

MODULE C: MENTAL-EMOTIONAL HEALTH

Specific Learning Outcomes

Introduction

Lesson 1: Mental Health, Health Habits, and Exercise

Lesson 2: Stress and Body Image

Lesson 3: Anxiety and Depression

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Specific Learning Outcomes

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.2** Examine media influence(s) on self-image and behaviour.
- 11.MH.3** Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.
- 11.MH.4** Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.
- 11.MH.5** Identify community service agencies that support individuals concerned about mental-emotional health issues.
- 11.MH.6** Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.

MODULE C: MENTAL-EMOTIONAL HEALTH

Introduction

The benefits of physical exercise on the body, which are addressed extensively in this document, are without doubt of great importance to the overall physical health and fitness of every person. This module discusses the links between mental-emotional health and physical activity in greater detail. Physical activity is one of the most important and powerful lifestyle practices. Research in recent years has clearly established that the brain needs physical activity to function properly, to keep mood positive, and to combat aging.

We only need to review *A Report on Mental Illnesses in Canada* (Health Canada, Chapter 1) to recognize how significant mental health issues are to the citizens of our country. If all the people suffering from a mental health disorder could realize some measure of relief through physical activity we could easily imagine physical activity and exercise as being a “magic pill” that could be prescribed for many of life’s ills.

Module C: Mental-Emotional Health contains three lessons:

- Lesson 1: Mental Health, Health Habits, and Exercise
- Lesson 2: Stress and Body Image
- Lesson 3: Anxiety and Depression

Resource Masters to support the lessons are provided at the end of each lesson.

REFERENCE



For additional information, refer to the following report:

Health Canada. *A Report on Mental Illnesses in Canada*. Ottawa, ON: Health Canada, 2002. Available on the Public Health Agency of Canada website at <www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.

Lesson 1: Mental Health, Health Habits, and Exercise

Introduction

Mental-emotional health and physical health affect each other. People with physical health problems often experience anxiety or depression that affects their recovery and overall well-being. According to Health Canada (“Mental Health – Mental Illness”), mental health factors can increase the risk of developing physical problems such as

- diabetes
- heart disease
- weight gain or weight loss
- gastrointestinal problems
- reductions in immune system efficiency
- blood biochemical imbalances

This lesson defines mental health and discusses how exercise and other healthy lifestyle practices can positively affect mental health. Students learn about ways to help themselves or to seek help when dealing with their feelings and emotions from day to day.

REFERENCE



For additional information, refer to the following article:

Health Canada. “Mental Health—Mental Illness.” *It’s Your Health*. Ottawa, ON: Health Canada, 2006. Available online at

<http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental_e.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.



Specific Learning Outcome

11.MH.1 Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.



Key Understandings

- Mental-emotional health is a critical component of overall well-being.
- The stigma regarding mental-emotional health issues needs to be removed so that people with mental health concerns engage in help-seeking behaviour.
- Healthy lifestyle practices support positive mental-emotional health.



Essential Questions

1. How is mental-emotional health different from mental illness?
2. How do active lifestyle practices affect mental-emotional health issues (e.g., anxiety, depression, stress, eating disorders) and vice versa?



Background Information

As indicated by Health Canada (“Mental Health – Mental Illness”), most people will likely experience feelings of isolation, loneliness, sadness, stress, or disconnection from things during their lifetime. These feelings are often short-term, normal reactions to difficult situations, such as the death of a loved one, the loss of a job, a romantic breakup, or a sudden change of circumstances. Learning to cope or deal with these “ups and downs” or the good and bad times is part of life.

What Is Mental or Emotional Health?

Mental wellness, or good mental health, “is feeling, thinking, and interacting in ways that help you enjoy life and deal effectively with difficult situations” (Manitoba Healthy Schools).

Good mental health, more recently referred to as mental wellness, is not just the absence of mental health problems. Although different cultures have differing expectations for health, many of the following characteristics are likely to be present in individuals with good mental health in many cultures:

- sense of well-being and satisfaction
- ability to enjoy life, to laugh, and to have fun
- ability to deal with life’s stresses and to bounce back from adversity

DEFINITION

mental-emotional health

The state or balance of a person’s thoughts, feelings, and actions. Mental-emotional health relates to how people look at themselves, their lives, and the other people in their lives, how they evaluate their challenges and problems, and how they explore choices. This includes handling stress, relating to other people, and making decisions.

- participation in life to the fullest extent possible, through meaningful activities and positive relationships
- capacity to change, grow, and experience a range of feelings, as life’s circumstances change
- sense of balance in own life between solitude and sociability, work and play, sleep and wakefulness, rest and exercise, and so on
- self-care that attends to the needs of the whole person – mind, body, spirit, creativity, intellectual development, health, and so on
- ability to care for others
- self-confidence and good self-esteem

Why Is Mental-Emotional Health Important?

Our minds are not separate entities from the rest of us. When we are distressed, our physical health is also affected negatively, and our spirits decline. Many physical conditions are actually rooted in a state of mind (psychosomatic illness), or in a history of stress that has never been balanced. Hence it is important to take care of the body, mind, and spirit.

“Mens sana in corpore sano (a healthy mind in a healthy body)”
—Juvenal (Roman poet)

What Is Mental Illness?

Mental illness, by definition, is quite different from everyday feelings and reactions to difficult situations. People who suffer from a mental illness may experience a serious disturbance in thinking, mood, or behaviour, which may have an impact on their ability to function effectively over a long period of time. Mental illness may affect people’s ability to cope with the simplest aspects of everyday life. Many people need help in regaining balance in their lives.

Healthy Lifestyle Practices

Examining healthy lifestyle practices or coping mechanisms to deal with everyday living is an important part of developing mental-emotional health. The engagement in healthy lifestyle practices contributes to both the quality and duration of life. The health habits or healthy lifestyle practices explored in the following Suggestions for Instruction/ Assessment can significantly affect a person’s life.

DEFINITION

healthy lifestyle practices

Any behaviour that has an effect on a person’s health and well-being. (The level or amount of the behaviour engaged in will determine the degree of the positive effect.)

REFERENCES



For information on mental and emotional health, refer to the following websites:

Health Canada. "Mental Health—Mental Illness." *It's Your Health*. Ottawa, ON: Health Canada, 2006. Available online at <http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental_e.html>.

Helpguide. "Mental and Emotional Health." <www.helpguide.org/mental_emotional_health.htm>.

Manitoba Healthy Schools. "Mental Health: What Is Mental Wellness?" *Mental Health*. <www.gov.mb.ca/healthyschools/issues/mental.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physlth/>.



Suggestion for Instruction / Assessment

10 Basic Health Habits

Using the active learning strategy Think-Pair-Share (see Appendix E), have students think of 10 basic health habits individually. Students then work in pairs to share their ideas and to check for similarities and differences. Two pairs then join to form a small group of four to develop consensus on 10 basic health habits as a group.

To help guide the group discussion, encourage students to include health habits related to

- physical activity (see Public Health Agency of Canada, *Canada's Physical Activity Guide to Healthy Active Living*)
- healthy eating (see Health Canada, *Eating Well with Canada's Food Guide*)
- sleep
- substance use, including tobacco and alcohol
- body weight
- personal and dental hygiene
- stress
- building healthy relationships
- general safety

Students could also develop an advertising campaign promoting one or more health habit(s) using different media.

REFERENCES



For additional information on basic health habits, refer to the following article:

Zamora, Dulce. "13 Health Habits to Improve Your Life." *WebMD—Features Related to Health and Balance*. 2004.

<www.webmd.com/balance/features/13-healthy-habits-to-improve-your-life>.

The following guides are available online:

Health Canada. *Eating Well with Canada's Food Guide*. 2007.

<www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html>.

---. *Eating Well with Canada's Food Guide: First Nations, Inuit and Métis*. 2007.

<www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html>.

Public Health Agency of Canada. *Canada's Physical Activity Guide for Youth*. 2002.

<www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html>.

---. *Canada's Physical Activity Guide to Healthy Active Living*. 2004.

<www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html>.

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<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction/Assessment

Influences on Mental-Emotional Health

Provide each student with a copy of RM 1–MH (with the Mental Health Benefits left blank). Using the Think-Pair-Share strategy again, ask each student to identify and record mental health benefits of healthy lifestyle practices on RM 1–MH. After students have completed the task individually, they work with a partner to expand their list of benefits. Finally, students form small groups to share all the mental health benefits they have identified. Have each group present their top 10 mental health benefits.



Refer to RM 1–MH: Influences on Mental-Emotional Health.

REFERENCE



For additional information, refer to the following article:

Nieman, David C. "The Health Continuum." *The Exercise-Health Connection*. Champaign, IL: Human Kinetics, 1998. 5.



Background Information

Effect of Exercise on Mental Health

As a result of exercise, the body releases different chemicals that affect the brain. One group of chemicals is called *endorphins*. During exercise, the release of the beta-endorphin by the pituitary gland increases and produces an analgesic effect on the body as well as a feeling of elation or euphoria.

In his article “Exercise is a State of Mind,” Miller states that “for several decades we’ve known about one effect of exercise on the brain, the ‘endorphin high’ that makes us feel good during and right after exercise” (48). He goes on to say that more recent scientists have discovered some longer-lasting effects of exercise on the brain, such as

- decreased anxiety
- reduced depression
- improved ability to cope with stress
- raised self-esteem
- improved mood
- improved sleep
- increased cognition (mental functions such as the ability to think, reason, and remember)

With exercise, several biological changes occur that make nerve cells more active or increase the ability of neurons to communicate with one another. The way this works is that the exercise fuels the body with blood, which carries energy and oxygen to the brain, which in turn tells the body to produce more proteins called neurotrophic factors or growth factors. These substances stimulate nerve cells to grow and connect with one another (neuroplasticity) or to develop new nerve cells (neurogenesis).

The hippocampus, a seahorse-shaped region in the temporal lobe of the brain, is involved in regulating mood and storing memories. Studies have shown that “exercise caused an increase in the production of neuropeptide Y (NPY) in the hippocampus . . . [and] induced an increase in brain-derived neurotrophic factor (BDNF) in the same region. These two proteins – NPY and BDNF – are important prerequisites for nerve growth and survival” (Miller 49). These proteins can be thought of as the “fertilizers” for the brain. BDNF is a natural substance that enhances cognition by boosting the ability of neurons to communicate with one another.

The release of other chemicals such as serotonin, dopamine, norepinephrine, melatonin, and insulin are also affected by exercise, which in turn can affect mental and emotional health. Because activities such as going for a walk or a run, shooting baskets, skateboarding, participating in a sport, or doing yard work can contribute to better functioning of the mind and the body, exercising is a healthy lifestyle practice for everyone to do every day.

REFERENCE



For additional information, refer to the following article:

Miller, Michael Craig. "Exercise is a State of Mind." *Newsweek* 149.13 (26 Mar. 2007): 48–50, 52, 55.



Suggestion for Instruction / Assessment

Healthy Lifestyle Practices for Mental-Emotional Health

Have students describe, by completing the chart in RM 2–MH, how healthy lifestyle practices (health habits) affect selected mental-emotional health issues.



Refer to RM 2–MH: Healthy Lifestyle Practices for Mental-Emotional Health.

After students have completed the chart, lead a class discussion on questions such as the following:

- How do the identified lifestyle practices affect mental-emotional health?
- How does mental-emotional health affect lifestyle practices?
- Which lifestyle practice has the greatest impact on mental-emotional health, and why?



Background Information

Is It Important to Seek Help for Mental-Emotional Problems?

People encounter stressful situations that could range from minor to major on a day-to-day basis. Depending on the circumstances, individuals may need to seek help if their reaction to stressors (e.g., loss, conflict, illness) becomes long term or interferes with other aspects of life.

Most people who experience mental health problems can overcome them or learn to live with them, especially if they seek help from a qualified source soon enough. Although people usually do not hesitate to seek medical advice for a physical problem, some believe it is shameful or a sign of weakness to seek help for an emotional health problem. There is

often a stigma of weakness associated with seeking help when encountering a mental or emotional health problem.

Students need to be reminded that it is OK to seek help and should learn how to access help for mental-emotional problems when needed.

REFERENCES



For information on getting help for a mental health problem, refer to the following website:
Manitoba Healthy Schools. "Mental Health: Where Can I Go For Help?" *Mental Health*.
<www.gov.mb.ca/healthyschools/issues/mental.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at
<www.edu.gov.mb.ca/k12/cur/physhlth/>.



For information related to working with students on the thinking, feeling, behavioural cycle, refer to the following text:

Vernon, Ann. *Thinking, Feeling, Behaving: An Emotional Education Curriculum for Adolescents, Grades 7–12*. Rev. ed. Champagne, IL: Research Press, 2006.

What Increases the Risk of Mental-Emotional Health Problems?

Mental health problems can be the result of many different kinds of experiences in a person's life, from early childhood to later life. These life experiences may relate to a person's environment, hereditary history, psychological factors, and/or sociological factors. People may or may not have control over these factors.



Suggestion for Instruction / Assessment

Life Experiences Leading to Mental Health Issues

In a class brainstorming session, have students identify life experiences that they think could lead to mental health issues. Encourage students to think of situations or factors over which they have control and situations over which they have no control.

NOTE TO TEACHER

Please indicate to students that issues identified in this learning activity are not required to be personal.

Once the class has identified numerous life experiences, have students classify which

- situations they do not have control over (e.g., biochemical issues, family history)
- situations they can have some control over (e.g., by getting support, making good choices, or learning more about their situation)

Some situations or factors may fit into both categories.

Check student responses against the list provided in RM 3–MH and add to the list any areas identified by students in the class discussion (for future reference).

- Review the list of things over which students have some control. Discuss ways they can control a given situation.
- Reflect on the list of things over which students usually do not have control. Talk about ways they can get support and improve their mental health outcomes even if they have experienced situations they could control.



Refer to RM 3–MH: Life Experiences Leading to Mental Health Issues for additional suggestions and/or information to support this learning strategy.



Background Information

Helping Oneself

Each of us must learn to deal with our own feelings and emotions from day to day. All life experiences, whether positive or negative, are character building. The key is to develop skills for coping and managing our feelings and emotions and to learn from all experiences.

Resilience is the capability of an individual or group of individuals (such as a family, a group of friends, or a community) to cope with significant adversity or stress in ways that are not only effective, but also tend to result in an increased ability to respond constructively to future adversity (Resiliency Canada). Research tells us that despite growing up in high-risk environments, the majority of young people not only become successful by societal standards, but also become self-confident, capable, and caring persons. This is most often due to people’s ability to bounce back from challenging times (resiliency), to use self-help or self-care measures (healthy behaviour choices) to help them through, and to talk to someone who can offer support, as needed.

Many minor mental health problems can be relieved by self-help or self-care measures. If we are feeling “blue,” “out of sorts,” or “stressed out,” healthy lifestyle practices such as the following can help us to feel better:

- Get enough rest and sleep.
- Eat a well-balanced diet.
- Avoid caffeine, alcohol, tobacco, or other drugs, and avoid mixing alcohol and drugs.
- Participate in physical activities.
- Do something that is enjoyable or relaxing (e.g., go to a funny movie, take a walk for enjoyment, listen to music, read a good book, talk to a friend, engage in an activity that is safe and appealing).

- Attend to spiritual needs (e.g., by meditating, visualizing, praying, appreciating a beautiful sunset).
- Make a list of the things that are troubling or causing tension, and then put away the list for the rest of the day.
- Prioritize personal challenges and deal with the ones that are either most stressful or easiest to check off the list.
- Spend ample time with people whose company is enjoyable, generally those who have a positive and respectful attitude.
- Talk to a trustworthy friend or family member about own feelings and concerns, and discuss possible reasons for those feelings. Ask them just to listen if advice is not desired.

If students continue to feel down, depressed, or anxious to the extent that these feelings are interfering with school work or personal life (friends and family), they will need to talk to people who can help. School guidance counsellors can provide a safe place for students to share their feelings and develop problem-solving strategies for challenging situations. Guidance counsellors also have connections to resources outside the school that can provide help.

REFERENCES



For further suggestions on ways to develop and maintain positive mental and emotional health, refer to the following websites:

Health Canada. "Mental Health—Mental Illness." *It's Your Health*. 2006.
<http://hc-sc.gc.ca/iyh-vsv/diseases-maladies/mental_e.html>.

Helpguide.org. "Mental and Emotional Health." *Mental Health*.
<www.helpguide.org/mental/mental_emotional_health.htm>.

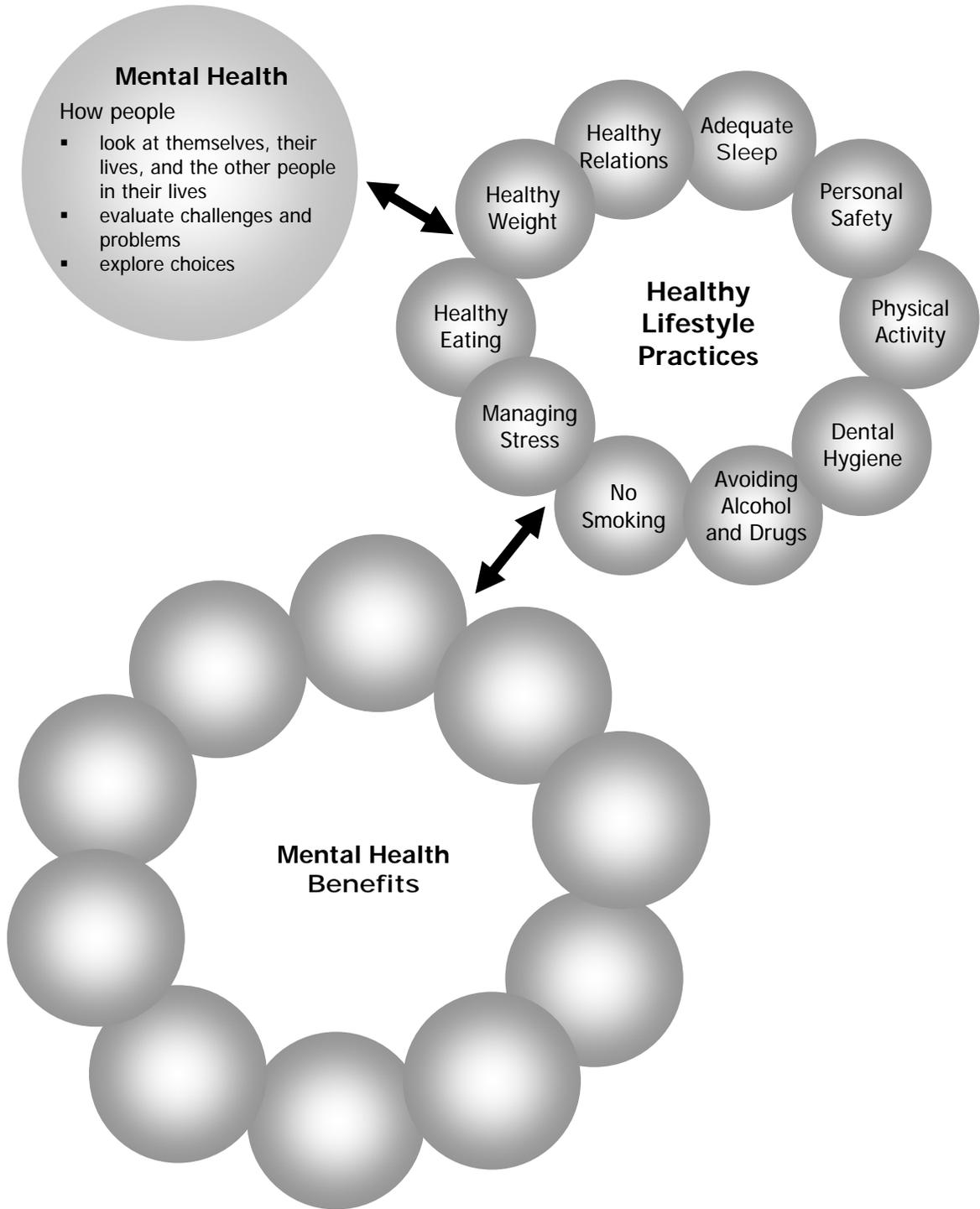
Manitoba Healthy Schools. "Mental Health: What Is Mental Wellness?" *Mental Health*.
<www.gov.mb.ca/healthyschools/issues/mental.html>.

This site lists 10 tips for good mental health provided by the National Canadian Mental Health Association.

Resiliency Canada. "Understanding Resiliency." <www.resiliencycanada.ca/index.php?option=com_content&task=view&id=17&Itemid=37>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.

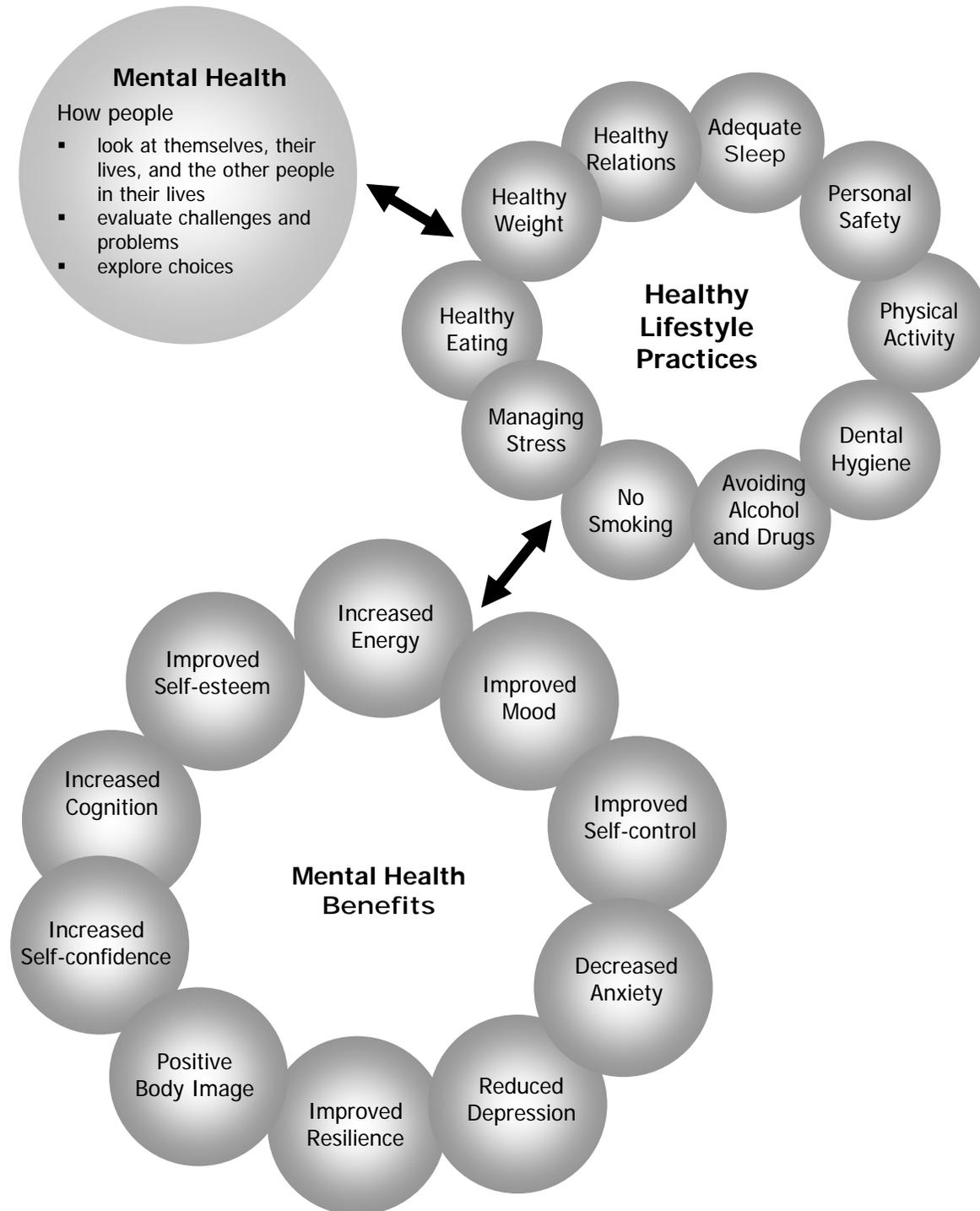
RM 1–MH: Influences on Mental-Emotional Health*



Continued

* Source: Adapted, with permission, from D. C. Nieman, 1998, *The Exercise-Health Connection*, (Champaign, IL: Human Kinetics), 5.

**RM 1–MH: Influences on Mental-Emotional Health* (Continued)
(Answer Key)**



* Source: Adapted, with permission, from D. C. Nieman, 1998, *The Exercise-Health Connection*, (Champaign, IL: Human Kinetics), 5.

RM 2–MH: Healthy Lifestyle Practices for Mental-Emotional Health

Complete the chart below by providing a description of how the healthy lifestyle practices (health habits) from the first column affect one of the selected mental-emotional health issues found along the top row (determined by the student).

- Place a plus sign (+) in the corner of the box for a description that represents a **positive** or **beneficial** effect.
- Place a minus sign (-) in the corner of the box for a description that represents a **negative** or **detrimental** effect.
- Place a zero (0) in the corner of the box for a description that could have **both a positive and a negative** effect.

Healthy Lifestyle Practices	Mental-Emotional Health Issues				
	Stress	Anxiety	Depression	Disordered Eating	Other ()
Physical Activity					
Healthy Eating					
Quality Sleep					
Substance Use					
Stress Management					
Smoking					
Weight Management					
Personal Safety					
Dental Hygiene					
Healthy Relationships					

RM 3–MH: Life Experiences Leading to Mental Health Issues

The following lists identify factors or situations that students usually do not have control over and situations that students usually have some control over. Check student responses against the lists provided below.

Situations Students Usually Do Not Have Control Over

Life experiences that may contribute to mental health issues that teenagers usually do not have control over could include the following:

- Inheriting genetic causes. (People with a history of mental health problems in their family may be more likely to develop problems themselves.)
- Experiencing biochemical causes. (An imbalance of neurotransmitters, such as serotonin, is known to affect the processing of thoughts and emotions.)
- Undergoing hormonal changes (that are a natural part of puberty and life transition)
- Having a low income or being homeless
- Living with a family member who has a mental illness or an addiction
- Experiencing violence, abuse, or other trauma
- Living in an environment that is chaotic, unsafe, or dangerous (e.g., living in a violent home, or living in a house with shedding asbestos, peeling lead paint, or toxic drinking water, living in a community where drug use or gang violence is widespread)
- Experiencing chronic illnesses (whether born with or developed)
- Growing up in a homeland of unrest (e.g., witnessing or experiencing war, violence, or fear)
- Experiencing racism or other forms of prejudice (e.g., because of sexual orientation, age, religion, culture, class, body type)
- Dealing with the death of a family member or a close friend
- Experiencing a change in parental relationships (e.g., separation, divorce)
- Encountering a change in living environments (e.g., moving from one home to another due to a change in parental relationship, foster home, job transition of a parent or guardian)

Continued

RM 3–MH: Life Experiences Leading to Mental Health Issues *(Continued)*

Situations Students Usually Have Some Control Over

Life experiences that may contribute to mental health issues that teenagers usually have some control over could include the following:

- Using or abusing substances. (Alcohol and some drugs are known to have depressive effects or to increase anxiety. Some drugs such as crystal meth can cause symptoms that resemble those of schizophrenia. The negative social and personal consequences of substance abuse can also be a contributing factor to depression.)
- Using violence to solve problems (resulting in problems at home and/or at school and involvement in the justice system)
- Under-eating or overeating. (Restricting food intake below what the body needs or eating beyond comfort to cope with problems or difficult feelings can cause additional mental and physical health problems.)
- Being in an unhealthy relationship. (The long-term toll of staying in an unhealthy relationship or peer group is greater than the short-term turmoil and stress involved in leaving it.)
- Overdoing it by taking on too many things at one time to the point that it causes additional stress (e.g., working too much while going to school, being involved in too many activities)
- Not sleeping enough for what the body needs. (On its own, sleep deprivation will not cause a mental health problem, but when combined with other factors, including stress, insufficient sleep puts people at risk of poor health and a decreased coping capacity.)

Lesson 2: Stress and Body Image

Introduction

This lesson helps students to gain an understanding of common mental health issues related to stress and poor body image. Students have the opportunity to increase their self-awareness of stressful situations and to understand that the ways in which people react to stress may vary. Using exercise for dealing with stress is addressed as well.

NOTE TO TEACHER

The following content related to stress and body image should be treated with sensitivity. Potentially sensitive content is to be treated in ways that are appropriate for the local school, school division, and community context.

Students also examine common questions about body image and the factors that affect body image. This lesson explains the relationship between eating and body image. It also allows students to examine media influences on people's body image and behaviour.



Specific Learning Outcomes

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.2** Examine media influence(s) on self-image and behaviour.
- 11.MH.3** Investigate the impact and importance of active healthy lifestyle practices on mental-emotional health issues.



Key Understandings

- Mental-emotional health is a critical component of overall well-being.
- Healthy lifestyle practices, including physical activity participation, support positive mental-emotional health and reduce stress.
- Healthy bodies come in all shapes and sizes.
- People who have a positive body image tend to demonstrate more healthy eating behaviours than those who have a negative body image.



Essential Questions

1. How does exercise help reduce stress?
2. What are the connections between body image and mental health? Explain.



Background Information

Dealing with Stressful Situations

Stress can be defined as the body's normal physiological response to situations or stimuli perceived as "dangerous" to the body (Stressfocus.com). The ways in which people react to stress can vary greatly.

Healthy lifestyle choices have a positive impact on our ability to cope with stress and to manage day-to-day activities. Everyone can learn skills to cope with stress that contribute to optimal mental health. Making healthy behaviour choices and seeking support when needed helps us lead a balanced life.



Suggestion for Instruction / Assessment

Stressful Situations

Discuss with students the definition of *stress*. Emphasize that stress can cause powerful feelings, as well as biological changes in the body. Allow students to brainstorm some feelings and biological changes that stress can cause. Write their responses on a board or chart. Student suggestions will likely include ideas related to the "fight or flight" theory of stress response. This theory has already been introduced to students in earlier grades.

Using the active learning strategy Carousel Brainstorming (see Appendix E), arrange students into six groups. Position each group in an area of the classroom and tape a sheet of poster board to the wall by each group. Each poster should feature one of the following headings:

- Situations That Make Me Angry
- Situations That Make Me Frustrated
- Situations That Make Me Worry
- Situations That Make Me Happy
- Situations That Take a Lot of Time
- Situations That Take Money

NOTE TO TEACHER

Remind students that responses must be appropriate (e.g., do not make sexual references), safe, ethical, and not hurtful to others.

Tell each group they have one to two minutes to write down their responses to the situation identified on the poster in front of them. Teachers may choose to play music (something lively) while students are engaged in the learning activity.

When the designated time is up, have students move to the poster to their right. Allow two more minutes for students to respond to the situation identified on the poster that is now in front of them.

Continue rotating until each group has had a chance to write their responses to the situations on all six posters. Then have a spokesperson from each group read the responses on the poster in front of them. Discuss similarities, insights, or perceptions related to the ideas listed. Talk about which responses are *positive* stressors and which are *negative* stressors.

Have students return to their seats. As a class, brainstorm appropriate and healthy strategies to cope with the stressful situations they wrote about. Students take notes on those strategies.

REFERENCES



For more information on stress, refer to the following websites:

Columbia St. Mary's MedicalMoment.org. "Gender Differences in Behavioral Responses to Stress: 'Fight or Flight' vs. 'Tend and Befriend.'" 2003.
<www.medicalmoment.org/content/healthupdates/dec03/187868.asp>.

Stressfocus.com. "Discover the Basics of Stress." 14 July 2007.
<www.stressfocus.com/stress_focus_article/stress-and-its-causes.htm>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at
<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Background Information

Stress Can Be Positive or Negative

A certain level of stress is not a bad thing and can in certain situations contribute to optimum performance. If a person is under too little stress, it will be difficult to become self-motivated to perform well. Too little stress can express itself in feelings of boredom and not being challenged. An optimum level of stress can bring benefits of alertness and activation.

Excessive levels of stress, in sport for example, can hamper performance and enjoyment. These excessive levels of stress occur when

- what is asked of us is beyond our perceived abilities
- too much is asked of us in too short a space of time
- unnecessary obstacles are put in the way of achieving our goals

In sport performance, negative stress

- gets in the way of good judgement and fine motor control
- causes competition to be seen as a threat, not a challenge
- damages the positive frame of mind needed for high-quality competition by
 - promoting negative thinking
 - damaging self-confidence
 - narrowing attention
 - disrupting flow
- consumes mental energy (e.g., in worry) that could be devoted to focusing on effective technique

Very often stress can be caused by negative thinking. We are more likely to do well if we take a positive perspective, seeing a new situation as an opportunity to exhibit skills at a higher level, than if we approach or interpret a new or difficult situation by saying, "I'm in trouble."

Exercise and Stress

Many people use exercise as their primary stress-management strategy. Regular exercise can remove by-products of the stress response or help release emotions. Bouts of physical activity allow muscles to release their stored energy and to return to resting state, which reduces tension. The endorphin hormone is released as a result of exercising, which is known to affect mood and promote a sense of elation or joy.



Suggestion for Instruction / Assessment

Physiological Responses of Exercise

Have students use various websites or other resources to investigate the physiological responses of exercise, which in turn could reduce stress, and report their findings to the class using index cards. Students put a physiological response (short title) on one side of an index card and the explanation of the response on the other. Use these class cards in games such as scavenger hunts, people search, and so on.

NOTE TO TEACHER

Teachers are advised to

- review websites before recommending them to students
- check school/division policy regarding appropriate Internet use

REFERENCE



The following is an example of a useful website for this learning activity:

Randolfi, Ernesto A. "Exercise as a Stress Management Modality." *Optimal Health Concepts*. <www.OptimalHealthConcepts.com/ExerciseStress.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Wellness Inventory

Ask students to complete a wellness survey (such as RM 4–MH) to increase their self-awareness of stressful situations or behaviours they may encounter on a given day. Ask them to complete the same survey at different times during the course and compare results, or have them reflect on whether or not their responses would be the same or different from day to day.

Using a Think-Pair-Share strategy (see Appendix E), have students think about what question may concern them and, in pairs, discuss ways to improve in that area.



Refer to RM 4–MH: Wellness Inventory.

REFERENCE



For ideas on coping with stress, refer to appropriate websites, such as the following: mindyourmind.ca. <www.mindyourmind.ca>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.



Background Information

Body Image

Body image is linked to self-esteem and self-concept and is shaped by past experiences, whether these are positive (such as athletic performance) or negative (such as abuse, disability, or bullying). Body image can be a concern for boys and girls no matter what their actual bodies look like. Body image is linked to how we cope with both past and present experiences and is much more complex than our weight, height, or muscle mass. It is important not to assume that a large-bodied teenager will have a negative body image and a slim-bodied teenager will have a positive body image.

Students are often interested in discussing body image, and may steer discussions to their body size, body parts, ideal body types, and so on. To avoid a power struggle, avoid getting caught up in debates over the “right body type,” “ideal body weight,” or issues related to obesity prevention. When discussing body image with adolescents it is important to keep the focus off individual or optimal body size or weight, knowing that body image is actually related to how we feel about our bodies and our life experiences.

What Is Body Image?

Our body image begins to form at an early age and can be influenced by our parents, caregivers, peers, and life experiences. We often think of body image in terms of physical appearance, attractiveness, and beauty. Our body image relates to how we feel about our bodies and what we think our bodies look like to others. In some cases, our perspectives may not be objective.

Remember that every body is different. We all have different genetics, which influence our facial features, body shape, height, and weight. Even if everyone ate the same things and did the same amount of exercise, we still would not all look the same.

The ideal body weight is the weight that allows us to feel strong and energetic and lets us lead a healthy life. Someone with a healthy body has the energy, for example, to spend time with friends, participate in sports, and concentrate on school or work. Encourage students to avoid comparing their bodies with those of their friends or the people shown in advertisements and on television. Students don’t need to rely on charts, formulas, or tables to dictate what the right body weight is for them. Instead, they need to eat balanced meals full of nutritious foods and participate in moderate to vigorous exercise regularly.



Suggestion for Instruction / Assessment

Common Body Image Questions

As a strategy to activate student thinking, place a set number of questions about body image in a bag (see RM 5–MH). Have the corresponding number of groups pick a question for group discussion. Ask students in each group to identify a chairperson, a recorder, and a reporter in preparation for reporting their responses to the selected questions to the class.



Refer to RM 5–MH: Common Questions about Body Image for examples of common questions that students may have about body image, as well as suggested responses to the questions.



Background Information

How Big Is the Body Image Problem?

Poor body image increases the risk for extreme body/weight control behaviours. Researchers have found that increased preoccupation with appearance and body dissatisfaction put people at greater risk for engaging in dangerous practices to control weight and size (e.g., extreme dieting and exercise compulsion). These behaviours can lead to more harmful behaviours that can put an individual at risk for developing disordered eating or an eating disorder.

CANADIAN STATISTICS ON EATING DISORDERS

- A recent study showed that 27% of Ontario girls 12 to 18 years old are engaged in disordered food and weight behaviour (Jones, et al).
- Eating disorders are now the third most common chronic illness in adolescent girls (Adolescent Medicine Committee).
- Health Canada found that almost one in every two girls and almost one in every five boys in Grade 10 either was on a diet or wanted to lose weight (King, Boyce, and King, Chapter 7).

How Do Positive and Negative Body Image Differ?

We have a positive body image when we have a realistic perception of our bodies and enjoy them just as they are. Positive body image involves understanding that healthy, attractive bodies come in many shapes and sizes, and that physical appearance says very little about our character or value as a person. Having a healthy body image means that we keep our assessment of our bodies separate from our sense of self-esteem, and it ensures that we don't spend an unreasonable amount of time worrying about food, weight, and calories. The adoption of an active healthy lifestyle has a positive impact on our attitudes towards our bodies.

Negative body image can cause more serious disorders such as body dysmorphic disorder and muscle dysmorphia:

- **Body dysmorphic disorder (BDD)** is an over-preoccupation with an “imagined” physical defect in appearance (that is, an individual thinks there is a problem with an aspect of his or her body that others don’t see). The most common focus of preoccupation is the nose, skin, or hair, but other body parts can also be the focus. This disorder can cause stress for the individuals who have this problem, as well as for family and friends around them. In addition to spending a lot of time obsessing about a feature of their body or body parts, individuals with BDD experience anxiety and/or depression, and they may avoid social situations. People have been known to try plastic surgery to “fix” the problem but end up worse off because the underlying reason for the preoccupation is not treated.
- **Muscle dysmorphia** (sometimes referred to as **bigorexia**) is the over-preoccupation with the perception or feeling that one’s muscles are too small or too weak. In an attempt to avoid this self-perception, individuals with this disorder often spend unrealistic amounts of time working out in the gym, and yet they don’t feel “good enough.” Muscle dysmorphia occurs most often in men but has been known to occur in women as well.

With the right supports, both disorders are treatable.

What Are Some Factors That Affect Body Image?*

Body image, whether negative or positive, is shaped by a variety of factors:

- Body image is influenced by standards set by society and the culture that surrounds us. As well, comments from family, friends, and others about our bodies, their bodies, and other people’s bodies, both positive and negative, affect body image.
- Self-esteem has an impact on how we view our bodies and is related to how we evaluate our own physical abilities, job skills, interpersonal abilities, family role, and body image.
- Low self-esteem may develop if “ideal” body standards are not met and may result in size misperceptions, faulty beliefs about body shape, and negative feelings about one’s own body.

POSITIVE AND NEGATIVE BODY IMAGE *

- People with positive body image exhibit
 - self-confidence, energy, vitality, and positive self-appraisal
 - feelings of attractiveness and beauty
 - trust and respect for their bodies
 - freedom of expression with their bodies, not dependent on weight
- People with negative body image describe
 - dissatisfaction with their physical appearance
 - a belief that their appearance is being scrutinized and evaluated by others
 - excessive emphasis on physical appearance in how they evaluate themselves
 - distressing preoccupation with their bodies
 - feelings of shame and/or embarrassment

* Source: Sheena’s Place. “Body Image.” *Education and Outreach*. <www.sheenasplace.org/index.php?page=body_image>. Adapted with permission.

- Negative body image may develop or be influenced by a history of abuse (physical or sexual), teasing by friends or family, life changes such as moving to a new school or city, and any physical changes that may be a result of puberty, medical problems, surgery, or sports injuries. Exposure to images of idealized versus normal bodies may also have a negative impact on body image.
- Experiencing problems with body image and body dissatisfaction place individuals at risk for the development of an eating disorder.
- Individuals with anorexia or bulimia nervosa often perceive themselves as being larger than they actually are, resulting in negative body image and an increase in dieting behaviour.
- An increase in dieting behaviour is associated with depression, decreased self-confidence, increased feelings of anxiety, feelings of unattractiveness, and persistent concern about weight. In other words, negative body image can be a significant mental health issue.
- People with negative body image may
 - engage in excessive body checking (weighing, measuring, and trying on clothing)
 - camouflage their size and shape with loose and bulky clothing
 - avoid social situations that trigger physical self-consciousness
 - avoid exposing their bodies (not wearing bathing suits or shorts)

How Do Eating and Body Image Go Together?

There is a relationship between eating behaviours and body image. In general, eating disorders are examples of internal conflicts about food and/or body size and shape. They are more complicated, however, than just having a big appetite and unhealthy eating patterns.

The range of feelings and behaviours associated with eating and body image can be represented along a continuum (Gannett Health Services).

- Healthy eating behaviours, at one end of the continuum, are associated with feeling confident about body shape and size.
- Disordered eating behaviours, at the other end of the scale, are associated with a preoccupation with appearance and an attempt to change body size through a focus on diets.

Eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder:

- **Anorexia nervosa** is characterized by fear of weight gain and severe restriction of food intake, which can result in significant weight loss.
- **Bulimia nervosa** involves an attempt to avoid weight gain or to manage weight through frequent compensation by purging.

- **Binge eating disorder** defines a pattern of binge eating (feeling out of control while eating) without purging.

Note, however, that “eating disorders often do not fall neatly into these categories and may take a variety of forms, from mild to severe. Treatment for eating disorders is important at any level of severity to reduce the risk of short-term and long-term health problems” (Gannett Health Services).

In the next learning activity students have an opportunity to examine the relationship between eating behaviours and body image.

REFERENCES



For definitions of positive and negative body image, and the factors that affect them, and for information on the relationship between eating behaviours and body image, refer to the following websites:

Body Sense: Canadian Centre for Ethics in Sport. “Developing Positive Body Image.” *Athletes*. 2005. www.bodysense.ca/athletes/m_body_image_e.html>.

---. “What Is Body Dysmorphia?” *Athletes*. 2005. www.bodysense.ca/athletes/m_body_dysporphia_e.html>.

Brown University. “Nutrition: Body Image.” *Health Education*. www.brown.edu/Student_Services/Health_Services/Health_Education/nutrition/body_image.htm>.

Butler Hospital. “What Is Body Dysmorphic Disorder?” *The Body Image Program*. www.butler.org/body.cfm?id=123>.

College of Education and Human Ecology, The Ohio State University. “Muscle Dysmorphia.” *Body Image and Health Task Force (BIHTF)*. http://hec.osu.edu/bitf/muscle_dysmorphia.htm>.

Gannett Health Services, Cornell University. “The Eating and Body Image Continuum.” *Nutrition and Eating Problems*. 2004. www.gannett.cornell.edu/top10Topics/nutrition-eating/continuum.html>.

National Eating Disorders Association (NEDA). *Eating Disorders Information*. 2002. www.nationaleatingdisorders.org/p.asp?WebPage_ID=294>.

Sheena’s Place. “Body Image.” *Education and Outreach*. www.sheenasplace.org/index.php?page=body_image>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at www.edu.gov.mb.ca/k12/cur/physlth/>.



For additional Canadian statistics on eating disorders, refer to the following reports:

Adolescent Medicine Committee, Canadian Paediatric Society. “Eating Disorders in Adolescents: Principles of Diagnosis and Treatment.” *Paediatrics and Child Health* 3.3 (1998): 189–92.

Jones, Jennifer M., et al. “Disordered Eating Attitudes and Behaviours in Teenaged Girls: A School-Based Study.” *Canadian Medical Association Journal* 165.5 (2001): 547–52.

King, Alan J. C., William F. Boyce, and Matthew A. King, *Trends in the Health of Canadian Youth: Health Behaviours of School-Age Children*. Ottawa, ON: Health Canada, 1999. Available on the Public Health Agency of Canada website at www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/index_e.html>.



Suggestion for Instruction / Assessment

How Can Body Image Affect Personal Health?

Ask students to think about and respond to the following question: How can body image affect personal health? Write down their answers for class discussion.

Have students look at a continuum showing the range of behaviours and attitudes related to eating and body image. People who have a positive body image tend to demonstrate more healthy eating behaviours than those who have a negative body image. People may, however, find themselves at different points on the continuum from one time to another.

REFERENCES



Examples of the eating and body image continuum are available on several websites:

Barke, Sheri. "Eating Issues and Body Image Continuum." *Student Nutrition (and Body Image) Action Committee (SNAC)*. 2002.

<www.snac.ucla.edu/pages/Resources/Handouts/HOEatingIssues.pdf>.

Gannett Health Services, Cornell University. "The Eating Issues and Body Image Continuum." *Nutrition and Eating Problems*. 2004.

<www.gannett.cornell.edu/downloads/CHEP/Continuum.pdf>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Boosting a Body Image?

A variety of strategies can help individuals boost or improve their feelings about how their bodies look. Using the active learning strategy Rotating Reel (see Appendix E), have students respond to the following sample questions:

1. What are three ways to boost body image?
2. How can you change your body type?
3. If you know people who are always comparing themselves to others in terms of appearance, what could you do or say to help?
4. How could participating in physical activity contribute to positive body image?

NOTE TO TEACHER

If someone has a disordered eating problem, it is important to note that body image therapy and counselling may facilitate changes in eating and help people overcome disordered eating symptoms or recover from eating disorders.

REFERENCES



The following article on boosting body image may be helpful:

Brown University. "Nutrition: Body Image." *Health Education*.
<www.brown.edu/Student_Services/Health_Services/Health_Education/nutrition/bodyimage.htm>.

Refer to the following websites for more information:

Dove Campaign for Real Beauty. *The Dove Self-Esteem Fund*. 2007.
<www.campaignforrealbeauty.ca/dsef>.

This link goes to The Dove Self-Esteem Fund website, which provides free resources on media awareness, body image, and self-esteem. It also provides the Real Beauty School Program, specifically for teachers, and a series of films with accompanying classroom activity sheets.

Media Awareness Network. <www.media-awareness.ca>.

The Media Awareness Network is a Canadian non-profit organization. This website has a comprehensive collection of media education and Internet literacy resources. Media Awareness Network partners with the Canadian Teachers' Federation to present the annual National Media Literacy Week.

National Eating Disorders Association (NEDA). *Eating Disorders Information*. 2002.
<www.nationaleatingdisorders.org/p.asp?WebPage_ID=294>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at
<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Option A: Media Messages

This learning activity is intended to increase students' awareness of the impact the media have on the public and of how students can play a role in protecting themselves and others from media influences by creating a body-friendly culture in their school. Students can empower themselves by choosing not to buy into the messages the media try to sell to them.

Teachers may want to use some of the findings from a survey on the effects of exposure to the mass media and weight concerns to generate class discussion or a debate.

EXPOSURE TO MASS MEDIA AND WEIGHT CONCERNS

A study on the exposure to the mass media and weight concerns among girls between Grades 5 and 12 found the following (Field, et al. 5):

- Of the girls surveyed, 69% reported that magazine pictures influence their idea of the perfect body shape, and 47% reported wanting to lose weight because of magazine pictures.
- Girls who were frequent readers of fashion magazines were two to three times more likely than infrequent readers
 - to diet to lose weight because of a magazine article
 - to exercise to lose weight because of a magazine article
 - to feel that magazines influence what they believe is the ideal body shape

REFERENCE



For more information on the survey, refer to the following article:

Field, Alison E., et al. "Exposure to the Mass Media and Weight Concerns among Young Girls." *Pediatrics* 103.3 (March 1999): e36. Available on the American Academy of Pediatrics website at <<http://pediatrics.aappublications.org/cgi/reprint/103/3/e36>>

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.

Option B: Dove Self-Esteem Fund (Film Review)

This learning activity is intended to help students become critical thinkers about the media and about how much the media work to influence people of all ages. Students can view one to three short video clips (*Onslaught*, *Evolution*, and *Amy*) on the following website:

NOTE TO TEACHER

These films should be reviewed and chosen by the educator. Following each film viewing, educators can guide students through a series of questions for discussion. The educator sheets with questions specific to each film are available at:

Dove Campaign for Real Beauty. "Ideas to Take Action for Educators." *The Dove Self-Esteem Fund*.

<<http://www.campaignforrealbeauty.ca/dsef07/t4.aspx?id=8408>>.

Dove Campaign for Real Beauty. "Dove Self-Esteem Film Gallery." *The Dove Self-Esteem Fund*. 2007. <www.campaignforrealbeauty.ca/films>.

RM 4–MH: Wellness Inventory*

Instructions

Below is list of health and wellness indicators that describe how people feel and behave. The regular use of this inventory will increase your self-awareness. Additionally, it will provide a record for you to track such indicators in yourself.

Name _____ Class _____ Date _____

Rate how much these indicators described you today.		Very	Fairly	Hardly	None
1.	How oriented or clear-headed did you feel today?				
2.	How rested did you feel when you woke up this morning?				
3.	How energetic, ready to go did you feel today?				
4.	How strong did you feel today?				
5.	How well were you able to meet challenges in your life today?				
6.	How happy did you feel today?				
7.	How well were you able to maintain your sense of humour today?				
8.	How prone were you to "lose it," or experience rage attacks or explosive outbursts, today?				
9.	How interesting were you to be with today?				
10.	How stressful was your day?				
11.	How well were you able to manage stresses in your life today?				
12.	How well were you able to fulfill your responsibilities today?				
13.	How well did you get along with teachers today?				
14.	How much did you enjoy your family life today?				
15.	How well did you get along with your friend(s) today?				
16.	How confident did you feel today?				
17.	How good did you feel about your body today?				
18.	How well were you able to stay on task today?				
19.	Did you have bothersome health symptoms today?				
20.	Did you feel susceptible to illness today?				

*Source: Brain Injury Resource Center <<http://www.headinjury.com>>. Adapted with permission.

Continued

RM 4–MH: Wellness Inventory (Continued)

Assess your wellness further by responding to the following questions.		
21.	What was most stressful to you today?	
22.	What did you do about it?	
23.	Did your action make it better, make it worse, or make no difference?	
24.	What was the most restful to you today?	
25.	How much time did you take for yourself today?	
26.	How did it make your day better or worse?	
27.	What did you have to celebrate today?	
28.	For what did you have to be thankful today?	
29.	Did you have any trouble with your appetite today?	
30.	Did you start your day with a nutritious breakfast?	
31.	How many meals did you eat today?	
32.	Was that normal for you? (Refer to #31.)	
33.	Were the meals well balanced?	
34.	How often did you snack today?	
35.	Were they healthy snacks?	
36.	How much water did you drink today?	
37.	How many servings of caffeine drinks (e.g., coffee, tea, soda) did you have today?	
38.	Did you take any medication or drugs today?	

Continued

RM 4–MH: Wellness Inventory *(Continued)*

39. How many (total) minutes of each type of activity did you have today?

Type of Activity	Minutes
Light	
Moderate	
Vigorous	
Strength/Resistance Training	
Other:	

40. How did your physical activity change today compared with yesterday?

<input type="checkbox"/> Increased Activity	<input type="checkbox"/> Cut Down Activity	<input type="checkbox"/> No Change in Activity
<input type="checkbox"/> Stayed in Bed	<input type="checkbox"/> Stayed Home and Inside	<input type="checkbox"/> Other:

41. I went to sleep at _____ a.m./p.m. I woke up at _____ a.m./p.m. (Last time woke up)

RM 5–MH: Common Questions about Body Image

Common questions students raise in the classroom on the topic of body image include the following:

- How do I know what is a healthy weight for me?
- What diet really works?
- What causes eating disorders?
- How can I help my friend who might have an eating disorder?

The following information may be useful to educators if they are faced with similar questions in their classrooms. This information is based on a “do no harm” approach, which is considered best practice for eating disorder prevention.

How do I know what is a healthy weight for me?

There are different charts and formulas that are said to determine healthy weight. In reality, healthy weight is determined best by a person’s lifestyle rather than by a number on a scale or a chart. We all have a natural body shape and weight that is determined by our genetics and is different for everyone. We are meant to have different amounts of muscle, bone, and fat, which make up our body’s composition and influence our weight. The healthiest body weight is what the body sets for itself when a person’s lifestyle includes balanced, healthy food choices and regular physical activity.

Regardless of our weight or shape, every body needs nutritious food and daily physical movement to be strong and healthy. If this is a lifestyle that you practise, then rest assured your body is at the right weight for you.

What diet really works?

The issue of dieting is a confusing one because the media, in the attempt to sell ideas and products, bombard the public with dieting information. The first thing to know is that diets can be dangerous, particularly for young people, because the growth of bones, organs, and the brain are dependent on the nutrition put into the body. Diets that restrict food intake below what the body needs can actually affect internal growth and the efficiency of one’s metabolism (the rate at which the body burns energy). This doesn’t mean the body needs a lot of fast food or treats to be healthy. What it does mean is the best diet (or eating plan) for young bodies includes balance, variety, and moderation, and should not include skipping meals, restricting food, or omitting any food groups.

Continued

RM 5–MH: Common Questions about Body Image *(Continued)*

If you are concerned that your body weight is not healthy for you, talk to your doctor and your parents about how you feel. Many teens are perfectly healthy but are uncomfortable with the natural body changes that occur during puberty. Your doctor can refer you to a dietician if he or she thinks this is really necessary. If you want to change anything about your diet and explore the healthiest eating plan for you, take a look at your pattern of eating. Are you eating nutritious meals and snacks that include all the food groups? If not, you might want to address your lifestyle or eating behaviours. If your eating pattern includes skipping meals, getting overly hungry, and choosing foods in a hurry that are low in nutrients (high in saturated fat and/or sugar), you would want to make healthier choices about your diet, *not go on a diet*.

If you are convinced that you need to diet, ask yourself instead, “Am I physically active on a daily basis?” If not, you might consider how you can incorporate a regular schedule of exercise into your lifestyle.

What causes eating disorders?

There is no single reason why a young person develops an eating disorder, just as there is no one person who is protected from developing an eating disorder. We hear mostly of young women developing eating disorders, but in reality, girls, boys, men, and women of all ethnicities and backgrounds can have eating problems and body image issues. Researchers have shown that dieting behaviour puts an individual at greater risk for developing an eating disorder because, combined with other factors, it can set up a pattern where an individual is not listening to the body’s internal cues for hunger and satiety.

Usually a person’s relationship with food and his or her body gets out of control (restricting food, over-exercising, and/or binge eating) because he or she has underlying feelings (such as anxiety, anger, sadness, guilt, loss, or fear) that need to be explored. Sometimes life stresses or traumatic events can also cause uncomfortable feelings that a young person does not know how to deal with. Regardless of the underlying reasons, disordered eating and eating disorders are serious problems that should not be ignored or minimized.

It is important that you tell a trusted adult (your parent or guardian, school counsellor, doctor) if you think you might have an eating problem. If the person you tell does not take you seriously, tell someone else. There are health professionals who specialize in disordered eating and body image issues. They can help individuals work through the underlying reasons for why this problem has developed so that the individuals are not at risk for long-term physical, mental, and emotional health consequences.

Continued

RM 5–MH: Common Questions about Body Image *(Continued)*

How can I help my friend who might have an eating disorder?

If you think your friend has eating problems or concerns about body image, talk to your friend.

- Show your friend that you are concerned and care about her or him.
- Let your friend know that sometimes people under-eat or overeat or try to control their body size because they are unhappy or stressed about something and you want to know more about how he or she is feeling.
- Remind your friend that because you care and ultimately want her or him to be healthy and happy, you want to be supportive but are worried about what your friend is doing to herself or himself.
- Encourage your friend to tell a trusted adult about the problems, or tell one yourself if you don't see your friend getting the necessary help. It might seem as though you are not being a good friend if you tell, but the truth is that getting help with body image concerns or eating problems when they first begin is the best way to help your friend avoid dangerous health problems in the future. Even if this temporarily puts a strain on your relationship, you are still doing the right thing.
- Be a good role model. This means not making negative comments about food or about your own body or others' bodies. Remind yourself and your friend that there is no such thing as being perfect or "having it all together." Compliment each other for the character traits that are unrelated to appearance.

Lesson 3: Anxiety and Depression

Introduction

This lesson focuses on two of the more common mental health issues, anxiety and depression, and how an active healthy lifestyle can be a positive influence on them. Although a number of healthy lifestyle practices are discussed in this lesson, the primary emphasis is on the benefits derived from physical activity.

Anxiety and depression affect all people in one way or another. They are considered disorders only when these feelings are almost always there and when they significantly interfere with daily life. In *A Report on Mental Illnesses in Canada*, Health Canada reports the following:

- “Anxiety disorders affect 12% of the population, causing mild to severe impairment.
- For a variety of reasons, many individuals may not seek treatment for their anxiety; they may consider the symptoms mild or normal, or the symptoms themselves may interfere with help-seeking” (Chapter 4, Highlights).

It is important to remove the stigma of weakness associated with seeking help if one is feeling overwhelmed, anxious, or depressed. People who are experiencing anxious behaviour or any other mental health problem that is significantly interfering with daily living should feel that is not only OK, but also wise to seek medical advice, just as they would for physical injuries.

REFERENCES



For additional information, refer to the following resources:

Anxiety Disorder Association of British Columbia (AnxietyBC). <www.anxietybc.com/> .
Health Canada. “Chapter 4: Anxiety Disorders.” *A Report on Mental Illnesses in Canada*. Ottawa, ON: Health Canada, 2002. Available on the Public Health Agency of Canada website at <www.phac-aspc.gc.ca/publicat/miic-mmhc/index.html> .

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/> .



Specific Learning Outcomes

- 11.MH.1** Identify and apply positive health strategies to deal with issues such as stress, anxiety, depression, and eating disorders.
- 11.MH.4** Examine the signs and symptoms of mental-emotional health issues related to stress, anxiety, depression, and eating disorders.
- 11.MH.5** Identify community service agencies that support individuals concerned about mental-emotional health issues.
- 11.MH.6** Apply problem-solving and decision-making strategies in case scenarios related to selected mental-emotional health issues.
-



Key Understandings

- Anxiety may make people feel anxious most of the time without an obvious reason.
 - Anxiety has a wide range of signs and symptoms.
 - Major depression is a medical condition characterized by long-lasting feelings of intense sadness and hopelessness, with a biological and chemical basis.
 - Active healthy lifestyle practices are helpful in dealing with anxiety and depression and support positive mental-emotional health.
 - Community service agencies are available to support individuals concerned about mental-emotional health issues.
-



Essential Questions

1. What are important signs and symptoms of anxiety and depression?
 2. How does an active healthy lifestyle support positive mental-emotional health?
 3. What health agencies support issues of mental-emotional health in your community?
-



Background Information

Anxiety Disorders

Anxiety, or feeling anxious, describes a mood familiar to most of us, one that we may experience every day. Anxiety comes from a concern over lack of control over circumstances. In some cases being anxious and worrying over a problem may generate a solution. Normally, however, it will just result in negative thinking. When anxiety seems to come out of nowhere, is excessive, persists for many weeks without relief, or interferes with everyday life, it may not be an ordinary mood anymore. It may be an illness.

Signs and Symptoms

People with an anxiety disorder may have a number of common physical symptoms, including the following (Canadian Psychiatric Association; Anxiety Disorders Association of Manitoba; AnxietyBC):

- shortness of breath
- shakiness
- muscle aches and tension
- tight chest
- racing heart
- choking sensations
- numbness or tingling
- feelings of unreality
- irritability
- insomnia
- restlessness
- sweating and nausea
- abdominal distress

Emotionally, people with an anxiety disorder may feel short-tempered and apprehensive, fearing that bad things are about to happen.

According to the Anxiety Disorders Association of Manitoba (ADAM), anxiety disorders are among the most common mental health problems. They can cause “significant personal and societal costs in terms of lost wages, decreased productivity, reduced quality of life and frequent use of health care services” (ADAM, *Major Anxiety Disorders*).

The different types of anxiety disorders include generalized anxiety disorder, panic disorder, specific phobias, social anxiety disorder, obsessive compulsive disorder, and post-traumatic stress disorder, which medical professionals would diagnose before providing treatment.

Causes

As stated by ADAM, “research indicates that there is no single explanation for the cause of anxiety disorders but that several . . . factors may contribute to their origins” (*Major Anxiety Disorders*). The causes of anxiety may include the following (Manitoba Healthy Schools, “Anxiety”):

- inherited tendency
- shy temperament
- unpredictable lifestyle
- stressful experiences
- anxious parents

REFERENCES



For information on anxiety disorders, refer to the following websites:

Anxiety Disorder Association of British Columbia (AnxietyBC). “Overview of Anxiety Disorders.” <www.anxietybc.com/resources/introduction.php>.

Anxiety Disorders Association of Manitoba (ADAM). *Major Anxiety Disorders*. <www.adam.mb.ca/about.asp>.

Canadian Psychiatric Association. “Anxiety, Depression and Manic Depression.” *Public Education Materials*. <<http://publications.cpa-apc.org/browse/documents/17>>.

Manitoba Healthy Schools. “Anxiety.” *Mental Health*. <www.gov.mb.ca/healthyschools/issues/anxiety.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.

Depression

Depression is a mental disorder that affects a person’s thoughts, moods, feelings, behaviour, and physical health. People once thought that depression was “all in the head” and that if one really tried, one could “snap out of it” or just “get over it.” Some people still respond to depression in this way. Health professionals now know that depression is not a weakness, and it is not something people can treat on their own. Depression is a medical disorder with a biological and chemical basis, and it may affect people of all ages or nationalities. Some mental health problems, such as bipolar depression or major depression, tend to run in families due to genetics or family interaction styles.

Sometimes depression is triggered by a stressful life event. At other times depression seems to occur spontaneously with no specific identifiable cause. Depression is much more than grieving or experiencing a bout of sadness.

Depression may occur only once in a person’s life, or it could occur sporadically throughout life, with periods when the person would not feel depressed. It may also be a chronic condition, which may require ongoing treatment over a lifetime. With proper treatment, most people with serious depression improve within weeks, and can return to normal daily activities.

Signs and Symptoms

The two main symptoms associated with depression are lack of interest in normal daily living, even in the activities that are enjoyable, and feeling miserable or “down in the dumps.” A depressed person shows feelings of sadness and helplessness, or may cry often.

A health professional would also look for other signs and symptoms lasting at least two weeks, such as changes in sleep patterns, concentration, weight or eating patterns, demeanour (more irritable), self-esteem, and desire to live. Physical complaints, such as gastrointestinal problems (indigestion, constipation, or diarrhoea), headache, and backache may also be signs.

Different age groups may react differently to depression. Sometimes it is confusing to determine what the actual problem is because the behaviour is a cover-up for the real problem. For example, children may pretend to be sick, worry about being bullied, not do well in school, or act out to cover up their feelings of sadness. Older people may focus more on complaining about the physical symptoms of depression than on what situations or emotions are causing them to feel that way.

The primary types of depression include major depression, dysthymia, adjustment disorders, bipolar disorder, and seasonal affective disorder (Mayo Clinic). These types of depression have similarities and differences. It is important that people who suffer from depression obtain proper diagnosis from a medical professional rather than attempting self-diagnosis.

REFERENCES



For additional information on the signs and symptoms of depression and definitions of the primary types of depression, refer to the following websites:

Canadian Mental Health Association. *Mental Health and High School*.
<www.cmha.ca/highschool/>.

Finding Optimism: Health in Response to Mental Health. “Things to Say to Someone with Depression.” *Healthy Mind*. <www.findingoptimism.com/healthy-mind/ways-to-build-up-someone-with-depression/>.

Health Canada. “Chapter 2: Mood Disorders.” *A Report on Mental Illnesses in Canada*. Ottawa, ON: Health Canada, 2002. Available on the Public Health Agency of Canada website at <www.phac-aspc.gc.ca/publicat/miic-mmhc/index.html>.

Mayo Clinic. *Depression*.
<www.mayoclinic.com/health/depression/DS00175/DSECTION=2>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Signs and Symptoms of Mental Health Issues

Ask students to think about the signs and symptoms of selected disorders, using the information from this lesson. Have students record on a T-Chart what each disorder “looks like” and “feels like” as it relates to the signs and symptoms.

Disorder:	
Looks Like	Feels Like



Suggestion for Instruction / Assessment

Self-Assessment of Mental Health

Check websites for sample mental health assessments. Examples of self-tests include the following:

- Anxiety Test
- Coping Skills Test
- Eating Disorders and Emotional Eating Test
- Optimism/Pessimism Test
- Resilience Test
- Self-Esteem Test
- Social Anxiety Test

Have students choose a self-test they would like to try. Provide students with an opportunity to discuss results, if desired.

NOTE TO TEACHER

Educators are advised to preview and evaluate websites and online resources before recommending them for student use. Ensure that the selected websites and tests are appropriate for student use.

REFERENCE



A variety of mental health assessment tests are available on the following website:

Discovery Health. “Mental Health Assessments.” *Mental Health*. 2007.
<<http://health.discovery.com/centers/mental/assessments.html>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at
<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Signs and Symptoms of Mental Health Issues

This learning activity will enable students to become more acquainted with various mental health issues and some of their signs and symptoms. An assumption is that teachers have already addressed these topics in class and are using this learning activity primarily for review or for application of learning.



Refer to RM 6–MH: Mental Health Scenarios.

REFERENCES



The following annotated bibliography is intended to be used as a reference for selecting student and teacher learning resources. Decisions related to choice of learning resources are determined at the local school/division level.

Manitoba Education, Citizenship and Youth. *Physical Education/Health Education Learning Resources: Kindergarten to Senior 2: Compilation of Annotated Bibliographies (2002-2004)*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. Available online at <www.edu.gov.mb.ca/k12/learnres/bibliographies.html>.



Additional information about anxiety and depression may be obtained from the following websites:

Canadian Mental Health Association. *Mental Health and High School*. <www.cmha.ca/highschool/>.

---. "Resources." *Work-Life Balance: It's a Matter of Time*. <www.manitoba.cmha.ca/bins/content_page.asp?cid=4-42&lang=1>.

Health Canada. "Mental Health." *Healthy Living*. <www.hc-sc.gc.ca/hl-vs/mental/index_e.html>.

Manitoba Healthy Schools. *Mental Health*. <www.gov.mb.ca/healthyschools/issues/mental.html>.

Manitoba Health. *Mental Health and Addictions*. <www.gov.mb.ca/health/mh/>.

Mental Health Canada. *Diseases and Disorders*. <www.mentalhealthcanada.com/ConditionsandDisorders.asp?lang=e>.

Mental Health Education Resource Centre (MHERC) Manitoba. *Mental Health Disorders and Issues*. <www.mherc.mb.ca/mentalIllness.html>.

Mental Health First Aid. <www.mentalhealthfirstaid.ca/>.

National Institute of Mental Health. "The Numbers Count: Mental Disorders in America." *Health and Outreach*. <www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>.

Safe Healthy Schools. "Mental Health and Schools." *Communities and Schools Promoting Health*. <www.safehealthyschools.org/mental_health/mental_health.htm>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.



Background Information

Prevention Strategies

Learning how to control our feelings through healthy lifestyle practices can help us reduce or prevent anxiety. Stress-management strategies may include deep breathing, relaxation, guided imagery or visualization, yoga, meditation, and calming self-talk.

Physical exercise can be a key element in reducing anxiety (Repich). Some research evidence suggests the following:

Exercise raises the levels of certain mood-enhancing neurotransmitters in the brain. Exercise may also boost feel-good endorphins, release muscle tension, help you sleep better, and reduce levels of the stress hormone cortisol. It also increases body temperature, which may have calming effects. All of these changes in your mind and body can improve such symptoms as sadness, anxiety, irritability, stress, fatigue, anger, self-doubt and hopelessness. (Mayo Clinic)

Exercise isn't a cure for depression or anxiety, but its psychological and physical benefits can improve the symptoms.

REFERENCES



For additional information on the benefits of exercise for mental-emotional health, refer to the following websites:

Khan, Adam. "Exercise." *YouMe Works*. <www.youmeworks.com/exercise.html>.

Mayo Clinic. "Depression and Anxiety: Exercise Eases Symptoms." *Depression*. <www.mayoclinic.com/health/depression-and-exercise/MH00043>.

Repich, Deanne. "Exercise Your Anxiety Away!" *Health Articles*. 2007. <www.healthandfitnessadvices.com/articles/health/exercise-your-anxiety-away.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Exercise as the Best Preventive Medicine

Building on the information from Lesson 1 of Module C, have students research the benefits of exercise and physical activity for mental-emotional health and present their findings in different ways (e.g., a poster, a rap song, an advertisement, an acrostic). An example follows.

E X A M P L E

In the following example, an acrostic (BE ACTIVE) is used to promote the benefits of exercise and physical activity:

- B – Breath** Taking deep **breaths** is an effective relaxation technique and helps reduce stress-related symptoms.
- E – Exercise** **Exercise** increases levels of serotonin, dopamine, and norepinephrine, which are neurotransmitters that help elevate or improve mood.
- A – Attitude** Taking a positive **attitude** is a strategy for reducing stress and dealing with anxiety.
- C – Confidence** A person can develop **confidence** through exercise or training, because the body becomes stronger and the physical activity becomes easier.
- T – Time** Planning a **time** to be active every day is important to good mental and emotional health. Regular physical activity can help improve sleep, decrease anxiety, and enhance ability to cope with stress.
- I – Inactive** Being **inactive** puts a person at risk for developing various chronic diseases and mental health issues.
- V – Vigorous** **Vigorous** exercise contributes to developing cardiovascular/respiratory endurance. The health benefits associated with cardiovascular fitness include easier weight management, improved sleeping habits, decreased anxiety, reduced depression, improved ability to cope with stress, improved mood, and enhanced self-esteem.
- E – Endorphin** It is believed that, in response to exercise, the body releases different chemicals, such as **endorphins**, which affect the brain. Endorphins have a pain-relieving effect on the body and produce a feeling of euphoria.

R E F E R E N C E



The following is an example of a song that promotes active healthy living. The song lyrics, as well as an audio clip and video clip of the song, are available on the Manitoba Education, Citizenship and Youth website.

Burnett, Aaron. *Get off the Couch*. Audio and video clip. 2003.
<www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at
<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Background Information

Seeking Professional Help

The diagnosis of depression should be left to a health professional. There are basic questions to ask that may help steer a person in the direction of seeking professional mental health care.

REFERENCE



For a list of questions, refer to the following website:

Aetna IntelliHealth. "Are You Depressed?" *Diseases and Conditions*.

<www.intelihealth.com/IH/ih/IH/WSIHW000/8596/35222/362836.html?d=dmContent>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<www.edu.gov.mb.ca/k12/cur/physhlth/>.



Suggestion for Instruction / Assessment

Community Supports and Services

Have students use a variety of resources (e.g., Internet, directories, regional health authority, counsellors) to research supports and services for mental-emotional health issues available in the local community or in the province. Ask students to include the name of the agency or organization, identify contact information, and describe the supports and services provided.

Agency	Contact Information	Supports and Services Provided

REFERENCE



For ideas on supports and services available in Manitoba, refer to the following website:

Manitoba Healthy Schools. "Where Can I Go for Help?" *Mental Health*.

<www.gov.mb.ca/healthyschools/issues/mental.html>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<www.edu.gov.mb.ca/k12/cur/physhlth/>.

RM 6–MH: Mental Health Scenarios*

This learning activity will enable students to become more acquainted with various mental health issues and some of their signs and symptoms. An assumption is that teachers have already addressed these topics in class and are using this learning activity primarily for review or application of learning.

Materials Needed

- slips of paper with a different mental health scenario on each (see the following page)
- notes taken in class
- a health book

Directions

Place the class into groups of three or four students. Have one person from each group pick a slip of paper that outlines a specific mental health scenario. Advise students that the groups will have approximately 10 minutes to figure out which mental health issue their selected scenario describes and to respond to three questions, providing explanations for their answers:

1. From what mental health issue do you think the person described in the scenario is suffering? Provide reasons for your decision (signs, symptoms, and possible causes of the mental health issue).
2. What advice and assistance would you offer the person in the scenario? Explain.
3. Which health care professionals would best be able to help the person? Give reasons.

When the 10 minutes are up, the groups take turns reading their scenarios to the class and presenting their response to the three problem-solving challenges. During the class discussion, the teacher can include any other important information that is appropriate.

Continued

* Source of adaptation: Ballard, Michelle. "Mental Health Scenarios." *PE Central: Health Lesson Ideas*. 2002. <www.pecentral.org/lessonideas/ViewLesson.asp?ID=3221>. Used by permission of PE Central (percentral.org), the premier website for physical education teachers.

RM 6–MH: Mental Health Scenarios (*Continued*)

Mental Health Scenarios

Below are a few scenarios that may indicate a mental health issue. Teachers are encouraged to make up more scenarios for any other mental health topics addressed in class.

1. Suzie’s mother died a year ago, but Suzie just can’t seem to move on. Suzie is still having a hard time sleeping at night and concentrating in school. Last week, I even caught Suzie crying in the school washroom. Some people have seen her take some pills.
2. Brandon has recently graduated from high school and will be attending a local university this year. Brandon was always exercising and working out in high school. He now spends a lot of time weight training at the gym. He’s been putting on a lot of muscle lately, and he is always talking about working out and getting bigger. Brandon takes supplements, drinks protein shakes, and has started using creatine (amino acid). When I’m talking to Brandon it almost sounds as if he wants to become the next “superman.” I’m really worried about Brandon because he gets agitated and angry very easily.
3. Jenny is my best friend. We both play volleyball. We’ve been playing volleyball together since Grade 7. I’ve noticed that every winter Jenny withdraws from her friends and always seems sad. Every winter, I think that it’s me . . . that I’ve done something to Jenny to upset her. Once spring hits, Jenny slowly returns to her “normal” self.
4. Chris is constantly worried about catching colds. In fact, Chris washes his hands just about 20 times a day. When asked, Chris says that he cannot afford to be sick, and then goes into a lecture about how many germs there are around. Sometimes Chris washes his hands so much that they bleed.
5. Hailey’s parents were divorced when she was six. Since then, she has been spending every second weekend with her father. She is now in high school and doesn’t want to go to her father’s house every second weekend anymore. She wants to work and spend more time with her school friends. Her father lives in another part of the city quite a distance away. When she’s at his house there isn’t much to do, and he’s a smoker, which bothers her, but she realizes that he is lonely and needs her help to do household chores.

ANSWER KEY

1. Health issue: **depression**
2. Health issue: **muscle dysmorphia**
3. Health issue: **seasonal affective disorder**
4. Health issue: **anxiety, obsessive-compulsive disorder**
5. Health issue: **stress**