

Notes to MHL Facilitators:

- This slide deck is for presenting to a mixed audience of parents and caregivers of both children and youth
- Notes on the slides *in italics* are guides for the facilitator, and other notes are suggested script.
- Feel free to personalize the presentation with your own stories and wording, but **please keep the fidelity of the MHL messaging!**
- We are here to support you, clarify any points and help facilitate
- Please share your ideas for improvements
- You can delete/ hide this slide after viewing it ☺
- Thank you! Have fun!



Welcome to this updated slide deck presenting to parents and others caring for youth. Thanks to all who contributed to this version!

Preview the presentation thoroughly and contact us for any clarification or assistance you may need.

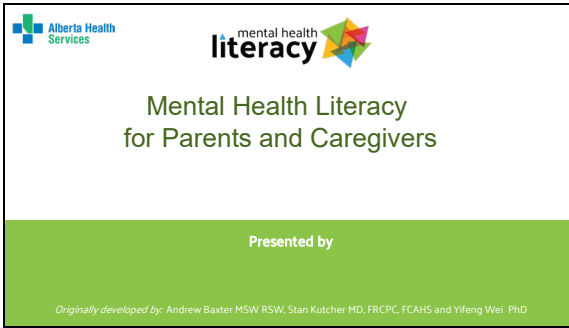
There are some simple animations in this slide deck to illustrate points on the pyramid of states, the exposure curve etc. and an embedded video, "Understanding Stress."

There is a slide placeholder at the end for you to add in local resources, etc.

You will also find a resource page template in the portal that you can tailor to your audience.

Please collect evaluations if possible and enter your workshop session in the training tracker. (These links are found in the Core Trainer portal.)

Reach out to us for any support you need and thank you for boosting mental health literacy in your community!



Alternate title: 'Words Matter! Let's talk about Mental Health.' You can add logos for co-sponsors of an event, such as the school district logo or youth organization name here. Add your name and contact information as presenter and include your pronouns.

If presenting on-line:

- *Ensure the host has reviewed on-line etiquette or cover this yourself.*
- *Remind people to close other browser windows to improve connection.*
- *Ask that the discussion of any individuals stays here and people should disguise any identifying information to ensure confidentiality.*
- *Note that there will be no graphic images in the presentation however some of the content can be triggering. Acknowledge this and encourage participants to take care of themselves by taking breaks or staying on-line to talk with you afterwards.*

If facilitating in person:

- *Review location of washrooms, emergency exits, etc.*

We acknowledge the traditional territories of the First Nation People of the Treaty 6, Treaty 7, and Treaty 8 areas within the province of Alberta. We also acknowledge the Métis people of Alberta who share a deep history with this land as well as those Inuit people living within Alberta. We recognize and honour the land, history, ways of being, and our relationship with First Nation, Métis, and Inuit people within Alberta as we forge together towards a relationship of reconciliation, respect, understanding, and healing.




This is the Alberta-wide land acknowledgement. Before your session, acknowledge hosts/thank the territory, treaty and Métis region. (Use your school district's messaging, or one of your choosing.)

Here is the Calgary zone land acknowledgement:


We acknowledge that the land where we are virtually hosting today is the traditional territories of the people of the Treaty 7 region in Southern Alberta. The City of Calgary is also home to Métis Nation of Alberta, Region 3. We respect the histories, languages, and cultures of First Nations, Métis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

*Another option is to show this video: [Travelling Song: One Rattle, One People – YouTube](https://www.youtube.com/watch?v=KjuRdseZF48)
<https://www.youtube.com/watch?v=KjuRdseZF48>*




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<https://mentalhealthliteracy.org/talk-to-us/>

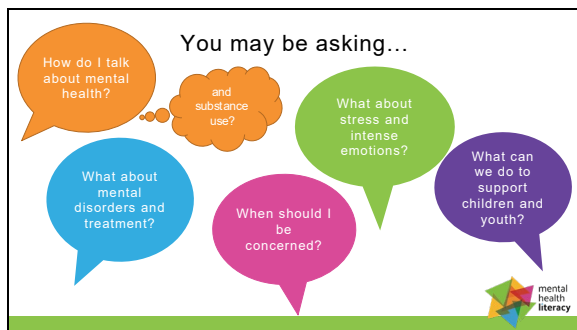


Dr. Stan Kutcher MD, FRCP, FCAHS



Remind your audience:

- This material is based on the work of noted Canadian psychiatrist Dr Stan Kutcher, who headed the team in Nova Scotia called Teenmentalhealth.org. When Dr. Kutcher was appointed to the Canadian Senate, he gifted the intellectual property of Teenmentalhealth.org to Alberta Health Services.
- The name ‘teenmentalhealth.org’ has since been changed to ‘mentalhealthliteracy.org’ to better reflect the breadth of our reach beyond teens.
- This presentation is for general information and does not replace consultation from a health professional.
- No profit is to be made from the materials, and the fidelity of the messaging is to be maintained.
- If participants have other questions re: use of the material, please direct them to the MHL team, or to ask through the website “contact us” button.



This slide serves to introduce the agenda for the talk. Remove the substance use bubble if you are not covering this subject.

Acknowledge your audience and setting the stage:

Parenting is tough stuff! *(add some inoffensive humor here).*

i.e. "I have heard it said that adolescence is a period of rapid change. Between the ages of 12 and 17, a parent ages as much as 20 years!" (author of quote unknown)

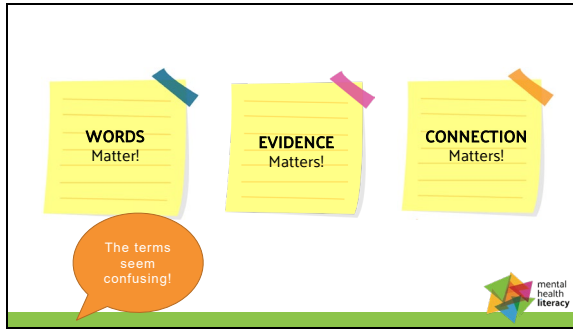
Capture the main goals of this presentation from a parent perspective or youth worker perspective:

You may be hearing lots of conflicting advice about the mental health of our children and parenting approaches to address this. You may be asking:

- How do I talk about mental health with my kids and other young people? Likewise for substance use and do I have the information straight myself?
- What factors contribute to mental disorders and what do I need to know about treatment?
- When should I be concerned? What signs should I be looking out for?
- What about stress? Strong emotional reactions? Seems like so many young people express they are feeling so anxious these days! What is the most helpful way to respond?
- And overall, how can we support our kids so that they can be all they can be?

Answering these questions is our ambitious plan for this presentation! Note that we cannot give any individual medical/clinical advice.

Transition to next slide: We hope by the end of the session, you will join me in seeing how...

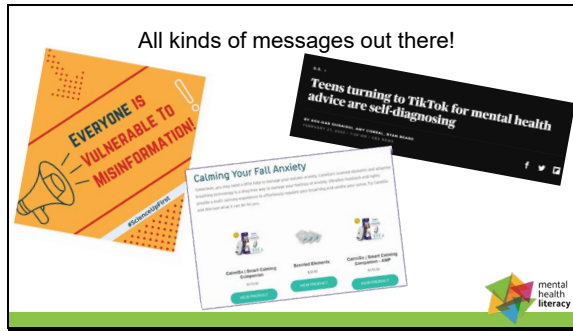


Hopefully by the end of this presentation, you will agree that:

- Words matter!
- Evidence matters!
- And our connection matters!! (We will go into more detail about some suggestions for connecting.)

I'm confident that after this time together, you will leave feeling clearer and more confident talking about mental health and supporting young people in your life, as well as yourself and others around you!

Transition to next slide: Let's start with words...



Opening:

There are so many examples of confusing and often misleading information related to mental health and mental disorders.

Key Points:

- Many headlines grab attention and social media sites are ready with all kinds of advice - but often contain a lot of misleading information. Or they try to sell you a product that is 100% guaranteed to lighten your pocketbook!
- After this presentation, we want you to feel better equipped to wade through the headlines to better understand facts versus opinion and misinformation.

Transition to next slide: Are you confused?!?

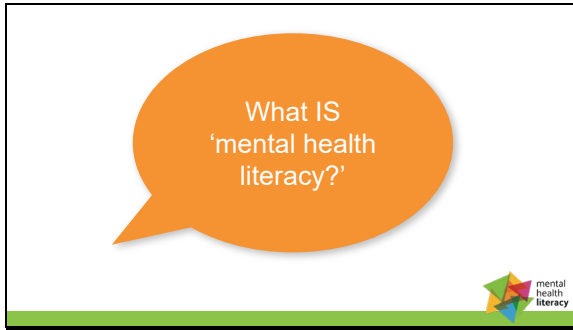


Opening:

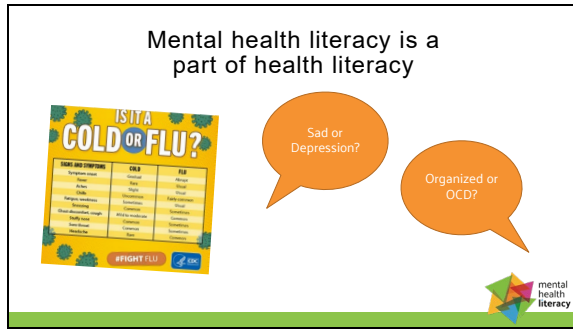
- All the words on this slide have been pulled out of academic literature and government documents.

Key Points:

- This slide demonstrates how much confusion there is around the terms describing mental health and mental disorders, not only in the general public but also amongst professionals.
- For instance, the term ‘mental health ‘issue’” is very unclear. It muddies the water when everything is referred to as a “mental health issue.”
 - A child having a tantrum at a store for not getting a candy may be described as having a ‘mental health issue.’
 - Or a person with Schizophrenia having a psychotic break may also be referred to as having a ‘mental health issue.’
 - Clearly these two situations require very different responses!
 - When we call both of these states a ‘mental health issue,’ it is too general, and it leaves us unclear about what is actually going on and what could be helpful.



So lots of confusing terms are being used! What is meant by the term 'Mental Health Literacy' anyway?



Mental health literacy is a part of health literacy.

Ever go into a doctor's office and see a sign explaining the difference between a cold and the flu? That's an effort to boost health literacy.

Health literacy is understanding health information to make informed decisions to care for our health. It includes knowing what to expect when we have an ailment, and what kinds of treatment may help us.

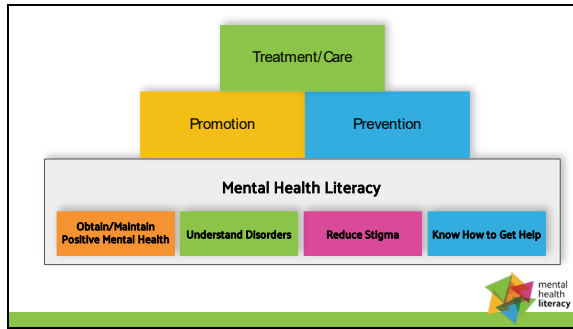
There have been many studies to show that people do better managing health conditions if they understand their condition better.

Good health literacy also involves understanding how to boost physical health, and how to tell the good evidence-based information from the stuff just trying to sell you products with little effect, or even dangerous results!

Mental health literacy then, is one part of health literacy. The more we understand about the various states of mental health, the better we can care for our mental health and support the ones we love.

Sources re: health literacy linked to better outcomes:

- Ferguson, L. A., & Pawlak, R. (2011). Health literacy: the road to improved health outcomes. *The Journal for Nurse Practitioners*, 7(2), 123-129.
- Tavakoly Sany, S. B., Behzad, F., Ferns, G., & Peyman, N. (2020). Communication skills training for physicians improves health literacy and medical outcomes among patients with hypertension: a randomized controlled trial. *BMC health services research*, 20, 1-10.
- WHO (2013) Health Literacy: The Solid Facts (<https://www.who.int/europe/publications/i/item/9789289000154>)



The four components of mental health literacy include:

1. **Knowing how to obtain and maintain mental health** (i.e. what the research says are positive steps we can take to boost our mental health)
2. **Understanding accurate information about various mental disorders** (To understand what a disorder is, we also need to understand what it is NOT - so we will review the various states of mental health – and what is the difference between feeling down or stressed and experiencing a disorder). Note we will not have time in this presentation to go into any detail about various mental disorders but will point you to good sources for further learning.
3. **Understanding the role that stigma plays**, and ways to reduce it (as this interferes with people receiving help).
4. **Getting help** for mental health problems and disorders – including how to know when help is needed, where to seek help and what to expect from that help.

Literacy is at the foundation for all the other actions we take to support mental health.

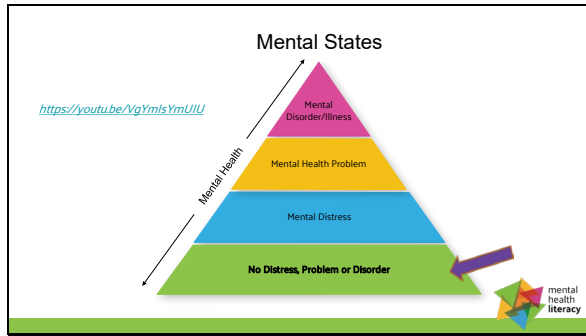
A mental health literacy approach is evidence-based.

All other promotion, prevention and intervention efforts rest atop solid mental health literacy. If the base is not stable the other blocks will fall.

Just like health literacy, the more people know about their condition, the more equipped they are to make informed choices and follow through with treatment recommendations.

You may wish to link to the PowToon 'Mental Health Literacy Explained' <https://youtu.be/l7N14HeNro8>

Transition to next slide: Together, let's review the various states of mental health, so that we are using the same terms to reduce confusion!



In online delivery, it is good to cue your audience to these slides regarding mental states, in case they are multitasking. Give them a 'heads up' for this one.

You may wish to show this animated PowToon video to explain these terms, or you can explain this yourself.

<https://youtu.be/VgYmIsYmUIU>

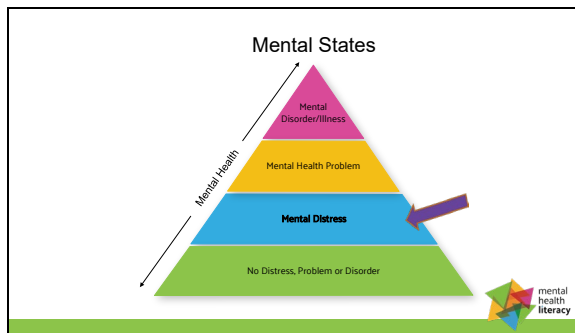
Opening:

These are the terms we use to describe the various mental states that we experience. We display it in the form of a pyramid to show that more of us spend more time in the larger bottom sections than in the top sections.

Let's review each term, starting with "No Distress, Problem or Disorder."

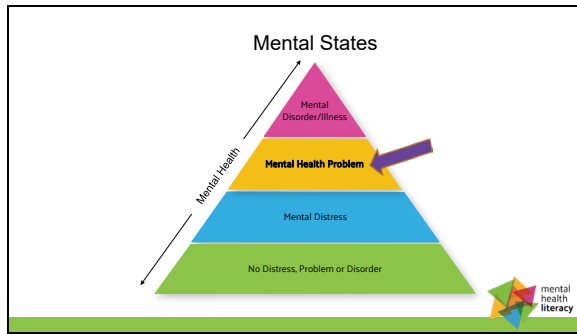
At the bottom of the pyramid we have a state where we are managing just fine. These are the times where no distress, problem or disorder is interfering with our functioning. While it is rare to never have any kind of problem, this is the state where we are not thinking about our stresses or problems too much and are managing our affairs just fine.

It is when we can relax, be involved in a task and forget about our 'troubles' for a while. It even includes times when we are sleeping.



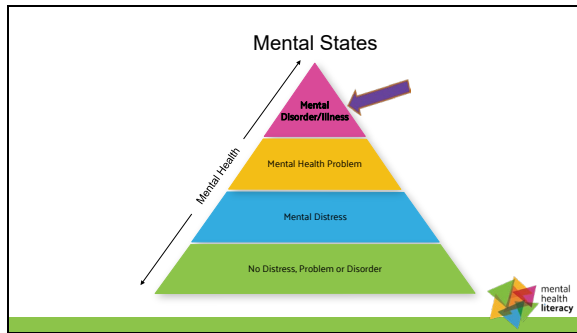
Next is “Mental Distress” *(You can ask your audience if they ever experience mental distress - via a poll question or just throw it out there if you like!)*

- Mental distress is everywhere and unavoidable. Another word for this state is **STRESS!**
- It is an inevitable part of life and can spur on developing life skills and building resiliency!!
(Note: You may be asked about toxic stress from prolonged abuse and neglect. Clarify that here we are talking about the usual kind of everyday stressors experienced).
- Example to share: “I lost WIFI connection in the middle of delivering a presentation. This led me to experience mental distress.”
(Note: Feel free to give your own recent example of experiencing stress. This may help to connect to the audience – i.e. choose something relatable, and better yet humorous!)
- Mental distress is a signal from our brain that we need to adapt to our environment, as there is a problem that we need to solve. When we solve the problem, the distress goes away or lessens, and we are left with a new skill that we can use to help us solve future problems.
- **Mental distress or stress is necessary for growth and development. We ALL have the ability to deal with stress and this is how we learn to solve problems and develop coping skills to manage in adulthood!**
- We will come back to how to understand and manage stress effectively a little later.



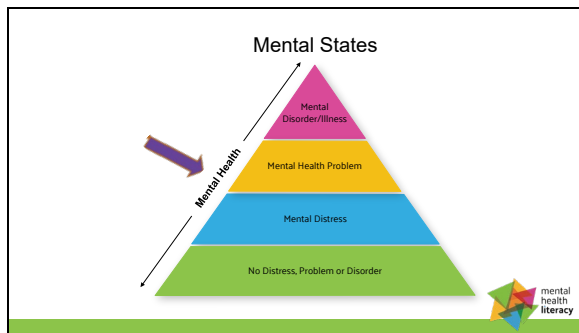
Next is a state called “Mental Health Problem”

- This may arise in response to an environmental stressor, but one of significantly greater magnitude, such as loss of a loved one, loss of a job, immigration, or a world- wide pandemic!
- When faced with such a large stressor, our capacity to manage well may be overwhelmed for a time. This doesn’t mean that we have a mental disorder.
- On the contrary, what we are experiencing is an expected response to a very significant and difficult life event.
- Mental health problems are an indicator that we are having difficulties adapting to the environment and may need additional help (such as counselling, or additional assistance from family members or a community agency).
- A good example of a mental health problem is grief which is a human, expected response to a significant loss.
- Other examples of mental health problems could be adjusting to life in a new country without adequate supports, the loss of a job, a health crisis, relationship break up, etc.



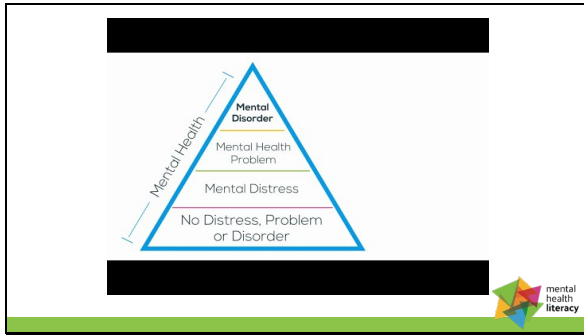
At the top of the pyramid is **“Mental Illness or Disorder”**

- This is a diagnosed health condition primarily impacting the functioning of the brain.
- Sometimes, this disruption in brain functioning can occur regardless of environmental factors.
- Most often it is the result of a complex interaction between the environment and genetics/epigenetic factors.
- Worldwide, 15-20 % of the population will experience a mental illness.
- Youth with mental disorders need rapid access to trained professionals for proper diagnosis and proven effective treatments.
- Sadly, there are not enough free or affordable, readily available services.
- As well, there remains a lot of stigma around mental disorders, which stop many people from even attempting to get help.
- Let’s get used to calling a mental disorder by it’s name and learning more to lessen the stigma.
- A mental disorder is not caused by bad parenting and is not a moral failing.
- It is a health condition.
- By calling a mental illness or disorder anything else – we continue to perpetuate stigma! Let’s practice using the right terms!

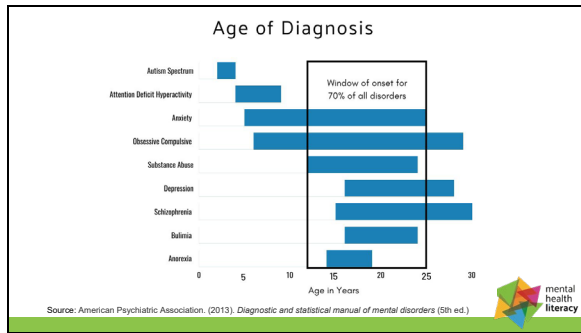


Note that mental health is present throughout all of the states.

- Mental health is not about being happy all the time.
- The WHO defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”
- Someone with a well treated mental disorder may have better mental health than someone who doesn't have a mental disorder (often because they have really worked on taking care of their mental health). This is like someone with Diabetes who may have a better physical fitness level than most other people, such as professional athletes who have Diabetes. The same goes for someone with a mental disorder having very good mental health, because they work on it.
- Remember that you can exist in all of these states at the same time. For example, a grade 12 student who has ADHD (a mental disorder), may be experiencing a mental problem – (i.e. a break up with their partner), and they may feel very anxious about their upcoming physics final (mental distress), and at other times they can forget about all of this for a while and enjoy a video game with their friends (feeling no distress.)
- This pyramid of mental states is not a hierarchy or a continuum, and you don't have to work your way up in order. We all experience mental distress and will at times experience a mental health problem (i.e. grieve the loss of a loved one) but not all of us end up developing a mental disorder.
- 1 in 5 of us will experience a mental disorder in our lifetime though - so it makes sense to get more comfortable learning and talking about this!



Optional Slide: You may wish to show this PowToon video explaining the pyramid of mental states.
<https://youtu.be/VgYmlsYmUIU>



Key Points:

- This chart shows the windows of onset for some of the most common mental disorders (that is the window of time when a disorder is identified).
- 70% of all mental disorders have a window of onset between the ages of 12-25! This is a critical time of brain development.
- There will often be signs and symptoms before this window of onset, but this is the time when the disorders are identified.
- We know that treating disorders earlier leads to better outcomes.
- It is key to be able to have young people properly assessed and treated before the brain learns to be sick longer, and before there are an accumulation of more negative outcomes such as disengaging from school, peers and family, and experiencing worsening symptoms etc.

Brain Growth and Development

Significant brain growth and development occurs during adolescence and continues into the twenties.

Some studies show that this growth and development extends to the age of 30!

Gogtay, Nitin & Giedd, Jay & Lusk, Leslie & Hayashi, Kiralee & Greenstein, Deanna (Dede) & Vaituzis, A & Nugent, Tom & Herman, David & Clasen, Liv & Toga, Arthur & Rapoport, Judith & Thompson, Paul. (2004). Dynamic Mapping of Human Cortical Development during Childhood through Early Adulthood. Proceedings of the National Academy of Sciences of the United States of America. 101. 8174-9. 10.1073/pnas.0402680101.

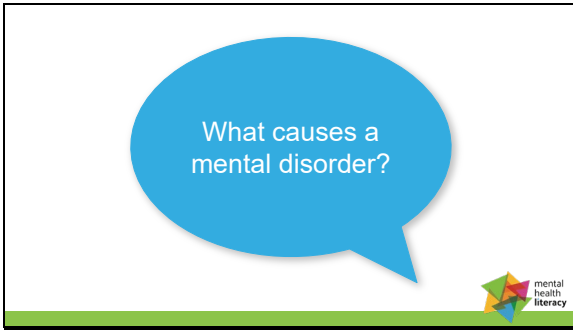
mental health literacy

Key Points:

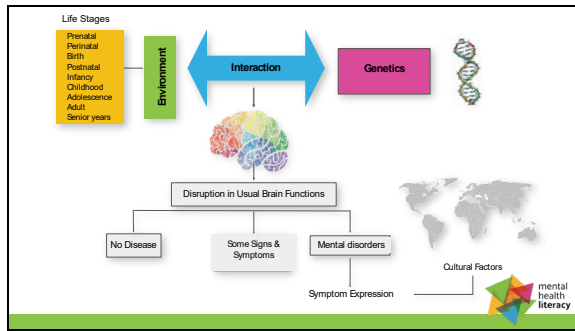
- Our brains are always changing and evolving. There are key times of development however and adolescence is one of these times. Significant growth and development extends longer than was first thought however! This may take even longer in men than in women.
- Children’s brains have a massive growth spurt when they’re very young. By the time they’re six, their brains are already about 90-95% of adult size.
- The early years are a critical time for brain development, but the brain still needs a lot of remodeling before it can function as an adult brain. This brain remodeling happens intensively during adolescence, continuing until the mid-20s and beyond. Brain changes are impacted by many factors including experiences and hormonal changes in puberty.
- The main change is that unused connections in the thinking and processing part of your child’s brain (called the grey matter) are ‘pruned’ away. At the same time, other connections are strengthened. This is the brain’s way of becoming more efficient, based on the ‘use it or lose it’ principle.
- In these images of the developing brain, areas of green, yellow, and red are still undergoing significant development into the early 20s. Only the small areas of purple are fully mature.
- Have you noticed that sometimes a young person’s thinking and behavior seems quite mature, but at other times they seem to behave or think in illogical, impulsive or emotional ways? The back-to-front development of the brain explains these shifts and changes.
- The front part of the brain, the prefrontal cortex, is remodeled last. The prefrontal cortex is the decision-making part of the brain, responsible for our ability to plan and think about the consequences of actions, solve problems and control impulses. Maturation in this part of the brain continue into adulthood.
- Because the prefrontal cortex is still ‘under construction,’ teens are often more inconsistent in their decision-making, more impulsive and more influenced by their peers.

Sources:

- Gogtay, Nitin & Giedd, Jay & Lusk, Leslie & Hayashi, Kiralee & Greenstein, Deanna (Dede) & Vaituzis, A & Nugent, Tom & Herman, David & Clasen, Liv & Toga, Arthur & Rapoport, Judith & Thompson, Paul. (2004). Dynamic Mapping of Human Cortical Development during Childhood through Early Adulthood. Proceedings of the National Academy of Sciences of the United States of America. 101. 8174-9. 10.1073/pnas.0402680101.
- Siegel, D. J. (2015). Brainstorm. Tarcher/Putnam.



You may be wondering what causes a mental disorder...

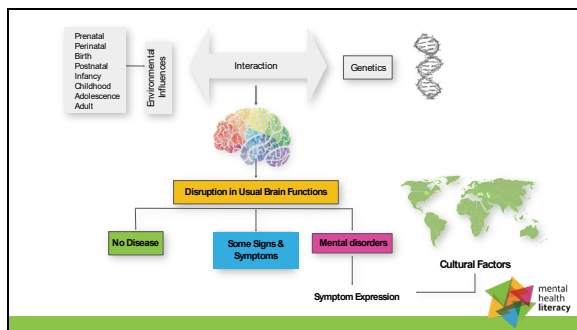


Opening:

- The quick answer is we don't know for certain! But we know the main influences.

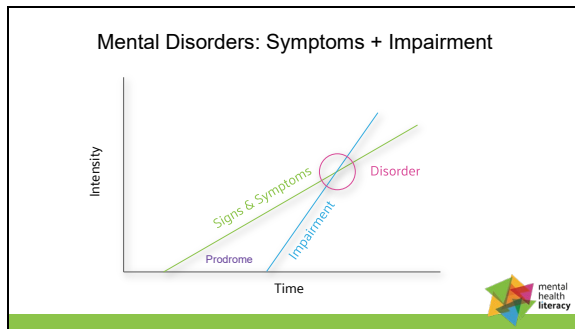
Key Points:

- While we don't know the specific reason(s) as to why any one person develops a mental disorder, we do know that it is a complex interaction between genes and environment. It is always both factors involved in impacting the brain.
- There are sensitive periods during our development (prenatal and early childhood and adolescence, etc.) where different environmental influences may have more impact. (For example a mother's use of alcohol while pregnant will have more impact on a developing child).
- A positive example of how the brain is primed is the young child's ability to learn multiple languages without an accent. When we are older we can still learn a different language, however it will take more effort as our brain is not as primed for this as a young child's.
- Regarding genetics, there are some disorders that seem to have a higher heritability factor, but genetics alone is not the whole story. Researchers are learning about epigenetics - meaning "above/around genes."
- Epigenetics means that the environment can shape how our genes are expressed. For example: good food or good sleep (or poor food and poor sleep) may influence genes to turn on or turn off, thus affecting our overall health and vulnerability for illnesses.
- Hopefully sharing this information will reduce stigma – when people realize that a mental disorder is a medical condition – certainly not caused by poor parenting or moral weakness!



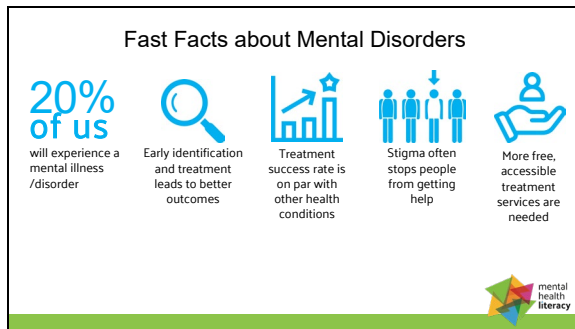
Key Points:

- From their environment and their genetic make-up, something occurs that results in a disruption in brain function. (The medical term used for this is a “perturbation”).
- Even if there is a disruption in brain functioning, this may not result in an illness or disorder.
- As well, some people may have some signs or symptoms of a disorder without ever reaching the criteria to be diagnosed with a disorder. (That is how many young people are diagnosing themselves from watching videos on social media, because they can identify with some of the signs and symptoms).
- Or this disruption may result in a mental disorder, where the medical criteria is met. With a diagnosis, then options for treatment can be explored that show good evidence for relieving the signs and symptoms of the condition.
- All signs and symptom expression happens within a culture; cultural norms impact both the person’s world view, and what is acceptable behaviour in a culture.
- Examples may be of a youth being identified with ADHD in traditional classroom settings but a youth who has the same symptoms in a hunter gathering setting may not be impacted.
- Another example is Social Anxiety Disorder. For a student from the dominant North American low context culture, they may worry about embarrassing themselves in front of other students. For a student with Social Anxiety Disorder from a high context culture (such as from Asia), that student may worry more about bringing shame upon their family.
- In some cases, these impacts may leave markers on your genes which may be passed on to the next generation. These can be positive or negative effects and they can be demonstrated in studies with rats and mice to “echo” or continue into future generations.
- Not every environmental impact is “echoed” in future generations and much work remains to be done to understand this process fully.
- Therefore, it is important to understand that this impact MAY occur, but it is not useful to identify any current situation and assume a cause. For example, because a student develops a Depressive Disorder this does not mean that the Depressive Disorder is a direct result of some past historical event.



Key Points:

- It is important to clarify the definition of signs and symptoms.
- **Signs** are what could be noticeable to others – such as what a video camera could pick up. For example, someone may be in bed longer, isolating themselves from others, and not showering or changing their clothes.
- **Symptoms** are what someone feels inside - which may not be obvious to others. For example, a person may be smiling, yet experience the symptoms of feeling extremely low mood, and having disturbing thoughts that they don't share with anyone.
- A good way to understand a mental disorder is as follows:
 - A person may be experiencing signs and symptoms for a time, yet still be functioning all right, such as going to school or work and taking care of life tasks.
 - When the level of impairment rises over time to the point where they can no longer function to meet their life demands as they had before, then that is when they may meet the criteria for a mental disorder.
 - The period of time before symptoms and impairment meet is called the **prodrome**.
 - Some people may experience some prodromal symptoms but may never meet the criteria for a diagnosis. For example, someone may worry a lot and tend to feel quite anxious but may still manage all right and participate in all areas of their life.



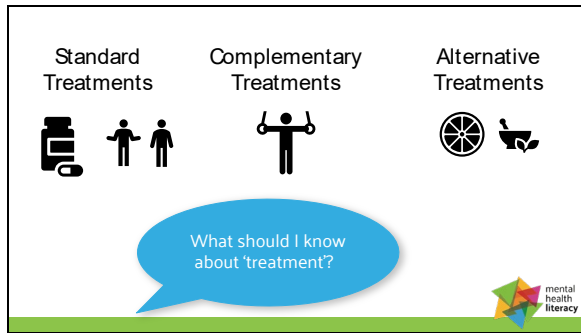
Key Points:

- The good news is that treatments for mental disorders have about the same success rate as treatment for other health disorders.
- Bad news is – just like other health conditions, it may be difficult to find a treatment that works well with little side effects.
- There are also differences in severity just like arthritis) and sadly sometimes a person may experience a severe illness that does not respond well to treatments currently available (as is the case with some other medical conditions).
- More bad news is that there are not enough resources and affordable options to serve all who need treatment in a timely manner.
- Mental health treatment is funded at a much lower rate than funding for other health conditions. We need to advocate for more high quality, accessible services.
- One thing we CAN do is: **tackle stigma!**
- One study found that 40% of young elite athletes with a diagnosis of Depression or Anxiety Disorder said they did not seek treatment because of stigma.
- Talking about mental health, mental health problems and mental disorders with more openness and clarity helps!
- We commend you for being here for this presentation, to inform yourselves on this topic!

Transition to next slide: Another area of confusion is treatment. Let's understand better what we mean by treatment.

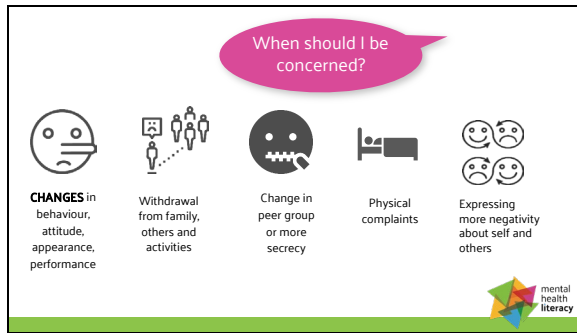
Source:

- Gulliver, A., Griffiths, K.M. & Christensen, H. Barriers and facilitators to mental health help-seeking for young elite athletes: a qualitative study. *BMC Psychiatry* **12**, 157 (2012). <https://doi.org/10.1186/1471-244X-12-157>



Key Points:

- Treatment is not just medications and not necessarily just counselling. In order to be recommended, treatments for various disorders and conditions need to have good evidence behind them.
- **Standard treatments** – refer to a treatment that has been shown in random control trials to have a positive treatment effect to a degree that is statistically significant – not just something promoted by a Youtuber or Uncle Javier!
- Even with recommended standard treatments, people are unique individuals, and it can take some trial and error to find which kind of treatment, which kind of dose, which type of counselling therapy can work best, etc.
- Various treatments take different amounts of time to be effective - and often longer than people expect! Even when following a recommended treatment protocol, people may feel worse before they begin to feel better. There are also side effects to consider.
- Also most treatments help us manage symptoms versus completely cure a condition. Think of arthritis for example - there would be different levels of severity and it takes trial and error and tweaking to find a treatment that helps. The treatment effectiveness will change over time, so treatment reviews are necessary. Also, it is very important to not stop taking medication abruptly! Often a person needs to taper off a medication - so check with your health provider!
- **Complementary treatments** – these are treatments or actions we can take that have evidence showing they are helpful - but complementary treatments won't replace the standard treatment by itself. Examples of this include exercise, healthy diet changes, taking vitamin D or participating in some other group activities or self-help/skill building groups.
- **Alternative treatments** are an intervention that does not have solid evidence behind them. Be careful about what is being sold to you! Words like 'miracle cure' and big prices should give you pause!
- Check out our video on evidence-based medicine, as well as the website 'Science Up First' which will help you be an informed consumer of medical information and will help you spot misinformation. We also have a resource called "What to ask your health provider" that can help you be a more informed consumer.
- Also, know that someone can benefit a great deal when working with a counsellor – even if they are challenged with a mental health problem not a mental disorder. Think of it as some coaching that can help someone learn better ways to cope.



Opening:

- Now with a clearer understanding around the states of mental health and treatment, you may be wondering when you should be concerned about your child or another young person.

Key Points:

- Note CHANGES in their behavior and general attitude (i.e. is a normally outgoing youth now refusing to go out with their friends?)
- Note if they are withdrawing, changing their peer group, performing lower than usual – in school, sports, etc. and expressing negativity/anger/irritation more than usual.
- Don't rush to conclusions, however pay attention to changes that last more than a few days.
- Perhaps there is a medical illness happening, or a social problem, such as bullying, or an issue with a friendship or intimate partner relationship.
- Trust your gut! If something seems off, it's worth checking out.



Opening:

- Draw upon the experience you have with your child/youth, knowing what the norm for them is and what concerns you.
- If you think there is something that is not quite right it is important to look, listen and express concern about what you are noticing.

Key Points:

- Choose a time and place where you have the best chance of connecting without distractions (often driving together can be a good time to connect.)
- Listen and describe what you see (i.e. reflect back what you are seeing, and what concerns you.)
- Ask how you can support them.
- Check in with others in their life to see if others are noticing concerning behavior also.
- Link for more assessment and support.
- Connect to supports within their school, a family doctor or other treatment options in your community.
- Don't guess at diagnoses yourself. Instead, prepare well for an upcoming appointment with your doctor.
- Focus on recording descriptions with as much detail as possible. Remain as objective as possible.
- For example: "My son has not been acting like himself for the last two months. He says he is really tired and sleeps a lot but then says he never feels rested. More and more he is irritable and is saying he 'doesn't care' about school. This past week he hardly got out of bed, and says he isn't good company so doesn't want to see his friends. When I expressed concern, he started to cry which is really unusual for him."
- Be prepared to answer many questions, as clinicians need to collect a lot of information for thorough assessments!

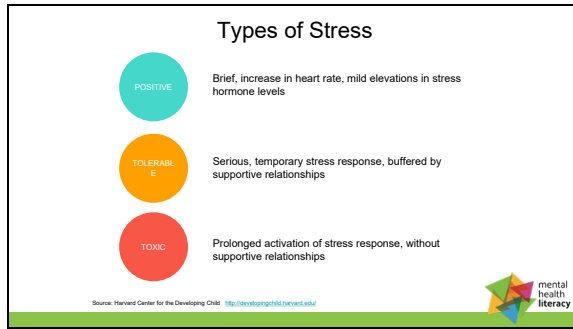


Opening:

- Remember from the pyramid of states the state of “mental distress” or “stress”? How can we better understand stress and manage it better?

Key Points:

- It is increasingly common for children, youth and adults to express that they are feeling anxious.
- We can help ourselves as well as young people by learning:
 - more about the stress response and how our brains and bodies are wired
 - effective strategies to manage the stress response
 - how to manage negative thoughts and uncomfortable feelings



Opening:

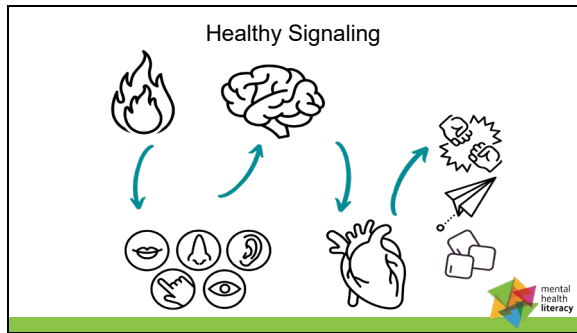
- First, let's understand that there are different types of stress.

Key Points:

- **Positive Stress:** helps us learn how to adapt and grow so we can build resiliency when faced with future stressors. It can include uncomfortable emotional, physical, behavioral, and cognitive states. For many of us, this type of stress occurs daily (like work deadlines and traffic!). For children and youth, some examples are starting school or going to a new school, meeting new teachers or classmates, taking a test, giving a presentation, learning something new or experiencing an event outside of their comfort zone, such as a school dance etc.
- **Tolerable Stress:** may be more serious occurrences that take place across our lifetime, such as losses and other mental health problems. While it may feel intense for a time, the support of a caring adult can help a young person to navigate the experience and build new coping skills.
- **Toxic Stress:** is prolonged and extreme levels of stress that can result in complex outcomes when experienced without adequate adult support. Toxic stress interferes with learning, social development and other body systems. It can also increase the risk for chronic stress-related diseases. It can be acute or chronic. Examples of toxic stress for children and youth include physical or sexual abuse, chronic neglect or violence. Toxic stress is dangerous to developing brains and those experiencing toxic stress need and deserve support to alleviate that stress.
- It should be noted that stress does not always look the same. Some children or adults may be in a constant state of hyperarousal that begins to feel so familiar to them that they do not even identify and report the stress they are experiencing, as it is their norm.
- In these next slides, we are going to focus on the usual kinds of stresses we may experience in daily life.

Sources:

- *Harvard Center for the Developing Child for more information about toxic stress:* <http://developingchild.harvard.edu/>
- *A good resource focused on not pathologizing all stress:* Researcher Kelly McGonigal's Ted Talk does a great job of explaining how stress affects us differently, in large part due to how we think about stress: https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend?language=en

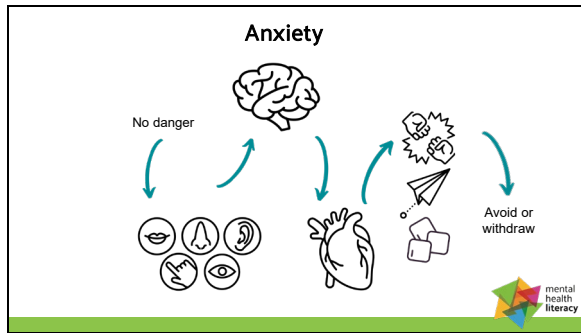


Opening:

- One of the brain's main functions is healthy signaling.
- This is a simplified graphic of the Sympathetic Nervous System Cascade which we can call our “stress response.”

Key Points:

- something happens in our environment
- that is perceived by our senses
- our brain (really our central nervous system) registers DANGER
- our body initiates a cascade of signals and circuits to make us respond instantly for survival
- we go into ‘fight/flight/freeze’ mode
- When you’re in danger, your body’s natural and immediate reaction is to initiate the fight/flight/freeze response.
- This brain response occurs immediately when someone senses danger and it activates many brain areas that are designed to protect you from that danger by preparing you to “fight” the danger or to escape from it (“flight”) or freeze (like the bunnies in my neighborhood.)
- As part of this response, the brain triggers the release of adrenaline and other neurotransmitters throughout your body, so you can respond to the threat. This protective mechanism helps us to survive to meet the immediate perceived threat. This reaction is automatic, and ‘autonomous’ hence called the ‘autonomic nervous system’. Once the danger has passed, your body settles back down to a baseline level of arousal.



Opening:

- Anxiety can be understood then, as the same sympathetic nervous system cascade going off in our brains and bodies, but this time when there is no actual danger or very little danger.
- It is a false alarm.

Key Points:

- Although the stress response protects us and prepares us to face real danger, it can become a problem when it:
 - goes off when there is no real or immediate danger (i.e. like a smoke alarm that goes off when you're just making toast!)
 - happens often and intensely
 - leads the person to withdraw and avoid (i.e. not going to school or work, avoiding social activities or performances, etc.)
- Anxiety Disorders may be diagnosed when the person experiences symptoms that are persistent, excessive, cause impairment and lead to dysfunctional coping such as withdrawal and avoidance.
- The good news about Anxiety Disorders is that they are treatable! People can make tremendous progress in learning to manage their anxiety in healthy ways.



This is an optional video you may wish to show. Decide on this version or the version on the next slide for elementary-aged students. Point out where these videos can be found on the MHL YouTube channel.

Opening:

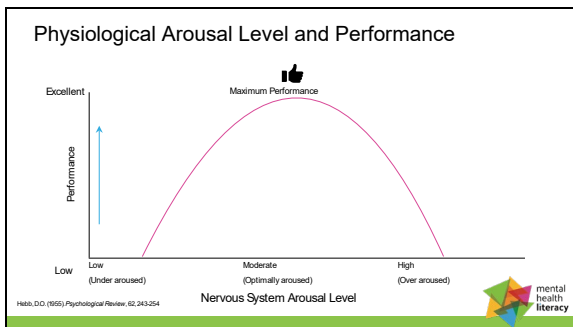
- Here is a short Powtoon video explaining the stress response and how to manage it:
 - youth & adults: <https://youtu.be/jHjkEfwfECo>



This is an optional video you may wish to show for elementary-aged students. Point out where these videos can be found on the MHL YouTube channel.

Opening:

- Here is a short Powtoon video explaining the stress response and how to manage it:
 - elementary-aged students (and those who care for them): <https://youtu.be/k8FiAxAgqYE>



Opening:

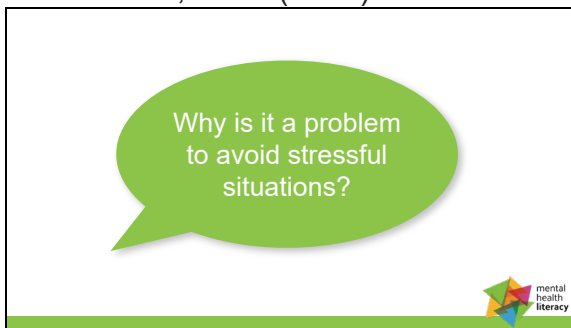
- While there is a lot of talk about ‘chilling’ and ‘de-stressing’ with the assumption that we all have to get calmer, it is more helpful for us to talk to children and youth about finding our best level of energy to perform our very best.
- So, jitters before a performance can be understood as “my nervous system getting me pumped up to do my best!”

Key Points:

- Canadian pioneering researcher Donald Hebb researched and published findings about this in the 1950’s.
- The bottom left-hand side of the curve represents the state where a person doesn’t have enough physiological arousal to perform well (i.e. a baseball player who is sleepy when they get up to the plate to bat.)
- The bottom right-hand side of the curve shows when a person is overly aroused (i.e. the baseball player is too nervous to grip the bat as they are shaking and worried about losing the game.)
- Individuals need to have an optimal level of arousal in order to perform their best.
- Too much arousal and we are paralyzed, or prone to errors; too little arousal and we’re ‘flat’ and unmotivated.
- But just the right amount of arousal keeps us alert and focused, so we perform to the best of our abilities. (Everyone has their own optimal level, and it takes practice to find it.)

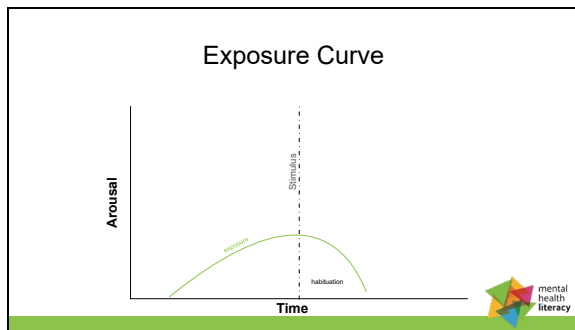
Source:

- Hebb, D. O. (1955). Drives and the CNS (conceptual nervous system). *Psychological review*, 62(4), 243.



Opening:

- It is certainly understandable that people want to shy away from anything that has them feeling nervous and uncomfortable.
- However, when we avoid stressful situations, not only do we miss out on a potential learning opportunity or cool experience, but something else happens...



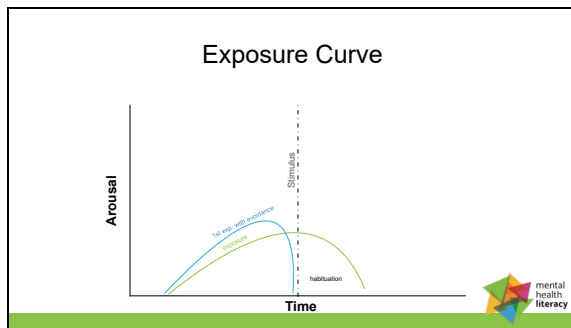
Opening:

- Let's look at this exposure curve to see what happens with avoidance for a student worried about writing an exam.

Key Points:

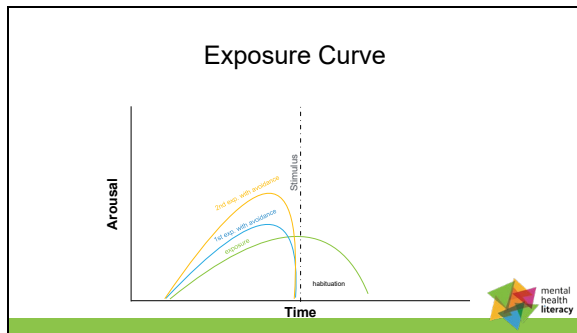
- Note on the left side of this graph (the y axis) is the arousal level, and along the bottom (x axis) is time.

- The stimulus line then represents the exam.
- The green line represents the young person going to write the test, feels some nervousness, but looks over the test and tells themselves, “I can do my best and it will be okay!”
- Their nervousness lessens and they settle down to their baseline. The period to the right side of the stimulus is called habituation (i.e. when a person is settling down to their baseline level of arousal, which is their optimal level for performing.)



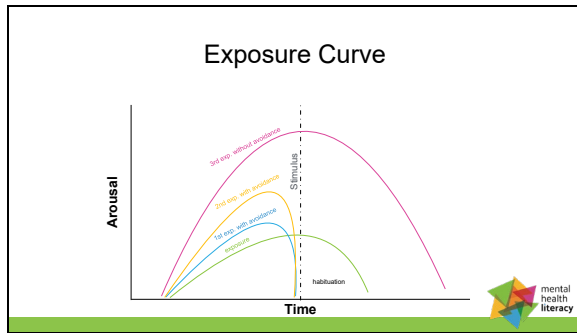
Key Points:

- BUT! Let’s say the young person tells their parent “I don’t feel well I need to stay home.
- They miss the test which takes away their nervousness very effectively.
- The blue line indicates that in the short term, avoiding something uncomfortable works quite well in helping us feel better...for a little while!



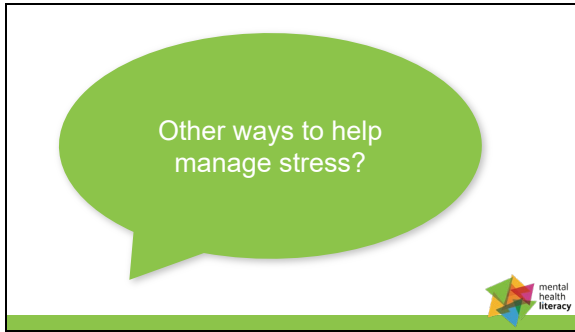
Key Points:

- So what happens if they keep avoiding the test?
- They get more and more nervous and ramped up (higher physiological arousal) with every avoidance.
- They may genuinely feel physical symptoms such as stomachaches – as their sympathetic nervous system is ramped up and shutting down digestion.



Key Points:

- What happens then when this student can no longer avoid the stressor and must go write the dreaded exam? This is shown on the pink line.
- Now when they face the stimulus (the exam in this example) they are so highly aroused that they do not perform their best AND it takes much longer for them to return to their optimal baseline level.
- This is the cost of avoidance.
- When people understand the exposure curve, they may feel clearer about the need to step forward and face uncomfortable feelings, which will lead to less suffering over time.
- It is important to not overwhelm the person, but to instead encourage little progressive steps for them to face uncomfortable situations.



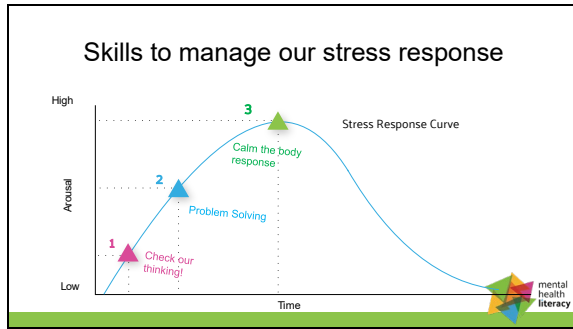
You may want to pause here for discussion time to gather some ideas from the audience.

Key Point:

- Note that constant reassurance may not be helpful as it is like playing 'whack a mole' when new worries are brought up.

Sources:

- Lynn Lyons is a good resource for parents to better understand how to support children with anxious coping tendencies.
- Carol Dweck and her findings from research on growth mindset
- Michael Reist on the factors for resiliency

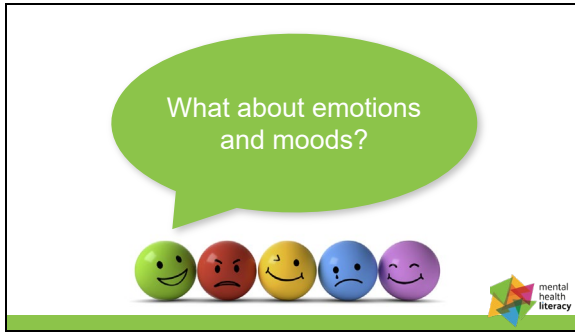


Opening:

- Here are 3 steps to better manage our stress. We show these on the stress response curve, as these skill sets are most useful at different points along the curve.

Key Points:

- **Step 1:** Let's say we notice our chest is feeling tight and we are feeling our stress level rising. Time to check our thinking!
- Ask yourself : "Is this thought building me up or beating me up?" Notice that your thought is just a word and pictures in your head, but not the absolute truth about a situation. Even the act of noticing that you are having a thought serves to give you a little distance and perspective about it. You can ask yourself (or coach your child) "What's a more helpful thought? "
- **Step 2:** Problem solving! Ask "what can help the situation?"
- We need to give our young people lots of opportunities to practice problem solving! It is very difficult to hold back from advice giving, and instead to ask "what do you think you should do?" This also gives the message to your child that you think they can solve their problem. It is important to let them fail! That is how we learn powerful lessons!
- Carol Dweck's work around growth mindset is convincing evidence around the power of having a mindset willing to experiment and learn from mistakes, versus focusing on appearing smart and not taking risks. Know that the price of mistakes gets higher as our kids grow older, so we want to give them plenty of opportunities to learn from feeling the impact of mistakes when they are younger so they can hone their skills and learn how to course correct for themselves. ...all of this at age appropriate/risk appropriate levels of course! It is a powerful buffer to stress when young people feel confident that they can cope and can figure things out!
- Note that if we are doing a good job with checking our thinking and remembering our problem-solving skills, then the physiological arousal (3) may not get so high.
- **Step 3:** Is the peak of the stress response curve and it is necessary to take actions to calm our nervous system to get our prefrontal cortex (thinking brain) back online. (Note that if we have done a good job at step 1 and 2, we may not reach a high level of arousal. If, however, something upsetting happens (i.e. when I was rear-ended) and we become immediately highly escalated, then we need to calm ourselves down enough before we can implement our step 1 and 2 skills.
- There are a variety of strategies to calm down our sympathetic nervous system. Various deep breathing techniques can be learned and practiced (i.e. box breathing, 4-5-7 breathing), or walking and stretching, or coloring or singing!
- People are individuals, and different techniques work better for each person. Find what works to calm the nervous system. Breathing practices require practice, especially consistent practice at times when one is less stressed, so that the learned skill is easier to draw upon at times of heightened stress.

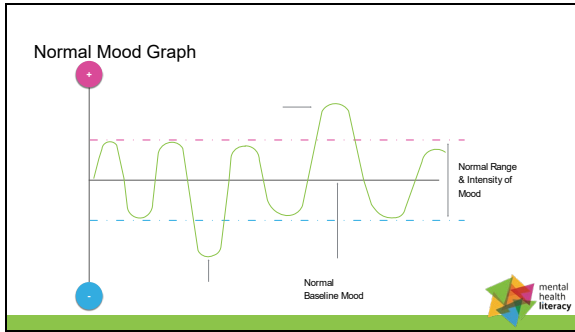


Opening:

- Moving now to emotions and mood.

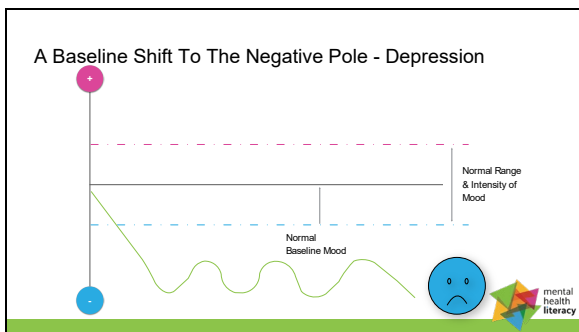
Key Points:

- One of your brain's key jobs is to regulate your emotional state.
- It is important to help our youth learn to identify a wide variety of emotions. Even just naming our feelings can have a clarifying and calming effect.
- Young people will commonly have struggles in dealing with intense emotions.
- We can help by sharing that emotions are giving us some messages, that emotions aren't good or bad - but some are more uncomfortable to deal with.
- And that we can learn skills to manage uncomfortable feelings and lower their intensity.
- Help youth understand that our feelings are following the thoughts that we are having, and shifting our thoughts to ones that are more helpful will influence our mood for the better.
- As well, taking action/ doing something different_may be easier and more effective in changing the intensity of a feeling (versus directly trying to 'feel differently').
- Point out how our thoughts, feelings and actions are all interconnected.



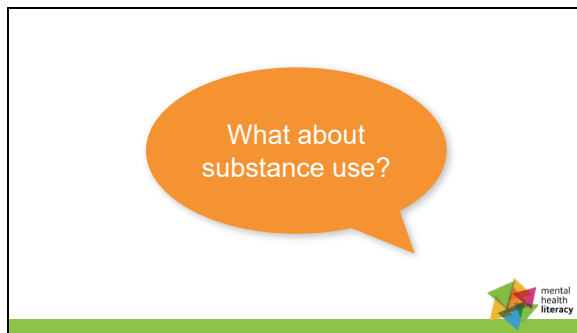
Key Points:

- Everyone's mood changes over time no matter what is going on in the environment.
- Your mood changes over the day (circadian rhythm) it changes over a month, and it changes over a year.
- Your brain and body work together to maintain a regular set point (just like the thermostat in our house.)
- Different people have different set points as well. Think of the 'Tiggers' and 'Eeyores' personality types that you know.
- This graph can be a great tool to use to engage with a young person.
- Ask them where they think their normal baseline is. And how they think their mood changes throughout the day. Do they think their thermostat is regulating them in a helpful way? Can they notice the connection to the messages they tell themselves and their moods? Ask how they feel after being on social media for example.



Key Points:

- When the homeostatic mechanism is broken we can experience a Depressive disorder. Notice that there are still changes in mood but the overall setpoint is lowered.
- Consider a person's baseline mood and note the **changes in mood and behaviour**. This could possibly signal that a Depressive episode is occurring.
- Remember that Depression does not require an environmental trigger. There can be a disruption in brain function that triggers a depressive episode.
- When the brain is depressed, it isn't just the mood of the individual that is impacted. The brain is impaired in functioning, and so the person may experience extreme fatigue, difficulty focusing, negative self -talk and aches and pains not otherwise explained.
- If this seems to be occurring for a young person you know, encourage them to connect with their doctor.
- If someone has the illness of Bipolar Disorder, you would see a graph with lows then extreme highs with the lows. (The 'highs' may not be feeling happy and elated, but rather may show up as extreme agitation, or as if their internal motor has sped up).
- If you suspect that someone may be experiencing a Depressive Disorder, please encourage them to have a thorough medical check-up, and to share with their doctor their low mood etc., so that they can be assessed and potentially diagnosed to receive treatment for their medical condition.



Opening:

- What about talking to young people about substance use?
- Substance use disorder is considered a mental disorder.
- While not many young people reach the diagnostic criteria for a substance use disorder, it is important to talk about substance use and misuse, as it is in adolescence where substance use most often begins.
- Beginning in the early teenage years and extending to the mid-20s, the human brain undergoes a period of great change. During this period many teens tend to take more risks, seek high pleasure activities, look to peers versus parents for modelling behavior and may exercise poor judgement. These factors lead to a heightened risk for substance use.

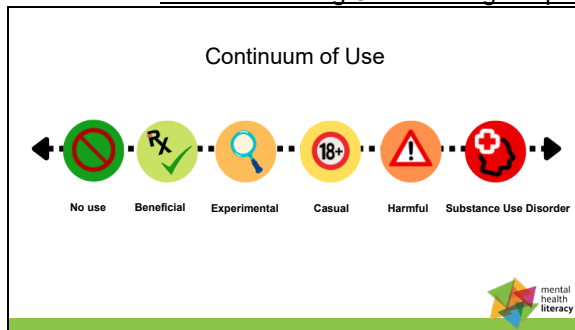
Key Points:

- Substance use remains a leading contributing factor for injury and death in young people. It also causes social and health problems.
- The top three substances used by youth in Canada are Alcohol, Nicotine and Cannabis. Medications are also often misused.
- Sometimes youth might seek out substances to self-medicate an undiagnosed or unaddressed mental disorder.
- It is important to talk about substance use and address any mental health problems or disorders that may be underlying substance use.

Transition to next slide: Let’s take a closer look at different substance use patterns.

Sources:

- Johnston LD, et al. (2012). Monitoring the Future national results on adolescent drug use: Overview of key findings, 2011. Ann Arbor: Institute for Social Research, The University of Michigan. Available online: <http://monitoringthefuture.org/pubs/monographs/mtf-overview2011.pdf>.
- American Academy of Child and Adolescent Psychiatry (2005). Practice parameter for the assessment and treatment of children and adolescents with substance use disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(6): 609–621.
- [Childhood and Adolescent Pathways to Substance Use Disorders \(Report in Short\) | Canadian Centre on Substance Use and Addiction \(ccsa.ca\)](#)
- [Alcohol and Drug Use in Young People \(alberta.ca\)](#)



Opening:

- For many young people, using alcohol, drugs or other substances like cigarettes is part of growing up, experimenting, and pushing boundaries. Many of them try these substances only a few times and stop, while others may continue to use them on a more regular basis.
- The spectrum of use is very nuanced and comes with several considerations. Here is a general explanation of the continuum of use. Progressing along the continuum from 'no use' to a 'substance use disorder' means an increase in the level of risk to health and negative impacts on various life areas.

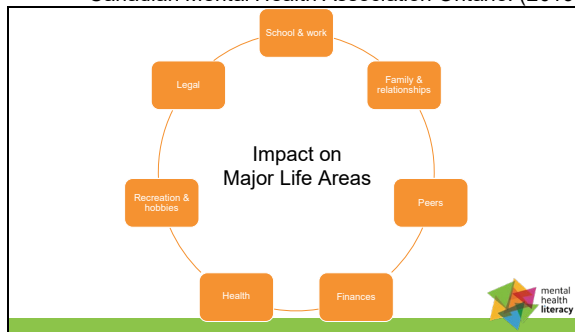
Key Points:

- **No Use:** Some youth will decide “this is not for me.” Maybe they are not interested or are concerned about consequences (i.e. cost of the drugs, fear of getting caught with the drugs, etc.)
- **Beneficial Use:** This refers to using medications as prescribed by a doctor to improve one’s health or treat a condition.
- **Experimental/Casual Use:** Some young people like the feeling of being high or like having a couple of drinks now and again. They can choose when they use, can use responsibly, set appropriate limits and stop when they want. When they use, they do not experience a lot of negative consequences. Basically, they use occasionally and consider their use to be “social.” It is important to note, however, that any experimenting with a substance carries risk because the user lacks the familiarity and experience to reduce risks.
- **Harmful Use (Misuse/Abuse):** Some young people become more involved with using alcohol and other drugs. “Using” becomes the focus of what they do when they party or hang out with others. They can start to experience problems with friends, family, school or work because of their use. They might spend a lot of money on alcohol or other drugs. They may no longer feel good about their use. When young people continue to use despite the problems it creates, they can be considered harmfully involved with substances. Youth who are harmfully involved with substances often benefit from help to stop using.
- **Chronic Dependence/Substance Use Disorder:** Some young people do become addicted or dependent on alcohol or other drugs. At this stage, their body becomes accustomed physically and psychologically to the drug and they start to use the substance just to feel normal. Youth can also develop “psychological dependence” on the drug, which happens when users think they function better when under the influence, or that they need a drink or drug to face certain situations or people. When young people develop a dependency, they almost always need treatment to be able to stop using.

Transition to next slide: Parents can play a key part in teaching their children about alcohol and drug use by talking honestly and openly about the effects that alcohol and drugs can have on their children’s health, schoolwork, and relationships.

Sources:

- American Academy of Child and Adolescent Psychiatry (2005). Practice parameter for the assessment and treatment of children and adolescents with substance use disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(6): 609–621.
- [Childhood and Adolescent Pathways to Substance Use Disorders \(Report in Short\) | Canadian Centre on Substance Use and Addiction \(ccsa.ca\)](#)
- Treatment services link: [Treatment Services for Youth | Alberta Health Services](#)
- [Harm Reduction: Spectrum of Substance Use \(albertahealthservices.ca\)](#)
- Canadian Mental Health Association Ontario. (2019). Substance use and addiction. Retrieved from <http://ontario.cmha.ca/addiction-and-substance-misuse>



Opening:

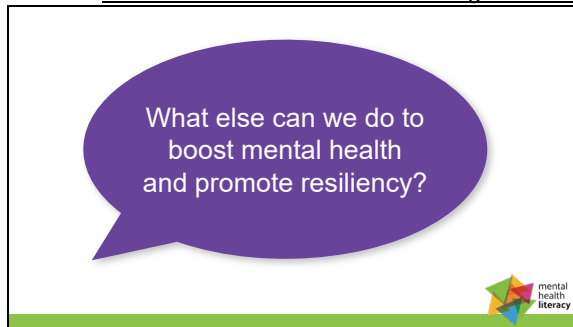
- A practical way to consider if substance use is a concern or not is to look at how the use is impacting a person's major life areas.
- Consider how a young person's substance use may impact their life areas differently than an older person. What might you expect?
- A youth may not be as concerned about health impacts and may engage in illegal activities more than an older person who has other means of income to support their substance use, for example. Another example is less concern about their physical health than an older person. (A lecture on impacts on blood pressure would most likely not convince them to make a change!)

Key Points:

- Look at each area - have you noticed changes or shifts in your child's behaviors? (i.e. new peers, skipping school, staying out past curfew, not as involved in family activities, extra money coming in or going out, changes in mood, etc.)
- Focusing on these areas are helpful when communicating concerns with someone in your life. You can explain the concept of different life areas, then ask for their perceptions. (i.e. "I have noticed..... tell me more, help me understand," etc.)
- This way of exploring substance use may feel less judgmental and still invites a deeper exploration of the impact of use.
- A level of use that one person can participate in without significant problems may be unmanageable for another person.
- Discussing major life areas may also lead into a good discussion of how someone is managing overall, including any concerns around mental health. Are there areas where they are motivated to make positive changes, or need more support? Highlight areas where you see their strengths too!
- One way of thinking about the path from occasional substance use to addiction is that it involves a narrowing of the reward pathways. There are steps we can take to boost our mental health and find many healthy ways to study, work and play.

Sources:

- (1)Alberta Health Services. (2009). Parent information series: How do I know if my teen is using drugs? Retrieved from <http://www.albertahealthservices.ca/assets/healthinfo/AddictionsSubstanceAbuse/if-par-parent-info-series-3-4.pdf>
- [Childhood and Adolescent Pathways to Substance Use Disorders \(Report in Short\) | Canadian Centre on Substance Use and Addiction \(ccsa.ca\)](#)
- [The Effects of Cannabis Use during Adolescence \(Report\) | Canadian Centre on Substance Use and Addiction \(ccsa.ca\)](#)



Key Points:

- We have talked about some ways to coach children and youth to better understand their thoughts and feelings and manage stress.
- How children and youth spend their time impacts brain development.
- It's good to encourage a wide range of activities and experiences. (i.e. encouraging interests in music, sports, study, languages, video games and activities with friends and family).

Transition to next slide: Research backs up the following as ways to boost mental health and improve resiliency.



Opening:

- Physical activity 3-5 times per week is good for everyone and can lessen the symptoms of Anxiety and Depression. Movement reminds our brain that our behavior matters!

Key Points:

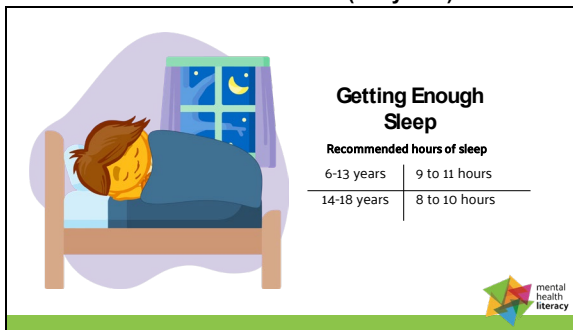
- How can we encourage children/youth to be more active?:
 - **Make it a habit** – Instilling physical activity as a regular part of your child's routine from an early age is important. If physical activity is valued, it is more likely to become a habit and youth are more likely to be self-motivated.
 - **Be a healthy role model** – Regular physical activity will create more opportunities for you to be active and have fun together! This benefits you as well!
 - **Try active transportation** – A great way for children/youth to sneak in some additional physical activity is by using their own body to get from one destination to another.
 - **Set limits on screen time** – Adopt screen-free times and set limits for children and youth.
 - **Choose an activity they enjoy!**

- Various types of exercise:
 - **Moderate intensity activities** also make a person sweat and breathe a little harder, but they can still talk while they move their bodies. Examples include rollerblading, riding a bike around the neighborhood after school, a brisk walk or moderate level yoga.
 - **Vigorous-intensity activities** make us sweat and feel “out of breath”, leaving us able to speak only a few words between breaths. Examples include dancing and running, biking or swimming at a fast pace.
 - **Activities that strengthen muscles and bones:** strengthening muscles and bones force the body to bear weight. They include going for a hike, jumping rope, playing tennis or basketball or doing weight training with body weight or hand-held weights. Cycling and swimming are good for building muscles and improving heart health, but they are not as effective as other activities for building strong bones. This is because the bones are not required to bear as much weight while the body is in a seated position or in water.

Transition to next slide: Movement, especially early in the day can contribute to a higher quality of sleep at night.

Sources:

- [Ways to Wellness Get Active \(albertahealthservices.ca\)](http://albertahealthservices.ca)
- [Physical activity: Guidelines for children and teens \(aboutkidshealth.ca\)](http://aboutkidshealth.ca)
- Guidelines provided by: Canadian Society for Exercise Physiology (CSEP)
- [Physical activity Guidelines for children and teens.pdf](#), [Physical activity Benefits of exercise for health and wellbeing.pdf](#)
 - **Infants (less than 1 year):** 30 minutes of tummy time spread throughout the day while awake
 - **Toddlers (1-2 years):** 180 minutes of any intensity physical activity – more is better
 - **Preschoolers (3-4 years):** 180 minutes of physical activity per day, of which at least 60 minutes is energetic play – more is better



Opening:

- Lack of sleep can lead to irritability, more difficulty managing stress, forgetfulness, difficulties with learning, low motivation and a compromised immune system. Over time, poor sleep can negatively impact our mental health.

Key Points:

- These recommendations are averages, and people have different needs for hours of sleep. The key is: Does a person feel well rested and ready to go when they wake up?
- **Children** who consistently get a good night's sleep:
 - are more creative
 - can concentrate on tasks for longer
 - have better problem-solving abilities
 - are better able to make positive decisions
 - are more able to learn and remember new things

- are more energy during the day
 - can create and maintain good relations with others
- During **adolescence**, sleep patterns change because of hormonal changes in the brain. But children still need plenty of sleep for their overall health and development, including their brain development.
 - These tips can help your child get they sleep they need:
 - exposure to sunlight early in the day, and exercise earlier versus later in the day
 - a comfortable, quiet sleep environment (often cooler and darker is helpful)
 - 'wind down' routine before bed, away from screens including phones (seriously consider having a house rule to not have cell phones in bedrooms at night)
 - keeping a regular schedule for waking and wind down time
 - planning for sufficient hours of sleep each night (usually 8-10 hours but there are individual differences)

Transition to next slide: For many of us, we know that sleep is an area where we can improve and be better models for our kids in valuing the importance of sleep for our overall health and well being.

Sources:

- [Sleep and Your Health \(alberta.ca\)](http://alberta.ca)
- [Sleep: Benefits and recommended amounts \(aboutkidshealth.ca\)](http://aboutkidshealth.ca)
- Guidelines provided by: The Canadian Pediatric Society & The National Sleep Foundation
- Supplementary handout: [Sleep Benefits and recommended amounts.pdf](#), [How to help your child get a good night's sleep.pdf](#), [How to help your teen get a good night's sleep.pdf](#)
- [Sleep Problems for Kids & Teens | Information Prescriptions | Family Library | Health Information | The Family & Community Resource Centre \(albertahealthservices.ca\)](#)



Opening:

- We are social beings so positive supportive relationships are important to foster and maintain. Strong social connections can be such an important support network in trying times.

Key Points:

- When there are times of conflicts between parents and their children, it is especially helpful for young people to have other trusted adults to turn to.
- Similarly, peer group connections are so important! We all need to feel a sense of belonging.

- Encourage your child's sense of belonging to your extended family, clubs and organizations, and a community of faith if that fits for your family.

Transition to next slide: We can also encourage children to build positive relationships while we nourish our bodies, so let's chat more about that!



Opening:

- There is a lot of different advice around what constitutes a healthy way of eating.
- Despite the controversies, we can feel confident around these messages:
 - have plenty of vegetables and fruits
 - choose whole grain foods
 - eat protein foods
 - make water your drink of choice

Key Points:

- Healthy eating is about more than just the foods you eat.
- It is being mindful of your eating habits, taking time to eat and noticing when you are hungry and when you are full.
- Being mindful of your eating habits can help you:
 - make healthier food choices more often
 - make positive changes to routine eating behaviors
 - be more conscious of the food you eat and your eating habits
 - create a sense of awareness around your everyday eating decisions
 - reconnect to the eating experience by being mindful of your thoughts, emotions and behaviors

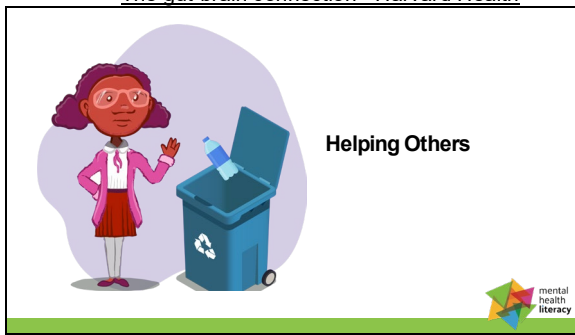
- It can be very difficult to buy fresh fruits and vegetables on a tight budget. Frozen fruits and vegetables are just as nutritious and less expensive. Eating less meat and more plant-based sources of protein can be healthier and less costly. Local FCSS agencies and AHS often have good resources for eating healthy on a budget.

(Optional to include if you feel comfortable /knowledgeable to discuss this.)

- Research is coming out to support the notion that our guts are heavily involved in our overall health, including our mental health. You may have heard about the 'gut-brain connection'. The gut has been referred to as the "second brain" because of how strong its influence is on the nervous system. The two systems are in constant communication and what happens in one can directly affect the other. There is much to learn!

Sources:

- [Healthy Eating Starts Here | Alberta Health Services](#)
- [Canada's Food Guide](#)
- Supplementary handout: [Nutrition How a balanced diet and healthy eating habits can help your child's mental health.pdf](#)
- [The Brain-Gut Connection | Johns Hopkins Medicine](#)
- [The gut-brain connection - Harvard Health](#)

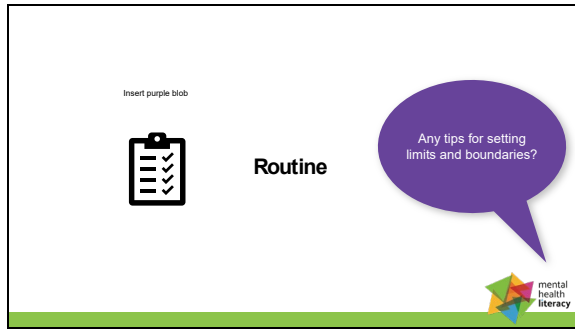


Opening:

- Helping others not only helps the person who receives the help, but it is also very good for the mental health of the person doing the helping.
- It is even good for our mental health to witness the kind acts of others! People who are kind and compassionate see clear benefits to their wellbeing and happiness – they may even live longer.

Key Points:

- When children and youth are encouraged to help and volunteer, they benefit by feeling a sense of purpose and belonging through contributing. They can feel good about their actions and can learn valuable new life skills.
- Consider opportunities to volunteer as a family and encourage your child to volunteer in areas they enjoy/want to learn more about – for example, helping a sports organization, drama club, etc. – the list of possibilities is endless!



Opening:

- Rarely if ever will a child say, “I need more routine!” However as adults, we know that routines are necessary - both for children and ourselves!

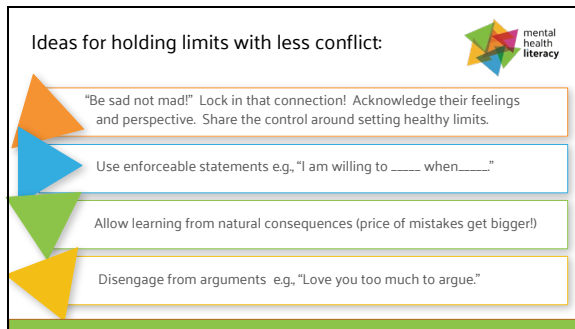
Key Points:

- Routines are essential at every stage of life. They help us cope with change, support healthy habits, improve relationships and save the cognitive load required for decision-making.
- Routines can help children feel more secure because they know what to expect.
- All of these pillars of good mental health may seem simple or obvious, but that doesn’t mean this is easy!
- The good news is that making improvements in one of these areas leads to improvement in the other areas. They are all interconnected!

Transition to next slide: Some parents ask for ideas on how to enforce boundaries with less conflict...

Sources:

- Building Your Best Day: [Build Your Best Day! \(participaction.com\)](http://participaction.com)
- [The Mental Health Benefits of Having a Daily Routine - Therapy Group of NYC \(nyctherapy.com\)](http://nyctherapy.com)
- [The Power of Routines in Your Mental Health | Psychology Today Canada](http://Psychology Today Canada)
- Supplementary handouts: [Screen time Overview.pdf](#), [How to help your child set healthy screen time limits.pdf](#)

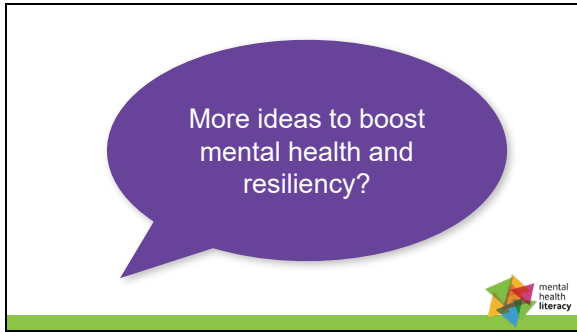


Opening:

- Sometimes in these talks, parents have asked for some tips to help them enforce limits and boundaries with their children. *Option to add more pointers as a group discussion.*

Key Points:

- When possible, it is helpful to involve our children in establishing the house rules and consequences. When there is an issue to address, we can aim to keep our cool as best as we can. If we are "sad not mad" or "curious versus furious" this helps us keep the connection strong. Keeping our calm helps us to respond in ways that we can feel good about. Our message also has a much better chance of being heard.
- Anger leads to more defensiveness. Think about yourself – and how likely you are to be defensive if someone yells at you versus if they make a request to you calmly.
- Enforceable statements: When setting limits, as much as possible, word them in "I" statements that is in your control to enforce. For example, "I am willing to drive you when you have put the dishes away" or "I turn off the wifi at 9 pm during the week" etc. You have the power to follow through on your word, versus yelling commands that may be ignored.
- As much as possible, don't interfere with a child or youth experiencing a natural consequence for their actions. For example, if you rescue them by driving their forgotten assignment to school, they lose the opportunity to learn from their error. If they blow their allowance at the beginning of their vacation and then miss a treat at the end, this will help them learn to budget their money better next time. Remember that you are helping them learn good problem-solving skills to prepare them for real world challenges when you can no longer rescue them – and as they age, the price of mistakes gets bigger.
- To disengage from arguments once you have set a clear limit, you can always repeat "I love you too much to argue" (*I have parents practice saying this sometimes*).
- Worrying that you sometimes lose your cool and don't always respond perfectly? That's okay! When we make mistakes and mess up sometimes, that's just us modelling to our kids that mistakes are okay! 😊



Opening:

- Besides supporting the Pillars of Health that we just reviewed, what else have you found to be helpful in supporting children and youth in your life?
- What ideas do you have for connecting? Expressing any concerns? For encouraging them?

Key Points:

- You can support the development of your child's thinking and future actions with these suggestions:
 - **Encourage empathy.** Talk about feelings – yours, your child's and other people's. (It can work when watching a show together). Highlight the fact that other people have different perspectives and circumstances. Reinforce that many people can be affected by one action.
 - Emphasize them to **consider and vocalize the immediate and long-term consequences** of actions. The part of the brain responsible for future thinking (the prefrontal cortex) is still developing. If you encourage youth to reflect on possible consequences for actions and weighing the pros and cons for various choices, this helps to strengthen their planning and problem- solving skills.
 - When a child/ youth brings you a problem, do your very best to **avoid jumping in with advice** (which is sometimes so obvious to us- so it's hard!) Instead bite your tongue and ask "What do you think are your options here? Role-modelling these skills is important too. Do some 'talking out loud' when you are problem-solving.

Source:

- Albert, D., Chein, J., & Steinberg, L. (2013). The teenage brain. *Current Directions in Psychological Science*, 22(2), 114-120. doi: 10.1177/0963721412471347.



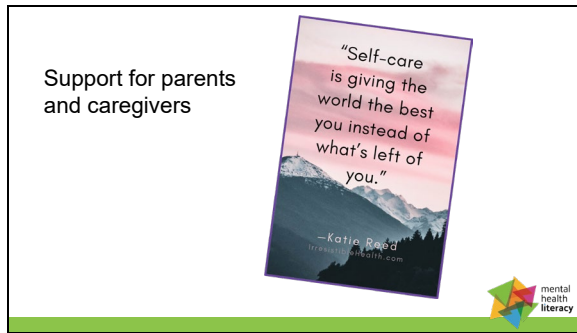
Other talking points if not already covered in facilitated discussion from previous slide.

Key Points:

- **Flexible thinking/ perspective taking:** Ask them: “How might someone else (e.g. their teacher) view this situation”? Or “What’s a more helpful thought”? Or “What’s another way to look at this?” Affirm them in a way that supports their willingness to try, make mistakes, and persevere! We can be a safe place for them to fall- a safe harbor for them to venture out and take on challenges. Support a growth mindset not a fixed mindset. Celebrate your child’s unique interests and efforts. Instead of saying “You’re so smart” say “I like how you tried different methods to solve that problem!”
- **Naming emotions:** Help children and youth to expand their vocabulary of feeling words, and to be able to identify multiple emotions and how they experience them, as this practice is often calming and validating- and a way to connect and feel less alone with their emotions.
- **Role model:** Not for our fashion sense, usually, however we know that the young people in our lives are watching and learning from us. Consider how you look after your health, including your mental health Continue to learn and be a critical thinker about the onslaught of information in the wellness field. You can also do some purposeful “thinking out loud” to demonstrate problem solving and correcting anxious thoughts. Also, purposely let them overhear you talking to someone else how proud you are of them, and the strengths you see in them.
- **Problem solving:** As well as the problem-solving tips already shared, help your young person to clarify who owns a problem, and what can help. Some children/youth tend to take on undue responsibility for others.
- **Have fun together!** As much as routine is important, so is spontaneity and play! Laughter and play can help us regain perspective, recharge and enjoy each other’s company!

Sources:

- <https://www.albertahealthservices.ca/assets/info/amh/if-amh-talk-to-your-children.pdf>
- Carol Dweck: Growth Mindset
- Parenting with Love and Logic
- Dr Russell: “Drop the Worry Ball”



Key Points:

- Parenting and caregiving is challenging! Do reach out for support yourself!
- There are often parenting programs such as Triple 3 Parenting, or support groups through local agencies. There is also AHS Community Education Services, which runs free webinars on a variety of topics.
- If your child has a mental disorder, learning more about it and strategies to support them can be a help to all your family members and your own well-being.
- You may find it helpful to meet with other parents who understand what you're going through, or you may find supportive counselling for yourself.
- Thank you for taking the time to join us for this session to increase your own mental health literacy.
- Never doubt the importance of your connection to your own children, and to other young people you care about.
- It goes a long way when our young people feel cared about! Remember to take care of yourselves!



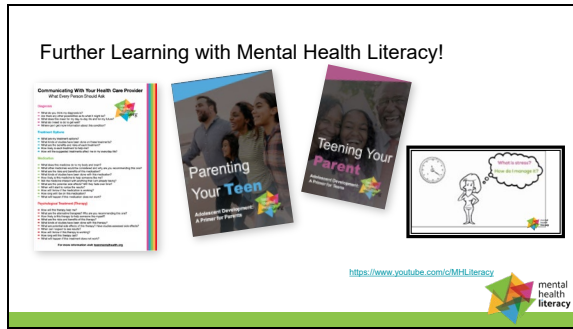
Key Points:

- I hope you can agree that it matters:
 - to have a shared understanding of the information
 - that we need to be discerning around the information we are hearing
 - that there is much that we can do to reduce stigma and support children and youth in our life – through all the various states of mental health!



Key Points:

- Hopefully, you are feeling more clarity and confidence!
- And what's that? You say you want to learn more?! 😊



Key Points:

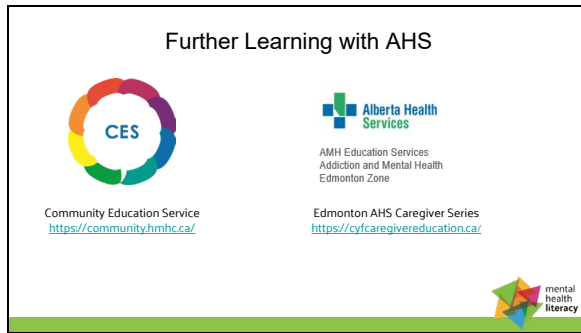
- On the MHL website there is a downloadable checklist of questions you can ask your healthcare provider. It is helpful to review ahead of time to see what is relevant for your situation.
- There are also other resources such as these pictured, with practical suggestions for improving communication between parents and teens as well as videos on our Youtube channel: <https://mentalhealthliteracy.org/parents/>
- As well, check out our MHL YouTube channel to find the videos on understanding stress, how to understand treatment, understanding ADHD, etc.
- <https://www.youtube.com/c/MHLiteracy>

Local Supports and Recommended Resources



Add in here any local resources/topic resources you would like to highlight.

You may wish to tailor a resource list and provide it through the school/organization website hosting the event.



Include this if it fits the reach of the audience:

Key Points:

- These are two AHS services targeted for parents and the community at large.
- Community Educations Services (CES) are situated in Calgary and the AHS Caregiver series is out of Edmonton.
- They offer free online webinars on a wide variety of topics.

Add in other applicable AHS contacts here for your community.

Connect With Us!

<https://mentalhealthliteracy.org/>

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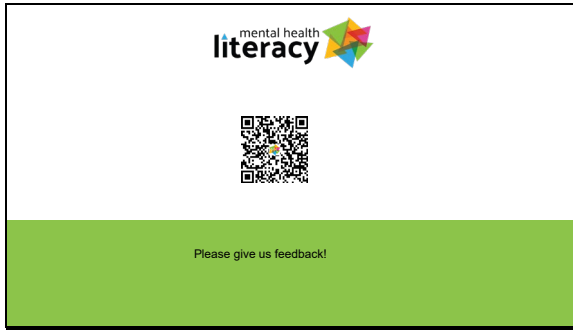
 MHLiteracy

 mhliterate@gmail.com



If time for questions, plan this in here.

Thank you to your hosts and your audience!



QR code leading to the evaluation form.

If delivering online, here is a link to put into the chat box:

<https://docs.google.com/forms/d/e/1FAIpQLSd09DGBAAWzWIVB6wYkHtA1hIBUmwijJXuV1P-D0zPrsBELEQ/viewform>