



# HEALTHY MINDS

A Scheme of Work about Mental Health  
for Key Stage 3



If you would like to order the full copy of this scheme of work, please email [healthandwellbeing@islington.gov.uk](mailto:healthandwellbeing@islington.gov.uk)



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Lessons are intended to be 50 – 60 minutes long. Timings within lessons are given as a guide to suggest the relative emphasis to be placed on the various activities rather than as prescriptive advice. The time taken by activities may vary greatly, depending on the pupils' prior knowledge and the questions and discussions that arise.

## Introduction

The Healthy Minds scheme of work was developed in partnership with an Islington school, Islington's Child and Adolescent Mental Health Service (CAMHS) and Islington's Direct Action Project to support schools to raise awareness about mental health issues in accessible, interactive and enjoyable ways. Each lesson in the scheme has a suggested lesson plan, student resources, detailed teacher background notes and eye-catching handouts.

The scheme addresses the stigma surrounding mental health, ways that everyone can look after their mental health and ways to get help or support a friend. Its emphasis is NOT on identifying the signs and symptoms of particular mental health problems, however some of the learning happens *through* considering the impacts of some mental health problems. These have been chosen to reflect the most common mental health problems among young people:

- **Depression** (lesson 1) [*also Mind bereavement story (Zac) is linked to depression*]
- **Anxiety** and related problems (lesson 2)
- **Self harm** (lesson 3)
- **Eating disorders** (touched on in lesson 3) [*also Mind Chris story is linked to eating disorders*]
- **Suicide**, although less common, is dealt with throughout (lesson 4) [*key messages*]
- [*anger story (Jess) is a symptom or sign of a range of mental health problems*]

See the Appendix for further information about the scheme and a range of other mental health problems.

The scheme is also available in the Healthy Schools, PSHE education room on the MLE. For copies or for more information please contact Helen Cameron [helen.cameron@islington.gov.uk](mailto:helen.cameron@islington.gov.uk) / 020 7527 5591

### Overview of the scheme of work

	Learning outcomes <i>Pupils:</i>
Lesson 1 Pupils learn about mental health and depression.	<ul style="list-style-type: none"> <li>• understand that everyone has a state of mental health, with ups and downs</li> <li>• can list some signs and symptoms of depression</li> <li>• can suggest several ways in which someone can help prevent or manage depression.</li> </ul>
Lesson 2 Pupils explore the stigma surrounding mental health problems including the use of appropriate language.	<ul style="list-style-type: none"> <li>• know that the stigma surrounding mental health can make a person affected by mental health problems feel worse</li> <li>• understand the importance of using appropriate language about mental health to combat stigma</li> <li>• can identify signs and symptoms of a variety of mental health problems</li> <li>• recognise that sometimes everyone will have experiences and feelings that are symptoms of mental health problems.</li> </ul>
Lesson 3 Pupils learn about self harm and its causes, and consider how someone can respond.	<ul style="list-style-type: none"> <li>• understand what self harm is and recognise that all kinds of self harm are attempts to cope with and/or communicate difficult feelings</li> <li>• can suggest positive ways to respond to someone who is self harming</li> <li>• can discuss strategies for coping other than self harming behaviour</li> </ul>
Lesson 4 Pupils learn that anyone can be affected by mental health problems, and that most people can and do recover.	<ul style="list-style-type: none"> <li>• recognise that anyone can be affected by mental health problems</li> <li>• can suggest how a young person with mental health difficulties can get help</li> <li>• know that people recover from mental health problems</li> <li>• can suggest ways that everyone can look after their mental health.</li> </ul>

## Lesson 1

### Learning intention:

Pupils learn about mental health and depression.

### Learning outcomes:

*Pupils:*

- understand that everyone has a state of mental health, with ups and downs
- can list some signs and symptoms of depression
- can suggest several ways in which someone can help prevent or manage depression.

### Key Questions:

- What is meant by mental health?
- What are some signs and symptoms of depression?
- What can someone do to help prevent or get better from depression? (give at least 3 things)

### Materials and preparation:

*It is essential to obtain at least one copy of 'I had a black dog' by Matthew Johnstone in advance of this lesson.*

- **CLASS SET** of '*I had a black dog*' by **Matthew Johnstone**

OR

- **Pictures A:** one copy of laminated pictures from '*I had a black dog*', from page with caption "*Black Dog could surprise me with a visit for no apparent reason or occasion.*" to "*Eventually I became quite good at self-medication, which never really helped.*" (there are ten double-page spreads)

- **Picture B:** eight copies of pages from "*What was about the time I sought professional help and got a clinical diagnosis.*" to "*The most important thing to remember is that no matter how bad it gets... ..if you take the right steps, Black Dog days can and will pass.*" (there are six double-page spreads, or 11 sides of A4)

- **Optional:** Black Dog animation <http://www.youtube.com/watch?v=XiCrniLQGYc>

- **Depression: true or false:** one copy per pupil

- **Optional: Seven steps to wellbeing sheet:** one copy per pupil

## The Lesson

### Introductory activities

#### 'Black Dog' metaphor

10 mins













Before showing the learning outcomes or key questions for the lesson, distribute copies of a range of the cartoon drawings from '*I had a black dog*' (pictures A), giving a double-page spread to each pair or group of three pupils. Pupils should consider the following questions in relation to their picture:

- What is the person doing?
- How is he feeling?

## Signs and symptoms matching cards

Cut out the signs/symptoms cards and place on the correct space on the signs and symptoms Venn diagram.

Many of the symptoms below are relevant for more than one illness, some are associated with all.

<p>Not going out or not talking to friends or family</p> 	<p>Tiredness, exhaustion, loss of energy</p> 	<p>Feeling very anxious about being in public, even going on buses or shopping</p> 
<p>Finding studying / going to work really difficult</p> 	<p>Feeling very sad / feeling that you are a failure</p> 	<p>Hearing voices or seeing things that aren't there (hallucinations)</p> 
<p>Believing that people are saying nasty things about you behind your back (delusions, or false beliefs)</p> 	<p>Difficulty in concentrating</p> 	<p>Constantly feeling irritable / worried</p> 
<p>Increased energy / loads of energy</p> 	<p>Sleep problems</p> 	<p>Euphoria / extreme happiness</p> 

The term 'self harm' is often used to mean 'self injury', but self harm can have a wider definition, including taking unnecessary risks, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), being addicted to alcohol or drugs, or someone simply not looking after their own emotional or physical needs. It can be represented by the following diagram:



## Main activities

### Self harmful behaviours

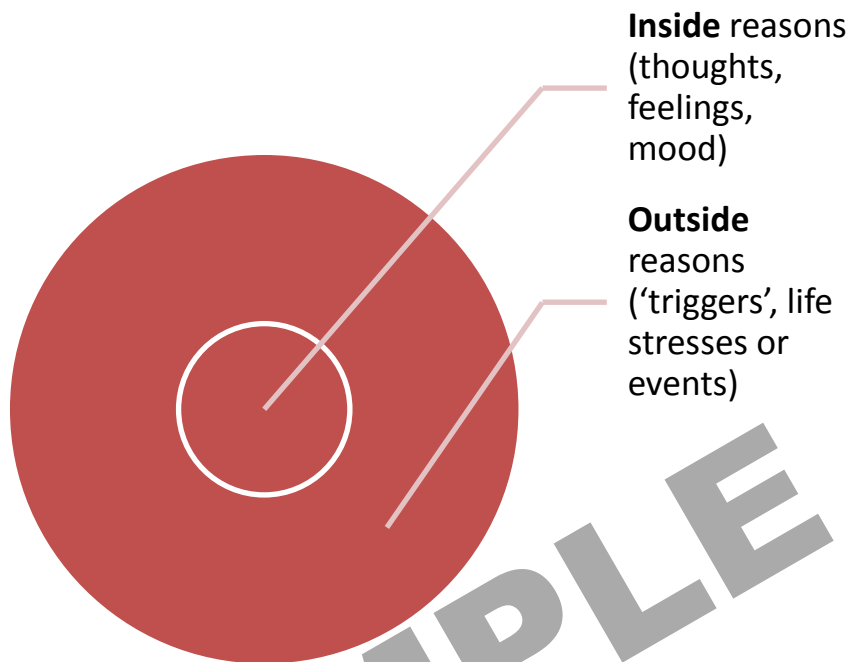
15 mins

Divide the class into small groups of 4 or 5. Give each group a 'behaviour' card from the list below. They should discuss:

- Is this a self harming behaviour?
- Why might someone do this?

1. Drinking too much
2. Not eating enough / eating too much
3. Punching a wall
4. Having a lot of sexual partners
5. Smoking a lot of marijuana
6. Picking at your skin until it bleeds
7. Staying in an abusive relationship

After about 5 minutes, take two reasons from each group. Record feedback on the board in the following way:

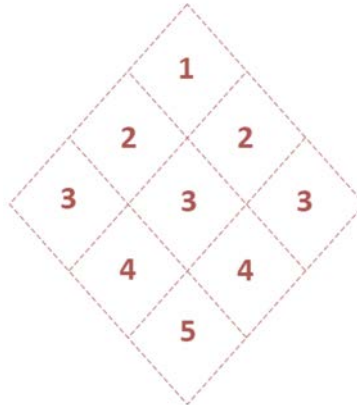


- **Inside** reasons could include low self-esteem, depression, low mood, hopelessness, difficulties communicating, loneliness, feeling different in some way
- **Outside** reasons could include divorce, bereavement, bullying, exam pressure, relationship problems

In the discussion, talk about the following points:

- Any of the behaviours could (at least in some instances) be examples of self harm
- **All types of self harm are attempts to cope** with and/or to communicate distress, pressure or difficult feelings (and all of these behaviours can be different ways of trying to cope)
- Any (or most) of the reasons could apply to any of the behaviours e.g. someone might drink too much, OR eat too little, OR pick at their skin until it bleeds to try to cope with feeling lonely OR due to exam pressure OR because of relationship problem, etc Also, any of the reasons could also be risk factors for developing other mental health problems.

Imagine a situation where a friend told you that they had been self harming in some way. Look at the responses and rank them in a 'diamond nine' shape, with the best responses at the top and the worst at the bottom.



Think about what are some good and bad points about each response, and how that person could have responded better.

- A. Say nothing but tell an adult you trust
- B. Say 'your secret's safe with me' and do nothing
- C. Say 'oh that sounds horrible'
- D. Say 'you should talk to someone about it'
- E. Say 'oh that's really bad. You have to stop.'
- F. Ask lots of details and questions about how they self harm and how often
- G. Offer to go with them to tell an adult you trust
- H. Say 'it sounds like things are bad for you, take a minute. How are you feeling?'
- I. Say 'do you feel like you want to keep secrets?'

There are no absolute right answers to the ranking exercise, as the table below shows. However statements G and H are the 'best' responses to steer young people towards and to concentrate on in the discussion. In the feedback, discuss each statement and try to get across the key messages:

**DON'T:** ignore it or stop talking to them

**DO:** ask them how they're feeling, let them know you'll be there for them, talk when they're ready to talk, tell someone you trust.

A.	+	telling someone who can help is important – it isn't all up to you to deal with the problem
	-	saying nothing might make them feel that they haven't been heard
B.	-	it is important for them (and you!) to get some help – you may need to tell someone else who can help; they need to talk about this and by cutting them off they don't have the chance to talk – you may be the first person they've told; it might be upsetting for you too so it's important to talk to an adult you trust
C.	+	if it is said in a sympathetic way, it does acknowledge the problem but...
	-	it could really make your friend feel worse if they think that you are disgusted or horrified by what they do
D.	+	it does acknowledge the problem, and that it is a real problem. It would be better to also suggest someone to talk to (eg trusted adult in school) and/or to offer to go with them to talk to someone
	-	might sound like you don't want them to talk to <u>you!</u>



E.	+	it acknowledges the problem but...
	-	it's not easy for someone to stop self harming, and it might feel like their only way of coping
F.	+	it acknowledges the problem but...
	-	it misses the point: it's not important what they <i>do</i> , what's important is how they <i>feel</i> ;
G.	+	it acknowledges the problem, and that it is a real problem, and is practically helpful; also means that you don't have to deal with the problem alone
	-	might sound like you don't want them to talk to <u>you</u>
H.	+	you're acknowledging the feelings and encouraging them to talk about what's going on
	-	you might not always feel able to deal with what they have to say; you could also give a suggestion for what they could do
I.	+	most people who self harm don't have suicidal thoughts or feelings, but if they do, it is very important to talk about it – so asking the question can be really helpful to give them a chance to speak about it. Do take it seriously if someone says they sometimes think about killing themselves; it is very important to tell a trusted adult.
	-	could seem a bit extreme since most people who self harm don't want to kill themselves

## Closing activity

### Positive ways of coping

10 mins

We learned that all kinds of self harm are people's attempts to cope with difficult situations and feelings. Thinking back to the self harm behaviour you looked at, what strategies could a person try to replace or reduce their self harm?

Encourage pupils to think about:

- Things someone might do to make themselves feel good (Can be specific or quite general, like the ones in the **Seven steps to wellbeing** from [Mind](#))
- Things they might do if they are feeling low to make themselves feel better
- Things they might do if they were feeling really low and not able to cope

Get each group to share some of their best suggestions. You could give out the list **Strategies shown to reduce self-harm behaviour** for them to compare with, add to and take away.

### Key questions review

2 mins

Display the key questions on the whiteboard and discuss answers. Get pupils to self-assess in pairs or on their worksheet how well they can answer the questions now.

### Homework task

2 mins

- *Mind* booklets ('*My name is Chris/Pete/Jess/Zac – this is my story*') – one per pupil – available to order from [www.mind.org.uk/shop/booklets](http://www.mind.org.uk/shop/booklets)

To help pupils prepare for the next lesson, give them each one of the *Mind* booklets ('*My name is Chris/Pete/Jess/Zac – this is my story*') to take home and read. The booklets give a young person's own experience of mental health issues and tell their personal stories in an engaging style.

Ask them to be prepared to feed back:

- How did the young person get help?
- Did the young person in your story recover?
- What could the young person do to help themselves recover or avoid the problem in the future?

## Parvinder

*Parvinder, who is 12, has extreme feelings of sadness and neglect. Throughout her life, Parvinder has felt neglected by her parents and has lived in a care home since the age of 3. She has started to self-harm by cutting the backs of her arms and legs with a knife as she feels that this is a way of getting the pain out and releasing it through her body where it can be seen and dealt with. Parvinder feels that it is her fault that her parents neglected her because she thinks that she is not good enough, so self-harm is also her way of punishing herself.*

### Self harm

Self-harm, or self-injury, describes a wide range of things people deliberately do to themselves that appear to be harmful but usually do not kill them. Self-harm is not usually a failed attempt at suicide, but it can still be very hard for parents or carers. Cutting the arms or the back of the legs with a razor or knife is the most common form of self-harm, but self-harm can take many forms, including burning, biting, hitting or taking overdoses. A young person may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, when they feel frustrated, angry, guilty, or desperate. Though self-harm is rarely a failed suicide attempt, it can lead to infection, permanent damage and even accidental death. About 1 in 10 young people harm themselves deliberately at some stage – so it's more common than you think.

### Questions

- 1) What should Parvinder do?
- 2) What should the people that know Parvinder do to help her?
- 3) What do you think people's perceptions of Parvinder would be?

**Famous people who have self harmed: Princess Diana, Johnny Depp, Angelina Jolie, Lindsey Lohan, Russell Brand.**



## Example answers to the case studies

Example answers are included for each case study:

- **Susie** (Anorexia)
- **Jamal** (Anxiety and panic attacks)
- **Elliot** (Depression)
- **Parvinder** (Self Harm)
- **Sophie** (Social Anxiety)

### Anorexia Nervosa

Susie, who is 13 years old, has been very worried about her weight and has the idea that she is fat (even though she is a healthy weight). This is causing her to strictly control and limit what she eats and also exercise excessively. She has also started to count the number of calories in things even when she has no intention of eating them.

#### 1. What support may be available for Susie?

Support that may be available:

- Someone to talk to (Parents/Guardians, friends, trusted adult)
- Help lines for advice and support, for example Young Minds
- Support from GP
- Therapy and counselling through Child and Adolescent Mental Health Service (CAMHS)
- Advice from a dietician, especially if she is struggling to know.

#### 2. What should she do in order to help manage her condition?

With the support available she should be able to realise that controlling and limiting what she eats and exercising excessively is not good for her. She should take small steps that include stopping counting calories and talking through her problem with a professional to help understand it better.

#### 3. What might be the barriers in stopping Susie from looking for help?

As said in the case study, Susie believes she is fat, so the way that she is behaving may seem normal to her and she may not realise that she needs help. On the other hand, she may admit to having a problem but may be too scared to look for help from fear of being judged and she may not want people to see how skinny she is.

### Anxiety and Panic Attacks

Jamal, who is 14 years old, often feels anxious especially when he is around lots of people or in a big crowd. School assemblies are a particular problem for Jamal as there are lots of people in a confined space and he doesn't feel comfortable in leaving the assembly as he is worried that people are going to look at him and after ask him why he has left. Because of these panic attacks Jamal is worried about leaving the house as he is scared that he is going to have one on the way to school. Jamal's panic attacks cause his heart to beat irregularly, his palms to become sweaty and feelings of breathlessness. His anxiety and panic attacks are causing him to feel tired all the time and have irregular sleeping patterns. Jamal also has angry outbursts in school when he is worried about things.

## Appendix G:

### Ways to support your child's mental health

Changes in teenagers' moods and behaviour are generally related to hormonal changes and development, and are just a normal part of adolescence. However teenage behaviour changes can sometimes mask mental health problems; approximately 1 in 10 young people experience mental health problems\*, most commonly anxiety and depression.

*\*Office for National Statistics, Mental Health in Children and Young People in Great Britain 2005*

#### If you are worried about your child

- Don't panic. Emotional problems are common in teenagers and most will resolve naturally. However some young people will need help and treatment - it will help to talk to them about how they are feeling.
- Listen non-judgementally to your child. Reassure them and help them to access help.
- Teenagers often refuse to talk to their parents about difficult issues and this can be really worrying for parents. If you are worried about a young person who is not ready to talk to you then start by learning a little about mental health. You could also let your child know about places where they can seek support.
- Your GP is a good place to seek help. You can see your GP if your child does not want to go. Your GP may refer you and your child to Child and Adolescent Mental Health Services (CAMHS).
- There are other places to get help including your child's school and local youth counselling services. There are also some online websites that may help you both.
- If you are experiencing problems with your own mental health this may be unintentionally impacting on your child even if you believe they are unaware of your difficulties. Seeking help for yourself may be one of the best ways you can support your child's mental health and well being and shows them it's important to try to address problems as they arise.
- If you are worried about yourself or another adult there are free and low cost talking therapy services in Islington.
- Talk to your child about mental health, even if you are not worried about them. According to a recent study 1 in 4 parents never talk to their children about mental health\*. There are free mental health training courses in Islington for anyone who would like to find out more.

*\* Time to Change campaign, 2013*

**See over for details of suggested services.**

## Appendix D:

### Ways to support a young person with specific mental health problems

*These are some suggestions for anyone with particular concerns about the mental health of a young person they are involved with.*

#### Are you worried about a young person's anxiety?

Many children and young people don't know what they are feeling when they are anxious, and it can be very frightening and overwhelming. They might think they are very ill or that they are having a heart attack.

Breathing and relaxation techniques are really useful; get them to breathe deeply and slowly, in through their nose for three counts and out through their mouth for three counts.

Talk to them about what anxiety is and help them to recognise anxious feelings so they can tell when they are becoming anxious and can ask for help.

#### Do you think a young person might be depressed?

Teenagers can often be moody and reserved, but that doesn't necessarily mean they are depressed. It is just part of normal adolescence and is related to hormonal changes and development.

However, some teenagers can find the changes they are going through just too much to cope with and this may cause them to withdraw completely, or seek relief by harming themselves or taking risks.

Teenagers often refuse to talk to their parents about difficult issues and this can be really worrying for parents.

#### Are you worried a young person may be deliberately hurting themselves?

Self harm is usually a way of coping with difficult feelings. Self injury can lead to infection, permanent damage and even accidental death. It is therefore important to seek professional advice if your child is self harming.

#### Are you worried a young person may be feeling suicidal?

Some young people can be vulnerable to having suicidal thoughts/feelings due to the number of changes they are experiencing both hormonally and in life. They can feel very scared of the future, anxious about career and academic pressures, overwhelmed by worries about personal relationships and sexuality.

The risk of suicide can be greatly reduced if a young person gets the help and treatment they need. If you suspect that a young person is feeling suicidal, it is extremely important to talk to them about it and seek professional help.

#### Further information and support regarding mental health

- YoungMinds provide expert knowledge to professionals, parents and young people through their Parents' Helpline, online resources, training and development, outreach work and publications. To find out more go to [www.youngminds.org.uk](http://www.youngminds.org.uk) or call the free parent helpline on: 0808 802 5544.
- You could discuss your concerns with your child's school who may suggest a meeting with the designated Child and Adolescent Mental Health Services (CAMHS) worker for your child's school.
- You can also speak to your GP who may refer you and your child to CAMHS.

## Appendix E:

### Mental health problems – background information

#### Anxiety and related problems

1. Anxiety
2. Social Anxiety / Phobia
3. Obsessive Compulsive Disorder (OCD)
4. Bipolar disorder
5. Depression
6. Psychosis

#### Eating disorders

7. Anorexia Nervosa
8. Bulimia Nervosa

#### Others

9. Post Traumatic Stress Disorder (PTSD)
10. Self Harm

With thanks to Solihull Foundation for their Young Changemakers for the mental health background information & resources links given in this appendix.

## Understanding Anxiety

Everyone experiences anxiety such as before taking an exam or before doing a public speech or presentation but people with General Anxiety Disorder (GAD) find it hard to control their worries and it causes physical symptoms that interfere with their day to day life.

### Fight or Flight Response

Our brains have a built in 'programme' that prepares our bodies for fight or flight when we feel threatened. When we feel like this, there is an adrenaline response and blood is diverted to the big muscles to help us escape or fight the threat and blood is therefore taken away from other body systems. This then causes physical symptoms to occur such as:

- Increased heart rate
- Breathlessness
- Choking feeling
- Hot, sweating
- Nausea
- Butterflies in tummy, urge to go to the toilet
- Muscle tension, aching, shaking
- More alert- scanning for danger
- Irritability
- Tingling in body- when anxious, this can cause people to breathe differently causing them to have less carbon dioxide in your blood causing the body to tingle (like pins and needles). This is why it is good for some people with anxiety to breathe into a paper bag as they breathe back in the carbon dioxide that has just been breathed out.
- Sleeping problems
- Light-headed, blurred vision

*Please note that someone with anxiety may not necessarily experience all of these symptoms.*

**Psychological symptoms** of anxiety include:

- Restlessness
- A sense of dread
- Feeling constantly on edge
- Difficulty concentrating
- Impatience
- Being easily distracted
- Worrying that the worst will happen

This may cause the person to avoid certain situations that make them feel anxious including going out with friends, going to school or college if it is too stressful. This can have a negative effect on self-esteem.

### Possible causes of anxiety:

Only about 30% of the causes of General Anxiety Disorder are inherited and there are certain traits that may make people more likely to develop this problem. These include:

- General nervousness
- Depression
- Inability to tolerate frustration
- Feeling inhibited

Researchers believe that GAD is caused by a combination of factors including:

- The body's biological processes
- Genetics (the genes that are inherited from parents)
- The environment
- Life experiences

Resources used:

<http://www.nhs.uk/Conditions/Anxiety/Pages/Introduction.aspx>

Treatment plans and interventions for depression and anxiety disorders by Robert L. Leahy and Stephen J. Holland. [www.getselfhelp.co.uk/anxiety.htm](http://www.getselfhelp.co.uk/anxiety.htm)