

# General Goals

1. Increase the students' knowledge and understanding of mental illness.
2. Promote personal mental health and prevention of mental illness.
3. Reduce stigma surrounding mental health and mental illness.
4. Develop positive attitudes towards those experiencing mental health problems.
5. Promote earlier detection and treatment of mental illness.
6. Arouse interest in career options in the field of mental illness.

# Objectives

1. Students will develop an understanding of what mental illness is.
2. Students examine some of the history, stigmas and myths associated with mental illness as well as some of the treatments of mental illness used in the past, such as burning at the stake and insane asylums.
3. Students understand the difference between depression and depressive illness. Students learn about the symptoms, causes, treatment and recovery of the illness.
4. Suicide awareness.
5. Students learn about bipolar illness, its symptoms, causes and treatment.
6. Students learn about schizophrenia, its symptoms, causes and treatments. As well, the myth that people with schizophrenia have multiple personalities is debunked.
7. Alzheimer Disease is studied with students learning causes and symptoms as well as some of difficulties encountered by friends and family members in dealing with a person with this illness.
8. Students learn about eating disorders.
9. Students understand anxiety/panic disorders and phobias and the difference between them.

# Mental Illness

## Unit Overview

In this unit, students explore the challenging, often misunderstood medical field of mental illness. Students come to terms with difficult topics such as schizophrenia, depression, suicide, and eating disorders. "Part I - Just The Facts" uses notes photocopied onto overhead transparencies to give students much of the knowledge-based material in the unit. Activities and worksheets included follow closely with the material in the notes. "Part II - Test Construction" encourages students to contemplate the concepts contained in the unit as they design their own exam. "Part III - Optional Activities" adds flexibility to the unit suggesting assignments that could be coordinated with the core lesson topics, used as enrichment or used at the end of the unit as culminating activities.

## Part 1 - Just the Facts

1. What Is Mental Illness? - Just the Facts (True False Quiz)
2. Stigma and Myths - Letter to the Editor
3. Depression and Depressive Illness - Depressive Illness Questionnaire
4. Suicide and Suicide Awareness
5. Bipolar Illness (Manic Depressive Illness - The Bipolar Illness Rollercoaster)
6. Schizophrenia - Schizophrenia Worksheet (Questions)
7. Alzheimer Disease - Mental Illness Word search
8. Eating Disorders: Bulimia Nervosa, Anorexia Nervosa - Is Barbie Evil? (Article)
9. Anxiety/Panic Disorders - What Scares You Most? (Survey/Graphing Activity)
10. Health Care Professionals/Facilities - Mental Illness Crossword Puzzle What You Can Do?

## Part 2 - Test Construction

Teachers take a break while students, in pairs, make up their own exams. Information in the notes is reviewed and retained as students work through the test making process. An evaluation form has been included to help grade the student made exams.

## Part 3 - Optional Activities

1. Drug Use and Mental Illness
2. Matching Review
3. Concept Web
5. Field Trip
6. Suicide Awareness Workshop
7. Video Resources
8. Movie Review (Shattered Dreams)

## Student Notes

Basic information and concepts are conveyed using student notes. These notes can be put onto overhead transparencies, photocopied for the students or simply written on the board for students to copy into their notebooks.

## EVALUATION

Evaluation has been left to the discretion of each teacher based on what activities are done and what concepts are stressed.

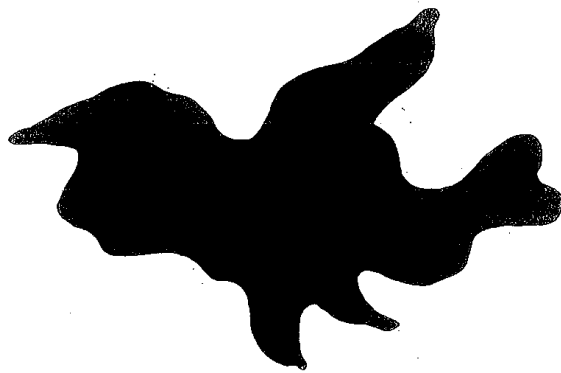
# Lesson 1 - What is Mental Illness?

## Student Objectives and Activities:

- In this introductory lesson, students will develop an understanding of what mental illness is.
- Student activities include a true/false quiz “Just The Facts” to stimulate student interest as well as a class discussion of the quiz and student notes.

## Suggested Teaching Strategies:

- Introduce the topic and set ground rules for the unit. Stress the need for maturity and openness on the part of the students due to the complex and serious nature of the topic.
- Begin by having students individually do the quiz “Just the Facts.”
- Since students have limited knowledge of the subject, the quiz is a simple activity designed to get students thinking. Students can be reminded that they are not being evaluated or marked on the quiz although the quiz could be used later in the unit as a review activity.
- The correct answers can be discussed as a class. Small group discussions could be used as an alternative.
- After the quiz, photocopy the notes on the topic “Mental Illness” onto an overhead transparency which students then write down into notebooks. The overhead notes, which convey much of the knowledge based material of the unit, can be dictated, written on the blackboard or simply photocopied for each student depending on teacher preference and time considerations.
- Stress the idea that it is normal for everyone to have some symptoms of mental illness from time to time. Generally with a mental illness, the symptoms do not pass with time and make it difficult to cope with daily life situations.



# Lesson 2 - Stigma and Myths

## Student Objectives and Activities:

- Students examine some of the history, stigmas and myths associated with mental illness as well as some of the treatments of mental illness used in the past, such as burning at the stake and insane asylums.
- Students complete notes on the topic and then complete an activity in which they write "Letters to the Editor" of a local newspaper giving reasons for having/not having a group home mental health facility in their neighbourhood.

## Suggested Teaching Strategies:

- Begin with the notes outlining some of the treatments of mental illness used in the past. Pointing out the horrifying examples of the past will hopefully allow students to be more open-minded when discussing modern methods and treatments.
- Continue with the notes dealing with myths and stigma. Stress how stigma attached with mental illness can be harmful and that love, support and understanding are crucial for recovery. Also underline current trends such as:
  - more short term care instead of long term care
  - people are treated on an outpatient basis from hospitals or in doctors' offices
  - closing down institutions and asylums wherever possible
  - integration back into society rather than separation
- Stress that mental illness is an illness and is best treated by doctors at medical care facilities - hospitals. As well, explain that people with mental illness are no more likely to be violent than healthy people.
- After students have completed the notes, they write "Letters To The Editor" supporting or not supporting a proposed eight-person mental health facility (group home) to be opened in their neighbourhood.
- Explain that a group home is a supervised facility in the community usually housing six to eight people who are undergoing successful rehabilitation from mental illness. As well as being much more cost effective compared with hospitals or long term care facilities, group homes often act as a temporary step between institutions and integration back into the community.
- Students can choose which viewpoint to support or the teacher can assign viewpoints.
- Be sure students are aware that marking of the letters will be based chiefly on how well they supported their particular opinion. Reasons must be given that support one position or the other. (Topical examples of letters to the editor taken from a local newspaper can be used as examples to help students with this assignment)

# Part 1

## Just the Facts



# Mental Illness

## A Mental Illness Is...

Mental illness is a medical term referring to a wide range of dysfunctions of the human brain including such things as:

- 1) depressive illness
- 2) bipolar illness (manic depressive illness)
- 3) schizophrenia
- 4) alzheimer disease
- 5) eating disorders (bulimia/anorexia nervosa)
- 6) anxiety/panic disorders.

Because the human brain is so complicated, there is no simple set of signs or symptoms of mental illness, no single cause and no easy solutions. People who are mentally ill may have problems dealing with their emotions such as excessive fear, sadness, guilt, worry and anxiety or may be unable to tell between what is real and imaginary. In any case, people who are mentally ill have difficulty coping with everyday life situations and functioning on a day to day basis.

*Fact File: Mental illness is very common. Over half of the hospital beds in Canada are taken up by people with mental illness - more than cancer, AIDS, and heart patients combined!*

## Everyone has Occasional Symptoms

It is not uncommon for people to think that they are unloved and worthless be unable to concentrate, think logically or to have feelings of sadness, fear, anxiety, hopelessness or guilt. This is normal. However, if these same feelings begin to happen much more often, become too strong or never seem to pass with time, that person might have some kind of mental illness.

*Example: If a close relative dies, a person will usually suffer from feelings of sadness and mild depression for a period of time. This is normal. However, if this state of "sadness" continues for months or years then it would be considered a mental illness - severe depression or depressive illness, and would likely require medical treatment.*

# Mental Illness - History and Stigma

In the past, people did not understand that mental illness is just that - an illness. Many believed that people who were mentally ill were under the control of supernatural forces, possessed by the devil or were witches. Mentally ill people were beaten, flogged and in many cases tied to a stake and burned.

*Fact File: In Europe, it is estimated that about 100 000 people were burned at the stake as witches from 1450 to 1600. It is now known that a large number of these people were mentally ill.*

In the 1700s and 1800s society began to place mentally ill in institutions called asylums. The living conditions in many of these asylums were truly horrifying. Patients were chained, caged, starved, preyed upon by rats and left for years lying in their own excrement. Treatments included such things as spinning a person in a rotating chair, beating, bleeding and cupping (blistering the skin with red hot cups).



*Fact File: In one survey, it was found that over half of all "street people" were suffering from some kind of mental illness.*

## Stigma and Myths

The past has given birth to many of the stigmas and misinformation that are still around. Old-fashioned terms such as lunatic, crazy, mad-house, nuts, and insane were developed during this period and today, many misinformed people still use these outdated words to describe mental illness. These words often have stigmas attached to them and people feel ashamed, afraid, embarrassed and shun the mentally ill. Instead, people with mental illness need the support and love of the people to closest to them to help make recovery possible.

Many other misinformed people believe all mentally ill are dangerous to others and should be “locked up” and held in prison-like institutions. Attitudes have changed and the modern way of treating mental illness is usually to treat people in a hospital for a short time or on an out-patient basis and then to try and help people go back into the community. Large institutions are being closed down in many cases in favour of hospitals, and patients are being reintegrated into their normal lives whenever possible. Mental illness is a medical problem and it is best treated by doctors at hospitals just like other illnesses.

Another damaging myth that some people have about mental illness is that the person with mental illness has failed in some way, brought the illness on themselves, or is simply lacking in willpower. To think that a mentally ill person should somehow “snap out of it” is the same as suggesting that someone with a broken leg should stand up and walk. Mental illness happens to ordinary people for many different reasons.

*Fact File: It is estimated that one in five Canadians will have a mental illness or mental health problem in their lifetime.*

Many uninformed people often confuse mental illness with mental retardation. This is not correct. Mental retardation, also called mentally challenged usually occurs before birth or is caused by an injury to the brain. The result is that a person’s intelligence is low. Level of intelligence is not a factor in mental illness. Mentally ill are people with a dysfunction of the brain who may be unable to cope with their lives on a day to day basis.



# Lesson 3 - Depression and Depressive Illness

## Student Objectives and Activities:

- Students understand the difference between depression and depressive illness. With depression, people feel sad or blue for a short period of time. If these same symptoms are much more intense and last for two weeks or longer that person is most likely suffering from depressive illness.
- Students learn about the symptoms, causes, treatment and recovery of the illness.
- Students complete notes on the topic and in small groups, develop a series of twelve questions that they believe will help determine if a person is suffering from normal depression or a depressive illness - "Depressive Illness Questionnaire."

## Suggested Teaching Strategies:

- Begin with the notes, stressing the differences between depression and depressive illness.
- When discussing "genetic disposition" as one factor contributing to depressive illness, be sure students understand that having a close relative with the illness only increases a person's chances of getting the illness slightly, (approximately 10%) Students often think that if an illness "tends to run in families" a close relative having the illness will mean that a person is almost certain to get the illness.
- With recovery and treatment of depressive illness, point out that simply undergoing psychotherapy and prescribing Prozac or other antidepressant medication will not totally solve things. Many other things must be in place for recovery to be successful. Proper diet, sleep and exercise are all important factors as well as acceptance on the part of the person with the illness, people close to that person and the rest of society.
- After the notes, students in pairs or threes try to come up with a questionnaire that they think will help determine if a person has depressive illness. Students begin by quickly brainstorming as many questions as fast as can be jotted down. Then, students select and organize the twelve questions they think are best.
- Teachers may want to give examples as to the format for the questionnaire. Questions with Yes/No answers or multiple choice questions with an answer key are two possible styles that could be used.

### \*\*\* Note \*\*\*

The checklist included on the following page has been made by students and is given as an example only. It is not a professionally recognized checklist or meant to be used by students for self-diagnosis.

### \*\*\* Note \*\*\*

For the sake of simplicity, this unit has chosen to differentiate between depression (the "blues" or feeling down for short periods of time) and clinical depression, (an intense feeling of despair or sadness lasting for two weeks or more)

# Depression and Depressive Illness

All people have bouts of depression, commonly called the blues or feeling down. This is a normal reaction to a loss or disappointment and will usually pass in a matter of days or weeks. Depressive illness or severe depression is a serious illness identified by this same sad, unhappy, no hope-feeling except that the symptoms are more intense and can last for weeks, months or years.

*Fact File: One person in eight will suffer from serious depressive illness (severe depression) at least once in their life time. More women than men get this illness.*

## Symptoms

The main sign off a depressive illness is a sad feeling of despair that does not pass with time. Such things as fear of failure, wanting to be left alone, thoughts of suicide, feelings that all hope is lost and lack of interest in work, friends, family, hobbies and activities are all common symptoms.



## Causes

What causes depression is not easily answered although certain factors increase a person's chances of getting depressive illness.

1. genetic disposition - depression tends to run in families. If a parent, brother or sister has the illness, then that person would have a slightly higher (10%) risk of getting the illness as well.
2. personality type - people with low self-esteem (have a low opinion of themselves), who bottle up feelings inside or are perfectionists are more likely to get depression.
3. stress - stressful situations over a long period of time may lead to depressive illness. Death of loved ones, job stress and family stress such as a marriage breakdown can all lead to depressive illness.

## Recovery and Treatment

Severe depressive illness is often treated with medication called antidepressants which usually take several weeks to start working. The most well-known of these drugs is called Prozac. Therapy (psychotherapy) is often used in combination with medication and is a way of “talking out” problems with a trained professional. In psychotherapy, discussion and “talking out” problems helps a person cope with the symptoms of depression and be more able to deal with some of the causes of the illness.



However, therapy and medication are not all that is required. Depression is a complicated illness and many pieces must be in place for recovery to be complete. There must be acceptance on the part of the person with the illness as well as close friends, family and society. Proper diet, sleeping, and exercise, combined with support and understanding from friends and family are all important to a successful recovery.

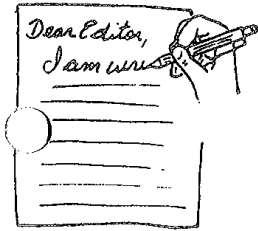
*Fact File: Depressive illness is usually treatable and most people can expect to make a complete recovery.*

# Letter to the Editor

## Proposal Background

Your local health board is proposing to convert an existing house located in your neighborhood into a *group home* health care facility. The group home is designed to house six to eight people recovering from mental illness. To be eligible for living in the group home, clients must have demonstrated an ability to live successfully with other patients in a previous group setting within a hospital, be undergoing successful rehabilitation for their mental illness (determined by a treatment team consisting of a doctor, therapist and other mental health care professionals) and must have a job in the community. In addition, a qualified mental health care worker will be on the premises 24 hours a day.

The chief benefits of living in a group home



1. Expensive hospital beds will become available thereby reducing health care costs.
2. The group home will act as a temporary step between health care institutions and integration back into the community
3. Quality of life is better when people are not institutionalized.

## Student Instruction

Your job is to write a letter to the editor of a local newspaper stating your opinions and views on the proposal. You can choose either support or not support the group home.

## Marking

The grade you receive will not be based on your opinion but rather, how well you state your case. Therefore, reasons must be given that will back-up your opinion.

# Just the Facts

How much do you know about mental illness? Ten or more right is above average.

1. T or F

A person with schizophrenia is likely to have split personalities.

2. T or F

Most people with mental illnesses are treated on an outpatient basis from hospitals or from doctor's offices.

3. T or F

Suicide is a mental illness.

4. T or F

Anorexia Nervosa a type of eating disorder very common among young women.

5. T or F

It is normal for people to have some symptoms or signs of mental illness from time to time.

6. T or F

Being addicted to tobacco would be considered a form of mental illness.

7. T or F

Mental illness is very common - in fact more common than cancer and heart attacks.

8. T or F

Depressive illness (severe depression) is usually successfully treated.

9. T or F

Alzheimer Disease which occurs mainly in people over age 65 is sometimes curable.

10. T or F

The suicide rate among young people has doubled in the last twenty years.

11. T or F

Schizophrenia is likely caused by a chemical imbalance in the brain.

12. T or F

Bulimia is an eating disorder where people have "extreme" weight loss.

13. T or F

Drugs such as alcohol and marijuana can sometimes trigger mental illness.

14. T or F

Depressive illness is the most common mental illness.

15. T or F

In the past people with mental illness were often burned at the stake as a result of their illness.

Bonus Questions

Which person does not "fit" with the others: Princess Diana, Winston Churchill, Saddam Hussein, Florence Nightengale, Ronald Reagan?



# Just the Facts (Answer Key)

1. T or **F** A person with schizophrenia is likely to have split personalities. (Schizophrenia is characterized by delusions, hallucinations and an inability to discern what is real from what is not real. Multiple Personality Disorder - another type of mental illness is more likely to describe "split personalities")
  2. **T** or F Most people with mental illnesses are treated on an outpatient basis from hospitals or from doctor's offices. (Most patients with mental illness are treated at doctor's offices or on an outpatient basis. Fewer and fewer people are being institutionalized)
  3. T or **F** Suicide is a mental illness. (Suicide is not considered a mental illness although people with mental illness - depressive illness (15%) and schizophrenia (20%) often do attempt or complete suicide)
  4. T or **F** Anorexia Nervosa a type of eating disorder very common among young women. (In spite of media exposure, anorexia nervosa is relatively rare occurring in five to ten adolescent females per 1000. Although rare, anorexia also occurs in males)
  5. **T** or F It is normal for people to have some symptoms or signs of mental illness from time to time. (Everyone has some symptoms of mental illness once in a while. However, when symptoms persist for weeks, become too intense and make life unmanageable that person would likely be considered to have a mental illness)
  6. T or **F** Being addicted to tobacco would be considered a form of mental illness. (Addictions are not usually considered mental illnesses)
  7. **T** or F Mental illness is very common - in fact more common than cancer and heart attacks. (Mental illness affects one in five Canadians at some point in their life and over half of all hospital beds are occupied by people with mental illness)
  8. **T** or F Depressive Illness (correctly termed "clinical depression") is usually successfully treated.
  9. T or **F** Alzheimer Disease which occurs mainly in people over age 65 is sometimes curable. (Alzheimer disease does occur mainly in older people but is not curable)
  10. T or **F** The suicide rate among young people has doubled to the last twenty years. (The suicide rate among young people has actually tripled in the last 20 years)
  11. **T** or F Schizophrenia is likely caused by a chemical imbalance in the brain. (Too much or a lack of neurotransmitters is likely one of the causes of schizophrenia.)
  12. T or **F** Bulimia is an eating disorder where people have "extreme" weight loss. (People with the eating disorder bulimia usually maintain a fairly constant weight in spite of their continuous "binging" and "purging")
  13. **T** or F Drugs such as alcohol and marijuana can sometimes trigger mental illness. (Certain drugs will sometimes trigger bouts of mental illness - most notably schizophrenia and depressive illness)
  14. **T** or F Depressive Illness is the most common mental illness.
  15. **T** or F In the past, people with mental illnesses were often burned at the stake as a result of their illness. (In the middle ages, people with mental illness were often thought to be "possessed" and were burned at the stake as witches)
- Bonus Question    Which person does not "fit" with the others: Princess Diana, Winston Churchill, Saddam Hussein, Florence Nightengale, Ronald Reagan? (**Saddam Hussein** is the only person who has not been diagnosed with a mental illness)

# Lesson 4 - Suicide and Suicide Awareness

## \*\*\*Note\*\*\*

Due to the serious nature of this subject, teachers may feel uncomfortable. Remember, that discussing suicide is not going to suddenly give people “ideas” or put suicidal thoughts into their heads. However, if you do choose to tackle this sensitive subject it is often a good idea to give permission for students to leave the class or talk after class if anyone feels too uncomfortable. Trained health care professionals specializing in suicide prevention are very approachable willing to put on workshops or come into classrooms. Contact Friends for Life 1-800-461-5483 for excellent help or advice.

## Student Objectives and Activities

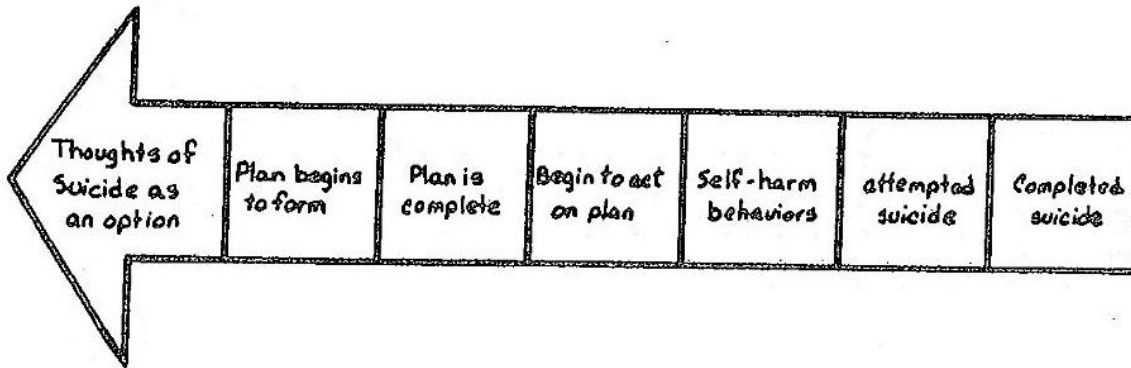
- In this lesson, students learn 1) facts about suicide, 2) how to recognize signs of potential suicide and 3) possible courses of action if they think a close friend or relative is contemplating suicide.
- The lesson will also raise awareness, explaining that suicide is not a mental illness even though mental illness can be one of the contributing factors in suicidal behaviour. The lesson will also dispel the myth that talking about suicide promotes suicide or “gives students ideas”.
- A related group activity “Tangled” helps demonstrate the importance of communicating in solving problems.

## Suggested Teaching Strategies

- Begin with the notes. Stress the idea that suicidal behaviour exists on a continuum ranging from actions like thinking and planning suicide to attempting and completing a suicide. Focus on the idea that suicide is a process or series of steps rather than concentrating on suicide as a single, detached “event”.
- Also stress that suicide is a symptom rather than a problem. Especially in young people, suicide is often viewed as a last alternative to addressing life’s difficulties.
- The notes “Suicide - What You Can Do” responds to a common need among youth. v However, stress that students should try and find a trusted adult to talk to. Suicide is a very serious and complicated subject and should not be handled by young people.
- After the notes, begin the activity “Tangled” which demonstrates how communication can help solve problems.
  - 1) Divide students into groups of six to eight and have students stand in a circle facing the center. Each student then puts their left hand into the circle (no, this is not the “Hokey Pokey”)
  - 2) Student grab hold of some other person’s left hand remembering that they must not grab the hands of the two people on either side of them.
  - 3) Next, students extend their right hands into the circle and grab a right hand remembering not to grab the hand of the two people beside them or the person whose left hand they are holding to.
  - 4) The teacher comes along and randomly breaks one link in the mass of arms and instructs students to untangle - without talking.
  - 5) Repeat, except allow talking and notice how much faster the tangle is solved.

# Defining Suicide

Defining suicide is very complex and different people will have different definitions. One modern approach is to look at suicide as a process or series of steps that may or may not lead to death. Suicidal behaviours include a wide range of actions from thoughts of suicide and making suicidal plans to attempting and actually completing suicide.



## A Symptom, Not A Problem

People often say that suicide is a problem. This statement is false. When a person begins to act suicidally, they are usually responding to problems in their lives. This makes suicide a symptom rather than a problem. In particular, young people who are suicidal often look to suicide as a sort of “solution” or “answer” in coping with life’s hopeless, helpless problems. Addressing and talking about the real problems in a person’s life will make suicidal behaviours seem like a less workable “solutions”.

*Suicide: A permanent solution to a temporary problem*

## Suicide Facts

- suicide is not a mental illness but does occur more frequently with increased substance abuse and in people suffering from depressive illness, bipolar illness, and schizophrenia
- suicide tends to occur in multiple members of a family
- suicide does not affect the rich or poor differently
- most suicides occur within three months following the beginning of “improvement” - when a person has the energy to put their suicidal thoughts into actions
- suicide is a leading cause of death in people aged 15 to 24
- the suicide rate among young people has tripled in the last 20 years



## Signs of Suicide

Research shows that over 80% of people who complete suicide have given definite signs or clues as to their intentions. Recognizing these “cries for help” can help save a life. Some clues or signs include:

- previous suicide attempts
- signs of depression
- written or verbal threats of suicide (suicide notes or boasts)
- problems in school or work
- substance abuse
- unusual purchases, gifts
- giving away prized personal possessions

## Suicide - What You Can Do

If a friend is talking, hinting or even joking about suicide, they must be taken seriously. It is your job to act as a true friend which often involves three things.

**Listen:** Take the time to communicate with the person and to listen to what they have to say. Don't judge, lecture - just listen... be a true friend.

**Talk to a Trusting Adult:** A person who talks about suicide is often “crying for help.” Convince them that they must talk to an adult that they trust (teacher, parent, relative, doctor) to get help.

**Breaking a Promise - What Would a True Friend Do?**

Many times people who are thinking about suicide ask their friends to “keep a secret”. This puts the friend in a difficult situation because they might not want to break a promise of silence even though they know that their friend might be in serious danger. Remember, in this situation you must talk to a trusting adult.

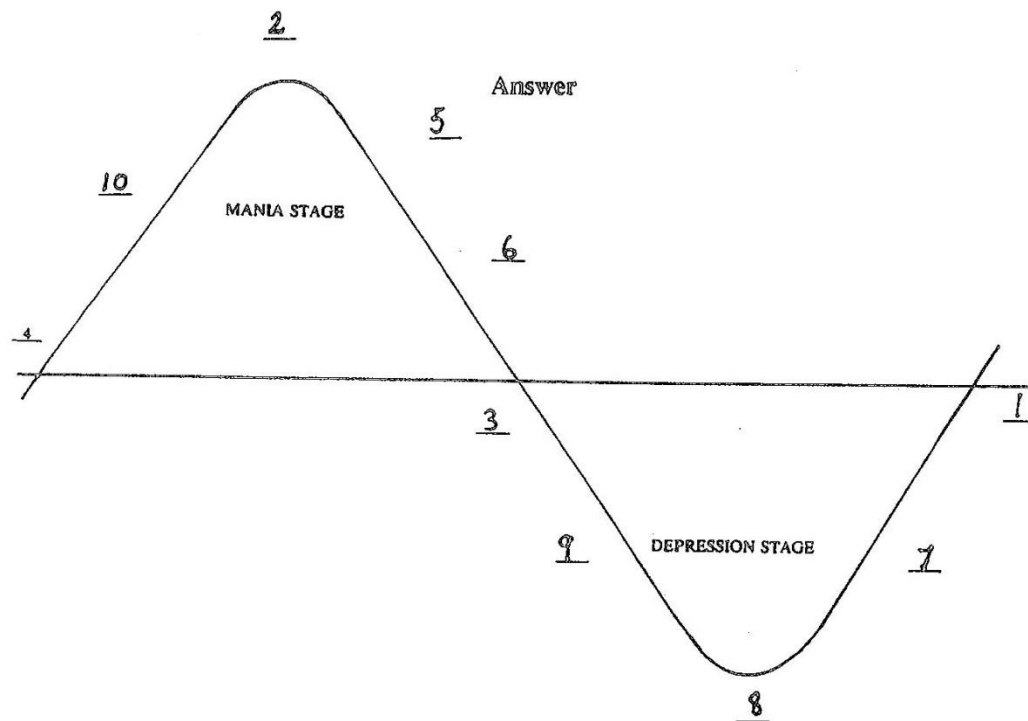
# Lesson 5 - Bipolar Illness (Manic Depressive Illness)

## Student Objectives and Activities

- Students learn about bipolar illness, its symptoms, causes and treatment and complete notes on the topic.
- In a related worksheet activity “The Bipolar Illness Rollercoaster”, students answer questions and place a series of actions attributed to a person with bipolar illness on a diagram graphically illustrating the illness.

## Suggested Teaching Strategies

- Begin with notes
- When explaining about this illness, mention the difficulties in treating people - especially in the mania phase. Because of their state of mind, people experiencing mania often have problems accepting that they have a problem and need help.
- After completion of the notes, hand out the worksheet “The Bipolar Illness Rollercoaster”.
- Students follow instructions and try to match the actions of a person with bipolar illness on the correct place on a “rollercoaster” diagram. Related questions are also included.

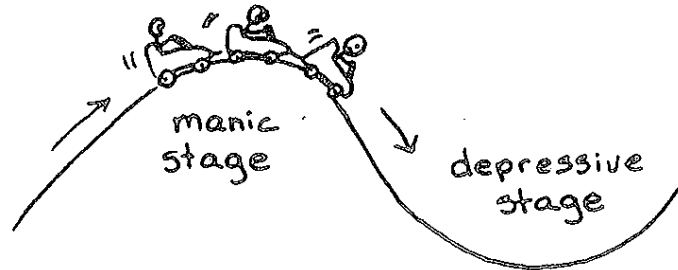


\*\*\*Note\*\*\*

Since there is no one correct answer, there is room for some variation in solutions. Students should be prepared to explain their reason for putting a particular action at a certain place on the diagram.

# Bipolar Illness (Manic-Depressive Illness)

A bipolar illness or manic-depressive illness is a mood disorder in which people have periods of depressions (lows) followed by periods of mania (highs). It affects about one person out of 100 (1%).



People with bipolar illness have rapid personality changes as they go from on top of the world to the bottom of the ocean over a short time and back again. These periods of highs and lows can last for days or even months and make bipolar illness very serious and extremely difficult to cope with.

## Symptoms

The main signs of bipolar illness are drastic changes in personality between a depressed (low) state to a happy, energetic mania (high) state. As discussed earlier, when people are in a depressed state they tend to be sad, without hope, suicidal, worried about failure. The mania state is the total opposite. At the beginning of this stage, people feel more energetic, more sociable, more active but this soon leads to other more undesirable symptoms and the mania increases. People become very irritable and demanding, talk faster, over-react to things, go on buying sprees, have so much energy that they go from one activity to another without stopping, have grandiose plans and don't sleep. Because of their state of mind, people experiencing mania often are unable to accept that they have a problem.

## Causes and Treatment

Scientists and doctors are not sure what causes manic depressive illness although it does seem to run in families. Often a range of medication is used to treat the illness with antidepressants used during depression stage with tranquilizers used to help counteract the mania stage. Sometimes, a kind of salt called lithium carbonate or just "lithium" is also given to help prevent future mood swings.

# The Bipolar Illness Rollercoaster

Name: \_\_\_\_\_

## I. Questions

1. List three symptoms typical of the depressed stage of bipolar illness.

a)

b)

c)

2. List three symptoms typical of the mania stage of bipolar illness.

a)

b)

c)

3. Why is it often difficult to convince a person with bipolar illness (especially when they are in the mania stage) that they have a problem? This failure to admit there is a problem is called denial.

II. The following list of feelings and actions are those of a person with bipolar illness given by periods of lows (depression) followed by high periods or mania. Write the number of the actions in the spaces provided on the next page where you think they belong.

1. Today I met someone for coffee - I think we really hit it off.

2. I haven't slept in two days. What with work in the day and partying all night - it's a blast.

3. Today I lost \$2300 gambling at the casino. I would have won if the dealers would do their job right.

4. I think it's time I got off my butt and did something for a change.

5. I feel like a million bucks but people around me are so useless - why can't they see my plans.

6. Life sucks, this travel agent thing sucks, I think the whole world sucks.

7. I think I am finally starting to feel a bit better.

8. I just don't think I can take it for one more day...

9. Sitting in the dark like a mushroom suits me fine. Nobody else cares anyway.

10. I bought a new computer, fax machine, cellular phone - I'll be the best travel agent this place has ever seen... and besides, then / could travel, maybe even start another business!

# Lesson 6 - Schizophrenia

## Student Objectives and Activities

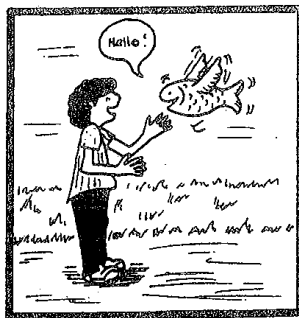
- Students learn about schizophrenia, its symptoms, causes and treatments. As well, the myth that people with schizophrenia have multiple personalities is debunked.
- Students understand the terms hallucination and delusion, are able to give examples of each and explain the differences between,
- In the worksheet activity "Schizophrenia", students answer questions related to the topic.

## Suggested Teaching Strategies

- Students copy down notes on the subject noting that schizophrenia most often affects young people aged sixteen to thirty usually with average to above average intelligence.
- Stress that schizophrenia does not mean multiple personalities but is characterized by hallucinations, delusions and an inability to tell real sensory experiences from the imagined.
- In discussing causes and treatment point out that this illness (like most kinds of mental illness) is not "curable" but often controllable making life liveable again.
- As part of the worksheet activity, "Schizophrenia," students complete questions ( J dealing with hallucinations and delusions.

Answer - Matching Question

I c, f, d, e, a, b



# Schizophrenia

Schizophrenia is a severe type of mental illness that affects all types of normal, intelligent people. People that have schizophrenia often have:

1. hallucinations
2. delusions
3. are not able to decide what is real and not real

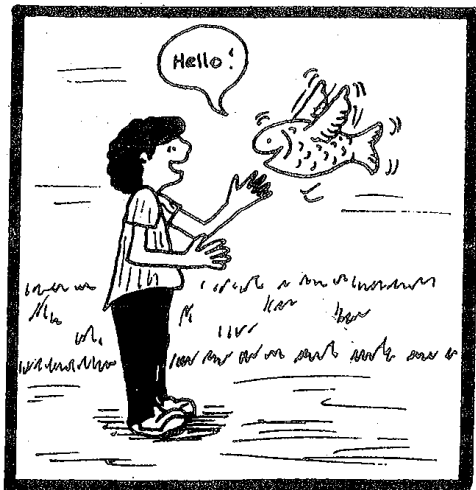
Schizophrenia makes it hard for a person with this illness to decide what is imaginary and what is reality making it a very serious illness.

## The Schizophrenia Myth

Many people mistakenly think that a person with schizophrenia has “split” or multiple personalities. This myth has been helped along by Hollywood movies and people who watch too many daytime soaps and talk shows. Remember, schizophrenia is not multiple personalities but people who are unable to separate what is not real from reality.

## Symptoms of Schizophrenia

There are many symptoms or signs of schizophrenia including positive symptoms (things that are added) and negative symptoms, (things that are left out)



hallucination



delusion

## Positive Symptoms

- 1) hallucinations - a false sensory experience such as seeing imaginary things, hearing imaginary sounds, tasting, feeling or smelling things that do not really exist
- 2) delusions - having "bizarre" ideas that are not based on fact
- 3) inappropriate mood - a person's mood may not fit with the situation such as laughing during a funeral
- 4) thought disorder - mentally ill people may jump from one topic to the next, have confused or jumbled speech and have difficulty reaching easy conclusions



## Negative Symptoms

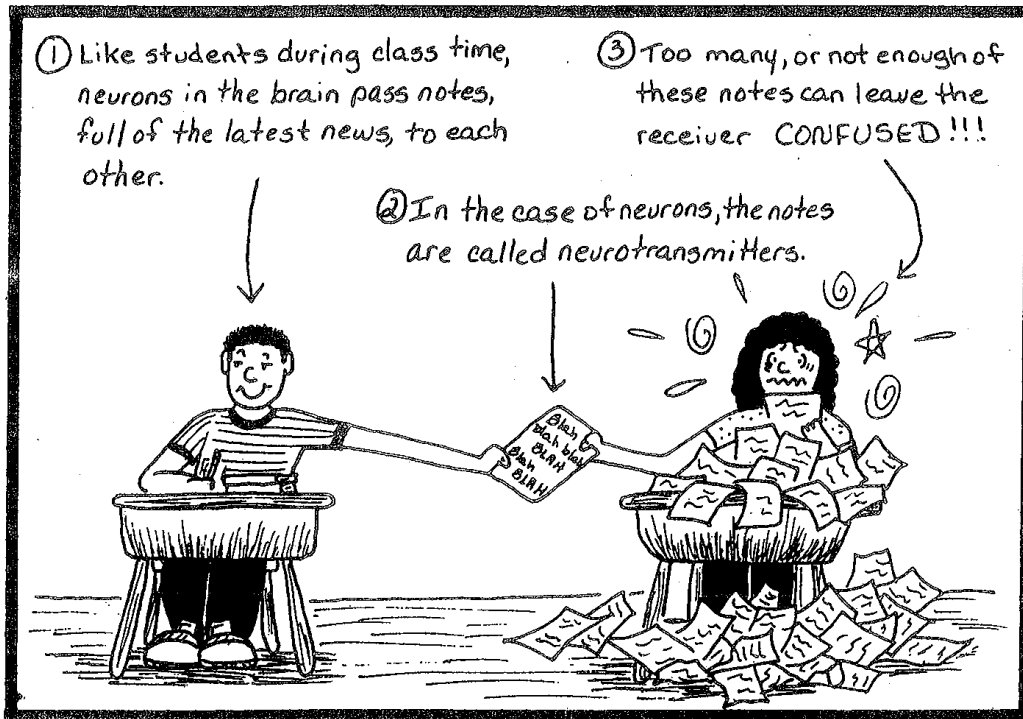
- 1) lack of motivation and desire to do things
- 2) lack of personal hygiene and care for one's body
- 3) people become withdrawn from family members and friends
- 4) changes in personality - a person will not "seem like themselves"



## Causes and Treatment

Schizophrenia is most likely caused by a chemical imbalance in the brain. Too much or not enough of special chemicals called neurotransmitters make it difficult for the brain to decide what is real and what is not. Stress and drug use such as alcohol, tobacco and marijuana likely do not cause the illness but can worsen the symptoms or trigger the illness.

Because schizophrenia is probably caused by a chemical imbalance it is not a “curable” disease. However, with the support of friends and family and the correct medication, the disease can usually be controlled and life can be made livable again.



*Fact File: Schizophrenia most often occurs in people aged 16 to 30 of normal to above normal intelligence. 15% of people with schizophrenia die prematurely as a result of this illness - often by suicide.*



# Schizophrenia

Name: \_\_\_\_\_

I. Match - To a healthy person, people with schizophrenia often have difficulty telling the real sensory experiences from what is imagined. However, to a schizophrenic what they see or hear is as real to them as reality itself. The following are examples of hallucinations and delusions experienced by people with schizophrenia. Match each with the correct answer.

- |  |                                       |
|--|---------------------------------------|
| a) I could feel bugs crawling under my skin - it was absolutely disgusting,                        | _____ auditory hallucination          |
| b) I thought I could walk through the fire because I needed to save the children of the world      | _____ visual hallucination            |
| c) I kept hearing two aliens talking inside my head. One was on the left, the other on the right.  | _____ olfactory hallucination (smell) |
| d) I thought I had really brutal body odour that wouldn't go away so I took twelve showers a day.  | _____ taste hallucination             |
| e) I kept thinking I was tasting barbecued steak - my favourite meal.                              | _____ touch hallucination             |
| f) The ceiling kept having tiny, wiggly worms crawling out of it - waving like grass in the wind!. | _____ delusion                        |

## II. Short Answer

1. Give two examples of positive symptoms of schizophrenia.

a)

b)

2. Give two examples of negative symptoms of schizophrenia,

a)

b)

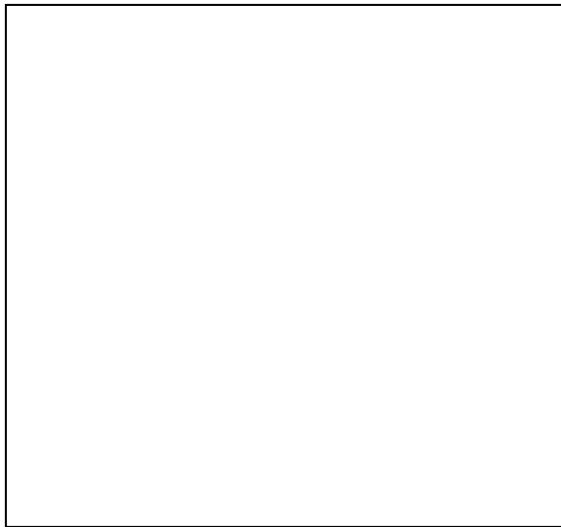
3. What is the difference between a positive symptom and a negative symptom.

4. What is the difference between a delusion and a hallucination?

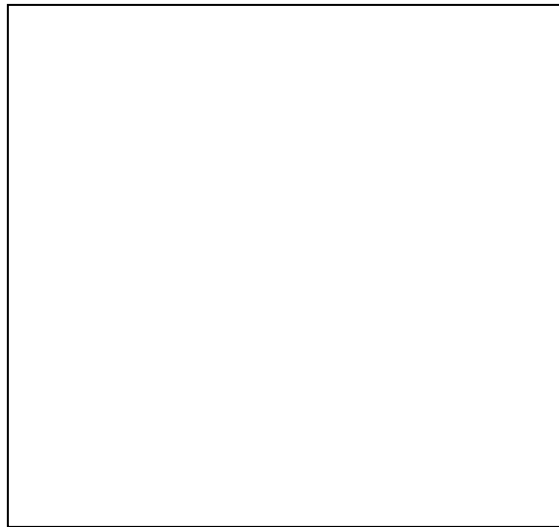
5. Make up your own example of something that would be considered a hallucination.

6. Make up your own example of something that would be considered a delusion.

7. Draw a hallucination and delusion below



hallucination



delusion

# Student Example - Depressive Illness

## Rating Scale

Using the scale below, indicate the number which best describes how often you felt or behaved this way  
- DURING THE PAST MONTH.

- 0 = Rarely or none of the time (less than 1 week)
- 1 = Some or a little of the time (1 - 2 weeks)
- 2 = Occasionally or a moderate amount of time (2-3 weeks)
- 3 = Most or all of the time (3 - 4 weeks)

DURING THE PAST MONTH:

- \_\_\_\_\_ 1. I was bothered by things that usually don't bother me.
- \_\_\_\_\_ 2. I did not feel like eating; my appetite was poor.
- \_\_\_\_\_ 3. I felt that I could not shake off the blues even with help from family or friends.
- \_\_\_\_\_ 4. I felt that I was just as good as other people.
- \_\_\_\_\_ 5. I had trouble keeping my mind on what I was doing.
- \_\_\_\_\_ 6. I felt depressed.
- \_\_\_\_\_ 7. I felt that everything I did was an effort
- \_\_\_\_\_ 8. I felt hopeful about the future.
- \_\_\_\_\_ 9. I thought my life had been a failure.
- \_\_\_\_\_ 10. I felt fearful.
- \_\_\_\_\_ 11. My sleep was restless.
- \_\_\_\_\_ 12. I was happy.
- \_\_\_\_\_ 13. I talked less than usual.
- \_\_\_\_\_ 14. I felt lonely.
- \_\_\_\_\_ 15. People were unfriendly.
- \_\_\_\_\_ 16. I enjoyed life.
- \_\_\_\_\_ 17. I had crying spells.
- \_\_\_\_\_ 18. I felt sad.
- \_\_\_\_\_ 19. I felt that people disliked me.
- \_\_\_\_\_ 20. I could not get "going".

How satisfied would you say you are with life (please check the most appropriate answer).

- Very dissatisfied \_\_\_\_\_
- Dissatisfied \_\_\_\_\_
- Neither satisfied nor dissatisfied \_\_\_\_\_
- Satisfied \_\_\_\_\_
- Very satisfied \_\_\_\_\_

# Lesson 7 - Alzheimer Disease

## Student Objectives and Activities:

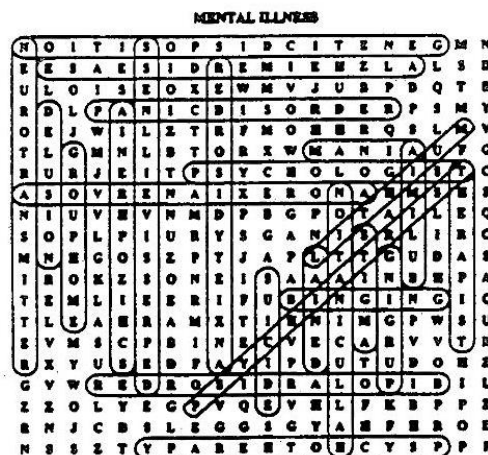
- Alzheimer Disease is studied with students learning causes and symptoms as well as some of the difficulties encountered by friends and family members in dealing with a person with this illness.
- Students complete a listing activity, discuss the topic, complete notes and an activity "Mental Illness Word search" which familiarizes students with vocabulary contained in the unit.

## Suggested Teaching Strategies:

- Introduce the topic with this situation "You come home from school and find a note on the table that says to phone Mark." Students, in groups, make a detailed list of the steps you would have to go through to return the call. This could include things like: If I don't know Mark's phone number I find it, I look for the number in the phone book or address book; I look up Mark's name; I find the phone, I pick up the phone, I wait for the dial tone, etc.
- After the students have made their detailed lists, ask them to imagine what problems would face a person with memory difficulties. Questions like "Who is Mark? What is his last name? Where is the phone book? Where is the phone?" and so on serve to introduce students to some of the difficulties faced by people with this illness.
- The teacher facilitates a class discussion as students explore questions associated with Alzheimer Disease such as, "What would you do if one day you were suddenly not able to recognize your friends, parents, brothers and sisters?" Stress that Alzheimer Disease is not simply memory loss but has emotional and physical symptoms as well.
- Students complete the notes followed by the activity "Mental Illness Word search." Students can work on the word search individually or in pairs.

\*\*\* Note \*\*\*

Point out that Alzheimer is one type of organic brain disorder. (Organic brain disorders are a category of mental illness marked by destruction of brain cells and tissue. Parkinson Disease is another illness that fits into this category)



## Alzheimer Disease - Organic Brain Disorder

Alzheimer disease is a disease of the brain that usually occurs in people aged sixty and over although it can occur in people as young as thirty. Alzheimer disease is a gradually worsening “organic brain disorder” that permanently destroys brain cells. Specifically, long slender brain cells called neurons become broken and tangled.

### Symptoms:

In early stages of the disease, people have difficulty concentrating, are irritable and have difficulty remembering names and words. Memory loss is especially noticeable for recent events. (A person may remember the names of every classmate in their grade-nine class, fifty years ago but be unable to remember what they had for breakfast that morning) As the disease progresses, the person becomes unable to recognize family and friends, is unable to control moods and emotions, cannot remember where they live, has a large drop in language and movement skills and becomes almost totally helpless. Victims lose speech and control of bodily functions with the final result being death within five to twenty years from the onset of the disease.

### Treatment and Causes:

The causes of Alzheimer disease are not known. There may be a genetic component combined with a lack of certain brain chemicals. What is known, is that the disease is fatal and there is no cure. Most people with this illness are treated at home for a time followed by care in a nursing home. During this time, there is a tremendous strain on all people connected with the illness as the victim goes from a once healthy, vibrant person to being totally dependent on others for care.

*Fact File: At the present time in Canada, there are 250 000 people diagnosed with Alzheimer Disease.  
By the year 2030, this number is expected to increase to 750 000.*

# Lesson 8 - Eating Disorders -

## Bulimia Nervosa, Anorexia Nervosa

### Student Objectives and Activities:

- Students complete a short activity which compares the waist size of a Barbie Doll to their own.
- Students then read and critically examine an article "Is Barbie Evil" which discusses eating disorders and the role of advertising and the media.
- Students learn about eating disorders and complete notes on the topic.

### Suggested Teaching Strategies:

- Begin the lesson by holding up a Barbie Doll and posing the question "Why do some people think that Barbie should be banned as a toy?"
- Open a discussion on the topic.
- Students complete a short activity in which they compare their waist size and height with Barbie's. Meter sticks are necessary. (Teachers may choose to do this as a teacher demo instead of a student activity)
  - Step 1 - Students measure and record their heights in cm.
  - Step 2 - Students divide their height by Barbie's height (29.8cm) to find out how many times taller than Barbie they are - the "scaling factor."
  - Step 3 - Barbie's actual waist diameter (7.0cm) is multiplied by the scaling factor to see how large Barbie's waist would be if Barbie was the same height as the student.
  - Step 4 - Students can get a better idea of how truly thin Barbie's waist is by measuring off Barbie's scaled-up waist diameter on a strip of art paper and rolling it up.
- For example, using a 152cm (5 feet) person.  $152 \div 29.8 = 5.1 = \text{scaling factor}$

Barbie's scaled-up waist size would be:  $7 \times 5.1 = 35.7\text{cm}$  (14.inches)

- Students then complete a reading activity in which they examine an article taken from the internet "Is Barbie Evil???" (Be sure students answer questions in full sentences - AIFS)
- After the activity and discussion, students write down overhead notes.

\*\*\* Note \*\*\*

Because of the significantly higher frequency of bulimia in young girls compared to the much more rare and more lethal anorexia, this unit has chosen to emphasize bulimia. In no way is this meant to diminish the seriousness of anorexia.

# Eating Disorders - Bulimia Nervosa

Bulimia nervosa is an eating disorder that mainly affects young and adolescent women aged 14 - 25. Signs of bulimia are periods of uncontrolled binge eating, a constant worry about body weight and body appearance and use of extreme methods to control weight gain such as purging (self-induced vomiting), use of laxatives, dieting and fasting (not eating anything) and excessive exercise. This cycle of bingeing and purging can lead to other problems such as wearing down of the tooth enamel by stomach acids, stomach bleeding and loss of minerals needed for the body to function properly.

*Fact File: In spite of the purging and bingeing, people with bulimia usually maintain an average body weight making the illness difficult to detect*

## Treatment

Bulimia can usually be treated on an out-patient basis (without requiring a hospital stay) unless there are other kinds of mental illness involved such as depression or anxiety disorders. Therapy is often an effective method of treatment and usually tries to change a person's attitude towards their body. Self-help groups where people discuss their troubles with others in a similar situation is also common. If treated quickly, chances for recovery from bulimia are quite high.

*Fact File: Anorexia Nervosa is an eating disorder that most often affects young women and adolescent girls. (About one out of a hundred or 1% of adolescent girls will develop this illness) An intense fear of gaining weight and worry about body shape and image cause a person to starve themselves by purging or by not eating at all. This can lead to many physical problems some of which include: torn or ruptured esophagus from purging, bleeding ulcers, bruising easily, destruction of tooth enamel from the effects of stomach acid, loss of period/menstrual cycle due to hormonal imbalances which can lead to infertility. With anorexia, chances of recovery are not good and more than half of people with this illness eventually die.*

# Is Barbie Evil???

It is not surprising that eating disorders are on the increase because of the value society places on being thin. Women are given the message at a very young age that in order to be happy and successful, they must be thin. Every time you walk into a store you are surrounded by the images of emaciated, skinny models like Claudia Schaeffer and Cindy Crawford that appear on the front cover of all fashion magazines. Even the Barbie dolls that young girls play with at an early age set an impossible "thinness" image which never seems to go away. Thousands of teenage girls are starving themselves this very minute trying to attain what the fashion industry considers to be the "ideal" figure.

The average model weighs 23% less than the average woman. Maintaining a weight that is 15% below your expected body weight fits the criteria for anorexia, so it might be argued that most models, according to medical standards, fit into to the category of being anorexic.

Teenagers need to realize that society's ideal body image is not achievable. The photos we see in magazines are not real either. Many people don't realize that those photos have gone through many touch ups and have been air-brushed to make the models look "perfect."

Teenagers are under a lot of pressure to be thin. They are made to believe that the only way they can be accepted and fit in, is if they are thin. They resort to starving, vomiting and eating only diet foods to try and be thin.

Television is a big influence on them. They watch shows like Friends and Melrose Place and feel they need to look as thin as the actresses on these shows. Many actresses we see on TV have endured hours of exercise and have deprived themselves of the proper nutrition in order to

maintain a thin figure. Some even resort to plastic surgery, liposuction and breast implants. You just have to watch an episode of Baywatch to know that statement is true. Society is brainwashing young people into believing that being thin is important and necessary.

Diet commercials are constantly appearing on our television screens telling us that once we lose the weight, we will be happy. While you are standing in the checkout line at the grocery store you are surrounded by magazines claiming to have the newest and best diet. Each month another new diet appears claiming to be the diet to end all diets. Whatever happened to last month's diets that claimed the same thing? Dieting has become an obsession in North America. We spend billions of dollars each year trying to look the way society tells us we need to look. If diets really worked, then why are there so many of them? The reason a new diet pops up each month, is because last's month's diets didn't work. You know, the ones that claimed to really work.

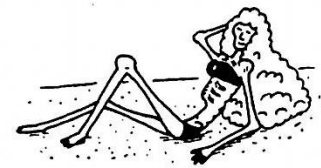
The truth of the matter is that DIETS DON'T WORK. As soon as you start to diet, you automatically set yourself up for failure. Many of the diets on the market right now are also unhealthy. The deprive you of the proper nutrition your body needs to survive and these diets can lead to health problems.

It's unfortunate, but in today's society, people have forgotten that it's what inside a person that counts, not what's on the outside. We need to start loving and accepting each other for who we are, not what we look like. Next time you decide that you are going to start another diet because you feel you are too fat, stop, sign up for a self-esteem class instead. That would be money well spent. If we learn to love and accept ourselves, we will also begin to love our bodies, no matter what size we are.

People should also learn the value of healthy eating and not send the message that being thin is important. Many children, under the age of 10, are becoming obsessed with dieting and their bodies. They are afraid of becoming fat. They don't just learn this from the media - they also learn this from their parents. If their mothers are constantly dieting and expressing their desire to be thin, these young children will start to believe they also need to be thin.

We need to encourage and support our children, especially teenagers. They need to feel good about themselves and their accomplishments, they need your approval and they need to know that you are proud of them. If a child is raised to love and accept who they are and what they look like, they will be less likely to strive to fit into society's unattainable standards.

Once again, I would like to stress the fact that diets don't work. Eating three healthy meals a day, a few snacks and doing moderate exercise, will allow your body to go to its natural set point. It's important to remember that no food will make you fat, as long as it's eaten in moderation. Stop buying those fashion magazines and diet products, and stop believing all the lies being told to you by the fashion and diet industries. Instead, focus on learning to love and accept yourself. No number on a scale or fitting into a smaller dress size will make you happy. Happiness can only come from within.





# Is Barbie Evil???

Name: \_\_\_\_\_

Instructions: Wherever possible, answer questions in full sentences. (AIFS)

1. Do you believe that fashion models like Claudia Schaeffer and Cindy Crawford present a “bad image” for young girls? (Yes/No) Explain your answer.

2. Do you agree with the article when it says that TV is putting a great deal of pressure on people to be thin? (Yes/No) Explain your answer.

3. Do you believe that most diets work? (Yes/No) Explain your answer.

4. Do you believe that society places more pressure on girls than boys to have a certain body image? (Yes/No) Explain your answer.

5. Do you believe that Barbie dolls should be banned as toys for young girls because they create an “impossible thinness standard? (Yes/No) Explain your answer.

6. Why do you think that more women than men suffer from eating disorders?