



Mental Health Curriculum Report  
Know Mental Health, No Stigma

Prepared by  
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## Who are we?

We are a youth led advocacy group spreading awareness on the topic of mental health. We work to come up with creative campaigns, host beneficial conferences to help our community and expand their knowledge on mental health; however, we are more than just that. As the youth ourselves, we have strong connections to the struggles in mental health that teens face today. Mental illness has had a significant impact on our lives. Our families have suffered, our friends have suffered and we have suffered as well.

Our motivation and passion for this topic, has helped us in understanding some of the leading causes to mental illnesses today. REACT is so passionate because we ourselves have either suffered or watched someone close to us suffer from a mental illness. Relating to their personal experiences, a REACT member shares, “My aunt died by suicide when I was in grade six, which triggered me to want to help others who are suffering”. We are all passionate individuals about this topic for various personal experiences. Having seen our friends experience mental illness really opened our eyes to how much it can attack and break someone down without the proper understanding of the problem they are facing. We have watched our friends struggle and felt helpless for the lack of knowledge we grew up with, surrounding this topic. One of us states, “Only in retrospect, I am able to realize that my friend had suffered from depression and if I had the knowledge, I might have been able to prevent her from taking her own life”. We understand how crucial and helpful this knowledge can be for youth now and in the future. Mental health issues affect so many people at some point in their lives. According to another REACT member’s personal experience, they share, “While struggling with depression, post-traumatic stress disorder and self-harm, the stigma behind mental health became increasingly obvious”. The stigma surrounding mental health has the ability to make things worse for those who suffer from a mental illness. “After losing a loved one, I was diagnosed with depression and an anxiety disorder. I eventually had to turn to medication, despite the stigma surrounding mental health holding me back”, this comes from a REACT member’s personal experience.

As a youth group personally being able to connect to this topic, we are passionate about making a change. Anti-bullying clubs we were part of, helped us to realize how important mental health truly is. It helped us understand the lack of education, specifically for youth. REACT has helped us expand on our knowledge and grow in our understanding of mental health. We are just a small amount of teens that have had the opportunity to be educated on this topic, unlike many other teens in today's society. We are saddened by the lack of mental health education and changing it is one of the most important things we can do. We've decided to create a project that incorporates the topic of mental health into the school curriculum to instill proper well rounded health education.

## Issue that needs addressing

There is an evident lack of mental health education in secondary schools across Ontario. In today's society, there is a sufficient need for mental health education as youth are bombarded by the stigma surrounding mental health; however, many schools lack the resources to give youth the information needed. Secondary school is a time where youth are easily influenced by social media, peer pressure, and ideas conformed by society on what it means to be 'mentally stable' and a 'well rounded student'. Students are taught how to live a healthy lifestyle physically, but lack the knowledge and skills to attain mental wellness. This lack of education continuously reinforces the stigma surrounding mental health. Mental health education would be most beneficial at a younger age, and would be constructive in the Grade 9 Health and Physical Education curriculum, as it is mandatory to take. This curriculum has not been updated since 1999, and will soon be older than the youth it is intended to educate. A new curriculum was submitted in 2010, but has been under private review for four years and has not been adopted or seen by the public.

## Who does this issue affect?

Mental health issues affect everyone, particularly youth today. According to the Centre for Addiction and Mental Health, 20% of Canadians will have developed a mental illness by the age of 25. There is a stigma, or prejudice, surrounding mental health issues, particularly in youth. In a society where it is deemed unacceptable to convey the state of your mental health, children and teens often fear what others may think. Youth sometimes have the impression that it's not okay to reach out for help. Statistics from the Mood Disorders Society of Canada confirm the constant presence of stigma. Individuals may continue to suppress mental health problems due to the stigma surrounding it, leading to future problems. Others who struggle may go unnoticed because many do not have the skills to recognize mental health problems earlier on. The issues surrounding stigma will continue to grow if not spoken about.

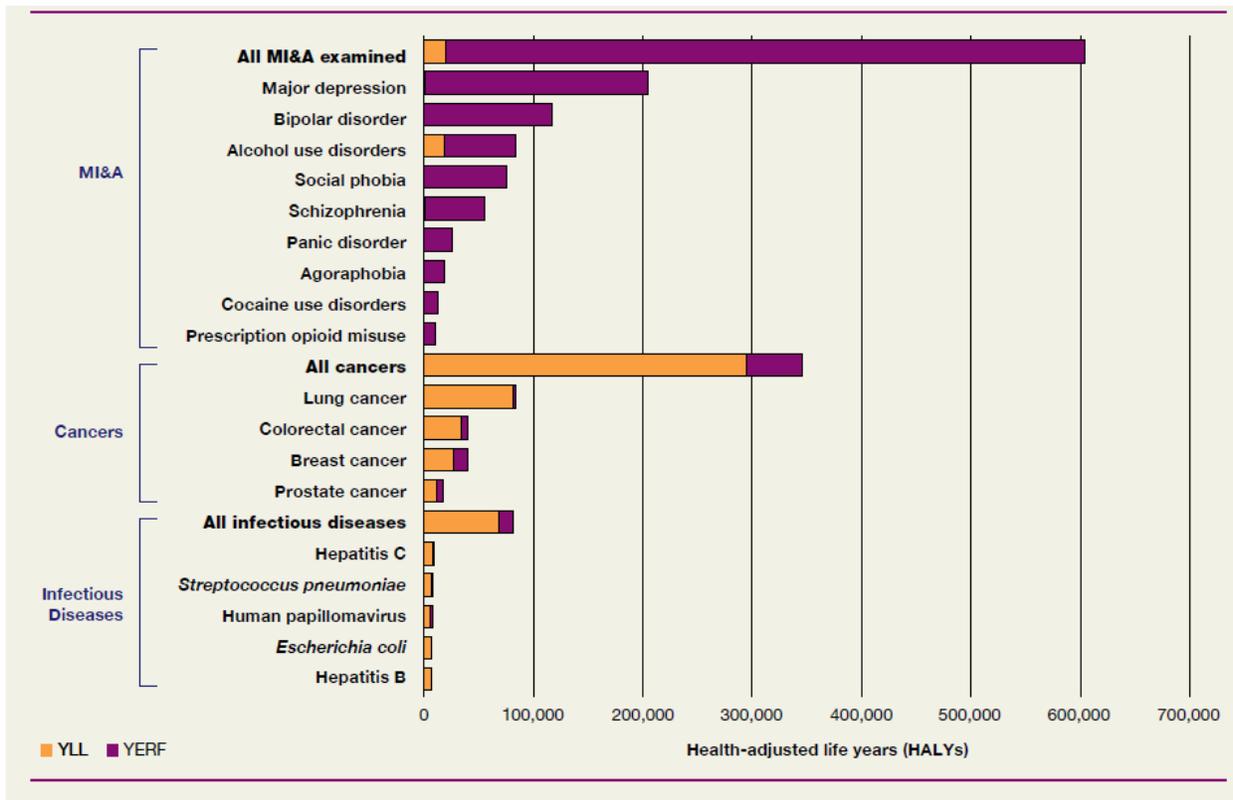
## How does this compare to other health issues?

### 1. In Canada:

Most Canadians are affected by mental illness in some way, shape, or form. Whether they personally suffer from a mental illness, or know someone who suffers; mental health is an issue that affects all. According to a statistic from Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report,

*“One in five Canadians is affected by a mental illness or addiction issue every year. Onset often occurs at a young age and can persist throughout life, with a significant impact on social connections, educational goals and workforce participation. The impact of mental illness and addiction on life expectancy, quality of life and health care utilization is significant.”*

The report, from Public Health Ontario, also included a comparison between the burden of mental illness and addictions to that of cancers and infectious diseases. The following graph demonstrates the greater burden, in health-adjusted life years, that mental illness and addictions place upon society.



Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report

Figure 1

The burden of mental illness is not only personal or physical; the Canadian economy is strongly affected. The below statistics, from The Canadian Mental Health Association, exhibit the expense of mental illness.

*“The economic cost of mental illnesses in Canada for the health care system was estimated to be at least \$7.9 billion in 1998 – \$4.7 billion in care, and \$3.2 billion in disability and early death.”*

*“An additional \$6.3 billion was spent on uninsured mental health services and time off work for depression and distress that was not treated by the health care system.”*

*“In 1999, 3.8% of all admissions in general hospitals (1.5 million hospital days) were due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and suicidal behavior.*

## 2. In Niagara:

In 2012 a report titled Health Behaviours of Niagara Secondary Students was completed, based off of the results from the 2011 Ontario Student Drug Use and Health Survey (OSDUHS). The survey involved questions relating to home and school environments, healthy lifestyle behaviours, substance misuse, and mental health. The mental health section of the report included information concerning students' mental state, including their self-rated mental health, psychological distress, self-esteem, and intentional self-harm. The report contains many startling statistics concerning students' mental health, which are found below.

*“21.7% of students in Niagara report feeling unhappy and depressed”*

*“11.7% of students in Niagara report that they are unable to face problems”*

*“48.0% of students in Niagara report feeling constantly stressed”*

A section of the report, titled Mental Health Attitudes, also conveyed that:

*“9.4% of students in Niagara would ‘Definitely’ be embarrassed if their friends knew that someone in their family had a mental illness”*

*“17.0% of students in Niagara would ‘Probably’ be embarrassed if their friends knew that someone in their family had a mental illness”*

*“11.2% of students in Niagara are not sure/do not know what a mental illness is”*

A further section, on intentional self-harm, stated that:

*“9.9% of students in Niagara seriously considered attempting suicide in the previous 12 months”*

# THE FACTS

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## Local History

In 2011, Pathstone Mental Health, a facility in Niagara that offers services relating to **mental health** to youth, took the first step towards raising awareness about mental health in the Niagara region by creating the “Shatter the Stigma” campaign. Pathstone identified the need to fight **stigma**, and has a strong desire to “increase awareness and decrease stigma related to mental illness”. The campaign speaks to the public concerning the question “What is stigma?” and teaches how we can reduce the stigma surrounding mental health. The campaign also raises awareness about where stigma can occur, and teaches youth that school can be one of the many places that reinforce the stigma accompanying mental illness. Youth throughout the region were encouraged to create postcards or posters to share stories of how **mental illness**, and the stigma associated with it, had affected individuals throughout the Niagara region.

More recently in the Niagara Region there has been incredible public support for the development of the Niagara Mental Health and Addictions Charter. The Charter aims to provide a summary of major issues, describe best practice, incorporate values, and provide a call to action. The goal is for optimal mental health and wellbeing for all people to be and essential element of the region’s future where an inclusive, individual-centered approach is taken across the whole lifespan so each community member can achieve the maximum level of wellbeing.

## Education

The transition for youth from elementary school to high school is a time of dramatic change, incredible challenges, new found stresses at home, school, and in their social lives. This shift may contribute to the fact that 29.0% of grade 9 Ontario students report ‘elevated psychological distress.’ (OSDUHS Report, 2011) This statistic alone is one example of why mental health education should be included in the Grade 9

**mental health:** a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community

**stigma:** negative attitudes (prejudice) and negative behaviour (discrimination) toward people with mental health or substance use issues

**mental illness:** characterized by alterations in thinking, mood or behaviour (or a combination), and impaired functioning over an extended period of time

Ontario Health and Physical Education Curriculum. As displayed in the following notes, there is currently no mental health education in the Grade 9 Ontario Health and Physical Education Curriculum, which has not been updated since 1999. An updated curriculum was submitted in 2010 and has been under review since. The mental health education leading up to high school (grades 4, 5, and 8) is minimal and incredibly vague; dealing mainly with relationships and stresses during puberty. With little education paired up with a lack of life experience dealing with various stresses and/or mental health issues students are lead into secondary school with little to no knowledge surrounding mental health. Students who continue to take Health and Physical Education courses are not informed on this subject until grade 11. To graduate in Ontario, each student only requires one Health and Physical Education credit. This fact leads many students to not continue their Health and Physical Education throughout high school; therefore, missing out on mental health education all together.

This lack of education may have a factor in the 15.4% of Ontario students who rate their mental health as 'Fair to Poor' (OSDUHS Report, 2011), or the 37.2% of Ontario students who reported having 'elevated psychological distress' (OSDUHS Report, 2011). Those statistics are astounding and are yet another reason why mental health education should be a mandate in the Grade 9 Health and Physical Education curriculum.

Resources for education on mental health do exist. Physical Health Education (PHE) Canada, mindyourmind, and the Boys and Girls Club of Canada have created free online toolkits, Mental Health A to Z: Stress, Mental Health A to Z: Wellness, and a mobile app Mind Your Mood to "advocate through networks to build awareness, knowledge and understanding about adolescent mental health" (PHE Canada, 2014). PHE Canada is also researching what training is already in place in pre-service education programs across Canada. These findings will "ground advocacy for [the] development of improved mental health training for teachers" (PHE Canada, 2014). The government of Ontario has released a document for teachers, titled Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being. This document was created to "help educators understand more about mental health in order to promote the mental health of all students," (Supporting Minds, 2013). TeenMentalHealth.org has also created a mental health package titled Mental Health & High School: Understanding Mental Health and Mental Illness containing a Curriculum guide, PowerPoint presentation and three-part video series to help teachers and staff promote students awareness of mental health, reduce stigma, provide a safe and supportive learning environment, and help students develop their abilities to cope with stress and challenges in their daily lives.

## Research

In order to assess the need for mental health education in Health and Physical Education courses, peer leaders from REACT carried out a brief, informal survey of teachers from four of the region's secondary schools regarding their school's mental health education. They were surveyed on their personal teaching material regarding mental health, their opinion as to the need for more mental health education, and their

opinion on the addition of mental health education into the Grade 9 Health and Physical Education Curriculum.

Of the twelve Health and Physical Education teachers surveyed, a large majority answered favourably to each question. From their responses, it is clear that teachers are united in their vision of mental health education. Of the sample audience, 83% stated an emphatic affirmative to the question of whether there is a need for more mental health education in the curriculum. The remaining minority were unsure, with no teachers surveyed expressing the opinion that there is not a need for more mental health education. The popular opinion among surveyed teachers was that students would benefit from more mental health education, with the dissenters merely feeling that their non-curriculum education on the subject was sufficient to students. From these sample responses it is clear that teachers, those whom are trusted by society to educate, feel that youth are not receiving the mental health education they deserve and need.

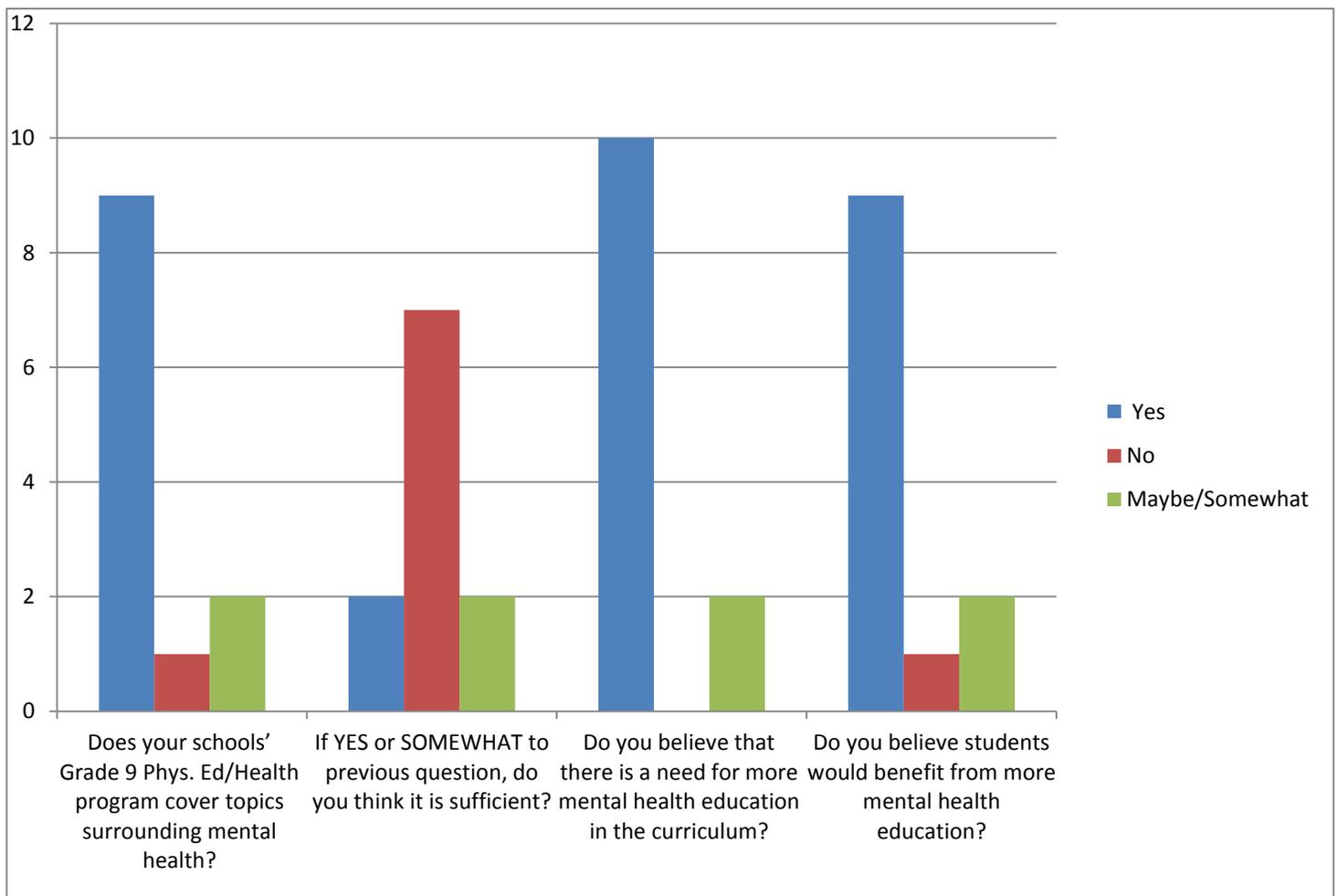


Figure 2

### What are the views of the community?

Putting mental health education into the Grade 9 Health and Physical Education curriculum is supported by many health professionals, teachers, and charitable organizations. When secondary school teachers were surveyed they largely applauded and supported the initiative. As seen in the Niagara Health and Physical Education Teacher Feedback graph (Figure 2), 83% of teachers stated that there is a definite need for more mental health education in the Grade 9 Health and Physical Education Curriculum, as it is not sufficiently covered. Public Health Nurses in the Niagara Region also applauded the idea, particularly supporting the fact that it is youth who are requesting that they receive the proper education relating to mental health.

# THE GOAL/PLAN

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## The Goal

REACT's goal is to get mental health education into the Grade 9 Health and Physical Education Curriculum. There is a lack of mental health education which causes a reinforcement of the stigma. By adding mental health education to the Grade 9 Health and Physical Education Curriculum, we will reach a majority of students as it is mandatory to take.

## The Plan

The plan is to create a postcard campaign to promote the policy change of improving the amount of mental health education in order to reduce stigma. By creating this campaign it will encourage the Ministry of Education to add mental health education into the Grade 9 Health and Physical Education Curriculum. By going out to the community and collecting signatures as a petition, it will show that there is local support for mental health education. After gaining local attention, it will hopefully branch throughout Ontario.

## Step 1: Prepare

- The goal is to get mental health education into the Grade 9 Health and Physical Education Curriculum. There is a lack of mental health education which causes a reinforcement of the stigma. By adding mental health education to the Grade 9 Health and Physical Education Curriculum, it will reach a majority of grade 9's, as it is essentially mandatory to take.
- REACT has created an extensive report highlighting the issue, facts and goals.

## Step 2: Defining the issue

- What are the problems: The lack of mental health education is causing a reinforcement of stigma.
- What are reasonable goals: By creating this campaign it will encourage the ministry of education to add mental health education into the Grade 9 Health and Physical Education Curriculum.
- What sort of interventions work for this issue: By collecting signatures as a petition, the campaign will show that there is support for the addition of mental health education.

## Step 3: Defining the audience

- The possible audiences are high school aged Niagara youth, eventually expanding throughout Ontario.
- The audience is often intimidated by authority, thus it is beneficial that youth in the Niagara Region are promoting this campaign as opposed to professional officials.
- The audience often ignores health messages because they do not appeal to youth or aren't engaging.

## Step 4: Defining the message

- The message being communicated is that mental health education should be included in the Grade 9 Health and Physical Education curriculum as there is a current need for it as proven throughout this document.
- The message is aimed towards the decision makers (Ontario Ministry of Education) but will affect the youth of Ontario.

- The message (along with the written report and the postcard petition) will raise awareness across Ontario, is very positive, and has the ability to motivate both parents and students; giving them the confidence to believe that change can happen.
- Our call to action piece is the post card petition (physical evidence that we have the support of the community).
- One collective message (“the addition of mental health education will increase awareness, therefore decreasing stigma”) has been created to inform all groups (parents, teachers, students, decision makers etc.).

### Step 5: Identify Your setting(s)/ communication channels

- **Word of mouth**
  - Speak to family and friends
  - Community bulletin boards
  - Trifold Board
- **Social Media**
  - Facebook
  - Twitter
  - Instagram
  - YouTube
- **Promotional Items**
  - Stickers/buttons
  - Eraser brains
  - Pens/ pencils
  - Notepads
  - Wristbands
  - USB’s
- **Places to take petition**
  - Schools
  - Summer camps
  - After school programs
  - Dances
  - Sport venues (soccer park, arena, etc.)
  - Movies
  - Mall

### **Step 6: Consider how you will measure your success**

- Impact/behaviour change will be monitored through the postcard campaign. The campaign will be brought to various events and members of the community will have the opportunity to sign the postcard if they agree with the message.
- Meeting with CDIP epidemiologist, Sinead McElhone, to discuss ideas and evaluation strategies.
- The postcard campaign will provide physical evidence as to how much support the message has received.
- Once all the postcards have been signed they would be presented to a member of provincial parliament with the intent of later presentation to the Ontario Ministry of Education.
- The ultimate measure of success would be the addition of mental health education into the curriculum.

## External:

### Bridges Community Health Centre

Contact Page: <http://www.bridgeschc.ca/page/home>

### Canadian Mental Health Association Niagara

Contact Page: <http://www.cmhaniagara.ca/inside>

### Distress Centre Niagara

Contact Page: <http://distresscentreniagara.com/contact-form/>

### The FORT

Contact Page: <http://www.thefortgrimsby.ca/contact-us/>

### Niagara Connects

Contact Page: <http://www.niagaraconnects.ca/about-us/contact/>

### Niagara Falls Community Health Centre

Contact Page: <http://nfchc.ca/>

### Nightlight Emergency Youth Shelter

Contact Page: <http://niagara.cioc.ca/record/NIA0699>

### Pathstone Mental Health

Contact Page: <http://www.pathstonementalhealth.ca/contact>  
<http://www.mendthemind.ca/contact>

### QUEST Community Health Centre

Contact Page: <http://www.greaterstcatharineschc.org/contact/>

### The RAFT

Contact Page: [http://www.theraft.ca/Contact\\_Us.html](http://www.theraft.ca/Contact_Us.html)

### YMCA

Contact Page: [http://www.ymcaofniagara.org/contact\\_us.php](http://www.ymcaofniagara.org/contact_us.php)

Members of Provincial Parliament will be contacted as the campaign progresses. There will be an Ontario election, so no contact information is included for MPP's.

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