

WE Teachers Mental Well-being Module

IN COLLABORATION WITH



WE Teachers

WE Teachers is a free program for teachers across America, providing resources and training to support them in addressing critical social issues with their students. It ensures that teachers have access to the tools they need to succeed in the classroom, such as innovative experiential learning techniques, and helps students become active, engaged citizens.

Mental Health America

Mental Health America (MHA) is a community-based non-profit dedicated to promoting mental health and providing support to Americans living with mental illness. Founded in 1909, the organization is a leader in addressing mental health across the nation. MHA is committed to serving all Americans by promoting mental health as a critical part of wellness, providing prevention services, early identification and intervention for those at risk, and integrated care, with recovery as their main goal.

WE

WE is a movement that empowers people to change the world through a charitable foundation. Our programs are focused on service-learning, trauma-informed practice and well-being resources accessible to all schools in the U.S. and around the world.

Rooted in social and emotional learning and positive youth development, our program offerings support teachers and empower young people to be their strongest selves, gaining the critical skills to be future-ready and compassionate citizens. Through experiential service-learning programs, they explore and take action on critical issues impacting their communities and world—from access to clean water to bullying and the environment. Along the way, they gain social and emotional learning skills to reach their full potential, such as resilience, empathy and problem-solving.

Our free and comprehensive library of resources is designed to be adapted to meet the needs of any school, regardless of students' grades, socioeconomic backgrounds, or learning challenges. Learn more at [WE.org](https://www.we.org).



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Section 1:

Understanding the Issue

This section will introduce the topic of well-being by providing a comprehensive foundation on the issue. Learn about critical statistics, become familiar with terms and understand the different ways to address mental well-being with students.

Essential Questions

1. What information and resources do educators need to support students experiencing challenges with regards to their mental well-being?
2. Why is it important for educators to be equipped to support students in these situations?

Objective/Purpose

Provide the framing and general understanding of mental well-being.

- What is mental well-being?
- What does it look like in the school, town/city or wider area?
- How are students impacted directly or indirectly?

Learning Goals

During this module, educators will:

- Learn about mental well-being by exploring statistics and understanding risks for youth.
- Examine their own biases and opinions.
- Develop the ability to identify when a student's mental well-being is at risk.

Overview/Rationale

As educators, having students that feel safe and confident to manage their stress, trauma and mental health concerns also significantly improves their chances of learning and succeeding in school. Most students will likely face some kind of challenge that puts them at risk for mental health concerns during the time they are in school. With mental health and wellness issues on the rise, we need to ensure that when students face these challenges, they have the support needed to help them work through their stressors, biological changes and trauma.

It is important to look at mental well-being in the classroom, in addition to the impacts of trauma and mental illness, because every single student has concerns related to their mental well-being. Mental well-being can and should be supported and nurtured in every student, whether they are impacted by trauma and mental illness or not.

Facts/Statistics

- According to the Centers for Disease Control and Prevention (CDC), ADHD, “behavior problems,” anxiety and depression are the most diagnosed mental disorders among youth.¹
- Rates of anxiety and depression also appear to be on the rise in children between the ages of 6 and 17.²
- According to the World Health Organization (WHO), around 20% of children and adolescents around the world have mental health problems.³
- According to the 2017 Youth Risk Behavior Survey (YRBS) trend report, the rates of the feelings of persistent sadness or hopelessness, suicidal ideation and injury by suicide have been on an upward trend among high school students since 2007.⁴
- In 2017 YRBS added a question about prescription opioid misuse; 14% of high school students reported having ever misused prescription opioids.⁵
- Only about half of children between the ages of 8 and 15 who have a mental health condition have received treatment within the past year.⁶
- Half of all chronic mental illness begins by age 14; three-quarters by age 24.⁷
- According to one study published in the American Journal of Psychiatry, nearly 80% of children between the ages of 6 and 17 who struggle with mental health problems do not receive the services they need.⁸
- According to researchers in Canada, adolescents who suffer from depression are nearly twice as likely to drop out of high school than other students not suffering from depression.⁹
- According to the World Health Organization, traumatic events such as war and disasters have significant impacts on mental well-being, with the rates of mental disorders being reported to double after such events.¹⁰
- Trauma exposure in early childhood can put people at risk for most mental health problems (including PTSD, depression, anxiety and substance-use disorders) as well as a number of physical illnesses (including cardiovascular problems, cancer and obesity).¹¹
- According to the American Psychological Association, the average reported stress of teens during the school year has surpassed that of adults. (5.8 for teens vs. 5.1 for adults, on a 10-point scale.)
- Students who have strong social-emotional skills have better physical and mental health, more employment opportunities, fewer relationship problems and are less likely to abuse substances as adults.
- Early identification and diagnosis of mental illness can improve the outcomes later in life for children struggling with mental health problems.¹² Even illnesses like bipolar disorder or schizophrenia actually start during puberty. Being able to detect problems and make referrals to treatment can prevent a student from developing a serious mental illness.¹³



Definitions and Context

Mental health, mental well-being, mental health concerns and mental illness are related terms, but there are some important distinctions.

Mental health describes the total emotional, psychological and social well-being of an individual. Elements of mental health include basic cognitive and social skills, emotional regulation, empathy, flexibility and coping skills.¹⁴

Mental well-being is another term that is used to refer to mental health. This is often used when talking about having a goal of good mental health. ("We want to improve the mental well-being of our students.")

Mental health concerns or **issues** refer to experiences that are related to or impact the way our brains manage fear, rewards, thoughts, communication, feelings, relationships, stress, sleep and senses. Grief and stress are examples of common mental health concerns that people experience. Grief is a situational experience that can go away on its own or through support. Having a traumatic brain injury is also a mental health concern that can have a lasting impact on the way a brain functions. Grief, stress or brain injury may result in changes to how we feel and cope with sadness, anger or regret that may impact someone's short-term or long-term mental well-being.

Mental illnesses, sometimes called **mental health conditions**, and **substance use conditions** are clinical terms that refer to a medical provider's diagnosis of an individual. This includes depression, anxiety, bipolar, eating disorders and personality disorders, among others. Each diagnosis has its own set of criteria that must be met over a period of time for a provider to give a diagnosis. These conditions and their criteria are listed in the Diagnostic and Statistical Manual (DSM-5) published by the American Psychiatric Association and the International Statistical Classification of Diseases and Related Health Problems (ICD-10) by the World Health Organization.

It's important to consider the full range of mental health because of the complex interactions between mental well-being and mental illness.

Someone can have a diagnosis of a mental health condition but still have good overall mental well-being, especially if they have a very strong support system in school, at home, in the doctor's office and with friends.

Someone can have poor mental health in general and struggle with stress, body image issues, insecurity or self-esteem problems, yet they may not have a diagnosed mental illness. If challenges are significant, this may be because they haven't received the help they need to identify and support their mental health concern.

It is important to consider protective factors and risk factors when thinking about mental health.

Protective Factors and Risk Factors¹⁵

Protective factors are all those factors (environmental, social, genetic, etc.) that help to support a person's mental well-being, while risk factors are those that threaten a person's mental well-being and may predispose a person to certain mental health problems.

These four categories provide a good framework for understanding the types of factors that influence a person's mental well-being:

Health

- *Do my brain and body have the ability to do the things I need?* Risk factors for mental well-being in this category include genetic predisposition to certain conditions, such as bipolar disorder; the presence of another chronic illness; and existence of mental health issues. Protective factors include good nutrition, adequate sleep and exercise.¹⁶

Safety or Security

- *Are there environmental or interpersonal factors that affect my ability to attend to or pay attention to the things I need?* Safety and security is very closely related to trauma, a concept that was covered extensively in the introductory module. Risk factors include abuse, neglect, violence and other traumatic experiences. Protective factors include healthy relationships, safe environments and healthy homes.¹⁷

Resources

- *Do I have the tangibles or services available to meet my needs?* Risk factors in this category include limited access to mental health services, whether that's from the ability to pay or the physical closeness of available providers, as well as access to basic needs associated with socioeconomic status. Protective factors include having access to therapy, peer services, supported education, insurance and community care.¹⁸

Relationships

- *Do I have interpersonal supports that help me meet my needs?* Risk factors include troubled or inappropriate relationships with family, friends, classmates or members of the community, isolation, little to no friends and limited access to people. Protective factors include healthy social friendships, a sense of community and access to community activities like in schools, clubs or faith-based activities.¹⁹

Suicide

Youth suicide has become a crisis in the United States. The youth suicide rate has reached 14.6 per 100,000 individuals, the highest it has been since the government began collecting statistics on suicide in 1960. Suicide is the second leading cause of death in the United States and Canada among people ages 10 to 14 and 15 to 24, behind deaths from unintentional motor vehicle accidents.^{20, 21}

Populations at Risk

Special considerations must be made for certain populations that are at increased risk of suicide. It is important for teachers and other staff to be aware of what may place youth at greater risk of suicide.

While girls are more likely to attempt suicide, boys are more likely to complete it. Suicide rates are two to four times higher for boys, while attempts are three to nine times more likely in girls.²² Of the reported suicides in the 10 to 24 age group, 81 percent were males.²³

LGBTQ youth are also at particular risk for suicide. Studies have shown that LGB youth are nearly five times more likely to have attempted suicide than non-LGB youth. This risk increases as LGBTQ youth experience

bullying or harassment as a result of their identities. A 2010 study of LGBTQ youth found that each instance of LGBTQ victimization increased the risk of self-harming behavior 2.5 times, on average.²⁴

Having a mental health condition increases suicide risk in youth as well. According to a 2018 review of the literature, signs of depression were found in 50 to 65 percent of cases of suicide. Substance use was also found to be a risk factor for suicide, especially in males and older adolescents.²⁵

Previous suicide attempts and past self-harm behaviors were also risk factors for suicide, especially for boys. Boys with a previous suicide attempt are 30 times more at risk than those who have not attempted, while the risk of suicide for girls with a previous attempt increases three times.²⁶

Additionally, suicide risk is higher among youth who may not be able to access mental health services in times of crisis. Several studies have found correlations between rates of suicide and lack of mental health providers or increased barriers to care such as cost.²⁷ Suicide risk has also been found to be higher in communities with high levels of "deprivation," marked by factors such as high poverty rates, high unemployment, poor housing quality and high rates of community violence.²⁸

Social situations like isolation, bullying, neglect or abuse, family violence and history of suicide in the family are risks for suicide. Adolescent development is marked by identity formation, relationship building and a large emphasis on being accepted by one's peers. Interpersonal conflicts and losses, including rejection by peers or the loss of a friend or family member, have a significant detrimental effect on the mental health of youth and adolescents, and research has shown that these losses are found in about 20 percent of youth suicides.²⁹ Additionally, while being bullied is a risk factor for suicide, it is important to note that evidence has also shown kids who are bullies may be at increased risk.³⁰

Further, being exposed to suicide can serve as a risk factor for future suicides in youth. Special care needs to be given to all students in the wake of a suicide. It is estimated that 115 people are exposed to a single suicide, and the odds of depression, anxiety and post-traumatic stress among those exposed increased if they had a close relationship with the person, as with a friend or classmate.³¹

Warning Signs

Eight out of 10 people considering suicide give some sign of their intentions. People who talk about suicide, threaten suicide or call suicide crisis centers are 30 times more likely than average to die by suicide.³²

Here are some things to look out for, according to the American Psychological Association³³:

Talk About Dying

- Direct threats of suicide, like “I want to die” or “I’m going to slit my wrists”
- Indirect threats of suicide, like “I don’t feel like living anymore” or “What’s the point?”
- Verbal suicide hints or threats such as “Maybe I won’t be around”
- Confessions of suicidal thoughts, like “Last night I thought about taking too many pills”
- Expressions of hopelessness and helplessness, like “I just give up”

Change in Personality or Behaviors

- Increased sadness, withdrawal, irritability, apathy
- Change in how much they care about appearances
- Difficulty concentrating, decline in school work, change in routines
- Sleep patterns change—so youth appear exhausted, miss school due to oversleeping or have day night reversal
- Changes in eating habits—losing or gaining weight
- Acting strange or erratic in ways that are not consistent with what you know about this youth
- Access to lethal means
- Do they have access to pills or firearm, especially if they have talked about dying this way?
- Giving away prized possessions or putting other affairs in order
- Increased alcohol or drug use
- Experienced recent serious loss

To Prevent Suicide, Talk About Mental Health

Talking about mental health in schools, increasing education and awareness among staff and students, and creating a healthy and safe school climate are the best things a school can do to prevent suicide.

Students can be educated on mental well-being and given skills to manage overwhelming feelings. They can learn to recognize warning signs among their peers and become allies in identifying and providing support to their friends. Universal social-emotional skills help all students recognize, understand and manage negative emotions and thoughts.

Staff are supported through education to recognize those students who might be at risk of suicide. Staff are given professional development to recognize warning signs of suicide. Finally, staff support includes developing and supporting teachers on the resources and supports staff need to intervene when students communicate ideas about suicide.

The Centers for Disease Control and Prevention has guidance for schools on creating safe and caring schools and increasing protective factors against suicide.³⁴

What to Do if a Student Talks About Suicide

Talk and Listen

When a student communicates ideas about suicide you want to explore these statements in a calm, non-judgmental way. You can start by saying “What you said worries me and I want to talk to you about it. What is happening?” or “Tell me more about what’s going on.”

First, be compassionate and understanding. Make eye contact, repeat back information to make sure that you heard it and empathize with the person as much as possible.

It's best to be direct. "Have you thought about killing yourself?" or "Do you have a plan to end your life?" can seem very scary. You may be worried that by asking about suicide, you're putting the thought into someone's head. A direct question is the best approach because you want to be clear. Using words like "commit suicide" doesn't help assess safety or ensure the student is clear about the weight of your question.

Remain calm—it's not about you. Even if someone starts listing concerns that involve you, like the challenge of schoolwork, it's not a time to get defensive.

Never try to downplay someone's concerns by telling them they'll just get over it, it's just a phase or something will pass.

- Don't swear that you won't tell anyone.
- Stay physically with the student until you are clear about the level of risk for harm.

Assess for Risk

- If someone says, "Yes I have thought about killing myself," ask if they have a specific plan. Specific plans may include timelines, methods of dying or next steps.
- As a youth is sharing, you want to assess for levels of risk from minimal to high risk for harm. Minimal risk is when a student displays warning signs or express thoughts of harm with intention of acting on those thoughts. High risk is a student who voices intent to engage in a suicidal act and has access to lethal means to follow through on the act.

Connect

If a student is at minimal risk, talk to them about their concerns and bring them to school support staff like a school counselor or vice principal who will provide additional support and contact parents.

If a student is at high risk, you will take the above steps and likely call additional community supports to assess and refer the student to treatments to keep the student safe.

For detailed information on preventing and responding to suicide download and follow the [**Toolkit for Mental Health Promotion and Suicide Prevention created by the Heard Alliance**](#).





Section 2

Common Mental Health Challenges and Conditions

Throughout this section, you'll learn about common mental health challenges and conditions, the warning signs and how to respond to students dealing with these issues. Find tools, ideas and scripted responses to help you support youth on their journey of nurturing their well-being.

Common Mental Health Challenges

Stress

What's normal: Stress is a common feeling among children and adults, and some amounts of stress are natural and expected.

It is perfectly normal for a student to feel some stress around exams, because they're responding to the pressure of tests. Or for a student to experience stress when parents are going through a divorce—stress is the student's response to facing an uncertain future. But when stress goes on for long periods of time, impacts grades or friendships, changes their mood, or results in physical symptoms, there may be something going on.

Warning signs: According to the American Psychological Association, younger children exposed to long-term stress may act irritable, withdraw from activities, complain more than usual, cry or cling to parents or teachers. If toxic stress goes undetected and untreated, children and adolescents may engage in substance use or non-suicidal self-injury to cope. Teens and older students may also show signs of stress by increasing hostility toward or withdrawing from family and changing friend groups.³⁵

WHAT TO DO

If you see a student who is struggling with stress:

Provide support by asking

- I want to check in with you.
- How are you doing?
- Are things feeling stressful or overwhelming?
- Do you know what's making you feel stressed?

If you know home trauma or distress is a risk factor, keep in mind that these are stressors that can impair concentration and thinking.

Consider providing the youth with options for space or extra time as needed.

Ask them if they've thought about what might help reduce stress.

Consider incorporating moments of silence, breathing and meditation for all students.

Grief and Bereavement

What's normal: Like stress, grief can be a normal and expected response to a loss. We focus a lot on grief associated with the death of a loved one or a divorce. But there are many other causes of grief in children, which can include losing a pet, having to move away or change schools, or losing a friend who moves across the country.

Normal childhood responses to grief include on and off periods of sadness, anger or denial. Younger children also often believe that they are the cause of changes around them and may feel guilty about wishing for the loss when they were angry. While it is important for adults in the child's life to allow them to express their feelings openly and in a way that is most comfortable for them, it is important to recognize when their grief may indicate a more serious problem.

Warning signs: Signs of grief in children and adolescents that may require more attention include: long periods of sadness, profound emotional reactions (anxiety attacks, anger, thoughts of suicide), inability to sleep, prolonged fear of being alone, sharp drop in school performance or refusal to attend school, repeated statements of wanting to join the deceased, acting much younger or reverting to earlier behaviors (e.g., bedwetting, thumb-sucking), or frequent physical complaints such as stomach aches and headaches.³⁶

WHAT TO DO

What to do: If you see a student who is struggling with grief or bereavement:

Provide support by asking

- How are you doing?
- Do you want to talk?

Practice listening and being present.

Provide support and classroom-based accommodations as needed.

Ask the child if they want a referral to the school counselor if one is available.



Look for this icon to see ways you can identify what to do and provide support to students who are struggling.

Loneliness and Isolation

What's normal: Everyone feels lonely or isolated sometimes. Even people with lots of friends and good social connections can feel lonely if someone forgets to invite them to a party or if they have to move to a new city. Like stress and grief, loneliness and isolation can become problematic when they're ongoing or severe. A Norwegian study found that having at least one close friend to confide in appeared to serve as a key protective factor against depressive symptoms. Another study performed by the Norwegian Institute of Public Health investigated different risk and protective factors that affect adolescent mental health, and found that of the factors, spending spare time with and receiving social support from friends were the two most significant protective factors against mental health problems.³⁷

Warning signs: Loneliness does not necessarily mean that a child is alone all the time, but rather they may have trouble interacting with their peers or engaging in normal childhood activities. Loneliness can impact a child's mood or behavior, putting them at risk for low self-esteem, sadness, depression and engaging in risky behaviors.³⁸

WHAT TO DO

What to do: If you see a student who is struggling with loneliness or isolation:

Provide support by saying, "I noticed you've been hanging out by yourself. Let's talk about it."

Be calm and ask a lot of open-ended questions to help the youth share. For example, "How do you feel about that? How long has this been going on? How can I help?"

Explore if bullying or home difficulties are a factor.

Give extra positive attention to students who might be ignored or isolated to model positive reinforcement to other students.

Invite that student to spaces that they can go to that are safe spaces—sometimes this is a specific classroom or a club you know is especially inclusive.

Personally ask and guide or mentor a student through the process of joining a group or finding a place to belong at school.

Implement class based social-emotional learning programs that promote class-wide prosocial behaviors. For example, the PAX Good Behavior Game is a program that promotes social-emotional learning in all students in a classroom, by teaching them to recognize and regulate their own thoughts and emotions and engage in positive relationships with other students.



Self-Harm

What Is Self-Harm?

Self-harm, self-injury, cutting or non-suicidal self-injurious behaviors occur when someone intentionally and repeatedly harms oneself in a way that is impulsive and not intended to be lethal. Common methods of self-harm include cutting (using razors, knives or other sharp objects on the skin), head banging, hitting oneself or burning oneself with lighters or other hot objects. Youth may use self-harm as a coping mechanism to feel something different, or as relief from their current emotional pain. When students feel overwhelming negative emotions, thoughts or experiences, it is common to look for coping behaviors to alleviate negative experiences. Some students will cut once and learn quickly they do not like it. Others will develop habits and desires to cut regularly as a way to cope with unwanted feelings. Self-harm is treated like other addictions that are also used as a coping mechanism.

Warning signs: Warning signs of self-harm include unexplained, frequent injuries, especially cuts or burns; scars; itching at scars or scabs; attempts to hide scars or bruises, particularly around the arms and legs, with bandages or clothing; wearing long-sleeved clothing or high-neck shirts despite the heat; low self-esteem; eye contact avoidance; isolation; relationship problems; or poor functioning.³⁹

WHAT TO DO

What to do: If you think a student is engaging in self-harm:

Make sure to have a strong relationship with this student or check in with any other school staff who might have a strong relationship with this student.

A strong relationship can help ease the confrontation when the student is asked about the behavior and can help in exploring what's going on.

If you address the concerns and the student does not feel safe, it is possible they will avoid you and avoid future conversations with others.

For those staff who feel they have a strong relationship with the student, say "I wanted to check in with you because I wanted to find out if you're cutting."

If you do not have a strong relationship with the student and the student appears to be isolated, start asking questions and build rapport. You can start by asking any questions about interests, who their friends are, what they like to do. Tell them you're worried and want to get to know them. Over time and when the moment feels right, you can say, "I wanted to check in with you because I wanted to find out if you're cutting."

Check for school policy on communicating with other school staff for support or referral.

Check with school policy on how to communicate threats to self to parents.

If possible, provide the student with education about cutting as an addiction and coping mechanism for unwanted feelings or experiences.

Consider how the child might receive an evaluation for school accommodations through an IEP or 504 plan if the student does not have one.

If you think a mental illness is a concern, consider how the child might receive extra support from community providers to get an assessment and early treatment.

In the classroom, consider implementing mental health awareness or social-emotional learning curriculum for all students.

Provide extra positive reinforcement to reduce shame, bullying and isolation.

Sixty-one percent of educators find work to be “often” or “always” stressful. This is more than double the rate of the general population.

Substance Use

What's normal: The use of any substance (marijuana, alcohol, tobacco and other drugs) in under-age people is never healthy, but as most are aware, it isn't all that uncommon. According to the 2017 Youth Risk Behavior Survey, 15.5 percent of high school students reported having had their first alcoholic beverage before the age of 13, 60.4 percent said they had used alcohol at least once and 35.6 percent said they had tried marijuana at least once.⁴⁰ There are, however, a number of warning signs in elementary, middle and high school students that indicate a student may be more significantly impacted by substance use, and may require more significant intervention.

Warning signs: Warning signs of opioid, alcohol and other substance use problems in elementary school students include poor mental/motor development, impaired stress responses, reduced decision-making abilities and impaired self-regulation. Warning signs of opioid, alcohol and other substance use problems in middle school students include secretive behaviors, poor hygiene or changes in physical appearance, mood changes and decline in academic performance and/or attendance. Warning signs of opioid, alcohol and other substance-use problems in high school students include mood and personality changes, health/hygiene issues, changes in relationships with friends or family, problems with authority or police, unhealthy romantic relationships or sexual behaviors, and disengagement from or dropping out of school.⁴¹

WHAT TO DO

What to do: If you think a student is engaging in substance use:

Make sure to have a strong relationship with this student or check in with any other school staff who might have a strong relationship with this student. A strong relationship can help the moment of confrontation and help explore what's going on.

If you address the concerns and the student does not feel safe, it is possible they will avoid you and avoid future conversations with others.

For those staff who feel they have a strong relationship with the student, say "I wanted to check in with you because I wanted to find out if you're using ____."

If you do not have a strong relationship with the student and the student appears to be isolated, start asking questions and build rapport. You can start by asking any questions about interests, who their friends are, what they like to do. Tell them you're worried and want to get to know them. Over time and when the moment feels right, you can say, "I wanted to check in with you because I wanted to find out if you're using ____."

Check for school policy on communicating with other school staff for support or referral.

Check with school policy on how to communicate threats to self to parents.

If possible, provide the student with education about substance use, addiction and coping mechanism for unwanted feelings or experiences.

Consider how the child might receive an evaluation for school accommodations through an IEP or 504 plan if the student does not have one.

If you think a mental illness is a concern, consider how the child might receive extra support from community providers to get an assessment and early treatment.

In the classroom consider implementing mental health awareness or social-emotional learning curriculum for all students.

Provide extra positive reinforcement to reduce shame, bullying and isolation.

Self-Esteem

What's normal: Self-esteem is a person's evaluation of themselves, both overall and within certain areas of life such as school, peer relationships, physical appearance or familial interactions. Children with high self-esteem are more confident to try new things and believe in their abilities and accomplishments. They are also better equipped to resolve conflicts and stand up for themselves when they are being treated poorly by others. High self-esteem also helps children to perform better in school, as they are better able to cope with initial mistakes and failures.⁴²

Warning signs: Children with low self-esteem may stop trying, or may attribute mistakes to inherently not being good enough, which can cause them to give up easily. Research has shown that low self-esteem in childhood and adolescence can lead to poor relationships with others, poor physical health, less educational achievement and feelings of depression and anxiety later in life.^{43, 44}



WHAT TO DO

What to do: If you see a student who is struggling with low self-worth:

Give extra positive attention to students who might be ignored or isolated to model positive reinforcement to other students.

Provide support by giving clear affirmative praise. Any praise is generally good, but it is better to praise behaviors or things students can control. For example, it's better to say something about a student's assignment or progress than to say, "You're so smart."

Invite that student to spaces that they can go to that are safe spaces—sometimes this is a specific classroom or a club you know is especially inclusive.

Personally ask and guide or mentor a student through the process of joining a group or finding a place to belong at school.

If you think bullying is a problem, ask about it and identify a strategy to address classroom-wide bullying.

Implement class based social-emotional learning programs that promote class-wide prosocial behaviors. For example, the PAX Good Behavior Game is a program that promotes social-emotional learning in all students in a classroom, by teaching them to recognize and regulate their own thoughts and emotions and engage in positive relationships with other students.

If you know home life or past trauma is a factor, consider asking that youth if they want to talk about it or see the school counselor.

Body Image Issues

What's Normal: Body image is defined as the way we perceive, think, feel and act toward our bodies.⁴⁵ Body image can be positive or negative. Research has shown that people with negative body image, or body dissatisfaction, are more likely to experience low self-esteem, depression, social isolation and disordered or maladaptive eating behaviors. Adolescence is a critical period for the formulation of body image, as it marks a developmental period where adolescents are influenced by the opinions and comparisons of their peers while undergoing major physical changes. However, body image concerns can begin even younger. A 2011 study found that 40 to 60 percent of elementary school girls (ages 6 to 12) are concerned about their weight or about becoming "too fat."⁴⁶

Warning Signs: Youth will engage in a spectrum of behaviors as they work on their self-identity and have self-compassion for their body image. It's important to keep an eye out for when body image issues might be signs of body dysmorphic disorder, an eating disorder, depression, or anxiety. Signs of worsening problems include fixation on their body in a way that impairs their ability to concentrate in school. For example, a student who regularly speaks negatively about the way they look or vocalizes comparisons with others. A student could show changes in habits as it relates to body image in ways that are extreme (e.g., binge eating, purging, or food restrictions). They also may isolate, start cutting or engage in self-harm behaviors, and have a decline in school performance.



WHAT TO DO

What to do: If you think a student is struggling with body image issues:

Model positive body image talk to all students. Work in body image and positive talk into your curriculum to create a space where students can talk about their anxieties.

Use this time to identify if students are at risk for more serious problems.

If a student vocalizes poor body image - normalize those experiences by saying "yes, it's normal to hate the way you look."

Challenge that by asking, "where does this come from?"

Help students gain a better sense of identity by helping them see that positive identity comes from within and from those they trust rather than from social media, society, bullies and abusive situations that hurt. Have a discussion about where confidence comes from, and why people who look and act differently make us diverse and improve our society.

Common Mental Health Conditions

What to do for *all* mental health conditions:

- Check in with the student
- Normalizing feelings by reminding students:
- It's ok to struggle with school. It's ok to feel the way you do.
- These experiences do not make you a bad person or bad student.
- Do you think there are things that might help?
- Ask the student what you can do that might help. You can say, "I'd like to make changes here if you think that would help. What do you think would help?"
- Explore if parents are aware of the difficulty.
- Does the child have an IEP or 504 plan or any kind of school support?
- Consider how the child might receive an evaluation for school accommodations through school support if the student does not have one.
- Consider how the child might receive extra support from community providers to get an assessment and early treatment.
- Testing time, transition times (between classes) and the beginning of a semester are common times of high stress for youth with mental health concerns. It's helpful to implement times for youth to move around or take mind breaks to help alleviate stress and get through the day.
- Provide extra positive reinforcement to reduce shame, bullying and isolation.
- Consider implementing mental health awareness or social-emotional learning curriculum for all students.

If you're unsure if a child is still not receiving supports that are needed or you know that a child is not receiving services they need, all you can do is try the best you can to create a supportive learning and emotional environment. Because of this particular challenge, universal classroom based social-emotional learning programs are quite helpful.

ADHD

Description: Attention-Deficit/Hyperactivity Disorder (ADHD) is a type of neurodevelopmental disorder, which means it commonly emerges in the early phases of development. ADHD does not look the same in all people, because a diagnosis can focus on patterns of inattention and/or hyperactivity- impulsivity. Some people express ADHD with difficulty paying attention, getting easily distracted or forgetting things. Others may have excessive movement, fidgeting or constantly seeming "on the go," or speak or act without thinking and struggle with decision-making. Some people with ADHD experience all of this. ADHD is more commonly diagnosed in boys than girls.⁴⁷ Students who meet criteria for ADHD are often caught up in disciplinary issues due to these behaviors. Children from low income communities are more likely to be given disciplinary action and are underdiagnosed for ADHD or other mental health conditions that impair cognition.

Warning signs: Teachers may notice inattention, hyperactivity or impulsivity interfering with students in the classroom. The student can be disorganized, has a hard time focusing on details, trouble staying on topic, is forgetful of daily activities like homework, has a hard time waiting their turn or appears to be more self-focused rather than focused on the needs of others.

WHAT TO DO

For ADHD specifically: Provide time and space as possible to help students reduce distractions and accomplish tasks

Provide verbal praise for behaviors and encourage students to try again.

Provide a box of fidgets that are acceptable for class and are not a distraction. There are soft rubber fidget tools that do not make noise that can be used without disruption.

Depression

Description: Depression is a term that is used in many different ways. Someone may talk about the feeling of depression, as in “I’m so depressed because my boyfriend broke up with me.” Or depression can refer to a handful of disorders including major depressive disorder (sometimes called clinical depression), persistent depressive disorder (called dysthymia) or many other lesser known diagnoses from the DSM-5. Generally when people talk depression in the context of a mental illness, they’re referring to major depressive disorder.

Warning signs: Signs and symptoms of depression in younger children include sadness, irritability, clinginess, worry, aches and pains, refusing to go to school, or being underweight. Signs and symptoms in teens include: sadness, irritability, feeling negative and worthless, anger, poor performance or poor attendance at school, feeling misunderstood and extremely sensitive, using recreational drugs or alcohol, eating or sleeping too much, self-harm, loss of interest in normal activities, and avoidance of social interaction.⁴⁸



WHAT TO DO

For depression specifically: Assess for risk of suicide or self-harm. Pay attention to school avoidance or school challenges that can be a conversation starter to explore other concerns.

Anxiety

Description: Like the term “depression,” “anxiety” can be used in multiple ways. People may describe feeling anxious or having anxiety about a stressful upcoming event. Anxiety can also refer to the cluster of anxiety disorders that include separation anxiety disorder, phobias, selective mutism, social anxiety disorder, panic disorder (where people have frequent panic “attacks”) and generalized anxiety disorder, among others. People often refer to any of these as “anxiety disorders.”

Warning signs: Signs and symptoms include: Agitation, restlessness, inattention, poor focus, unexplained headaches or stomach aches, avoidance behaviors, tantrums (especially in children), crying, refusing to go to school, meltdowns before and/or after school, difficulties with transitions within school and between school and an activity/sport, difficulty settling down

for bed, and having high expectations for schoolwork, homework and sports.⁴⁹ For children, anxiety starting at a young age (such as six or seven years old) may accompany stomach problems



WHAT TO DO

For anxiety specifically: Help children understand the link between their stomach aches and their thoughts. Teaching classroom-wide meditation and breathing exercises are useful for all students and especially useful for youth with anxiety. Try to make students aware of schedule or classroom changes ahead of time, as this may be a trigger for anxiety.

OCD

Description: Obsessive-Compulsive Disorder (OCD) is a mental health condition characterized by the presence of obsessions and/or compulsions that cause significant distress or impairment. Obsessions are persistent thoughts, urges or images that an individual will mostly likely find intrusive and tend to cause anxiety or emotional distress. Compulsions are repetitive behaviors that a person performs either in response to an obsession or according to a strict, but typically arbitrary, rule. These behaviors are usually performed to try to relieve anxiety, which has sometimes been caused by obsessions.

Warning signs: OCD can manifest in children as young as five, but most commonly emerges in children ages 8 to 12 or in late teen years and early adulthood. Common obsessions in children and adolescents include extreme fear of bad things happening, excessive worrying about germs or getting sick and unwanted thoughts about hurting themselves or others. Common compulsions include checking and re-checking, excessive washing or cleaning, repeating actions until they “feel right” and repeatedly asking questions or looking for reassurance.⁵⁰ Several other conditions are classified as relatives to OCD, due to the repetitive or obsessive nature of their symptoms. Among the most common of these related conditions is Body Dysmorphic Disorder (BDD).⁵¹

WHAT TO DO

For OCD specifically: Be patient if a child is disruptive in class or needs extra time to complete activities in order to engage in repetitive behaviors.

You can mitigate the anxiety by considering alternatives. Any change in behavior is positive, so asking a youth if they can work with you to engage in repetitive behaviors only at specific times (right before class starts) might start helping them control and change behaviors.

Provide a box of fidgets that are acceptable for class and are not a distraction. There are soft rubber fidget tools that do not make noise that can be used without disruption.

Eventually the student will have to stop the repetitive behavior and tolerate the distress, which might mean significant redirection and patience when they become distressed.

Body Dysmorphic Disorder

Description: Body dysmorphic disorder (BDD) is a mental health condition characterized by a persistent preoccupation with at least one perceived defect or flaw in a person's physical appearance, which may not be observable to others, or appears only slight. People with BDD often have very distorted negative views about their appearance. For example, they may see themselves as much heavier in a mirror than others do and focus on weight. Or they may hate the shape of their nose and think it's much larger than it is. Body dysmorphic disorder (BDD) is a mental health condition characterized by a persistent preoccupation with at least one perceived defect or flaw in a person's physical appearance, which may not be observable to others, or appears only slight. People with BDD often have very distorted negative views about their appearance. For example, they may see themselves as much heavier in a mirror than others do and focus on weight. Or they may hate the shape of their nose and think it's much larger than it is.

Warning signs: Signs and symptoms of Body Dysmorphic Disorder include spending excessive time in front of the mirror or purposely avoiding mirrors, going out of the way to avoid contact with others, especially situations that are perceived to be socially intense (special occasions like birthdays, crowded events, classroom settings, public speaking), expressing hatred, disgust, or general dissatisfaction with or desire to change either their general physical appearance or specific body parts, lateness or anxiety in the morning, seeking reassurance about their physical appearance, making comparisons to others and expressing thoughts of suicide and/or hopelessness about their situation.⁵²

WHAT TO DO

For BDD specifically: Model positive body image talk.

Work in body image and positive self-identity into your curriculum to create a space where students can talk about their anxieties.

If a student vocalizes poor body image, normalize those experiences by saying "yes, it's normal to hate the way you look."

Then challenge that perspective by asking the class, "Where does this come from?"

Help students gain a better sense of identity by helping them see that positive identity comes from within and from those they trust rather than from social media, society, bullies and abusive situations that hurt. Have a discussion about where confidence comes from, and why people who look and act differently make us diverse and improve our society.

Conduct Disorder

Conduct disorder is a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated. The child or adolescent usually exhibits these behavior patterns in a variety of settings—at home, at school and in social situations—and they cause significant impairment in his or her social, academic and family functioning. Conduct disorder is often associated with childhood trauma, home violence, or early childhood neglect.

Warning signs: Behaviors characteristic of conduct disorder include: aggressive behavior that causes or threatens harm to other people or animals, such as bullying or intimidating others; often initiating physical fights or being physically cruel to animals; non-aggressive conduct that causes property loss or damage, such as fire-setting or the deliberate destruction of others' property; deceitfulness or theft, such as breaking into someone's house or car, or lying or "conning" others; serious rule violations, such as staying out at night when prohibited, running away from home overnight, or often being truant from school.⁵³



WHAT TO DO

For conduct disorder specifically: Look for warning signs of home trauma, abuse or domestic violence.

Following a school incident where the child displays violence or a pattern of violence toward another child or an animal that indicates possible conduct disorder, check in with your supervisor.

Ask the child about their home situations to evaluate for home safety.

Talk to the child about making a report to child protective services.

Initiate child protective services protocol if it has not happened.

Give support, compassion and patience to the child.

Provide positive verbal affirmation but direct the child to recognize better behaviors.

Be attentive in being directive but not overly punishing.

Some youth who are on medications might experience changes in mood or physical symptoms that cause them to act out—if it is not a pattern of behaviors, but is an unexpected change, this might be due to medication change. Contact parents and inform them of the incident and explore options.

Eating Disorders

Description: Eating disorders refer to a very wide range of conditions that include anorexia nervosa (self-starvation and excessive weight loss), bulimia nervosa (a cycle of binge eating followed by purging through vomiting, laxatives or other means), binge eating disorder (which has binge eating followed by guilt without purging), pica (eating non-food items) and other types of feeding or eating disorders.

Warning signs: Someone with anorexia nervosa will have low weight, intense fear of weight gain and food restriction, while someone with bulimia nervosa can be any weight, but they will have concerns with body weight and shape as well as purging behaviors with long-term health consequences.

Signs and symptoms consistent across these diagnoses include obsessions with weight and food, and eating or exercise patterns or behaviors that seem outside the norm. As a teacher, you may only notice students with extreme weight issues or those who engage in behaviors like spending long periods in the bathroom after lunch or throwing away food every day.



WHAT TO DO

For BDD specifically: Model positive body image talk.

Work in body image and positive self-identity into your curriculum to create a space where students can talk about their anxieties.

If a student vocalizes poor body image, normalize those experiences by saying "yes, it's normal to hate the way you look."

Then challenge that perspective by asking the class, "Where does this come from?"

Help students gain a better sense of identity by helping them see that positive identity comes from within and from those they trust rather than from social media, society, bullies and abusive situations that hurt. Have a discussion about where confidence comes from, and why people who look and act differently make us diverse and improve our society.

PTSD

PTSD, or Post-Traumatic Stress Disorder, is a diagnosis that can happen after someone has experienced a major trauma. Not everyone who experiences trauma will develop PTSD. PTSD can occur as a result of a single trauma (like a major accident) or ongoing trauma (like being in a war zone or childhood abuse).

Warning signs: Students will appear agitated, have sleep problems, trouble focusing, might have outbursts of anger or distress, jumpy in their behaviors, have memory difficulties, may appear apathetic, isolate or decrease effort in school. In the classroom or during transition times, students might show signs of hypervigilance and ask to pick seats in class where they feel safe or will not want to walk during crowds. They may request to leave early to transition when others are not around. If the trauma was recent, you would see a dramatic change in behavior. If trauma is chronic or related to toxic stress, difficulties are more subtle and persistent.



WHAT TO DO

For PTSD specifically: Following a significant recent trauma, consider a reentry process for the student.

Identify changes in the environment that can help with feeling safe. Where the student sits for example can help reduce hypervigilance or increase feelings of safety.

Be preemptive about changes in schedule or changes in classroom environment so students have time to prepare.

Identify ways to give the student control over their environment—where they sit, if they are allowed to take breaks, is it ok to have something with me that makes me feel safe but is not normally something I would be allowed to have, like a cap or hoodie.

Bipolar

Bipolar disorder is a mental health disorder characterized by extreme highs and lows in mood and energy. While everyone experiences ups and downs, the severe shifts that happen in bipolar disorder can have a serious impact on a person's life. Bipolar includes episodes of mania (excessive high energy), episodes of depression and/or a mix, which is called a mixed state. Early bipolar disorder can start in the teenage years. You might notice a young person has a sudden change in mood or is irritable beyond normal emotional changes associated with hormones and puberty, or that the young person has uncharacteristic behaviors or thoughts. Their sleep patterns can change, and after several days of being very agitated and energized may show signs of psychosis, which includes believing things that are not real, or engaging in strange, or pleasurable but unsafe, behaviors.



WHAT TO DO

For bipolar specifically: Be attentive to signs that the youth might be having their first manic episode, depressed episode or signs of psychosis. These signs are specific to mood changes that indicate a child is at risk of bipolar disorder.

If the youth was recently hospitalized, implement a reentry process for the student. Examples of reentry protocols are available from various school districts online.

If a student has been hospitalized, be an ally in watching out for relapse in symptoms.

If the student is behaving out of character but early in their onset/relapse, the student is very aware of the oddity of their behavior and may try to hide it. Inquire about behaviors rather than avoid the situation and express that you want to help.

Psychotic Disorders

Psychotic disorders like schizophrenia are medical illnesses that result in strange or bizarre thinking, perceptions (sight, sound), behaviors and emotions. Psychosis is a brain-based condition that is made better or worse by environmental factors—like drug use and stress. Children and youth who experience psychosis often say something is “not quite right” or can’t tell if something is real or not real. Although less common than depression or anxiety, three percent of the population experiences psychosis. And for many youth, the earliest signs of psychosis happen during puberty or during the teenage years. Some early signs of psychosis are changes in ability to speak or understand words, uncharacteristic or strange behaviors, increased isolation or change in mood, change in sleep, withdrawal and change in school functioning. You might notice a youth who is more sensitive to light or says something about things or sounds seeming strange or not quite right.



WHAT TO DO

For psychosis specifically: Be attentive to signs that the youth might be having their first manic episode or signs of psychosis. These signs are specific to mood and behavior changes that indicate a child is at risk of psychosis.

If the youth was recently hospitalized, implement a reentry process for the student. Examples of reentry protocols are available from various school districts online.

If a student has been hospitalized, be an ally in watching out for relapse in symptoms.

If the student is behaving out of character but early in their onset/relapse, the student is very aware of the oddity of their behavior and may try to hide it. Inquire about behaviors rather than avoid the situation and express that you want to help.



Healthy Mental and Emotional Development by Age (Classroom Check-Up tool)

Adapted from 2014 Back to School Healthy Mental and Emotional Development Worksheet by Mental Health America

Ages 5–9

Signs of Normal Development	Ways to Support
<ul style="list-style-type: none"> Increased ability to understand emotions and self-control Mask emotions and use coping strategies (age 8) Know how their actions affect others Be able to “step into another’s shoes” Form peer groups with friends Start spending more time with friends than family 	<ul style="list-style-type: none"> Minimize comparisons among children Help them overcome failures Give advice and encouragement when moral issues (lying, cheating, stealing) come up Talk about how to handle difficult emotions like anger in safe ways Expect and accommodate some level of emerging independence

Ages 10–12

Signs of Normal Development	Ways to Support
<ul style="list-style-type: none"> Mood swings are common Friends become increasingly important Still value parents but may show it less Increase independence from family but bonds are still clear Question rules and values Body image issues start to emerge 	<ul style="list-style-type: none"> Don’t minimize the issues that they have Work together for solutions when problems arrive Be mindful of self-esteem and feelings of self-worth Talk openly about teasing, bullying and similar problems and the appropriate actions to take when issues arrive Listen to them and take their feelings seriously

Ages 13–15

Signs of Normal Development	Ways to Support
<ul style="list-style-type: none"> Struggle with identity and trying to “fit in” Increasingly rely on peer groups, with interests and style affected by peer group May feel awkward about self or body Complain that parents interfere with independence Begin to find faults in parents Begin testing rules and limits Develop more friendships with opposite sex Commonly experience moodiness Develop intellectual interests May experiment with sex and drugs 	<ul style="list-style-type: none"> Establish an open line of communication Talk about difficult issues before they initiate the conversation Pay attention to peer and friend groups Don’t overreact to changes in clothing and appearance Be sensitive to style or appearance Communicate and model values such as honesty, integrity and responsibility Provide positive experience If you suspect a problem, listen to the individual

Ages 16–18

Signs of Normal Development	Ways to Support
<ul style="list-style-type: none"> Girls are often more physically mature than boys Some patterns from 13–15 (interest in opposite sex, experimentation) continue Role models are chosen While peers are important, individuals start to form their own identity/thoughts Increased stress and anxiety about future choices for school and work 	<ul style="list-style-type: none"> Provide an open line of communication and supportive environment Do not be judgmental about the ideas and plans for the future Provide space for exploration of new interests Don’t overwhelm them with talk about the future and pressure Continue to address difficult topics Set expectations and limits with room for independence If you suspect a problem, listen

Mental Health Knowledge Assessment

1. Everyone with depression looks sad.

☐ True ☐ False

2. Everyone with obsessive-compulsive disorder (OCD) is obsessed with staying clean and avoiding germs.

☐ True ☐ False

3. In a poll by KidsHealth, kids said they were most stressed out by grades, school and homework.

☐ True ☐ False

4. It's normal for kids to have mood swings.

☐ True ☐ False

5. People with eating disorders are very skinny.

☐ True ☐ False

6. You can have ADHD without being hyper.

☐ True ☐ False

1. False. While a depressed mood is a symptom of depression, a loss of interest or pleasure can also indicate depression. Some people with depression may have fatigue, slow thoughts, weight loss or gain, difficulty sleeping, and difficulty concentrating—and may not appear sad to an outside person.

2. False. Despite popular depictions in media and usage of the phrase "I'm so OCD" by people, OCD is actually defined as presence of obsessions (recurring, unwanted thoughts), compulsions (repetitive behaviors to respond to the obsessions and decrease their impact) or both. Handwashing, checking something multiple times or counting are just some of the compulsions someone with OCD may exhibit.

3. True. 36 percent of kids said they were most stressed out by academics, followed by family (32%) and then friends, peers, gossip, and teasing (21%). It makes sense—work is often the most stressful thing for adults because of the pressure to achieve.

4. True. Especially in children ages 10 to 12, emotional swings are common. There's a reason that there is a perception of teenagers as surly and emotional. But while mood swings are a natural part of development, extreme moods can be a sign of something going on. And it's critical not to be dismissive of mood swings or extreme moods as a symptom of being a pre-teen or a teen. Many adolescents have sought help only to have their feelings diminished by an adult they trusted.

5. False. People with anorexia nervosa are extremely underweight. But there are many other eating disorders, including bulimia nervosa (binging and purging) and binge eating disorder (binge eating without the presence of purging) that may not cause a person to be very thin. That doesn't mean that individual doesn't have disordered eating, negative body image or other issues.

6. True. Students with ADHD can have inattentive and/or hyperactive behavior. One child may be fidgety and hyper, but another may have a hard time with memory and focus. Mental health conditions can look different from child to child.

Section 3:

Mental Well-being in the Classroom

In this section, learn about how you can support students on their well-being journey. Find best practices for addressing the issue with youth, with a focus on the relationship between social media and mental health, and engaging activities to help students nurture their well-being.

Introduction: Mental Well-being in the Classroom

Social-Emotional Learning

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), social-emotional learning (SEL) is a process to teach children about understanding and regulating their emotions, empathy, positive goal setting, responsible decision making and how to create and sustain healthy relationships.⁵⁴ More and more research shows the importance of SEL on classroom behavior and academic performance.

Learning and Mental Health

Historically, research has focused only on the cognitive aspects of learning, and the social-emotional aspects have gone overlooked. As the research has shifted to investigating cognition and emotions as crucial to learning processes, evidence has emerged that emotion can impact cognition, including memory, attention, vocabulary and academic functioning. Further, a student's success in learning and engaging in those cognitive processes can both positively and negatively impact their emotions and overall mental health.⁵⁵

The Conditions for Learning.

With the understanding that learning involves both cognitive and psychosocial skills, researchers have developed recommendations that change not only the substance of the curriculum but the way it is taught in the classroom as well. Some of the conditions that researchers have found allow students to get the most from their classroom experience include making mental health and social and emotional skills a priority alongside academic achievement, creating a safe atmosphere and community within schools, and improving access to necessary mental health related resources. Research shows that investing time and resources into emphasizing mental health and promoting positive school climates can help improve academic achievement and health outcomes for students and teachers.⁵⁶

Best Practices

What Can Teachers Do for Students Who May Be Struggling?⁵⁷

Start fresh. Other teachers may see your class roster and warn you about a particular student, but if what they have to say is negative it can taint your perception of that student before you have even met them. If you see a conversation starting to go this way, reframe it in a positive light. Ask what worked best, or what that teacher would have done differently if they got to do it over. It's up to you to develop your own relationship with that student.

Draw on past experiences with students, but don't necessarily rely on them. The start of the school year brings a fresh crop of children and teenagers with different backgrounds, personalities and problems. Think about techniques that worked last year for dealing with some of your "difficult" students but stay open to new approaches.

Put yourself in the right frame of mind. Most students who have emotional or behavioral problems want to be successful in school, but have trouble controlling themselves, focusing and staying still. Avoid deeming them "attention seekers" or "slackers." Work on being as patient as possible.

Expect some disorganization and forgetfulness. Children who are sad, angry or afraid are probably not too concerned about missing papers or homework assignments. Of 11 to 17-year-olds who took MHA's Youth Screening, 92 percent reported that they sometimes or often had trouble concentrating, and 91 percent reported that they were sometimes or often easily distracted. If your workload allows, it might be helpful to email homework assignments to parents to keep kids on task, or provide written directions instead of verbal ones so students can refer back to them. If you are using technology in the classroom, use the reminder or task tools that are available.

Reduce classroom stress. Avoid rigid deadlines—try giving homework assignments that are due in two days instead of the following day. Don't lower grades for non-academic reasons like messy handwriting, especially with younger children. Think of ways to gamify your lessons from time to time, so they are more engaging for students who struggle to focus.

Look into evidence-based programs that support social and emotional learning. MHA recommends the Pax Good Behavior Game (especially for younger students), the Positive Action Program and the Raising Healthy Children Program. These programs use social and emotional learning to deliver outcomes that matter later in life such as less crime, lower rates of public assistance, improved employment opportunities and higher earning potential. Furthermore, they have demonstrated considerable return on investment.

Find the good and praise it. Children and teens who are struggling with emotional or behavioral problems find school extra hard and often deal with low self-esteem. They may be extra sensitive and much harder on themselves than their peers. Be genuine and generous in your praise and downplay their shortcomings. Assure them that with hard work and practice, they will eventually find difficult assignments easier.

Be familiar with options for accommodations. For children and teenagers who still have trouble despite after-school help or chances to correct their mistakes, IEPs and 504 Plans can help structure the unique assistance they need to succeed. Gently suggest these options to parents when appropriate—they may not even know this kind of extra help is available.

Avoid embarrassment. When dealing with a student who is being disruptive, take them aside or out in the hall to explain the problem rather than reprimanding them in front of their classmates. Ensure that they know the problem is with the behavior—not them—and how you expect them to behave moving forward.

Exercise compassion. No special accommodation can substitute for patience, kindness and flexibility. Teachers bring a great deal of compassion to the table to start with, but it can be easy to let it fall to the wayside when you've got a classroom full of 30 students, four more lesson plans to get through and can't seem to get everyone to stay on the same page. No one expects you to be a saint—just try your best to keep your cool.

Work with parents. Parents may see behaviors at home that you aren't seeing in school and vice versa. Keeping open lines of communication with parents will create consistency in working with students who have emotional or behavioral struggles and minimize misunderstandings. Make a plan that helps you communicate regularly with parents who need more frequent contact than others so that they're in the loop with what you're seeing in the classroom, and they can fill you in on what's going on at home.

Make time to take care of yourself. Find ways to de-stress on evenings and weekends so you can bring your "A game" to the classroom. You might be the take-a-hot-bath type or you might be the Cross Fit type—whatever works best for you.

Mental Health and Special Education

In the U.S., any students with mental health concerns qualify as having an Emotional Disturbance (ED) for an Individualized Education Program (IEP). The term Emotional Disturbance is used to define a mental illness that affects a student's ability to succeed in school.⁵⁸

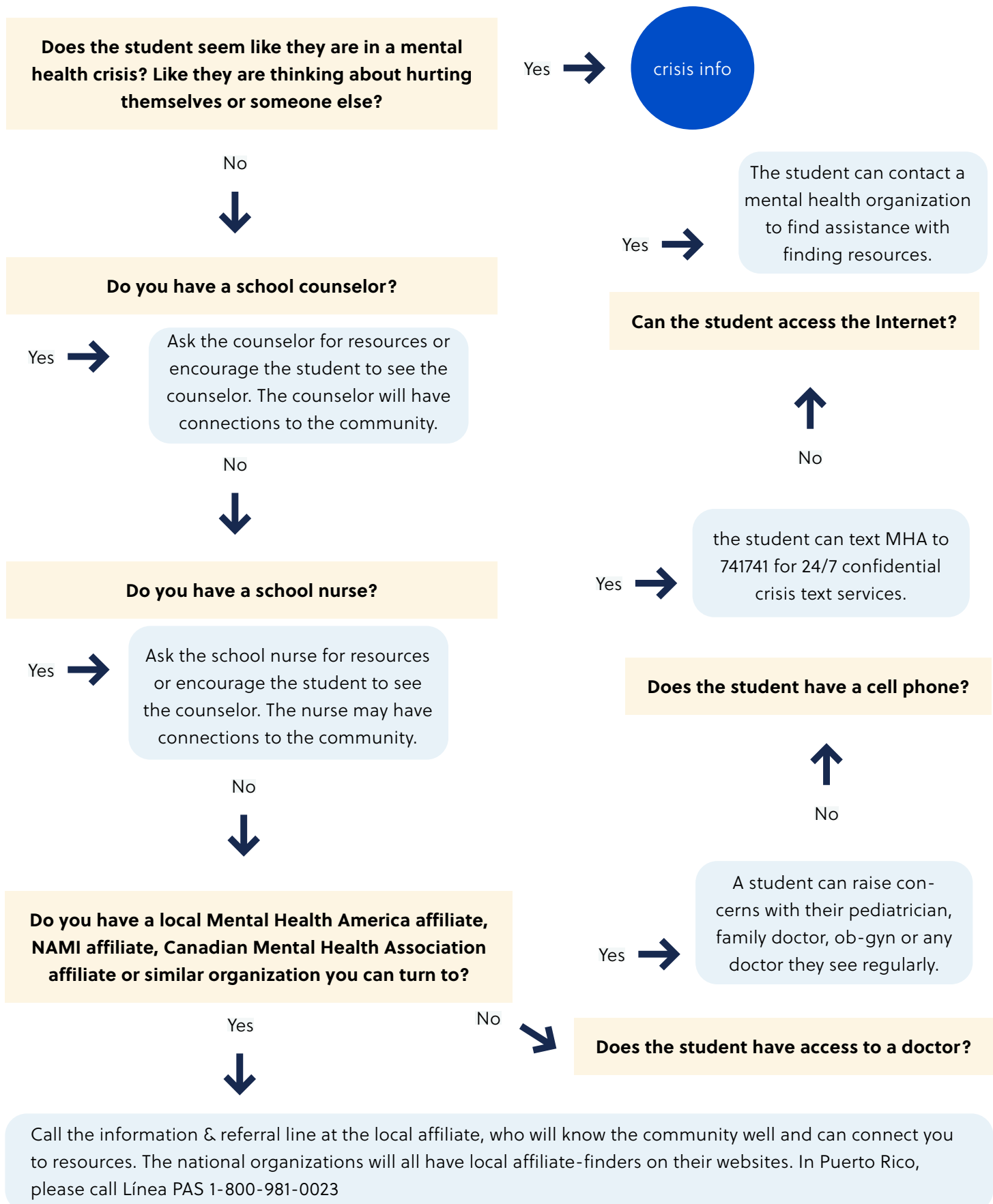
Mental illness under the guise of a "behavioral issue" and a lack of understanding of trauma are part of what keeps students with mental health concerns from receiving IEPs. Nationwide, only .7 percent of students are identified as having an Emotional Disturbance to receive an IEP.

Teachers can help refer students and identify them for needing additional accommodations at school. Having an IEP does not mean that a student must go to a special education program. In fact, the law requires that schools keep students in the "least restrictive setting."

The key to creating a trauma informed classroom is encouraging safety.

Where to Get Help for Students

What if a student comes to you and asks for where to get help?



Social Media and Mental Health

You don't need research to tell you that young people use social media. With access to the Internet, ubiquitous smart phones and a tech savvy generation, many young people are on Facebook. Even though many social media platforms require that a participant is at least 13 to join, children under the age of 13 can bypass age and privacy settings and get on social media.

Social media has a lot of benefits. It can help people stay connected, especially with family and friends who are far away. Students with limited access to transportation can socialize. And people can support each other through hard times and make announcements that are harder to tell people in person.

Unfortunately, social media is also a space that can be problematic or dangerous. Children are especially at risk when they view content online and are exposed to behaviors or ideas that they should not see, for example, exposure to sexual or violent video content. Psychology research has long shown that exposure to violence will increase violent behaviors among youth.⁵⁹

There is a growing body of research that handles the intersection of mental health and social media. Key findings include:

- Using social media for less than 30 minutes per day may lead to significant decreases in depression and loneliness.⁶⁰
- Looking at posts by attractive people can cause you to change your own self-image or have bad feelings about your body image.⁶¹
- While Facebook may help people feel connected, it doesn't make them happier.⁶²
- Children are increasingly exposed to violent and sexualized content that is increasing stress.⁶³
- Youth who experience cyberbullying experience the poorest outcomes in psychological health, physical health and academic performance.⁶⁴

Here are some of the common platforms and things to think about with mental health:

- **Facebook** was the first big social media platform, but it's not as popular among students and young people. If they're on Facebook, they may not post much and only interact with their own family's timelines or stay in group chats with family members. Only 9 percent of teens use Facebook.⁶⁵
- **Instagram**, a Facebook-owned property, is much more popular among young people. Instagram is an image-heavy platform, where sharing memes, selfies or curated photos on stories or profiles is the way to communicate. Because a lot of work goes into filtering and curating photos by Instagram influencers, interacting with Instagram could cause body image issues. There are also some harmful communities or images that center around self-harm or eating disorders. They can be reported but it's hard to always know. In addition, many people will have both a main Instagram account, which includes public content accessible to their families, and a finsta, a private, anonymized account only available for their friends.
- **TikTok**, formerly Musical.ly, is a video app where people can post lip-syncing. Young children frequently use this app and parents often misbelieve it is a creative fun and safe space. It is a watch-for app due to limited privacy settings that allow kids to post and view all content publicly. This means youth are regularly watching videos that are not age appropriate.
- **Kik** is a popular instant messaging app used by teenagers where they meet new friends and post anonymous interactions. Kik is known as a site where children are targeted for sexual exploitation because messages are easily hidden and untraceable by law enforcement.

- **AskFM** is a social media platform where people can create profiles and send each other questions openly or anonymously. While AskFM has created a Safety Advisory Board, allowing people to ask each other questions anonymously allows space for cyberbullying, as it insulates kids from the consequences of what they say. It can also cause children who are being bullied to feel unsafe, as they don't know who may be saying violent, cruel or sexually explicit things about them.
- **Whisper** is another anonymous social networking app, where people can post thoughts, confessions and other messages on photos under a screen name. Users don't have profiles, but can talk to each other by responding to each other's whispers. Like AskFM, the anonymous nature of the app can allow for cyberbullying or posting of disturbing messages that aren't appropriate for kids of all ages to see.
- **Snapchat** is another video and image-based platform. It's different than Instagram in that there is nothing permanent on Snapchat—stories disappear after 24 hours, and messages don't linger unless they're saved. This can sometimes give people a false sense of security, so Snapchat is often used to send risky content, but that can be saved, screenshotted or otherwise used.
- **Twitter** has a smaller audience for Generation Z, who generally prefers image-based content to text. But people on Twitter tend to be very active in short conversations.
- **YouTube** is a popular form of social media for young people, because they prefer videos and images to text. Some older teens may be content creators themselves, but other children will follow various channels on YouTube. Some channels may contain content that's inappropriate for a child's age. Other content may appear to be age appropriate, but posters have content that promote violence, sex or suicide that are targeted to children as young as five. Other videos hide inappropriate content (e.g., encouraging self-harm or purposely exposing children to sexualized content) in videos designed to look like they are appropriate for children.
- **Reddit** is a social media platform comprising many communities, or subreddits, on topics from news to sports to memes and being a teenager. There is a lot of anonymity on Reddit. Some communities are very supportive and helpful, but others may be toxic or harmful.
- **Discord** is a voice and communications platform popular among people who play video games like Minecraft and Fortnite. It includes text channels, the ability to send images and voice communications. There are also some Discords not related to video games.
- **Other social media sites.** New social media platforms are developed constantly. As adults in children's lives it is useful if not necessary to engage youth in conversation to keep up with the ways they communicate and consume content online.

What you can do

- Consider a school or classroom-wide strategy for talking about the Internet and social media use.
- Ask if there ways to integrate this conversation into school curriculum, for example during a health class.
- Ask students what platforms they use, what they see and what they understand about the content they see.
- Implement classroom-wide interventions for bullying.
- You or your school probably already limit access to social media during the school day, either by limiting phone use or restricting access to websites.
- Create safe and open school environments and model prosocial behaviors.

Positive and supportive relationships with adults can mitigate the physiological effects of stress in children.

Mental Health Activity Planner

The following activities may help you focus on mental health throughout the year:

Messages

- Mental health is essential to children's overall health and well-being.
- By spending time talking with children, teachers and other adults can provide them valuable emotional support.
- Children's mental health problems are real, common and treatable.
- Early identification and treatment of children who have mental health problems can help them reach their full potential.
- Treating children's mental health problems can help prevent difficulties at home, trouble in school, substance abuse and even suicide.
- The more parents, teachers and doctors know about mental health, the more they can help children.

School-Based Activities

- Share this toolkit with other teachers and use the resources available here and on partner sites to raise awareness about mental health.
- Approach professional groups such as local chapters of the National Association of School Nurses and American School Counselor Association to provide training regarding children's mental health.
- Contact local advocacy groups like Mental Health America or National Alliance on Mental Illness affiliates in the U.S., or Canadian Mental Health Association affiliates in Canada.
- Work with student councils by educating them on issues regarding respect, school safety and promoting an anti-bullying environment. Involve them in activities designed to improve their school's atmosphere for all students.
- Offer to lead a school-based discussion on youth and mental health at an assembly, or at an after school extracurricular activity. If possible, involve local parents or youth who are willing to talk about children's mental health.
- Work with teachers to sponsor in-class projects dealing with children's mental health. Possible classes to work with are health (learning about mental health), English (creative writing or journaling) and social studies (looking at the impact of mental health on community).
- Partner with a school group such as the PTA to sponsor a district-wide or city-wide literature or art contest on the subject of children's mental health. The contest could allow entries of poetry, essays, stories, art, video and scripts, and culminate in a local event recognizing the top submissions.
- See if your school or community can host a health fair.

Activities

Implement the following activities into your classroom before, during and after the module to deepen students' understanding of well-being. The pre-activity will help you establish a foundation for your students to introduce the topic of well-being. The during-activity will help reinforce the issue and encourage students to find ways to be more understanding and compassionate. The post-activity will help students reflect on what they've learned and introduce the topic of mindfulness.

Pre-Activity for Students: What Is Well-Being?

Materials: Dictionaries or computers; chart paper, markers, whiteboard/chalkboard/SMARTboard.

Time: 30 minutes

Step 1: Introduce the Topic – What Is Well-being?

Overview: Using the following guiding questions, lead the class in a discussion about the concept of well-being. Invite students to share ideas and write them on the board.

Note: These questions help students access their previous knowledge about the subject.

Discuss in pairs what you already know about well-being and write down what questions you might have.

- What is well-being? What does it mean to you?
- What have you heard about it?
- What questions do you have about well-being?
- Why is it important?
- What does it look like?
- Can you live without well-being?

Step 2: Think Pair Share

Give students time to discuss. Together, as a group, invite students to share out their thoughts about well-being. Write their ideas on the board.

Step 3: Learn

Now, ask students to look up a definition online or in the dictionary.

OR

Provide the following definition by the World Health Organization: The World Health Organization describes mental health and well-being this way: *Mental health is described as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.*

Write the definition on the board.

Next, invite students to share their ideas (popcorn style):

- How is this definition different and/or similar to your own definition?
- How does this definition relate to your thoughts about well-being?
- What does well-being look like to you, in your personal circumstances?
- Do you think there are ways to increase well-being? If so, what are some ways?

Lastly, unpack the definition a little more to ensure comprehension.

- Having mental well-being means that you are able to manage stress and disappointments, you are able to do your best, and help others.
 - What characteristics might show these abilities?
- Are there any additional questions? If so, what questions do you have?

During-Activity for Students: Walking in Your Shoes

Purpose: To help students identify ways to be more understanding and compassionate toward others.

Time: 30 minutes

Prompting Questions:

Give students time to discuss (think-pair-share). Together, as a group, invite students to share their thoughts. Write their ideas on the board.

- What does it mean to “put yourself in someone else’s shoes”?
- What kinds of behaviors show that you understand someone’s feelings?

Part 1:

Read ***How Would You Feel?*** (found on the next page) with your class. For each story, think about how you might feel if the story happened. Have students share and write their ideas on the board. Alternatively, students can also write down or draw their thoughts individually. **Teachers are encouraged to make up more scenarios for any other well-being topic addressed in the classroom.*

Discuss each scenario with your class and provide the following prompts:

1. Finn thinks Jacob is bragging, but if Finn was really listening to Jacob, he might have better understood that Jacob is proud to have gotten his first A+ after having studied all weekend.
2. Durrell thinks that Mike is being mean to him, but if Durrell put himself in Mike’s place, what might he realize? If you got into trouble for something a friend did, you might be angry. The same is probably true for Mike.
3. Does Tina show Suri any understanding? What might have been a better way to talk to Suri? If Tina had thought about how she would feel if her best friend had moved, maybe she would have realized that Suri was feeling sad and would have treated her more nicely.

4. Hailey is probably going through a lot of changes as she transitions into high school, with new friends and a new school. Why do you think she doesn’t want to go to her father’s house every second weekend? How might she be feeling?

Part 2:

In pairs, choose a scenario and rewrite it by being understanding of someone else’s feelings. Ideas for how students can present their new scenario:

- Comic strip
- Short story
- Script
- FlipGrid

After everyone has had a chance to go through their scenario, ask students the following questions to reflect on:

- What does it feel like to be in someone else’s shoes?
- How can you better understand how someone else is feeling? E.g., communicating your feelings instead of hiding them.
- What will you do next time to better understand someone else’s feelings and also have your feelings understood?

In Conclusion:

Understanding our differences and the unique perspective others bring to situations is highly related to empathy and quality peer relations and interactions. Students who are taught to attend to and value these differences are more proficient in regulating their own emotions, so they can respond to peers with compassion and empathy.

How Would You Feel?

1. Mrs. Fields handed back Monday's math test. Jacob said, "Finn, how did you do?" "I got a B," Finn replied. "I got a perfect score!" Jacob told him. "My first A plus! I studied all weekend. I bet my mom will take me for ice cream to celebrate." "Stop bragging, Jacob!" Finn yelled. *How would you feel if you got a 100/A+ on a test that you studied really hard for?*
2. Durrell threw a paper airplane at Mike. Mrs. Fields saw the paper airplane land on the floor in front of Mike's desk. She thought Mike had thrown it. She made Mike clean the classroom before he could go to recess. Durrell ran up to Mike at recess. He said, "I'm sorry I got you in trouble." "Don't talk to me, Durrell." "I said I was sorry, Mike. Why are you being so mean to me?" *How would you feel if you got in trouble for something your friend did?*
3. Mrs. Fields said to Tina, "Suri's best friend moved yesterday. Why don't you see if she wants to hang out at recess?" Tina agreed. "Suri, do you want to play a game?" Tina asked. Suri shrugged. "If you want to." Tina set up the game while Suri watched. "Are you going to help?" "I guess so," Suri said. "So what are you doing over break?" Tina asked. Suri replied, "I don't know." Tina rolled her eyes. "Are you always this boring?" *How would you feel if your best friend moved away?*
4. 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. *How would you support Hailey if she was your friend?*



Post-Activity for Students: Mindfulness

Time: 30 minutes

Step 1: Introduce Mindfulness

Introduce students to the concept of mindfulness. Use the following points as a guideline.

- Now we are going to practice something that can help our well-being.
- Invite student ideas.
- Write the definition on the board:
Mindfulness means to pay attention to what is happening in the moment, without judgment.
- What do you think that means?
- Next, unpack the definition of mindfulness.
- What does it mean to pay attention to what is happening in the moment? What do you notice—what do you hear, see, feel?
- What do you think “without judgment” means?
- Without judgment, or sometimes it’s called non-judgment, means that you are not deciding whether something is good or bad, you are just noticing that it is present.
- For example: Someone gives you something to taste, and you have not tried it before. What would it look like to taste this unfamiliar food without judgment?
- It would mean keeping an open mind, and not deciding whether you will like it based upon how it looks.
- Why might it be helpful to notice the “here and now” without judgment? How might that be helpful in your life?

Step 2: Introduce Deep Belly Breathing

Overview: The purpose of the following activity is to introduce students to a breath practice that can help foster mindfulness, attention and stress management.

NOTE: It is important that this is presented as an invitation (optional). Students who have experienced trauma may be resistant; in these cases, offer modifications such as not closing eyes, standing or not participating and doing an alternative quiet activity.

Use the following script to lead the breath practice.

- Now, we’re going to try a very short exercise that will help us to be mindful, and also can be helpful in calming our bodies and minds.
- First, find a comfortable seat in your chair. Place your feet flat on the ground. Rest your hand on your lap.
- If it feels comfortable, you can close your eyes. If not, just look softly down toward your desk (or table).
- Now, just begin by noticing any sounds that are here in this room.
- No need to do anything but notice what you hear.
- Now, see if you can turn your attention to your breath. Notice that you’re breathing now.
- Feel the air moving in and out of your nose.
- Next, we’re going to try taking slow breaths in and out...
- Now, take a slow breath in...
- And, then, slowly... let your breath out through your mouth.
- Let’s try that again.
- At your own pace take two more deep breaths in through your nose, and slowly out through your mouth.
- When you are ready, you can open your eyes.

Next, debrief the breathing activity.

- What did you notice?
- How does this activity make you feel?
- How would this activity help you after a stressful situation?
- What do you think the purpose of this activity is?

Give students the key message:

- By focusing our attention, we can calm our mind and body. With a calm mind and body, we can make better choices.



Section 4:

The Importance of Teacher Mental Well-being

As teachers, it's just as critical to take care of your mental health as it is to support your students' mental health. In this section, learn about the importance of well-being for teachers and find activities that can help you nurture your well-being.

Introduction: Importance of Teacher Mental Well-being

According to the 2017 Educator Quality of Work Life Survey, 61 percent of educators find work to be “often” or “always” stressful. This is more than double the rate of the general population. Additionally, 58 percent of educators reported having seven or more days of the last 30 days in which their mental health was not good.⁶⁶ Recent research about teachers’ mental health has highlighted the impact of teachers’ mental well-being on classroom culture, student mental well-being and even student academic performance. One study found an association between teacher well-being and better student well-being, as well as a decrease in reported student mental health problems.⁶⁷

Self-Care Tips for Teachers:

- **Get enough sleep.** Being a teacher often requires very early wake-up times, so it’s important to try to get in bed in time to get a full eight hours, even if it means that some of the “to-do” list has to wait until the following day.
- **Try not to take work home with you.** Leaving your work at work means that you can set aside some time for yourself when you get home. It doesn’t mean you don’t care about your students, it just means you care about yourself, too.
- **Exercise.** Although it may feel like the last thing you want to do, exercise is important for physical health, and is also a healthy way to manage stress.
- **Reach out.** Asking for help from colleagues, family and friends does not make you weak or incompetent, it makes you human. Everyone needs help sometimes, and you don’t need to struggle in solitude.

- **Self-care.** Find a few go-to activities that make you feel good and help you relieve stress. Making time to care for your own physical and mental well-being will benefit not only you, but most likely your students as well!
- There are other self-care tips listed in the introductory module on trauma.

Self-Help Tools for Teachers

Mental Health America’s Live Your Life Well program highlighted 10 evidence-based steps to help reduce stress and improve mental well-being. We introduced those 10 elements in the Introductory Module. The worksheets below first appeared in Mental Health Month 2018 toolkit and address four key elements of the program: eating well, exercising, getting enough sleep and dealing better with hard times (stress).

In the teenage years, the earliest signs of mental illness—serious depression, bipolar disorder and psychosis—can all look alike. Teachers are often the first ones to notice the early signs.

Eating Well

Diet is linked to the hippocampus, a key area of the brain involved in learning, memory and mental health. People with healthy diets have more hippocampal volume than those with unhealthy diets.⁶⁸ Eating more fruits, vegetables, whole grains, legumes, fish, olive oil and other healthy foods while eating less unhealthy or processed foods can be an effective strategy for depression. Some key nutrients that help with mental health include:

- Omega 3 fatty acids, found in oily fish, can reduce depression
- B Group Vitamins, like folate and B12, can reduce the risk for depression
- Vitamin D is important for optimal brain functioning

Worksheet

What do you want to change about your eating habits?

What are the negative effects of your current eating habits? Are they getting in the way of living your life the way you want?

If you made changes now, how would life get better?

What has worked before to help you make and keep changes to your lifestyle?

What are barriers to changing your eating habits and how can you overcome them?

What is one thing you can do in the next week to start making the changes in eating habits you mentioned? What about in the next month?

Who or what can help you stay accountable to yourself? This can be a friend who can help you stay on track or an app or wearable device.

How can you break up your goal into smaller milestones?

How can you reward yourself for reaching those milestones?

Exercising

Exercise benefits nearly all aspects of your health—including your mental health. The chemicals released from exercising include endorphins, serotonin, dopamine, glutamate and GABA. Low levels of these chemicals are linked to mental health conditions, and many medications for mental health target these. Just one hour a week of exercise is related to lower levels of mood, anxiety and substance-use disorders.⁶⁹

Worksheet

What do you want to change about your exercise habits?

What are the negative effects of your current exercise habits? Are they getting in the way of living your life the way you want?

If you made changes now, how would life get better?

What has worked before to help you make and keep changes to your lifestyle?

What are barriers to changing your exercise habits, and how can you overcome them?

What is one thing you can do in the next week to start making the changes in exercise habits you mentioned? What about in the next month?

Who or what can help you stay accountable to yourself? This can be a friend who can help you stay on track or an app or wearable device.

How can you break up your goal into smaller milestones?

How can you reward yourself for reaching those milestones?

Sleep

Sleep, like exercise, is important to all health, including mental well-being. Poor quality of sleep can increase the risk of developing mental health symptoms like manic episodes, a first episode of psychosis, paranoia, anxiety and depression.⁷⁰ Good quality sleep is when you fall asleep in 30 minutes or less, wake up no more than once per night for no longer than 20 minutes, and stay asleep 85 percent of the time you're in bed.⁷¹ Adults need between seven and nine hours of sleep.

Worksheet

What do you want to change about your sleeping habits?

What are the negative effects of your current sleeping habits? Are they getting in the way of living your life the way you want?

If you made changes now, how would life get better?

What has worked before to help you make and keep changes to your lifestyle?

What are barriers to changing your sleeping habits, and how can you overcome them?

What is one thing you can do in the next week to start making the changes in sleeping habits you mentioned? What about in the next month?

Who or what can help you stay accountable to yourself? This can be a friend who can help you stay on track or an app or wearable device.

How can you break up your goal into smaller milestones?

How can you reward yourself for reaching those milestones?

Stress

Everyone has stress sometimes, but stress that doesn't let up can contribute to a whole host of problems. Chronic stress also jeopardizes your immune system and causes inflammation.⁷² In addition to the effects of toxic stress on your mental health, stress can cause acne, muscle pain, upset stomach, digestive issues, weight changes, problems with your period, sexual dysfunction and more.

Worksheet

What do you want to change about how you manage stress?

What are the negative effects of how you currently handle stress? Are they getting in the way of living your life the way you want?

If you made changes now, how would life get better?

What has worked before to help you make and keep changes to your lifestyle?

What are barriers to changing how you respond to stress, and how can you overcome them?

What is one thing you can do in the next week to start making the changes in managing stress that you mentioned? What about in the next month?

Who or what can help you stay accountable to yourself?

This can be a friend who can help you stay on track or an app or wearable device.

How can you break up your goal into smaller milestones?

How can you reward yourself for reaching those milestones?

Stress: Know the Signs

Originally adapted from 2012 Mental Health Month Toolkit

Stress can impact the body as well as the mind. Check any of the following things you have experienced you in the last two weeks. Sometimes they can be caused by stress.

- ☐ Headaches
- ☐ Feelings of despair
- ☐ Lack of energy
- ☐ Sadness
- ☐ Anger or irritability
- ☐ Increased or decreased eating
- ☐ Nervousness
- ☐ Trouble concentrating
- ☐ Memory problems
- ☐ Trouble sleeping
- ☐ Acne
- ☐ Skin problems
- ☐ Muscle aches and tensions
- ☐ Fast heartbeat
- ☐ Rise in blood pressure
- ☐ Nausea
- ☐ Stomach pain
- ☐ Heartburn
- ☐ Weight gain
- ☐ Diarrhea
- ☐ Constipation
- ☐ Other digestive problems
- ☐ Irregular or painful periods
- ☐ Lower sex drive
- ☐ Reduced sperm count
- ☐ Frequently sick (with colds or other ailments)
- ☐ Hard to recover from a cold

Now tick a list of stress reduction techniques or coping mechanisms you have used in the last two weeks:

- ☐ Made lists or organized tasks
- ☐ Said "no" when you were overwhelmed
- ☐ Exercised
- ☐ Spent time with friends
- ☐ Ate a healthy meal
- ☐ Slept well
- ☐ Talked to a friend
- ☐ Journalled
- ☐ Meditated
- ☐ Did yoga
- ☐ Volunteered
- ☐ Laughed
- ☐ Took 30 minutes for "me" time

What's Underneath: Identifying Emotions

People are pretty bad at identifying their true feelings.

When asked about our feelings, most people will usually say they feel: bad, sad, mad, good or fine. But underneath "good, bad, sad, mad or fine" are many words that better describe how we feel.

Taking the time to slow down and identify what we are really experiencing can help us feel better and can improve our communication and relationships with others.

Using the prompts below, think of a specific action (this could be something you did, or something someone else did) or event and fill in the blank to identify what's underneath. The feelings list on the back of this page can help you build your mental collection of feelings. This type of activity takes practice, but once you start doing it you'll find it easier over time.

I felt bad when _____ (action of event).
But what I was really feeling was _____,
and _____.

I felt sad when _____ (action of event).
But what I was really feeling was _____,
and _____.

I felt good when _____ (action of event).
But what I was really feeling was _____,
and _____.

I felt happy when _____ (action of event).
But what I was really feeling was _____,
and _____.

NEGATIVE FEELINGS

Afraid
Nervous
Dread
Frightened
Cowardly
Terrified
Alarmed
Panicked
Suspicious
Worried
Apprehensive

Agitated
Bothered
Disoriented
Uncomfortable
Uneasy
Frenzied
Irritable
Rash
Offended
Disturbed
Troubled
Grumpy
Unsettled
Unnerved
Restless
Upset

Angry
Furious
Livid
Irate
Resentful
Hate
Hostile
Aggressive
Worked up
Provoked
Miffed
Outrage
Defensive

Annoyed
Irritated
Frustrated
Bothered
Impatient
Aggravated
Displeased
Exasperated
Disgruntled
Disturbed
Irk

Anxious
Shaky
Distressed
Distracted
Edgy
Fidgety
Frazzled
Irritable
Jittery
Overwhelmed
Restless
Stressed
Preoccupied
Flustered

Confused
Lost
Disoriented
Puzzled
Chaotic
Uncertain
Stuck
Indecisive
Foggy
Mistrust
Dazed
Baffled
Flustered
Perturbed
Perplexed
Hesitant
Immobilized
Ambivalent
Torn

Disconnected	Contempt	Guilty	Empty	Heavy-hearted	Fatigued
Lonely	Spiteful	Disgraced	Distressed	Low	Exhausted
Isolated	Animosity	Envy		Blue	Uninterested
Bored	Hostile	Jealous	Pain	Gloomy	Overworked
Distant	Bitter	Rivalry	Hurt	Miserable	Worn out
Removed		Competitive	Remorseful	Despair	Fed up
Detached	Disorganized	Covetous	Regretful		Drained
Separate	Distracted	Resentful	Disappointed	Stress	Weary
Broken	Disheveled	Longing	Guilty	Tension	Burned out
Cold	Bedraggled	Self-conscious	Grief	Pressure	Lethargic
Aloof	Run-down	Insecure	Bereaved	Overwhelmed	Beat
Numb	Confused	Inadequate	Miserable	Frazzled	Sleepy
Withdrawn	Discombobulated	Yearning	Agony	Strain	Depleted
Rejected	Disjointed	Nostalgic	Anguish	Imbalanced	
Out-of-place	Displaced	Wistful	Bruised	Worried	Vulnerable
Apathetic	Jumbled		Crushed	Uneasy	Insecure
Indifferent	Out of sorts	Helpless	Wounded	Cranky	Shaky
Misunderstood		Paralyzed		Distraught	Open
Abandoned	Embarrassment	Weak	Sadness	Dissatisfied	Unsure
Alienated	Awkward	Defenseless	Heartbroken	Weighed down	Exposed
	Self-conscious	Powerless	Disappointed	Overworked	Unguarded
Disgust	Silly	Invalid	Hopeless	Pounded	Sensitive
Appalled	Mortified	Abandoned	Regretful	Anxious	Unsafe
Horried	Humiliated	Alone	Depressed	Shocked	Inferior
Dislike	Flustered	Incapable	Pessimistic	Frustrated	Raw
Loathing	Chagrined	Useless	Melancholy		Weak
Disturbed	Ashamed	Inferior	Sorrowful	Tired	Judged
Repugnant	Put down	Vulnerable	Morbid	Bored	Inadequate

POSITIVE FEELINGS

Admiration	Positive	Eager	Appreciated	Festive	Relieved
Adoration	Sure	Charged	Accepted	Heartening	Constant
Affection	Fearless		Acknowledged	Lighthearted	Mellow
Appreciation	Optimistic	Exhilarated	Affirmed	Upbeat	Level
Delight	Encouraged	Blissful	Recognized	Glad	Restful
Fondness	Safe	Ecstatic	Welcomed	Merry	Still
Pleasure	Powerful	Elated	Connected	Elated	At ease
Wonder	Proud	Enthralled	Supported	Enjoyable	Satisfied
Regard	Satisfied	Exuberant	Belonging	Euphoria	Relaxed
Amazed	Trusting	Radiant	Heard	Delighted	Clear
Amused	Secure	Rapturous	Respected	Jubilant	Reassured
	Brave	Thrilled	Involved	Hopeful	
Affectionate	Empowered			Tickled	Refreshed
Caring		Gratitude	Intrigued	Pleased	Stimulated
Friendly	Excited	Thankful	Absorbed		Replenished
Loving	Enthusiastic	Grateful	Fascinated	Peaceful	Exhilarated
Sympathetic	Delighted	Moved	Interested	Clam	Reinvigorated
Warm	Amazed	Touched	Charmed	Quiet	Revived
Doting	Passionate	Appreciative	Entertained	Trusting	Enlivened
Soft	Amused	Graceful	Captivated	Fulfilled	Restored
Tender	Aroused	Responsive	Engaged	Harmonious	Liberated
Attached	Alert	Recognized	Engrossed	Steady	Lively
Compassionate	Piqued	Indebtedness	Curious	Collected	Passionate
	Astonished		Surprised	Composed	Vibrant
Confident	Dazzled	Included		Comfortable	Rested
Bold	Energetic	Engaged	Joyful	Centered	
Courageous	Awakened	Understood	Cheerful	Content	

Other Resources

Mental Health America's screening tools are free, confidential, and anonymous. They allow individuals—even students—to check up on their own mental health.

www.mhascreening.org

Mental Health America's Back to School toolkit, released every year, covers a wide range of issues facing children and teens. Materials cover understanding trauma, recognizing depression, emotions, IEPs and 504 plans and guides to talk to adolescents and teens.

www.mentalhealthamerica.net/back-school

Mental Health America's Tips for Teachers: Ways to Help Students Who Struggle with Emotions or Behavior was adapted from Red Flags' Ways to Assist Students with Depression or Related Disorders.

www.mentalhealthamerica.net/conditions/tips-teachers-ways-help-students-who-struggle-emotions-or-behavior

Red Flags National provides a framework and toolkit for mental health education for educators, parents, and students. www.redflags.org/

The Positive Behavioral Intervention & Supports OSEP Technical Assistance Center is funded by the US Department of Education's Office of Special Education Programs and the Office of Elementary and Secondary Education (OESE). It supports schools, districts and states to help people. The School-Wide Positive Behavioral Interventions & Supports framework integrates mental well-being into school. www.pbis.org/

MentalHealth.gov has a fact sheet available for educators on mental health. www.mentalhealth.gov/talk/educators

The Trevor Project's Lifeguard Workshop was developed for educators, school counselors and youth group leaders. It helps identify the challenges faced by LGBTQ people, recognize the warning signs of suicide and respond to people in crisis. www.thetrevorproject.org/education/lifeguard-workshop/

The American Foundation for Suicide Prevention's More Than Sad program helps teachers recognize mental health warning signs and refer students to help. <https://afsp.org/our-work/education/more-than-sad/>

The National Council for Behavioral Health's Youth Mental Health First Aid can be brought to schools where teachers and other school staff can participate. It can help show students how to interact with adolescents in crisis and connect them to help. www.mentalhealthfirstaid.org/wp-content/uploads/2018/07/Youth-Mental-Health-First-Aid-One-Pager.pdf

The American Psychiatric Association Foundation's Typical or Troubled is designed to help educators learn how to recognize warning signs of mental health concerns and how to take action. <https://apafdn.org/impact/schools/typical-or-troubled-%C2%AE>

School-Based Resources

There are a number of interventions that work in classrooms and school systems that help with social and emotional learning. They foster positive mental health among teachers and students.

The Good Behavior Game is a classroom strategy where teachers help students develop teamwork and self-regulation. It's fully integrated into the school day and uses positive reinforcement, monitoring and managing behaviors, and positive peer support. www.goodbehaviorgame.org/

The 4Rs program (Reading, Writing, Respect & Resolution) provides a curriculum for integration of social and emotional learning for students as young as pre-k and up to middle school. There are different curricula for each grade and parental activities to use at home. www.morningsidecenter.org/4rs-program

Promoting Alternative Thinking Strategies (PATHS) is a social and emotional learning curriculum for elementary students. It addresses self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem solving-skills. There are lessons taught two to three times a week and take-home activities. <https://pathsprogram.com/>



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