

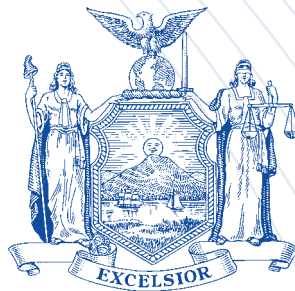
A Guide for Teachers and Students

Stopping Mental Health Stigma

OPEN MINDS • OPEN DOORS

Eliminating the Stigma of Differences
TEACHERS GUIDE

A Guide to Understanding Mental Illness
STUDENT GUIDE



A Special Publication of the New York State Assembly Mental Health Committee

Hon. Peter M. Rivera, Chairman
Hon. Sheldon Silver, Speaker



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

PETER M. RIVERA
Assemblyman 76TH District
Bronx County

DISTRICT OFFICE
1973 Westchester Avenue
Bronx, New York 10462
718-931-2620
Fax: 718-931-2915

ALBANY OFFICE
Room 826
Legislative Office Building
Albany, New York 12248
518-455-5102
Fax: 518-455-3693

CHAIR
Mental Health, Mental Retardation
and Developmental Disabilities

COMMITTEES
Agriculture
Consumer Affairs and Protection
Judiciary
Rules

TASK FORCE
Puerto Rican/Hispanic

CAUCUS
Black, Puerto Rican, Hispanic and
Asian Legislative Caucus

November 2009

Dear Fellow New Yorkers, Educators and Students:

As Chairman of the Assembly Mental Health Committee, I am well aware of the obstacles that people with mental illnesses endure on a daily basis. One of the leading social problems that I have witnessed is the stigma that is almost automatically attached to mental illnesses and the mental health system at-large.

It is estimated that one in six Americans experience a mental disorder in any given year.

As a policymaker, and in collaboration with concerned citizens, this publication is an attempt to bring awareness to the insensitive images of mental illness carried by popular culture through movies, music, television shows, and the media. This guide for educators and students attempts to reinforce positive images of mental health and hygiene and its importance to all New Yorkers.

The Assembly Mental Health Committee will distribute the attached anti-stigma lesson plans to over 6,400 schools and 700 school districts throughout New York State in the hope that the tools found in its pages will be put to good use in our schools.

I would like to thank the members of the Mental Health Committee for their committed excellence to the advancement of mental health initiatives and to my legislative director Guillermo Martinez and graduate intern Trevor Cooper for directing this project. In addition, I would like to especially thank the New York State School Boards Association for facilitating the distribution of this publication.

I would also like to extend my appreciation to Kay Barkin of Mental Health Connection of Tarrant County, Texas for providing the “Open Minds, Open Doors”, anti-stigma materials to my staff that will appear in the pages that follow. Reducing stigma and the stigmatizing attitudes and behaviors towards the mentally ill across our state is an important step in helping our fellow New Yorkers recover and, as a whole, improving our humanity!

During the current economic crisis facing our nation and personal lives, increases in mental health problems faced by families and children are all too common. This publication can help schools and their staffs in countless ways. This guide is a tool that will enrich the lives of everyone who uses the information to educate themselves and others. On behalf of the Assembly Mental Health Committee, I hope you find this guide a valuable reference you will use for years to come.

Sincerely,

Peter M. Rivera
Chairman, New York State Assembly Mental Health Committee

PLEASE NOTE: Additional Teacher's Resources are available on the Assembly Website by clicking on Assemblyman Peter M. Rivera's link



Hon. Sheldon Silver, Speaker
Hon. Peter M. Rivera, Chairman

Committee Members

Bob Barra
Karim Camara
Jane L. Corwin
Michael Cusick
David Koon
Barbara Lifton
Donna A. Lupardo
Tom McKevitt
William L. Parment
Mark J. F. Schroeder
Darryl C. Towns
Harvey Weisenberg

Legislative Staff

Guillermo, Martinez, Legislative Director
Anton Konev, Legislative Aide
Trevór A. Cooper, Graduate Fellow
Daniel Mulé, Intern

Handbook Staff

Guillermo Martinez, Legislative Director
Trevór A. Cooper, Graduate Fellow

Table of Contents

- Letter from Assemblyman Peter M. Rivera.....1
- Staff Page.....3
- Eliminating the Stigma of Differences – Teacher’s Guide7
- A Guide to Understanding Mental Illness – Student Guide39
- New York State Media Directory.....47
- PowerPoint Slides for Lesson Plan.....50



Eliminating the Stigma of Differences Teachers Guide

**Provided by:
Mental Health Connection of Tarrant County
Community Solutions of Fort Worth**

**©Mental Health Connection of Tarrant County and
Community Solutions of Fort Worth (2005)**

Eliminating the Stigma of Differences in the School

Note to teachers: For additional information or to provide feedback on this curriculum, please call Kay Barkin at 817-258-8094.

Teacher's Guide Day 1: The Stigma of Differences PowerPoint Slides 1-22

Slides 1-6

As soon as the students settle into their seats, begin the lesson by presenting the initial four slides from the PowerPoint presentation. Show each slide long enough for students to take it in. Note if anyone laughs, expresses discomfort or makes comments.

Each slide shows someone who may be considered different in some way:

- "Punk" boy
- African-American male and female
- "Geek" or "nerd"
- Hispanic male and female
- Girl in a wheelchair
- Muslim woman

Stop the presentation momentarily after the sixth slide, and explain you are starting a unit on recognizing and accepting differences in others.

Slide 7

Title Slide for unit: Eliminating the Stigma of Differences

Slide 8-9

Hand out the six sheets with photos at the top, and tell students to fill in the physical traits they see as well as their reactions to those physical traits. Have a few volunteers talk about their reactions and responses.

OR

Verbally ask the students about their reactions and elicit responses about those reactions. Mention any reactions you heard as you showed the slides before class started.

Ask for comments on the physical or emotional attributes found in the people your students like.

Slide 10

Point out that their comments show they judge others based on some standards they have developed over their lifetimes.

Develop a list of those standards, possibly including: overall look, clothing, hairdo and the way a person responds to others. Ask for additional ways the students judge others.

Before going to the next slide, ask students to define the word "stigma."

Slide 11

Present this dictionary definition of stigma and compare any ways in which the students' definitions differ from the dictionary's. Discuss the possible reasons for those differences.

Slide 12

Ask the students why they think people treat others as different. What is it that makes others "different?" Write various answers on the board.

Slide 13

Ask the students why some people who are different seem scary. Again, write the responses on the board.

Slide 14

Ask students if they are different in any way that others might notice. Without pressuring those who will be embarrassed, try to elicit some ideas on ways each person in the room is different from the "norm."

Slide 15

Now that students see the reasons for stigma, as well as the possibility that they might even be victims of stigma, ask them for ideas on ways to overcome that stigma. Write those ideas on the board.

Slide 16-17

Present other ways to end stigma as shown on these two slides. Recognize answers similar to those provided by the students. Acknowledge any appropriate student responses not listed on these slides.

Slide 18

Explain this is a picture of someone who was considered "nerdy" in school.

Slide 19

Tell the class the nerd in the previous picture is Bill Gates, founder of Microsoft, who is now one of the most successful men in the world. He was not "popular" or part of any "in" crowd, but many people probably now wish they had been his friend.

Slide 20

Assignment:

Have your students look through any printed materials available, including magazines, newspapers and the Internet. Tell them to find a photograph or other artwork of someone who is different in some way. Be sure there is also an article with the picture.

Slide 21

Tell the students to write something about that person without reading the article. What makes the person different in their minds? What is their immediate reaction to that person?

Slide 22

Now have the students read the article illustrated by the photo or artwork and determine if their perception of the difference relates to the article. Ask them to decide whether their initial impressions were correct or incorrect. Then have them finish their papers with a section on whether they were correct with their first impression and why.

Homework: Have the students look for differences in other people and determine their reactions to those differences. They can write a paper or develop some other creative piece (montage, artwork, etc.) to illustrate what they learn. Suggest they find at least 3 people who are different in some way for this assignment.



Physical Traits

Reactions



Physical Traits



Reactions



Physical Traits

Reactions



Physical Traits



Reactions



Physical Traits

Reactions



Physical Traits

Reactions

Eliminating the Stigma of Differences in the School

Teacher's Guide Day 2: Eating Disorders PowerPoint Slides 23-33

Slide 23

As soon as the students are settled, present this introductory slide and allow time for them to notice it.

Slide 24

Define eating disorders and point out they are forms of mental illness

Slide 25-27

Explain the causes of eating disorders. At slide 25, ask the students to participate in a discussion about the way peer pressure can lead to these disorders.

Slide 28

Explain the treatment for any of the eating disorders is therapy to address the underlying emotional issues. Emphasize that people can and do recover, going on to lead normal and healthy lives.

Slide 29

Explain there are three types of eating disorders. Most people don't realize compulsive overeating is just as much a disorder as anorexia or bulimia. All are the result of emotional problems. If asked, explain "Anorexia Nervosa" and "Bulimia Nervosa" are the scientific names for these disorders. However, people usually refer to them simply as anorexia and bulimia.

Slide 30

Provide a definition of anorexia. Point out that sometimes people see something in the mirror that does not match reality. They may see themselves as being "fat," while others see them as thin.

Slide 31

Provide a definition of bulimia. Reinforce the dangers of these eating disorders.

Before showing Slide 32, have students read pages 12 and 13 of "Teen Files" supplement.

Slide 32

Initiate a discussion about healthy eating, using the new food pyramid from the federal government. Lead students in a discussion about ways they can meet the guidelines outlined by the pyramid.

(Information on the new Food Pyramid from the FDA is included in this Teacher's Guide. More is available at MyPyramid.gov.)

Slide 33

Assignment:

Have the students look through print materials and/or the Internet to find something they think is beautiful. Encourage them to find something others might not find beautiful. Then lead a discussion on what the students found and the reasons they feel it is beautiful. Elicit responses from others. Use this discussion to stress that beauty comes in many shapes and sizes. There is no perfect body, and everyone has beauty within.



USDA Anatomy of MyPyramid

One size doesn't fit all

USDA's new MyPyramid symbolizes a personalized approach to healthy eating and physical activity. The symbol has been designed to be simple. It has been developed to remind consumers to make healthy food choices and to be active every day. The different parts of the symbol are described below.

Activity

Activity is represented by the steps and the person climbing them, as a reminder of the importance of daily physical activity.

Moderation

Moderation is represented by the narrowing of each food group from bottom to top. The wider base stands for foods with little or no solid fats or added sugars. These should be selected more often. The narrower top area stands for foods containing more added sugars and solid fats. The more active you are, the more of these foods can fit into your diet.

Personalization

Personalization is shown by the person on the steps, the slogan, and the URL. Find the kinds of amounts of food to eat each day at MyPyramid.gov

Proportionality

Proportionality is shown by the different widths of the food group bands. The widths suggest how much food a person should choose from each group. The widths are just a general guide, not exact proportions. Check the Web site for how much is right for you.

Variety

Variety is symbolized by the 6 color bands representing the 5 food groups of the Pyramid and oils. This illustrates that foods from all groups are needed each day for good health.

Gradual Improvement

Gradual improvement is encouraged by the slogan. It suggests that individuals can benefit from taking small steps to improve their diet and lifestyle each day.

Eliminating the Stigma of Differences in the School

Teacher's Guide

Day 3: Introduction to Mental Illnesses and Stigma PowerPoint Slides 34-64

Slide 34

Introductory slide – can be up as students come into class and settle in.

Slide 35

Explain mental illness can happen to anyone, anywhere, anytime. According to a recent national study, nearly half of all people in the United States will experience a mental illness at some point in their lives. During any given year, one in four people experience a mental illness. In some cases, the illness is mild and does not require treatment. However, many people do require treatment, which is most successful when individuals have the support of family and friends.

Before going to next slide, ask students for a definition of "mental illness."

Slide 36

Share the definition of mental illness as used by professionals in the mental health field.

Slide 37

Explain how mental illness affects people.

Have students read page 3 in "A Guide to Understanding Mental Illness" before continuing.

Slide 38

Explain that a mental illness is actually a change or abnormality in the brain's chemistry. It is not a sign of bad character or a bad family. Instead, it is actually a medical problem that occurs in the brain instead of the body.

Slide 39

Ask students for their ideas on the causes of mental illness. Ask why they think the number of diagnosed mental illnesses has increased in the past two decades. Is there truly more mental illness, or is it better recognized and thus diagnosed more often?

Then discuss the various causes of mental illness that have been identified as shown on the slide.

Slide 40

Continue discussing the causes of mental illness, explaining that these illnesses sometimes seem to “run in the family.” Point out that street drugs and alcohol have been known to cause mental illness. Reinforce the idea in the slide that recent studies show marijuana use can double the risk of developing a mental illness, especially among youth. Possibly point out that some people think marijuana is a “harmless” drug, but the new evidence points out it can have a devastating impact on the brain.

Slide 41

Explain that anyone can develop a mental illness. It often is triggered by a major trauma or emotional upset, but research has not yet shown why, when two people who go through the same or similar traumas, one may develop a mental illness while the other does not. Research is underway to determine changes in the brain that occur when a mental illness develops, as well as ways in which the brains of people who develop mental illnesses are different from others who do not.

Slide 42

Students should understand that mental illnesses are not like heart attacks or strokes that seldom affect teens. Instead, research just released shows more than half of all those who have ongoing mental illnesses as adults developed their first symptoms before they were 14. Three-fourths started having symptoms by age 24. So it is very important for students to understand mental illnesses, their symptoms and their treatments.

Slide 43

Point out that adults with mental illness often remember early symptoms that developed as minor concerns. Extreme shyness can develop into anxiety disorders. Small fears can become phobias. However, be cautious not to alarm the students. Shyness and constant finger tapping, for example, do not necessarily mean someone will

develop a mental illness. A fear will not necessarily become a disabling phobia.

Slide 44

Tell students that, although adults remember early symptoms, the average wait to seek help is long.

Name the following three mental illnesses: major depression, Bipolar Disorder and Post-traumatic Stress Disorder. Ask students how long they think people have the symptoms of those diseases before asking for help.

Slide 45

Typically, people wait eight years after symptoms appear to seek help for major depression. Those with Bipolar Disorder often wait six or more years. And those with Post-traumatic Stress Disorder wait an average of 12 years to get help. Explain this means people are suffering with diseases for which they can get help.

Slide 46

Explain that once people do get help, they have a strong chance for recovery. The recovery rate for major depression is 65 to 70 percent and 80 percent for Bipolar Disorder. People with schizophrenia have a 60 percent chance of recovery.

Slide 47

Explain that the survival rate for all cancers is only 50 percent, while the survival rate for heart failure is just 30 percent. Compare that to the recovery rates for the mental illnesses mentioned in the previous slide.

Before moving to the next slide, ask the students what might cause people to delay seeking treatment.

Slide 48

Recognize those who got the right answers: lack of knowledge (they don't know they have a problem), lack of money or medical insurance, and stigma, which brings you, back to the lessons of the week on the stigma of differences.

Slide 49

Point out that studies have shown early intervention leads to the most successful treatments.

Slide 50

Point out that, when it comes to mental illness, the definition of stigma often is expanded a bit, although this definition still can relate to all forms of stigma.

The definition: Negative attitudes and beliefs that lead to fear, rejection, avoidance and discrimination.

Slide 51

Because of the stigma and a lack of understanding, people often treat those with mental illness badly. Ask students if they can think of or if they have seen any reactions in addition to those listed on the slide. If anyone mentions name calling, ask for some of the names people use.

Slide 52

Use this slide to recognize the right answers about name calling, and add to them if necessary.

Slide 53

Explain that the stigma surrounding mental illness is real. Late last year, Mental Health Connection of Tarrant County conducted a telephone survey to determine attitudes about mental illness. Nearly 30 percent said they think there is something about someone with a mental illness that makes them seem different from others.

Slide 54

Nearly half think anyone who has had a mental illness should not be allowed to run for any public office. And more than half blame the parents of those with major depression, saying it is caused by the way a person was raised.

Slide 55

Many people say major depression is caused by a lack of willpower – similar to staying on a diet.

Slide 56

Explain that, because they are often treated badly and because there are such negative attitudes, people of all ages often do not reach out for help.

Slide 57

Point out ways people respond to the actions that result from stigma. Ask if the students have ever had the feeling someone they know is behaving a certain way because there is something that might be

medically wrong with them. How have they reacted? Do they know anyone with another type of chronic disease such as diabetes or asthma? Have they ever known someone with these diseases to do something that might be dangerous to their health because they don't want people to think they're different.

Then point out that mental illness isn't a disease people can see. Instead, it results in behaviors that are different. Explain that people who feel the stigma often believe they are "weird," or "crazy," and that there is no hope for a happy future. This is especially true among teens because they worry so much about what others might think.

Slide 58

In part because teens often do not reach out for help, suicide has become the third leading cause of death among adolescents today. Accidental injury is the leading cause of death among adolescents, and homicides are the second leading cause.

Slide 59

Explain there is a good reason to fight stigma: so people will understand they are not strange. Instead, they can find help and the chances are good they will feel better.

Slide 60

Explain that a world free of stigma will make it comfortable for people of all ages to reach out for help...

Slide 61

...meaning more people can recover.

Slide 62

Point out that teens – as well as others – are more likely to reach out for help if they do not feel embarrassed, understand their symptoms and realize they can feel better. A lack of knowledge can be as great a barrier as stigma.

Explain that, for the next two days, the class will be discussing a variety of mental illnesses, especially those that are most likely to develop during adolescence. The hope is they will recognize symptoms in themselves and others, and make sure early intervention occurs.

Slide 63

Assignment:

People with a mental illness sometimes need to be in the hospital. Because of the stigma attached to mental illness, they are often embarrassed to be in that position, and worry as much about what their old friends and acquaintances will think as they do about getting better.

With that in mind, write a letter to a friend or acquaintance who has been hospitalized to help with recovery from a mental illness. Think about the things you should and should not say.

Slide 64

Ask students if they know someone who has a mental illness. Perhaps you can share a personal experience with them if they are reluctant to speak up. If it is a personal experience of yours, share how the person handled his or her mental illness. Ask for other examples. If there are none, ask the students how they would handle it if they, themselves, had a mental illness.

Eliminating the Stigma of Differences in the School

Teacher's Guide

Day 4: A Guide to Mental Illness Part 1 Impulse and Anxiety Disorders PowerPoint Slides 65-101

Slide 65

Introductory slide to a discussion about impulse disorders and anxiety disorders. *Have the class read through page 4 of "A Guide to Understanding Mental Illness."*

Slide 66

Explain there are many types of mental illnesses, just as there are many types of physical illnesses. The ones listed on this slide are the most common. Point out you will be defining each of these as the lesson progresses over the next two days.

Slide 67

Explain that there are many misconceptions about mental illnesses. Perhaps one of the most misunderstood is schizophrenia, which is a break with reality. People with schizophrenia often see and hear things that are not there. However, schizophrenia is NOT a "split personality" or "multiple personality disorder."

Slide 68

Review the definition of schizophrenia as presented on the slide.

Slide 69

Explain that some people associate mental illnesses such as schizophrenia with violence, primarily because the media focus on violent events. However, the vast majority of people with a mental illness, including schizophrenia, are not violent. In fact, people with mental illness may be more likely to become victims of violence than others.

Slide 70

The media also don't usually talk about the very effective medications now available for many mental illnesses, including schizophrenia. Individuals, even with such serious mental illnesses as schizophrenia,

can become fully functioning members of society when they take their medications as directed by a physician.

Slide 71

Explain you are now going to move into the types of mental illnesses more common among children and adolescents. Begin by initiating a discussion about Impulse Disorders, specifically Attention Deficit Hyperactivity Disorder. Ask if the students know anyone with ADHD.

Slide 72

This slide explains Attention Deficit Disorder. Point out that one of the symptoms is impulsivity; hence, its designation as an Impulse Disorder.

Slide 73

This slide explains the difference between ADD and ADHD, although the umbrella term for these impulse disorders is now ADHD.

Slide 74

Point out that ADHD is thought to be a biochemical imbalance in the brain that might be inherited.

Ask students how they might know if someone has ADHD.

Slides 75-76

Explain some of the symptoms. It is also important to state that ADHD is diagnosed only when these symptoms occur in all areas of someone's life – not just at school or just at home.

Slide 77

This slide is a quote from someone who has ADHD and may explain the way it affects a person.

Slide 78

ADHD is very controllable with current medications. There are several types of medications, so people who have negative side effects with one can try another.

If students ask how to determine whether someone has ADHD, tell them the person needs to be carefully evaluated by a team of physicians and psychiatrists.

Slide 79-80

Guide the students into a discussion of anxiety disorders. Explain there are many types of anxiety disorders. While showing the different types on the slide, point out you will be explaining each one as you go along.

Slide 81

Point out that every anxiety disorder involves overwhelming feelings of fear and anxiety that have no basis in fact. Also point out that, without treatment, these disorders can become very serious, sometimes preventing people from doing the things in life they need or want to do.

Slide 82

Symptoms of all anxiety disorders can include those shown on this slide. Ask the students to share times when they have been so nervous or worried that they have had these symptoms even though there was nothing else wrong with them. Explain that fear often causes these symptoms. The mental illness occurs when there is no logical reason for the fears and the fears become overwhelming.

Slide 83

Point out there are several types of anxiety disorders. The first is Generalized Anxiety Disorder. People with this problem constantly expect disaster to strike and worry about everyday things.

Slide 84

In addition to the symptoms for all anxieties, Generalized Anxiety Disorder can include those listed on this slide.

Slide 85

Some of your students may have heard of agoraphobia. A common misperception is that this disorder is a fear of the outdoors. In fact, it is a fear of being any place where people can't "escape" if they feel panicky. This often includes places everyone goes, and can make the lives of those who have agoraphobia very difficult if they cannot force themselves into these situations.

Slide 86

Many students have also heard of obsessive-compulsive disorder, in which an individual has repeating thoughts or obsessions that reflect exaggerated fear or worry. Ask students if they ever have any fears or worries that are compulsive. For example, does anyone make sure his or her room is clean before leaving it each time (could provoke

laughter)? What about washing their hands? Doing homework? Is there anything they might be overly concerned about?

Slide 87

Typical obsessions for people with OCD are contamination or germs, behaving inappropriately in a situation, and even concerns about becoming violent.

Slide 88

To deal with their concerns, people with OCD frequently develop repetitive compulsions such as constant hand-washing, repeating phrases and hoarding unusual items. They may arrange their food in a certain way on their plates. This becomes OCD only when these things are done beyond a normal level. It does not mean collecting typical items such as bottle tops, marbles, trading cards, dolls, etc. Instead, it means something truly unusual.

Slide 89

Phobias are another type of anxiety disorder, and most students have probably heard of one or more. Explain that people with phobias generally understand that their fears are baseless. However, sometimes their phobias begin to control their daily activities because they avoid all causes of the phobia. Some phobias are more serious than others.

Slide 90

There are many phobias people have. Among the most common are:

Arachnophobia, a fear of spiders, which once became the name of a movie about giant spiders.

Social phobia, which can include a fear of being in social situations. But it can also include a fear of public speaking. Some people even have a phobia about eating in public.

Aerophobia, a fear of flying. This can be serious if a business person must travel frequently but is unable to get on an airplane because of the phobia.

Slide 91

Claustrophobia, a fear of being trapped in a small or confined space. Some people have difficulty undergoing a medical test called an MRI because they must be placed in a small tube. Others cannot ride elevators because they feel trapped. Ask if the students can think of

other places that might cause someone with claustrophobia to feel uncomfortable. What about an astronaut's suit? A deep sea diving helmet?

Acrophobia, a fear of heights. Many people who are afraid of heights can avoid them; however, it can limit jobs and activities. For example, someone with acrophobia could not be a window washer on a skyscraper. This person might not even be able to work in a performing arts theater because the catwalk (walkway above the stage) is too high for comfort.

Emetophobia, a fear of vomit. This will probably cause some laughter, but ask if anyone has or knows someone who has emetophobia.

Slide 92

Carcinophobia, a fear of cancer. While no one wants cancer and everyone may have a fear of being diagnosed with it, some are so afraid that they avoid necessary tests that can catch a cancer early when it is treatable. This phobia can actually cost a life as a result.

Brontophobia, a fear of thunderstorms. You might want to ask when students stopped running into their parents' bedroom when they heard thunderstorms at night. Don't call on any who don't volunteer, however, since many students could still have this phobia and might be embarrassed. For these students, point out that some people have this fear all their lives.

Necrophobia, a fear of dead things. Some people cannot bear to be in contact with anything that is dead, including birds or animals.

Slide 93

Panic Disorder is another type of anxiety disorder. In this case, the individual has feelings of terror that strike without warning and with no reason. Because individuals cannot predict when the next attack will occur, they live in a state of worry and waiting.

Slide 94

In addition to the symptoms seen with all anxiety disorders, Panic Disorder can also produce trembling, tingling sensations and even a feeling of choking.

Slide 95

Individuals with Panic Disorder may also fear dying or losing control. They also might have a feeling that they are in a dream state or that nothing seems real.

Slide 96

Post-traumatic Stress Disorder, or PTSD, can be experienced by numerous individuals, including those who have witnessed rather than been victims of violence. Many times, people who saw parents or siblings being abused will suffer PTSD. The disorder can also occur after emotional and/or sexual abuse. People who have been in a war zone and those who have survived natural disasters can also experience PTSD.

Slide 97

Symptoms of PTSD can include anxiety or worry, depression, flashbacks to the event or events that triggered the disorder, and the same nightmares over and over.

Slide 98

People with PTSD may also try to avoid any reminders of the event. For example, they might turn off television shows that have plots similar to the experience that contributed to the PTSD. People with this disorder can also appear to be emotionally numb – without any display of feelings. This occurs especially with individuals who were once close, including family and friends.

Slide 99

Two treatments are often combined to help people deal with all of the anxiety disorders. These involve antidepressant medication and therapy, which will help individuals work through the issues causing the extreme worries and concerns.

Slide 100

Assignment: Begin by asking students to name something that scares them. After a brief classroom discussion, have the students write a paper about it. Ask them to really think through their fear – why does it scare them? Does it make sense to be afraid of it? Is it something that can or will harm them? For example, many people are afraid of all snakes, including those that cannot harm them. Why? While it makes sense to fear poisonous snakes, is it reasonable to fear harmless ones? Ask students to include a statement about whether they wish they were not afraid. Does it ever disrupt their lives – do they avoid doing anything to avoid what they fear?

Slide 101

After the students have written their papers, hold a classroom discussion about the various fears in the papers. Ask the students to discuss whether their fears are really phobias or reasonable fears. Why do they think their fears are reasonable or unreasonable?

Eliminating the Stigma of Differences in the School

Teacher's Guide

Days 5-6: A Guide to Mental Illnesses Part 2 PowerPoint Slides 102-134

NOTE: The final lesson covers a great deal of territory about depression, bipolar disorder and suicide. Based on classroom time and students' willingness to discuss the topics, this segment may take more than a single day.

Slide 102

Introductory slide to depression and Bipolar Disorder.

Slide 103

Introduce depression as a mental illness. Explain there are different levels of depression. Almost everyone feels down from time to time, and that is not a mental illness. However, when people experience sadness and hopelessness for more than two weeks, they may be suffering from severe or "clinical" depression.

Slide 104

Discuss the causes of depression. Explain that many people with severe or clinical depression have others in the family with depression as well. Difficult life events can and frequently do trigger depression, but some scientists think people may be predisposed to clinical depression through heredity. Certain medications can also cause depression, along with other illnesses. In severe cases, the brain's chemistry is affected in such a way that the individual cannot recover from the depression without help.

Have students read pages 6-7 of "Teen Files."

Slide 105

Many people have seen or heard about the symptoms of depression – hopelessness, changes in sleeping and eating patterns, etc. But many people don't realize that teens often have symptoms that are not as common in adults. For example, teens may have poor performance in school. While most adults become lethargic, teens can become very angry and experience uncontrollable rages as a result of their depression.

Slide 106

Discuss the additional symptoms in teens listed on this slide.

Slide 107

Discuss the additional symptoms on this slide as well.

Slide 108

Explain that there are very effective treatments for teens and everyone else experiencing a depression. There is no need to feel so down and hopeless – help is available. Typically, there are two types of treatment for depression: medication and therapy.

Slide 109

Not every type of therapy works for everyone, so several different types have been developed. Among them is psychotherapy, which may be the kind with which most people are familiar. In psychotherapy, individuals work with a therapist to explore painful events and feelings while learning coping skills so they can deal better with these and other experiences.

Slide 110

In cognitive-behavioral therapy, the individual and therapist work to change negative patterns of thinking and behaving. This type of therapy may be particularly helpful to individuals with anger management problems and other issues related to the way they approach life in both thought and behavior.

Slide 111

Interpersonal therapy and family therapy focus on improving relationships between the individual and others in his or her life. This may include home, school, work and other places where an individual spends time and interacts with others. In some cases, two or three types of therapy are combined to provide the best possible results. It is important to know that, if one type of therapy doesn't work, others might. No one needs to give up on feeling better. It may just take some time to find the right combination of therapies.

Slide 112

Medications called antidepressants are often used along with therapy to help improve the brain chemistry in individuals who are depressed. People with depression must remember that it does take a couple of weeks or more for antidepressants to have their full impact. There are many different types of antidepressants as well, so if one does not work, there are many others to try. The key for people with depression

is to understand there is hope for recovery – they need to find the right combination of therapy and medication.

Slide 113

Move into a discussion of Bipolar Disorder with a definition of the disease as shown in the slide.

Slide 114

The causes of Bipolar Disorder are similar to those for depression, including heredity, chemical imbalances in the brain and major life events that can trigger the disease.

Slide 115

With Bipolar Disorder, individuals move from one extreme to the other, sometimes with periods that seem normal in between. Bipolar Disorder has also been called manic-depression because of the mood swings. The mania can take many forms, including those listed on the slide.

Slide 116

Continue explaining the symptoms of mania. At some point, mention that people with Bipolar Disorder often like the manic stage because they feel powerful, don't need sleep and believe they get a lot done. They do not see the bad judgment or irritability that can make things difficult for those around them.

Slide 117

Additional symptoms can include unusual behavior or dress, and some people collect various unusual items while in the manic stage.

Slide 118

Sometimes people in the manic cycle of Bipolar Disorder have behavioral changes. They may stop caring about their grooming and/or become obsessed with writing. In some cases, people in the manic stage of Bipolar Disorder have delusions or false beliefs.

Slide 119

Individuals in the manic cycle may also begin abusing drugs or become overly aggressive. Not all of these symptoms have to be seen for someone to have Bipolar Disorder.

Slide 120

When people with Bipolar Disorder move into a depressed state, the symptoms are identical to those experienced by those with clinical depression as described earlier.

Slide 121

Bipolar Disorder can be very difficult to diagnose. As shown on the slide, people with the illness often receive misdiagnoses over a period of years. As a result, it can take eight to 10 years for the right diagnosis and treatment.

Slide 122

Treatment for Bipolar Disorder is three-fold. As with depression, therapy and medications can provide important support. But, because the behavior related to Bipolar Disorder can be difficult to understand, it is important that individuals with the illness have the support of their friends, families and peers. Remind students of the name calling that often occurs when someone has a mental illness. Yet, a person needs support much more than derision.

Slide 123

Begin a discussion of suicide, which is a major risk for individuals with clinical depression and Bipolar Disorder. Explain that suicide is the third leading cause of death for teens – just behind accidents of all kinds (not just automobile accidents) and violence. Yet, suicide is preventable.

Slide 124-125

Discuss the warning signs of suicide as presented on these slides with students.

Slide 126

Make a special note that it is NOT normal for a teen to talk about wanting to commit suicide.

Slide 127

Continue discussing the warning signs.

Slide 128

Let students know there are steps they can take to help a friend who may be thinking about suicide.

Slide 129

Describe the CARL line, a resource for people who are concerned about someone who may be in danger of committing suicide. The CARL line is fully confidential and free. Trained clinicians will help people determine whether someone really might be at risk for suicide and provide them with resources to help prevent that suicide. The number for the 24-hour CARL line is 1-877-778-CARL (2275).

There are many other excellent resources for discussions about suicide prevention with students. For more information on those resources, please call Kay Barkin at 817-258-8094.

Slide 130

Assignment: Have the students look through various resources to find someone who may have clinical depression or Bipolar Disorder. Remind them they cannot tell just by looking at someone – they need to look at that person’s actions. If they find people, discuss the behaviors that led them to that belief. Move into a discussion about ways the person they identified can get help. What can they do to encourage the individual to get help?

Possibly have the students role play a situation in which one is exhibiting signs of depression or Bipolar Disorder. Have a second student approach that first one and discuss the symptoms with him or her in a way that is compassionate but can lead to the person getting needed help and treatment.

Slide 131

Assignment: Discuss ways the students might recognize that a friend may be considering suicide. Then talk about ways the student can help the friend. What steps should be taken? How can the student convince the friend that help is available and treatment does work?

Slide 132

Because of the stigma, some people believe asking for help for a mental illness is a sign of weakness. It means they cannot “pull themselves together” or “just move on and get over it.” Hold a classroom discussion on whether asking for help is, indeed, a weakness. What would make someone think it is? Why isn’t it?

Slide 133

Have the students find someone in the media who seems to need a word of encouragement. Have them write a letter of encouragement to that person.

Slide 134

Wrap-up Homework Assignment: Write a paper on the various types of differences discussed during this lesson. With each difference, write a paragraph about the stigma associated with it, the reason the stigma exists, and what can be done to overcome the stigma. What can the students do personally to help fight the stigma of differences?

A Guide To Understanding Mental Illness

*I am not my
mental illness.*

OPEN MINDS



OPEN DOORS

I am a student. A friend. A dancer.



Mental Health Connection
OF TARRANT COUNTY

NIE Star-Telegram
Newspaper In Education

www.star-telegram.com/nie • email: starnie@star-telegram.com



COMMUNITY
SOLUTIONS
OF FORT WORTH

The Stigma of Mental Illness



You've probably heard the word "stigma" before. According to the dictionary, it means "a mark of shame or discredit; a sign of social unacceptability." In mental illness, "stigma" refers to negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness.

develops a mental illness. Mental illness can affect anyone, anywhere, anytime and at any age. It does not discriminate against gender, religion, race or any other identifying feature. Look around your classroom. It is possible that at least one person has a mental illness now, and many others likely will experience one over their lifetimes.

Language One of the first ways to get rid of stigma is to watch what we say. When you first think of someone with a mental illness, do any of these words come to mind: Crazy, Retarded, Weird, Maniac, Drug Addict, Psycho, Insane, Dangerous, Violent, Loony, Sick, Mental, Scary.

Being a teen can be tough enough. No one wants to be rejected. As a result, many young people who may have a mental illness are afraid to reach out for help, and the results can be devastating.

Imagine being called any of these words. Or worse, imagine having a mental illness and feeling that people think of you this way. You probably would not want to let anyone know how you are feeling.

So how do we get rid of stigma? First, we must realize how common mental illness really is. It's not a "them" vs. "us" type of disease.

The Importance It's important to fight stigma so people with mental illness will be accepted and feel comfortable reaching out for help. Depression and other mental illnesses can be treated successfully. Yet, the third leading cause of death among teens and adolescents is suicide. If only these teens would feel comfortable reaching out and getting the help they need, perhaps they would not attempt to kill themselves.

Look Around Anyone can get a mental illness. About 10 percent of all Americans will have a mental illness sometime in their lives, and about 40 percent will be affected when a friend or family member

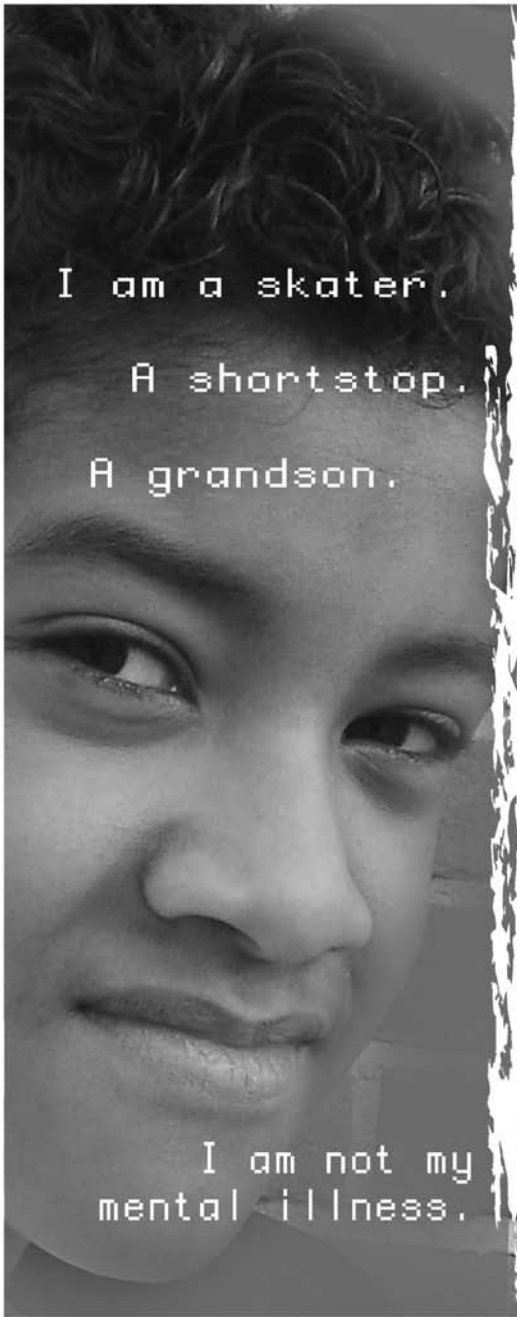
MYTH OR FACT MYTHS ABOUT MENTAL ILLNESS

How much do you know about mental illness? Take the test below and on the pages that follow. Then check the answers on page 7. See if you can separate the myths from the facts!

- Mental illnesses are real medical illnesses like heart disease and diabetes.
- Only bad people get mental illnesses.
- People with a severe mental illness, such as schizophrenia, are usually dangerous and violent.
- Depression results from a personality weakness or character flaw.
- People who are depressed could just snap out of it if they tried hard enough.



continued on page 4



What is Mental Illness?

Mental illness, also called a mental disorder, is a health condition characterized by changes in thinking, mood, behavior or some combination of the three. This condition is associated with distress and/or a lessened ability to function. A mental disorder can lead to pain, disability, an important loss of freedom or even death.

What Causes Mental Illness?

People can develop a mental illness for a number of reasons. These include genetic factors, general medical conditions, medications, the use of alcohol and street drugs and other influences such as diet and exercise.

A mental illness may also stem from psychological “scars” from the past, cultural influences and stress or emotional trauma. Many times, more than one of these factors plays a role in causing a mental illness.

Research in recent years has uncovered important clues into the way the brain works that may tie some of these causes together. However, research has not yet shown why, when two individuals go through similar traumas, one may develop a mental illness and the other does not.

No one is immune from mental illnesses. These diseases can occur in people of all ages, races and religions. Boys as well as girls can develop a mental illness.

What Is the Difference Between Mental and Physical Illnesses?

The primary difference between a mental and a physical illness is the location of the disease. Physical illnesses are in the body, while mental illnesses and disorders occur in the brain.

However, many physical illnesses can be caused or affected by the brain. For example, individuals can have stomach problems that result from severe stress, which originates in the brain. It is common knowledge that stress has an impact on heart disease and strokes. The physical problems caused by stress are just as real as any other diseases because they cause real trouble in the cells, blood, arteries, bones or other organs.

Mental illnesses are “chronic” illnesses, just like many physical illnesses. This means they occur over time and can become better or worse at certain points. A good example of a chronic physical illness is Type A diabetes. In this case, an individual typically loses the ability to create insulin at an early age. The diabetes will be a part of the person’s makeup for life, but that person still can get an education and a job in addition to having a family. However, the amount of insulin a person needs may vary over time. When changes occur, an individual can become very ill until doctors make necessary adjustments, perhaps prescribing more or less insulin. Many mental illnesses also are treated with medicine, and changes in the brain can result in a need for a review of that medicine. Before the medication is adjusted, however, the individual can show symptoms of the disease because it is no longer being managed effectively.

Mental illness also has a behavioral component to it, and again this is true of most chronic illnesses. If someone with heart disease does not exercise and eat properly, the results could be disastrous. An individual with Type A diabetes must eat the right foods or extreme illness could occur. Mental illnesses frequently have this behavioral component as well, although it may be more visible since the disease itself can cause abnormal behavior. As a result, behavior modification and support – possibly through therapy – is frequently a part of the treatment for mental illness.

Can Someone with Mental Illness Get Better?

People with mental illness often recover. Recovery means a person is able to work, learn and participate fully in the community. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery means the symptoms are reduced or go away altogether.

Activity: Look through the newspaper and see if you can find someone who has a physical illness. Then find someone who may have a mental illness. How do you determine who these individuals are? Compare the way the two individuals are treated or referred to in the articles. Write a brief paper on the differences and similarities between mental and physical illnesses.

Types of Mental Illnesses

Illnesses in the brain can take many forms, just as physical illnesses can. And, like physical illnesses, most mental illnesses can be treated successfully. Among the more common types of mental illnesses are:

Depression

Someone with severe depression may experience sadness and inactivity, as well as difficulty with thinking and concentration. Many people have a significant increase or decrease in appetite and time spent sleeping. People with depression can have feelings of dejection and hopelessness, and teenagers with depression may exhibit intense anger. Some people with depression have suicidal thoughts and may even attempt suicide.

Bipolar Disorder (sometimes called Manic Depression)

Bipolar disorder causes shifts in a person's mood, energy and ability to take part in life. Mania can be understood as the opposite of depression. At times, the elevated moods of mania may move into an irritable, angry or aggressive phase. The hallmark of Bipolar Disorder is the appearance of dramatic swings of mood – depression and mania – at different times. Sometimes people with bipolar disorder experience periods of normal moods in between the highs and lows. Episodes of mania or depression can last for hours, weeks or several months.

Anxiety Disorders

A person with an anxiety disorder has ongoing feelings of overwhelming anxiety and fear, which occur without adequate reason. When people with this disorder become anxious, they often have physical symptoms such as sweating, heart disturbances, diarrhea or dizziness. Generalized anxiety, social anxiety, phobias, panic disorder, agoraphobia, obsessive-compulsive disorder and posttraumatic stress disorder are among the anxiety disorders.

ADD/ADHD (Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder)

Someone with ADD may be distracted and impulsive. With ADHD, people have the same symptoms as ADD plus hyperactivity, an inability to sit still. They may run around or climb when it's not appropriate, or they may talk when others are talking.

Schizophrenia

Schizophrenia often causes loss of contact with the world, an inability to deal with everyday life and a crumbling of feeling, thought and conduct. People with schizophrenia often hear voices not heard by others (hallucinations) or believe things that other people find absurd (delusions). A "split personality" is **NOT** a symptom of schizophrenia.

Eating Disorders

People with eating disorders reduce their eating or overeat to a point that it becomes unhealthy. Individuals with these disorders – which include anorexia nervosa, bulimia nervosa and compulsive overeating – usually are extremely concerned or unhappy about their body shape or weight. Without treatment, eating disorders can cause serious physical health complications that may lead to death.

Borderline Personality Disorder

Individuals with Borderline Personality Disorder have a distorted sense of themselves, affecting their personality and personal relationships. People with this disorder often have a strong fear of abandonment, and their lives are marked by a pattern of unstable relationships and impulsiveness. These individuals may exhibit suicidal or self-mutilating behavior. They also may have inappropriate intense anger or difficulty controlling anger.

MYTH OR FACT MYTHS ABOUT MENTAL ILLNESS

In the space, mark whether each statement is a myth or a fact about mental illness. Check your answers on page 7.



- Someone with mental illness can get better.
- Schizophrenia means split personality.
- Mental illnesses do not affect children and adolescents.
- Every teenager talks about committing suicide.
- Mental illness is common.

continued on page 5

Activity:

Look through the newspaper and see if you can find people with symptoms of the mental illnesses described here. What kinds of articles do you find? Can you find positive stories related to someone who may have a mental illness? Why is it positive?



I am a poet.

A stargazer.

A cross-country runner.

I am not
my mental illness.

What Can You Do?

There are many things you can do to help remove the stigma of mental illness:

Take care in what you say. Don't use words that could be hurtful to someone with a mental illness.

Let others know when their words might be hurtful.

Remember that mental illness is not a joke. If someone is laughing about mental illness, take the opportunity to educate that person.

Don't believe everything you see and hear in the media. Mental illness is seldom portrayed accurately in the movies, on TV, in the newspaper and in books.

Remember that the vast majority of people with mental illness are not violent.

Reach out to someone who may need help for a mental illness. You may recognize some signs of depression or even warnings of suicide. Talk to this person in an understanding way and encourage him or her to get help.

MYTH OF FACT

MYTHS ABOUT MENTAL ILLNESS

In the space, mark whether each statement is a myth or a fact about mental illness.

- [] Only weak people go to a psychiatrist or take medications for mental illness.
- [] Eating disorders affect only celebrities and models.
- [] There is hope for people with a mental illness.
- [] People with mental illness need to be isolated from society.



check your answers on page 7

The following are local resources for adolescents who may need help recognizing and dealing with a mental illness:

Where to get Help

2-1-1 Texas

210 East 9th Street, Fort Worth, TX 76102
Call: 2-1-1 Alternate number: 817-258-8100

www.uwmtc.org

Free and confidential community information and referral service provided by United Way of Tarrant County.

All Church Home for Children

1424 Summit Avenue, Fort Worth, TX 76102

817-335-4041, ext. 120 for intake and referrals

www.allchurchhome.org

Offers safety, security, structure and stability to children who can no longer live at home. All Church Home opens the door to a wide range of social services, including in-home care, residential group care, behavioral group care, foster care, respite services and the innovative Families Together program.

The Bridge Youth and Family Services

115 West Broadway, Fort Worth, TX 76104

817-335-4673 www.thebridgecares.org

Provides emergency youth shelter for ages 10-17, individual group and family counseling, parent training and outreach/mentoring to high-risk youth.

Catholic Charities

2701 Burchill Road, Fort Worth, TX 76105

817-534-0814 www.ccdofw.org

Provides children's services, clinical counseling, emergency financial assistance and case management.

Child Study Center

1300 W. Lancaster, Fort Worth, TX 76102

817-336-8611 www.cscfw.org

Provides diagnosis and treatment services to children who have or are at risk for developmental disabilities related to behavioral and emotional problems. It also helps with children's dental problems.

Cook Children's Medical Center

801 Seventh Avenue, Fort Worth, TX 76104

682-885-4000 www.cookchildrens.org

Depression Connection Team

3212 Collinsworth, Fort Worth, TX 76107

817-810-9599

Provides practical, accurate and caring access to mental health resources in the community. Services include group presentations to community organizations and churches on depression, bipolar disorder and related conditions, as well as consulting with those interested in establishing an ongoing mental health program. The organization also offers support groups for individuals with depression, bipolar disorder and related issues.

Private telephone consultations with individuals and families and office visits are also offered.

The Excel Center

1220 Presidio, Fort Worth, TX 76102

817-335-6429

Outpatient day program for children and adolescents, offering mental health and chemical dependency care.

Fort Worth Independent School District

Family Resource Centers www.fortworthisd.org

Four locations provide services to FWISD students and their families.

FRC Northside

2011 Prospect Avenue, Fort Worth, TX 76106

817-740-4511 Site Coordinator - Vidalina Flores

FRC Forest Oak

3250 Pecos, Fort Worth, TX 76119

817-531-4680 Site Coordinator - Barbara Brown

FRC Riverside

1550 Bolton, Fort Worth, TX 76111

817-222-7577 Site Coordinator - Melinda Cantu

FRC Western Hills

8340 Mojave Trail, Fort Worth, TX 76111

817-560-5200 Site Coordinator - Dale Edmiston

JPS Health Network

1500 S. Main, Fort Worth, TX 76104

Main: 817-927-3431 www.jpshealthnet.org

Lena Pope Home

3131 Sanguinet, Fort Worth, TX 76107

24-hour #: 817-255-2500 www.lenapopehome.org

Strives to strengthen families and develop resilient children through family preservation services, foster care and alternative education services.

Mental Health Association

3136 W. 4th Street, Fort Worth, TX 76107

817-335-5405 www.mhatc.org

Provides education, information and referral, advocacy and peer support related to mental health issues. Also offers a nursing home and assisted-living ombudsman program.

MHMR Tarrant County

3840 Hulen, Fort Worth, TX 76107

24-Hour Number: 817-335-3022 www.mhmrtc.org

Serves the citizens in Tarrant County who face the challenges of mental illness, mental retardation, autism, addiction and early childhood developmental delays.

Millwood Hospital

1011 N. Cooper Street, Arlington, TX 76011

817-261-3121 www.psysolutions.org

Provides mental health and chemical dependency care.

NAMI Tarrant County

(Formerly National Association for the Mentally Ill)

817-332-6600 www.nami.org/sites/namitarrantcounty

A grassroots, family and consumer self-help, support, education and advocacy organization dedicated to improving the lives of people with serious mental illnesses, also known as severe brain disorders.

The Parenting Center

2928 West Fifth Street, Fort Worth, TX 76107

817-332-6348

www.theparentingcenter.org

Provides counseling, parent education, one-on-one support and a telephone Parent Advice Line (P.A.L.) to give families throughout Tarrant County the tools to succeed. Services include treatment for abused children.

Santa Fe Adolescent Services

6815 Manhattan Blvd., Ste 320, Fort Worth, TX 76120

817-492-4673 www.santafeyouth.org

Provides drug/alcohol prevention and intervention services to adolescents

Tarrant Council on Alcoholism and Drug Abuse

1701 West Freeway, Suite 1, Fort Worth, Texas 76102

817-332-6329 www.tcchallenge.org

Case Management, including information, assessment, referral and long term follow-up for persons with alcohol and drug abuse problems. Community and school-based education, presentations, professional workshops, public awareness series. Family education for family members. Sunshine Club support group for children (ages 5-11) from chemically dependent homes. Ground Zero Program, intervention and education for high-risk youth (ages 11-17) and their families. Project Ascent, a life skills training prevention program for adolescents.



FACTS ABOUT MENTAL ILLNESS

Answers to Myths Activity

Answers from page 2

Mental illnesses are real medical illnesses like heart disease and diabetes.

Answer: Fact

Research shows mental illnesses can be caused by genetic and chemical changes or abnormalities in the brain, as well as emotional and psychological stress and trauma. Like physical illnesses, mental illnesses can be treated effectively.

Only bad people get mental illnesses.

Answer: Myth

Anyone can have a mental illness. These mental illnesses affect people of all races, religions, incomes and living conditions. Boys and girls can be affected by mental illness. It is likely that, in your lifetime, you will either experience or know someone who experiences a mental illness.

People with a severe mental illness, such as schizophrenia, are usually dangerous and violent.

Answer: Myth

As a group, people with a mental illness are no more violent than any other group.

Depression results from a personality weakness or character flaw.

Answer: Myth

Depression has nothing to do with being weak or lazy. It results from changes or abnormalities in the brain chemistry or brain function. Medication and/or psychotherapy often help people recover.

People with depression could just snap out of it if they tried hard enough.

Answer: Myth

Severe depression is a chronic disease, similar to diabetes or heart disease. Most individuals with depression must receive treatment, which might include therapy and/or medication, before they can get better.

Answers from page 4

Someone with mental illness can get better.

Answer: Fact

According to the National Alliance for the Mentally Ill, the treatment success rate for major depression is 65 to 70 percent, 60 percent for a first episode of schizophrenia and 80 percent for bipolar disorder.

Schizophrenia means split personality.

Answer: Myth

Schizophrenia is a brain disorder that robs people of their ability to think clearly and logically. Symptoms can range from social withdrawal to hallucinations and delusions. Medication has helped individuals with schizophrenia to lead fulfilling, productive lives.

Mental illnesses do not affect children and adolescents.

Answer: Myth

Children and adolescents can develop severe mental illnesses including depression, bipolar disorder and anxiety disorders. Their symptoms can be severe enough to keep them from functioning properly.

Every teenager talks about committing suicide.

Answer: Myth

Suicide is the third leading cause of death among teens and adolescents. If someone is talking about committing suicide, that person needs to find help quickly. It is possible to recover from these feelings and lead a very normal life.

Mental illness is common.

Answer: Fact

One in every 10 Americans will experience a mental illness at some time in their lives. More than 40 percent of all Americans are affected by mental illness, either as patients, caregivers, family members or friends.

Answers from page 5

Only weak people go to a psychiatrist or take medicine for mental illness.

Answer: Myth

It takes courage to seek professional help for a mental illness today. Having a psychiatric disorder does not mean the person is any weaker than someone who receives treatment for other chronic diseases, such as diabetes and heart disease.

Eating disorders affect only celebrities and models.

Answer: Myth

Each year, eating disorders and binge eating affect 24 million Americans.

There is hope for people with a mental illness.

Answer: Fact

There are more treatments, strategies and community supports than ever before, and even more are on the way. People with mental illnesses can lead active, productive lives.

People with mental illness need to be isolated from society.

Answer: Myth

Most people with mental illness recover quickly. The majority do not need hospital care or have only brief stays in the hospital.

NEW YORK STATE MEDIA BY REGION

Organization	Phone #	Fax #	E-mail
Associated Press	(518)-449-7131	(212)-621-1679 (518)-465-1138 (518)-426-2286 (518)-432-0275	
New York City (Metro) Media	Phone #	Fax #	E-mail
Bronx News	(718)-320-3071 (718)-671-1234	(914)-636-2957	
Bronx Times	(718)-597-1116	(718)-518-0038	bronxtimes@aol.com
Daily News	(718)-822-1174 (212)-210-6397 (518)-463-4287 (212)-210-2100	(718)-822-1562 (518)-426-4204 (212)-643-7831	rkappstatter@edit.nydailynews.com
Wall Street Journal	(212)-416-3105 (212)-416-2000	(212)-416-4103 (212)-416-2255	michelle.higgins@wsj.com
Gotham Gazette		(212)-227-0345	
Inner City		(718)-716-3161	
NY Post	(212)-930-8500 (518) 465-9623 (212)-930-8000	(518)-465-9624 (212)-930-8540	BobMcmanus@nypost.com
Staten Island Advance	(718)-981-1234	(718)-981-5679	newsroom@siadvance.com
Norwood News		(718)-324-2917	
The New York Times	(718)-584-5778 (212)-556-1875 (518)-436-0757 (212)556-1947 (212)-556-1234	(718)-584-5607 (212)-556-3815 (518)-436-0784 (212)-556-3690	editorial@nytimes.com NYTNEWS@NYTIMES.COM
NY Observer	(212)-755-2400	(212)-688-4889	editorial@observer.com
Brooklyn Daily Challenge	(718)-636-9500	(718)-857-9115	challengegroup@yahoo.com
Bronx Beat	(212)-854-5202	(212)-854-9997	
Parkchester News	(718)-320-3071	(914)-636-2957	prod@hagnews.com
Bronx Press Review/ Riverdale Review	(718)-543-5200	(718)-543-4206	bxny@aol.com
Crain's NY Business	(212)-210-0277	(212)-210-0799	
Journal News	(914)-694-9300	(914)-694-5018	reviewpress@journalnews.com
WNBC4	(212)-664-2731 (212)-664-5900	(212)-664-2994 (212)-790-4711 (212)-315-2006	Newstips@wnbc.com
WNYW-TV Fox 5	(212)-452-5555	(212)-452-5512	News Editor: Steven Linden
CNN	(212) 275-7800	(212) 275-9507	
WPIX (11)	(212)-949-1100	(212)-210-2591	
WWOR (UPN 9)	(201)-330-2223	(201)-330-3844	
WCBS	(212)-975-5867	(212)-975-9387	
WNYC Radio	(212)-669-7493	(212)-553-0689	crodriguez@wnyc.org
ABC Radio	(212)-268-5730	(212)-947-1340	
WNYW (5)	(212)-452-5555	(212)-717-5849	
Eyewitness News	(212)-4563100	(212)-456-2381	Eyewitness@news.abc.com
NY-1 News	(212)-691-6397 (518)-434-8271	(212)-379-3575 (518)-434-8283	Mairtza.puello@ny1news.com
1010 Wins	(212)315-7090	(212)-489-7034	
WFUV	(718)817-3694 (718)-817-4550	(718)-817-5595 (718)-365-9815	newsroom@wfuv.org
WCBS 880	(212)-975-4321	(212)-975-1907	

Newsday	(516)-843-2700 (718)-575-2550 (631)-843-2778 (631)-843-2020	(631)-843-2953 (718)-793-6422 (212)-696-0590	Klurfeld@newsday.com
Amsterdam News	(212)-932-7400	(212)-932-7467	amnewspress@aol.com
Capital District Media	Phone #	Fax #	E-mail
W-Ten Channel 10 News	(518)-436-4822 (518)-433-4222 (518)-433-4290	(518)-426-4792 (518)-462-6065	news@wtten.com rob.puglisi@wtten.com
Newsday – Albany	(518)-465-2311	(518)-465-8083	Jordan.rau@newday.com
Fox News	(518)-862-0995 (518)-862-2323	(518)-862-0865 (518)-862-0930	fox23news@clearchannel.com
WNYT News 13	(800)-999-WNYT (518)-436-4791	(518)-434-0659 (518)-426-9463	Newstips@wnyt.com Producers@wnyt.com
WRGB CBS Channel 6	(518)-381-4908	(518)-346-6249	Bduffy@wrgb.com
Inside Albany	(518)-426-3771	(518)-426-5396	
WAMC	(518)-465-5233	(518)-432-0991 (518)-432-6974	jcd@wamc.org
Channel 9 News	(518)-641-7382 (518)-641-7330	(518)-641-7023	chris.brunner@capitalnews9.com
The Schenectady Daily Gazette	(518)-395-3060 (518)-462-2499	(518)-395-3089	Gazette@dailygazette.net
Legislative Gazette	(518)-486-6513 (518)-473-9739	(518)-486-6609	paul_esmond@yahoo.com editor@legislativegazette.com
The Times Union	(518)-454-5694 (518)-454-5081 (518)-454-5420	(518)-454-5628 (518)-434-6148	rsmith@timesunion.com
WROW AM590	(518)-476-5959	(518)-786-6659	Fudreport@aol.com
810 WGY	(518)-452-4848	(518)-452-4859	News@wgy.com
The Troy Record	(518)-270-1200 (518)-270-1276 (518)-270-1285	(518)-270-1202 (518)-465-8717	Newsroom@troyrecord.com
The Saratogian	(518)-583-8711	(518)-587-7750	
The Business Review	(518)-640-6809 (518)-640-6800	(518)-640-6836 (518)-640-6801	Albany@bizjournals.com
Metroland	(518)-463-2500	(518)-463-3712	Metroland@metroland.net
NY Public Radio	(518)-427-0866	(518)-427-0869	Kdewitt@wxxi.org
WNYT	(518)-207-4809	(518)-434-0659	
WRGB	(518)-381-3781	(518)-434-9889	jsanders@wrgb.com
Northern & Western New York	Phone #	Fax #	Email
Watertown Times	(315)-782-1000	(315)-661-2523	
Middletown Times Herald-Record	(845)-343-2118 (845)-346-3173	(845)-343-2170	mlevine@th-record.com
Binghamton Press & Sun Bulletin	(607)-798-1234	(607)-798-1113	
The Buffalo News	(716)849-4444	(716)-856-5150	
The Ithaca Journal	(607)-274-9231	(607)-272-4248	bestes@ithaca.gannett.com
Jamestown Post Journal	(716)-487-1111	(716)-664-3119	editorial@post-journal.com
Kingston Daily Freeman	(845)-331-5000	(845)-331-3557	news@freemanonline.com
Poughkeepsie Journal – Gannett	(845)-454-2000	(845)-437-4921	newsroom@poukee.gannett.com
Rochester Democrat & Chronicle	(585)-258-2220	(585)-258-2485	
Rochester Daily Record	(585)-232-6920	(585)-232-2740	Kevin.momot@nydailyrecord.com
Rome Sentinel	(315)-337-4000	(315)-337-4704	sentinel@rny.com
Syracuse Post Standard	(315)-470-0011	(315)-470-3019	

Spanish Media Organizations	Phone #	Fax #	E-mail
Radio Wado	(212)-310-6000	(212)-310-6039	
El Diario	(212)-807-4704	(212)- 807-4705	dromerez@eldiariony.com
La Tribuna Hispana USA	(516)-486-6457	(516)-292-3972	impacto@usa.com
El Tiempo de Nueva York	(718)-507-0832	(718)-507-2105	jaroyo@ndmny.com
Univision Channel 41	(201)-287-8903	(201)-287-9427	noticias41ny@univision.net
WNJU Ch47 Telemundo	(201)-969-4047	(201)-969-4120	noticiero47@noticiero47.com
La Mega News Station VNNY-AM 1380	(646)-227-1320		(212)-541-9239 (973)-881-8324
La Voz Hispana	(212)-348-8270	(212)-348-4469	Discomundo@aol.com
WABC Tiempo TV	(212)-456-7777	(212)-456-2381	Hprice@wabctv.com
Hoy	(917)-339-0823 (917)-339-0800 (212)-290-9292	(212)-971-4412	Mcamadi@hoylic.com jcastano@hoyllc.com
EFE News Service	(212) 867-5757	(212) 867-9074	
Impacto Latin News	(212)-807-0400 /0737 /0738 (212)-505-0288	(212)-807-0408	Impacto@usa.com Bermudezalfanso@hotmail.com
Hispanic Business.com	(805)-964-4554 Ext. 202	(805)-964-6139	joel.russell@hbinc.com
Siempre	(212) 427-6384		Notisiempre@aol.com



OPEN MINDS  OPEN DOORS

MENTAL HEALTH CONNECTION
OF GREAT COUNTY

COMMUNITY SERVICES
OF GREAT COUNTY




OPEN MINDS  OPEN DOORS

MENTAL HEALTH CONNECTION
OF GREAT COUNTY

COMMUNITY SERVICES
OF GREAT COUNTY



OPEN MINDS  OPEN DOORS

MENTAL HEALTH CONNECTION
OF GREAT COUNTY

COMMUNITY SERVICES
OF GREAT COUNTY




OPEN MINDS  OPEN DOORS

MENTAL HEALTH CONNECTION
OF GREAT COUNTY

COMMUNITY SERVICES
OF GREAT COUNTY



Photo Credit: Abby First

OPEN MINDS  OPEN DOORS

MENTAL HEALTH CONNECTION
OF GREAT COUNTY

COMMUNITY SERVICES
OF GREAT COUNTY



*Photo courtesy of Rex Geisler, GCI
<http://greatcommission.com>

OPEN MINDS  OPEN DOORS

MENTAL HEALTH CONNECTION
OF GREAT COUNTY

COMMUNITY SERVICES
OF GREAT COUNTY

Eliminating the Stigma of Differences



© Mental Health Connection of Tarrant County and Community Solutions of Fort Worth (2005)

➤ What were your reactions to each of these pictures?



- Why did you have those reactions?
- When we see someone we might like, what do we see?
- What about someone we don't think we'll like?



- Do we judge people by:
- The way they look?
 - The clothes they wear?
 - The way they wear their hair?
 - Their reactions to us?
 - Anything else?



Stigma

- A sign of social unacceptability
- A mark of shame or discredit



Stigma

Why do we treat others differently?



Stigma

Why do we treat others differently?

Why do people who are different sometimes scare us?



Stigma

Do you think others might see you as different in any way?



Stigma

What can you do to overcome the stigma of differences?



Overcoming stigma

- ◆ Educate yourself about differences so you understand them better
- ◆ Stop others from making fun of people who are different



Photo credit: Human Relations Media
www.hrmvideo.com



Overcoming stigma

- ◆ Be compassionate and understand some behaviors may be due to an illness
- ◆ Take care in what you say. Avoid hurtful words



Stigma



Stigma



OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Stigma

Assignment:

Find a picture and article about someone who seems different in the newspaper, a magazine or on the Internet.

OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Stigma

Without reading the article, write the following:

- Why is this person different?
- What is my first reaction to this person?

OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



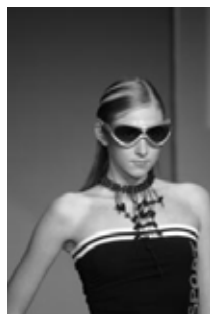
Stigma

Now read about the person and add the following to your paper:

- Was I right about this person?
- Why or why not?

OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Eating Disorders

Eating disorders are extreme expressions about weight and food issues

All are serious emotional problems and a form of mental illness



Photo Credit: The Walker Wellness Clinic

OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Eating Disorders

Causes:

- ◆ Feelings of not being good enough
- ◆ Depression
- ◆ Anxiety
- ◆ Loneliness



Eating Disorders

Causes

- ◆ Troubled family and personal relationships
- ◆ Society's obsession with thinness & the perfect body



Eating Disorders

Causes

- ◆ Peer pressure



Eating Disorders



Treatment
With professional help, people can and do recover and lead a normal life



Eating Disorders

Three types:

- ◆ Anorexia Nervosa or Anorexia
- ◆ Bulimia Nervosa or Bulimia
- ◆ Compulsive Overeating



Eating Disorders



Artwork Courtesy of Rader Programs

Anorexia

- ◆ Intense fear of body fat and weight gain
- ◆ Feeling fat even though others see thin



Eating Disorders

Bulimia
Binge eating and
purging



OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Healthy Eating



OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Eating Disorders/Healthy Eating

Assignment

- ➔ Look through the newspaper, a magazine or the Internet and find something you think is beautiful.
- ➔ Be prepared to tell why you think it's beautiful.

OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



Mental Illnesses



Can happen to
anyone, of any age,
anywhere.

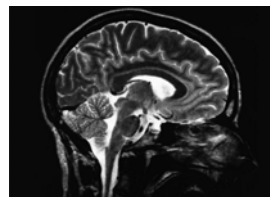


OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



What is mental illness?



A group of mental disorders that causes severe disturbances in thinking, feeling and relating. People with mental illness often have difficulty dealing with daily life.

OPEN MINDS
OPEN DOORS

MENTAL HEALTH CONNECTION
OF CENTRAL CALIFORNIA



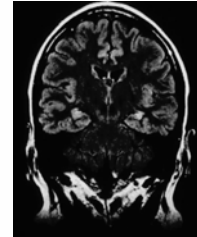
What is mental illness?

- Changes in thinking, mood, behavior
- Decreases ability to function
- Leads to:
 - pain
 - disability
 - injury
 - loss of freedom
 - death



What causes mental illness?

- Changes or abnormalities in the brain's chemistry



What causes mental illness?

- General medical factors
- Medications
- Psychological scars/emotional trauma



What causes mental illness?

- Heredity
- Street drugs and alcohol
 - Studies show marijuana use doubles the risk of developing a mental illness such as schizophrenia due to chemical changes in the brain caused by the drug



Who can develop mental illness?

- Occurs in all ages, ethnicities and religions
- Males and females
- Research underway to learn more about the reasons people develop mental illness



Teens and mental illness

- More than half of all chronic mental illnesses start by age 14
- Three-fourths of all chronic mental illnesses start by age 24



(National Comorbidity Survey Replication, funded by the National Institute of Mental Health, 2005)



Facts about mental illness

- Many cases of mental illness start with easy-to-miss symptoms, such as mild anxiety or shyness
- These mild symptoms can progress into severe depression, phobias and clinical anxiety



Facts about mental illness



- On average, people wait between 4 and 23 years to receive treatment for their mental illness, depending on the illness



Facts about mental illness

Delays:

Major Depressive Disorder	8
years	
Bipolar Disorder	6
years	
Post-traumatic Stress Disorder	12
years	

(SOURCE: National Comorbidity Survey Replication | By Seth Hamblin - THE WASHINGTON POST)



Mental illness is treatable

Success rates:

Depression	65 to 70 percent
Schizophrenia (first episode)	60 percent
Bipolar Disorder	80 percent



Comparison Survival Rates

Cancer	50 percent
Heart Failure	30 percent



Facts about mental illness

Reasons for delay in seeking treatment:

- Lack of knowledge
- Lack of medical insurance
- **Stigma – afraid of what others will think**



Early intervention leads to a higher chance of recovery, but stigma delays treatment



Stigma

As it relates to mental illness:
Negative attitudes and beliefs that lead to:

- Fear
- Rejection
- Avoidance
- Discrimination



Stigma

People's reactions

- Bullying
- Harassment
- Violence
- Avoidance
- Fear



Photo credit: Human Relations Media
www.hrmvideo.com



Stigma

People's reactions

Name Calling:

- Crazy
- Weird
- Psycho
- Insane
- Loony
- Maniac



Photo credit: Human Relations Media
www.hrmvideo.com



What people think

- Almost 30% of all people in Tarrant County believe there is something about people with mental illness that makes it easy to tell them from “normal” people



What people think

- More than 40% believe anyone with a history of mental illness should not be allowed to run for public office
- More than half believe major depression might be caused by the way a person was raised



What people think

- More than 40% believe major depression is caused by a lack of will power



Stigma

Result:

People do not seek help for fear of rejection, discrimination, ridicule



Stigma

A student with a mental illness may:

- Feel embarrassed
- Hide symptoms
- Try to “self medicate,” often with street drugs
- Make bad choices to “fit in”



Why fight stigma

Today, suicide is the third leading cause of death among adolescents



Why fight stigma?

There is hope – people can and do recover from mental illness



Why fight stigma?

Without stigma, people with mental illness will be accepted and feel comfortable reaching out for help



Why fight stigma?

With early intervention, treatment may be more effective



Why fight stigma?

Perhaps teens will reach out for help if they:

- Understand their symptoms
- Do not feel embarrassed
- Know they can recover



Stigma and mental illness

Assignment:

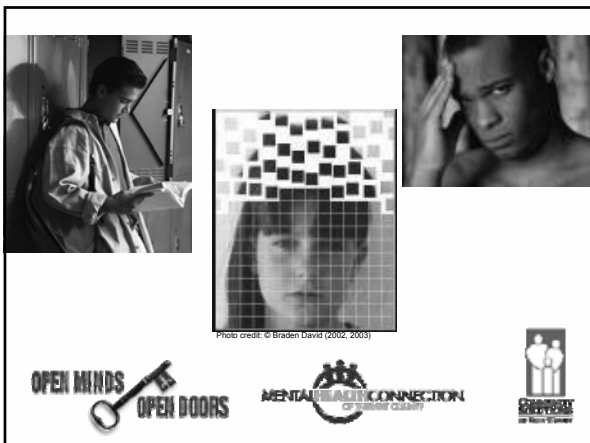
- Imagine someone you know has been hospitalized for a mental illness
- Write a letter to that individual



Stigma and mental illness

Assignment

- How many students know someone with a mental illness?
- Hold a classroom discussion on the ways that person coped with the illness.



Types of mental illness

- Impulse Control Disorders
- Anxiety Disorders
- Mood Disorders
- Psychotic Disorders



Misunderstood mental illnesses

Schizophrenia

- Not very common
- NOT "split personality" or Multiple Personality Disorder



Definition of Schizophrenia

A serious mental illness that interferes with a person's ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions and relate to others. People with schizophrenia often see or hear things that are not there and may believe someone is controlling their minds



Schizophrenia

- May have heard about violence
- Few people with mental illness are violent
- Some studies show people with mental illness are more likely to become victims of violence than the rest of society



Misunderstood mental illnesses

Schizophrenia

- Medications for schizophrenia are highly successful in treating the disease
- When someone with schizophrenia takes the proper medications, that individual can be a fully functioning member of society



Impulse Disorders

Attention Deficit Hyperactivity Disorder (ADHD)



Definition of ADHD



People with Attention Deficit Disorder (ADD) are usually impulsive and have a short attention span. It can interfere with academics, social success and work.

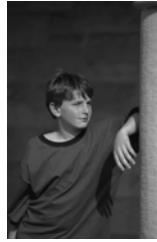


Definition of ADHD

People with ADHD have the same symptoms as those with ADD, plus they exhibit hyperactivity, which can result in an inability to sit still.



Causes of ADHD



- Chemical imbalances in the brain
- May be inherited



Typical symptoms of ADHD



- Inability to focus
- Always in motion
- Non-stop talking
- Difficulty waiting for a turn



Typical symptoms of ADHD



- Interrupting others
- Not paying attention to details
- Making careless mistakes
- Easily distracted



How ADD/ADHD Feels



“When the teacher was talking and the person next to me was tapping a pencil, it was as if a three-ring circus was going on in my head.”



Treatments for ADHD

Medication that helps people focus and relieves the constant need for movement



Anxiety Disorders

- Generalized Anxiety Disorder
- Agoraphobia
- Obsessive-Compulsive Disorder

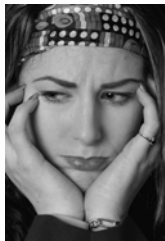


Anxiety Disorders

- Phobias
- Panic Disorder
- Post-Traumatic Stress Disorder



What are Anxiety Disorders?



- Feelings of **overwhelming** fear and anxiety or worry
- No obvious reason for these feelings
- Can become worse without treatment



Symptoms

- Fear and worry
- Sweating
- Heart disturbances
- Upset stomach
- Dizziness



Generalized Anxiety Disorder

- Uncontrollable worrying about everyday things – health, money, family, work
- Anticipating disaster



Generalized Anxiety Disorder

- Additional Symptoms
- Trembling
 - Muscular aches
 - Insomnia
 - Irritability



Agoraphobia

Fear of anyplace where there may be no escape if panic-like symptoms occur. May include:

- Driving
- Shopping
- Crowded places
- Traveling
- Standing in line
- Meetings



Obsessive-Compulsive Disorder

Recurring thoughts or obsessions that reflect exaggerated worry or fears



Obsessive Compulsive Disorder

Typical obsessions

- Worry about contamination
- Fear of behaving improperly
- Fear of being violent



Obsessive Compulsive Disorder

Additional Symptoms

- Unusual rituals or routines such as:



- Washing hands
- Repeating phrases
- Hoarding (storing up and hiding away items)



Phobias

- Intense, sometimes disabling fear
- Cause of fear poses little or no actual danger
- Person usually recognizes the fear is irrational



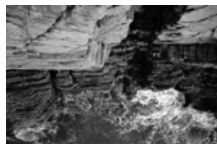
Common phobias

- Arachnophobia – fear of spiders
- Social phobia – fear of contact with crowds or social situations
 - Public speaking
 - Eating in public
- Aerophobia – fear of flying



Common phobias

- Claustrophobia – fear of being trapped in small, confined spaces
- Acrophobia – fear of heights
- Emetophobia – fear of vomit



Common phobias

- Carcinophobia – fear of cancer
- Brontophobia – fear of thunderstorms
- Necrophobia – fear of death or dead things



Panic Disorder

- Feelings of terror that strike suddenly and repeatedly with no warning
- Cannot predict when next attack will occur, creating more anxiety



Panic Disorder



- Additional symptoms
- Trembling
 - Tingling sensations
 - A feeling of choking



Panic Disorder



- Additional symptoms:
- Fear of dying
 - Fear of losing control
 - Feelings of unreality



Post-traumatic Stress Disorder

- Definition: A psychological reaction that occurs after experiencing a highly stressing event such as:
- Physical violence
 - Wartime combat
 - Natural disaster



Post-traumatic Stress Disorder

Symptoms

- Depression
- Anxiety
- Flashbacks
- Repeating nightmares



Posttraumatic Stress Disorder

Symptoms

- Avoidance of reminders of event
- Emotionally numb, especially with people once close



Treatments

- Antidepressant medication
- Therapy – talking to a professional about the issues and working out ways to cope better with anxieties and fear



ADHD and Phobias

Assignment

- Write a paper about something that scares you
 - Why does it scare you?
 - Is it a reasonable fear?
 - Do you wish you were not afraid of it?



ADHD and Phobias

Assignment

- Review today's lesson and list the reasons your fear is or is not a phobia



Depression & Bipolar Disorder



Depression

Definition:

A serious illness that causes feelings of extreme sadness and hopelessness that last more than two weeks



Depression



Causes

- Brain chemistry
- Other diseases
- Medications
- Heredity
- Difficult life events



Depression

Symptoms in adolescents

- Poor performance in school
- Withdrawal from friends and activities
- Lack of enthusiasm, energy or motivation
- Anger and rage



Depression

Symptoms in adolescents

- Overreaction to criticism
- Feelings of being unable to satisfy ideals
- Poor self esteem or guilt
- Indecision, lack of concentration or forgetfulness
- Restlessness or agitation



Depression

Symptoms in adolescents

- Changes in sleeping or eating patterns
- Substance abuse
- Problems with authority
- Self mutilation
- Suicidal thoughts or actions



Depression

Treatments

- Therapy
- Medication



Depression

Types of therapy

- Psychotherapy
 - Explore painful events or feelings
 - Learn coping skills



Depression

Types of therapy

- Cognitive-behavioral
 - Helps change negative patterns of thinking and behaving



Depression

Types of therapy

- Interpersonal and Family
 - Focuses on developing healthier relationships at home and at school



Depression

Medication

- Antidepressants
 - Can help relieve the negative feelings and are commonly used in conjunction with therapy
 - Many kinds of antidepressants exist – if one does not work for a patient, another may



Bipolar Disorder



Definition

An illness that causes a person's mood to swing from "high" and/or irritable to sad and hopeless, sometimes with periods of normalcy in between



Bipolar Disorder

Causes

- Biochemical imbalance
- Heredity
- Life events that trigger the illness



Bipolar Disorder



Symptoms

Mania

- Excessive activity, restlessness, racing thoughts and rapid talking
- Denial that anything is wrong
- Extreme high feelings – person is on top of the world and even bad news and tragic events can't change those feelings



Bipolar Disorder



Symptoms

Mania

- Easily irritated or distracted
- Decreased need for sleep
- Unrealistic beliefs in one's own powers or abilities
- Uncharacteristically poor judgment



Bipolar Disorder



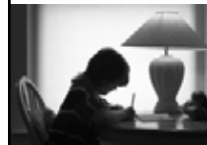
Symptoms

Mania

- Ongoing period of behavior that is different from usual, such as dressing or acting differently



Bipolar Disorder



Symptoms

Mania

- Ongoing period of behavior that is different from usual
 - ◆ Indifferent to personal grooming
 - ◆ Obsessed with writing
 - ◆ Delusions (hallucinations)



Bipolar Disorder

Symptoms

Mania

- Drug abuse
- Provocative, intrusive or aggressive behavior



Bipolar Disorder

The symptoms for the depressed state in someone with Bipolar Disorder are the same as those in someone who is depressed only.



Bipolar Disorder

It can be very difficult to diagnose Bipolar Disorder. People with the illness receive an average of 3.5 misdiagnoses and take 8 to 10 years to get a proper diagnosis and begin receiving treatment



Bipolar Disorder



Treatment

- Medication
- Professional help (therapy)
- Support from family, friends and peers



Suicide

- Suicide is the third most common cause of death among adolescents
- Suicide is preventable



Suicide

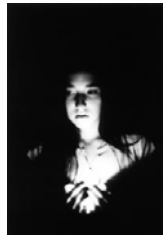
Warning signs in addition to depression:

- Talking openly about committing suicide
- Talking indirectly about “wanting out” or “ending it all”



Suicide

- Warning signs in addition to depression
 - Taking unnecessary or life-threatening risks
 - Giving away personal possessions
 - Making final arrangements, saying goodbyes



Suicide

Additional warning signs in adolescents

- Suicide threats, direct and indirect
 - It is NOT normal for teens to threaten suicide
- Obsession with death
- Poems, essays and drawings that refer to death



Suicide

Additional warning signs in adolescents

- Dramatic change in personality or appearance
- Irrational, bizarre behavior
- Overwhelming sense of guilt or shame
- Changed eating or sleeping patterns
- Severe drop in school performance



Suicide



What you can do

- Tell a trusted adult immediately
- Be a friend and let the person know things can and will get better
- Know severe depression is a disease that can be successfully treated



Suicide

What you can do

- Call CARL (Community Assistance Resource Line) at 1-877-778-CARL
 - 24/7 availability
 - Staffed by trained clinical specialists
 - Identify and help youth at risk for suicide
 - Free and confidential



Depression & Bipolar Disorder

Assignment:

- Look through the newspaper, Internet and magazines to find someone who may have symptoms of depression or Bipolar Disorder.
- Hold a classroom discussion:
 - What are the symptoms
 - What kind of help can this person receive?



Suicide

Assignment

- Imagine you have a friend who says he (she) is thinking about killing himself (herself).
- Hold a class discussion on actions people can take to prevent the suicide



Stigma and mental illness

Assignment

- Hold a class discussion on reactions to people saying they need help for a possible mental illness.
- Does a request for help mean the person is weak?
- Why or why not?



Support for others

Assignment

- Find someone in the newspaper, in a magazine or on the Internet who seems to need help of some kind
- Write that person a letter of encouragement



Stigma

Assignment

- Write a paper on the types of differences discussed during the past several days
 - Why is there a stigma attached to differences?
 - How can that stigma be overcome?
 - How can you personally help overcome that stigma?



