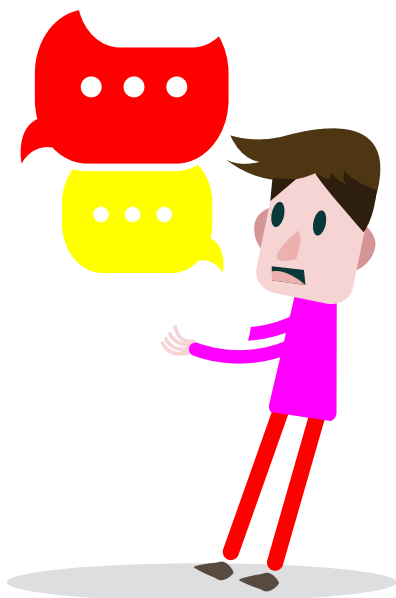


The Mental Health Commission of Canada (MHCC) reports that “many people living with mental illness say the stigma they face is often worse than the illness itself.”

In the context of these lessons, the US Substance Abuse and Mental Health Services Agency (SAMHSA) defines stigma as “a cluster of negative attitudes and beliefs that motivates the general public to fear, reject, avoid and discriminate against people with mental illness” (SAMHSA 2004). The MHCC reports that one of the most substantial ways that this stigma affects people is that 60% of people with a mental illness won’t seek out the help they need due to the stigma associated with being labelled mentally ill.

As educators, we have the ability to work towards the elimination of stigma and discrimination by teaching the new generation that people with a mental illness are not to be feared, judged, avoided or discriminated against.

Mental illness and mental health are gaining more traction in our collective consciousness, and we can further that cause by bringing the discussion into our classrooms. These lesson plans, in partnership with our *Creating a Compassionate Classroom* booklet, were created as resources to do just that.



60% of people with a mental illness won't seek out the help they need due to the stigma associated with being labelled mentally ill.



This lesson plan is adapted from the Mental Health and High School Curriculum Guide from the Canadian Mental Health Association, available online at [www.cmha.ca/highschoolcurriculum](http://www.cmha.ca/highschoolcurriculum).

### **Learning Objectives**

The student will

- understand the stigma surrounding mental health problems, and the impact of stigma and discrimination on help-seeking behaviour,
- be aware of the myths and the realities of mental illness,
- consider attitudes about mental illness and
- exhibit a realistic and positive understanding of mental illness.

### **Activities**

- Activity 1: Defining Stigma
- Activity 2: Exploring Attitudes—Survey
- Activity 3: Reducing Stigma—What Works?

### **Materials**

- Activity 1 Handout—Defining Stigma (one per student)
- Activity 2 Survey—Personal Attitudes Survey (one per student)
- Activity 2 Resource—Personal Attitudes Survey: Best Answers (teacher copy)
- Activity 3 Handout—Reducing Stigma—What Works? (one per student)

## Activity 1: Defining Stigma (10 minutes)

1. Ask students if they know what the word “stigma” means.
2. Hand out Activity 1 Handout—Defining Stigma.
3. Lead a whole-class discussion of the definition of “stigma,” and the relationship between stigma, stereotyping and discrimination.

### Questions to Guide Discussion

What are some of the negative things you have heard about people with mental illness? (Responses may include things like a link to violence, etc.)

What are some of the positive things you have heard about mental illness? (Responses may include things like a link to creativity.) While this may be seen as positive, remind students that generalizing can also be a form of stereotyping.

Why do you think people with mental illness are stigmatized? (Possible answers include “They are seen as being different” and “People don’t really know the facts about mental illness.”)

Can you think of any other health conditions or social issues that have been stigmatized throughout history? (Possible answers include same-sex relationships, leprosy, AIDS, unwed motherhood, divorce.)

What factors have contributed to changing public attitudes about some of these conditions or issues? (Possible answers include education, public policy, open dialogue, scientific research, changing social mores.)

What do you think influences perceptions about mental illness? (Possible answers include the media, films, news, newspaper headlines and stories that associate people with mental illness with violence, the fact that people with mental illness sometimes behave differently and people are afraid of what they don’t understand.)

How do you think stigma affects the lives of people with mental illness? (Possible answers include people deciding not to get help and treatment even though they would benefit from it, unhappiness, inability to get a job or find housing, losing their friends, stress on the whole family.)



## Activity 2: Examining Attitudes (15 minutes)

1. Hand out Activity 2 Survey—Personal Attitudes Survey.
2. Have students complete the personal attitudes survey individually.
3. Using a show of hands, compile the results of the survey on the board. Have students record the class results on their handout.
4. Ask students to share some general observations about the group's results. For example, only half the people surveyed agreed that they would have someone with a mental illness as a close friend; most people believe that medication for life is the best treatment.
5. Review the results of the class survey by comparing the results with the Activity 2 Resource—Personal Attitudes Survey: Best Answers. Facilitate a classwide discussion about the survey results, highlighting items that may be surprising to the group.



Encourage students to apply the strategies for reducing stigma in the school, at home and in the community.

## Activity 3: Reducing Stigma (5 minutes)

1. Hand out Activity 3 Handout—Reducing Stigma—What Works?
2. Encourage students to apply the strategies for reducing stigma in the school, at home and in the community.
3. Remind students that things have improved since the days of the “looney bin”; however, there are still many examples of people living with mental illness being portrayed as violent and ridiculed in the media and popular culture. Have students think about topical stories from the news, movies and TV shows.

## Activity 1 Handout

### Defining Stigma

The following are definitions of “stigma” taken from different sources and different historical periods.

“A mark or sign of disgrace or discredit; a visible sign or characteristic of disease.”

*The Concise Oxford Dictionary, 1990*

“An attribute which is deeply discrediting.”

Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity, 1963*

“A distinguishing mark or characteristic of a bad or objectionable kind; a sign of some specific disorder, as hysteria; a mark made upon the skin by burning with a hot iron, as a token of infamy or subjection; a brand; a mark of disgrace or infamy; a sign of severe censure or condemnation, regarded as impressed on a person or thing.”

*The Shorter Oxford Dictionary, Fourth Edition, 1993*

Stigma is not just a matter of  
using the wrong word or action.  
Stigma is about disrespect.

### The Stigma of Mental Illness

“Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.”

SAMHSA, *School Materials for a Mental Health Friendly Classroom, 2004*



## **Terms Related to Stigma**

### *Stereotype*

“A person or thing that conforms to an unjustly fixed impression or attitude.”

Stereotypes are attitudes about a group of people (e.g., “All people with mental illness are dangerous.”).

### *Prejudice*

“a preconceived opinion”

Prejudice is agreeing with the stereotypes (e.g., “I think people with mental illness are dangerous.”).

### *Discrimination*

“unfavourable treatment based on prejudice”

Discrimination is the behaviour that results: “I don’t want people with mental illness around me; therefore, I discriminate against them by not hiring them, not being friends with them, etc.”

*The Concise Oxford Dictionary, 1996*



## Activity 2 Survey

### Personal Attitudes Survey

Check the most appropriate answer

1 People should work out their own mental health problems.

- Agree
- Disagree
- Not sure

6 Adults are more likely than teenagers to have a mental illness.

- Agree
- Disagree
- Not sure

2 Once you have a mental illness, you have it for life.

- Agree
- Disagree
- Not sure

7 You can tell by looking at people whether they have a mental illness.

- Agree
- Disagree
- Not sure

3 Females are more likely to have a mental illness than are males.

- Agree
- Disagree
- Not sure

8 People with a mental illness are generally shy and quiet.

- Agree
- Disagree
- Not sure

4 Medication is the best treatment for mental illness.

- Agree
- Disagree
- Not sure

9 Mental illness only happens to certain kinds of people.

- Agree
- Disagree
- Not sure

5 People with a mental illness are generally violent and dangerous.

- Agree
- Disagree
- Not sure

10 Most people will never be affected by mental illness.

- Agree
- Disagree
- Not sure



## Activity 2 Resource

### Personal Attitudes Survey: Best Answers

1. **People should work out their own mental health problems.**

Not true. When people have a physical health concern, they generally take some action and often go to the doctor or seek some other kind of help for their problem. Mental illness is associated with changes in brain functioning and usually requires professional assistance. Because of the stigma surrounding mental illness, many people are reluctant to seek help.

2. **Once you have a mental illness, you have it for life.**

While it's true that most mental illnesses are lifelong, they are often episodic, which means that the symptoms are not always present. Just like people who live with chronic physical illnesses like arthritis and asthma, people with mental illnesses can, when the illness is managed, live positive and productive lives.

3. **Females are more likely to have a mental illness than are males.**

Men and women are equally affected by mental illness in general, but women may experience higher rates of specific illnesses such as eating disorders and depression. Men have higher rates for some disorders such as alcoholism and ADHD. Some illnesses are relatively equally shared by men and women, like bipolar disorder.

It may seem that women are more likely to have a mental illness than men, but this may be because women are more likely to seek help for mental and emotional difficulties and to share their concerns with friends than are men.

4. **Medication is the best treatment for mental illness.**

Medication can be a very effective part of managing a mental illness, but it is by no means the only type of treatment or support that helps people recover. A wide range of appropriate interventions, including medication, counselling, social and recreational groups, self-help, holistic health, religious support, hospital care, exercise and nutrition are options for helping people recover and stay well. The best approach is to have a combination of strategies that have been proven to be effective.



5. **People with a mental illness are generally violent and dangerous.**

People with mental illness are generally not more violent than the rest of the population. Mental illness plays no part in the majority of violent crimes committed in our society. In fact, a person with a mental illness is more likely to be a victim of violence than the perpetrator. The assumption that any and every mental illness carries with it an almost certain potential for violence has been proven wrong in many studies. Often, it is the misrepresentation by the media that leads to this false belief.

6. **Adults are more likely than teenagers to have a mental illness.**

Some illnesses are first diagnosed in childhood but many more begin to appear during the late teenage years and into early adulthood.

7. **You can tell by looking at people whether they have a mental illness.**

Sometimes if a person is experiencing symptoms of their mental illness, how they are feeling, thinking and behaving may be different from what is normal for them, but generally, you cannot tell if a person has a mental illness based on his or her appearance

8. **People with a mental illness are generally shy and quiet.**

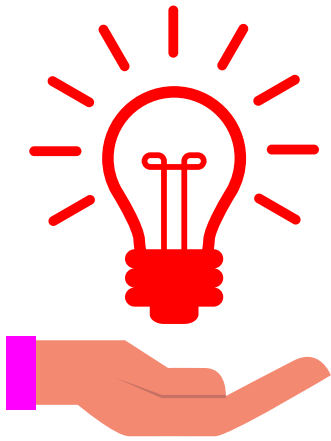
There is no strong causal relationship between personality characteristics and a tendency to develop mental illness. Some mental disorders, however, such as depression, anxiety and schizophrenia can lead people to avoid or limit social contact.

9. **Mental illness only happens to certain kinds of people.**

This is incorrect; mental illness can happen to anyone.

10. **Most people will never be affected by mental illness.**

The statistic in Canada is that one in five people will experience a mental illness at some point in their life. When thought of in this context, everyone is affected by mental illness, either directly (by having a mental illness themselves) or indirectly (by knowing someone with a mental illness).



## Activity 3 Handout

### Reducing Stigma—What Works?

There is no simple or single strategy to eliminate the stigma associated with mental illness, but some positive steps can be taken. Remember the acronym “WALLS” to help reduce stigma.

#### Watch your language

Make sure you are not using language or comments that stigmatize people with mental illness.

#### Ask questions

A lot can be learned by asking questions of a mental health professional like a counsellor or doctor, or a person who has lived experience with a mental illness.

#### Learn more

Great resources are available online to help educate you on different mental illnesses. Increased education means fewer misunderstandings and less stigma.

#### Listen to experiences

Once you have learned a bit about mental illness, consider asking someone you know about their experience with mental illness. If you are considerate and respectful, they may be comfortable speaking about their experiences. If you have lived experience, consider sharing your story with others.

#### Speak out

Help reduce stigma by speaking out when others stigmatize people with mental illnesses or spread misconceptions.

## Youth Mental Health—Additional Resources

### Websites

[kidshelpphone.ca](http://kidshelpphone.ca) or 1-888-668-6868

[help4me.ca](http://help4me.ca)

[calgaryconnecteen.com](http://calgaryconnecteen.com)

[youthsmart.ca](http://youthsmart.ca)

[cmha.ca/highschool/studentsH.htm](http://cmha.ca/highschool/studentsH.htm)

[rightbyyou.ca](http://rightbyyou.ca)

[211.ca](http://211.ca)

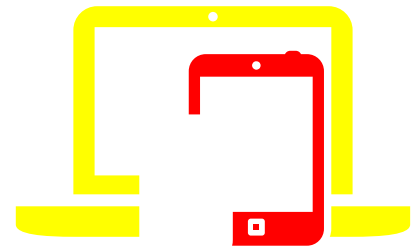
[mindyourmind.ca](http://mindyourmind.ca)

[7cupsoftea.com](http://7cupsoftea.com)

[au.reachout.com](http://au.reachout.com)

[mind.org.uk](http://mind.org.uk)

[jack.org](http://jack.org)



### Phone Numbers

Kids Help Phone: 1-800-668-6868

Rural Distress Line: 1-800-232-7288

Suicide Crisis Hotline: 1-800-448-3000

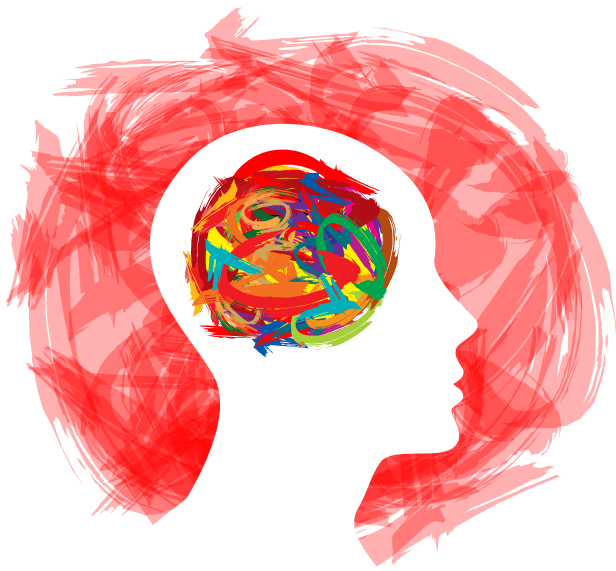
Bullying Helpline: 1-888-456-2323

Mental Health Helpline: 1-877-303-2642

Child Abuse Hotline: 1-800-387-KIDS (5437)

Addictions Helpline: 1-866-332-2322

Health Link: 811



This activity is to raise students' awareness of their emotional states and bring attention to unhealthy behaviour that may suggest the presence of a mental illness or mental health problem. They are also tools students can use to communicate their emotional state to others. If a student suspects they may have an anxiety disorder, tracking the frequency and severity of their emotions can help them communicate to a guardian or doctor what they are experiencing.

Students are to fill out the Mind Tracker on their own a few times per day for at least two weeks. The Trackers are intended to be private and, generally, should not be reviewed by a teacher so that students will feel comfortable being honest and truthful.

Students are encouraged to note any strong moods they experience, how much sleep they are getting, how they are eating and how much they are exercising. Students should also note unhealthy behaviour like drug and alcohol use, self-harm and suicidal thoughts.

Over time, some students may notice patterns beginning to emerge (less sleep = irritability, etc.). These patterns can be reflected on as a group or individually.

Some unhealthy patterns should be mentioned to class as reasons for reaching out to a teacher, guardian, counsellor or other supports in your school or community. These include any thoughts of suicide and/or self-harm, alcohol and/or drug abuse, over or undereating, sleeping very little or a lot, extreme energy/mood, as well as long-lasting irritability, sadness, anger or anxiety. These patterns may indicate a serious problem that requires attention from a mental health professional.

# Mind Tracker

Throughout the day, use the symbols to track how you are feeling, what you are doing and anything else that you are concerned about. If your moods, thoughts or behaviours are getting in the way of everyday life, take this tracker to an adult. If you reach out, things CAN change and you CAN feel better.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I felt...				How much (many) _____ did I...				Other	
😊	Happy	😬	Hyper	zzz	Sleep	D	Drugs		
☹️	Sad	😬	Anxious	F	Food	Al	Alcohol		
😫	Tired	😬	Irritable	E	Exercise	SH	Self Harm		
😡	Angry	😊	Calm	C	Cigarettes	S	Thoughts of suicide		

**Need to talk?** There is ALWAYS someone you can talk to:

Kids Help Phone 1-800-668-6868

Rural Distress Line: 1-800-232-7288

Suicide Crisis Hotline: 1-800-448-3000

Bullying Helpline: 1-888-456-2323



**Canadian Mental  
Health Association**

*Mental health for all*



### **Senior high school project**

Examine portrayals of mental illness in the media or in pop culture and discuss how they do or do not stigmatize mental illness and people with lived experience.

### **Junior high project**

Have students research facts about mental illness that reduce stigma and have them create a poster to put up in the school (e.g. “one in five Canadians will experience a mental illness at some point in their lives”; “recovery is a journey that starts with reaching out”; “stamp out stigma”).

### **Elementary project**

Have students research a famous/influential person they admire who lived/lives with a mental illness and share what they accomplished/have accomplished.

### **Contact your local CMHA**

Many organizations offer education programs for schools on the topic of mental illness.

Whether it is neglecting our diet, taking on more than we are able to do, feeling irritable and anxious, having difficulty making decisions and even experiencing stomach upset and increased heart rate, we all find ourselves falling victim to unmanaged stress. These experiences are an extension of the fight or flight response—an adaptive feature of our bodies that helps us deal with a threat. While being fueled by adrenaline and having an increased heart and breathing rate, and other ways that our body becomes physically ready, are very good in the short term for threats to our immediate physical danger, a prolonged and unmanaged response can lead to long-term health repercussions. Part of dealing with stress and anxiety is the ability to recognize stress and implement strategies to deal with it before it becomes an overwhelming problem.





This lesson plan is adapted from the presentation Youth Stress available as part of the education program from the Canadian Mental Health Association, Calgary Region. Many thanks to Kimberly Feist.

### **Learning Objectives**

The student will

- demonstrate awareness of his or her own levels of stress;
- recognize that management of positive/negative stress can affect health,
- recognize that stressors affect individuals differently, and outline ways individuals respond to stress and
- develop personal strategies for dealing with stress/change.

### **Activities**

- Activity 1: Stress Test
- Activity 2: Effects of Stress
- Activity 3: Coping with Stress

### **Materials**

- Activity 1 Handout—Stress Test (one per student)
- Chart paper and felt pens
- Activity 2 Resource—Effects of Stress (teacher copy)
- Activity 3 Handout—Coping with Stress (one per student)



## Activity 1: Stress Test (10 minutes)

1. Hand out Activity 1 Handout—Stress Test.
2. Instruct students to complete the stress test by choosing a number between 1 and 4 to indicate how often they experience each symptom.

1 = Never or Seldom

2 = Sometimes

3 = Often

4 = Always

Students can keep a running tally at the bottom of the survey if they don't want to record their responses beside the individual items.

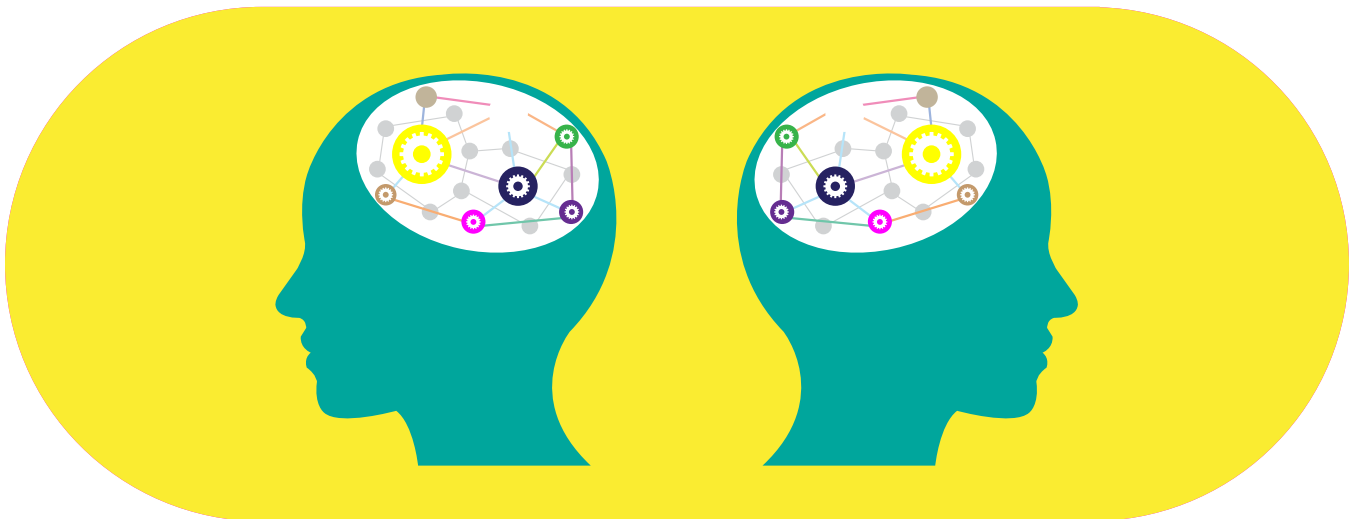
3. Have students add up the numbers on the stress test, then write the following scoring guide on the board:

Under 20—Low Stress

21 to 30—Medium Stress

31 and up—High Stress 12

4. Let students know that  
stress is a normal reaction to the demands of life;  
when your brain perceives a threat, your body releases a burst of hormones to fuel your fight/flight/freeze response; and  
when the threat is gone, your body returns to normal.



## Activity 2: Effects of Stress (15 minutes)

1. Separate students into groups of three to five and ask them to briefly discuss some of the situations that make them experience stress. Allow them three to four minutes to discuss.
2. Ask the students to think about how and what they feel when they are feeling stress.
3. Have the students brainstorm and list on the chart paper different effects that they feel when they are stressed. Encourage them to think about the following types of symptoms:
  - Emotional (feelings)
  - Physical
  - Mental (thoughts)
4. Allow the groups four to five minutes to compile a list.
5. Ask one member of each group to share their list of effects of stress and talk about the different symptoms that come up commonly.
6. Share any items from Activity 2 Resource—Effects of Stress that have not been mentioned.

## Activity 3: Coping with Stress (5 minutes)

1. Hand out Activity 3 Handout—Coping with Stress.
2. Inform students that there are healthy and unhealthy ways of dealing with stress. The healthy ways help to reduce stress and relieve symptoms. Unhealthy ways of dealing with stress actually mask the symptoms and causes of stress, may introduce new stressors and may increase the effects of stress in the future.
3. Have students think about how they manage their own stress and how they can incorporate healthy stress management into their lives.



## Activity 1 Handout

Rate each of the following statements on a scale of 1 to 4

1 = Never or Seldom

2 = Sometimes

3 = Often

4 = Always

### Stress Test

- 1 I have problems falling asleep or staying asleep.
- 2 I am uptight and cannot seem to relax.
- 3 I get angry if things do not go my way.
- 4 I have difficulty concentrating.
- 5 I have a hard time finding fun things to do.
- 6 I feel tired during the day.
- 7 I worry a lot about things going on in my life.
- 8 I have had health problems because I work too hard.
- 9 I use alcohol, cigarettes, caffeine or drugs to cope with stress.
- 10 I laugh or smile less than I used to.
- 11 I feel sad or disappointed often.
- 12 I like to be in control.
- 13 I don't have enough time for all the things in my life.
- 14 I have a habit of clenching my fists, cracking my knuckles, twirling my hair or tapping my fingers.

Total

## Activity 2 Resource

### Effects of Stress

#### *Fight or Flight*

- ↑ Heart rate
- ↑ Pulse
- ↑ Blood pressure
- ↑ Muscle contraction/tension
- ↑ Shallow chest breathing
- ↓ Blood vessel size
- ↓ Digestive action
- ↑ Body temperature

#### *Relaxed State*

- ↓ Heart rate
- ↓ Pulse
- ↓ Blood pressure
- ↓ Muscle contraction/tension
- ↑ Deep abdominal breathing
- ↑ Blood vessel size
- ↑ Digestive action
- ↓ Body temperature

#### *Emotional*

Overwhelmed  
Nervous  
Anxious  
Worried  
Frustrated  
Unhappy/depressed  
Uncomfortable  
Freaking out  
Out of control  
Angry

#### *Physical*

Trouble breathing  
Trouble sleeping  
Stomach aches  
Dizziness  
Eating more or less  
Headaches  
Acne  
Aches and pains  
Tension in muscles  
Panic  
Chest pains  
Susceptibility to physical or mental illness

#### *Mental*

Exaggerating things  
Having bad thoughts  
Having too much to think about  
Can't make a decision  
Overthinking  
Negative thinking  
Can't concentrate  
Blanking out

# Activity 3 Handout

## Coping with Stress

### *Healthy Strategies*

- Get plenty of rest
- Set time for yourself
- Favourite childhood activity
- Breathing exercises
- Exercise
- Work out
- Play video games
- Listen to music
- Eat healthy food
- Drink water
- Talk to friends
- Meditate
- Watch a movie
- Spend time with a pet
- Take a bath or shower
- Focus on the good things
- Use a positive affirmation
- Watch a funny video
- Set realistic expectations
- Ask for help
- Leave the situation
- Manage your time
- Be organized
- Spend time with others



### *Unhealthy Strategies*

- Drugs or alcohol
- Unhealthy food
- Caffeine
- Smoking
- Venting
- Bottling up your emotions
- Physical violence
- Taking it out on others
- Not being able to say no

## Youth Mental Health—Additional Resources

### Websites

[kidshelpphone.ca](http://kidshelpphone.ca) or 1-888-668-6868

[help4me.ca](http://help4me.ca)

[calgaryconnectteen.com](http://calgaryconnectteen.com)

[youthsmart.ca](http://youthsmart.ca)

[cmha.ca/highschool/studentsH.htm](http://cmha.ca/highschool/studentsH.htm)

[rightbyyou.ca](http://rightbyyou.ca)

[211.ca](http://211.ca)

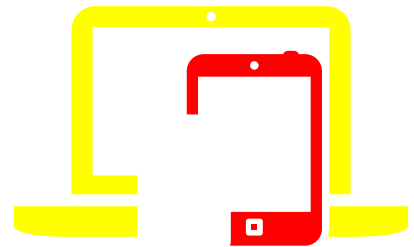
[mindyourmind.ca](http://mindyourmind.ca)

[7cupsoftea.com](http://7cupsoftea.com)

[au.reachout.com](http://au.reachout.com)

[mind.org.uk](http://mind.org.uk)

[jack.org](http://jack.org)



### Phone Numbers

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Child Abuse Hotline: 1-800-387-KIDS (5437)

Addictions Helpline: 1-866-332-2322

Health Link: 811



Over the course of a week, have students mark off the tasks on the bingo sheet. You can also have parents initial that the student completed the task. Completed sheets earn points for a team. The winning team gets to choose their favourite stress management technique to do as a class.



# Stress Management Bingo

During the week, try these stress management tips. They can help you to take a break from your stress, help you stay organized and solve your problems, and also help you to feel better.

Slept/rested for 9 hours.

Did homework as soon as I got home.

Made a list of things I needed to do.

Found something that made me laugh when I was upset.

Listened to some music when I felt stressed.

Exercised for 30 minutes three times in one week.

Talked to someone about something that was bothering me.

Wanted to procrastinate, but did something important instead.

Asked for help with a problem.

Tried deep breathing, meditation.

Chose a healthy snack instead of junk food.

Spent 30 minutes or more relaxing outside or with an animal.

Watched my favourite TV/Netflix show!

Stretched my muscles or did yoga.

Read a book or comic for 30 minutes or more.

Wrote in a journal about my day.

Did my favourite hobby.

Started with the hardest task first.

Made a schedule (including relaxation time).

Brainstormed ways to solve a problem.

Spent 30 minutes learning something new.

Said a positive affirmation to myself when I was stressed.

Said "no" to an optional request so I could have time for myself.

Did something creative.

Spent time with a friend/loved one.

The goal of this activity is to improve self-esteem, raise awareness of personal skills and strengths and build class cohesion.

The goal of this activity is to improve self-esteem, raise awareness of personal skills and strengths and build class cohesion.

Students sit in a circle and the teacher draws a student's name out of a hat. The name is said and students are given one minute to think of something they want to recognize about that person. The activity is designed to point out strengths and skills versus beauty or popularity, so comments like "she is pretty" or "I like him" should be discouraged in favour of things like "she always plays fair," "he helps tidy the class," "he is helpful to others," "she is good at math" etc.

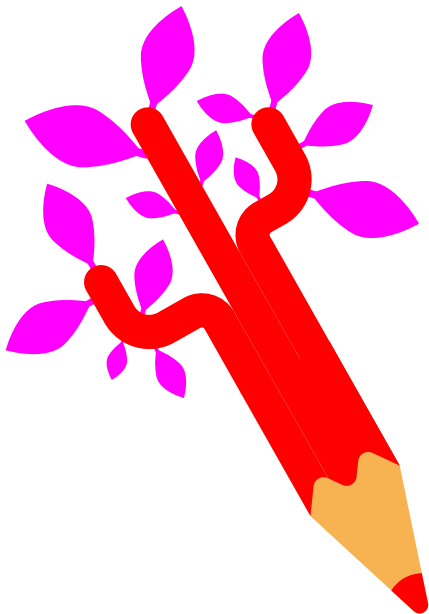
For younger grades, instead of recognizing a strength or skill, students can take turns thanking the individual for something, for example, "thanks for helping me clean up," "thanks for being a good friend," "thanks for playing with me at recess," etc.

Once each student has had a chance to say something to the person, the student can thank the class for the recognition, and then the teacher can choose a new name and the process repeats.

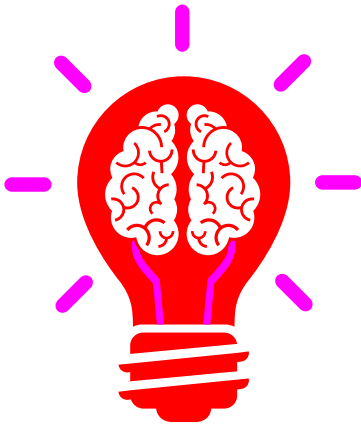
Two or three names can be chosen per day or once per week until all students have had a chance to hear nice things said about them. Then all the names are put back into the hat and the cycle repeats.



Emotional responses to various situations depend on how we think about the specific situation. What we think will influence how we feel. Even if we cannot change the situation, we can change the way we think about it and therefore the way we feel and act. Our inner voice can be both an ally and a fearsome enemy. This voice is often referred to as negative self-talk and positive self-talk. It is this self-talk (or interior dialogue) that guides our feelings and behaviours. Discovering how to identify our thinking and change our thoughts is a crucial step in dealing with stress and difficult feelings. At times we have great difficulty silencing the negative voice. In this lesson, we will practise changing our inner voice from negative to positive self-talk to help deal with difficult feelings.



Self-talk—the messages we send to ourselves—is extremely influential to our mood, motivation and mental health. Unfortunately, self-talk can be so automatic that it seems like it is not even there. By learning to recognize negative self-talk—the unhelpful thinking styles that affect us in negative ways—we can challenge and change these messages and the resulting feelings we have.



## Activity 1: The Big 'R' — Recognizing negative self-talk

Take a look at these unhelpful thinking styles. Fill in the two columns labelled “Activity 1” with an example from your life and the related feelings you had when you had the thoughts.

It can be hard to spot negative self-talk. Try thinking of recent events that have caused you to feel sad, anxious or frustrated and then recall the thoughts you were having.

### 1 Jumping to conclusions:

when we assume what others are thinking or when we make predictions about the future.

Jumping to conclusions	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: “CC”
My friend was late meeting with me. He must not like me enough to be on time. He will probably stop hanging out with me.	Hurt, lonely			

### 2 Personalisation:

when we blame ourselves for things we have little or no control over.

Personalisation	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: “CC”
The bus came early and so I missed it! I should have known it would.	Stupid, angry at myself			



### 3 Catastrophizing:

when we think of a situation as the worst it could possibly be.

Catastrophizing	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: "CC"
I got only a B on my test. I am going to fail this class.	Upset, discouraged			

### 4 Shoulding:

when we place unrealistic expectations on ourselves.

Shoulding	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: "CC"
I should run every morning because I should lose a lot of weight.	Feel like a failure when I can't live up to this expectation			

### 5 Overgeneralisation:

when we take one example and place it on all present and past experiences.

Overgeneralisation	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: "CC"
My teacher always yells at me.	Angry, frustrated			



## 6 Labelling:

when we label ourselves or others because of a specific circumstance and do not take other examples into consideration.

Labelling	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: "CC"
I am so stupid, I can't do anything right.	Worthless, unmotivated			

## 7 Emotional Reasoning:

when we take the way we are feeling

Emotional Reasoning	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: "CC"
I feel so nervous for this speech; I'm going to forget what to say and embarrass myself.	Terrified, defeated			

## 8 Magnification and Minimisation:

when you focus on the positives of others and make smaller the positives of yourself.

Magnification and Minimisation	Feelings	Activity 1: Personal example	Activity 1: Feelings I had	Activity 2: "CC"
They are so talented; I got a goal only because I was lucky.	Disappointed, frustrated			

## Activity 2: The “CC” – Challenging and changing negative self-talk

The hard part is over! Now that we have recognised negative self-talk, we need to challenge and change it.

### Ask yourself

How realistic are these thoughts?

Is there a different way to see the situation?

How would someone outside the situation see it?

Would I see it in the same way if I was in a better mood?

Is it helpful to see the situation in this way?

What positive self-talk can I use instead?

Here are a few examples:



Jumping to conclusions	Feelings	Activity 2: “CC”
My friend was late meeting with me. He must not like me enough to be on time.	Hurt, lonely	My friend is probably late because he is so busy. I am glad he is here now so we can hang out!
Jumping to conclusions	Feelings	Activity 2: “CC”
They are so talented; I got a goal only because I was lucky.	Disappointed, frustrated	I work hard to develop my skills. I did a good job getting that goal!

Fill in the column labelled “Activity 2” with your new positive self-talk.

## Conclusion

When you start having negative emotions, it is time to “RCC”: recognize, challenge and change negative self-talk. This is one way to improve your mood, motivation and mental health!



This lesson plan is adapted from the Elementary Mental Health Kit from Alberta Health Services, Edmonton Catholic School District, Edmonton Public School Board and the Canadian Mental Health Association. Many thanks to Cheryl Shinkaruk.

### **Learning Objectives**

The student will

- recognize that management of positive/negative stress can affect health;
- recognize that stressors affect individuals differently, and outline ways individuals respond to stress; and
- develop personal strategies for dealing with stress/change.

### **Activities**

- Activity 1: Listening to My Negative Voice
- Activity 2: Negative Voice Scenarios
- Activity 3: Listening to My Positive Voice
- Activity 4: Positive Voice Scenarios

### **Materials**

- Activity 1 Handout—Listening to My Negative Voice (one per student)
- Activity 3 Handout—Listening to My Positive Voice (one per student)



## Activity 1: Listening to My Negative Voice (10 minutes)

1. Explain to students that what we think leads to what we feel, and how we act.
2. Explain that everyone has an inner voice. This inner voice can be either positive or negative and can greatly affect how we experience and respond to a situation.
3. Hand out Activity 1 Handout—Listening to My Negative Voice.
4. Have students think of a situation when their inner voice said “I can’t do \_\_\_\_\_” and have them fill in the blank.
5. Have students complete the sentence “I can’t do \_\_\_\_\_.” Then ask them to identify their feelings.
6. Ask them to identify the behaviour they might have after this negative thought.
7. Ask students to think about and share how this negative voice might impact them over the next 10 years.
8. Ask students to imagine how they would feel and behave if the inner voice said “You are good,” “You can do it,” “This situation hasn’t hurt me before.”



## Activity 2: Negative Voice Scenarios (10 minutes)

Read each of the following situations. Have students identify the feelings and behaviours associated with the negative thought. Write their answers on the whiteboard under the headings Feelings and Behaviours.

1. A girl asks a boy to dance. He thinks to himself, "She only wants to make fun of me and make me look stupid."  
Feeling: embarrassed, worried, silly  
Behaviour: clams up, stomps away, makes a rude comment
2. A girl brings home a report card that is not very good. She thinks to herself, "My parents are going to be very angry."
3. John must begin a complicated math homework assignment. He thinks to himself, "I'm lousy at math. I won't understand anything."
4. Julie receives praise from her teacher for raising her average from 40% to 50%. She thinks to herself, "Yeah, right! She knows that I am not good. She only congratulated me so I will keep quiet in class."
5. Jennifer teases Robert because of his acne (bad skin). He thinks to himself, "I know that I'm ugly! All the girls feel the same about me."



Have students identify the feelings and behaviours associated with the negative thought.

### Activity 3: Listening to My Positive Voice (5 minutes)

1. Hand out Activity 3 Handout—Listening to My Positive Voice.
2. Have students think of a situation when their inner voice said “I don’t need to be perfect at \_\_\_\_\_” and have them fill in the blank.
3. Have students identify the feelings they have when they say “I don’t need to be perfect at \_\_\_\_\_” and ask them to fill in the blank.
4. Finally, ask them to identify the behaviour associated with the thought and feeling and fill in the blank.

### Activity 4: Positive Voice Scenarios (5 minutes)

1. Read each of the situations from Activity 2.
2. Have students share examples of positive thoughts that can be used to react to the situation.
3. Have them identify the feelings and behaviours associated with the positive thoughts.
4. Write their answers on the whiteboard under the headings Feelings and Behaviours.





## Activity 1 Handout

Listening to My Negative Voice

"I can't do \_\_\_\_\_"

Feeling(s): \_\_\_\_\_

Behaviour(s): \_\_\_\_\_



## Activity 3 Handout

Listening to My Positive Voice

"I don't need to be perfect at \_\_\_\_\_"

Feeling(s): \_\_\_\_\_

Behaviour(s): \_\_\_\_\_

## All grades

### Motivational images/phrases/et cetera

Have students draw a picture of something they find inspiring. Have them add a quote that motivates them with a list of de-stress tips and crisis numbers (e.g. Kids Help Phone, etc.). Have students place their creation in a place they will see every day (e.g. in their locker, on the front of their binder, etc.)

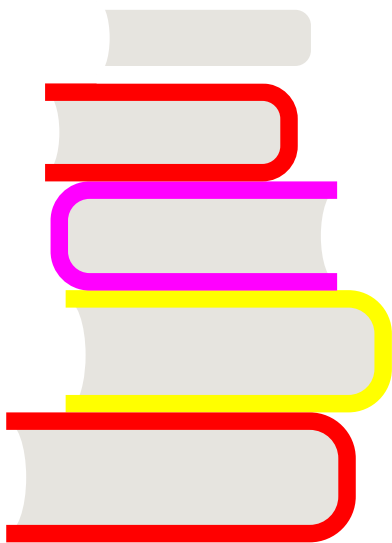
Have students write positive affirmations (e.g. “you can achieve great things”, etc.) or compliments (e.g. “you are a kind friend”, etc.) in the classroom, around the school, in the washrooms, etc. for the enjoyment of their peers, teachers and the school staff.

### My happy place

Give students an example of an imaginary “happy place.” Have students develop an imaginary place they can “go” when they feel stressed or upset. Brainstorm relaxing places as a group and then encourage students to layer locations until it is perfect for them. Have them draw the location and present it to the class.

Preparing for transitions—students moving from elementary to junior, junior to senior, or senior to university/career

Brainstorm as a group the anticipated stressors they may encounter. As a group work to identify strategies the students can use to manage these stressors. Make a plan of action they can use the next year.



Have students develop an imaginary place they can “go” when they feel stressed or upset.

## Senior and Junior High School

### Guided imagery

Find a guided imagery script online. Have students sit comfortably in their chairs and dim the lights. Read the script slowly with pauses for reflection. Debrief the activity with the students: How did they feel? What images did they seek? What did they think of the activity before and after? As a project, have students write their own guided imagery script. In small groups, have each student try out the script with their peers. Each group then chooses their favourite and reads it for the entire class. The class chooses their favourite and that group gets a prize.

### Relaxation techniques

Have students research relaxation techniques (yoga, meditation, breathing exercise, etc.) and teach them to the class. Have one student present before each class over the course of a few days/weeks.

## Contact your local CMHA

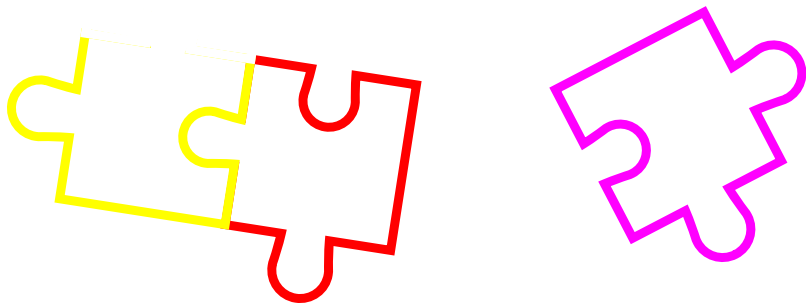
Many organizations offer education programs for schools on the topic of mental illness.

Many organizations offer education programs for schools on the topic of mental illness.



## Teacher tips

1. Start talking about mental health at the beginning of the year and carry through to the end.
2. Mark in your planner every few weeks a reminder to revisit mental health, stress management, relaxation techniques you have already covered.
3. Model calming and focusing skills by taking deep breaths, stretching etc.
4. Help them develop healthy breathing/relaxing techniques by making it routine: do a five minute stress buster before a test or to refocus the class.
5. Model flexibility and positive self-talking by talking out loud about your own conflicts and stressors.
6. Reframe conflicts as areas for learning and growth.





## Tips for schools

Students are more likely to succeed when they have adult relationships and role models who have high but achievable expectations of them; they build a sense of self-efficacy and control; they are in a safe, caring and encouraging community; they feel valued; and they have a sense of responsibility and meaningful participation. Here are some tips to increase these factors in at-risk students—those students who are failing, have a lack of commitment to school, are breaking rules, are withdrawn or are aggressive.

1. A teacher/school staff member acts as a student supporter

The most at-risk students are paired with a teacher or staff member whose goal it is to reach out to that student that year to act as an informal mentor and connection to the school community. The teacher/staff may or may not be explicit about the role with the student.

2. Student roles

Students are offered special roles and responsibilities aligning with their interests/hobbies with a mentor teacher to improve connection to the school. (e.g. maintain sports equipment room, help with events)

3. Sport/study buddy programs with an elementary school nearby.

Teens learn to model good behaviour and develop connections. Younger kids have a new connection and mentor.



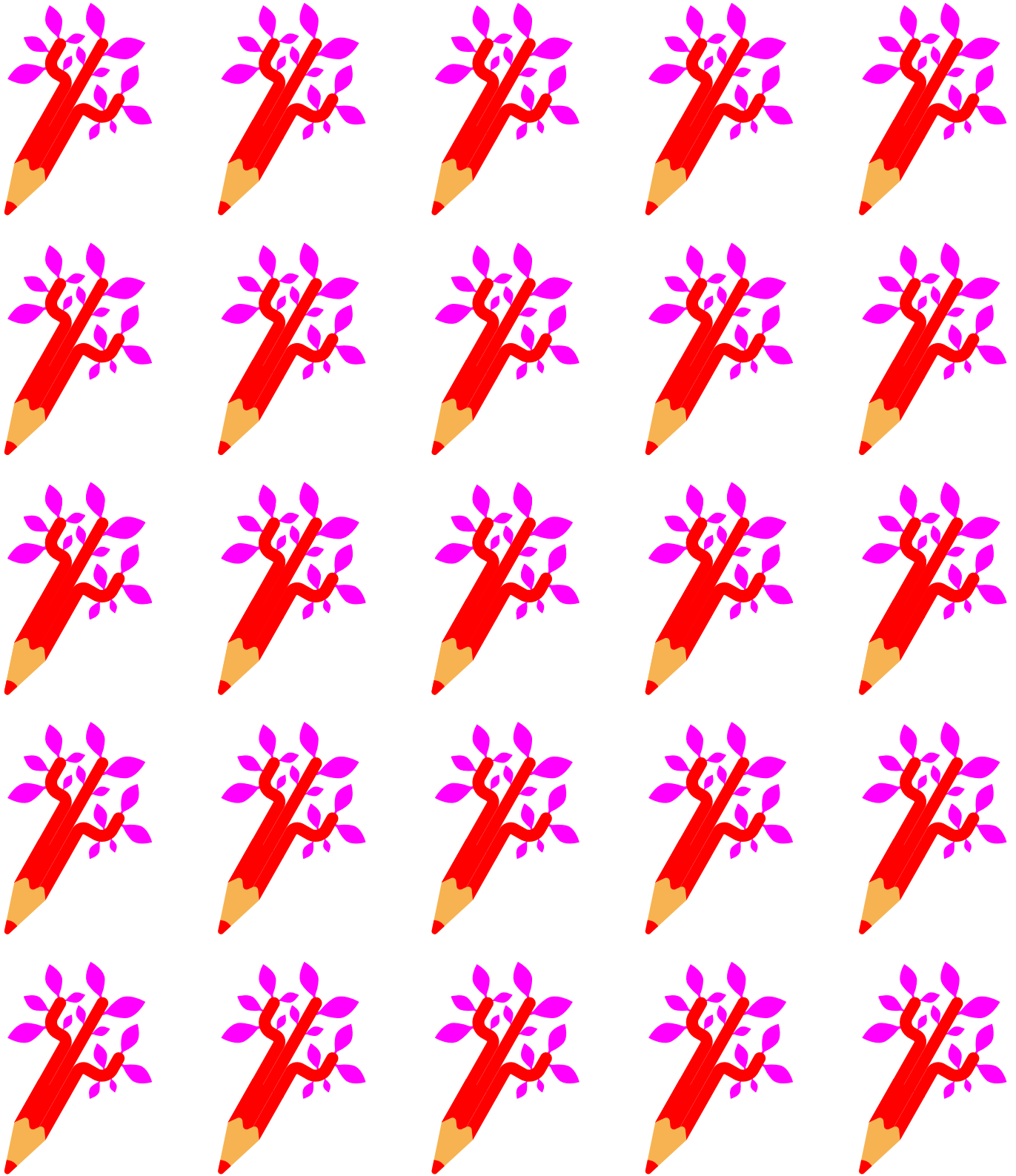
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