teacher Reference Sheet, BLM 8.1 and solicit from the students their thoughts and feelings about each chart.

(AfL) Assessment for Learning:
Students' ability to correctly unscramble the statements and put them in the correct category will assist in determining overall understanding of the topic.
**Questions to Guide the Discussion:**

- Which topic was the most difficult to unscramble and why?
- How does this activity change your thoughts about the topic of suicide?
- What community and school resources can youth access locally?
- Why is it important not to promise secrecy when someone discloses suicidal thoughts?

---

**Consolidation**

**Approximately 60 minutes**

View the Blue Wave video, "ok2bblue” together at:  
[http://www.youtube.com/user/ok2bblue](http://www.youtube.com/user/ok2bblue)

Ask students to share their thoughts on the video

**Questions to Guide Discussion:**

- What were the important messages in the video?
- What effect does the use of young people have on the viewer?
- How did the video portray a message of hope?

**Public Service Announcements**

Matthew 22: 37-40 speaks of our call to love God, Self and Others.

Using these key themes, in partners or individually, have students choose one of the 5 topics sorted in the scramble activity and develop a Public Service Announcement.

The PSA must make reference to the key themes of love of God, self and others and convey the appropriate information to young people. Possible examples may be a slide show presentation, media clip, poster, skit, art project. Co-construct success criteria with the students for their Public Service Announcement. Use this success criteria for peer and self assessment.

Students will be asked to present their projects to the class. They may choose to use the projects in the wider school community as a Community Awareness Campaign or as part of the culminating event from Lesson 10.

---

(AoL/AaL)  
**Assessment of/as Learning:**

Using co-constructed success criteria have students peer and self assess the media projects and the presentations.
Facts on Suicide:

- Suicide is the second leading cause of death among Canadian Youth, surpassed only by accidental deaths.
- Suicide rates among Canada’s Aboriginal population are 3 to 6 times the national rate.
- Young women are twice as likely as young men to actually attempt suicide.
- Young men are three times as likely as women to die as a result of suicide.
- Feelings of hopelessness, isolation and lack of support can result in suicidal behavior.
- Over 85% of people who kill themselves have a pre-existing psychiatric disorder.
- The best treatment of suicidal behavior is to treat the underlying psychiatric disorder.
- Most people who have thoughts about suicide or make an attempt do not necessarily want to die – they are looking for a way to cope with their emotional pain and see no other alternative.

(Selection for Children and Mental Health, Starting with the Facts handout 2012)

Myths about Suicide:

- Young people rarely think about suicide.
- Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.
- Suicide is sudden and unpredictable.
- Suicidal youth are only seeking attention or trying to manipulate others.
- Suicidal people are determined to die.
- A suicidal person will always be at risk.

(Canadian Mental Health Association: Reflections on Youth Suicide pamphlet)

Verbal Warning Signs

- "Nothing ever goes right for me."
- "It'll all be over soon."
- "Whatever, nothing matters anyway."
- "I might as well kill myself"*
- "I hate life"*
- "Everyone would be better off without me"*
- "I just can't take it anymore."*
- "I wish I was dead."*

(Source: [http://www.youthsuicide.ca](http://www.youthsuicide.ca))
BLM 9.1 - Lesson 9 - Suicide Awareness

TEACHER KEY FOR STATEMENT SCRAMBLE ACTIVITY - CONTINUED

Warning Signs of Suicide

- Previous suicide attempts
- Family history of suicide or previous suicide attempt
- Presence of specific plan to harm oneself
- Making final arrangements, i.e., giving away possessions
- Disclosure of suicidal intent (notes etc.)
- Preoccupation with death and suicidal thoughts or threats (i.e., writing notes, theme of death in art work or literature)
- Precipitating crisis, i.e.
  - recent death of a loved one or friend
  - breakdown of family/friend relations
  - recent break up with boyfriend/girlfriend
- Sudden changes in behavior and affect
  - Withdrawal from activities and/or friends
  - Uncooperativeness
  - Running away
  - Neglect of appearance
  - Anger
  - Loss of self-esteem
- Change in school performance, difficulty concentrating, poor marks, truancy
- Substance abuse
- Noticeable self-abuse
- Physical/somatic complaints

(Adapted from Bruce Grey Catholic District School Board Suicide Prevention Protocol 2012)

What should youth do?

- Find time to listen non judgmentally
- Stay Calm
- Ask questions: “Are you thinking about harming yourself?”
- Ask questions: “Do you have a plan?”
- Ask questions: “Will you come with me to talk to someone who can help you?”
- Offer to take the young person to a trusted adult or together call a crisis line such as Kids help phone
- Get help: Peers should not agree to keep the suicidal thoughts a secret and instead should tell an adult, such as a parent, teacher, guidance counselor, or child and youth worker
## BLM 9.2 - Lesson 9 - Suicide Awareness

**SCRAMBLE STATEMENTS FOR STUDENTS**

<table>
<thead>
<tr>
<th>Disclosure of suicidal intent (notes etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoccupation with death and suicidal thoughts or threats (i.e., writing notes, theme of death in art work or literature)</td>
</tr>
<tr>
<td>Precipitating crisis</td>
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<td>Recent death of a loved one or friend</td>
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<td>Breakdown of family/friend relations</td>
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<tr>
<td>Noticeable self-abuse</td>
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<td>Physical/somatic complaints</td>
</tr>
<tr>
<td>“Nothing ever goes right for me.”</td>
</tr>
<tr>
<td>“It’ll all be over soon.”</td>
</tr>
<tr>
<td>“Whatever, nothing matters anyway.”</td>
</tr>
<tr>
<td>“I might as well kill myself.”</td>
</tr>
<tr>
<td>“I have my life.”</td>
</tr>
<tr>
<td>“Everyone would be better off without me.”</td>
</tr>
<tr>
<td>“I just can’t take it anymore.”</td>
</tr>
<tr>
<td>“I wish I was dead.”</td>
</tr>
</tbody>
</table>

Find time to listen non-judgmentally

Stay calm

Ask questions: “Are you thinking about harming yourself?”

Offer to take the young person to a trusted adult or together call a crisis line such as Kids Help Phone.
<table>
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<tr>
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</thead>
<tbody>
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<td>Over 85% of people who kill themselves have a pre-existing psychiatric disorder.</td>
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<tr>
<td>The best treatment of suicidal behavior is to treat the underlying psychiatric disorder.</td>
</tr>
<tr>
<td>Most people who have thoughts about suicide or make an attempt do not necessarily want to die – they are looking for a way to cope with their emotional pain and see no other alternative.</td>
</tr>
<tr>
<td>Young people rarely think about suicide.</td>
</tr>
<tr>
<td>Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.</td>
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<td>Suicidal youth are only seeking attention or trying to manipulate others.</td>
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<td><strong>Suicidal people are determined to die.</strong></td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>A suicidal person will always be at risk.</strong></td>
</tr>
<tr>
<td><strong>Previous suicide attempts</strong></td>
</tr>
<tr>
<td><strong>Family history of suicide or previous suicide attempts</strong></td>
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<tr>
<td><strong>Presence of a specific plan to harm oneself</strong></td>
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<tr>
<td><strong>Making final arrangements, i.e., giving away possessions</strong></td>
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<tr>
<td>Grade 10 Unit</td>
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<tr>
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</tr>
<tr>
<td>Grade 10 – Lesson 10</td>
</tr>
</tbody>
</table>

**Curriculum Expectations - Catholic Graduate Expectation, Overall & Specific R.E. Expectations**

<table>
<thead>
<tr>
<th>Catholic Graduate Expectation</th>
<th>Learning Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Discerning Believer Formed in the Catholic Faith Community</strong></td>
<td>As a class, students will understand that they can engage in actions that will impact others in a compassionate way.</td>
</tr>
<tr>
<td>CGE1d develops attitudes and values founded on Catholic social teaching and acts to promote social responsibility, human solidarity and the common good</td>
<td></td>
</tr>
<tr>
<td><strong>An Effective Communicator</strong></td>
<td></td>
</tr>
<tr>
<td>CGE2a presents information and ideas clearly and honestly and with sensitivity to others</td>
<td></td>
</tr>
<tr>
<td><strong>A Self-Directed, Responsible, Life-Long Learner</strong></td>
<td></td>
</tr>
<tr>
<td>CGE 4a demonstrates a confident and positive sense of self and respect for the dignity and welfare of others</td>
<td></td>
</tr>
<tr>
<td><strong>A Collaborative Contributor</strong></td>
<td></td>
</tr>
<tr>
<td>CGE5a works effectively as an interdependent team member</td>
<td></td>
</tr>
<tr>
<td>CGE5e respects the rights, responsibilities and contributions of self and others</td>
<td></td>
</tr>
<tr>
<td>CGE5f exercises Christian leadership in the achievement of individual and group goals</td>
<td></td>
</tr>
</tbody>
</table>

**Profession of Faith Overall Expectation**

demonstrate a profound respect for the dignity and mystery of the human person, as both blessed and broken, created, loved and redeemed by God

**Instructional Components**

<table>
<thead>
<tr>
<th>Prior Knowledge and/or Skills</th>
<th>Terminology</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will be using the knowledge they have gained about the various aspects of mental illness over the past 9 lessons.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Edugains Assessment, Evaluation &amp; Reporting Video Library:</td>
</tr>
</tbody>
</table>

*Faith through Learning – A Distinctive Catholic Curriculum*  
132
Catholic Curriculum Corporation – Central and Western Region
Mental Health: Hope, Dignity and Our Compassionate Response

<table>
<thead>
<tr>
<th>Prayer/Scripture Focus</th>
<th><a href="http://www.edugains.ca/newsite/aer2/aervideo/learninggoals.html">http://www.edugains.ca/newsite/aer2/aervideo/learninggoals.html</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>In their culminating task, students need to use the prayer/scripture focus from previous lessons and/or the Catholic faith teachings. Encourage students to ensure that the response they decide upon is compassionate with regards to the dignity and needs of those experiencing mental illness.</td>
<td></td>
</tr>
</tbody>
</table>

### Minds On

Engage students in a discussion using the following questions as a guide.

**Questions to Guide Discussion:**
- *We have discussed a range of topics. Which topic needs further awareness-development and/or additional information provided for you, your peers or the school community? (stigma, anxiety, depression, suicide)*
- *What can we do as a class to increase awareness on this topic?*
- *What sort of response can we provide in our school that shows a sensitive and compassionate outreach to those struggling with mental illness?*

### Action

Using the student voice expressed in the Minds On discussion, have the class plan, organize and implement an event that provides a compassionate response to the topic from this unit of study.

Ideas and consideration are provided for teachers in BLM 10.1.

### Assessment

(AfL) **Assessment for Learning:**
This discussion can also ensure that key points have been understood. Time can be taken during the discussion to stress or correct any understanding as necessary.

(AaL) **Assessment as Learning:**
Group progress and assessment sheets should be completed throughout the process of planning, organizing and implementing the event.
### Consolidation

<table>
<thead>
<tr>
<th>Approximately 60 minutes</th>
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<tbody>
<tr>
<td>After the event, engage in a discussion to reflect on the event. A full class may be needed to debrief the event, and co-construct the reflection expectations and criteria.</td>
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<tr>
<td>Students complete an individual reflection on the event, including their role in it, what they gained from being involved, and how, using the prayers/scriptures from the lessons and the associated Catholic faith teachings, the event is a compassionate response.</td>
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<tr>
<td>Co-construct the evaluation criteria with students for the reflection. (See BLM 10.2 for how to co-construct criteria).</td>
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<tr>
<td>The Edugains site also provides video segments which demonstrate the use of this process in classrooms. The Edugains Assessment, Evaluation &amp; Reporting Video Library can be accessed at: <a href="http://www.edugains.ca/newsite/aer2/aervideo/learninggoals.html">http://www.edugains.ca/newsite/aer2/aervideo/learninggoals.html</a></td>
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<tr>
<td>Segment 4: Developing Success Criteria (6:17)</td>
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<tr>
<td>Segment 5: Helping Students Understand Criteria (6:54)</td>
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<tr>
<td>Segment 6: Co-constructing Success Criteria (8:42)</td>
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<tr>
<td>Together you may also create the Guiding Questions for the reflection and set an appropriate length.</td>
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</table>

**(AoL) Assessment of Learning:** Students' reflections are evaluated according to the co-constructed criteria. (See BLM 10.2)
BLM 10.1 – Lesson 10 – Culminating Task

EVENT PLANNING AND GUIDELINES FOR TEACHERS

Types of events students might consider for the culminating task:

- An art show
- A liturgy
- A coffee house
- A series of announcements and awareness posters
- A “Mental Illness” awareness day or week
- An assembly
- Presentation and skits to present to other religion classes
- A guest speaker
- A student voice forum
- A walk or run

Involving the whole class:

Ensure that students use the prayer/scripture focus from previous lessons and/or the Catholic faith teachings. Ensure that the response they decide upon is compassionate with regards to the dignity and needs of those experiencing mental illness. When co-constructing success criteria, this faith perspective must be evident.

Divide the class into small groups to complete the various tasks that need accomplished for the event to run successfully. You may want to consider using the students’ strengths, interests or multiple intelligences to group them. If students are not aware of their strengths in terms of the Multiple Intelligences, this is an appropriate place to do the survey.

A progress sheet for tasks to be accomplished and a checklist of successful task completion can be created and provided for the groups. The progress sheet and checklist will vary, depending on the type of event chosen by the students.

Self-assessment sheets of their own role and of the group work can be completed at various check points.

Considerations:

Administration permission should be obtained. The class should create and present a proposal for the principal.

Students should be encouraged to consult and include student services, including chaplaincy, guidance staff, child & youth workers, peer mentors, etc. They could also consult with student groups as appropriate.
BLM 10.2 – Lesson 10 – Culminating Task

CO-CONSTRUCTING SUCCESS CRITERIA

A four-step process for constructing criteria with students:

**Step One: Brainstorm**
Pose a question such as: **What counts in a reflection? What is needed to develop a strong personal reflection? What needs to be included in a personal reflection on our event?** Record all ideas, in students’ words, on chart paper. The teacher can contribute their own ideas to ensure the essential features and expectations are being met.

**Step Two: Sort and Categorize**
Ask the students to look at the brainstormed criteria and determine what fits together. Together assign headings to these categorized criteria. Try to bring the number of criteria down to a manageable number for students to be able to remember and met, and for you to use to evaluate.

**Step Three: Make a post a T-chart**
Create a T-chart on a large poster paper. Using the headings from step two as the “Criteria” on the left side, and the ideas from students’ brainstorming as the “Specifics/Details” on the right side. At this point, you may ask: **Do we need more details or ideas to understand any of the criteria?** You might also provide students with a copy of this T-chart for their note-book, or have them copy it in their notes.

**Step Four: Add, revise, refine**
As students are working on their reflection, review the criteria with them. Questions to aid this process may include: **Are there any new criteria we need to add? Is there anything we’ve listed that someone doesn’t understand? Have we included any criteria that are not significant?** Make any needed changes to the T-Chart.

This process can be found in:

Every year I write an article on suicide because so many people have to live with the pain of losing a loved one in this way. I rarely go for even a week without receiving a letter, an email, or a phone call from someone who has just lost a family member to suicide. In virtually every case, there is a corresponding sorrow that there really isn't a lot of material out there, religious or secular, to help console those left bereaved. A friend of mine, who through some very dark years has had to work through the pain of losing her husband to suicide, plans one day to write a book to try to offer consolation to those left behind. There is a desperate need for just such a book.

When someone close to us dies by suicide we live with a pain that includes confusion ("Why?") , guilt ("What might we still have done?") , misunderstanding ("This is the ultimate form of despair") and, if we are believers, deep religious anxiety as well ("How does God treat such a person? What's to be his or her eternal destiny?")

What needs to be said about suicide? At the risk of repeating what I have been writing year after year: First, that it's a disease, something that in most cases takes a person out of life against his or her will, the emotional equivalent of cancer, a stroke, or a heart attack. Second, that we, the loved ones who remain, should not spend undue time and energy second-guessing as to how we might have failed that person, what we should have noticed, and what we might still have done to prevent the suicide. Suicide is an illness and, as with a purely physical disease, we can love someone and still not be able to save him or her from death. God too loved this person and, like us, could not interfere with his or her freedom. Finally, we shouldn't worry too much about how God meets our loved one on the other side. God's love, unlike ours, goes through locked doors, descends into hell, and breathes out peace where we can't. Most people who die by suicide will awake on the other side to find Christ standing inside their locked doors, inside the heart of their chaos, breathing out peace and gently saying: "Peace be with you!"
But I also receive a lot of very critical letters every year suggesting that I am making light of suicide by seeming to lessen its ultimate taboo and thus making it easier for people to do the act: Wasn't it G.K. Chesterton himself who said that, by killing yourself, you insult every flower on earth? What's about this?

Chesterton is correct, when suicide is indeed a despairing act within which one kills oneself. But in most suicides, I suspect, this is not the case because there is huge distinction between falling victim to suicide and killing oneself.

In suicide, a person, through illness of whatever sort, is taken out of life against his or her will. Many of us have known loved ones who died by suicide and we know that in almost every case that person was someone who was the antithesis of the egoist, the narcissist, the over-proud, hardened, unbending person who refuses, through pride, to take his or her place in the humble and broken scheme of things. Usually it's the opposite. The person who dies by suicide has cancerous problems precisely because he or she is too sensitive, too wounded, too raw, and too bruised to possess the necessary toughness needed to absorb life's many blows. I remember comment I once heard at a funeral. We had just buried a young man who, suffering from clinical depression, had committed suicide. The priest had preached badly, hinting that this suicide was somehow the man's own fault and that suicide was always the ultimate act of despair. At the reception afterwards a neighbor of the man who had died came up and expressed his displeasure at the priest's remarks: "There a lot of people in the world who should kill themselves, but they never will! But this man is the last person who should have killed himself; he was the most sensitive person I've ever met!" Too true.

Killing yourself is something different. It's how some of the Hitlers pass out of this life. Hitler, in fact, did kill himself. In such a case, the person is not too sensitive, too self effacing, and too bruised to touch others and be touched. The opposite. The person is too proud to accept his or her place in a world that, at the end of the day, demands humility of everyone.

There is an infinite distance between an act done out of weakness and one done out of strength. Likewise there is an absolute distinction between being too bruised to continue to touch life and being too proud to continue to take one's place within it. Only the latter makes a moral statement, insults the flowers, and challenges the mercy of God.
RON ROLHEISER, OMI  Speaker, Columnist and Author

CHILDREN WITHIN OUR CARE

2011-01-09

Margaret Laurence's novel, A Jest of God, tells the story of two sisters: One of them, Rachel, single still and childless at mid-life, is a gifted, elementary school teacher. The other is a stay-at-home mother, dedicating herself full-time to caring for her children.

As the years go by and Rachel finds herself still without children of her own, her frustration grows. She works with children all day, every day, but they are not her children. They come into her classroom, learn from her, pass through her life, but then move on to other classrooms and to a life away from her. She suffers deeply from this transience, this lack of possession. Most everything inside her screams for children of her own, children who will not simply pass through her life.

One day she shares this frustration with her sister, confessing how painful it is to have children pass through your life, a different group every year, and never have any that are really your own.

Her sister is less than fully sympathetic. She tells Rachel, in effect, that it is no different being a parent. Your children also pass through your life and move on to their own lives, away from you. They also are never really your children, someone you possess. Children are never really yours, irrespective of whether you are their natural parent, their foster parent, or their teacher. They have their own lives, lives that you do not own.

There are some important truths in that. Children are never really our own. They are given us, in trust, for a time, a short time in fact, during which we are asked to be their parents, their teachers, their mentors, their pastors, their uncles, their aunts, their guardians, but they are not, in the end, our children. Their lives belong to them, and to God. That's both challenging and consoling to realize.

The challenge is more obvious: If we accept this then we are less likely to be manipulative as parents, teachers, and guardians. We are less likely to see a child as a satellite in our own orbit or as someone whose life must be shaped according to our image and likeness. Rather, if we accept that they are their own persons, we will be able to offer our love, support, and guidance with less strings attached.

The consolation is not as obvious, but is my main point here: If we accept that our children are really not our own, then we will also realize that we are not alone in raising them. How so?

Our children are not ours, they are God's children. In the end, we are only their guardians, all of us. God is the real parent and God's love, care, and anxiety for them will always be in excess of our own. You are never a single parent, even if you are doing the parenting alone. God is alongside, loving, caring, cajoling, worrying, trying to instill values, trying to awaken love, worrying about what company they are keeping, concerned about what they are watching on the internet, and spending the same sleepless nights that you are. God's worry exceeds our own.

Moreover God has the power to touch the heart of a child and break through to a child in a way that
you, as a parent, often cannot. Your children can refuse to listen to you, turn their backs on you, reject your values, and walk away from everything you stand for; but there is always still another parent, God, from whom they cannot walk away. God can reach into places, including hell itself, into which we cannot reach. God is always there, with a love more patient and solicitousness more fierce than is our own. From that we can draw courage and consolation. Our children are surrounded always by a love, a concern, an anxiety, and an invitation to awaken to love, that far exceeds anything we can offer. God is the real parent and has powers we don't have.

This particularly important and consoling if we have ever lost a child tragically, to an accident that might have been prevented, to suicide, to drugs or alcohol, or to a set of friends and a lifestyle that ended up killing them and, as a parent or guardian, you are left feeling guilty and second-guessing: Why did I fail so badly in this? How much am I to blame for this failure?

Again, it is helpful to remind ourselves that we were, and are, not the only parents here and when this child died, however tragic the circumstances, he or she was received by hands far gentler than our own, was embraced by an understanding far deeper than our own, and was welcomed into the arms of a parent more loving than we. Our child left our foster care and our inadequacy to provide everything, to live with a mother and a father who can give him or her the protection, guidance, and joy that we could never quite fully provide.

Used with permission of the author, Oblate Father Ron Rolheiser. Currently, Father Rolheiser is serving as President of the Oblate School of Theology in San Antonio Texas. He can be contacted through his website, www.ronrolheiser.com.
RON ROLHEISER, OMI  Speaker, Columnist and Author

STRUGGLING TO UNDERSTAND SUICIDE

2011-07-24

Recently a friend attended the funeral of a man who had taken his own life. At the end of the service the deceased man’s brother spoke to the congregation. After highlighting his brother’s generosity and sensitivity and sharing some anecdotes that helped celebrate his life he went on to say something about the manner of his death. Here, in effect, are his words:

When someone is stricken with cancer, one of three things can happen: Sometimes doctors can treat the disease and, in essence, cure it. Sometimes the medical professionals cannot cure the disease but can control it enough so that the person suffering from cancer can live with the disease for the rest of his or her life. Sometimes, however, the cancer is of a kind that cannot be treated. All the medicine and treatments in the world are powerless and the person dies.

Certain kinds of emotional depression work the same way. Sometimes they can be treated so that, in effect, the person is cured. Sometimes they cannot ever really be cured, but they can be treated in such a way that the person can live with the disease for his or her whole life. And sometimes, just as with certain kinds of cancer, the disease is untreatable, unstoppable, no intervention by anyone or anything can halt its advance. Eventually it kills the person and there is nothing anyone can do. My brother’s depression was of that kind, the terminal kind.

This can be helpful, I believe, for any of us who have suffered the loss of a loved one to suicide. All death unsettles us, but suicide leaves us with a very particular series of emotional, moral, and religious scars. It brings with it an ache, a chaos, a darkness, and a stigma that has to be experienced to be believed. Sometimes we deny it, but it’s always there, irrespective of our religious and moral beliefs. Indeed, as part of its darkness and stigma, suicide not only takes our loved ones away from us, it also takes away our true memory of them. The gift that they brought into our lives is now no longer celebrated. We never again speak with pride about their lives. Their pictures come off the wall, photos of them get buried deep inside drawers that we never open again, their names are less and less mentioned in conversation, and of the manner of their death we rarely speak. Suicide takes our loved ones away from us in more ways than we sometimes admit.

And there is no easy answer for how to reverse that, though a better understanding of suicide can be a start.

Not all suicides are of the same kind. Some suicides come about because the person is too arrogant and too hard-of-heart to want to live in this world. But that, I submit, is the exception not the norm. Most suicides, certainly all the cases that I have known, come about for the opposite reason, namely, the person is too bruised and over-sensitive to have the resiliency needed to continue to cope with life. In these cases, and that is the vast majority of suicides, the cause of death can pretty accurately be termed as cancer, emotional cancer. Just as with physical cancer, the person dying of suicide is taken out of this life against his or her will. Death by suicide is the emotional equivalent of cancer, a stroke, or a heart attack. Thus, its patterns are the same as those of cancer, strokes, and heart attacks. Death can happen suddenly or it can be the end-product of a long struggle that slowly wears a person down. Either way, it’s involuntary.
As human beings we are neither pure angels nor pure animals, but are always both body and soul, one psycho-somatic whole. And either part can break down.

This can be helpful in understanding suicide, though a better understanding will not necessarily mean that the darkness and stigma that surround it will simply go away. We will still feel many of the same things we felt before in the face of suicide: We will still feel awful. We will still feel conflicted and be given over to guilt feelings and second-guessing. We will still feel uneasy about how this person died and will still feel a certain dis-ease in talking about the manner of his or her death. We will still feel a certain hesitancy in celebrating that person’s life in the manner we would have had the death been by natural causes. We will still go to our own graves with a black hole in our hearts. The pain of a suicide leaves its own indelible mark on the soul.

But at a different level of understanding something else will break through that will help us better deal with all those conflicted feelings, namely, empathy for and understanding of someone whose emotional immune system has broken down. And that understanding will also bring with it the concomitant consolation that God’s empathy and understanding far exceeds our own.

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RON ROLHEISER, OMI  Speaker, Columnist and Author

MY ANNUAL REFLECTION ON SUICIDE

2010-08-06

Every year I write a column on suicide. It’s not my favorite thing to do, but I do it because there is too little in the public forum, secular or religious, on this painful issue. Suicide remains one of the great unmentionables and people who lose loved ones to suicide search mostly in vain for anything that might bring understanding and consolation.

This year, more than in previous years, I am struggling to write this piece because a number of people have written lately suggesting that my writings make light of the issue, that I am offering a false and dangerous consolation, and, worse still, that my writing (by softening the taboo that sees suicide as final despair) helps contribute to the number of suicides. By softening this taboo, I have been warned, you give people permission to kill themselves. God forgives, so why not? As well, Roman Catholics frequently quote the Catechism of the Catholic Church in their defense of their criticism.

All of that notwithstanding, the issue still needs to be addressed: The hard fact is that, in the United States alone, there are 3-4 suicides each hour, more than 90 per day, over 33,000 per year, and each of those deaths deeply touches many people. Ultimately everyone is affected. Nobody goes through life without his or her life having been touched, scarred and irrevocably changed, by someone else’s suicide. Amidst all of this, mostly there is quiet stoicism. Let’s not talk about it. But underneath the stoicism lies a bitter ambivalence, photographs get taken down, memories get erased, and we grapple with unresolved guilt, shame, fear for their salvation, and, not least, a certain dis-ease about life itself. If this can happen, what really can be trusted?

What needs to be said about suicide, beyond what I have tried to say clearly in my earlier writings?

First, that the fear my critics express needs to be taken seriously. Suicide is terrible thing. The radical taboo that society and the churches have placed around it, like the taboo surrounding incest, is there for a good reason. This is a terrible act from which there is no coming back. It destroys, and permanently, more than just the life of the person who does this act. We may never make light of suicide. That is why it has always been encased in this terrible taboo.

But that taboo is meant as a warning before the fact. Something also needs to be said after the fact. When someone dies by his own hand, those left behind literally gasp for human and theological oxygen. Something needs to be said to those left behind.

My writings on suicide are intended to address those left behind, not to serve as a counseling tool for someone who is clinically depressed. Moreover, I submit, that nothing I have said about suicide goes against what is taught in the Catechism of the Catholic Church. What is taught there in fact radiates deep compassion and understanding; It highlights the gravity of the issue, states clearly that this is an act that goes against every intentionality that God has for human life, goes on to state that responsibility for the act can be radically diminished by someone’s psychological state, and then invites us to trust in God’s understanding and compassion. Moreover, in its pastoral practice, with
virtually no exceptions, the church mirrors what I have written.

I remember when this was not always the case. When I was an adolescent, one of our neighbors took his own life. At the time, there was still a painful question around suicide. Should this man be given the full rites of the church and be buried in a church cemetery? Our priest, Father Michael Schatz, a quiet, unassuming man, an Oblate of Mary Immaculate, quickly removed all doubt and did what Jesus would have done: He extended to this wounded man and his grieving family the full compassion of God, the church, and the community. I am a priest today as much because of this as for any other reason. His response helped me understand God’s heart and what human and ecclesial compassion should be.

In the end it boils down to a question of God: If God is perfect love, compassion, and understanding, if God is infinite mercy and can, as our Christian faith teaches us, descend into hell itself, then it is an affront to God’s nature and an affront to our own faith to believe that such a God would, for all eternity, cut someone off from life because that person was so fragile, so wounded, so bruised, so hypersensitive, or perhaps simply so biochemically imbalanced that in a moment of depression or panic that person took his or her own life. Deep down, all of us know that. We need to say it out loud.

We are in safe hands, hands far gentler than our own. God can be trusted, and nowhere is this truer or more poignant than in the question of suicide.

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Grade 10 Unit - Lesson 6 - Eating Disorders Optional Guided Meditation

BODY IMAGE RELAXATION: FREE RELAXATION SCRIPT

This body image relaxation script is a guided meditation focused on self-acceptance and self-image.

Take a moment to settle into a comfortable position. Notice now, how you are feeling.... how you are doing right now in this moment.

How does your body feel? Scan your body for a moment now, starting at your feet, simply noticing how your body is feeling. Notice your feet... ankles... legs.... hips. Continue scanning your body, moving upward to your stomach, back, chest, sides. Mentally scan your hands, arms, and shoulders... your neck, head, and face.

Where is your body the most tense? Where is your body the most relaxed? Just notice the state of tension and relaxation in your body.

Notice how your body relaxes... bit by bit.... without any effort on your part. See how your muscles become a little bit looser... less tense.... naturally, just because you are taking a moment to sit quietly and relax. Without any effort or input from you... without you even trying... your body becoming slightly more relaxed with each passing moment.

Think about your body image... what is body image? Maybe you think about the picture in your mind you have of what your body looks like. Maybe it's the ideas you have about your body... your feelings about your physical self. Perhaps body image is is a vision of how you think your body should be. What does body image mean to you?

Take a moment now to consider your thoughts and ideas about your own body. How are you feeling right now, thinking about your body image? You might feel neutral, content, comfortable, uncomfortable, satisfied, dissatisfied, happy or unhappy, angry, afraid, accepting..... maybe a combination of things.... contradictory feelings are common.... and it is okay to feel however you are feeling.

What might it be like to accept your body, just as it is? What if you felt okay about your physical self? Imagine for a few moments what that would be like.

Think about a time in your life when you felt accepting of your physical self - your whole self, or even part of yourself. Which parts of your body are the easiest for you to accept?

Imagine if you could accept your body as a whole, rather than as a collection of individual parts.

You have been doing some difficult thinking these last few moments. Let’s take a step back now, mentally, to relax.

Breathe in, deeply. And breathe out. In (pause) and out.....in (pause) and out.....

Keep breathing deeply, slowly. It feels good to take deep, calm breaths.

Just relax for a moment while you notice your breathing. Just notice your breaths for a moment. (pause)

If there are any areas where you are feeling tense, direct your attention to these areas as you breathe.... imagining that each breath in brings relaxation... and each breath out expels tension. Breathing in relaxation... and breathing out tension..... each breath relaxes you further.

(pause)
Now I will say some body image affirmations. You can repeat these if you wish, or simply relax as I talk.

Each affirmation is true.... even if it may not seem true right now.

Let's begin the affirmations.

I am okay the way I am.

I can accept myself the way I am.

My body is acceptable just the way it is.

I am an okay person.

I accept this body I am in.

There is no need to be perfect.

My imperfections make me unique.

I am perfectly alright just the way I am.

My body is a functioning whole.

I am human, and all humans have flaws.

I can accept my imperfections.

I free myself from judging my body.

I am okay just the way I am.

I accept myself.

Now that you have repeated some affirmations, take note of how you are feeling. What was it like to repeat or listen to the affirmations?

It is okay to feel however you are feeling right now, good or bad. Accept the variety of feelings you may have.

Take a moment now to just relax. Let all the worries and tension go as you breathe slowly in... and out.... in.... out..... continue to breathe slowly, deeply.... naturally.

When you are ready to return to your waking level of consciousness, slowly leave this relaxed state you are in. Keep with you a feeling of calm, while becoming more awake and alert.

Wake up your body and your mind. Move your arms and legs a little and feel your muscles reawakening.

I'll count up now from 5 to 1, and when I reach 1 you will be fully awake.
References

Blue Wave, Suicide Prevention video.  http://www.youtube.com/watch?v=zSpS9ipZ-e0


Coalition for Children and Youth Mental Health.


http://www.abovetheinfluence.co

http://www.anxietybc.com

http://www.cmha.ca/mental_health/youth-and-suicide/

http://www.depressionhurts.ca

http://www.gotabrain.ca/calgary-games.htm

http://www.mentalhealthministries.net/inspiration/prayers.html

http://www.mooddisorderscanada.ca/page/what-better-feels-like

http://www.notmyselftoday.ca/start

http://www.teenmentalhealth.org

http://www.xperiment.ca

Kids Help Phone.  
http://www.kidshelpphone.ca/Teens/Home.aspx  

Multiple Intelligence Survey.  http://www.paec.org/teacher2teacher


Nick Vujicic 60 minutes interview.  http://www.youtube.com/watch?v=da5QOSxSsGY
Rainbows for All Children, Inc., Headquarters, Itasca, Illinois, USA.


Rolheiser, Ron.  (1982-2012).  Writings on Suicide.  Our Misunderstandings About Suicide; My Annual Reflection on Suicide; Struggling to Understand Suicide; Children Within Our Care.  OMI:  http://www.ronrolheiser.com


Self Harm Teacher Resource Sheet  
http://www.seemesscotland.org/uk/findoutmore/aboutmentalhealthproblemsandstigma/selfharm


Statistics Canada, Suicide and suicide rate tables (Ottawa: StatsCan, 16 November 2010) online:  www.statscan.gc.ca

Ted Talk: Mental Health Superhero.  http://www.youtube.com/watch?v=blSkkwcY4uo

The Centre for Addiction and Mental Health.  
http://www.camh.ca/en/hospital/about_camh/newsroom_or_reporters/Pages/addictionmentalhealthstatistics.aspx

http://learningblogs.nytimes.com
