Information on Specific Mental Illnesses

Overview

In this module, students will learn more about the most common mental illnesses that affect adolescents.

This module is divided into 3 sections – A, B and C. For each section, each activity must be completed. There are no optional activities in this module. Module 3 can be completed over two or more classroom periods if necessary.

Learning Objectives

In this lesson students will learn to:

- Recognize that mental illnesses are associated with changes in usual brain functions
- Gain a better understanding of the symptoms, causes, treatments and other supports for specific mental illnesses that commonly arise during adolescence

Major Concepts Addressed

- A mental illness changes many aspects of a person's life (cognition, perception, emotions, physical functions), signaling (reactions to the environment and behaviours) and causes that person difficulty in functioning
- Mental illness describes a broad range of conditions (the type, intensity, and duration of symptoms of mental illnesses vary)
- The exact cause of mental illnesses are not known, but most experts believe that, like with other illnesses, a combination of biological and environmental factors are involved
- Like illnesses that affect other parts of the body, mental illnesses are treatable, and the sooner people receive proper treatment and supports, the better the outcomes
- With a variety of supports, most people with mental illness recover and go on to lead fulfilling and productive lives

Teacher Background and Preparation

- Read through the information sheets for Activity 2 on mental illnesses prior to the class
- Preview the PowerPoint presentations
- Review Teacher Knowledge Update
- Read each of the five "Mini Mags"
- Review each of the five animated videos (check out the Resources Appendix for a video "walk through" of the animated videos)
- Watch the Environmental and Genetic Factors Influence on the Brain Video: **https://www.youtube.com/watch?v=hOugfw1T26A**

Activities

- Activity 1: PowerPoint Presentation: What Happens When the Brain Gets Sick? (20 min.)

- Activity 2: PowerPoint Presentation: Common Mental Illnesses (25 min.)
- Activity 3: Understanding Common Mental Disorders Found in Teenagers (45 min.)
- Activity 4: Discussion Groups (25 min.)
- Activity 5: Sharing the Pieces (20 min.)

In Advance

- Preview both PowerPoint presentations
- Obtain animated video links for ADHD, Depression, Panic Disorder, Social Anxiety Disorder and Obsessive Compulsive Disorder
- Obtain links to each of the Mini-Mags if handing out to students: **http://teenmentalhealth.org/product/teenmentalhealth-speaks-magazine/**

Materials Required

- PowerPoint presentations

Online Supplementary Materials

Sun Life Financial Chair in Adolescent Mental Health: "TMH Speaks... Mini Mags" Series
www.teenmentalhealth.org/product/teenmentalhealth-speaks-magazine/

Mood Disorders Association of Ontario (MDAO)
www.mooddisorders.ca

Schizophrenia Society of Canada
www.schizophrenia.ca

Anxiety Disorders Association of Canada
www.anxietycanada.ca

Anxiety Disorders Association of America
www.adaa.org

National Eating Disorder Information Centre
www.nedic.ca

Psychosis 101
www.psychosis101.ca

Obsessive-Compulsive Foundation
www.ocfoundation.org

Anxiety Disorders Association of America
www.adaa.org

Bulimia Anorexia Nervosa Association
www.bana.ca

Useful Self-Education

Merck Manuals Consumer Version
www.merckmanuals.com/home/mental-health-disorders/overview-of-mental-health-care/overview-of-mental-illness

PowerPoint Presentation: What Happens When the Brain Gets Sick? (20 minutes)

Purpose:

- The PowerPoint "What Happens When the Brain Gets Sick?" provides an overview of how the six different brain functions change between a healthy brain and when a mental illness occurs.
- Students should understand that a mental disorder is due to changes in usual brain function.

How-to:

1) Present the PowerPoint "What Happens When the Brain Gets Sick?" from the web to your class.

http://teenmentalhealth.org/curriculum/modules/module-3/

The password is: **t33nh3alth**

2) Have the students write a one paragraph report on the following:

Choose one important piece of information that you learned from this lesson and discuss how you will:

a) Share that important information with a friend

b) Use it to help you improve your own health

Note to teachers:

You may want to provide your students with the questions in "How-to" before starting the PowerPoint presentation so that they can consider their responses while they are listening to your presentation.

MODULE 3A
Activity #2

PowerPoint Presentation: Common Mental Illnesses (25 minutes)

Purpose:

- The PowerPoint “Common Mental Illnesses” provides an overview of the common mental illnesses.

How-to:

1) Present the PowerPoint “Common Mental Illnesses” from the web to your class.

http://teenmentalhealth.org/curriculum/modules/module-3/

The password is: **t33nh3alth**

2) Lead a class discussion about the materials presented in both PowerPoint presentations. Consider these questions:

a) What did you learn from the presentations?

b) How does the function of our brains lead to good mental health?

c) How does change in various brain function show itself?

d) How would you use what you learned in Module 2 and this part of Module 3 to teach friends or family about the brain and its functions?

e) How can what you learned today be used to help decrease stigma about mental disorders?

f) What did you learn today that you can use in your own life to help keep you healthy?

Understanding Common Mental Disorders Found in Teenagers (45 minutes)

Purpose:

- To provide a solid understanding of the five most common mental disorders that are found in teenagers: ADHD, Depression, Panic Disorder, Social Anxiety Disorder and Obsessive Compulsive Disorder.

How-to:

1) Distribute copies (or URL links) of the Mini Mags on each of the five disorders to the students.

2) Play each of the animated videos to the class. After each animated video, have the class discuss what they saw. Ensure that for each video the difference between normal emotional states and the illness is clear. Ensure that the metaphor for understanding each is clear. Ensure that treatment for each illness is clear (for ADHD, this will require the teacher providing the interpretation).

3) Have students read the Mini Mags.

4) Have students write down one new piece of information learned from each video and submit to you upon completion of this activity.

MODULE 3C
Activity #4

Discussion Groups (25 minutes)

Purpose:

- To provide information about various common mental disorders.
- To have students learn about these disorders and share their learning with others.

How-to:

1) Form the class into eight groups. Assign each group one of the mental disorders and distribute the appropriate Fact Sheet for that disorder to each group member. Provide each group with the Reporting Page for the disorder.

2) Explain to students that a jigsaw puzzle activity will be used during this lesson. This means that students will work in small groups and will become resource persons about one mental illness (one piece of the jigsaw). Each group member will read the assigned disorder Fact Sheet. Then each group will collaborate to complete their Reporting Page. After completing the Reporting Page on their specific illness together, they will choose a group reporter who will share their information with the rest of the class (Activity #5).

3) Give the groups time to read the Fact Sheets and direct them to the online "TMH Speaks ... Mini Mags" series at **http://teenmentalhealth.org/product/teenmentalhealth-speaks-magazine/**. When they have finished reviewing, ask each group to complete their Reporting Page on the mental disorder they were assigned.

4) Have each group complete the handouts to share with others during the next activity.

Group #1: Anxiety Disorders (Fact Sheet)

What is Anxiety?

Anxiety is a state of constant physical, emotional and cognitive hyperarousal. It is sometimes confused with the stress response (see Module 6) and the term is often incorrectly used to describe how one feels when faced with a challenging or dangerous situation. The word to describe that sensation is “fear”.

When people say that they are anxious they cite feeling upset, uncomfortable and tense and may experience many physical symptoms such as stomach upset, shaking and headaches.

It is essential to differentiate the expected stress response symptoms to normal or casual life challenges from Anxiety Disorders. Sometimes the language used confuses the two. For example, the phrase “examination anxiety” can be interpreted to mean an Anxiety Disorder caused by exposure to an examination. This is not correct. The phrase “examination induced stress response” conveys a more useful explanation of the phenomenon being described.

What are Anxiety Disorders?

The Anxiety Disorders are a group of illnesses, each characterized by persistent feelings of intense anxiety. There are continuous feelings of extreme discomfort and tension, and may include panic attacks. This anxiety exists in and of itself it does not arise as a result of a change in the person’s environment. However, the symptoms of anxiety found in an Anxiety Disorder can be increased or intensified in stress-provoking situations.

People are likely to be diagnosed with an Anxiety Disorder when their level of anxiety symptoms or feelings of panic are so extreme that they significantly interfere with daily life and stop them from doing what they want to do.

Anxiety Disorders affect the way the person thinks, feels and behaves and, if not treated, can cause considerable suffering and life difficulties. They often begin in adolescence or early adulthood. People with an Anxiety Disorder also usually show much more anxiety when faced with an everyday environmental challenge compared to a person without an Anxiety Disorder.

Anxiety Disorders are common and may affect one in twenty people at any given time.

Anxiety Disorders: What are the Main Types of Anxiety Disorders?

All Anxiety Disorders are disturbances of the brain’s signaling functions and are characterized by heightened everyday symptoms of anxiety or panic as well as significant problems in everyday life.

Generalized Anxiety Disorder

People with this disorder worry constantly about themselves or their loved ones, financial disaster, their health, work or personal relationships. These people experience continuous apprehension and often suffer from many physical symptoms such as headache, diarrhea, stomach pains and heart palpitations.

MODULE 3C
Activity #4 Handout

Agoraphobia

Agoraphobia is fear of being in places or situations from which it may be difficult or embarrassing to get away, or a fear that help might be unavailable in the event of having a panic attack.

People with agoraphobia most commonly experience fear in a cluster of situations: in supermarkets and department stores, crowded places of all kinds, confined spaces, public transport, elevators, highways, etc.

People experiencing agoraphobia may find comfort in the company of a safe person or object. This may be a spouse, friend, pet or medicine carried with them.

The onset of agoraphobia is common between the ages of 15 and 20, and is often associated with Panic Disorder or Social Anxiety Disorder.

Panic Disorder (With or Without Agoraphobia)

People with this disorder experience panic attacks in situations where most people would not be afraid such as at home, walking in the park or going to a movie. These attacks occur “out of the blue”, come on rapidly (over a few minutes) and go away slowly. Usually they last about 10-15 minutes.

The attacks are accompanied by all of the unpleasant physical symptoms of anxiety, plus a fear that the attack may lead to a total loss of control or death.

It is because of this that some people start to experience a fear of going to places where panic attacks may occur and of being in places where help is not at hand. In addition to panic attacks and Agoraphobia symptoms, people with Panic Disorder also worry about having another panic attack.

Phobias

Everyone has some mild irrational fears, but phobias are intense fears about particular objects or situations which interfere with our lives or harm us. These might include fear of heights, water, dogs, closed spaces snakes or spiders.

Someone with a phobia is fine when the feared object is not present. However, when faced with the feared object or situation, the person can become highly fearful and even experience a panic attack.

People affected by phobias can go to great lengths to avoid situations which would force them to confront the object or situation which they fear.

Social Anxiety Disorder

People with Social Anxiety Disorder worry that others will judge everything they do in a negative way and they feel easily embarrassed in most social situations. They believe they may be considered to be flawed or worthless if any sign of poor performance is detected.

They cope by either trying to do everything perfectly, limiting what they are doing in front of others (especially eating, drinking, speaking or writing) or withdrawing gradually from contact with others. They will often experience panic symptoms in social situations and will avoid many situations where they feel observed by others (such as in stores, movie theatres, public speaking and social events).

Anxiety Disorders are among the most common of the mental illnesses. About 5% of people can be expected to experience an Anxiety Disorder during their adolescent years.

For more information on some Anxiety Disorders, check out:

www.teenmentalhealth.org/product/tmh-speaks-social-anxiety/

www.teenmentalhealth.org/product/tmh-speaks-panic-disorder/

What Causes Anxiety Disorders?

The causes of each disorder may vary, and it is not always easy to determine the causes in every case. All Anxiety Disorders are associated with abnormalities in the brain signaling mechanisms that are involved in the creation and expression of the stress response.

Personality

People with certain personality characteristics may be more prone to Anxiety Disorders. Those who are easily upset, are very sensitive, emotional or avoidant of others may be more likely to develop Anxiety Disorders.

Learned Response

Some people who are exposed to situations, people or objects that are upsetting or anxiety-producing may develop an anxiety response when faced with the same situation, person or object again, or become anxious when thinking about the situation, person or object. This is not likely to lead to an Anxiety Disorder.

Heredity

The tendency to develop Anxiety Disorders has a genetic basis and runs in families.

Avoidance

This is a common behavioural response in people who have an Anxiety Disorder. Unfortunately, avoidance can make the symptoms of anxiety worse in the long run.

How Can Anxiety Disorders be Treated?

If they are not effectively treated, Anxiety Disorders may interfere significantly with a person's thinking and behaviour. This can cause considerable suffering and distress. Some Anxiety Disorders may precede Depression or Substance Abuse and in such cases treatment may help to prevent these problems.

Many professionals such as family doctors, psychologists, social workers, counsellors or psychiatrists can help people deal with Anxiety Disorders.

Treatment will often include education and specific types of psychotherapy (such as Cognitive Behavioural Therapy) to help the person understand their thoughts, emotions and behaviour. People develop new ways of thinking about their anxiety and how to deal more effectively with feelings of anxiety.

Medication is sometimes used to help the person control their high anxiety levels, panic attacks or Depression.

The benzodiazepines (such as diazepam) are used for the temporary relief of anxiety, but care has to be taken with their use as these medications may occasionally cause difficulties in some people.

Antidepressants play an important role in the treatment of some Anxiety Disorders, as well as associated or underlying Depression. Contrary to the belief of some, antidepressants are not addictive.

MODULE 3C
Activity #4 Activity Sheet

Group #1: Understanding Anxiety Disorders (Reporting Page)

What are Anxiety Disorders?

How common are Anxiety Disorders?

Describe some of the symptoms of Anxiety Disorders:

List and briefly explain some of the main types of Anxiety Disorders:

What type of treatment is available for people experiencing Anxiety Disorders?

What other kinds of support can help people with Anxiety Disorders recover?

Group #2: Attention Deficit Hyperactivity Disorder (ADHD) (Fact Sheet)

What is Attention Deficit Hyperactivity Disorder (ADHD)?

Attention Deficit Hyperactivity Disorder is the most commonly diagnosed behavioural disorder of childhood.

ADHD affects an estimated 4-6 % of young people between the ages of 9 and 20. Boys are two to three times more likely to develop ADHD. Although ADHD is usually associated with children and teens, the disorder can persist into adulthood. People with ADHD are easily distracted by sights, sounds, and other features of their environment. They cannot concentrate for long periods of time, are restless and impulsive, or have a tendency to daydream and be slow to complete tasks.

Symptoms

The three predominant symptoms of ADHD are 1) difficulty regulating activity level (hyperactivity), 2) difficulty attending to sustained tasks (inattention), and 3) impulsivity.

Common symptoms include the following:

- Brief sustained attention span
- Increased activity - always on the go
- Impulsive - does not stop to think
- Social and relationship problems
- Takes undue risks
- Sleep problems
- Normal or high intelligence but under-performing at school

All must occur with greater frequency and intensity than in other people of the same age and must lead to functional impairment as a result of the symptoms in order to be considered ADHD.

What Causes ADHD?

While no one really knows what causes ADHD, it is generally agreed by the medical and scientific community that ADHD is due to problems in the brain's control of systems that regulate concentration, motivation, planning and attention.

Much of today's research suggests that genetics play a major role in ADHD. The possibility of a genetic cause of ADHD is supported by the fact that ADHD runs in families. About 70% of children with ADHD have a first-degree relative with ADHD. Approximately half of parents who have been diagnosed with ADHD themselves will have a child with ADHD.

However, not every person with ADHD can be explained by genetics; there are other causes of ADHD.

MODULE 3C
Activity #4 Handout

Researchers have suggested that some of the following could also be responsible for ADHD symptoms:

- Exposure to toxins (such as lead)
- Injuries to the brain (such as a concussion)
- A traumatic birth process

Many people with ADHD will also have a specific learning difficulty, such as problems with spelling, mathematics, etc. Some studies suggest that about 30% of adolescents with ADHD may have a learning difficulty.

Myths, Misunderstandings and Facts

According to the National Institutes of Mental Health, ADHD is not caused by:

- Too much TV
- Sugar
- Caffeine
- Food colourings
- Poor home life
- Poor schools
- Food allergies

How can ADHD be treated?

A variety of medications and behavioural interventions are used to treat ADHD. The most effective treatments are medications. The most widely used medications are stimulants such as methylphenidate. Nine out of ten children improve when taking one of these medications. These medications are safe when used as prescribed by qualified physicians. Some common side effects are decreased appetite and insomnia. These side effects generally occur early in treatment and often decrease over time. Some studies have shown that the stimulants used to treat ADHD slow growth rate, but ultimate height is not affected. Medication treatment reduces risk of substance abuse and traffic accidents as well.

Other interventions used to help treat ADHD include several forms of psychotherapy such as Cognitive Behavioural Therapy, social skills training, support groups, and parent and educator skills training. A combination of medication and psychotherapy may be more effective than medication treatment alone in improving social skills, parent-child relations, reading achievement and aggressive symptoms.

For more information on ADHD, check out:

www.teenmentalhealth.org/product/tmh-speaks-adhd/

Group #2: Understanding Attention Deficit Hyperactivity Disorder (ADHD) (Reporting Page)

What is ADHD?

How common is ADHD?

Describe some of the symptoms of ADHD:

What type of treatment is available for people experiencing ADHD?

What other kinds of support can help people with ADHD recover?

MODULE 3C
Activity #4 Handout

Group #3: Bipolar Mood Disorder (Fact Sheet)

What is Bipolar Mood Disorder?

Bipolar Mood Disorder is the new name for what was once called manic depressive illness. The new name is used as it better describes the extreme mood swings - from Depression and sadness to elation and irritability that people with this illness experience.

People with Bipolar Mood Disorder experience recurrent episodes of depressed and elated or irritable moods. Both can be mild to severe.

What are the symptoms of Bipolar Mood Disorder?

Mania - Common symptoms include varying degrees of the following:

- **Elevated mood** – The person feels extremely high, happy and full of energy. The experience is often described as feeling on top of the world and being invincible.
- **Increased energy and overactivity**
- **Reduced need for sleep**
- **Irritability** – The person may easily and frequently get angry and irritable with people who disagree or dismiss their sometimes unrealistic plans or ideas.
- **Rapid thinking and speech** – Thoughts are more rapid than usual. This can lead to the person speaking quickly and jumping from subject to subject.
- **Lack of inhibitions** – This can be the result of the person's reduced ability to foresee the consequences of their actions. For example, spending large amounts of money buying things they don't really need.
- **Grandiose plans and beliefs** – It is common for people experiencing Mania to believe that they are unusually talented or gifted or are kings, movie stars or political leaders. It is common for religious beliefs to intensify or for people with this illness to believe they are an important religious figure.
- **Lack of insight** – A person experiencing Mania may understand that other people see their ideas and actions as inappropriate, reckless or irrational. However, they are unlikely to recognize the behaviour as inappropriate themselves.
- **Psychosis** – Some people with Mania or Depression experience psychotic symptoms such as hallucinations and delusions.

Depression - Common symptoms include varying degrees of the following:

- **Lowered mood** – Many people with Bipolar Mood Disorder experience depressive episodes. These are similar in nature to those experienced by people who have Depression.
- **Withdrawal** – The person loses interest and pleasure in activities they previously enjoyed. They may withdraw and stop seeing friends, avoid social activities and cease simple tasks such as shopping and showering.

- **Loss of appetite or weight** – They may become overwhelmed by Depression, lose their appetite, lose weight, become unable to concentrate, and may experience feelings of guilt.
- **Feelings of hopelessness** – Some attempt suicide because they believe life has become meaningless or they feel too guilty to go on.
- **Delusions** – Others develop false beliefs (delusions) of persecution or guilt, or think that they are evil.

For more information on Depression and its treatment, please see the information sheet called "What is Depression?"

Normal Moods

Most people who have episodes of Mania and Depression experience normal moods in between. They are able to live productive lives, manage household and business commitments and hold down a job.

Everyone experiences mood swings from time to time. This is not Bipolar Mood Disorder. It is when these moods become extreme and lead to a failure to cope with life that medical attention is necessary.

What Causes Bipolar Mood Disorder?

Bipolar Mood Disorder affects about one person in every hundred in the Canadian population. Everyone has an equal chance of developing the disorder. It usually appears when people are in their twenties, but often begins in the teen years.

Genetic Factors

Studies on close relations, identical twins and adopted children whose natural parents have Bipolar Mood Disorder strongly suggest that the illness may be genetically transmitted, and that children of parents with Bipolar Mood Disorder have a greater risk of developing the disorder.

Stress

Stress may play a role in triggering symptoms, but is not a cause of the illness. Often the illness itself may cause the stressful event (such as divorce or a failed business), which may then be blamed for causing the illness. Drugs or other physical stressors (such as jet lag) may bring on an episode.

Seasons

Mania is more common in the spring, and Depression in the early winter. The reason for this is not clear, but it is thought to be associated with the light/dark cycle, and the amount of total daily sunshine.

How Can Bipolar Disorder be Treated?

- Effective treatments are available for depressive and manic episodes of Bipolar Mood Disorder. Medications called thymoleptics (such as lithium) are an essential treatment for the entire course of the illness.
- Antidepressant medications and some psychological treatments are effective for the depressive phase of the illness. Bright light therapy may also help.
- Medications used to treat people with Bipolar Mood Disorder are not addictive.

- Several different medications may be used during acute or severe attacks of Mania. Some are specifically used to calm the person's manic behaviour; others are used to help stabilize the person's mood or treat psychiatric symptoms. Medications such as lithium are also used as preventive measures as they help to control mood swings and reduce the frequency and severity of both depressive and manic phases.
- It may be necessary to admit a person with severe Depression or Mania to a hospital for some time.
- It can often be difficult to persuade someone that they need treatment when they are in a manic phase.
- Psychotherapy and counselling are used with medication to help the person understand the illness and better manage its effects on their life.
- With access to appropriate treatment and support, most people with Bipolar Mood Disorder lead full and productive lives.

For more information on Bipolar Mood Disorder, check out:

www.teenmentalhealth.org/product/tmh-speaks-bipolar-disorder/

Group #3: Understanding Bipolar Mood Disorder (Reporting Page)

What is Bipolar Mood Disorder?

How common is Bipolar Mood Disorder?

Describe some of the symptoms of Bipolar Mood Disorder:

What combination of factors is believed to cause Bipolar Mood Disorder?

What type of treatment is available for people experiencing Bipolar Mood Disorder?

What other kinds of support can help a person with Bipolar Mood Disorder recover?

MODULE 3C
Activity #4 Handout

Group #4: Depression (Fact Sheet)

What is Depression?

The word “Depression” is often used to describe the feelings of sadness or unhappiness which all of us experience at some point in our lives. It is also a term used to describe a type of mental illness called Clinical Depression or just Depression.

Because Depression is so common, it is important to understand the difference between unhappiness or sadness in daily life and the symptoms of Clinical Depression.

When faced with significantly high stress (such as the loss of a loved one, relationship breakdown or great disappointment), most people will feel unhappy or sad. These are emotional reactions which are appropriate to the situation and will usually last only a limited time. These reactions are not a Depression, but are a part of everyday life.

The term Depression describes not just one illness, but a group of illnesses characterized by excessive or long-term depressed mood which negatively affects the person’s life. Depression is often accompanied by feelings of anxiety. Whatever the symptoms and causes of Depression, there are many therapeutic interventions which are effective.

To help differentiate the symptom of “Depression” from the mental disorder “Depression” we capitalize the “D” when we mean the illness.

“Baby Blues” and Postpartum Depression

The so-called “baby blues” affect about half of all new mothers. They feel mildly depressed, anxious, tense or unwell, and may have difficulty sleeping even though they feel tired most of the time. These feelings may last only hours or a few days, then disappear. Professional help is not usually needed. This is not Depression.

However, in up to ten percent of mothers this feeling of sadness develops into a serious disorder called Postpartum Depression. Mothers with this illness find it increasingly difficult to cope with the demands of everyday life.

They can experience anxiety, fear, despondency and severe sadness. Some mothers may have panic attacks or become tense and irritable. There may be a change in appetite and sleep patterns. Because of these symptoms they may have difficulties in their daily lives, including trouble in caring for their child.

A severe, but rare form of Postpartum Depression is called Puerperal Psychosis. The mother is unable to cope with her everyday life and is disturbed in her thinking and behaviour. Professional help is needed for both Postpartum Depression and Puerperal Psychosis. This form of Depression may be genetic and can run in families.

Major Depressive Disorder

This is the most common form of Depression. It can come on without apparent cause, although in some cases a severely distressing event might trigger the condition.

The cause is not well understood but is believed to be associated with a changes in brain circuits that control mood. Genetic predisposition is common.

A Depression can develop in people who have coped well with life, who are good at their work, and who are happy in family and social relationships.

For no apparent reason, they can become low-spirited, lose their enjoyment of life and suffer from disturbed sleep patterns. People experiencing Depression have severe negative emotions, negative thoughts plus behavioural and physical symptoms.

Sometimes feelings of hopelessness and despair can lead to thoughts of suicide. Suicide is a tragic outcome of Depression in some people.

The most serious form of this type of Depression is called Psychotic Depression. During this illness, the person loses touch with reality, may stop eating and drinking and may hear voices (called hallucinations) saying they are wicked, or worthless or deserve to be punished.

Others develop false beliefs (delusions) that they have committed bad deeds in the past and deserve to be punished, or falsely believe that they have a terminal illness such as cancer (despite there being no medical evidence).

Depression is a serious illness which presents risks to the person's life and well-being. Professional assessment and treatment is always necessary and hospitalization may be required in severe cases.

Bipolar Mood Disorder

A person with Bipolar Mood Disorder experiences Depression with periods of Mania which involve extreme happiness, overactivity, rapid speech, a lack of inhibition and in more serious instances, psychotic symptoms including hearing voices and delusions of grandeur.

Sometimes only periods of Mania occur without depressive episodes, but this is rare. More information about this mood disorder is found in the section called "What is Bipolar Mood Disorder?"

What Causes Depression?

Depression is caused by a combination of environmental and genetic factors. Depression "runs" in families but most people who have a family member with Depression do not develop the illness.

Depression may also begin after personal tragedies or disasters. It is more common at certain stages of life (such as at childbirth). It may also occur with some physical illnesses. However, Depression often causes life stresses which may be incorrectly considered to be causes of Depression.

How Can Depression be Treated?

People experiencing Depression should contact their family doctor or community health centre. Treatments for Depression can help the person return to more normal feelings and to enjoy life. The approach depends on each person's symptoms and circumstances, but will generally take one or more of the following forms:

- Psychological interventions that can help individuals understand their thoughts, behaviours and interpersonal relationships. These treatments often take 8-12 weeks to achieve positive effects.

- Antidepressant medications relieve depressed feelings, restore normal sleep patterns and appetite, and reduce anxiety. Antidepressant medications are not addictive. In young people, they can take 8-10 weeks to achieve their positive effects.
- General supportive counselling assists people in sorting out practical problems and conflicts, and helps them understand how to cope with their Depression.
- Lifestyle changes (such as vigorous physical exercise) may help people who suffer from Depression.
- For some severe forms of Depression, electroconvulsive therapy (ECT) is a safe and effective treatment. It may be lifesaving for people who are psychotic, at high risk of suicide, or who, because of the severity of their illness, have stopped eating or drinking and may die as a result.

For more information on Depression, check out:

www.teenmentalhealth.org/product/tmh-speaks-Depression/

Group #4: Understanding Depression (Reporting Page)

What is Depression?

How common is Depression?

Describe some of the symptoms of Depression:

List and briefly describe some of the main types of Depression:

What type of treatment is available for people experiencing Depression?

What other kinds of support can help a person with Depression recover?

MODULE 3C
Activity #4 Handout

Group #5: Eating Disorders (Fact Sheet)

What are Eating Disorders?

Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are the two most common serious eating disorders. Each illness involves a preoccupation with control over body weight, eating and food.

- People with AN are determined to control the amounts of food they eat
- People with BN tend to feel out of control with food

Anorexia Nervosa may affect up to one in every two hundred and twenty teenage girls. Most people who have Anorexia Nervosa are female, but anyone can develop the disorder.

Bulimia Nervosa may affect up to two in every hundred teenage girls. More females develop Bulimia Nervosa.

While these rates show that few people meet the criteria for eating disorders, it is far more common for people to have unrealistic attitudes about body size and shape. These attitudes may contribute to inappropriate eating or dieting practices, such as fad dieting, which is not the same as having an eating disorder.

Both illnesses can be treated and it is important for the person to seek advice about treatment for either condition as early as possible.

What are the Symptoms of Anorexia Nervosa (AN)?

Anorexia Nervosa is characterized by:

- A loss of at least 15% of body weight resulting from refusal to eat enough food
- Refusal to maintain minimally normal body weight
- An intense fear of becoming ‘fat’ even though the person is underweight
- Cessation of menstrual periods in girls
- Misperception of body image, so that people see themselves as fat when they’re really very thin
- A preoccupation with the preparation of food
- Unusual rituals and activities pertaining to food, such as making lists of ‘good’ and ‘bad’ food and hiding food.

Anorexia Nervosa may begin with a weight loss resulting from dieting. Many people diet but only a few develop AN, so clearly dieting does not cause AN. It is not known why some people go on to develop AN while others do not. As weight decreases, the person’s ability to appropriately judge their body size and make proper decisions about their eating also decreases.

What are the Symptoms of Bulimia Nervosa (BN)?

Bulimia Nervosa is characterized by:

- Eating binges involve consumption of large amounts of calorie-rich food, during which the person feels a loss of personal control and following which the person feels self disgust
- Attempts to compensate for binges and to avoid weight gain by self-induced vomiting, over-exercising and/or abuse of laxatives and diuretics
- Strong concerns about body shape and weight

A person with BN is usually average or slightly above average weight for height, so it is often less recognizable than a person with AN.

BN often starts with rigid weight reduction dieting in an attempt to reach 'thinness'. But again, many people diet while only a few develop BN.

Vomiting after a binge seems to bring a sense of relief, but this is temporary and soon turns to distress and guilt. Some people use laxatives, but these do not cause weight loss. Instead they make it difficult for your body to be healthy by causing dehydration and poor absorption of vitamins and minerals the body needs.

The person can make many efforts to break from the pattern, but the binge/purge/exercise cycle, and the feelings associated with it, may have become compulsive and uncontrollable.

What Causes Anorexia Nervosa and Bulimia Nervosa?

The causes of AN and BN remain unclear. Biological and social factors may be involved. While there are many hypotheses about various factors involved in AN, there is no good scientific evidence which shows causality for one particular pathway.

What are the Effects of Anorexia Nervosa and Bulimia Nervosa?

- **Physical effects** – The physical effects can be serious, but are often reversible if the illnesses are tackled early. If left untreated, AN and BN can be life-threatening. Responding to early warning signs and obtaining early treatment is essential. AN can lead to death from the physical effects of starvation.
    - **Both illnesses, when severe, can cause:**
        - Harm to kidneys
        - Urinary tract infections and damage to the colon
        - Dehydration, constipation and diarrhea
        - Seizures, muscle spasms or cramps
        - Chronic indigestion
        - Loss of menstruation or irregular periods
        - Heart palpitations

- **Many of the effects of AN are related to malnutrition, including:**
  - Absence of menstrual periods
  - Severe sensitivity to cold
  - Growth of down-like hair all over the body
  - Inability to think rationally and to concentrate
- **Severe BN is likely to cause:**
  - Erosion of dental enamel from vomiting
  - Swollen salivary glands
  - The possibility of a ruptured stomach or esophagus
  - Chronic sore throat

- **Emotional and Psychological Effects** – these are likely to include:
  - Difficulty with activities which involve food
  - Loneliness, due to self-imposed isolation and a reluctance to develop personal relationships
  - Deceptive behaviours related to food
  - Fear of the disapproval of others if the illness becomes known, mixed with the hope that family and friends might intervene and offer help
  - Mood swings, changes in personality, emotional outbursts or depressive feelings

How Can Eating Disorders Be Treated?

Changes in eating behaviour may be caused by several illnesses other than AN or BN, so a thorough medical examination by a medical doctor is the first step.

Once the illness has been diagnosed, a range of health providers can be involved in treatment, because the illness affects people both physically and mentally. Professionals involved in treatment may include psychiatrists, psychologists, physicians, dietitians, social workers, occupational therapists and nurses.

Outpatient treatment and attendance in special programs are the preferred method of treatment for people with AN. Hospitalization may be necessary for those who are severely malnourished.

There is no known medication for treating AN. Many people with BN get better taking an antidepressant medicine, even if they do not have Depression.

Dietary education assists with retraining in healthy eating habits.

Counselling and specific therapies such as Cognitive Behavioural Therapy (CBT) are used to help change unhealthy thoughts about eating. The ongoing support of family and friends is essential.

In teenagers, a type of family therapy called Multidimensional Family Therapy is often used.

Group #5: Understanding Eating Disorders (Reporting Page)

What are eating disorders?

How common are eating disorders?

Describe some of the symptoms of Anorexia Nervosa (AN) and Bulimia Nervosa (BN):

What are some physical, emotional and psychological effects of AN and BN?

What type of treatments are available for people experiencing AN and BN?

What other kinds of support can help people with eating disorders recover?

MODULE 3C
Activity #4 Handout

Group #6: Schizophrenia (Fact Sheet)

What is Schizophrenia?

Schizophrenia is a mental illness which affects about one person in every hundred. Schizophrenia is one of a group of illnesses called Psychotic Disorders. It interferes with a person's mental functioning and behaviour, and in the long term may cause changes to their personality.

The first onset of Schizophrenia is usually in adolescence or early adulthood. Some people may experience only one or more brief episodes of psychosis in their lives, and it may not develop the illness called Schizophrenia. For others, it may remain a recurrent or life-long condition.

The onset of the illness may occasionally be rapid, with acute symptoms developing over months. More commonly, it may be slow and develop over years.

Schizophrenia is characterized by two different sets of symptoms: positive and negative. Positive symptoms include delusions (fixed, false beliefs) and hallucinations (perceptual disturbances such as hearing things that are not there).

Negative symptoms refer to things taken away by the illness, so that a person has less energy, less pleasure and interest in normal life activities, spending less time with friends and being less able to think clearly. These symptoms tend to begin gradually and become more pronounced over time.

What are the Symptoms of Schizophrenia?

- **Positive symptoms of Schizophrenia include:**
    - **Delusions** – false beliefs of persecution, guilt or grandeur, or being under outside control. These beliefs will not change regardless of the evidence against them. People with Schizophrenia may describe outside plots against them or think they have special powers or gifts. Sometimes they withdraw from people or hide to avoid imagined persecution.
    - **Hallucinations –** most commonly involving hearing voices. Other less common experiences can include seeing, feeling, tasting or smelling things (which to the person are real but which are not actually there).
    - **Thought disorder –** where the speech may be difficult to follow, for example, jumping from one subject to another with no logical connection. Thoughts and speech may be jumbled and disjointed. The person may think someone is interfering with their mind.

- **Other symptoms of Schizophrenia include:**
    - **Loss of drive –** when the ability to engage in everyday activities (such as washing and cooking) is lost. This lack of drive, initiative or motivation is part of the illness and is not laziness.
    - **Blunted expression of emotions** – where the ability to express emotion is reduced and is often accompanied by a lack of response or an inappropriate response to external events such as feeling happy on a sad occasion.
    - **Social withdrawal** – this may be caused by a number of factors including the fear that someone is going to harm them, or a fear of interacting with others because of a loss of social skills.

- **Lack of insight or awareness of other conditions –** because some experiences such as delusions or hallucinations seem so real, it is common for people with Schizophrenia to be unaware they are ill. For this and other reasons, such as medication side-effects, they may refuse to accept treatment which could be essential for their well being.
- **Thinking difficulties** – a person's concentration, memory and ability to plan and organize may be affected, making it more difficult to reason, communicate and complete daily tasks.

What Causes Schizophrenia?

No single cause has been identified, but several factors are believed to contribute to the onset of Schizophrenia:

- **Genetic factors** – A predisposition to Schizophrenia can run in families and has a genetic cause. In the general population, about one percent of people develop it over their lifetime. Some people develop the illness without having it in their family.
- **Family relationships** – No evidence has been found to support the suggestion that family relationships cause the illness. However, some people with Schizophrenia are sensitive to family tensions which, for them, may be associated with relapses.
- **Environment** – Stress does not cause Schizophrenia. People with Schizophrenia often become anxious, irritable and unable to concentrate before any positive symptoms are evident. This can cause relationships to deteriorate, possibly leading to divorce or unemployment. Often these factors are blamed for the onset of the illness when in fact the illness itself has caused the crisis. There is some evidence that environmental factors that damage brain development (such as a viral illness in utero) may lead to Schizophrenia later in life.
- **Drug use** – The use of some drugs, such as cannabis (marijuana), LSD, crack and crystal meth may to cause a relapse in Schizophrenia. Some people with a particular genetic type may be at higher risk for Schizophrenia if they use marijuana often. Occasionally, severe drug use may lead to Schizophrenia.

Myths, Misunderstandings and Facts

Myths, misunderstandings, negative stereotypes and attitudes surround the issue of mental illness in general - and in particular, Schizophrenia. They result in stigma, discrimination and isolation.

Do people with Schizophrenia have a split personality?

No. Schizophrenia refers to the change in the person's mental function where the thoughts and perceptions become disordered.

Are people with Schizophrenia dangerous?

Not usually. People with Schizophrenia are generally not dangerous when receiving appropriate treatment. However, a minority of people with the illness may become aggressive when experiencing an untreated acute episode, or if they are taking illicit drugs. This is usually expressed to family and friends - rarely to strangers.

Is Schizophrenia a life-long mental disorder?

Like many mental illnesses, Schizophrenia is usually lifelong. However most people, with professional help and social support, learn to manage their symptoms and have a reasonable quality of life. About 20-30 percent

of people with Schizophrenia have only a few psychotic episodes in their lives.

How can Schizophrenia be treated?

The most effective treatment for Schizophrenia involves medication. In addition, psychological counselling and help with managing its impact on everyday life is often needed.

The sooner that Schizophrenia is treated, the better the long-term prognosis or outcome. The opposite is also true: the longer Schizophrenia is left untreated, and the more psychotic breaks are experienced by someone with the illness, the lower the level of eventual recovery. Early intervention is key to helping people recover.

The development of antipsychotic medications has revolutionized the treatment of Schizophrenia. Now, most people can be treated and remain in the community instead of in hospital.

Antipsychotic medications work by correcting the brain chemistry associated with the illness. New medications are emerging which may promote a more complete recovery with fewer side effects than the older versions.

Schizophrenia is an illness like many physical illnesses. Just as insulin is a lifeline for people with diabetes, antipsychotic medications can be a lifeline for a person with Schizophrenia. Just as with diabetes, some people will need to take medication indefinitely to prevent a relapse and keep symptoms under control.

Though there is no known cure for Schizophrenia, but regular contact with a doctor or psychiatrist and other mental health professionals such as nurses, occupational therapists and psychologists can help a person with Schizophrenia recover and get on with their lives. Informal supports such as self-help and social support are also very important to recovery. Meaningful activity, employment assistance and adequate housing and income are all essential to keeping people healthy.

Sometimes specific therapies directed toward symptoms (such as delusions) may also be useful.

Counselling and social support can help people with Schizophrenia overcome problems with finances, housing, work, socializing and interpersonal relationships.

With effective treatment and support, most people with Schizophrenia can lead fulfilling and productive lives.

Group #6: Understanding Schizophrenia (Reporting Page)

What is Schizophrenia?

How common is Schizophrenia?

Describe some of the symptoms of Schizophrenia:

List and briefly explain some of the factors that may contribute to the onset of Schizophrenia:

What type of treatment is available for people with Schizophrenia?

What other kinds of support can help people with Schizophrenia recover?

MODULE 3C
Activity #4 Handout

Group #7: Obsessive Compulsive Disorder (OCD) (Fact Sheet)

What is OCD?

Obsessive Compulsive Disorder (OCD) is a disturbance of specific brain circuits that leads to two different but related symptoms called “obsessions” and “compulsions”. In OCD a person experiences persistent, recurrent, intrusive and unwanted thoughts, ideas or fears (obsessions) and repeated, ritualized behaviours (compulsions) that are done to try and stop the worry and anxiety brought on by the obsessions.

Obsessions are frequent, persistent, recurring thoughts that the person wants to get rid of but can’t. These thoughts are so pervasive that they can take over a person’s life, constantly intruding into and disrupting every-day activities. The person does not really believe that the thoughts are true but has great difficulty in stopping them. These recurring thoughts cause significant worry and anxiety and may lead to compulsions. Obsessive thoughts commonly involve contamination (for example “there are germs on my hands and I will catch a horrible disease”) or harm (“my brother will die”).

Compulsions are the persistent repetitive rituals that a person does to try and obtain relief from the obsession. Common compulsions include: ordering, washing, counting, tapping, and repeating. These compulsions can take many hours in a day to perform and a person experiencing them frequently feels a strong urge to do them even thought they do not want to.

Although OCD can begin at many different points in a person’s life, most commonly it starts before age 20. About 2-3 percent of the population will experience OCD during their lifetime.

Everybody experiences occasional repetitive thoughts, phrases, worries (such as “did I lock the door?”) or even musical snippets (called “ear worms”). These are normal and are not obsessions. Everyone also experiences occasional repetitive behaviours such as checking to make sure the door is locked or the stove is turned off (even though they know it is). These are not compulsions.

What Causes OCD?

We think that a combination of different things, including genetics and environmental factors lead to OCD. One recently discovered environmental factor is a bacterial infection that leads to an immune reaction involving the brain circuits that are involved in OCD.

How can OCD be Treated?

A number of treatments are available for OCD. These include both biological and psychological treatments. Selective Serotonin Reuptake Inhibitor (SSRI) medicines and Cognitive Behavioural Therapy (CBT) are prescribed together to help treat the person that has OCD. Sometimes family therapy is provided because having OCD can affect how a person’s family is doing.

A person with OCD can also do a number of other things to try and help manage their condition. These include exercise and activities that require intensive concentration. While these can be somewhat helpful, they do not take the place of SSRI and CBT treatments.

Group #7: Understanding Obsessive Compulsive Disorder (OCD) (Reporting Page)

What is OCD?

How common is OCD?

Describe some of the symptoms of OCD:

What combination of factors is thought to cause OCD?

What type of treatment is available for people with OCD?

What other kinds of support can help people with OCD recover?

MODULE 3C
Activity #4 Handout

Group #8: Post-Traumatic Stress Disorder (PTSD) (Fact Sheet)

What is Post-Traumatic Stress Disorder (PTSD)?

PTSD is a disturbance of the normal stress response to a severe and often life-threatening event. This response persists well beyond the expected time and causes significant problems in daily life. Sometimes the PTSD can be so intense that a person has great difficulties at home, work or school and may require a brief period of time in hospital to help recover.

Everyone experiences substantial symptoms of emotional distress when faced with a severe and sometimes life-threatening stressor (such as: being in an automobile accident, being sexually assaulted, witnessing a murder or an event where people die, experiencing an earthquake, etc.). These symptoms include: anxiety, fear, trouble sleeping, bad dreams, recurring thoughts or images of the event, irritability, etc. These symptoms are normal; everyone who lives through such an experience has them. This is not PTSD. It is called an Acute Stress Reaction (ASR) and it gradually goes away over a few months if the person is in a safe environment and receives support from their family and friends.

PTSD is the continuation of the ASR for many months or even years, and also includes other symptoms such as: re-experiencing the event, persistent high emotional intensity, feeling of "being on edge", nightmares, depressed mood and even suicidal thoughts. Fortunately, the majority of people who experience severe and sometimes life-threatening events do not develop PTSD – in fact, most don't.

Recently it has become popular to use the word "trauma" to describe negative but common life events such as failing an exam, going through a difficult breakup, or leaving home to go to college. The use of the word "trauma" has also been used to indicate feeling hurt, angry or upset if someone challenges a person's political, religious or other beliefs. These are not trauma. They may lead to negative emotions but do not cause PTSD. We need to be clear in our language.

What Causes PTSD?

Unlike all other mental illnesses, PTSD is ALWAYS caused by a terrible event that occurs in a person's life. However, most people who experience such events do not develop PTSD. Recently scientists have discovered that genes also play an important role in determining who will and who will not develop PTSD.

How can PTSD be Treated?

PTSD is usually diagnosed if severe symptoms that negatively impact daily life have persisted for months after the event. A number of psychological treatments can be prescribed and can be helpful for many people. Some people with PTSD will also benefit from taking one of a number of different medications. We also know that some things we do for people after they experience a traumatic event can increase the risk that they will get PTSD. These things include forcing people to talk about the event after they have experienced it in the mistaken belief that forcing them to talk about it will make it better for them.

Support from family members, friends and the wider community are helpful for people who have PTSD. As with all mental disorders, taking care of your physical health by getting enough exercise, eating healthy food, limiting use of alcohol, avoiding drugs and being with people who care for you can provide additional benefit to prescribed treatments.

Group #8: Understanding Post-Traumatic Stress Disorder (PTSD) (Reporting Page)

What is PTSD?

How common is PTSD?

Describe some of the symptoms of PTSD:

What combination of factors is thought to cause PTSD?

What type of treatment is available for people with PTSD?

What other kinds of support can help people with PTSD recover?

MODULE 3C
Activity #5

Sharing the Pieces (20 minutes)

Purpose:

- In this activity, the group reporters will share their new knowledge about their mental illness with others in the class. In this way, all students will gain an increased understanding of the mental illnesses covered in the unit.

How-to:

1) Have the reporter from each group present their Reporting Page to the class.

2) Guide discussions and provide further information as indicated.

Parents and Mental Illness

Some of your students will have a parent or other family member (including a sibling) who has a mental illness. Information about how to better deal with the experience of having a parent or sibling with a mental illness is now available at **www.teenmentalhealth.org/product/family-pack/**. Please bring the "Family Pack" to the attention of your students by showing the class where they can find it.