

**Multnomah Education Service District  
School Health Services  
Mental Health Curriculum Manual**

**Title: The Mental Health Curriculum for School Age Children, Ages 10 to 12**

**Module 5:**

**COMMON MENTAL HEALTH DISORDERS: ANXIETY & DEPRESSION**

**Module 5 Overview:** This module begins the introduction to common childhood mental health disorders, including mood disorders, suicide, and anxiety disorders. It is emphasized that symptoms become a disorder when they interfere with an individual's ability to carry on normal daily activities. Information about mental health disorders is introduced by first identifying natural childhood experiences and emotions, such as worrying and sadness, and then describing how these experiences can become pronounced and problematic if they persist over time, if they do not lighten, and if they do not change when situations change. Most students can relate to the normal responses of worry or sadness, and these common experiences provide the basis for empathy when learning about individuals who experience these symptoms to an extreme. Puberty is identified as a time when moods and emotions often change; most students age 10 to 12 are intrigued by how their bodies and minds will change during puberty. From a base of normal experiences and emotions, students are helped to understand depression as a common mental health disorder that affects children as well as adults. Suicide is identified as a serious complication of untreated depression. Class discussion helps students problem-solve what to do if friends tell them they are depressed and thinking about hurting themselves or suicide, but says, "Don't tell; It's a secret." Exaggerated worrying is used to introduce the concept of anxiety and to facilitate the discussion of common anxiety disorders, including obsessive-compulsive disorder and phobias.

**Module 5 Objectives:** After completing this module, students will be able to:

**Knowledge Domain:**

1. Identify different mood states.
2. Recognize the association between puberty and changing moods.
3. Differentiate between normal sadness and depression.
4. Recognize that chemicals in the brain (neurotransmitters) can affect moods.
5. Identify famous people who have difficulties with depression.
6. Recognize the association between depression and suicide.
7. Describe clues that may be associated with depression or suicidal thinking.
8. Identify how to help a friend who is depressed or is thinking of hurting themselves.
9. Differentiate between secrets that should be told to adults, and secrets that are okay to keep.
10. Describe how normal worries differ from the exaggerated worries and fears associated with anxiety.
11. Identify physical symptoms associated with anxiety.
12. Recognize features of common anxiety disorders, such as obsessive-compulsive disorder and phobias.

**Affective Domain:**

1. Experience empathy for individuals with mental health problems, such as anxiety and depression.
2. Experience greater awareness and acceptance of mental health problems in their peers and self.
3. Express positive help-seeking attitudes about peers and others with mental health problems.
4. Feel empowered and knowledgeable in seeking help for a friend who is depressed or experiencing a mental health problem.

**Talking Points/Outline for Module 5:**

- What is a mood? Ask students what it means to “have the blues” or “be in a bad mood”. When we are around someone who is in a sad or cranky mood, sometimes we pick up their moods and begin to feel sad or angry, too.
- Moodiness is linked to the changes in hormones associated with puberty. Did you know that puberty starts in the brain and is related to the chemical changes happening in the brain? The first thing you might notice as you begin to enter puberty is that your moods and feelings change more frequently, and are more exaggerated. You might ask, “What’s happening to me? Why do I complain so much? Why am I so worried about how I look and whether people like me?” We can learn ways to help manage moods and fluctuating emotions.
- Talk about the mood of **sadness**. Ask students what things make them sad. Talk about how changes and conflicts in relationships, disappointments, and loss normally cause feelings of sadness. It is normal to have feelings of let-down after an event we look forward to for a long time, or something we work hard for. Getting into arguments with friends or parents can result in feelings of sadness and irritability.
- Ask students, “How does it feel to be depressed?” When feelings of let-down or sadness continue longer than usual after a loss or a major event, or when it is accompanied by feelings of irritability, frequent crying or feelings of anger or argumentativeness on more days than not, an inability to have fun doing things you usually like to do, as well as whole body feelings of slowness, heaviness or low energy, problems sleeping, loss of appetite, or eating more than usual, then these may be signs of depression. Emphasize that depression can happen to kids; it does not just happen to adults. Show the overhead about “warning signs” associated with depression.
- Ask students, “Why do you think some people who experience a loss get depressed, while others seem to get over the loss after time and return to their usual moods?” Remind them of the mind and body connection and review genetic and environmental factors that can contribute to mental illness.
- Review the neurotransmitters associated with depression. Discuss serotonin and show areas of the brains affected by depression. Depression is described as a brain disorder that can affect emotions and all aspects of body health and mental health. Sometimes people will tell a depressed person, “Just snap out of it”, but it really isn’t possible for someone who is depressed to make themselves feel happy. Almost everyone with depression can be helped to feel better, but it takes time for

- the chemicals in the brain to change. There are different ways for people to get help for depression, including physical exercise, talking with someone, therapy, and medications.
- Identify famous people who have had depression, such as Abraham Lincoln. Depressed people are often very thoughtful and sensitive people. They can be very creative and artistic, and live productive lives when their periods of depression lift. When depression lasts a long time, people begin to feel hopeless.
  - Ask students, “What might be the outcome of untreated depression?” Suicide is identified as one of the most serious complications associated with untreated depression. Almost everyone who is thinking about suicide gives clues that others may be able to detect. Did you know that most kids who are thinking about suicide will tell a friend first? Friends who recognize these clues can help the person seek help. Brainstorm what they can do if a friend tells them they are feeling sad, hopeless, and thinking about suicide. Ask students what they would do if a friend told them they were thinking about hurting themselves, but said, “Don’t tell. It’s a secret.” Talk about secrets that are okay to keep, and secrets that should be told to an adult in order to be a true friend.
  - Introduce the topic of **anxiety** as the most common mental health problem in childhood. Anxiety is part of life; it is related to stress and worry. Some anxiety is good for us and helps motivate us. Anxiety is a signal that lets us know when we are in situations of danger. Everyone worries, but sometimes people worry more than others. Ask students to talk about the normal worries for their age.
  - Ask students what happens when someone worries too much and worries about things that aren’t really a danger. Sometimes people perceive things as dangerous even if they aren’t, and sometimes exposure to scary events can cause a person to feel they are in danger whenever they think about that even or are in a similar situation. For example, if someone gets stuck in an elevator, they might later feel anxious whenever they think about being in a small space like an elevator. In anxiety disorders, the worry switch gets stuck in the “on” position.
  - Ask students, “What does anxiety feel like?” Anxiety is associated with physical symptoms, such as a feeling of a pounding heart, shortness of breath, sweaty palms, and feelings of panic. Anxiety can be displayed in both excessive thoughts and excessive behaviors, such as obsessive-compulsive disorder.
  - Ask students if they have heard of obsessive-compulsive disorder? Mild rituals are normal; we all have a certain way of doing things that we like, but usually if our routines get interrupted, we can be flexible and go on anyway. Someone with obsessive/compulsive disorder feels very anxious when their routines are interrupted, and they may not be able to be flexible and go on without starting all over again from the beginning of the routine and repeating each step. When a ritualistic way of doing something interferes with being able to do things we enjoy or things we need to do, then this level of anxiety and obsessiveness becomes abnormal.
  - Ask students, “What is a phobia?” Discuss phobias and how people may be exposed to terrifying events that create a phobia. Students enjoy learning terms for unusual phobias. Identify the areas of the brain affected by anxiety and how these areas of the brain become “hot spots” that are overly active; like their “on”

switch stays on. Discuss various treatments that help people reduce their anxiety and so they can get their lives back. Medications and therapy are ways people can be helped to relieve their anxiety.

**Parent Letter: (Example attached)**

**Teacher Letter: (Example attached)**

**In-Class Overheads:**

- OH #1: Cartoon, "How to Recognize Someone's Many Moods"  
Source: Illustration from Microsoft Clipart
- OH #2: Calvin & Hobbs, "I'm in a Very Crabby Mood." (Watterson, Universal Press Syndicate, 1996)
- OH #3: Ziggy, "I just ate six Happy Meals and I'm still Depressed"  
([www.ziggyzone.com](http://www.ziggyzone.com), 2001, Ziggy & Friends, Universal Press Syndicate)
- OH #4: Calvin & Hobbs, "Nothing Helps a Bad Mood like Spreading it Around"  
(Bill Watterson, Universal Press Syndicate)
- OH #5: Cartoon, "Too Depressed"  
Source: Illustration from Animation Library.com
- OH #6: Garfield: It's Going to be One of Those Mondays"  
(Jim Davis, 11/14/1988)
- OH #7: Familiar Problems of Teenagers  
(SAMHSA, [www.mentalhealth.org](http://www.mentalhealth.org), 1-800-789-2647 Retrieved 2001)
- OH#8: Warning Signs of Teen Depression  
(Adapted from [www.teenshealth.org](http://www.teenshealth.org))
- OH#9 - #11: Phobia Cartoons  
Source: Illustrations from Microsoft Clipart
- OH#12 - #13: Phobia Terms and Definitions (Adapted from [www.phobialist.com](http://www.phobialist.com)  
Can be given as a handout)
- OH#14: Multnomah County Hotline Numbers  
(School nurse to make an overhead with relevant hotline numbers for county. This can be used as an overhead and a handout)

**Module 5 Teaching Aides:**

TA #1: Kids Health Survey: What Kids Say About: Worrying  
([www.kidshealth.org](http://www.kidshealth.org), Nemours Foundation, June 2004)

TA #2: Phobia terms and definitions (see overheads above)

TA #3: Story of Tony with Depression (story-telling activity)  
(Written by DeSocio, J., Stember, L., & Schrimsky, J., 2005)

TA #4: Story of Tina with Anxiety (story-telling activity)  
(Written by DeSocio, J., Stember, L., & Schrimsky, J., 2005)

TA #5: Niner, Holly (2004). Mr. Worry: A Story about OCD. Albert Whitman & Company Publisher. (Written for juvenile readers)

**Pre and Post Test Questions for Module 5:**

T or F: 1. Depression only happens in adults.

T or F: 2. Young people who talk about suicide are doing it just to get attention.

T or F: 3. If a friend told me he was sad and wants to hurt himself, I would tell an adult.

T or F: 4. If someone had a mental illness they could still be my friend.

**Module 5 Resource List:**

See the website, [www.kidshealth.org](http://www.kidshealth.org), and select topics related to child/adolescent mental health that you would like to explore further in class, or use as a reference to expand the school nurse's preparation to teach this class:

"Dealing with Feelings" at [www.kidshealth.org/kid/feeling//index.html](http://www.kidshealth.org/kid/feeling//index.html):

Included are:

"Being Afraid"

"Why Am I So Sad"

"All About Anxiety" (provides definitions for different anxiety disorders affecting children and adolescents, and is in language kids can understand)

"Obsessive-Compulsive Disorder"

"Phobias"

"Bipolar Disorder"

See the website, [www.mentalhealth.org](http://www.mentalhealth.org), the Substance Abuse and Mental Health Association website (SAMHSA).

Crist, James J., Ph.D., What to do When You're Scared and Worried, A Guide for Kids, Minneapolis, MN, Free Spirit Publishing, Inc., 2004.

Hamilton, DeWitt, illustrated by Gail Owens. Sad Days, Glad Days: A Story About Depression. Morton Grove, Ill.: Albert Whitman & Company, 1995. (Parents should read the book with their children ages four through seven; also appropriate for children ages eight through eleven.)

Hyde, Margaret O., and Forsyth, M.D., Elizabeth H., Depression, What You Need to Know, New York, Franklin Watts, 2002