

MENTAL HEALTH CURRICULUM FRAMEWORK



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Dear Educator:

Fueled by outdated myths and misconceptions, individuals who have a mental illness continue to be stigmatized as they navigate life's daily routines that most people take for granted. With this in mind, the need for a comprehensive K-12 educational approach to the topics of mental illness was born. Focusing on an approach that would encourage teaching and learning through dialogue and inquiry where individuals act their way into thinking differently, the Mental Health Curriculum Framework was developed. Significant change can never be achieved without integrating the teaching and learning of mental illness concepts into the art and science of schooling. With better ways of thinking, combined with a sense of knowing to inquire, multiple solutions will evolve that foster understanding of the prevention, detection, and treatment of mental illness.

The Framework braids information (learning about) with the construction of knowledge through social action (learning to be), upon which wisdom is shaped gradually through diverse experiences in real world applications. This nuance of embracing wisdom as an attitude toward mental health and individuals who have a mental illness is the hallmark of the Framework and holds the future to ameliorate the moral purpose of society. Nothing less is acceptable.

To facilitate implementation in schools, educators were identified as the Advocacy Alliance Fellows. The Fellows participated in an interactive "sharing of ideas" and will be providing feedback as to adjustments in the Framework based on their experiences and those of their students. Always a prototype, the Alliance hopes to continually identify practitioners to advance implementation and improvement of the Framework.

While many assisted in the development of the Framework, specific recognition is imperative: Margaret Briggs and Scranton Area Foundations for funding; the Alliance's Board of Directors for their indispensable support, especially Carmen Ambrosino, for his invaluable consultation regarding substance abuse; the Alliance's staff, especially Kathy Wallace, for her constant attention to detail and advisement on mental illness issues; and Vito A. Forlenza D.Ed., the Alliance consultant and friend whose research and progressiveness produced a seamless blending of essential mental illness concepts with sound educational teaching and learning principles.

The journey is the destination.

Sincerely,

Alex J. Hazzouri
Chief Executive Officer

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PREFACE

In responding to the Goals of the President’s 2003 New Freedom Commission on Mental Health Report *Achieving the Promise*, and the recommendations from the 1999 *Mental Health: A Report of the Surgeon General*, a Mental Health Curriculum Framework was a necessary next step. Goal 1 of *Achieving the Promise* is “Americans Understand that Mental Health is Essential to Overall Health”. The stigma that surrounds mental illnesses and seeking care for mental illnesses is a significant barrier to achieving overall wellness. The New Freedom Report concludes that “When people have a personal understanding of the facts (about mental illnesses), they will be less likely to stigmatize mental illnesses and more likely to seek help for mental health problems”. Yet how can individuals have any understanding of mental health when education on mental health and mental illness does not exist in the teaching and learning concepts of standard school curriculum?

In order to reduce the stigma surrounding mental illnesses, appropriate and reliable information and education must be provided as opposed to the present misrepresentations of individuals who have mental illnesses in myths and in the media. This Framework is to be used within and across school districts, schools, subject areas, and grades in multiple contexts. More importantly the Framework embraces the whole child concept of the Association for Supervision and Curriculum Development (ASCD) (www.ascd.org) as described in ASCD’s *Learning Compact Redefined: A Call to Action*.

Mental Health Curriculum Framework

CONCEPT

A curriculum framework is not a prescribed curriculum. It is a flexible and dynamic curriculum design that can be implemented within and across school districts, schools, subject areas, and grades in multiple contexts. Implementation efforts are more effective when tailored to a school's place-based situations to advance coherence of teaching and learning of essential principles. With this approach, the essential content of a curriculum framework can be integrated into existing curricula without piling on more content to teach. On the other hand, a curriculum framework can accommodate a full complement of educational experiences for educators to consider and/or provide the foundation for curriculum development locally. Recognizing the impossible task of making things relevant for students you don't know, a curriculum framework approach allows local educators to reclaim curriculum, instruction, and assessment in the best interest of their students without compromising essential content.

In short, the noteworthy qualities of a curriculum framework approach are that it represents: 1. big ideas (content standards) gleaned from national and state standards across multiple subject areas; 2. curriculum coherence; 3. compelling purpose linked throughout the framework's parts; 4. core principles of essential content adaptable to a variety and diversity of contexts; 5. high literacy experience of critical thinking, problem finding, and problem solving; and 6. learning as unfinished business K-12.

MENTAL HEALTH AND THE WHOLE CHILD

The Mental Health Curriculum Framework embraces the whole child concept of the Association for Supervision and Curriculum Development (ASCD) (www.asdc.org) as described in ASCD's Learning Compact Redefined: A Call to Action (Compact). The Compact was released in spring 2007 by ASCD's Commission on the Whole Child. The report urges educators, parents, community leaders, and policymakers to work together to help shape successful learners who are knowledgeable, emotionally and physically healthy, civically active, artistically engaged, and prepared for self-sufficiency after formal schooling (www.wholechildeducation.org).

Building on ASCD's whole child concept, the Advocacy Alliance believes that improving the quality of life for individuals who have a mental illness requires schools and communities to work together. To that end, the Mental Health Curriculum Framework offers essential content embedded in six core mental health principles, primary resources and tools to facilitate this work, and, through project-based learning activities, ideas to stimulate public engagement for students to assess and act on mental health issues in their own schools, families, communities, and at state and national levels

COMPONENTS

The framework has eight components. They are: 1. Organizing Principles; 2. Rationale; 3. Content Standards; 4. Progress Indicators; 5. Essential Questions for Assessment; 6. Vocabulary of Words and Phrases; 7. Project-Based Learning Activities; and 8. Teaching and Learning Primary Resources.

Organizing Principles

The six organizing principles are interrelated and provide the core and, at the same time, coherence of the framework. Each principle is composed of: rationale; content standard; progress indicators K-4, 5-8, and 9-12; and essential questions for assessment. Support for the organization principles is embedded in the project-based learning activities, vocabulary of words and phrases, and teaching and learning primary resources.

Rationale

Offered for each organizing principle, the rationale intends to communicate the overarching constancy of purpose, clarity to users, intents, and importance of the organizing principles within the context of mental health.

Content Standard

The content standards present a coherent vision for the organizing principles K-12. They are oftentimes referred to as the “big understandings” or ends of what all students should know and be able to do as they embark on a never ending journey of learning. The verb `demonstrate` in each content standard challenges students to explain and exhibit comprehension and recognition of the significance of a concept and its connectedness to the whole by applying knowledge publicly in practical ways in different situations to different audiences.

Progress Indicators

Progress indicators are the underlying concepts, skills, and procedures that support the development of the content standards for the organizing principles. Representing the means to the ends, the progress indicators are written on levels (K-4, 5-8, 9-12) as a carefully arranged series of specific concepts and skills but are not intended necessarily to be taught in any specific sequence or that they all must be taught. Those decisions are best left to teachers as they implement the framework in a way that is most beneficial for their students. Nonetheless, the iteration of the progress indicators manifests coherence across the three levels (K-3, 5-8, 9-12) with increasing complexity.

Essential Questions for Assessment

Driving assessment via questioning encourages student engagement in demonstrating understanding of the content standards. Thus, the essential questions for assessment accommodate the content standards, not the progress indicators. Moreover, the pivotal intent of the questions is to enhance assessment as an educative process by keeping students confident and focused on their progress; not something that is a one time event at the end of a unit. In time, students and teachers should ask their own questions as they delve into mental health and related issues. To that end, teachers and students should focus on several questions under respective organizing principles that are relative to their situations, interests, and unique understandings of the content standards and not attempt to address all questions.

Vocabulary of Words and Phrases

When presented, taught, and assessed in context, a vocabulary of words and phrases is pivotal for students to communicate learning with sound reasoning, insightfulness, inventiveness, and technological proficiency. As such, the contexts of the Mental Health Curriculum Framework house the meaningfulness of the words and phrases in narration that are imperative to proficient communication, i.e., reading, writing, listening, and speaking.

Project-Based Learning Activities

Telling it doesn't mean teaching it. Inquiring students construct knowledge using primary resources on projects that have value beyond school. To be sure, investigations embedded in rich problem situations are key to developing habits of mind that incline students to think, to collaborate, to read, to listen, and to feel a bit uncertain about their ideas and opinions as they experience learning in the real world. Thus, the project-based learning activities recognize that people of all ages must act their way into thinking differently. Manifesting coherence, the 53 projects are not separate and distinct; therefore, they are cross referenced with the organizing principles. Of course mediated by context, subject matter, grade level, and desired outcomes, teachers and students should choose which projects to address given their unique circumstances and interests, individually and collectively. Additionally, the projects should be considered to fulfill high school graduation requirements and to design senior seminar topics.

Teaching and Learning Primary Resources

A plethora of primary resources on the national, state, and local levels are referenced that teachers and students can access and secure as they see fit. Web sites, organizations, special programs, and initiatives are designed to supplement all components of the Mental Health Curriculum Framework. As opposed to secondary resources (e.g., textbooks and

encyclopedias), primary resources contain original works that interact with students situated in the real world. For the convenience of everyone, a list of fact sheets, brochures, pamphlets/booklets, and bookmarks are included that can be obtained in bulk at no cost from the Advocacy Alliance

ORGANIZING PRINCIPLES

1. **Mental Health Information and Services:** Students will demonstrate the ability to access reliable mental health information, products, and services that allow individuals who have a mental illness the greatest possible quality of life.
2. **Culture, Media, and Technology:** Students will demonstrate the ability to practice advocacy for personal, family, and community prevention, detection, and treatment of mental illnesses through an understanding of local culture, the power of media, and the continuous unfolding of technological advancements for the benefit of everyone.
3. **Substance Use and Abuse:** Students will demonstrate the ability to practice health enhancing behaviors by understanding the connections between and among drug, alcohol, and tobacco use and abuse and mental illnesses.
4. **Mental and Physical Health:** Students will demonstrate an understanding of the interrelatedness of wellness from mental and physical health perspectives.
5. **Interpersonal Communication Skills:** Students will demonstrate the use of positive communication skills with friends, family, peers, and people they encounter on a daily basis.
6. **Mental Illnesses:** Students will demonstrate an understanding of the concepts of prevention, detection, and treatment of mental illnesses and their roles and responsibilities in contributing to mental wellness for themselves and others.

ORGANIZING PRINCIPLE 1: MENTAL HEALTH INFORMATION AND SERVICES

Rationale

Accessing culturally reliable mental health information and services that promote mental wellness is pivotal in the prevention, detection, and treatment of mental illnesses. This represents the foundation in developing literate and responsible citizens as mental health advocates.

Content Standard

Students will demonstrate the ability to access reliable mental health information, products, and services that allow individuals who have a mental illness the greatest possible quality of life.

Progress Indicators

K-3	4-8	9-12
Identify characteristics of reliable mental health information and services.	Identify and analyze reliable mental health information and services.	Identify, analyze, and evaluate reliable mental health information and services.
Locate resources from home and family that promote good mental health.	Locate and utilize resources from home and family that promote good mental health.	Locate, utilize, evaluate, and amplify resources from home and family that promote good mental health.
Locate school and community resources that promote good mental health.	Locate and utilize school and community resources that promote good mental health.	Locate, utilize, evaluate, and amplify school and community resources that promote good mental health.
	Compare and contrast the benefits of reliable mental health information and services across mental health providers in your school and community.	Compare, contrast, and interpret the benefits of reliable mental health information and services across mental health providers in your school and community.

	<p>Describe situations that require accessing mental health information and services.</p> <p>Describe peer support services as a fundamental principle of recovery for an individual who has a mental illness.</p> <p>Identify and analyze three career opportunities in mental health information and services.</p>	<p>Describe, analyze, evaluate, and expand upon situations that require accessing mental health information and services.</p> <p>Describe and interpret peer support services as a fundamental principle of recovery for an individual who has a mental illness.</p> <p>Identify, analyze, and differentiate among at least three career opportunities in mental health information and services.</p> <p>Identify, analyze, and express roles and responsibilities of professionals who work in organizations that provide reliable mental health information and services.</p>
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Essential Questions for Assessment

Should individuals with a mental illness be in control of their quality of life?

How might the moral purpose of society be advanced by increasing the number of citizens informed about mental illnesses?

How might the moral purpose of society be advanced by increasing the number of people who advocate for individuals who have a mental illness?

How might the multitude of barriers to the prevention, detection, and treatment of mental illnesses be brought down?

Do local government officials, elected or appointed, really care about the prevention, detection, and treatment of mental illnesses?

To what extent do organizations that advocate for and/or provide services to individuals who have a mental illness have the resources (e.g., human, financial, and community) necessary to do their jobs?

What (should be) (is) the destiny of individuals who have a mental illness?

What roles and responsibilities, if any, do entities such as banks, restaurants, schools, clothing stores, supermarkets, newspapers, television stations play and/or should they play to assist in the prevention, detection, and treatment of individuals who have a mental illness?

Are the basic values and principles of life, liberty, and the pursuit of happiness most of us enjoy as Americans attainable for individuals who have a mental illness?

How do peer support services advance the recovery process for a person with a mental illness?

ORGANIZING PRINCIPLE 2: CULTURE, MEDIA, AND TECHNOLOGY

Rationale

For better or worse, culture, media, and the continuous advancements of technology impact mental health significantly. In order to realize the influence these factors have on society’s moral purpose, however, a high level of consciousness must be raised. Quality of life is dependent on citizens being responsible consumers for themselves, their families, and as they advocate for others. Culture, media, and technology represent cornerstones of life in which all people must be able to navigate positively.

Content Standard

Students will demonstrate the ability to practice advocacy for personal, family, and community prevention, detection, and treatment of mental illnesses through an understanding of local culture, the power of media, and the continuous unfolding of technological advancements for the benefit of everyone.

Progress Indicators

K-3	4-8	9-12
List ways the media influences thoughts, feelings, and behaviors about mental health.	List and describe ways the media influences thoughts, feelings, and behaviors about mental health.	List, describe, and interpret ways the media influences thoughts, feelings, and behaviors about mental health.
Identify common misconceptions the media and movies communicate about individuals who have a mental illness.	Identify, and describe common misconceptions the media and movies communicate about individuals who have a mental illness.	Identify, describe, and explore common misconceptions the media and movies communicate about individuals who have a mental illness.
Identify how information from peers influences attitudes towards mental health.	Identify and describe how information from peers influences attitudes towards mental health.	Identify, describe, and evaluate how information from peers influences attitudes towards mental health.

<p>Identify how information from the community influences attitudes towards mental health.</p> <p>List characteristics needed to be a responsible friend and family member in promoting good mental health attitudes and behaviors.</p> <p>Identify ways to influence and support others in making good mental health decisions.</p> <p>Identify stigmatizing words that are associated with mental illness.</p> <p>Identify factors that influence childhood and adolescent drug, alcohol, and tobacco use and abuse.</p> <p>Discuss ways stereotypes about mental illnesses are formed and affect our behavior.</p>	<p>Identify and describe how information from the community influences attitudes towards mental health.</p> <p>List and describe characteristics needed to be a responsible friend and family member in promoting good mental health attitudes and behaviors.</p> <p>Identify and explain ways to influence and support others in making good mental health decisions.</p> <p>Identify and discuss the negative impact stigmatizing words have on people's perceptions of mental illnesses.</p> <p>Identify and discuss factors that influence childhood and adolescent drug, alcohol, and tobacco use and abuse.</p> <p>Discuss and explore ways stereotypes about mental illnesses are formed and affect our behavior.</p>	<p>Identify, describe, and evaluate how information from the community influences attitudes towards mental health.</p> <p>List, describe, and evaluate characteristics needed to be a responsible friend and family member in promoting good mental health attitudes and behaviors.</p> <p>Identify, explain, and analyze ways to influence and support others in making good mental health decisions.</p> <p>Identify, discuss, and interpret the negative impact stigmatizing words have on people's perceptions of mental illnesses.</p> <p>Identify, discuss, and analyze factors that influence childhood, adolescent, and adult drug, alcohol, and tobacco use and abuse.</p> <p>Discuss, explore, and interpret ways stereotypes about mental illnesses are formed and affect our behavior.</p>
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<p>Identify how television may portray an individual who has the mental illness of schizophrenia.</p>	<p>Identify and describe how television may portray an individual who has the mental illness of schizophrenia and how this affects stigma which surrounds individuals who have a mental illness.</p> <p>Identify and describe barriers that must be overcome to deal with the public's stereotypical perceptions of mental illnesses.</p>	<p>Identify, describe, and analyze how television may portray an individual who has the mental illness of schizophrenia and how this affects stigma which surrounds individuals who have a mental illness.</p> <p>Identify, describe, and analyze barriers that must be overcome to deal with the public's stereotypical perceptions of mental illnesses.</p> <p>Identify, describe, and explain how technology has influenced personal, family, and/or community mental health issues.</p> <p>Identify, describe, and predict how technological advances will improve the lives of people with mental illness.</p>
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Essential Questions for Assessment

Are individuals who have a mental illness fundamentally different from the rest of us?

Should individuals who have a mental illness be considered fundamentally different from the rest of us?

How might the multitude of barriers to the prevention, detection, and treatment of mental illnesses be brought down?

Do local government officials, elected or appointed, really care about the prevention, detection, and treatment of mental illnesses?

How can society-at-large come to better understand individuals who have a mental illness?

How might an "everyday citizen" advocate for individuals who have a mental illness within their respective communities?

To what extent does a lack of understanding feed stereotypical perceptions of mental illnesses, and at the same time, contribute to the barriers of prevention, detection, and treatment of individuals who have a mental illness?

How does a person's understanding of mental illnesses develop?

How might you contribute to others' accurate understanding of mental illnesses?

How do our "cultural lenses" effect interpretations of mental illnesses and the way we regard individuals who have a mental illness?

What roles and responsibilities, if any, do entities such as banks, restaurants, schools, clothing stores, supermarkets, newspapers, television stations play and/or should play to assist in the prevention, detection, and treatment of individuals who have a mental illness?

ORGANIZING PRINCIPLE 3: SUBSTANCE USE AND ABUSE

Rationale

Individuals with a mental illness are at greater risk for the use and abuse of drugs, alcohol, and tobacco in an effort to self-medicate the symptoms of their mental illness. In addition, the use and abuse of drugs and alcohol can biologically influence the chemicals in the brain and can lead to risk factors that would bring about, or make an individual susceptible to having a mental illness. An individual can have both a mental illness and a substance disorder that can co-occur. Decision-making strategies that lead to health-enhancing behaviors for individuals, families, and communities come from having an understanding of the interrelationships of substance use and abuse, and mental illnesses.

Content Standard

Students will demonstrate the ability to practice health-enhancing behaviors by understanding the connections between and among drug, alcohol, and tobacco use and abuse, and mental illnesses.

Progress Indicators

K-3	4-8	9-12
Identify roles and responsibilities of local government agencies in promoting the elimination of drug, alcohol, and tobacco use and abuse.	Identify and describe the roles and responsibilities of local government agencies in promoting the elimination of drug, alcohol, and tobacco use and abuse.	Identify, describe, and evaluate the roles and responsibilities of local government agencies in promoting the elimination of drug, alcohol, and tobacco use and abuse.
Identify factors that influence childhood and adolescent drug, alcohol, and tobacco use and abuse.	Identify and explain factors that influence childhood, adolescent, and adult drug, alcohol, and tobacco use and abuse.	Identify, explain, and analyze factors that influence childhood, adolescent, and adult drug, alcohol, and tobacco use and abuse.
Identify factors that influence nonuse of drugs, alcohol, and tobacco. Identify immediate and	Identify and describe factors that influence nonuse of drugs, alcohol, and tobacco. Identify and discuss the	Identify, describe, and analyze factors that influence nonuse of drugs, alcohol, and tobacco. Identify, discuss, and

<p>delayed consequences, in general terms, of drug, alcohol, and tobacco use and abuse.</p> <p>Discuss the negative effects on daily living and social relationships of using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss the negative consequences on mental health that result from using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss social pressures that lead to using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss the benefits to mental health of not using and abusing drugs, alcohol, and tobacco.</p>	<p>immediate and delayed consequences, in general terms, of drug, alcohol, and tobacco use and abuse.</p> <p>Discuss and explain the negative effects on daily living and social relationships of using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss and explain the negative consequences on mental health that result from using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss and explain social pressures that lead to using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss and explain the benefits to mental health of not using and abusing drugs, alcohol, and tobacco.</p>	<p>predict immediate and delayed consequences, in general terms, of drug, alcohol, and tobacco use and abuse.</p> <p>Discuss, explain, and express with explicit examples the negative effects on daily living and social relationships of using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss, explain, and express with explicit examples the negative consequences on mental health that result from using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss, explain, and evaluate with explicit examples the social pressures that lead to using and abusing drugs, alcohol, and tobacco.</p> <p>Discuss, explain, and predict with explicit examples the benefits to mental health of not using and abusing drugs, alcohol, and tobacco.</p>
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	<p>Discuss real life ways to prevent and/or recover from substance abuse and mental disorders that include: 1. getting and keeping a job; 2. staying in school; 3. securing a safe and decent place to live; 4. staying free of crime; and 5. connecting socially with friends, family, and classmates.</p>	<p>Discuss and analyze real life ways to prevent and/or recover from substance abuse and mental disorders that include: 1. getting and keeping a job; 2. staying in school; 3. securing a safe and decent place to live; 4. staying crime free; and 5. connecting socially with friends, family, and classmates.</p> <p>Identify, describe, and interpret at least three career opportunities that promote prevention, detection, and treatment of substance use and abuse.</p>
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Essential Questions for Assessment

Do local government officials, elected or appointed, really understand the relationships between and care about the prevention, detection, and treatment of substance abuse and mental illnesses?

How should the prevention, detection, and treatment of individuals who have a substance abuse disorder be accomplished, and at the same time, their dignity preserved?

To what extent do organizations that advocate for and provide services to individuals who have substance abuse disorders and/or a mental illness have the resources (e.g., human, financial, and community) to do their jobs?

How does the cycle of substance use and abuse complicate the prevention, detection, and treatment of mental illnesses?

How does an individual's understanding of the substance use and abuse relative to mental illnesses develop?

How might you contribute to others' accurate understanding of the connections between and among substance abuse and mental illnesses?

How do our "cultural lenses" effect our interpretations of the use and abuse of alcohol, drugs, and tobacco and the way we regard individuals who have a substance abuse disorder?

To what extent does a lack of understanding feed the stereotypical perceptions of individuals who have a substance abuse disorder and a mental illness, and at the same time, contribute to the barriers of prevention, detection, and treatment?

How can recovery practices of substance abuse disorders and mental illnesses increase one's resilience and learned optimism thereby improving their quality of life?

How might the vicious cycle of substance use and abuse and its relationship to mental illnesses be explained to an individual, his/her family, and the community-at-large?

ORGANIZING PRINCIPLE 4: MENTAL AND PHYSICAL HEALTH

Rationale

Mental health and physical health of an individual are not separate and distinct aspects of wellness. Just as physical illnesses are a part of everyday life, so are mental illnesses. They are not character flaws but occur for a myriad of reasons that are treatable to the point of significant improvements in the quality of life, and in many cases, complete recovery. It is imperative for students to appreciate that mental illnesses and physical illnesses are expressed in individuals on a continuum. That is, there are some illnesses that are temporary and do not interfere greatly with an individual’s life and there are chronic serious illnesses that greatly affect the quality of an individual’s life.

Content Standard

Students will demonstrate an understanding of the interrelatedness of wellness from mental and physical health perspectives.

Progress Indicators

K-3	4-8	9-12
Identify characteristics needed to be a responsible friend and family member in promoting good mental and physical health.	Identify and describe practical characteristics needed to be a responsible friend and family member in promoting good mental and physical health.	Identify, describe, and evaluate “real world” characteristics needed to be a responsible friend and family member in promoting good mental and physical health.
Identify at least three factors that are connected to mental and physical wellness.	Identify and explain at least three factors that are interrelated to mental and physical wellness.	Identify, explain, and interpret at least three factors that are interrelated to mental and physical wellness.
Identify at least three factors that are connected to mental and physical illnesses.	Identify and explain at least three factors that are interrelated to mental and physical illnesses.	Identify, explain, and interpret at least three factors that are interrelated to mental and physical health illnesses.

<p>Identify peer, family, and school risk factors related to the use and abuse of drugs, alcohol, and tobacco and their consequences to mental and physical wellness.</p>	<p>Identify and describe peer, family, and school risk factors related to the use and abuse of drugs, alcohol, and tobacco and their consequences to mental and physical wellness.</p>	<p>Identify, explain, and interpret peer, family, and school risk factors related to the use and abuse of drugs, alcohol, and tobacco and their consequences to mental and physical wellness.</p>
<p>Identify peer, family, and school protective factors related to the use and abuse of drugs, alcohol, and tobacco and their consequences to mental and physical wellness.</p>	<p>Identify and describe peer, family, and school protective factors related to the use and abuse of drugs, alcohol, and tobacco and their consequences to mental and physical wellness.</p>	<p>Identify, describe, and interpret peer, family, and school protective factors related to the use and abuse of drugs, alcohol, and tobacco and their consequences to mental and physical wellness.</p>
<p>List the immediate and long term benefits that exercise, proper diet, and rest contribute to mental and physical wellness.</p>	<p>List and explain the immediate and long term benefits that exercise, proper diet, and rest contribute to mental and physical wellness.</p>	<p>List, explain, and predict the immediate and long term benefits that exercise, proper diet, and rest contribute to mental and physical wellness.</p>
<p>Describe how being involved in school and community activities benefit mental and physical wellness.</p>	<p>Describe and express how participating in extracurricular activities in school and community benefit mental and physical wellness.</p>	<p>Describe, express, and analyze how participating in extracurricular activities in school and community benefit mental and physical wellness.</p>
<p>Discuss how emotional problems and/or disorders, left untreated, can lead to physical illnesses.</p>	<p>Discuss and express how emotional problems and/or disorders left untreated can lead to physical illnesses.</p>	<p>Discuss, explain, and evaluate how emotional problems and/or disorders, left untreated, can lead to physical illnesses.</p>
<p>Discuss how bullying might be harmful to a person's mental and physical well being.</p>	<p>Discuss and analyze how bullying might be harmful to an individual's mental and physical well being.</p>	<p>Discuss, analyze, and predict how bullying might be harmful to an individual's mental and physical well being.</p>

<p>Identify habits that can help reduce stress and contribute to one’s mental and physical wellness, such as breathing slowly, making friends through social activities, exercising regularly, eating properly, getting adequate rest, and acquiring a hobby.</p>	<p>Identify habits and explain how they can help reduce stress and contribute to one’s mental and physical wellness, such as breathing slowly, making friends through social activities, exercising regularly, eating properly, getting adequate rest, and acquiring a hobby.</p>	<p>Identify habits and explain and analyze how they can reduce stress and contribute to one’s mental and physical wellness, such as breathing slowly, making friends through social activities, exercising regularly, eating properly, getting adequate rest, and acquiring a hobby.</p> <p>Discuss and explore how schools can promote mental and physical health for all students.</p>
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Essential Questions for Assessment

What (should be) (is) the destiny of individuals who have a mental illness?

How can society-at-large come to better understand the interrelationships between mental and physical wellness and illness?

How can recovery practices of mental and physical illnesses increase one’s resilience and learned optimism thereby improving their quality of life?

How do our “cultural lenses” effect our interpretations of mental illnesses as compared and contrasted to physical illnesses?

How do our “cultural lenses” effect our interpretations of individuals who have a mental illness?

To what extent does a lack of understanding feed the stereotypical perceptions of mental illnesses, and at the same time, contribute to the barriers of prevention, detection, and treatment of individuals who have a mental illness and a physical illness?

How does one’s understanding of mental illnesses as separate and distinct from physical illnesses develop?

How might you contribute to others’ accurate understanding of mental and physical health as the determining factor of one’s overall wellness?

ORGANIZING PRINCIPLE 5: INTERPERSONAL COMMUNICATION SKILLS

Rationale

Often referred to as social intelligence, effective communication skills play a significant role in advancing the moral purpose of society. Daily influences from friends, family, and even people we don't know very well contribute to our physical and mental well being, and to a large extent, have a significant influence as to how we treat others. Socially responsible individuals display empathy for others through a variety of verbal and nonverbal communication skills to reduce and avoid conflict and especially to demonstrate support for those who are most vulnerable.

Content Standard

The student will demonstrate the use of positive communication skills with friends, family, peers, and people they encounter on a daily basis.

Progress Indicators

K-3	4-8	9-12
Identify how comments from peers, family members, and/or the community-at-large influence mental health positively and/or negatively.	Identify and describe how comments from peers, family members, and/or the community-at-large influence mental health positively and negatively.	Identify, describe, and predict how comments from peers, family members, and/or the community-at-large influence mental health positively and/or negatively.
Identify nonverbal communication skills that might enhance mental health.	Identify and demonstrate nonverbal communication skills that might enhance mental health.	Identify, demonstrate, and analyze nonverbal communication skills that might enhance mental health.
Identify ways friends and family members might talk to each other to promote mental wellness.	Identify and interpret ways friends and family members might interact with each other to promote mental wellness.	Identify, interpret, and predict ways that friends and family members might interact with each other to promote mental wellness.

<p>Demonstrate mentally healthy ways to express needs, wants, and feelings.</p> <p>Identify habits that can help reduce stress and support one’s mental and physical wellness, such as breathing regularly and slowly, making friends through social activities, exercising regularly, eating properly, getting adequate rest, and acquiring a hobby.</p> <p>Identify and demonstrate the use of good communication skills with peers, family, and others that might contribute to an individual’s mental well being.</p> <p>Identify and discuss stigmatizing words that would be harmful to peers, family members, and the general community when talking about mental illness.</p> <p>Identify and discuss ways bullying can have harmful effects on your friends’ mental and physical health.</p>	<p>Demonstrate mentally healthy ways to express needs, wants, and feelings.</p> <p>Identify habits that can help reduce stress and explain how they support one’s mental and physical wellness, such as breathing regularly and slowly, making friends through social activities, exercising regularly, eating properly, getting adequate rest, and acquiring a hobby.</p> <p>Identify, demonstrate, and explain how good communication skills with peer, family, and others contribute to an individual’s mental well being.</p> <p>Identify and discuss stigmatizing words that would be harmful to peers, family members, and the general community when talking about mental illness.</p> <p>Identify, discuss, and analyze ways bullying can have harmful effects on older adolescents’ and young adults’ mental and physical health</p> <p>Express opinions about good mental health.</p>	<p>Demonstrate mentally healthy ways to express needs, wants, and feelings.</p> <p>Identify habits that can help reduce stress and explain and analyze how they support one’s mental and physical wellness, such as breathing regularly and slowly, making friends through social activities, exercising regularly, eating properly, getting adequate rest, and acquiring a hobby.</p> <p>Identify, demonstrate, explain, and interpret how the use of good communication skills with peers, family, and others contribute to an individual’s mental well being.</p> <p>Identify, discuss, and interpret stigmatizing words that would be harmful to peers, family members, and the general community when talking about mental illness.</p> <p>Identify, discuss, analyze, and investigate ways bullying can have harmful effects on older adolescents’ and young adults’ mental and physical health.</p> <p>Express and evaluate opinions about good mental health.</p>
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Essential Questions for Assessment

What is life like for an individual who has a mental illness?

Should individuals with a mental illness be in control of their quality of life?

How might the moral purpose of society be advanced by increasing the number of citizens informed about mental illnesses?

How might the moral purpose of society be advanced by increasing the number of people who advocate for individuals who have a mental illness?

How should the prevention, detection, and treatment of individuals with a mental illness be accomplished, and at the same time, their dignity preserved?

How can society-at-large come to better understand individuals who have a mental illness?

What is the difference between empathy and sympathy in making conditions better for individuals who have a mental illness?

How might an “everyday citizen” advocate for individuals who have a mental illness within their respective communities?

How does a person’s understanding of mental illnesses develop?

How might you contribute to others’ accurate understanding of mental illnesses?

How do our “cultural lenses” effect our interpretations of mental illnesses and the way we regard individuals who have a mental illness?

How can effective communication skills help an individual, a peer, or a family member sustain mental wellness?

How can effective communication skills help an individual, a peer, or a family member recover from a mental illness?

ORGANIZING PRINCIPLE 6: MENTAL ILLNESS

Rationale

Most mental illnesses influence how a person thinks, feels, behaves, relates to others, and functions on a daily basis. Students must come to understand that mental illnesses, like physical illnesses, should be considered on a continuum. Moreover, that each specific mental illness has been diagnosed after investigating symptoms and responses to treatment. Within each distinct illness there is a level of severity with a continuum of symptoms and disabilities of that illness. In addition to becoming knowledgeable about specific mental illnesses, their likely causes and specific symptoms, students must come to understand mental illnesses on a conceptual level in that they affect people from all “walks” of life, are sometimes preventable, detectable, and treatable, and that a proactive stance can be powerful in contributing to personal, family, and community “learned optimism” concerning mental health.

Content Standard

Students will demonstrate an understanding of the concept of prevention, detection, and treatment of mental illnesses and their roles and responsibilities in contributing to mental wellness for themselves and others.

Progress Indicators

K-3	4-8	9-12
<p>Define the 5 major categories of mental illness. They are: 1. Anxiety Disorders; 2. Mood Disorders; 3. Schizophrenia; 4. Dementias; and 5. Eating Disorders.</p> <p>Identify symptoms of the different major mental illnesses.</p>	<p>Define and discuss the 5 major categories of mental illness. They are: 1. Anxiety Disorders; 2. Mood Disorders; 3. Schizophrenia; 4. Dementias; and 5. Eating Disorders.</p> <p>Identify and describe symptoms of the different major mental illnesses.</p>	<p>Define, discuss, and interpret the 5 major categories of mental illness. They are: 1. Anxiety Disorders; 2. Mood Disorders; 3. Schizophrenia; 4. Dementias; and 5. Eating Disorders.</p> <p>Identify, describe, and interpret symptoms of the different major mental illnesses.</p>

<p>Identify ways mental illnesses can be prevented, detected, and treated.</p> <p>Identify ways that technology has improved the prevention, detection, and treatment of mental illnesses.</p> <p>Identify common myths that society has about individuals who have a mental illness.</p> <p>Identify symptoms of depression; bipolar disorder; and schizophrenia.</p> <p>Define stress and identify how negative stress can affect an individual's mental and physical wellness.</p> <p>Identify environmental factors that can reduce stress and contribute to mental wellness, such as social interactions, diet, rest, and exercise.</p>	<p>Identify and describe ways mental illnesses can be prevented, detected, and treated.</p> <p>Identify and explain how technology has improved the prevention, detection, and treatment of mental illnesses.</p> <p>Identify and describe common myths and misconceptions that society has about individuals who have a mental illness.</p> <p>Identify and describe symptoms of depression; bipolar disorder; and schizophrenia.</p> <p>Define stress and explain how negative stress can affect an individual's mental and physical wellness.</p> <p>Identify and describe environmental factors that can reduce stress and contribute to mental wellness, such as social interactions, diet, rest, exercise, and extracurricular activities.</p>	<p>Identify, describe, and analyze ways mental illnesses can be prevented, detected, and treated.</p> <p>Identify, explain, how technology has and predict how it will improve the prevention, detection, and treatment of mental illnesses.</p> <p>Identify, describe, and interpret common myths and misconceptions society has about individuals who have a mental illness.</p> <p>Identify, describe, and interpret symptoms of depression; bipolar disorder; and schizophrenia.</p> <p>Define stress and explain and analyze how negative stress can overwhelm an individual's physical health, limit one's perception of choice and overall, affect an individual's mental and physical wellness.</p> <p>Identify, describe, and predict how environmental factors that can reduce stress and contribute to mental wellness, such as social interactions, diet, rest, exercise, extracurricular activities, and community involvement.</p>
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	<p>Describe and examine the predictable stages of emotional reactions among relatives dealing with a family member who has a mental illness (see National Alliance on Mental Illness (NAMI) resources).</p> <p>Discuss how ignoring the risks of stress increases feelings of helplessness that can lead to a mental illness.</p> <p>Identify and discuss symptoms and causes of suicide and possible ways to help prevent suicide.</p>	<p>Describe, examine, and interpret the predictable stages of emotional reactions among relatives dealing with a family member who has a mental illness (see National Alliance on Mental Illness (NAMI) resources)</p> <p>Discuss and analyze how ignoring the risks of stress increases learned helplessness that can lead to a mental illness.</p> <p>Identify, discuss, interpret and analyze symptoms and causes of suicide and ways to help prevent suicide.</p> <p>Describe how employers can provide support and assistance to employees in the workplace to promote good mental health.</p> <p>Compare and contrast responses to mental illnesses over the last 150 years.</p>
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Essential Questions for Assessment

What makes a mental health problem into an illness?

How common are mental illnesses and what are the impacts on society?

What are some underlying causes of mental illnesses?

Are individuals who have a mental illness more violent than the rest of us?

How do psychiatrists treat mental illnesses?

Are individuals who have a mental illness fundamentally different from the rest of us?

Should individuals who have a mental illness be considered fundamentally different from the rest of us?

What is the significance of the “predictable stages of reactions among family members dealing with a mental illness” in restoring balance to a family?

How might the moral purpose of society be advanced by increasing the number of informed citizens about mental illnesses?

How might the moral purpose of society be advanced by increasing the number of people who advocate for individuals who have a mental illness?

How might the multitude of barriers to the prevention, detection, and treatment of mental illnesses be brought down?

How should the prevention, detection, and treatment of individuals with a mental illness be accomplished, and at the same time, their dignity preserved?

What (should be) (is) the destiny of the prevention, detection, and treatment of mental illnesses?

How can advancement in the practices of recovery from mental illnesses increase one’s resilience and learned optimism thereby improving their quality of life?

How can advancements in the prevention, detection, and treatment of mental illnesses facilitate the priority and respect it rightly deserves?

Are the basic values and principles of life, liberty, and the pursuit of happiness most of us enjoy as Americans attainable for individuals who have a mental illness?

VOCABULARY OF WORDS AND PHRASES

Advocate – A person who argues or pleads for a cause or a proposal on behalf of another individual and/or a specific group.

Anxiety – Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam, keep focused on an important speech. In general, it helps one cope. However, when anxiety becomes an excessive, irrational dread of everyday situations, it has become a disabling disorder.

Anxiety Disorders – Anxiety disorders differ from normal feelings of nervousness, and left untreated, can push individuals into avoiding situations that trigger or worsen their symptoms. Individuals with anxiety disorders are likely to have depression, and they also may abuse alcohol and other drugs in an effort to gain relief from their symptoms. Job performance, school work, and personal relationships are affected negatively. Forms and symptoms of anxiety disorders may include overwhelming feelings of panic and fear, uncontrollable obsessive thoughts, painful, intrusive memories, recurring nightmares, and physical symptoms, such as feeling sick to your stomach, “butterflies” in your stomach, heart pounding, startling easily, and muscle tension. Anxiety disorder affects about 40 million American adults age 18 and older (about 18%) in a given year, causing them to be filled with fearfulness and uncertainty. Unlike the relatively mild, brief anxiety caused by a stressful event, such as speaking in public or a first date, anxiety disorders last about 6 months and can get worse if they are not treated. Anxiety disorders occur along with other mental or physical illnesses, including alcohol and substance abuse, which may mask anxiety symptoms or make them worse. In some cases, these other illnesses need to be treated before an individual will respond to treatment of the anxiety disorder.

Anxiety Disorders, five major types – Generalized Anxiety Disorder; Obsessive-Compulsive Disorder (OCD); Panic Disorder; Post-Traumatic Stress Disorder (PTSD); and Social Phobia of Social Anxiety Disorder.

Barriers – A spoken or unspoken position, policy, perception, and/or a misconception that obstructs the prevention, detection, and treatment of individuals who have a mental illness.

Bingeing – A spree of continuous, uncontrollable spending, drinking, and/or eating.

Bipolar – Manic Depression – This is an illness involving one or more episodes of serious mania and depression. The illness causes an individual’s mood to swing excessively high (mania) and/or irritable to sad and hopeless (depression), with periods of a normal mood in between. The presence of bipolar disorder indicates a biochemical imbalance which alters a person’s moods. The imbalance is thought to be caused by irregular hormone production or to a problem with certain chemicals in the brain, called neurotransmitters, that act as messengers to our nerve cells. More than two million Americans have some form of bipolar disorder. Although there is no known cure, bipolar disorder is treatable and recovery is possible. Individuals with bipolar disorder have

successful relationships and meaningful jobs. The combination of medications and psychotherapy helps the vast majority of individuals return to productive, fulfilling lives.

Borderline Personality Disorder – A disorder in which an individual is unable to regulate emotions or control impulses. This disorder is often accompanied by anxiety, depression, substance abuse, and eating disorders.

Bullying – Repeated deliberate and hurtful behaviors and actions against an individual who is perceived to not be able to defend him/herself.

Community-At-Large – A group of people living in the same place under the same laws. “At Large” refers to everyone in the community rather than a particular person or group of people with a specific cause.

Consumers – The term consumer is used to describe individuals diagnosed with, and receiving treatment for a mental illness, as in consumer of services.

Co-occurring Disorders – Separate disorders that occur at the same time or concurrently are referred to as co-occurring disorders. Co-occurring disorders frequently refers to a mental illness and substance abuse disorder that occur alongside each other and cannot be effectively treated in isolation of each other. It can also refer to a serious physical illness and a serious mental illness that co-occur, such as a clinical depression and stroke or Parkinson disease and again in order to be effective needs to be treated at the same time. Fifty percent (50%) of two million Americans with a severe mental illness abuse illegal drugs and/or alcohol compared to 15% of the general population.

Cultural Lenses – A phrase used to describe positions or actions of people based on their association with the customary beliefs, social norms, and traits of a particular social group, family, or community.

Culture – The customary beliefs, social norms, and traits of a particular social group, family, or community.

Dementias – A group of disorders that include diseases like Alzheimer’s which leads to loss of mental function and physical skills.

Depressive Disorder – Depression is a serious mental illness that is marked by a persistent feeling of sadness; it’s not something you made up in your head. As many as 1 in 10 children between the ages of 6 and 12 years of age experience depression. Symptoms of depression may include changes in eating and sleeping patterns, a sudden drop in school or work performance, loss of interest in activities once enjoyed, outbursts of irritability, shouting and crying, thoughts of death or suicide, expressions of fear, regression and antisocial behavior, use of alcohol, and constant complaints of aching arms, legs, or stomach with no apparent cause.

Detection – Processes of discovering the nature, existence, and presence of substance abuse and/or a mental illness.

Discrimination – Discrimination is an action. Individuals with a mental illness, often because of stigma, are discriminated against, such as not getting a job or being turned down for a promotion. Where stigma is wrong (see stigma), discrimination is illegal.

Eating Disorders – Anorexia nervosa and bulimia involve serious, potentially life threatening illnesses. People with these diseases have an irrational fear of being fat. Anorexia is self-starvation while bulimia involves cycles of bingeing (consuming food and inducing vomiting or abusing laxatives). Behaviors may also include excessive exercise.

Emotional Intelligence – The ability to understand one’s emotions and to access and generate emotions to assist thought and behavior in particular situations. That is, emotional intelligence has as much to do with knowing when and how to express emotions as it does with controlling them.

Empathy – The position of understanding the emotions and feelings of others and experiencing those emotions and feelings as one’s own.

Interrelated – Factors that are inseparable and have mutual involvement and connection with each other.

Learned Optimism – Through experiences in “real world” situations, an individual obtains the belief to anticipate the best possible outcome of actions or events.

Literate – The adherence to fact or to the ordinary or usual meaning of something.

Major Depression – A disorder characterized by the following symptoms over an extended period of time: difficulty sleeping, constant fatigue, loss of interest in pleasurable activities, inappropriate guilt or feelings of worthlessness, recurrent thoughts of death or suicide, and possibly actual suicide attempts.

Media – Channels or systems of communication to convey information and expression, such as newspapers, television, radio, and internet.

Mental Illness – There is no single definition or reference to this phrase because there are many mental illnesses as there are physical illnesses. Many are believed to have biological causes, just as cancer, diabetes, and heart disease, but some are caused by a person’s environment and experiences. The major distinguishing feature is that they are medical conditions which affect thought processes. The severity and duration of a mental illness vary from person to person.

Misconception – Information that is interpreted incorrectly which can persist over time and become a “way of thinking” among people.

Mood Disorders – Mood disorders include depression and bipolar disorder (or manic depression). Symptoms may include sleeping and eating disturbances, and shifts in an individual's mood, ability to function, and energy levels. Damaged relationships, difficulty in working or going to school, and even suicide may be risks associated with these disorders.

Moral Purpose of Society – Principles of right and wrong that conform to a standard of right behavior in the best interest of everyone and without prejudice against anyone or any particular group of people.

Myth – A legendary narrative that presents part of the beliefs people hold of all individuals who have a mental illness. Such beliefs group individuals into categories that tend to label everyone the same. Myths are false and lead to inaccurate perceptions and gross misconceptions of individuals who have a mental illness.

Obsessive-Compulsive Disorder (OCD) – This anxiety disorder is characterized by recurrent unwanted thoughts (obsessions) or rituals (compulsions), which individuals feel they cannot control through reasoning. Common obsessions include preoccupations with dirt and germs, nagging doubts, and a need to have things in a very particular order. Performing these rituals, however, provides only temporary relief and not performing them increases anxiety. OCD is often a chronic, relapsing illness in which effective treatments have been developed.

Optimism – An attitude to anticipate the best possible outcome of an action or an event. An optimistic person refers to a glass half full of water rather than half empty.

Panic Disorder – This anxiety disorder is characterized by sudden panic attacks with feelings of terror that strikes repeatedly without warning. Symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, and fear of dying. Many people with panic disorder develop intense anxiety between episodes, worrying when and where the next one will strike. Effective treatments have been developed to help people with panic disorder.

Paradigm – A model or pattern that influences one's way of thinking and acting.

Perception – To become aware through the senses that allows one to understand and gain insight into an action, a comment, or a behavior.

Peer Support Services – Trained by therapeutic professionals, Certified Peer Specialists are self-identified current or former consumers of behavioral health services who have completed specific training and certification. Certified Peer Specialists enhance the ability of those they assist to envision an increasingly meaningful life, make informed choices independently, set goals, and facilitate community integration. A Certified Peer Specialist promotes self-determination, personal responsibility, and empowerment inherent in self-directed recovery. That is, Certified Peer Specialists assist individuals with mental illnesses and co-occurring disorders to regain control over their own lives and their own

recovery process. Common activities of a Certified Peer Specialist include assistance in increasing natural support networks, effective utilization of community resources, support in acquiring and keeping a job, involvement in meaningful community activities, support and encouragement for increased self-advocacy, and other individually identified activities that enhance self-esteem, hope, and empowerment.

Peers – People who are of equal standing with each other. Examples include individuals who were born in the same generation, in the same grade or class in school, belong to the same club, and work in the same business or employed in the same company.

Phobia- Phobia is excessive and persistent fear of a specific object, situation, or activity. These fears cause such distress that some people go to extreme lengths to avoid what they fear even though that object, situation, or activity is generally not harmful.

Posttraumatic Stress Disorder (PTSD) – This anxiety disorder occurs in individuals who have survived a severe or terrifying physical or emotional event. Individuals with PTSD may have recurrent nightmares, intrusive memories or even have flashbacks where the event seems to be happening all over again. PTSD was first brought to the public’s attention in relation war veterans, but it can result from a variety of traumatic incidents, such as muggings, rape, torture, being kidnapped or held captive, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters.

Prevention – Action of a proactive nature to substance abuse and/or mental health by keeping something from happening or existing at the first signs of problems.

Protective Factors – Protective factors include biological, family, environmental, or community factors that can protect or increase resilience to negative actions or outcomes. Protective factors are opposite of risk factors. Examples of protective include: lack of family history of mental illness and/or substance abuse (biological); intact and/or extended family support (family); stable neighborhoods and/or close friends (environmental); and lack of crime, good schools, and safe and affordable housing (community).

Psychiatrist – A physician with advanced training who treats people with mental, emotional, and/or behavioral disorders.

Psychotherapy – Psychotherapy, referred to as “talk therapy”, is sometimes used alone for treatment of mild depression. For moderate or severe depression, it is often used in combination with antidepressant medications. Psychotherapy may involve only the individual patient, but can include others, such as family and/or friends.

Recovery – Recovery means different things to different people. Oftentimes referred to as “living in recovery”, recovery is a process that an individual voluntarily participates in that includes the daily awareness and proactive practice of taking care of their health and welfare and subsequently increasing their quality of life. It can mean being able to hold a job. It can mean going back to school. It can mean having a close relationship with family and friends. Whether recovery comes from drugs, from traditional therapy, or from

alternative treatments, one common theme is a feeling of responsibility for one's life and a sense of control over one's problems.

Reliable – A person or agency that is trustworthy, dependable, and provides quality programs and services that reflect the most appropriate, up-to-date practices in a particular line of work.

Resiliency – Resiliency refers to those factors that help individuals cope with life's challenges. Credible resiliency research suggests strongly that fostering resilience is a process and not a program.

Risk Factors – Risk factors include biological, family, environmental, and/or community factors that can decrease resilience to negative actions or outcomes. Risk factors are opposite of protective factors. Examples of risk factors include: family history of mental illness, substance abuse, and premature birth (biological); divorce, poverty, and/or incarceration of a parent (family); crime ridden neighborhoods and lack of friendships (environmental); and overcrowded, unsafe schools and lack of safe housing (community).

Schizophrenia – Schizophrenia, the most misunderstood of all the mental illnesses, is a brain disorder that affects how an individual thinks, feels, and acts. This disorder produces a variety of symptoms including hallucinations, delusions, withdrawal, and incoherent speech. Contrary to common belief, schizophrenia is not a split personality.

Social Intelligence – The act of behaving wisely about and in human relationships. Social intelligent individuals have the capacities that enrich personal relationships, like empathy and concern for others. The realization that one's mental and physical well being are driven and molded by other people in our lives is a significant aspect of social intelligence.

Society-At-Large – A community of people bound together by common interests, standards, and ends for the equal and equitable benefit of everyone.

Stereotype – A pattern or idea of agreement or thinking that many people have about mental illnesses and individuals who have a mental illness that may often be untrue.

Stigma – Stigma is an attitude when we attach negative attributes to people that can discredit and disgrace them. The shame that comes with stigma can prevent individuals with a mental illness from seeking treatment. Stigma is wrong and can lead to discrimination which is illegal (see discrimination).

Stress – Stress is a term that is hard to define because it means different things to different people. Stress is a normal occurrence in life for people of all ages. The body responds to stress in order to protect itself from emotional or physical distress or, in extreme situations, from danger. Stress occurs from environmental factors, daily experiences, and events that produce physical and/or mental tension. Stressful events can profoundly influence initiation, continuation, and/or relapse of drug, alcohol, and tobacco use and abuse. Prolonged and intense stress can trigger or cause a serious mental illness.

Suicide – Completing suicide is the act of taking one’s own life. Among the strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, aggressive or disruptive behaviors, and previous suicide attempts. National statistics show that over 30,000 people lose their lives to suicide and another 650,000 receive emergency care after attempting suicide every year. The tragic effects of suicide are multiplied by the trauma and devastating loss that affects families, friends, and communities. Suicide can often be prevented with education to individuals in workplaces, schools, and any other settings on the early detection and treatment options for depression.

Suicide Contagion – Suicide contagion is the exposure to suicide or suicidal behaviors within one’s family, peer group, or through media reports on suicide. Direct and indirect exposure to suicidal behavior has been shown to precede an increase in suicidal behavior in individuals at risk for suicide, especially in adolescents and young adults.

Sympathy – A relationship between people that the feelings or emotions that affect one person affect the other in the same way, most often in the form of sorrow, grief, and misfortune.

Symptoms – A sign or indication that a disease or abnormality is likely.

Technology – A way of approaching the prevention, detection, and treatment of substance abuse and/or a mental illness by using the latest knowledge, instrumentation, and research to obtain maximum benefits.

Therapy – A term usually related to the treatment of a disorder, physical illness/problem, an emotional, behavioral disorder, substance abuse or a mental illness.

Treatment – Acting in a consistent specified manner usually over time that aims to improve a substance abuse problem or a mental illness disorder.

Vulnerable – An individual who is capable of being hurt and open to attack significantly more than others. Vulnerable individuals do not have the means to respond to unfair practices by society or peers that put them at a disadvantage to lead a quality life.

MENTAL HEALTH TEACHING AND LEARNING PRIMARY RESOURCES

National

1. Substance Abuse and Mental Health Services Administration (SAMHSA).
 - National Suicide Prevention Lifeline 1.800.237.(TALK) 8255; (<http://www.suicidepreventionlifeline.org/>).
 - National Strategy for Suicide Prevention; (<http://www.mentalhealth.samhsa.org/suicideprevention>).
 - Suicide Prevention Resource Center (<http://www.sprc.org/>) (see Handout Resources for Suicide Fact Sheet).
 - SAMHSA report: State Level Data on Depression.
 - National Mental Health Anti Stigma Campaign.
 - Understanding Mental Illness after the Virginia Tech Tragedy.
 - Healthy People 2010 (<http://www.healthypeople.gov/>).
 - National Outcome Measures (NOMs): Prevention and Treatment of Substance Abuse and/or Mental Disorders
 - Coping with Traumatic Events
 - Blamed and Ashamed: The Treatment Experiences of Youth With Co-occurring Substance Abuse and Mental Health Disorders and Their Families
 - SAMHSA Co-Occurring Center for Excellence (www.coce.samhsa.gov)
2. Mental Health Report of the Surgeon General (<http://www.surgeongeneral.gov/library/mentalhealth>).
3. National Institute of Mental Health (<http://www.nimh.nih.gov/>).
4. National Alliance on Mental Illness (NAMI) (www.nami.org).
 - Parents and Teachers as Allies: Recognizing Early-onset Mental Illness in Children and Adolescents.

- Predictable stages of emotional reactions among family members dealing with mental illness include (see Handout Resources).
 - NAMI Stigmabusters (<http://www.nami.org/stigmabusters>) (see Handout Resources for Stigmabuster facts and possible actions).
5. National Institute on Drug Abuse (NIDA) (<http://www.nida.nih.gov/>).
 - Stress and Drug Abuse (see Handout Resources) (<http://www.nida.nih.gov/stressalert.html>).
 6. American Psychiatric Association (<http://www.psych.org/>).
 7. Healthy Minds, Healthy Lives (www.healthyminds.org).
 8. Mental Health America (<http://www.nmha.org/>)
 9. Suicide Prevention (<http://www.suicide.org/>).
 10. Public Health Encyclopedia (<http://www.answers.com/topic/suicide>)
 11. <http://plato.stanford.edu/entries/suicide>
 12. <http://suicide.com>
 13. <http://www.nlm.nih.gov/medlineplus/suicide.html>
 14. The Journal of the American Medical Association (JAMA); <http://jama.ama-assn.org/cgi/content/full/293/20/2558>
 15. National Strategy for Suicide Prevention; Lifeline 800.273.8255; <http://www.mentalhealth.samsha.gov/suicideprevention>
 16. American Foundation for Suicide Prevention; 888.333.2377; <http://www.afsp.org>
 - Also available: “Reporting on Suicides: Recommendations for the Media.” <http://www.afsp.org/index.cfm?pageid=0523D365-A314-431E-A925C03Ei3E762B1>
 17. Suicide in the U.S.: Statistics and Prevention; National Institute of Mental Health; <http://www.nimh.nih.gov/publicat/harmsway.cfm>
 18. Center for Disease Control and Prevention (National Center for Injury Prevention and Control);

- <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>;
<http://www.cdc.gov/ncipc/factsheets/suicide-overview.htm>;
<http://www.cdc.gov/ncipc/factsheets/suicide-activities.htm>;
<http://www.cdc.gov/ncipc/factsheets/suicide-prevention.htm>
19. American Association of Suicidology (AAS); www.suicidology.org
 20. National Strategy for Suicide Prevention (NSSP);
<http://mentalhealth.samsha.gov/suicideprevention.default.asp>
 21. Institute of Medicine, “Reducing Suicide: A National Imperative (Adolescent and Adult Suicide); www.iom.edu
 22. National Center for Suicide Prevention Training (Internet based workshops: “Locating, Understanding, and Presenting Youth Suicide Data;” Planning and Evaluating Youth Suicide Prevention.”); www.ncspt.org/courses/orientation
 23. National Youth Violence Prevention Resource Center; www.safeyouth.org
 24. The Office of Juvenile Justice and Delinquency Prevention (OJJDP); “Juvenile Suicides 1981-1998.”
<http://ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11515>
 25. Suicide Awareness Voices of Education (SAVE); www.save.org
 26. Suicide Prevention Resource Center; www.sprc.org
 27. The Suicide Prevention Action Resource Network; www.spanusa.org
 28. The Surgeon General’s Call to Action to Prevent Suicide (A framework of 15 evidence-based recommendations to prevent suicide);
<http://www.surgeongeneral.gov/library/calltoaction/default.htm>
 29. Training Institute for Suicide Assessment and Clinical Interviewing (TISA) NOTE: For health professionals, substance abuse counselors, and school counselors;
<http://www.suicideassessment.com/>
 30. World Health Organization (WHO); Mental Health: New Understanding, New Hope, 2001. <http://www.who.int/whr/en/>
 31. American Academy of Child and Adolescent Psychiatry (AACAP);
www.aacap.org
 32. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD);
www.chadd.org

33. Anxiety Disorders Association of America (ADAA); www.adaa.org
34. Depression and Bipolar Support Alliance (DBSA); www.dbsalliance.org
35. National Alcohol and Substance Abuse Information Center;
<http://www.addictioncareoptions.com/>
36. New Seasons: Behavioral Health Care Systems, Port Huenme, CA;
www.newseasonsrecovery.com; Toll Free 1.866.902.9383.
37. The Family Violence Prevention Fund; www.endabuse.org
38. National Resource Center on Domestic Violence; www.nrcdv.org
39. The Battered Women's Justice Project; www.bwip.org
40. The Domestic Violence and Mental Health Policy Initiative; www.dvmhpi.org
41. National Council on Alcoholism and Drug Dependence, Inc. (NCADD);
www.ncadd.org
42. Stop Alcohol Abuse; www.stopalcoholabuse.gov
43. National Institute on Alcohol Abuse and Alcoholism (NIAAA);
www.collegedrinkingprevention.gov
44. Alcoholics Anonymous (AA) World Services, Inc.; www.aa.org
45. Al-Anon Family Group Headquarters, Inc.; www.al-anon.alateen.org
46. Screening for Mental Health, Inc.; www.mentalhealthscreening.org
47. MayoClinic.com; <http://www.mayoclinic.com/health/seasonal-affective-disorders/DS00195>
48. Obsessive Compulsive Foundation (OCF); www.ocfoundation.org
49. American Academy of Child and Adolescent Psychiatry; www.aacap.org
50. Mental Health Awareness Campaign; www.nostigma.org
51. Breaking the Silence: Teaching the Next Generation About Mental Illness; NAMI-New York State; 1.800.950.3228. Lesson plans (elementary, middle, and high school grades), posters, student activities, and resources are available.
52. Federation of Families for Children's Mental Health; <http://www.ffcmh.org>

53. Family Support America; <http://www.familysupportamerica.org>
54. National Dissemination Center for Children with Disabilities; <http://www.nichcy.org>
55. National Association of School Psychologist; <http://www.nasponline.org>
56. U.S. Department of Health and Human Services; <http://www.us.dhhs.gov>
57. Association for Supervision and Curriculum Development (ASCD); ASCD's Whole Child Initiative; Creating a Healthy School using the Healthy School Report Card Action Tool (\$89.00 member/\$109.00 nonmember); <http://www.healthyschoolcommunities.org>
58. TIME, The Brain: A User's Guide, January 29, 2007.
59. National Disabilities Rights Network; 900 Second Street NE, suite 211, Washington, D.C.; email info@ndrn.org; phone 202.408.9514; fax 202.208.9520; ; <http://www.napas.org>
60. Archives of Pediatrics and Adolescent Medicine; "Symptoms of Tobacco Dependence After Brief Intermittent Use"; <http://archpedi.ama-assn.org/cgi/content/full/161/7/704>
61. National Center for Children in Poverty, Mailman School of Public Health at Columbia University; "Strengthening Policies to Support Children, youth, and Families Who Experience Trauma"; www.nccp.org/publications/pub_737.html
62. The President's New Freedom Commission on Mental Health, April 2002; www.MentalHealthCommission.gov

Pennsylvania

1. Pennsylvania Office of Mental Health and Substance Abuse Services; 717.787.6443; Toll Free 877.356.5355; www.dpw.state.pa.us/omhsas/dpwmh.asp
2. Mental Health Association of Pennsylvania; www.mhapa.org; 717.346.0549; Toll Free 866.578.3659.
3. National Alliance on Mental Illness (NAMI), Pennsylvania; <http://www.namipa.nami.org>. 717.238.1514; 800.223.0055 (toll free).
4. Pennsylvania Mental Health Consumers' Association; www.pmhca.org; 717.564.4930; 800.887.6422 (toll free).

5. Disability Rights Network of Pennsylvania; <http://drnpa.org/>; 1414 Cameron Street, Suite C, Harrisburg, PA 17103; phone 800.692.7443 (toll free); fax 717.236.0192.
6. OpenMindsOpenDoors; <http://openmindsopendoors.com/>
7. OpenMindsOpenDoors is a Pennsylvania initiative aimed at ending discrimination against people with mental illnesses. This campaign aims to educate the public about mental illnesses, as well as help understand the legal rights of people with mental illnesses. This campaign is coordinated by the Mental Health Association of Pennsylvania with support from other statewide mental health stakeholder organizations. Free CD available.

Northeastern Pennsylvania

1. The Advocacy Alliance: 846 Jefferson Avenue, Scranton, PA 18501. 570.342.7762; 877.315.6855 (toll free); <http://www.theadvocacyalliance.org/>

The following primary resources are available free and in bulk from the Advocacy Alliance:

Fact Sheets

- Mind Your Stress On the Job
- Recognizing Mental Health Problems in Children
- Youth, Depression, and Substance Abuse
- ADHD and Kids
- Signs of Depression Checklist
- Helping Children Grow Up Healthy-Mind and Body
- Facts About Anxiety
- OpenMindsOpenDoors (CD available free of charge)

Booklets (Recovering Your Mental Health Series)

- Recovering Your Mental Health: Building Self-esteem
- Recovering Your Mental Health: Dealing With The Effects Of Trauma
- Recovering Your Mental Health: Action Planning for Prevention and Recovery
- Recovering Your Mental Health: Speaking Out For Yourself
- Recovering Your Mental Health: Making and Keeping Friends

Bookmarks

- STIGMA: It Blocks The View
- Stigma Hurts

- Know Me as a Person *NOT* by my Mental Illness

Pamphlets

- What to do When a Friend is Depressed
- If You Are Thinking About Suicide...Read This First
- Surviving Suicide: (Internet) Links of Interest
- Initial Response to a Person Who Brings Up Suicide via Direct Statements or Threats
- Surviving a Suicide Loss: A Financial Guide
- After A Suicide Attempt
- Parenting with Hope & Health: Help for Parents with Mental Illness
- Pennsylvania's Mental Health Advance Directives
- Instructions and Forms: Mental Health Advance Directives for Pennsylvanians
- Lackawanna County Community Support Program: People Helping People
- How Psychotherapy Helps People Recover From Depression
- Let's Talk About Depression

Mental Health Checklists (Data Collection Instruments)

- Getting to Know Your Child's College: A Checklist for Parents
- Bullying Survey

Videotapes

- The Truth About Suicide
- Treating Mental Illness in the Modern Community

2. Human Resource Directory for Lackawanna County, published by FIRST (Free Information Referral System Telephone), Scranton Life Building, 538 Spruce Street, Scranton, PA 18503; Cost: \$20.00 each or three (3) @ \$50.00 plus \$2.00 for shipping; Phone: 570.961.1234.
3. National Alliance to End Homelessness; Scranton/Lackawanna County Ten Year Plan to End Chronic Homelessness. Housin'2000 is a national collection of activities in which students (K-2, 3-5, middle school, high school) can engage to assist with ending homelessness. <http://www.endhomelessness.org/>
4. Lackawanna/Susquehanna Mental Health/Mental Retardation (MH/MR), 135 Jefferson Avenue, 3rd Floor, Scranton, PA 18503; <http://www.swmhmr.org/>.
5. Scranton/Lackawanna County Ten Year Plan to End Homelessness; National Alliance to End Homelessness; <http://www.endhomelessness.org/>.

6. Lackawanna Commission on Drug and Alcohol Abuse (Single County Authority), Annex Building, 3rd Floor, 135 Jefferson Avenue, Scranton, PA 18503. 570.963.6820.
7. Child Care Information Services, 345 Wyoming Avenue, Scranton, PA 18503; <http://ccis.lackawannacounty.org>, 570.963.6644.
8. Child and Youth Services of Lackawanna, Administration Building, 4th Floor, 200 Adams Avenue, Scranton, PA 18503; 570.963.6781.
9. Domestic Relations Services, Scranton-Carbondale Highway, Mayfield, PA 18433; <http://www.dr.lackawannacounty.org>; 570.963.6721.
10. Scranton Lackawanna Health & Welfare Authority, Administration Building, 5th Floor, 200 Adams Avenue, Scranton, PA 18503; 570.342.2353.
11. Wyoming Valley Alcohol and Drug Services, Inc. 437 N. Main Street, Wilkes-Barre, PA 18705.
12. Scranton Lackawanna Human Development Agency, Bank Towers, 1st Floor, 321 Spruce Street 18503; 570.963.6836.
13. Lackawanna County Department of Human Services, Annex Building, 3rd Floor, 135 Jefferson Avenue, Scranton, PA 18503.
14. Lackawanna County Health Care Center, Terrace Drive, Peckville, PA 18452; 570.489.8611.
15. Scranton Chapter of the National Alliance on Mental Illness (NAMI); 864 Jefferson Avenue, Scranton, PA 18501; 570.342.7762; 877.315.6855 (toll free).
16. Northeast Pennsylvania Center for Independent Living; 431 Wyoming Avenue, IBEW Building, Lower Level, Scranton, PA 18503-1228; 570.344.7211; 800.344.7211 (toll free); www.nepacil.org

PROJECT-BASED LEARNING ACTIVITIES

1. Study the resources listed in this curriculum framework, investigate the signs, symptoms, diagnosis, and treatment of the following mental illnesses at the depth appropriate for a particular age group:
 - Anxiety Disorders
 - Attention Deficit Hyperactivity Disorder (ADHD, ADD)
 - Autism Spectrum Disorders (Pervasive Developmental Disorders)
 - Bipolar Disorder (Manic-Depressive Illness)
 - Borderline Personality Disorder
 - Depression
 - Eating Disorders
 - Generalized Anxiety Disorder
 - Obsessive-Compulsive Disorder (OCD)
 - Panic Disorder
 - Post-Traumatic Stress Disorder (PTSD)
 - Schizophrenia
 - Schizoaffective Disorder
 - Social Phobia (Social Anxiety Disorder)
 - Dissociative Disorders
 - Dual Diagnosis and Integrated Treatment of mental Illness and Substance Abuse Disorder
 - Seasonal Affective Disorder
 - Tourette's Syndrome

2. Log on to Healthy Minds Healthy Lives at www.healthyminds.org and have students take the nine item interactive health quiz Mind and Body Health.
3. Within small groups and/or as a total class project through research and dialogue, set up a suicide awareness week program for your school. The free booklet National Strategy for Suicide Prevention: Goals and Objectives for Action (available from the Advocacy Alliance) is a very good resource for this activity. Such a program might include, but not be limited to, posters displayed throughout your school, brochures that can be handed out to everyone, and speakers to address classes individually and collectively.
4. Analyze your school district's policies on safety, violence and injury prevention, bullying, and other issues focusing on students' health and wellness and make recommendations for improvements in the policy to the school administrators, school board, and community-at-large.
5. Design/create a brochure for your school that advocates mental health prevention, detection, and treatment.
6. Design/create a brochure for your school that discourages individuals from using and abusing drugs, alcohol, and tobacco.
7. Interview employees from organizations that provide services to and/or advocate for individuals who have a mental illness. Summarize the interviews to stimulate conversations in class as to the effectiveness of the prevention, detection, and treatment for individuals who have a mental illness.
8. Invite employees from organizations that provide services to and/or advocate for individuals who have a mental illness and/or drug and alcohol abuse and addiction to speak to your class on the prevention, detection, and treatment of mental illnesses and substance abuse.
9. Design/create posters that encourage people to advocate for individuals with a mental illness.
10. Design/create posters that discourage individuals from using and abusing drugs, alcohol, and tobacco.
11. Distribute student created posters and brochures throughout the community that advocate the prevention, detection, and treatment of mental illnesses and that discourages the use and abuse of drugs, alcohol, and tobacco.
12. Invite an individual recovering from a mental illness and/or from the abuse of drugs and alcohol to speak to and address questions from the class.

13. Design and conduct a survey of adults in your community concerning their opinions about the prevention, detection, and treatment of substance abuse and/or mental illnesses. Divide the results into the following age groups: 18-35; 36-50; 51-65; 65-80; over 80.
14. Graph the results of the survey conducted in learning project #13 and report the results to various community groups and service organizations.
15. Identify articles from local and national newspapers, cartoons, internet, and magazines that communicate misconceptions of individuals who have a mental illness.
16. Identify commercials from television, radio, and internet that communicate misconceptions of individuals who have a mental illness.
17. Write a letter to the editor or commentary for a local newspaper advocating for improved prevention, detection, and treatment of mental illnesses.
18. Download the *statement of support* from the OpenMindsOpenDoors (<http://openmindsopendoors.com/>) web site and campaign in your school and community for people to sign the statement advocating for individuals who have a mental illness.
19. Examine the following myths about individuals who have a mental illness and design strategies to communicate the “real” facts:
 - Individuals with a mental illness are unpredictable, potentially violent, and dangerous more so than people who do not have a mental illness.
 - If you talk about suicide, it might give someone the idea to commit suicide.
 - Individuals with psychiatric disabilities cannot tolerate stress on the job.
 - Individuals who have a mental illness tend to be second rate workers.
 - Recovery from mental illness is impossible.
 - Children and adolescents don’t have mental illness.
 - People who need psychiatric care should be locked away in institutions.
20. Study the relatively new approach of the “recovery movement” in treating individuals with a mental illness and (1.) compare and contrast it to traditional treatment paradigms; (2.) examine how the recovery approach is a deeply personal process that affords an individual with a mental illness to accept roles

and responsibilities for improving his/her life; and (3.) explain how the recovery approach is unique to different individuals who have a mental illness.

21. With the help of the Advocacy Alliance plans and conducts a public Leader Forum for the community at large to advocate for the prevention, detection, and treatment of mental illnesses. Give attention to the following details: 1. Forum's objective; 2. Forum's theme in a question format; 3. Time and date of the Forum; 4. Ground rules for the Forum; 5. Identify a moderator for the Forum; 6. Design invitations to the Forum; 7. Evaluate the Forum's effectiveness from the people who attend; 8. Develop a theme brochure to give to the attendees; and 9. Invite the media to the Forum.
22. Individuals who have a mental illness make valuable contributions to society. Abraham Lincoln and Winston Churchill experienced depression. Nobel laureate John Nash (*A Beautiful Mind*) lives with schizophrenia. Investigate other highly visible individuals who had/have a mental illness and made/are making valuable contributions to enhance the moral purpose of society.
23. One way to communicate information effectively is to develop "frequently asked questions" (FAQs) and provide brief, to the point responses. Choose a mental illness, develop FAQs, and provide responses that are not more than 3 or 4 sentences. The FAQs can then be distributed to advance people's understanding of the issue. For example, here are some FAQs concerning suicide: What should you do if someone tells you they are thinking about suicide? What are the most common methods of suicide? Why do men complete suicide more than women do? Who is at highest risk of suicide in the U.S.? Is suicide related to impulsiveness? What physical health factors increase the risk of suicide? Can the risk of suicide be inherited? Does depression decrease the risk of suicide? Does alcohol and drug abuse increase the risk of suicide? What does suicide contagion mean and what can be done to prevent it?
24. Outline a plan to improve mental health every day and over the course of a child's/adolescent's K-12 schooling. Some of the suggested areas for consideration include but are not limited to: 1. identifying the basics of good physical health, i.e., exercise, nutrition, and rest; 2. getting involved in school and community activities; 3. volunteering with community organizations to help people; 4. surrounding oneself with friends and family; and 5. knowing when and where to seek help in time of need.
25. As a class or individual project, research the psychiatric effects on media violence on society as a whole, especially on young people. Areas of focus might include: 1. crafting a position statement calling for significant reductions in violent programming on television and in the movies; 2. assembling a FAQs fact sheet on media violence; 3. explaining how the media distorts reality greater of people with a mental illness relating to violence in programming; 4. advocating for the protection of youth from violence programming; and 5.

recommending actions that can be taken to significantly reduce violence on television and in the movies.

26. Organize a speakers' bureau relating mental illnesses and the interrelated factors associated with individuals who have a mental illness, such as drug and alcohol addiction. Catalogue the speakers on a CD and present to the school's library.
27. Use Mental Illness Awareness Week (first week of October) and Mental Health Month (May) as ways to advocate for individuals with a mental illness. Activities might include: 1. writing an editorial for a local and/or school newspaper; 2. setting up an exhibit at a local mall to promote the prevention, detection, and treatment of mental illnesses; 3. identifying what is happening in your hometown regarding issues like homelessness, drug and alcohol problems, stigma, and high profile suicides to get media attention; and 4. creating a skit or play that would promote accurate perceptions and dispel myths about people with a mental illness.
28. As a way of communicating to PTAs, school boards, and community organizations concerning the importance of teaching about mental illness, is to present talking points at regularly scheduled meeting of these groups. Talking points might include: 1. a healthy person is mentally, as well as physically, fit; 2. statistics as to young people who have a mental illness and complete suicide; 3. the relationship between the use and abuse of drugs and alcohol and mental illness; 4. the need to build tolerance and understanding of individuals with a mental illness as inclusion and mainstreaming in schools and society are increasingly becoming more prevalent; and 5. how stigma and false perceptions concerning individuals with a mental illness are detriments to society at large.
29. Investigate stress from the following perspectives: 1. What is stress?; 2. How does the body respond to stress?; 3. What is the relationship between stress and drug and alcohol abuse and addiction?; 4. What is Post-traumatic stress disorder (PTSD)?; and 5. How might individuals who have PTSD be treated?
30. Invite a counselor from a local college/university to speak to the class addressing prevention, detection, and treatment of mental illnesses among college/university students. Ask the counselor to address the issue of suicide among college/university students.
31. Role play that a drastic change in your friend's behavior has occurred. As a concerned friend, try to convince your friend to go to the guidance counselor or school psychologist for help.
32. Most health insurance companies have a separate mental health category. Usually, these companies provide significantly less coverage for mental health

that they do for physical health. After studying this situation, frame a debate on a question dealing with the inequity of mental health coverage.

33. In groups of 3 to 4, brainstorm no fewer than 4 but no more than 8 mental illness Stigma Busters (<http://www.nami.org/stigmabusters>), such as you called your friend who seemed to show signs of depression; you objected when someone said people with depression use it as an excuse for being lazy; you told your friend that it was wrong to call someone a “psycho.” Gather the items from each group, summarize them, and explain how each can help reduce the stigma of mental illnesses. As concluding class project, make a poster of 10 of the most popular stigma busters for the classrooms and school hallways.
34. Create a graph comparing the relative prevalence of one mental illness to another given the following information: Schizophrenia affects 1 in 100 Americans (typically between the ages of 16 to 25); Manic Depression (also known as bipolar disorder) affects 8 in 100 Americans; Major Depression affects 5 in 100 Americans; Panic Disorder affects 3 in 100 Americans; Obsessive Compulsive Disorder affects 3 in 100 Americans; Borderline Personality Disorder affects 1 to 3 in 100 Americans; and Phobias affect 10 in 100 Americans.
35. Using the NAMI Web site, review the predictable stages of emotional reactions among family members dealing with a relative with a mental illness. The predictable stages are: 1. dealing with the catastrophic event; 2. learning to cope; and 3. moving to advocacy. Using this information, set up a debate where one side takes the positive effects these stages might have on families and one side takes the negative effects these stages have on families. In preparing for this debate, interview professionals who provide treatment and advocate for people with mental illnesses and family members who have experience “first hand” in dealing with a relative who has a mental illness.
36. Using the list of local providers, arrange for students to job shadow a professional who works with and/or advocates for individuals with drug and alcohol addiction and individuals with a mental illness.
37. As an individual or class project, research the numerous career opportunities and educational requirements to become a professional who advocates for and works with individuals who have drug, alcohol, and tobacco addiction and/or mental illnesses. Activities for this project-based learning activity might include interviewing a person who works in the field, talking with professors and counselors in colleges and universities, and interacting with school psychologists and counselors.
38. As a way of generating topics for class dialogue and project-based learning activities, students can keep a journal on a daily basis of substance abuse and

mental health issues that they encounter. In turn, they can compare and contrast placed-based, real world experiences with those of their peers.

39. As a means of ascertaining perceptions of mental health and substance abuse issues, students can design and conduct a survey in their schools and respective communities based on the six Organizing Principles in this curriculum framework. The results can be statistically analyzed, summarized in narrative form, and used to recommend actions to improve the prevention, detection, and treatment of mental illness and substance abuse.
40. On a schoolwide level, organize a Human Relations Committee composed of teachers, students, administrators, parents, school board members, individuals from the community-at-large, and professionals from local provider agencies to develop and implement policies, processes, and procedures to improve the prevention, detection, and treatment of mental illnesses and substance abuse among the school populations.
41. Take a walking tour of places such as the school, school grounds, sports facilities, neighborhoods, shopping areas, and stores, and identify any signs, such as words, phrases, pictures, and advertisements that stigmatize and create barriers for people with mental illnesses and substance abuse problems.
42. Design service-learning and school-to-work (e.g., job shadowing) projects for students to go into the community to perform and participate in various programs to advance real world applications of the knowledge acquired through this Mental Health Curriculum Framework.
43. Using a cooperative learning Jigsaw technique with students in groups of four, research and summarize (see SAMSHA Web site resource) the findings from the national study “Blamed and Ashamed: The Treatment and Experiences of Youth With Co-occurring Substance Abuse and Mental Health Disorders and Their Families.” Assigning one question per student group, the focus questions might include: 1. What are the significance implications of the continuum of substance abuse?; 2. Do mental health and substance abuse problems in childhood and adolescence affect the maturation of the individual?; 3. What happens to the social life of a person with co-occurring disorders?; 4. How often is treatment for co-occurring disorders integrated in actual practice?; and 5. What are problematic implications with the current practices of shifting young people with co-occurring disorders into the criminal justice system?. Each group should generate four to eight salient points. In turn, these points could then be used to make recommendations for prevention, detection and treatment of children and adolescence with co-occurring disorders.
44. Interview your school principal about why your school does or does not have a school suicide prevention program. Contact principals in other schools in your geographic area and ask the same question. If your school does not have a

suicide prevention program, work with the principal, teachers, and parents to develop one.

45. The media is responsible for many of the misconceptions which persist about individuals with mental illnesses. Newspapers, in particular, often stress a history of mental illness in the backgrounds of people who commit crimes of violence. Television news programs frequently sensationalize crimes where individuals with mental illnesses are involved. In entertainment programs, many sitcoms characters frequently make jokes about people having hallucinations which appear to be happy or enjoyable. In reality, hallucinations are frightening and threatening. Comedians make fun of people with mental illnesses, using their disabilities as a source of humor. Also, national advertisers use stigmatizing images as promotional gimmicks to sell products.
46. As a project, collect and/or document newspaper and magazine articles, cartoons, television show references, and any media implications on mental illnesses. Use this material to put together a PowerPoint presentation or poster project referencing the stigmatizing material.
47. Insurances pay for almost all mental and physical health treatment. Investigate at least two different insurance carriers such as Blue Cross and Geisinger Insurances. Compare and contrast the benefits for physical health treatment coverage with those for mental health treatment coverage. Put together a PowerPoint or poster board presentation and present the results to your and arrange presentations to other audiences, e.g., school board, parent-teacher groups, and service organizations in your community.
48. Go to a card shop or card area of a store and identify cards that might be interpreted as stigmatizing individuals who have a mental illness. Record your observations and prepare letters to the companies as to your concern as their products are contributing to the barriers of the prevention, detection, and treatment of mental illnesses.
49. There are many different myths that persist about individuals who have a mental illness. Put together either a PowerPoint presentation or placard display that not only addresses the myths, but also give the facts. Conduct a survey of 50 classmates using the myths as true or false questions and make the results part of your presentation and display the results on a graph.
50. Partner with a local mental health advocacy organization, such as the Advocacy Alliance, and do a focus group with adults who have a mental illness. Have about 10 prepared questions. Have someone take notes and do a presentation in the high school on the focus group. Questions can be any questions you would ask anyone who doesn't have a mental illness such as: Where do you live?; What is your illness?; When did you first realize you had an illness?; What did you do before you became ill?; What kind of jobs did you have or do you have?; What are you doing now?; Where did you go to high school?; and Has anyone here gone to college?

51. Using your district/school resources and/or collaborating with a local television and/or radio station, write, produce, perform, and present a commercial for television and/or radio that would enhance the community's understanding of individuals with mental illnesses and advance the prevention, detection, and treatment of mental illnesses.
52. Using "Instructions and Forms: Mental Health Advance Directives for Pennsylvania, introduce the class to House Bill 2036 that was signed into law by Governor Rendell on November 3, 2004. This law promotes planning ahead for the mental health services and supports a person might want to receive during a crisis when one may not in a position to make decisions. Following the introduction, walk the students through the forms as they complete the forms as a mock mental health advance directive activity.
53. Examine the President's New Freedom Commission on Mental Health (see National Resources # 62, page 34) and engage and present as to how the Commission helped Pennsylvania transform treatment and recovery processes for individuals with a mental illness by implementing Peer Support Services.

CONNECTIONS WITHIN AND ACROSS THE SIX MENTAL HEALTH ORGANIZING PRINCIPLES AND PROJECT- BASED LEARNING ACTIVITIES

Coded to the 52 project-based learning activities, this chart depicts the curriculum framework’s coherence within and across the 6 Organizing Principles. By design, all of the project-based learning activities connect to multiple areas of the curriculum. Nevertheless, the same project situated in the context of Culture, Media, and Technology, for example, can have additional and different meanings situated in the context of Mental and Physical Health. Furthermore, selections of and adjustments to the projects for appropriate grade and age levels are best left up to teachers who work with the students. Nevertheless, the Advocacy Alliance staff is available (free of charge) for consultation to facilitate the teaching and learning of mental health concepts and the coordination and implementation of project-based learning activities.

Mental Health Information and Services	Culture, Media, and Technology	Substance Use and Abuse	Mental and Physical Health	Interpersonal Communication Skills	Mental Illnesses
1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13/14, 21, 23, 24, 25, 27, 28, 30, 31, 32, 33, 34, 36, 37, 39, 40, 42, 46, 47, 48, 50, 51, 52	1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13/14, 15, 16, 17, 18, 20, 21, 22, 25, 27, 28, 31, 32, 34, 37, 38, 39, 40, 41, 42, 45, 46, 47, 48, 49, 50	1, 4, 6, 8, 10, 11, 12, 21, 23, 25, 26, 29, 31, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 48, 49, 52	1, 2, 5, 6, 11, 21, 23, 25, 26, 28, 29, 31, 34, 37, 39, 40, 42, 44, 48, 49, 51	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13/14, 17, 18, 19, 21, 22, 23, 24, 25, 27, 28, 30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 42, 43, 45, 46, 47, 48, 49, 50, 52	1, 3, 5, 6, 7, 9, 12, 19, 20, 21, 23, 24, 25, 27, 29, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 48, 49

NOTES

NOTES



...promote mental well-being, support Recovery for adults who have a mental illness, Resiliency in children and adolescents who have emotional disorders and Everyday Lives for persons who have mental retardation and other developmental disabilities and provide to them advocacy and culturally competent services.

VALUES

RESPECT for those we serve and for one another.

DEDICATION to the persons we serve and the work we do.

COLLABORATION AND SHARING for the benefit of those we serve.

TRUST in one another.

CONFIDENCE in the rightness of our mission.

KNOWLEDGE and the sharing of knowledge.

LOYALTY to our mission, to those we serve, and to one another.

LEADERSHIP in service to persons who have a mental illness and persons who have mental retardation and other developmental disabilities.

SERVICE AREA



THE ADVOCACY ALLIANCE SERVICES

ADULT MENTAL HEALTH ADVOCACY

Our advocates ensure that persons in the community who experience mental illness are heard, serve as their own spokespersons, and that the focus of their treatment, housing and employment is based on their individual needs for Recovery. Our advocates also work at Clarks Summit and Allentown State Hospitals and in community adult psychiatric in-patient units, helping to see that persons understand their rights, their rights are respected, and their stay is helpful.

CHILDREN/FAMILY MENTAL HEALTH ADVOCACY

Our advocates work with children who have emotional/behavioral disorders and their families to help them understand and ensure the protection of their rights in the children's mental health and other child-serving systems of care. Our advocates ensure that families' voices are heard and included in the dialogues on the regional, state, and federal levels, the results of which are policies and programs which affect children and their families.

RECOVERY CENTERS

The Recovery Centers are person-driven centers located in Scranton and Pottsville where persons receiving mental health services come together in an atmosphere of mutual support for the process of supporting their individual Recovery. The Centers offer members an environment where they can enhance and expand activities of self advocacy such as Peer Specialists Programs, Mental Health Advanced Directives, and Community Support Programs, as well as develop and implement educational programs on issues relating to mental wellness and Recovery.

CONSUMER FINANCIAL MANAGEMENT

Our representative payee program is a system of financial and budgetary management for persons who have a mental illness, persons who have mental retardation, and older adults who are unable to manage their monthly Social Security benefits, other benefits, and financial affairs.

Our vendor/fiscal agent program provides employer related services for persons who have a physical disability, persons who have mental retardation or their representatives, and older adults or their representatives. Our program partners with the person or their representative in the use of self-directed attendant care services by assuring compliance with federal, state and local employer requirements, thereby reducing their burden as employer without diminishing their right of self-direction.

We also provide other fiduciary services including guardianship of person/estate, asset management/liquidation, and power of attorney.

SOCIAL CLUB

We offer a safe, supportive environment in Lackawanna County (Friendship "7" Social Club founded in 1962) for persons in the community who have a mental illness or emotional problem to come together, socialize, and enjoy programs.

HEALTH CARE QUALITY UNITS

We facilitate Health Care Quality Units (HCQUs), the responsible entities to the County Mental Health/Mental Retardation Programs for monitoring the overall health status of persons with mental retardation receiving services. The HCQUs work to support and improve the mental retardation community service systems by building capacity and competency to meet the physical and behavioral health care needs of persons who have mental retardation. The primary activities of the HCQUs include: assessing the person's health and systems of care; providing clinical health care expertise to residential and day program providers; providing health related training; and integrating community health care resources with state and regional quality improvement structures and processes. The primary goal of the HCQUs is to assure that the persons served by mental retardation programs are as healthy as they can be, so that each person can fully participate in community life.

COMMUNITY EDUCATION

We promote public awareness of mental health and mental retardation issues, problems, services, and treatment. We educate the general public and solicit support for or opposition of legislation and public policy related to mental health and mental retardation. We also provide educational opportunities, most often partnering with persons who have a mental illness and/or persons who have mental retardation and families, not only for those we serve but for the general public as well.

CONSUMER/FAMILY SATISFACTION TEAMS

We facilitate Recovery and Resiliency focused teams that include persons who have a mental illness and families, whose expressed purpose is to assess adults' and children's/adolescents' levels of satisfaction with the mental health services they receive, to inquire as to their wants and needs, and to learn what they think would help in the delivery of services.

INDEPENDENT MONITORING TEAMS

We facilitate teams of consumers of mental retardation services, family members, and community volunteers who are dedicated to the continuous improvement of the quality of services and supports for persons who have mental retardation. The teams conduct surveys of consumers, facilitate self-advocacy groups, speak with consumers and family members to determine their levels of satisfaction with services, and educate the community.