
Unit Learning Support Material

National 4 and 5

Understanding Mental Health



National 4 and 5 Teaching Pack

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Unit Learning Support Material for National 4 and National 5

This pack contains optional teaching tools to support the delivery of the unit Understanding Mental Health (National 4 and 5) in the Mental Health and Wellbeing award. The tools should be used based on your professional judgment of the needs and abilities of the learners and their progression.

The material is designed to provide a broad range of tools and knowledge. However, the examples and narrative are not exhaustive and, where possible, should be personalised to the group of learners. The pack is intended to support the teacher/lecturer delivering the course, and much of the narrative will require adaptation to accommodate learners' needs. It does not cover every possible area for discussion but provides a sample of background information and guidance. It is essential that those delivering the unit have a good understanding of the needs of the learner group and the subject matter.

Please read this support pack in conjunction with the Understanding Mental Health Unit Specifications for National 4 and 5.

Outcome 1

Explain what is meant by the terms 'mental health' and 'wellbeing' for individuals and wider society.

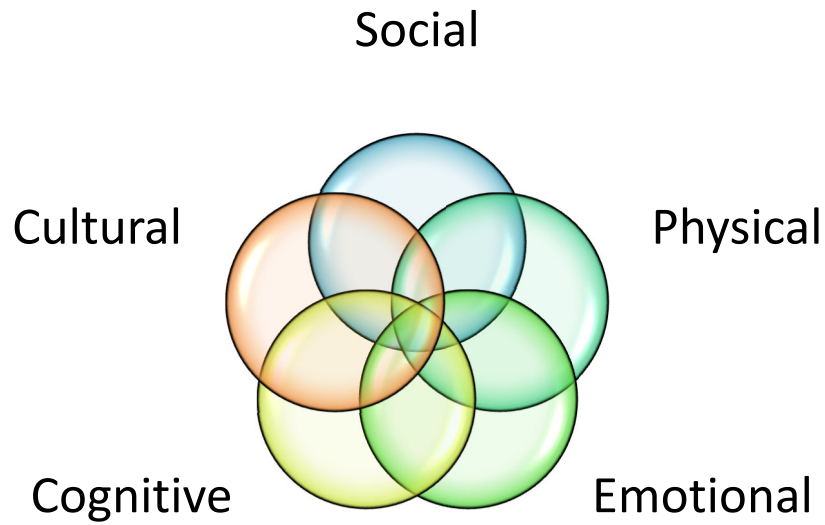
The needs and wants of individuals

You may have heard it said by a parent or peer — 'what you want and what you need are two different things.' We often say we *need* to have certain things in our life to be happier or wealthier. Often what is expressed as a need is more likely to be a want or a desire.



Understanding the difference between a need and a want is very important from a health and wellbeing perspective. A need is regarded as an essential element of life that must be met — not having essential needs met can cause difficulties for a person's general wellbeing.

An easy way to remember what needs are is to remember the acronym SPECC. SPECC stands for:



- | | |
|------------------------|---|
| Social needs | this includes relationships, roles, feeling connected |
| Physical needs | this includes warmth, food, sex, sleep |
| Emotional needs | this includes love, security, expression of emotion |
| Cognitive | this includes intellectual stimulation, imagination, thinking and problem solving |
| Cultural | this includes values and beliefs, identity |

It is difficult to separate one need from another as they are all interconnected. For example, if we feel connected and have positive relationships in our lives, our emotional needs will also be met as we will feel secure and loved.

Similarly, being able to openly practise a faith is very important for many people. Not having the ability to do this can impact on their social connectedness. Not being socially connected can impact on a person's emotional state, and this may then have an effect on physical wellbeing.

Activity

In groups, list all the things you would identify as a need and want.

Create **two** wall collages of all the class needs and wants.

Present as a graffiti wall or a collage using pictures for magazines and newspapers.

Test your knowledge and understanding of needs with your peers by completing the following exercise:

Needs	Social	Physical	Emotional	Cognitive	Cultural
Julie is being bullied at school because of her weight. The more she is bullied the more weight she gains.					

Identify Julie's needs. Describe.

Needs	Social	Physical	Emotional	Cognitive	Cultural
Paul is exploring his identity as a transgender man; he has joined a support group of other transgender young people.					

Identify Paul's needs. Describe.

Needs	Social	Physical	Emotional	Cognitive	Cultural
<p>Kurt is 17 years old and would like to go to university to study Engineering but has decided to wait until next year as he feels he is too young to move away from home.</p>					

Identify Kurt's needs. Describe.

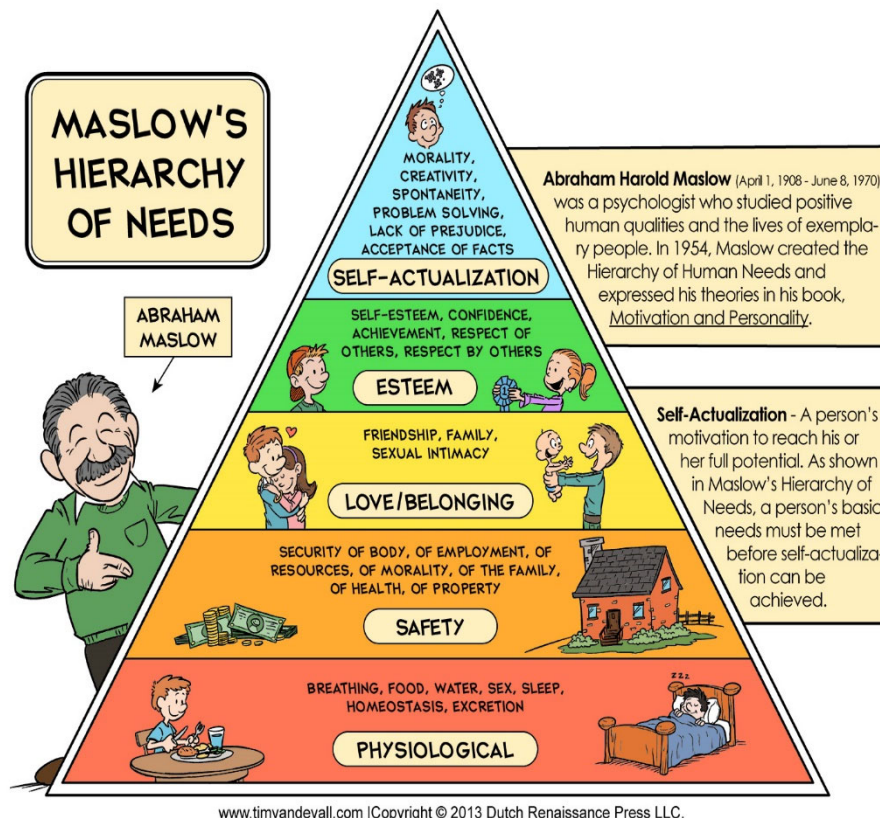
Wants are related to objects of desire, they are not essential for survival but may enhance an experience or make us feel better about ourselves. Many of the wants and desires we have today are influenced by media and clever marketing, making us believe we can't live without, or need to have, certain items in our life. Wants and desires are also driven by what we value. Therefore, what one person desires is not necessarily the same as another person's desire.

A want is a desire, something that is wished for. The thing that's desired can often make life more enjoyable or pleasurable, but it isn't required for survival. A need is something we must have for survival. Car, jewellery, eating out in restaurants, faraway holidays, big house, takeaways, designer clothes, the latest tech or mobile phone — all these things can give us pleasure, or status.



Getting the right balance between wants and needs is important for wellbeing. Some people may have many wants and desires satisfied, but if their needs are not met this will be detrimental to their wellbeing. Some people's needs are met but their wants are limited, so they may feel dissatisfied with life. This can also impact on a person's wellbeing.

Abraham Maslow (1954) was an American humanist psychologist who developed a five-tiered hierarchy of needs.



This Photo by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/)

Maslow argued that the first four stages were deficit needs. These are specific areas in our life which had to be fulfilled for us to develop. This is linked to our motivation to grow as human beings. Maslow highlights, however, that each stage does not have to be fulfilled 100% for us to progress to the next set of needs, and he also acknowledges that we rarely move through these stages in a linear fashion as life events can influence how well we are able to meet our needs at different stages in our lives. Social factors such as relationship breakdown, cultural issues, poverty, politics, disadvantage and discrimination can also affect our ability to meet our needs. Personal factors such as health status, age and ability or disability are also influential.

The fifth level of Maslow's hierarchy is described as growth needs, and is referred to as 'self-actualisation' — the desire for new experiences personal growth and self-fulfilment. Revised versions of Maslow's hierarchy now also include cognitive needs (curiosity, exploration, and understanding); aesthetic needs (appreciation

of beauty and art and balance); and transcendence needs (exploration of values and desires which trends beyond self-fulfilment, eg faith, scientific discovery etc).

This creates a more complicated picture of needs and wants. Maslow would argue we are motivated as human beings to continually grow and achieve our potential. This moves us beyond having our basic needs met if we are to live a fulfilled and satisfactory life.

Activity

In groups create a poster or collage of wants and needs and how they may impact on our wellbeing.

Terms in relation to mental health and wellbeing

Wording and terminology are always changing. For example, 10 years ago, we would never have heard of the word 'selfie'. This is just as true when we talk about mental health. The language we use is culturally defined, and words can have different meanings to different people in different contexts.

Some words can provoke an emotional response. For example, there has been a lot of debate around whether a person receiving treatment for mental illness is a patient, client or service user. Some people would find all of these descriptions offensive and may wish to be referred to as 'a person who uses mental health services'.

Much of the terminology used is quite medical and assumes that mental health is a biological condition which can be viewed through the same scientific lens as physical ailments and illness — words such as schizophrenia, anxiety disorder, post-traumatic stress, patient for example. It is very important to be aware that not everyone is comfortable with the terminology used in different contexts.

According to the World Health Organisation (WHO), **mental health** is defined as a **state of wellbeing** in which every individual realises his or her own potential, can **cope with the normal stresses** of life, can work productively and fruitfully, and is able to make a contribution to her or his community. **Physical health** is defined as the condition of your body, taking into consideration everything from the absence of disease to **fitness** level. When we talk about physical health, we do not assume we are talking about illness. However, when we talk about mental health we often think about services and illness.

Mental illness involves **changes in emotion, thinking or behaviour** (or a combination of these) which is out with the norm for that person. Sometimes factors such as grief will cause us to act out of character for a period of time. This would be considered a normal response to a significant life event. Mental illness

is characterised by a person's emotional state beginning to impact significantly on their ability to meet their basic needs.

Mental disorder is a medical term used by psychiatrists. Psychiatry is a field of medicine which assumes mental distress is biological in nature. Psychiatrists consider mental disorder as a state of mental illness which causes a person severe difficulty with their thoughts, feelings and behaviours. There are range of mental disorders including dementia and Huntington's disease. These disorders can be diagnosed and defined through brain scans and bloods tests. Mental disorders such as schizophrenia, clinical depression and bipolar disorder are more difficult to diagnose as they cannot currently be identified through brain scans or bloods tests.

The diagnostic tool used to diagnose health and mental disorder is called the ICD-10 (International Classification of Diseases version 10), and the DSM (Diagnostic Statistical Manual of mental disorders version 5). Within these handbooks are lists of symptoms which are agreed by leading psychiatrists in the field, and these manuals are reviewed periodically. Each version will contain new or reviewed versions of diagnosis. There is a lot of controversy around diagnosis of mental disorder as it is subjective and based on judgements as to what is normal and abnormal behaviour. The DSM 5 has been criticised widely for medicalising patterns of mood and behaviours.

The **medical model** assumes that with diagnosis there is a treatment or cure usually through medical means (drugs). Other types of treatment might include psychological therapies, or occupational therapy. Many of the drugs available work on the basis of controlling symptoms, and many of these drugs have very undesirable side effects.

It is important to note that people can recover from mental illness or disorder. The most successful treatments are rooted in early interventions and psychosocial approaches, which supports the individuals to change how they think about and respond to emotional distress.

This is a very oversimplified explanation of treatments, but many mental difficulties are deep-rooted and complex, so recovery does take time and a range of different approaches from various resources. In the UK, mental health services advocate a biopsychosocial model which supports a holistic approach to treating people who experience extreme mental distress or are being treated for a mental disorder.

Mental wellbeing is not just the absence of mental disorder. It is defined as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (World Health Organisation).

A historical context for understanding mental health and wellbeing

This overview is background for teachers or facilitators of the course as it is useful to understand the history and context for why things are as they are today. This is a 'potted' history of mental health and how society has viewed mental illness and how it has been defined over time. At the end of this teaching pack there are a range of references for further research.



Much of our attitudes and views on mental health are rooted in the historical context of treatment models that have been developed over the years. Our early views and understanding of mental health were explained by the supernatural. Before science, much of what we did not understand was often explained by the interference of supernatural beings, either witchcraft or possession or some higher deity or deities.

Attempting to explain 'abnormal' behaviour or 'irrational' thinking is not a new phenomenon. Religion and humoral medicine provided two contrasting views back in 500 BC. Hippocrates was the first scientist to suggest there was scientific basis to illness and described the importance of a balance of the humours (or fluids) in the body. Too much mucus or vomit, for example, was an indicator of illness. It was Galen who established the four humours: blood, yellow bile, black bile and phlegm. Each was an indicator of age, stage, temperament and physical wellbeing and was linked to astrology, music and physiognomy (ability to read faces).

The church was also extremely influential and often exorcism was carried out by priests to 'cure' unexplained illness or behaviour. When women who used herbs to treat illness became a threat to Christian beliefs and the power of the church, they soon became a target for 'cure', and were regarded as witches or possessed by demons. Often, older people or those who were regarded as eccentric were also treated similarly which often resulted in more extreme torture or death in order to drive out the demons.

With the reformation parochial hospices, almshouses and refuges became a place of safety for the 'mad'. Modern England offered very few places for

'treatment', the most notorious was known as Bethlehem, which became known as 'Bedlam'. Many key reformists of what is now known as modern psychiatry passed through the doors of Bedlam as 'madhouse keepers'.

Some of those who have written about their time at Bedlam are Phillipe Pinel, a French Physician, who became famous for 'unshackling the lunatics', and John Conolly, who wrote about his distaste of the horrific and brutal treatment of 'Patients'. He described filthy, dark cages, the frequent use of chains, whips and poisons such as camphor, quicksilver and ground boiled ivy. The aim in this time was to drive the demon or the bestial from the human and bring them back to their base human/animal form. There was a belief that mental illness or madness could be cured through force and containment.



Madhouse keepers were often unqualified; Bedlam was well known in the Victorian era as the place for visitors to see the lunatics. Visitors could buy nuts, fruits and cheesecake for the inmates and watch them 'perform' acts of madness for entertainment. Madhouse keepers enacted the role of showmen and would have their 'star patient', whom they would goad for the amusement of onlookers. The brutality and abuse within the cells and cages was hidden from the eyes of the public. It is worth noting people often found themselves in asylums for simply being poor, disabled, eccentric, or challenging the social norm — for example, being an outspoken woman and complaining about her husband's mistreatment of her.

Some of the madhouse keepers were appalled by the brutality, and publicly criticised what went on in the asylums. St Luke's hospital for lunatics banned the public and allowed access from medical students. Its founding medical officer William Battie (1703–76) argued for the therapeutic institutionalisation of the mad. William Tuke, Pinel and Conolly all advocated a more humanitarian approach in their establishments and argued for the moral treatment of patients. They created asylums that focused on providing a therapeutic, homely retreat from the world, with gardens, apple orchards, aviaries and homely furnishings. They argued that people could be confined if the environment was adapted correctly, as opposed to chaining and caging people physically. They believed that cure came from within and had to be nurtured, the emphasis was on self-discipline, industry and perseverance.

Modern psychiatry

In the 19th century a series of discoveries would start to define what we now know as modern psychiatry. Emil Kraepelin (1856-1926) created a compendium which aims to distinguish different mental disorders. He identified 3 distinct conditions:

- ◆ **Paranoia** — the patient would have been assessed as having delusions (false ideas) or hallucinations (see or hear things that are not visible or audible to others).
- ◆ **Hebephrenia** — the patient would have been assessed as behaving and responding in 'inappropriate ways'.
- ◆ **Catatonia** — the patient would be extremely agitated or completely immobile and present with odd mannerisms.

This would be the first clinical tool of its kind, and would pave the way for the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is widely regarded as the bible of psychiatry. It is essentially based on symptoms which are categorised and then identified as mental illness or disorders. This clinical tool has been criticised — especially the most recent version DSM-5 — due to the subjective nature of symptomology (classification of illness based on behavioural symptoms displayed by the patient).

The DSM manual is drawn up by a committee of America's most leading psychiatrists and is periodically reviewed. The first ever edition was published in 1952 and categorised 106 mental disorders. The most recent edition DSM-5 published on 2 February 2012 now covers over 400 types of mental disorders. With each revision new mental disorders are added and others are removed. For example, in 2012 Gender Identity Disorder was removed, in 1974 Homosexuality was removed and male hysteria was redefined as Post-Traumatic Stress Disorder.

The rise of psychology

In the early 20th century Karl Jaspers (1883–1969) argued that psychiatrists should understand symptoms from the point of view of the patient, as opposed to making a professional judgment on the patient's behaviour from their own perspective. This was called 'phenomenology'. In other words, the person's culture and background must be considered when deciding if their presentation is normal or abnormal in the context of their life.

Sigmund Freud (1856–1939) opened the door to psycho-dynamic approaches. This approach would focus more on talking therapies and understanding how people processed and viewed the world. The 20th century saw an explosion of new ideas with psychologists such as:

- ◆ John Bowlby and Mary Ainsworth and their work on attachment theory
- ◆ Pavlov, BF Skinner and JB Watson's research on behavioural approaches
- ◆ Erikson and Piaget, whose work centred around lifespan developmental theory
- ◆ Albert Bandura and Albert Ellis's work on cognitive psychology
- ◆ latterly Abraham Maslow and Carl Rogers humanistic approaches based on motivational theory.

At around the same time, pharmacological discoveries were making breakthroughs with antidepressant and anti-psychotic medications. This then led to a move back to a more medicalised model where the institution and the psychiatrist would be able to provide treatment with quicker results to manage severe and acute symptoms of mental illness.

Many of these medications have serious side effects and are not a cure for mental illness and distress. They can manage symptoms, but psychological intervention is now regarded as a necessity to support those in distress and help to address the underlying reasons for their condition.

Today, mental health professionals refer to the bio-psychosocial model, whereby practitioners consider the biological factors, psychological factors and social factors that may impact on a person's mental health and wellbeing. Some practitioners would argue that we continue to focus too much on the medical model. ie prescription drugs are seen as a solution, as opposed to addressing the social and psychological factors such as inequality and discrimination.

It is important to acknowledge that our understanding of the brain is always evolving. It is one of the few parts of our body that scientists are still studying to gain a better understanding. There are many schools of thought in relation to what mental ill-health is and how to treat human distress. There is no 'one size fits all' approach, and how we understand human distress, define what is a mental illness, treat and support people in distress, and promote wellbeing in society is continually evolving,

Activity

Watch the History of the madhouse and complete the following questions

https://www.youtube.com/watch?v=j4Rs_EM0CJg

(b) Watch the video BBC Mental: A History of the Madhouse, or any other appropriate video focused on the history of mental health and wellbeing, with guidance from your teacher/lecturer and answer the questions below.

(i) How was mental illness portrayed in the video? Briefly describe how people were treated and identify **two** words that were used to describe people with mental illness in the video.

(ii) Briefly describe how the treatment of people with mental health issues differs today.

Other resources that may be useful when reflecting on the causes and consequences of mental illness include:

- ◆ Film - Joker
- ◆ Poppy Shakespeare
- ◆ One Flew Over the Cuckoo's Nest

How mental health and wellbeing is portrayed in the media

The media surrounds us daily. It permeates our life through social media, television, advertising, news reporting, radio, podcasts papers, magazines and blogs. It can be pervasive and all consuming. We get many messages about mental health through images, personal stories, news reports and the language that is used when we talk about mental health. Language and imagery are discussed a lot throughout each of the units as perspectives are influenced by the messages communicated throughout society. The media is more influential now than it has ever been.

Our perceptions of ourselves and others, our values and beliefs are influenced by our interactions with friends and family, peers, work colleagues, social activities, culture or religion. More recently the influence of mass media has become much more dominant in our lives.

'The influence of mass media increases when the number and strength of the other sources of influence decrease' Klapna et al (2018)

In other words, the more time we are absorbed in television and social media platforms, the greater the influence they will have on our attitudes and understanding of the world and our place in it.

Much of our views and language, in respect of mental health and wellbeing, is influenced by mass media and irresponsible reporting. There continues to be significant gender bias in reporting, and this is exacerbated by sensationalist reporting of celebrities in emotional crisis and suicide. There is often speculation and oversimplification of the issues which not only is inaccurate, but deeply distressing for all those who may have known the person.

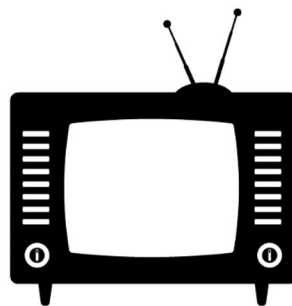
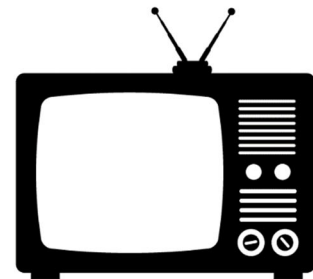
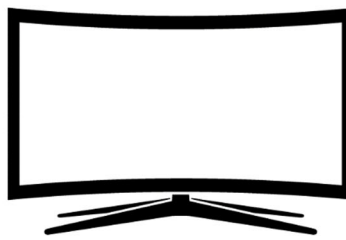
Even portrayal of mental health practitioners such as psychiatrists and social workers is misrepresented and overly simplistic. There is also lots of misinformation about cure and treatment.

Mass media has tremendous sway and reach and has the ability to provoke huge social change. Given the right impetus it could also play a significant role in addressing the stigma and oppression which currently exists in society.

Activity

Using the blank TV screens below, identify a range of TV programmes or films which portray, tackle or discuss mental illness.

Discuss in groups how people with mental health issues are portrayed in the films and programmes used.



Activity

Create your own school newsletter, blog, or podcast and provide real examples of responsible reporting. You may use the following links for assistance or any other useful resources which are relevant:

<https://www.time-to-change.org.uk/media-centre/responsible-reporting>

<https://www.mind.org.uk/news-campaigns/minds-media-office/how-to-report-on-mental-health/>



Myth busting in relation to mental health issues

A myth is a widely held belief which is not based on truth or facts. The basis of a myth is story telling through word of mouth. Often used in ancient times to explain the world in colourful narrative, sometimes they can be referred to as 'old wives' tales'. You might have heard an older member of you family using myths to encourage you to eat your vegetables or give you health advice.

For example:

'Carrots help you see in the dark'

In fact, carrots are not scientifically proven to help you see in the dark.

'Feed a fever, starve a cold'

It is not medically advised to deprive your body of nutritional sustenance when ill. Starving your body will put it under further stress.

'Watching TV will harm your eyesight'

According to scientists who have conducted much research to the impact of TV on viewers eyesight, this is incorrect.

'Don't eat before swimming'

You should eat before swimming as it gives you energy. Most professional swimmers don't have a lot of body fat so they require energy to perform and will almost certainly take in fuel a short time before competing.

Before the Race Relations Act in 1968, It was very common to see signs on housing for rent and advertisements for jobs:

'No Coloureds, No Irish, No Dogs'

This was based on society's ill-informed views, which influenced people's perceptions of those who came from a different cultural background. These views were often unjustified and had no factual basis. For example, other ethnic groups such as Black people and Asians were all classed as 'coloureds' there was no appreciation of the diversity of people's backgrounds. Often people were discriminated against because of myths, which often fed into the stereotyping for groups of people living in the UK — for example Irish people were stereotyped as alcoholic, violent and barbaric; Asian people were stereotyped as unclean. The general view was that, by association with a person from a minority group, you and your property or workplace would be devalued. At this time, none of the experiences of minority groups were contextualised within the extreme discrimination and disadvantage experienced by those individuals and families. They experienced poverty and were refused access to basic housing and employment.

It was only through challenge, and great sacrifice — often by those who were subject to such levels of discrimination — that public attitudes and understanding, law, and public policy began to change.

See BBC bitesize for more information:

<https://www.bbc.co.uk/bitesize/guides/zwsbtyc/revision/2>

Can you give examples of myths that surround mental health and wellbeing?

Within your groups see if you can come up with other myths that you have been told. Maybe you aren't aware or aren't sure if some of what you have been told is true. That is the trouble with myths — they become a 'truth' to those who are unwilling to consider the facts or alternative points of view. This can become somewhat problematic for people who are potentially subjected to myths and stereotypes. This can have a significant impact on a person's identity, and how they are treated by others in the community they live in. It can limit life chances and can lead to social exclusion.

Activity

	Myth	Fact
People with mental illness cannot hold down a job		
People from lower income households are more likely to receive a diagnosis of a mental health condition		
Mental health issues are more prevalent in women than men		
Young people just have mood swings due to puberty and they will grow out of it		
Mental health problems stem from personal weakness		
The number of drugs prescribed for depression, anxiety and obsessive-compulsive disorder has doubled in the last 10 years		
People with mental health problems are violent and unpredictable		
Mental health problems are rare		
You can't recover from mental illness		
Children don't experience mental health difficulties until they are teenagers		
Self-harm in children and teenagers is rare		

Click on the links below for further information:

Time to Change

<https://www.time-to-change.org.uk/about-mental-health/myths-facts>

Change your mind

<https://www.changeyourmindni.org/facts-and-myths>

NHS Children and adolescent Mental Health service

<https://camhs.rdash.nhs.uk/wp-content/uploads/2017/07/Myth-busters-whats-the-truth-about-mental-health.pdf>

What do you think the impact of these kinds of myths might have on a person experiencing mental health difficulties?

Legislation and strategy in relation to mental health

Having the opportunity to experience the world through education, work and play is an important part of having a sense of belonging and identity. To have a choice, be able to make friends, feel safe in your environment and have access to health care and support when you need it are all critical aspects to ensuring wellbeing. In the UK and Scotland there are a range of legislations and policies that are designed to ensure our rights are protected. The government also provides social policy which introduces strategies to support structural change in society and address social problems.

Some of the key pieces of legislation and social policy you may wish to cover are:

The Equalities Act 2010

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/85039/easy-read.pdf

The Equalities Act protects people from discrimination from wider society. It identifies a list of protected characteristics including:

- ◆ Age
- ◆ Disability
- ◆ Gender reassignment
- ◆ Race
- ◆ Religion or belief
- ◆ Sex
- ◆ Sexual orientation
- ◆ Marriage and civil partnership
- ◆ Pregnancy and maternity

It ensures that no one with these characteristics should be treated unfairly and equally, should have equity of opportunity to access health, education, employment, leisure and housing.

The Children and Young People Scotland Act (2014)

<https://www.cypcs.org.uk/policy/children-young-people-scotland-act>

This legislation was created to ensure children's rights were properly integrated into the design and delivery of all services. It places responsibility on ministers to report on the wellbeing of children. It also ensures that there a stronger safeguard in place for all children who are subject to statutory services ensuring a 'child's plan' is created. It also includes:

- ◆ The provision of free school meals from P1–3
- ◆ An increase in early years provision
- ◆ Better support for children and young people leaving care

Mental Health Care and Treatment Act (Scotland) 2003

<https://www.iapk.org.uk/wp-content/uploads/Mental-Health-Act-Easy-Read.pdf>

The legislation protects the rights of people diagnosed with:

- ◆ Mental illness
- ◆ Learning disability
- ◆ Personality disorder

It provided a duty on councils to ensure that appropriate services are available to meet the needs of those who have been deemed to require treatment. The local authority must also ensure that those subject to treatment have access to advocacy support. The law does support compulsory treatment however, 10 principles underpin the act and each of these must be met when considering whether a person should be subject to compulsory treatment.

Carers (Scotland) Act 2016

[https://connectingcarers.org.uk/images/carers-scotland-act_summary-\(2\).aspx](https://connectingcarers.org.uk/images/carers-scotland-act_summary-(2).aspx)

The legislation provides a duty for local authorities to support carers on the basis of identified needs. Adults and young carers have the right to access a support plan.

The local authority is required to provide carers with advice, support, information, emergency and respite care to ensure they are supported dependent on their needs.

The UN Convention on the Rights of the Child

https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf

All countries that form the United Nations signed a legally binding agreement to protect the legal, civil, political and economic rights of the child. These rights were set out in 45 articles and are underpinned by 4 principles:

- ◆ Non-discrimination
- ◆ Adherence to the best interests of the **child**
- ◆ The right to life, survival and development
- ◆ The right to participate

Getting It Right for Every Child

<https://www.alliance-scotland.org.uk/wp-content/uploads/2017/10/GIRFEC-overview-PC-easy-read-guide-Oct-2016.docx-MB.pdf>

Getting It Right for Every Child (GIRFEC) is the Scottish Government's policy which dictates how families should be supported in society.

The GIRFEC approach is:

- ◆ Child focused
- ◆ Based on the understanding of the child's wellbeing within context
- ◆ Tackling needs early
- ◆ Requires joined up working

It sets out the wellbeing indicators (SHINARRI)

- ◆ Safe
- ◆ Healthy
- ◆ Active
- ◆ Nurtured
- ◆ Achieving
- ◆ Respected
- ◆ Responsible
- ◆ Included

It ensures that all children have access to a Child's Plan if they require additional support and that a named person is identified for every family as a main point of contact should they require support. It provided guidance and resources on how services should best work together and support families.

Mental health strategy (2017–2027)

<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

The mental health strategy is the government's approach to supporting mental health and wellbeing within Scottish society.

The government set out 40 points of action under the following key areas:

- ◆ Prevention and early intervention
- ◆ Access to treatment, and joined up accessible services
- ◆ The physical wellbeing of people with mental health problems
- ◆ Rights, information use, and planning.

It includes increasing the role of education and schools and providing access to counselling within these settings. It also states that mental health and wellbeing should be introduced as part of the curriculum to increase awareness of mental health earlier in life to prevent more serious mental health difficulties in adulthood.

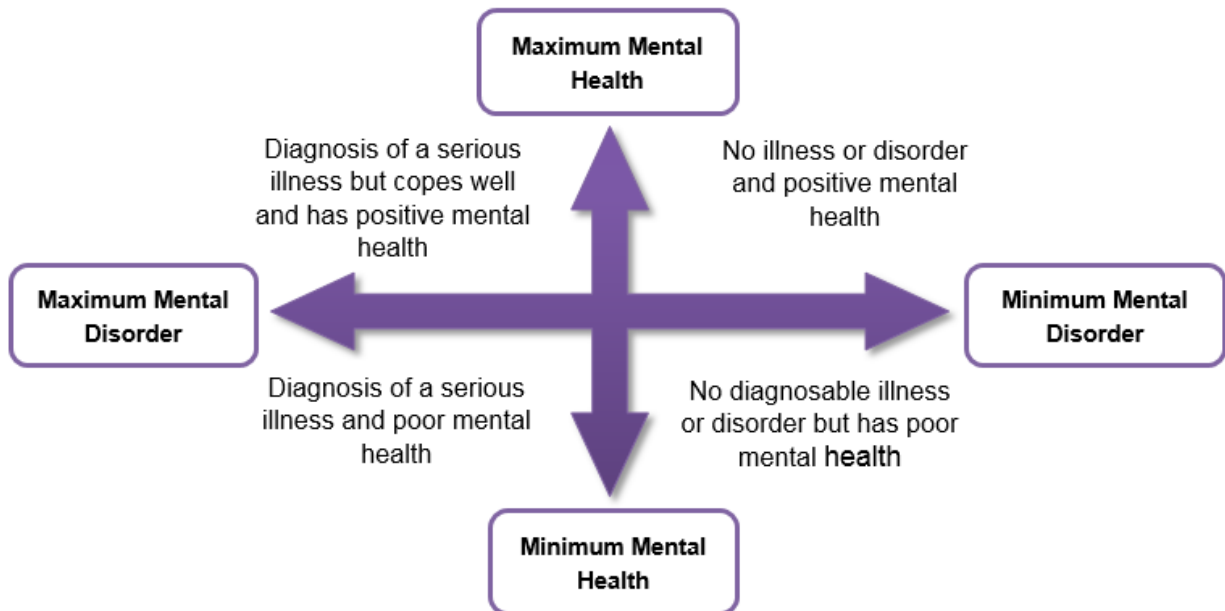
Activity

Design a poster, leaflet or presentation identifying the key features of two pieces of legislation and one policy that supports mental health and wellbeing

Outcome 2

Explain a range of mental health issues

The difference between the terms 'mild to moderate' and 'severe and enduring' on the spectrum of mental illness



There is a growing body of evidence which suggests mental health should be considered as a continuum or a spectrum. Many mental health practitioners now acknowledge that focusing on mental illness model is unhelpful as it does not take account of what is healthy or unhealthy in the context of a person's life. For example, it is a normal response to be depressed, tearful or even angry when experiencing the loss of a loved one. This is not an indicator of depression. Equally, a person with a diagnosis of schizophrenia may be demonstrating high levels of wellbeing and enjoying life. How a person copes is dependent on a range of social, environmental, cultural and personal factors.

Mental health is not simply the absence of mental illness' Keyes, C.L. (2002).

It is increasingly acknowledged that the difference between being mentally healthy and becoming mentally ill is not clear cut. The mental health spectrum is an alternative way to consider mental health.

The spectrum highlights four quadrants which represent different states of wellbeing. The quadrant illustrates that movement between one state of wellbeing and another is not always a fluid linear experience. People can move within a spectrum of wellness depending on their social, environmental, personal and cultural influences within their lives. The spectrum attempts to illustrate the complexity of mental health and highlights that a person can have a diagnosis of a mental illness or disorder but still be mentally well.

Activity

James is a 16-year-old boy. He plays football three times a week, he has a good group of friends and is doing well at school. He is starting to think about whether to go to college or stay on for another year at high school. James has talked to his friends about it and they are all going to college, although he would miss his friends, he isn't sure if he is ready to leave high school right now.

Skye is 17 and is two months into her first year of university in Glasgow. She is living in halls of residence as she had to move from Aberdeen. She has really struggled with the academic demands and failed her first two assignments; her tutor has recommended she is assessed for dyslexia. She has been really tearful and feels very isolated, she hasn't participated in the usual fresher's activities as she is too young to get into clubs, and she has never really been into drinking. She is struggling to fit in. Skye has never failed anything before and she misses her friends at home. Skye has stopped eating but no one has noticed.

Taj is 23, he has a diagnosis of schizophrenia. He was diagnosed with his first psychotic episode when he was 17. His parents had divorced the year before and he admits having a wild period when he was a teenager and dabbled in a lot of legal highs and cannabis. He works as a teacher in a high school. During class they are covering mental health and stigma. He is open with the young people about his condition and how it has affected his life and how he has learned to cope with it. Taj is getting married next year to his partner. He is the bass player in a band and often gigs at weekends. He finds performing in the band a therapeutic way to deal with stress.

Terry has a diagnosis of Obsessive Compulsive Disorder (OCD). Both of his parents died due to drug-related incidents; his mother when he was 8 years old and his father died three years later whilst he was in foster care. Terry had a period of running away following the death of his father and when he was brought back to his foster family, he often lashed out by smashing up his room and fighting with his foster parents. Eventually his placement broke down and Terry was moved between 15 different placements before ending up in a secure care centre aged 16. Terry is now 25, he struggles to maintain relationships with people as he worries obsessively about their wellbeing. He would call and text his last partner at work up to 40 times a day believing harm would come to them. It has become so bad he is worried that he carries harmful germs and will contaminate the people he loves so he has started to use bleach to scrub his body.

Place Terry, Taj, Skye and James on the mental health spectrum.

Common mental health issues



Depression is one of the most common mental health conditions. According to statistics approximately one in four people in the UK will experience or have experienced depression. Depression is not just feeling sad or low. We all experience a time in our life when we will feel like this and this is normal. Depression is a sadness which impacts on a person's ability to function. They feel tired and listless, struggle to see any positives in life.

Activity

Explore depression in more depth by accessing the mind.org.uk. Read some of the blogs posted by people who have experienced depression.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/#.XcqHf1f7TIV>

Discuss within your groups what are the main differences between feeling sad and experiencing depression?

Create a picture or a collage which illustrates depression.

Post-Traumatic Stress is an overwhelming experience which affects a person's ability to cope with normal everyday stress. The person no longer feels safe in the world. The distress a person feels for long periods after the event can be triggered by seemingly unrelated or innocuous situations. A traumatic experience can vary widely and it was originally a condition which was associated with soldiers of war. However, it could be as a result of other factors such as, rape, torture, abuse, neglect, grief etc.

Activity

Explore post-traumatic stress in more depth by accessing mind.org.uk. Read the blogs and watch the video of people's descriptions of posttraumatic stress. Capture a range of quotes from people who have experienced posttraumatic stress and create a poster, podcast, vlog.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/post-traumatic-stress-disorder-ptsd/#.XcqKjlf7TIV>

Obsessive Compulsive Disorder (OCD) is when a person develops obsessive thoughts or compulsive behaviours. It can develop in puberty and last throughout adulthood. It is not just about liking to have things in a particular order or having a tidy room. OCD occurs when a person's thoughts become so overwhelming and all-consuming that they struggle to engage in other activities and it starts to affect all aspects of their life, eg school, relationships, etc.

Activity

Explore Obsessive Compulsive disorder in more depth on [mind.org.uk](https://www.mind.org.uk).

In your groups discuss what are the main misconceptions are about OCD? Come up with a sentence, in your own words, which describes OCD.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/#.XcqL31f7TIV>

Stress is a feeling of being under too much pressure. It affects us emotionally and it affects how we think and act. Stress can be useful as for some people it helps to motivate them, for others it can be paralysing and distressing and lead to anxiety and or depression.

Activity

Research stress in more depth on [mind.org.uk](https://www.mind.org.uk).

Identify the different things that can cause stress. Discuss the difference between good stress and bad stress.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/stress/#.XcqMo1f7TIU>

Schizophrenia is a severe and long-term mental illness. It is characterised by intrusive thoughts and beliefs which do not correlate with the person's reality. The person may experience visual and auditory hallucinations meaning that they see

and hear things that are not there. It can be a very distressing and disturbing condition.

Research schizophrenia in more depth on mind.org.uk

Identify some of the misconceptions and myths about schizophrenia. List positive and negative symptoms of schizophrenia.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/#.Xcsj4lf7TIU>

Watch Eleanor Longden's Ted Talk The voices in my head -

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en

Behaviours associated with mental health issues

Information about mental illness can be found on the NHS website, Mental Health Foundation, Scottish Association for Mental Health, MIND. Mental disorders are diagnosed by a medical practitioner, such as a psychiatrist or a GP. Many of us will have experienced or displayed similar behaviours as described under each of the headings, but this does not necessarily mean you have a mental disorder. Always seek professional mental health support if you are concerned about yourself or another person.

Depression

- ◆ continuous low mood or sadness
- ◆ feeling hopeless and helpless
- ◆ having low self-esteem
- ◆ feeling tearful
- ◆ feeling guilt-ridden
- ◆ feeling irritable and intolerant of others
- ◆ having no motivation or interest in things
- ◆ finding it difficult to make decisions
- ◆ not getting any enjoyment out of life
- ◆ feeling anxious or worried
- ◆ being extremely self-critical
- ◆ having suicidal thoughts or thoughts of harming yourself
- ◆ moving or speaking more slowly than usual
- ◆ changes in appetite or weight (usually decreased, but sometimes increased)
- ◆ constipation
- ◆ unexplained aches and pains
- ◆ lack of energy
- ◆ low sex drive (loss of libido)
- ◆ changes to your menstrual cycle

- ◆ disturbed sleep – for example, finding it difficult to fall asleep at night or waking up very early in the morning
- ◆ not doing well at work
- ◆ avoiding contact with friends and taking part in fewer social activities
- ◆ neglecting your hobbies and interests
- ◆ having difficulties in your home and family life

Post-traumatic stress

- ◆ flashbacks
- ◆ nightmares
- ◆ repetitive and distressing images or sensations
- ◆ physical sensations, such as pain, sweating, feeling sick or trembling
- ◆ distraction and avoidance - some people will try and distract themselves from the memory of the trauma may result in them throwing themselves into work or other activities, relationships to block out the thoughts using drugs and alcohol avoiding people and situations which may remind them of what happened. This can lead to people becoming isolated and reclusive. Avoiding talking about what has happened to them, unable to relax, feeling constantly on edge therefore they may present as angry and irritable and have difficulty concentrating.

Obsessive Compulsive Disorder (OCD)

- ◆ Compulsive checking and double-checking, for example that the house is locked, that appliances are turned off, that loved ones are safe
- ◆ Repeatedly seeking reassurance from other people
- ◆ Repeating actions a set number of times or for a specific period of time, for example counting, repeating certain words over and over again, turning a light switch on and off
- ◆ Reordering or rearranging things to make them aligned, symmetrical, or 'just so', and becoming distressed if people move/change them
- ◆ Excessive praying or other religious rituals
- ◆ Hoarding or collecting items that you don't need or use

Stress

- ◆ Changes in appetite - either not eating or eating too much.
- ◆ Procrastinating and avoiding responsibilities.
- ◆ Increased use of alcohol, drugs, or cigarettes.
- ◆ Exhibiting more nervous behaviours, such as nail biting, fidgeting, and pacing.
- ◆ Uncharacteristically Impatient and snappy with people
- ◆ Racing mind unable to switch off
- ◆ Sense of dread
- ◆ Loss of sense of humour
- ◆ Struggling to find enjoyment in life

Activity

Create an information leaflet about three common mental health issues, symptoms and how you can access support and promote positive self-care.

Outcome 3

The role of the brain in relation to mental health and wellbeing

The Brain's response to stressful situations

Paul D Mclean theorised in the 1960s that the brain has evolved over time. Mclean's model has been reworked and developed since his original idea but, broadly speaking, the 'triune brain' represented three separate areas of the brain that interact with one another in response to our environment. How we remember and respond to our world shapes how each of these areas of the brain responds to one another.

Reptilian brain, also known as brain stem

This part of the brain is purely instinctual. The cerebellum controls breathing, blinking, body temperature, bodily movements and functioning such as urinating, excretion, balance and coordination. It essentially keeps us alive without us having to be consciously aware or even think about it. It's our 'fail safe'. For example, if you hold your breath, your reptilian brain will take over and the instinct to breathe will take over.

When we have a cold or flu and we start to shiver, even though we feel hot, this is our reptilian brain trying to regulate our core temperature.

This instinctual part of the brain is very important. For example, if you see a runaway car coming toward you will react and will jump out of the way. It is very important to survival. We now live in a society where we are constantly on alert because we are bombarded with information, choice, expectation, demands and social media, which can cause it to activate the flight, flight, freeze response even when we are not in life-threatening situations. This is problematic because if we are unable to rationalise and recognise why our bodies are feeling and responding in a particular way (self-regulation), this can lead to feelings of constant anxiety, depression and fear.

Mammalian Brain or Limbic System

The limbic system is a complex system which is responsible for motivation, learning, emotion and memory.

Essentially our limbic system will recognise what gives us pleasure and pain, it remembers stressful situations and will then try and protect the body if similar situations arise. It also remembers what gives us pleasure and satisfaction and therefore supports our motivations to succeed to achieving our goals or experiences. For example, you are more inclined to participate in an activity or sport if it makes you feel exhilarated and gives you pleasure and satisfaction.

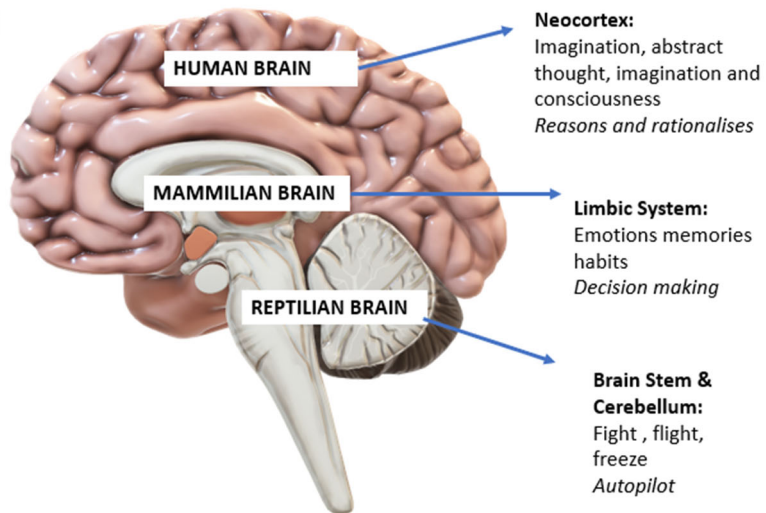
Human Brain or Neocortex

This is the thinking brain. It controls all our higher functioning, such as abstract thought, creativity, problem-solving, assessment, evaluation and memory. It doesn't just recall biographical information such as life events — it also remembers how we learn and carry out certain tasks and essential functions from walking, talking and writing, to playing a piano, lyrics to your favourite song and how to bake your favourite cake etc.

This is our conscious mind, if we are to change habits or aspects of our life that have unconsciously been causing difficulty, by becoming consciously aware of what causes us to think and feel this way, we can retrain our brains. We engage our neocortex and start to make new neural pathways establishing new patterns of thinking and behaviour.

Triune Brain

Paul Mclean
(1960)



Triune Brain, Trauma Recovery Network

<https://www.youtube.com/watch?v=eVhWwciagOE> Class activity

Make your own Triune Brain from clay or plasticine and label.

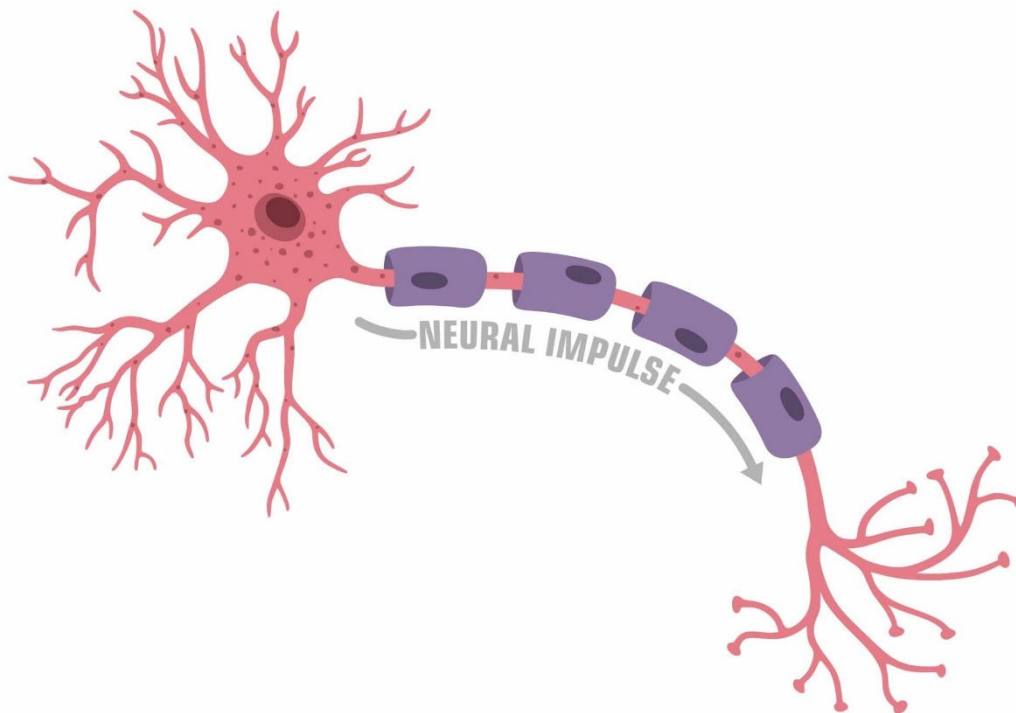
Or

Use swimming caps and permanent markers to draw and label your triune brain.

The role of neurological pathways

Neurons are the nerve cells that are the building blocks of the nervous system. This is the road map which sends information around our body from our brain. Synapses connect one neuron to another, and this creates pathways. This means that our brains are very adaptable and malleable which is now referred to as brain plasticity.

NEURON



Neural pathways are established when synaptic routes are established in our brain, forming habits and responses to stimuli within our environment. The more frequently we carry out an activity, the quicker these pathways respond. For example, when learning to drive, you think about all the different things you need to do to make the car go forward. It can feel overwhelming and difficult to begin with, because there is so much to think about. After you have been driving for a while there may be times you arrive home and haven't quite realised how you got there — you are no longer as consciously aware of all the manoeuvres required to drive, because neural pathways have formed and established with practice.

This can be the same with any skill such as learning to play an instrument, learning to play a new game, learning a new job. At the beginning, everything is new, you ask lots of questions, you practise and apply yourself then, eventually, everything 'clicks' and you are doing the task without even thinking about it. This is because your neurons have created a pathway that has established a pattern of behaviour that enables you to respond quickly and efficiently to the recognised task at hand.

The more we do something, the more ingrained these habits become. However, it is possible to change habits if we become more mindful, think about what we are doing, why we are doing it, and how beneficial it is for our wellbeing.

For example, a person growing up in a household where there is a lot of conflict will learn to cope with that in a particular way. They may avoid all conflict and run away, they may withdraw and feel paralysed and helpless to protect themselves, or they may respond with anger and aggression (flight, freeze or fight). Whatever way you learn to deal with conflict in childhood, this may become an established response. Therefore, whenever that person feels as though they are in a situation of conflict, whether be at work or with friends, they may respond in a way that is not helpful for that situation.

Emotional, social and environmental factors trigger particular behavioural responses that have been established due to a prior learned experience. What neurologists have discovered is that certain interventions can change how we respond because our brain is capable of changing those neural pathways. The first step is becoming more self-aware and mindful of why we respond in particular ways to particular stimulus. For example, you might be a nail-bitter, or might know someone who bites their nails. It becomes an unconscious habit which can occur more frequently with stress or boredom. To stop biting their nails, nail-biters often paint nasty-tasting polish on their fingers. They do this to make them aware of their behaviour — the nasty taste prompts them to think and stop. After a period of time the habit of biting their nails becomes less established as the person's brain tells them it is unpleasant. This is really important because it shows that it is possible to change behaviours that are unhealthy and are impacting negatively on daily life and relationships. We don't always need specialist mental health support to change our habits and behaviours, but it's always helpful to talk through particular difficulties with someone you trust. This can help us to think through steps that we might take to change ways of thinking and behaving.

Activity

Log into the Cyrenians Educational Resources: Mind your Heid & the Cranial Cocktail for some fun online activities illustrating how our brains react to the environment and or relationships.

<https://scottishconflictresolution.org.uk/theCranialCocktail>

Explore the emotional homunculus within class or at Glasgow Science Centre as a field trip.

Click on the Brainy Stuff tab and check out the quiz's and resources.

Watch Sarah Blakemore's Ted Talk: The mysterious workings of the adolescent Brain

https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain?language=e

Class Activity

Create your own neuron using: beads, material, string, clay, or sweets.

Explain what a neural pathway is.

The role of the brain with respect to behaviour

DEALING WITH PRESSURE



PLAY

be cool, experiment, reinvent,
out of the box, turnaround

Fight, Flight, Freeze

The brain responds and adapts constantly to our environment. Initial feeling of distress will often result in:

Fight

- ◆ Crying
- ◆ Hands in fists, desire to punch, rip
- ◆ Flexed/tight jaw, grinding teeth, snarl
- ◆ Fight in eyes, glaring, fight in voice
- ◆ Desire to stomp, kick, smash with legs, feet
- ◆ Feelings of anger/rage
- ◆ Homicidal/suicidal feelings
- ◆ Knotted stomach/nausea, burning stomach

- ◆ Metaphors like bombs, volcanoes erupting

Flight

- ◆ Restless legs, feet /numbness in legs
- ◆ Anxiety/shallow breathing
- ◆ Big/darting eyes
- ◆ Leg/foot movement
- ◆ Reported or observed fidgety-ness, restlessness, feeling trapped, tense
- ◆ Sense of running in life- one activity-next
- ◆ Excessive exercise

Freeze

- ◆ Feeling stuck in some part of body
- ◆ Feeling cold/frozen, numb, pale skin
- ◆ Sense of stiffness, heaviness
- ◆ Holding breath/restricted breathing
- ◆ Sense of dread, heart pounding
- ◆ Decreased heart rate (can sometimes increase)
- ◆ Orientation to threat

These lists are not exhaustive — candidates may wish to use any other relevant description.

Everyone can experience these responses in a time of crisis. However, if a person is unable to self-regulate or manage their response to a perceived threat, it can become problematic and may result in anxiety disorder, depression, OCD, posttraumatic stress, anger issues etc.

The causes of changes in the brain

The brain's primary role is to protect the body from harm. Our limbic system is our emotional centre, and if we feel threatened or frightened our reptilian brain takes over. When we feel threatened, we have difficulty engaging our rational brain (neocortex). This can affect our learning and cause shrinkage in this area of the brain over a long period of time.

In adolescents, the neural pathways are being formed between each of the areas of the brain for later life. How our brain learns to react to stress at this stage in our life can have a lasting effect.

Activity

Understanding how we respond to various stimuli is very important for retraining the brain. For example, people can learn to stop biting their nails, or can overcome anxiety about flying. Becoming self-aware is an important step in this process.

Sensation box

Have a range of boxes (at least three to build suspense) and put different items in each box to allow student to feel what is inside.

Items could be: slime, cotton wool, plastic snake, grass clippings, tinned spaghetti etc. The idea is to get the learner to blindly feel what is in the box.

They should work in pairs. One learner should record the other's behaviours and ask them to describe how they feel each time they have to put their hand into the box.

Board games

Another fun activity to play would be to use a game such as Buckaroo, Don't Take Busters Bones, Operation, Don't Wake Dad, and so on, and ask learners to take notes of how they are feeling at each stage of the game and how they are physically behaving and responding. Despite attempting to rationalise that it's only a game, our reflex reactions always kick in. It is very difficult not to respond.

Application

Now discuss in groups things that people are commonly scared of. Some people are frightened of spiders, and others are frightened of mice, clowns or flying. These are irrational fears but can be problematic for some because, despite knowing logically that no harm will come to them, they still respond in irrational ways.

This is an important point when we consider the effect of post-traumatic stress, as a person can respond to benign stimuli as their rational mind is taken over by the reflex response of fight, flight or freeze. It is our brain's way of trying to protect us from perceived threats and dangers in our environment.

Attachment and influences on mental health and wellbeing development



In 1958, John Bowlby published a paper which would be the basis of one of the most important theories in childcare and nurture today. Bowlby's theory has since been reviewed by a range of prominent researchers and has evolved over time, but the essence of his theory demonstrates the importance of building trusting relationships with caregivers from an early age to help us develop, grow and explore the world. Secure attachment to a caregiver enables children to trust others, and nurtures identity and a sense of belonging and security. Positive attachment and nurture teach children to learn how to regulate emotions.

If we are able to trust others, express how we feel, give and receive love and affection, our social and emotional needs are more likely to be met throughout our life course. If our social and emotional needs are met, this will positively affect our brain development, learning and social functioning throughout our life.

It is important to remember that we don't need to have lots of people in our lives to feel security, belonging and love. In fact, many of us have lots of acquaintances and online 'friends', but these friendships don't necessarily give us what we need. Often, the people we are close to and rely may only be a very small number of people. The importance of a consistent and caring relationship is in building trust. Having trust in our life from a young age gives us a basis to feel secure as we explore the world and develop who we are. Those caring relationships provide honesty, support and guidance.

Activity

My autobiography

Fold an A4 page in half.

On the front cover give your story a title — it could be the title of your favourite song or book.

Page 1 write your name, DOB, where you were born and where you live now.

Page 2 draw a picture of the person who means the most to you and why.

Page 3 say what you hope to achieve in the next five years.

Reflect on how the person on page 2 has influenced and supported you.

EGG Activity

(you can use polystyrene eggs, boiled eggs or make chocolate eggs)

Paint and decorate an egg. This egg is to be your companion and responsibility over the next week. Look after your egg. Create a video diary of you and your egg over the week.

Reflect on how it felt to be responsible for your egg?

The Attachment Theory. How childhood affects life?

<https://youtu.be/WjOowWxOXCg>

Glossary

Amygdala: the part of the brain responsible for emotions and survival instincts.

Anxiety: a state of feeling worried, nervous and concerned.

Attachment: a deep enduring emotional bond which attaches one person to another.

Bio-psychosocial model: considers the biological, social and individual reasons for mental illness.

Brain stem: controls the flow of messages between the brain and the rest of the body, supports reflex reactions.

Depression: a mental illness which describes a lasting feeling of helplessness and hopelessness. It is persistent low mood which can range from mild to severe.

Limbic system: emotional and motivational part of the brain.

Media: communication outlets.

Medical model: an approach to treatment of mental illness or disorder. It assumes there are underlying physiological and biological reason for mental illness.

Mental health: a state of psychological and emotional wellbeing.

Mental health continuum: the spectrum of mental health. It assumes that mental health is fluid and can fluctuate based on our personal, social, cultural, and environmental influences. For example, a person can have a diagnosed mental illness but can be mentally healthy.

Mental disorder: a broad term that refers to defines conditions which indicate a state of emotional distress or patterns of abnormal behaviour which is significantly impacting on the health and wellbeing of the person or others around them.

Mental illness: often called 'mental disorder', and is a broad term that refers to defined conditions which indicate a state of emotional distress or patterns of abnormal behaviour that is significantly impacting on the health and wellbeing of the person or others around them.

Myth: widely held but false belief.

Wellbeing: a state of being comfortable, healthy and happy.

Need: an essential requirement for good health and wellbeing.

Neocortex: the part of brain that supports rational thought, problem solving, creative thinking, language and memory.

Neurological pathways: pathways formed by neurons and synapses which create pathways for electrical and chemical messages to be passed around the brain and body.

Obsessive compulsive disorder (OCD): a mental illness characterised by false and pervasive thoughts leading to ritualistic behaviours.

Post-traumatic stress disorder (PTSD): a mental disorder or illness caused by an emotional response to trauma.

Psychiatrist: a medical doctor who can diagnose and treat mental illness with prescribed medications such as anti-depressants, mood stabilizers, anti-psychotics.

Psychologist: trained in talking therapies which helps people to think and behave in different ways. They support people to understand their emotions and how they respond to their environment.

Psychosocial model: considers the individuals history and the social context of their life. It considers that social factors will influence how that person thinks feels and behaves.

Self-regulate: the ability to control emotional impulses and behaviours.

Schizophrenia: a long-term mental illness which describes symptoms of delusions, hallucinations and falsely held beliefs. It can cause extreme distress and the person can struggle to distinguish between their own thoughts and reality.

Social model: assumes that the person is not ill, but it is the attitudes structures in society which makes it difficult for the person to have a fulfilled life as society is discriminates against them. The social model supports a rights-based approach.

Stress: a state of mental and emotional strain as a consequence of feeling overwhelmed by personal social and environmental circumstances.

Stress response: fight/flight/freeze: is our bodies' response to stimulus which alerts our bodies that we are in danger.

Symptom: subjective evidence of disease or disorder.

Symptomology -the analysis of symptoms in order to identify characteristics of particular disorders or diseases.

Trauma: a deeply distressing experience.

Triune brain: evolutionary view of brain development proposed by Paul McClean.

Want: a desire or wish.

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Anxiety: a state of feeling worried, nervous and concerned.

Neocortex: the part of brain that supports rational thought, problem solving, creative thinking, language and memory.

Limbic system: emotional and motivational part of the brain.

Amygdala: the part of the brain responsible for emotions and survival instincts.

Neurological pathways: pathways formed by neurons and synapses which create pathways for electrical and chemical messages to be passed around the brain and body.

Attachment: a deep enduring emotional bond which attaches one person to another.

Wellbeing: a state of being comfortable, healthy and happy.

References

ChooseLife and Suicide prevention in Scotland: <http://www.chooselife.net>

Living Life to the Full: Offers free life skills training based on a CBT model for people with anxiety and depression: <http://www.livinglifetothefull.com>

Mental Health Foundation: Site provides information about mental health issues, the work of the Mental Health Foundation. Links to other resources on mental health in the UK and overseas: <http://www.mentalhealth.org.uk>

Mental Health in the UK: The site was created to reform people's ideas about everyone who suffers from mental health problems by informing and enlightening with creativity, talent and imagination: <http://www.mentalhealthintheuk.co.uk>

MIND: is the leading mental health charity in England and Wales. Site has information on wide range of topics including depression, self-harm and suicide: <http://www.mind.org.uk>

Muslim Youth Helpline: is a confidential helpline for young Muslims. Provides counselling and befriending services to youth in need: <http://www.myh.org.uk>

Support in Mind Scotland: works to improve the wellbeing and quality of life of people affected by serious mental illness: <http://www.supportinmindscotland.org.uk>

Time to Change <https://www.time-to-change.org.uk/>

No Panic: is a charity whose aims are to aid the relief and rehabilitation of those people suffering from anxiety disorders: <http://www.nopanic.org.uk>

Papyrus UK: UK resources and support for those dealing with suicide, depression or distress particularly teenagers and young adults: <http://www.papyrus-uk.org>

Penumbra: Penumbra provides a range of person-centred support services for adults and young people: <http://www.penumbra.org.uk>

Rethink: A mental health resource for young people under stress or worried about their thoughts and feelings: <http://www.rethink.org>

Saheliya: Black and minority ethnic women's mental health organisation in Edinburgh. <http://www.saheliya.pwp.blueyonder.co.uk>

Scottish Association for Mental Health: SAMH operates a range of services across Scotland for people with mental health problems. It also strives to influence public policy as it affects people with mental health problems: <http://www.samh.org.uk>

The Scottish Centre for Conflict Resolution
<https://scottishconflictresolution.org.uk/theCranialCocktail>

Scottish Development Centre for Mental Health: The Scottish Development Centre for Mental Health aims to improve mental health and wellbeing for individuals and communities in Scotland and enhance services and supports for people with mental health problems by providing services that offer training, information sharing and learning, research and evaluation, support for change and development: <http://www.sdcmh.org.uk>

Survivors UK: supports and provides resources for men who have experienced any form of sexual violence: <http://www.survivorsuk.org>

Young Minds: is the national charity committed to improving the mental health of all children and young people (8–16-year-olds). There is also a parent's information service: <http://www.youngminds.org.uk>

Young Scotland in Mind: was launched in April 2006, and is led by Barnardo's and funded by the National Programme for Improving Mental Health and Wellbeing. This is a forum for voluntary sector and non-government organisations with the aim of improving the mental health and wellbeing of young people in Scotland: <http://www.youngscotlandinmind.org.uk>

Short films and Audio

Ted Talks: <https://www.ted.com/talks>

BBC (general mental health programmes):
https://www.bbc.co.uk/programmes/topics/Mental_health

BBC Radio 1: My Mind and Me: <https://www.bbc.co.uk/programmes/p04pxgfk>

Fight, Flight Freeze Response by Tankebokson
<https://www.youtube.com/watch?v=iEHwB1PG-Q>

Fight, Flight Freeze-Anxiety explained for teens by Anxiety Canada
<https://www.youtube.com/watch?v=rpolpKTWrp4>

Triune Brain, Trauma Recovery Network
<https://www.youtube.com/watch?v=eVhWwciaqOE>

The History of the Madhouse-BBC 4
https://www.youtube.com/watch?v=i4Rs_EM0CJg

Statistics and global information on mental health

World Health Organisation: https://www.who.int/mental_health/en/

Reuters: <https://uk.reuters.com>

Policy and legislation

Scottish government mental health strategy (2017–27)
<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

Getting it Right for every Child
<https://www.alliance-scotland.org.uk/wp-content/uploads/2017/10/GIRFEC-overview-PC-easy-read-guide-Oct-2016.docx-MB.pdf>

The UN Convention on the Rights of the Child
https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf

Carers (Scotland) Act 2016
[https://connectingcarers.org.uk/images/carers-scotland-act_summary-\(2\).aspx](https://connectingcarers.org.uk/images/carers-scotland-act_summary-(2).aspx)

Mental Health Care and Treatment Act (Scotland) 2003
<https://www.iapk.org.uk/wp-content/uploads/Mental-Health-Act-Easy-Read.pdf>

The Children and Young People Scotland Act (2014)

<https://www.cypcs.org.uk/policy/children-young-people-scotland-act>

The Equalities Act 2010

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/85039/easy-read.pdf

Useful texts

Read J. Sanders P (2010) A straight talking introduction to the causes of Mental Health Problems. PCCS Books: Ross-on-Wye

Johnstone L (2014) A Straight Talking Introduction to Psychiatric Diagnosis. PCCS Books: Ross-on-Wye

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