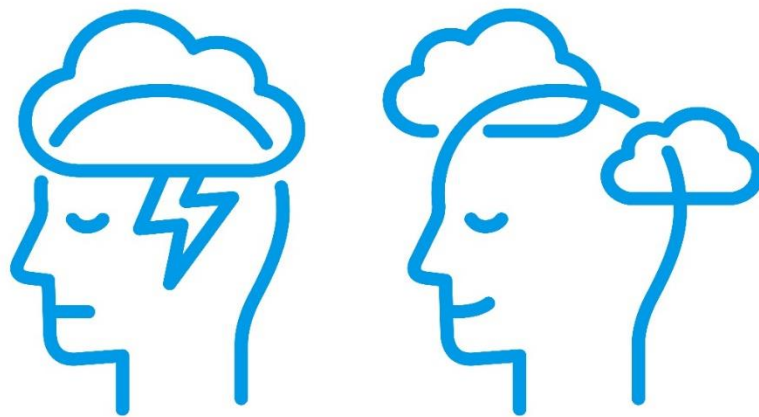

Unit Learning Support Material for National 4 and 5

Coping Strategies and Resilience



The activities in this pack could be used to build up a portfolio of evidence, which could be used to meet the outcomes and assessment standards for this unit. Please read this additional support pack in conjunction with the Understanding Mental Health Unit Specification.

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Unit Learning Support Material for National 4 and National 5

The following learning materials are optional teaching tools to support facilitation of Unit 3 of the Mental Health and Wellbeing course. These materials should be used based on the needs and abilities of the learners and their progression. The learner's readiness for assessment should be determined through the professional judgement of the facilitator.

The material has been designed to provide a broad range of tools and knowledge that support understanding National 4 and 5. However, the examples and narrative provided is not exhaustive and, where possible, learning and teaching should be personalised to the group of participants.

The pack is intended to support the facilitator of the course, much of the narrative will require adaptation to accommodate the learner's needs. It has not been possible to cover every relevant area for discussion. It provides a small sample of background information and guidance. Essentially, facilitators must have a good understanding of the needs of their group of learners and the subject matter.

Please read this additional support pack in conjunction with the Coping Strategies and Resilience Unit specification.

Outcome 1: Helpful and unhelpful coping strategies

Definition of 'coping strategy'

The most widely cited definition of coping is: 'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (Lazarus & Folkman, 1984). In other words actions we take to deal with extreme emotional responses which we struggle to process or contain in any other way. Coping strategies are activities or behaviours that everyone has and participates in to alleviate stress in our everyday lives. The previous units will have helped you to explore the types of stressors that can affect us in our daily lives. As we grow and develop, we learn to understand who we are as individuals and how to regulate our emotions. The most important thing to remember is that we all cope in different ways. This is, in part, because we all have different backgrounds, beliefs, values, life experiences and personalities.

Coping strategies are developed through a process of learning what helps us to feel better when we are stressed and angry. Sometimes we do this consciously and other times it is unconscious. We adopt certain behaviours which help when we are under stress. Sometimes we don't recognise when our coping strategies are potentially causing us and our relationships more harm than good. By developing emotional literacy and self-awareness — recognising emotion, understanding the context of our feelings and how this affects how we behave — then we can feel more in control and have greater confidence in our thoughts, feelings and responses. We can begin to make more informed choices about learning to cope in ways that are of greater benefit to our wellbeing.

Every human emotion is normal, but it is what we do with these emotions that can at times cause problems. Have you ever felt so sad or fearful that you have not wanted to leave the house? Maybe you have felt so angry that you have wanted to smash up a room. It is important to understand that everybody has felt like this at some point in their life — emotion is part of the human condition. Coping strategies are behaviours that help us to regulate how we feel, as smashing up a room every week is generally not an option. Firstly, we would quickly run out of stuff to smash, and it is likely to alienate us from others as they may not want to be around someone who reacts violently every time they become angry. This, however, does not mean that we don't regularly get angry about things that happen in our lives.

Group activity

Think about today, then list the range of emotions you have felt since you got out of bed this morning.

Examples:

- ◆ Perhaps you are looking forward to a night out this evening with a friend.
- ◆ Maybe you forgot to pack something important this morning.
- ◆ Perhaps you were running late and could not find your mobile phone.

List:

Example: exhausted, refreshed, hungry, stressed, relaxed, focused, happy, etc

Pick out an **emotion** you may have felt and describe how you **behaved** in response to this feeling.

Example: Stressed — I moaned to my friend about how stressed I was and what I was stressed about.

We often react to our circumstances unconsciously. In Unit 2, you will have learned about the brain and how various interactions with people and stimulus within our environment can affect us. Part of understanding how we cope and regulate our emotions is to become consciously aware of them.

Often, our emotional responses to a situation are caused by a ripple effect. Have you ever thrown a tiny pebble into a pond and watched the circles grow bigger and bigger around it? Often, our emotional responses begin as a result of a small thing, and it creates a chain of events. Much of this is determined by our emotional responses and the choices we make.

Activity

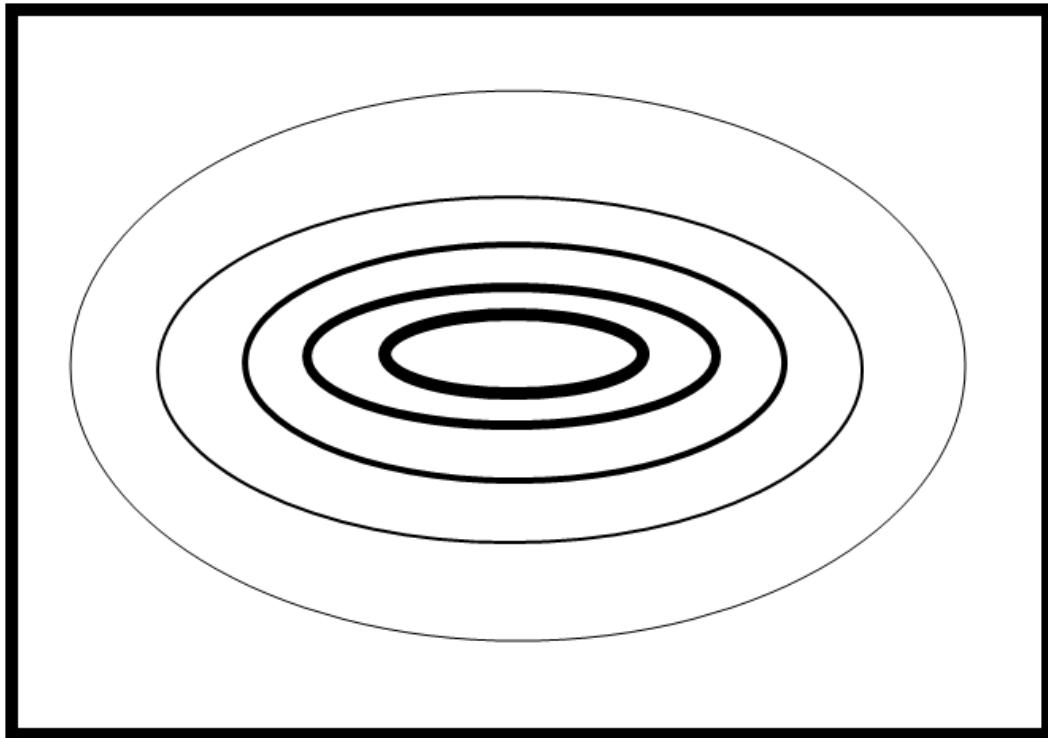
Have you ever had a day where everything goes wrong? If you were to walk back through the concentric circles and think about the core reason for those emotions, can you see why that one incident caused a series of events? How did this affect your relationships and your overall day?

Map the events that took you to the core reason for causing the ripple pool effect.

Do the same activity for a good day.

Discuss

What did you discover?



Coping is how we manage our day-to-day lives and respond to stressful situations. We all have good and bad days and we cope with the daily stresses of life in different ways. Each person has their own repertoire, and how we each deal with stress is often unconscious. In other words, we often don't think about the habits and the behaviour responses that we have developed. Our repertoire is influenced by our environment, relationships, and life experience over a period of time, so it can be often difficult to recognise when we are reacting to a stressful situation.

Group activity

Jake is 13 years old and doesn't want to go to school. His mum asks him why he doesn't want to go, and he responds by saying that he doesn't feel well and that he has a sore stomach and a headache. This is the fourth time in the last month that Jake has asked to take time off school. His mum has also received texts from his teacher to let her know that Jake's homework hasn't been submitted, and she has noticed that he doesn't want to spend any time with his family, even when he is at home, Jake prefers to stay in his room by himself. Jake's mum bumps into another mother at a social event, and she asks if Jake is okay. When Jake's mum enquires further, she discovers that Jake is being bullied by a group of his peers on his way to and from school.

- ◆ Map Jake's pattern of behaviour on the 'ripple pool' — place the initial event at the centre.
- ◆ What is the effect on other aspects of Jake's life?
- ◆ What coping behaviour is Jake displaying?
- ◆ Is there anything Jake could do differently to cope? What difference would it make?

What we do on a day-to-day basis formulates how we manage our daily lives. The routines we may have, the friends we call upon or fall out with, the family we hug, the lists we make, the chocolate cake that we eat, all serve to meet a need or a want. It is the balance between having our needs and, to an extent, our wants met that often determine how well we manage our emotional wellbeing.

It can often be difficult to explain how we feel and what causes us to feel and behave in a particular way. Sometimes behaviour can also be misinterpreted, e.g. fear and anger can be felt and present in the same way. Have you ever laughed uncontrollably, not because you are happy, but because you are nervous?

Learning to understand our feelings, how to express how we feel and how to manage our feelings is called emotional literacy.

Group activity

As a group, list as many emotions that you can think of.

Ideas:

Now list the emotions under the following headings:

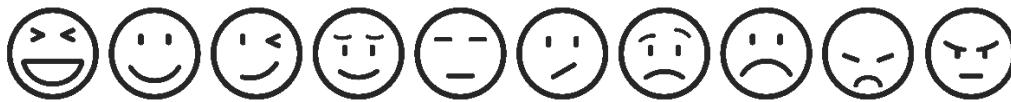
- ◆ Positive
- ◆ Negative

Now order them in relation to their intensity.

Group them under types — Happy/Sad/Frightened/Frustrated

Describe where in the body you might physically experience these emotions

Create posters which express a range of emotions. These can be done with paints, collage material, and/or images.



Learning how to cope is learning how to be emotionally literate. Coping and the development of coping strategies is a constant navigation of our environment and our relationships. How we respond is often based on instinct and reaction and this can then become habit-forming as we start to see the benefit of certain activities in helping to manage how we feel. It is a constant balancing act. Coping strategies are also 'culturally-defined'. This means that, in our society, there are certain expectations which are accepted in relation to how we should behave in certain social situations. One of the most obvious culturally defined norms is rooted in gender differences.

In 2018, the World Health Organization reported that during adolescence statistically, girls have a much more likely to experience depression, eating disorders and engage more in suicidal ideation and suicide attempts than boys. Boys experience more problems with anger, engage in high-risk behaviours (such as criminal behaviour or drugs and alcohol) and commit suicide more frequently than girls. In general, adolescent girls are more prone to symptoms that are directed inwardly, while adolescent boys are more prone to act out. The differences in gender are related to biology, environmental and social influences and how they interact. The roles, responsibilities, status and expectations of boys and girls, men and women are very different. This affects how we cope personally with daily life. In Unit 1, you will have explored a range of social factors which influence our mental health. Similarly, these factors which can stigmatise, restrict, or limit an individual's potential wellbeing will also influence how they cope and an individual's repertoire for coping.

(Adolescent mental health, WHO, published 18 September 2018)

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

It is often trying to get the balance right in our life which is important.

Activity

Make a list of things that you do to help you feel better when you are unhappy about something.

Types of coping strategies

Here are some types of coping strategies, many of which you probably do without thinking, such as:

- ♦ **Diversions** — watching funny films on YouTube, having a bath, reading a book, playing computer games, engaging in social media, listening to music, etc.
- ♦ **Social and interpersonal** — talking to a friend, playing with a pet, helping a friend in need, etc.
- ♦ **Cognitive coping** — making a pros and cons list, inspirational quotes, brainstorming solutions, etc.
- ♦ **Tension releasers** — punching a punch bag, crying, humour, exercise, etc.
- ♦ **Physical** — healthy routines, healthy food, getting enough sleep, deep breathing exercises etc.
- ♦ **Spiritual** — praying, meditating, getting involved in a worthy cause etc.
- ♦ **Limit setting** — prioritising important tasks, being assertive, building confidence around responsibility, 'me time' etc.

The primary lesson to learn about coping and coping strategies is that we all need them; we all need a range of them to maintain our mental health. Giving our brain a detox and a workout is much the same as giving our bodies a detox and a good workout. The difficulty is that we don't necessarily prioritise our mental health in the same way as we would prioritise our physical health. Much of this is rooted in stigma and in not wishing to appear as 'crazy', 'weird' or 'not quite with it'.

Group activity

Think about your peer groups. Can you provide two examples of coping behaviours that would not be culturally acceptable, and describe why?

1. _____

2. _____

Discuss

Can you think of reasons why culturally defined norms might be a problem?

List three reasons:

1. _____

2. _____

3. _____

Discuss

Potential answers could include underage drinking, self-harming behaviour, boys crying when upset etc.

Cultural defined norms can be problematic because:

- ◆ It can potentially affect a person willingness to share how they are really feeling. They may feel guilty, ashamed or embarrassed.
- ◆ If a person does not feel as though they can express how they are feeling then it may lead to bigger problems
- ◆ Other people may misunderstand what that person is expressing because they only see a behaviour which makes them feel uncomfortable, or which is perceived to be unusual, or not normal.

When we think about coping, it is important that we also consider age and stage of development. Teenagers are more likely to engage in risk-taking behaviours. Experimentation is part of developing identity and gaining a sense of autonomy as teenager's transition from childhood to adulthood. Some teenagers will be more exposed to opportunity for greater risk-taking behaviours than others. This is linked to:

- ◆ Social factors (such as peer group, environment and culture),
- ◆ Interpersonal relationships and personal factors (such as self-esteem personality, resilience, emotional literacy and effective communication)
- ◆ Environmental factors (such as demographics and geographical location)
- ◆ Cultural factors (such as social norms, beliefs and values).

Other coping strategies include:

- ◆ illicit drug use
- ◆ excessive alcohol use
- ◆ self-harm, e.g. cutting, head-banging, hair-pulling and induced vomiting
- ◆ ignoring or bottling-up feeling
- ◆ bullying and violence towards others
- ◆ online bullying, trolling
- ◆ violence towards animals
- ◆ avoiding your problems, e.g. isolating yourself, not attending clubs and social activities, non-attendance at school
- ◆ truanting from school
- ◆ spending excessive amounts of time using web-based media, e.g. obsessing over other people's social media profiles and posts, or gaming
- ◆ engaging in sexually promiscuous behaviours to gain favour from others
- ◆ denial, e.g. rejecting opportunities for support
- ◆ eating disorders, e.g. anorexia, bulimia, excessive or binge eating
- ◆ suicidal ideation, i.e. thinking about suicide, e.g. 'Things would be better if I wasn't here'

It is important to have a range of coping strategies and also to maintain good self-care. Sometimes extreme ways of coping can be harmful to us and others. If we look after our wellbeing the less likely it is that we will engage in activities that are likely to hinder or harm wellbeing in the long-term. It is can sometimes feel like balancing a set of scales.

Group work

Use a set of balance scales, or create your own with string, a hanger and some plastic cups. Use the scales with learners to visually look at how stress can be balanced out by having a range of coping strategies.

Label coins (or create your own weights) with stresses and coping strategies.

Materials Needed

- ◆ A plastic hanger or a wooden hanger with notches. You'll want a hanger that won't allow the strings holding the objects to be weighed to slide off.
- ◆ String
- ◆ A single-hole punch
- ◆ Two identical paper cups (Try to avoid wax bottom cups, as they add uneven weight.)
- ◆ A pair of scissors
- ◆ Measuring tape
- ◆ Masking or packing tape

How to Make the Scale

1. Measure two pieces of string two feet long and cut.
2. Make holes to attach the string to the cups. Make a mark one inch below the rim on the outside of each cup.
3. Use the single-hole punch to make holes in each cup. Punch a hole on either side of the cup, along the 1-inch mark.
4. Attach the hanger to the wall, using a cup hook, doorknob or a level bar for hanging clothes or towels.
5. Tie the string to each side of the cup and let it sit in the notch of the hanger. The string should support the cup like the handle of a bucket.
6. Repeat this process with the second cup.
7. To steady the hanger to make sure the cups are hanging at the same level. If they are not; adjust the string until they are even.
8. When they look even: use a piece of tape to secure the string in the hanger's notches.

<https://www.thoughtco.com/kid-science-make-a-balance-scale-2086574>

Learners may wish to discuss the variables that might tip the balance, for example individual resilience, numbers of worries, effectiveness of coping strategies, and types of coping strategies, i.e. some coping strategies might create more stress.

Types of coping strategies

Self-harm



What is self-harm?

Self-harm is when someone intentionally inflicts pain or physical harm on themselves. It is an expression of overwhelming psychological pain whereby the person is unable to articulate or express how or why they feel the way they do in any other adequate or meaningful way. For some, it is self-punishment. It can be caused as a reaction to a person's social, environmental and cultural circumstances (see Unit 1). It can be psychological and linked to trauma (see Unit 2).

Self-harm can be cutting, burning, inserting objects into the body, head-banging, self-poisoning, intentionally engaging in fights and violence with the intention of being beaten, punching walls, extreme exercise, starvation, self-induced vomiting, scratching, biting or hyper-sexuality. It is basically any activity inflicted upon oneself with the intention of harming oneself. Those who self-harm will tend to become reliant on this type of behaviour as a mechanism to cope with stress, trauma or psychological pain. It can become a coping strategy as the shame, guilt and stigma associated with self-harm can cause the person to become increasingly isolated, which escalates the behaviour.

According to Reuters, one in twelve young people self-harm in the UK. Self-harm can occur at any age, but it is most common in 12-25 year olds. These figures are likely to be much higher as they will only account for those who have sought support from services. There is also a gender bias, suggesting that girls are more likely to self-harm, however, there are likely to be greater numbers, as boys'

risk-taking behaviour is often viewed differently in society to females', and not necessarily classed as self-harming behaviour. Consequently, they are more likely acquiring criminal charges for violence, drugs and alcohol use. In this instance, cultural norms play a significant role in what society understands to be self-harming behaviour.

Myths about self-harm

Self-harm is a difficult and contentious issue. People worry about how to deal with it and those who self-harm feel stigmatised and unable to openly talk about why they feel and behave as they do.

Myth: It's just attention-seeking behaviour

Fact: For most people self-harm is a very private and personal thing. It is a way of showing others how bad things are for them and how much they need help. People generally feel ashamed of their injuries and will go to great lengths to hide them. This isn't attention seek behaviour.

Myth: Only teenage girls and emo's who self-harm

Fact: Due to the private nature of self-harm it is not easy to say who does it. Statistically speaking females are more likely to access support but anyone can self-harm regardless of age stage and sexuality. People will not necessarily present as depressed or morbid. For some people it is not possible to express their emotional pain in other ways.

Myth: When people self-harm they don't feel the pain

Fact: Self harm is about feeling something. Sometimes when people self-harm they are so distressed that they can experience what is known as a dissociative fugue or "zone out". People who self-harm describe feeling '*numb or dead inside*'. The act of self-harm reminds them they are alive and can still feel. Some people have expressed it is a means of self-punishment.

Myth: People who self-harm are suicidal

Fact: People who self-harm may feel suicidal, but they are not necessarily related. Self-harm is a person's attempt to temporarily survive and feel better whereas suicide is a permanent end to life. Childline advises many children who self-harm are describing a cathartic and emotional release from anger and frustration due to difficult family circumstances. For others it is an expression of extreme emotional pain and sadness.

Myth: The severity of the self-harm reflects the severity of the person's problem

Fact: People self-harm for many reasons and this is linked to resilience, self-care and the types of coping strategies they have learned works for them. Some people are able to cope with life and traumatic experiences better than others. This is based on variety of factors influencing wellbeing including, social, personal, cultural and environmental. All self-harm even if it appears superficial,

should be taken seriously as that person is trying to say they are struggling to deal with whatever is happening for them

Myth: People self-harm to hurt or manipulate others

Fact: Self-harm is an expression of extreme emotional pain, it is unlikely the person is thinking about the impact on others during self-harm. They may feel regret after but it is ultimately a way of communicating an emotion which they are unable to verbalise or express in any other way.

Myth: People who self-harm must be told to stop

Fact: Attempting to stop someone from self-harming could potentially escalate risk to that person. Self-harm is a coping strategy which is keeping that person alive. It is more important to try and understand the reasons why a person is self-harming and support them to find other ways of coping. Most services try to work with people on the basis of risk minimisation.

Resources and sources for facts and myths

(Self harm myths and facts #talkingisharmless, Penumbra, 2019)

<http://www.penumbra.org.uk/service-locations/north-area-services/aberdeen/self-harm/self-harm-myths-facts-talkingisharmless/>

<https://www.samaritans.org.uk>

DEAL: self-harm myths and facts- workshop materials

Recognising the signs

According to the NHS (2018), detecting self-harm can be difficult indicators can include:

- ◆ unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest
- ◆ keeping themselves fully covered at all times, even in hot weather
- ◆ signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything
- ◆ self-loathing and expressing a wish to punish themselves

- ◆ not wanting to go on and wishing to end it all
- ◆ becoming very withdrawn and not speaking to others
- ◆ signs of low self-esteem, such as blaming themselves for any problems or thinking they're not good enough for something
- ◆ signs they have been pulling out their hair

(Self-harm, Signs of self-harm, NHS Direct, published December 2018)

<https://www.nidirect.gov.uk/conditions/self-harm>

These are only a few of the signs and symptoms. The stigma associated with self-harm prevents people from having open conversations about how they feel as they fear they will be judged or ridiculed. Not having open conversations can increase internalisation of feelings of self-loathing, psychological distress, or misunderstanding, which can then lead to structural stigma, and affect access to the appropriate support.

Seeking support

Most people who self-harm want to be listened to without judgement. It is important to acknowledge the seriousness of their pain and anguish and recognise that the behaviour is a symptom of deep emotional distress. It is possible to develop other coping strategies and eventually stop the self-harming behaviours, however, it is always easier to start something than to stop. It will take a lot of talking, self-exploration and support to learn alternative ways of thinking, feeling and doing.

There are many support options available, including:

- ◆ Your Local NHS partnership
- ◆ Your general practitioner
- ◆ Child and Adolescent Mental Health Services (CAMHS)
- ◆ Social Work mental health team
- ◆ Local Accident and Emergency services

For information on [ChooseLife](http://www.chooselife.net) and Suicide prevention in Scotland, visit <http://www.chooselife.net>

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

[Mental Health Foundation](http://www.mentalhealth.org.uk): Provides information about mental health issues and the work of the Mental Health Foundation. It links to other resources on mental health in the UK and overseas. <http://www.mentalhealth.org.uk>

[Mental Health in the UK](http://www.mentalhealthintheuk.co.uk): Created to reform people's ideas about everyone who suffers from mental health problems by informing and enlightening them with creativity, talent and imagination. <http://www.mentalhealthintheuk.co.uk>

[MIND](http://www.mind.org.uk): The leading mental health charity in England and Wales and has information on a wide range of topics including depression, self-harm and suicide. <http://www.mind.org.uk>

[Muslim Youth Helpline](http://www.myh.org.uk): A confidential helpline for young Muslims. Provides counselling and befriending services to Muslim youths in need. <http://www.myh.org.uk>

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

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

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

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

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

[Saheliya](http://www.saheliya.pwp.blueyonder.co.uk): A black and minority ethnic women's mental health organisation in Edinburgh. <http://www.saheliya.pwp.blueyonder.co.uk>

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

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

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

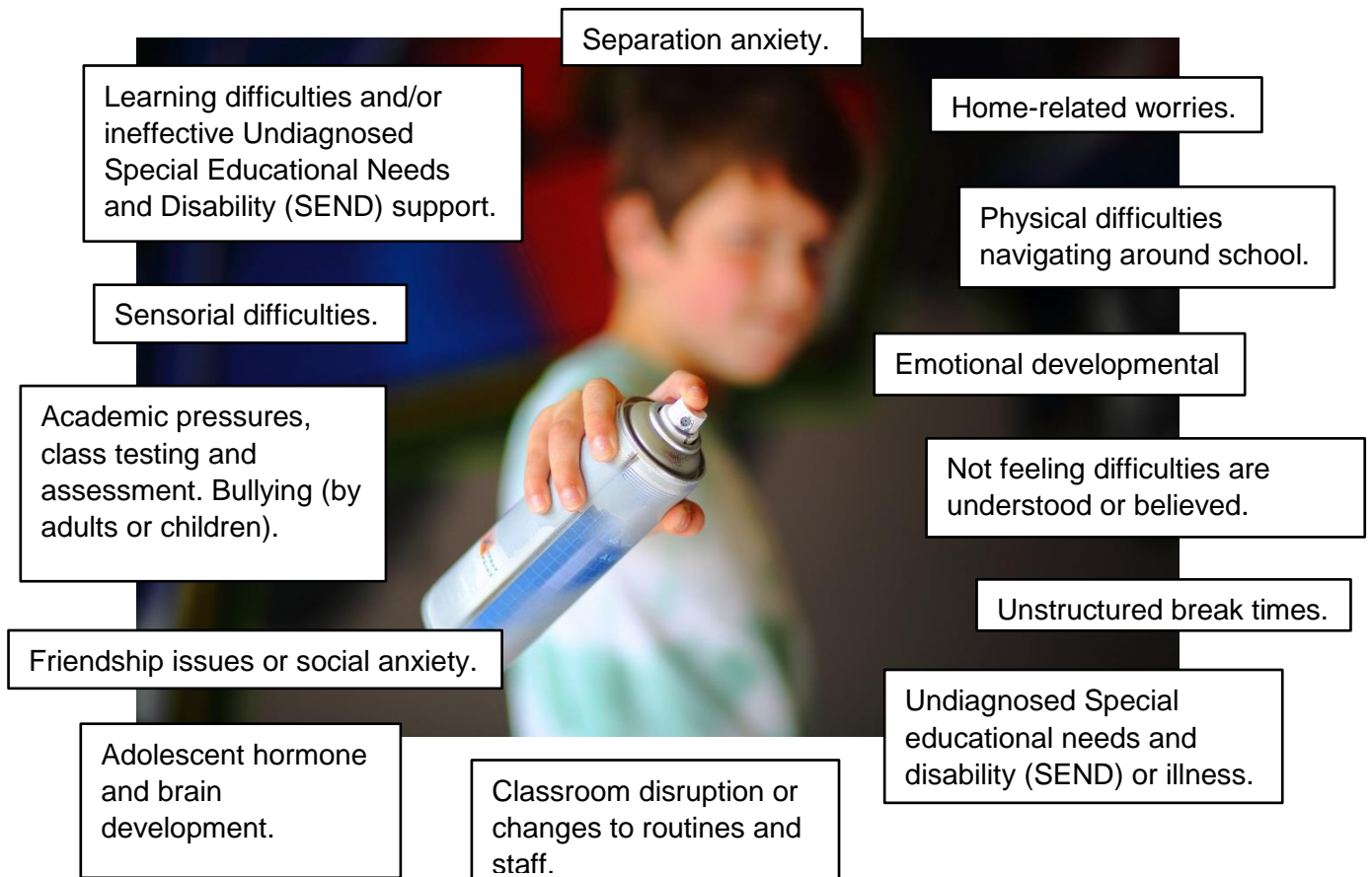
Young Minds: The national charity committed to improving the mental health of all children and young people (8–16 year olds). They also have a parent's information service. <http://www.youngminds.org.uk>

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

Emotionally Based School Refusal (EBSR)

The statistics on EBSR are not accurate as there is no differentiation between other non-authorised absences. It is estimated that approximately 5% of school-aged children will experience EBSR. One of the harmful aspects of EBSR is that once it starts, it is a vicious cycle of escalating anxiety. Avoiding a situation which causes fear only makes it scarier the next time you are faced with it. In the long-term, many teachers and professionals underestimate how damaging it can be. Some studies have proven that the combined social isolation, loss of education and loss of confidence and self-esteem leads to long-term mental health difficulties as they progress into adulthood.

Reasons for EBSR



‘School refusal occurs when stress exceeds support, when risks are greater than resilience and when ‘pull’ factors that promote school non-attendance overcome the ‘push’ factors that encourage attendance.’ – M. S. Thambirajah

<https://senmagazine.co.uk/articles/articles/senarticles/the-roots-of-school-refusal>

It is unhelpful to label school refuser’s as lazy, disrespectful or naughty. The presenting behaviours often tell a story of much deeper issues which, at times, the young person cannot explain.

How to get back to school

Mental health education: Supporting young people to have the vocabulary and insight to be able to explain how they feel, what they feel, and why they feel that way. Providing opportunities to learn about emotional literacy, explore good self-care, and a range of coping strategies.

Having positive mental health policy in schools: Address the stigma associated with mental health. Create an open culture of learning how to look after the mind as well as the body and give the same priority as physical education, sex education and social education.

Encouraging a growth mindset and using more positive language: Learning Outcome 2 will give you much more information on this.

See the child, not the behaviour: Unit 1 and 2 of this course will have given you a good understanding of the factors that influence mental health and how the brain processes this information. Very often we misinterpret the behaviour of others. It is important to remember that we all have different levels of resilience and different ways of coping, and we should never assume that we understand how another person/child/young person is thinking and feeling.

Working together: It is important to work with the whole family. Early intervention is always best when dealing with anxiety, however, if the situation becomes prolonged it is important to have good links with CAMHS and educational psychology for specialist support when required.

Keeping the young person in the centre: Ultimately, mental health professionals, teachers, parents and even other peers cannot force a child back into school. They also cannot fix how they are feeling. It is important to have a circle of support around the child that guides the child to make sense of their feelings and how they might be able to feel more in control and start to find ways to manage their feelings.

Limit setting



One of the best coping strategies that we can have is to set limits and ensure that we have a good understanding of our needs. Learning to say 'no' or being clear about what you are able to do is essential. Know your limits and when things are likely to get to the upper end of stressful, then you can make better decisions in relation to organising your life. This doesn't mean you never push yourself out of your comfort zone — we all need to be stretched to develop but if you over-commit and you find yourself perpetually running in circles, the likelihood is that you will continually feel dissatisfied with yourself. You may feel that you are always tired, anxious and worried.

Setting limits, however, is an extremely difficult thing to do. It takes practice and you also need to have a good understanding of what your limit is.

Reasons why limit setting is difficult:

- ◆ **Fear of what others think.**

When you fear what others think, you're assuming the negative. You don't know what people are thinking and you cannot control what others think. That provokes a sense of powerlessness, frustration and self-doubt. Everyone is entitled to their own thoughts.

- ◆ **Assuming they'll be mad or upset.**

Do not assume the outcome without knowing for sure, be careful to check out any assumptions. If someone looks upset, ask them, it's probably not you and even if it is its best to talk about it and clear the air.

- ◆ **Trying to avoid conflict.**

Do you ever say yes to avoid a fight? Don't assume that setting a boundary will cause an argument. Most of what you fear never actually happens. Being clam and clear about what you want and why it important is more likely to be heard. It is important not to make unreasonable demands.

♦ **Not wanting hassle.**

It's much easier to avoid the hassle and keep quiet. The problem is that if we just go with what other people want all of the time, you start to feel devalued and begin to lose your own identity.

♦ **Thinking it's not that important.**

Feeling bad about yourself or that you don't deserve to be heard keeps you pleasing others and neglecting yourself. Everyone has needs and it's up to each of us to know what they are so that we can take responsibility to have our needs met.

♦ **Fear of being seen as selfish.**

It is much easier to have confidence in setting limits when you are mentally healthy. This is not selfish. It is looking after yourself so that you can be responsible for other aspects of your life such as taking care of relationships, work, school, etc.

♦ **Not knowing where to start.**

So how do you actually set a healthy boundary?

- ♦ speak up and ask for what you want
- ♦ be open for some negotiation
- ♦ be clear and specific in your request
- ♦ Stay calm and be reasonable and realistic

Identify three limits that would be helpful to you and how you might do this:

Example:

Not being accessible on social media all the time

- ♦ Have set times to check your phone each day (morning, afternoon, evening). Limit this to half an hour.
- ♦ Explain to friends that if it is an urgent matter, they should call you.
- ♦ Arrange to meet up with friends at times that are convenient to you.
- ♦ Put your phone in another room half an hour before bedtime so that you can switch it off.

Group task

Research a range of coping strategies. Create a poster (National 4) or leaflet (National 5) giving information on coping strategies and how they might be helpful or unhelpful.

What is resilience?

Being resilient does not mean being immune to stress; resilience is the ability to adapt to, and cope with stressful situations. In other words, it is our ability to bounce back from difficult and stressful events within our life. It is not an innate (something we are born with) quality: it can be acquired through learned behaviours, thoughts and actions. Unit 1: Factors which Influence Mental Health and Wellbeing addresses many of the issues which can affect how we think, feel and behave. Situations which are stressful to us and how we cope with them are part of our life experience. The nature of our support, relationships and guidance all have an impact on how well we cope. By better understanding the things that influence how we feel, we can learn to deal with them. By learning from each experience, resilience grows. Making sense of life, our relationships and the role we play is a very important part of being able to 'self-regulate'. This means being able to act or behave in a way that is in our best interest and to be able to cheer ourselves up when we feel sad or manage our anxiety when we feel stressed. It does not mean we should never be exposed to difficulty or stress. To be resilient we need to experience difficulty and change and learn how to work through it and navigate it. Resilient people acknowledge that we must feel the full range of emotions in order to be healthy and happy, and accept that it's ok to feel sad, angry or frustrated at certain times in our life. I

Learning to be resilient can involve using a range of factors to strengthen how we cope emotionally. Maintaining good self-care is an aspect of this, these include:

Acknowledging the importance of relationships

No man is an Island is a very true expression. From the moment we are born we are reliant on others to support and nurture us. The quality of our relationships provide a benchmark for how we relate to others, how secure we feel and how trusting we are of others. We need relationships in our life as it gives us both a sense of belonging but also a sense of purpose. Other people are also important for keeping us grounded and providing honest support and advice when we need it. Other people can also remind us of the things we take for granted and that give us happiness.

Taking a Holistic View of wellbeing

According to the World Health Organisation, mental health, social health and physical health all go hand in hand. It is important that we keep physically active and healthy to maintain our emotional wellbeing.

Time Out

Having space to ourselves and having the opportunity to wind down is often something we don't prioritise and can feel guilty and selfish for doing. This kind of self-care is important. Every day we need to have some space to do the things we need to do to unwind and relax. For some people this might mean going for a walk, it could be meditation, watching a good movie, listening to or playing music

or reading a good book. Whatever you do to take yourself away from the daily stress helps to bring balance.

Self-Talk

Often, we can have a negative narrative rolling about our heads which can affect our motivation and how we think. For example, we can often blame ourselves or others when things don't go as planned or when bad things happen. Sometimes there may be wrongdoing by ourselves or others but it is important not to dwell on the negative feelings. It is better to be honest and have a balanced view. For example, instead of thinking '*I failed that exam because I am stupid or because the teacher never taught us properly*'. You could say '*I haven't passed yet but I didn't get my study plan right, so I will learn from this and get some support to understand how I can do better.*' It is often negative self-talk which affects our motivation and emotional responses. It has a detrimental impact on our self-esteem and how resilient we are as we don't learn anything from the experience.

Remembering you always have a choice

Often when things are tough it can be difficult to see what choices we have. They may be limited and we may feel at the mercy of others, but we always have a choice. We can choose how to respond and deal with those difficult situations. This is the first step to feeling in control.

Self-acceptance

We will explore this more in Outcome 2. Self-acceptance is about finding happiness from within. It is acknowledging that you are comfortable with who you are and appreciate all the things that make you unique and human!

Persevere

Building resilience takes time, and experience. It is important to feel the full range of emotions and learn how to emotionally self-regulate. Self-regulation is learning how to soothe ourselves and manage our emotions. This takes practice, self-awareness, and honesty.

Is there a difference between coping strategies and resilience?

'Coping strategy' describes any behaviour that is designed to manage the stresses and overwhelming feelings that comes from tough situations. By learning and developing positive coping skills in teenage years, you will build 'resilience' and wellbeing and be set up with an important skill for life. It's also important to understand how these strategies can have very different long-term results.

Cultural norms

Cultural norms are a set of standards within society which influence how groups of people think and behave. They are also used to control the behaviour of groups of people. Cultural norms can be unwritten rules or assumptions around what behaviours are deemed acceptable and unacceptable within particular groups in society. For example, people will queue in an orderly fashion in the UK to get on a bus or waiting for the opening of a club or a shop. Cultural norms can also change over time. According to Institute of Public Policy Research (IPPR) (2014) explains the increased use of technology in recent years is changing the sexual relationships and habits of teenagers. It is increasingly a cultural norm for teenagers to engage in sexting and posting naked pictures of themselves online, and that 7 out of 10 young people access pornography online while at school between ages 13-15. 20 years before the use of SMART phones and regular use of social media pornography was accessed on the top shelf of a news agents or the back room of adult video shops. Sexual relationships were conducted on the basis of private interpersonal relationships which were largely monitored by parental supervision.

Cultures can exist within society at different levels.

There are cultural norms at:

- ◆ **Country level**

For example, the statutory school age for children in England, Northern Ireland, Scotland and Wales is 5-16 years whereas if you lived in Sweden you would not start school until age 7.

- ◆ **Community level**

In certain areas there are more prevalent cultural norms which are created by other social factors. For example, gang culture and associated violence, carrying of knives and retribution shootings.

- ◆ **Cultural norms within families**

Some families will sit and have a meal together every night at a table and discuss the day's events, others will prefer to sit in front of the TV or in separate rooms.

This is a complex concept but ultimately there are certain rules which we collectively abide by because it is acceptable practice within a particular context. As much as we are all different we don't want to be too different. For example, being the new person in work or college can be daunting because we aren't certain what the 'normal' cues for certain behaviour might be, for example, when do people have lunch? What does 'flexible working' really mean? In new situations we often spend time observing and learning from others so that we can be accepted and fit in.

Cultural norms are a very important concept when it comes to our mental health and wellbeing. Cultural norms help us to feel part of the group and give us a sense of security however; stress experienced by people in society can also be

related to the pressure to conform to cultural norms. For example, if you move from one country to live in another, there will be certain practices and ways of behaving which will be unfamiliar and strange. This can lead to feelings of disorientation and even sickness this is called 'culture shock'. Cultural norms can also influence how we view what is acceptable and what is unacceptable ways of coping. There has been very limited research in this area however there is some evidence to suggest that cultural norms and values can affect how we perceive difficulty, they influence our personal values and beliefs and they can also legitimise what is acceptable and unacceptable ways of behaving and coping. For example, prayer may be a cultural norm for your family and community, in some secular cultures this may not be viewed with the same importance and legitimacy.

To learn more about cultural norms, use the links below to watch the BBC bitesize series on Radio 1, 'Coping', and a short documentary on gang violence in London and how living in cultures of violence can affect a person's mental health, emotions and behaviour.

Coping

<http://www.bbc.co.uk/programmes/b00zp0xc>

How gang violence affects mental health — BBC News

<https://youtu.be/CuneeOypj3U>

Formative Assignment:

Group Activity

Poster Presentation

Create a poster that highlights the importance of understanding cultural norms in relation to coping and resilience.

Outcome 2: Promoting good mental health and wellbeing



We all have mental health and we all need to work at looking after it. There is so much about our brain that we don't know, but we do know that when we put our brain under too much strain, much like our bodies, it will become ill. Our brain and our body are also interdependent — they do not exist separately and if we don't look after our physical health then our mental health will suffer and vice versa. This then affects our overall wellbeing and our ability to live and function to the best of our ability. We all have insecurities and we all are guilty of not looking after ourselves when we should.

These insecurities can sneak up on us when we least expect it, it can be something we are not even always aware of. Maybe it is something we are constantly worried about. It can be something that makes you feel insecure or you believe 'is not good enough'. It could be about physical appearance, it could be a mannerism or relationship issue. Learning when we need self-care and how then to look after ourselves can often be a challenge. Self-care is the action or activities we can engage in ourselves in order to maintain and improve our mental health and wellbeing. Often we are very good at looking after other people and we are able to offer good advice and support to others in need but it is much more difficult to do this for ourselves.

Group activity

List as many reasons as possible as to why you think self-care might be difficult.

Discuss

Some of the reason might include:

- ◆ Fear
- ◆ Becoming so stressed that it's often too difficult to identify what needs to be done
- ◆ Worried about showing weakness
- ◆ Not wishing to take time out in case you let other people down
- ◆ Not being able identify the emotions you may be feeling
- ◆ Feeling ashamed
- ◆ Not knowing what to do
- ◆ Peer pressure
- ◆ The environment makes it difficult

Activity

Think of a time recently where you have been stressed, unhappy or frustrated.

Imagine you are giving advice to a good friend going through the same thing. What support and advice would you offer this friend?

Self-care is all about giving you a break and being your own best friend.

Activity

Seeing yourself as you are

List five culturally valued traits that you are above average: e.g. 'I am a talented singer', 'I am a great runner', 'I try really hard to be kind to everyone'.

1. _____

2. _____

3. _____

4. _____

5. _____

List five culturally valued traits for which you are average: e.g. 'I am a pretty average student', 'I am good at listening to others', 'I love running but I am never going to be an Olympian!'.

1. _____

2. _____

3. _____

4. _____

5. _____

List five culturally valued traits for which you are below average: e.g. 'I am not especially trendy', 'I am terrible at telling jokes', 'I am never on time for anything!'.

1. _____

2. _____

3. _____

4. _____

5. _____

Consider all of the traits above. It is important to understand that being human is about recognising all of the facets of ourselves and accepting that this is who we are. Being human is complex, part of 'being' is about accepting our own diversity and being comfortable and happy with ourselves. If we can do this then we can have empathy for others and appreciate the diversity of others. We live in a society where we are expected to be the smartest, to look our best, to be the fittest, to be the slimmest, to have the latest product. These socially defined norms are reflected onto each of us and add pressure on how we should be. It is important to remember that none of us are perfect and that many of these expectations are unrealistic. How boring would the world be if we were all excellent at everything all of the time, we all had the same sense of humour, we all wore the same clothes and we all looked physically the same? It is these differences that can make us feel vulnerable but it is also these differences that set us apart and give us strengths and talents that are unique.

Brené Brown, TED Talk: The Power of Vulnerability

https://www.ted.com/talks/brene_brown_on_vulnerability

List three key ideas that you have learned from Brené Brown's TED Talk.

In small groups, share your learning points and why you felt these were important.

1. _____

2. _____

3. _____

What is self-awareness?

Self-awareness is about being consciously aware of our traits, feelings and behaviours. It is not something we tend to focus on, however, the more self-aware we are, the more likely we will be to understand how we interact with our environment and with others. Good self-awareness also means that we are able to evaluate what we need to stay mentally healthy and maintain our wellbeing.

Further activities to explore self-awareness in more detail can be found in the links below:

Understanding the Johari Window model

<http://www.selfawareness.org.uk/news/understanding-the-johari-window-model>

Daniel Goleman, Emotional Intelligence Definition

<http://bigthink.com/videos/daniel-goleman-introduces-emotional-intelligence>

Daniel Goleman, Emotional Intelligence and Compassion

https://www.ted.com/talks/daniel_goleman_on_compassion

Activities on Emotional Intelligence for Teenagers

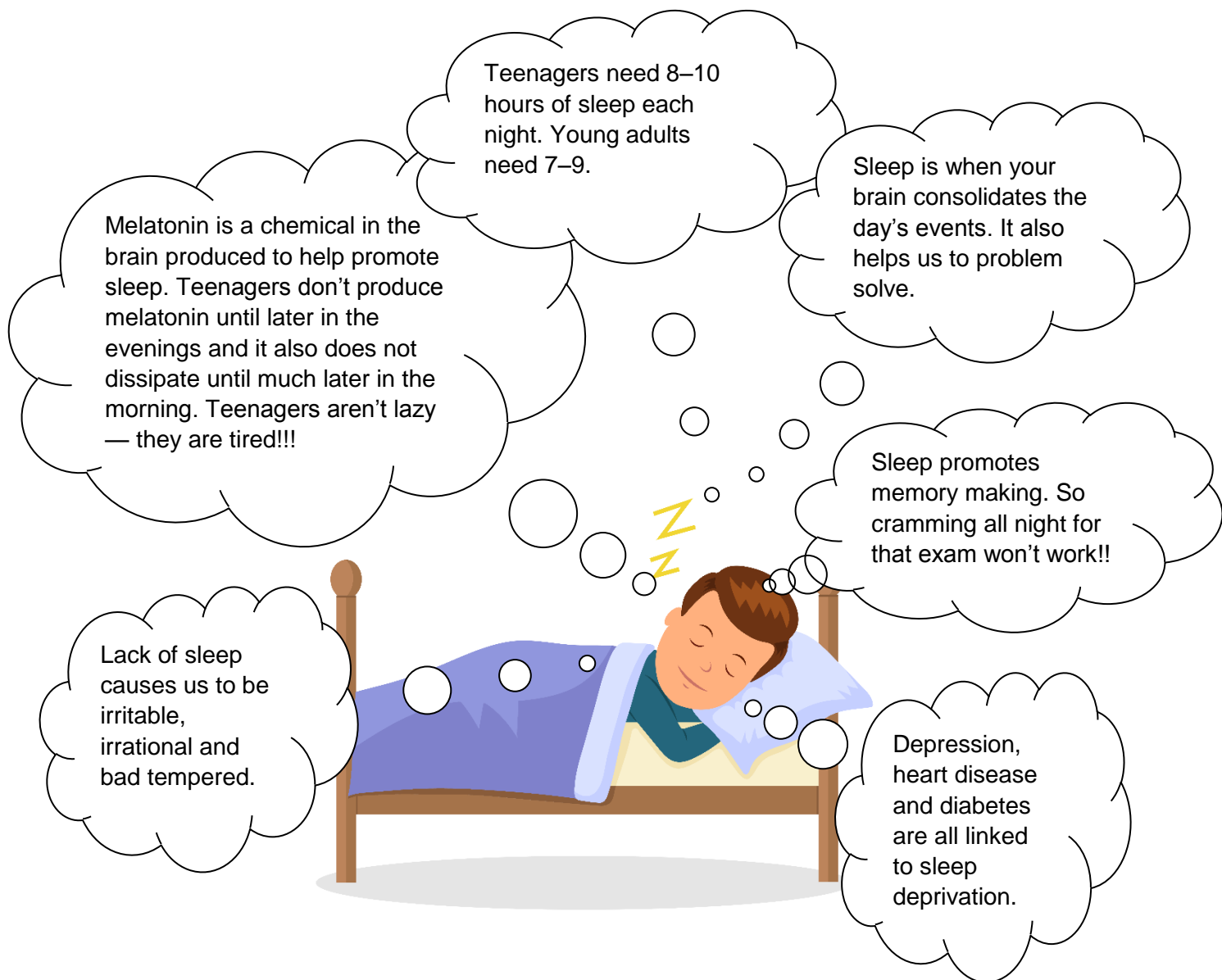
http://ong.ohio.gov/frg/FRGresources/emotional_intelligence_13-18.pdf

Self-care

Self-care is a range of actions that a person can take for themselves to maintain and look after their wellbeing. Some of us are much better than others at looking after ourselves. Taking some time to care for yourself does not mean that you are selfish. If we neglect our own health then we cannot look after others and participate and manage other responsibilities in our lives effectively.

One of the biggest things we neglect to do is get enough sleep! Sleep is one of the most important things we can do to manage our mental health and wellbeing.

Sleep facts



Good sleep hygiene

Sleep hygiene is the steps or measures taken in order to help our bodies produce melatonin at the correct time to help us to get to sleep. Sleep is one of the most important activities we can do to help our bodies recover from physical or mental illness, and depending on our lifestyle, some need more sleep than others.

Generally, between 7–9 hours sleep for the average person aged 18–64 is considered to be healthy. Sleep is important as it helps muscle tissue repair, e.g. athletes need a little more sleep to help their bodies recover from training. It is during our sleep that our brains commit information to our short-term and long-term memory. If you have a problem you can't solve today, it really can be useful to sleep on it! It is possible to sleep too much. There is now a body of evidence that suggests that too much sleep could be linked to other mental health and physical health problems, so if you find you are regularly spending 10 plus hours a day in bed and still not feeling refreshed, then you should see your doctor.

One of the first things to suffer when we feel stressed or under pressure is often our sleep pattern. According to the sleep council in 2012, the NHS spent £50 million on sleeping pills alone. However, we know that if we can maintain good sleep then we can cope better with stress. Practicing good self-care is therefore important for promoting sleep.

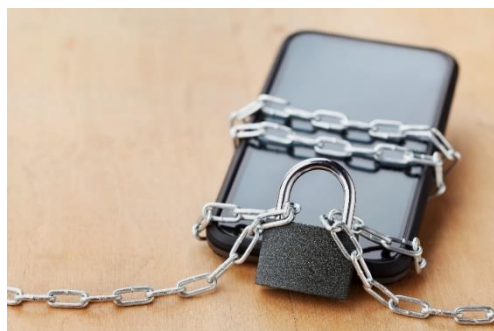
Things we can do to promote sleep:

Environment

- ◆ keep it dark — even ambient light suppresses melatonin production
- ◆ make sure the temperature isn't too warm
- ◆ clear clutter
- ◆ have a comfortable bed
- ◆ have a blanket to keep your extremities warm

Put your mobile phone and other devices to bed in another room

- ◆ blue light from devices keeps your awake — **fact!!**
- ◆ make sure you come off devices at least half an hour before you go to sleep
- ◆ social media and fear of missing out will keep you awake — there is nothing in your social life that can't wait until tomorrow
- ◆ get an alarm clock — you don't need a mobile phone to wake you up



Bedtime routine

Bedtime routine isn't just for little kids. We need to let our bodies and brain know that it's time to sleep.

Working shifts can play havoc with your sleep pattern, so preparing our bodies for sleep is even more crucial:

- ◆ Give yourself time to wind down.
- ◆ Don't work, eat and watch TV in bed — make your bedroom a sanctuary.
- ◆ Don't do strenuous exercise before going to bed.
- ◆ Have a bath, meditate, and/or read a book.
- ◆ Whatever you do, establish a routine as it prepares your body for sleep.

Worry

Worry steals our joy and steals our sleep.

- ◆ Managing social media and having a work/life balance is a crucial aspect of managing worry, which comes with the increased expectation that we are online and available 24/7.
- ◆ If you have other worries, write them down.
- ◆ Take control of the things you can make decisions about. Make a plan to address them and share your worries with others who can offer support and advice.

Diet

You have one body and one mind so don't treat it like a bin.

- ◆ Eat a balanced diet.
- ◆ Don't eat lots of sugar before bed.
- ◆ Minimise the use of stimulants such as caffeine or cigarettes, particularly before bed.
- ◆ Alcohol may knock you to sleep, but you won't get a good quality sleep, so resist using alcohol to induce sleep.

Exercise

Healthy body = healthy mind.

- ◆ Exercise regularly.
- ◆ Try not to exercise intensely at bedtime. However, it is better to exercise even if the evening is the only time you can fit it in.
- ◆ Exercise helps to regulate body temperature.
- ◆ Good fitness supports good sleep.

Relax

Don't sweat the small stuff — it's all small stuff!

Easier said than done, but all things pass: the worst things; the stressful things; the worrisome things; and the happy things. It is a cliché, but time is a healer and we spend much of our time worrying about things we can do very little about.

Try to gain perspective, focus on the things that are good and that matter most.

Managing how we feel and inducing our body into a relaxed state takes training and self-discipline. Having control over our emotional state and responses is called self-regulation. You will have already covered many of these in class discussions. Others might include:

- ♦ mindfulness
- ♦ meditation
- ♦ yoga
- ♦ breathing techniques

If you are really having trouble sleeping even after trying all these methods of sleep hygiene or self-care, then you must seek support from a professional person such as your GP.

Mind: Activity researching self-care

<https://www.mind.org.uk/information-support/your-stories/getting-mental-healthy-for-2015/#.WuDZPMgvzIU>

Mind is a mental health organisation which provides online support, and campaigns to promote a better understanding of mental health and wellbeing and also addresses stigmas associated with mental illness.

Mind often publish the stories of others who have lived experience of mental illness or mental health issues to share how they learned what works for them and how they use self-care techniques to maintain positive wellbeing.

Activity

Read some of the blogs on the Mind website and identify four different types of self-care highlighted by some of the bloggers who have discussed their own lived experiences, and what works for them.

1. _____

2. _____

3. _____

4. _____

Are there any types of self-care that you would find useful?

In groups, identify four other types of self-care and explain how they foster wellbeing and good mental health.

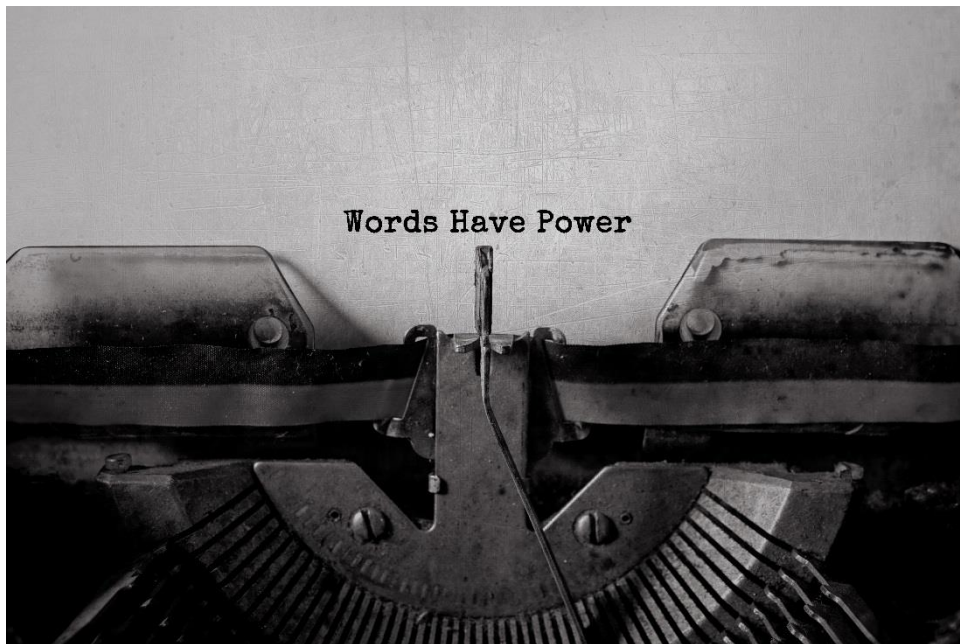
Types of self-care	Benefits
Example: A good sleep routine	Poor sleep can lead to worry. If we are well rested, we can think more clearly and we feel more relaxed.

An important aspect of self-care is that it is individual to every person. By ensuring that our physical and social needs are met, then good mental health can be sustained. Good mental health does not mean that we should always feel happy and elated, it means that we are capable of feeling all emotions and that we recognise how these emotions affect how we think and behave. On a daily basis we can experience a range of emotions, each of us have different personalities and social circumstances. Good mental health is a sense of contentment. According to the mental health foundation, good mental health is characterised by a person's ability to fulfil a number of key functions and activities, including:

- ◆ the ability to learn
- ◆ the ability to feel, express and manage a range of positive and negative emotions
- ◆ the ability to form and maintain good relationships with others
- ◆ the ability to cope with, and manage change and uncertainty

<https://www.mentalhealth.org.uk>

Positive language promoting mental health and wellbeing



Language and how we use language in relation to mental health and wellbeing is one of the single most important issues when we are referring to stigma. Stigma is when we brand a person and then shame them due to a set of identifying factors which set them apart from others. The obvious thing to point out with regard to this is that mental health is something we all have. However, we often confuse terminology associated with mental health and mental illness and use labels which can be misleading and upsetting to others. In Unit 1: Factors influencing mental health and wellbeing, and Unit 2: Understanding mental health and mental illness, you should have developed an understanding that many of the negative attitudes associated with mental health and mental illness are based on opinion rather than fact. Many of the myths that exist are used to perpetuate much of the stigma that currently exists. Much of the negative self-talk that people experience when they are anxious, stressed and worried occurs because they are frightened to speak openly about their insecurities and anxieties, and this can then lead to more serious mental illness.

Did I say too much? Maybe I didn't say enough. I didn't speak clearly. People will think I don't know what I am talking about...I am really stupid...people will think I am stupid.

Am I fat in this? I look really frumpy...I can't wear this out...everyone will stare at me...I am really ugly...why would anyone want to be seen with me...I can't go out...if I go out everyone will just laugh at me.

By perpetuating stigma around mental health, people feel insecure and anxious about sharing their feelings; this is often rooted in a fear of being labelled 'mad', or 'crazy'. The reality is that most of us experience these insecurities a lot of the time, and actually some of these anxieties are socially normal. For example, consider social media and how important other people's validation of us through 'likes' and 'shares' are? How many of us have taken down a picture because it didn't get enough likes? Good mental health must start with us. We can't send a friend to the gym to exercise if it is you who wants to lose weight and be more physically healthy. It is therefore reasonable to assume that we cannot expect other people to make us mentally healthy. Other people can support us, just as a personal trainer at a gym can advise on a fitness plan the suits, but seeking out the right people to give you the right advice at the right time is important for sustaining and maintaining good mental health. This doesn't always need to be a mental health professional — on the contrary — everyone should have a good critical friend who they can trust to share how they feel. This could be a family member, or someone from your peer group. Understanding the language we use when we talk about mental health is a crucial aspect of addressing stigma. For example, mental health is often used when talking about mental illness; mental health does not mean mental illness. If we aren't mentally healthy and sustaining our mental health we can become mentally ill.

Using labels to refer to people such as 'He's a schizophrenic', 'She's bipolar', 'He's a depressive', 'She's hyper', 'She's a psycho', or 'He's a junkie', defines a person by their illness or behaviours associated with underlying mental health issues. It is not only offensive and disrespectful, but it further stigmatises people with genuine illness. It isolates people who may not have any diagnosed condition and shames them into not accessing support when they may need it. We would never refer to a person with cancer as a 'cancerite', or a person with eczema as 'He's eczema'. It sounds ridiculous and shocking, doesn't it? However, we do this all of the time when we talk about mental health. When we stigmatise groups of people, we brand them. People do not actively use this language to intentionally cause others to feel bad, but this lack of understanding and recognition of the power which exists in the words that we use to describe others creates barriers. It prevents people from having open conversations and discussions about mental health and wellbeing. It is important therefore, that we think and use language responsibly as words can be very damaging if used in the wrong way.



The media and much of society uses language and images that set the tone when we talk about mental health. For example, when imagery is used in relation to mental health and mental illness it is often the image of person with their head in their hands, lonely, and in despair.



Mental health and maintaining a healthy life is of central importance to all of us. We will all experience trials and tribulations throughout our life but we would not wish to be defined by only the things that cause us pain and anguish. It therefore does not make sense that we should define anyone experiencing a period of mental illness and distress by those times when they feel at their worst. A person with a physical illness will have good periods and bad periods. This will be the same for a person who has a mental illness or experiencing mental health difficulties. If we always focus on the negative aspects or the darker side of life then we will never be able to see our strengths and move forward. Learning to use more positive language and be able to see the positives, even in difficult situations, takes time and the right support and guidance, but it is crucial if we are to change attitudes and reduce stigma around mental health.

Read the following statements and consider how they reflect stigma:

- ◆ 'She needs her head examined.'
- ◆ 'What do you expect? This is the snowflake generation?'
- ◆ 'You need to toughen up.'
- ◆ 'You really do need to sort yourself out.'
- ◆ 'Ignore him, he's just a weirdo.'
- ◆ 'He brought it on himself — once a junkie always a junkie.'
- ◆ 'Ignore her, it's just attention-seeking behaviour.'
- ◆ When people ask you how you are? Do they really want to know how you are feeling and would you be okay telling a person how you were really feeling?
- ◆ How would respond if a peer said to you:
- ◆ 'I'm feeling really tearful and mixed up today, I don't really know why. I just do.'
- ◆ 'Have you ever felt like you don't belong, like you are sitting outside everyone else's frame of reference? That's how I feel.'
- ◆ 'I am so angry; I actually don't know what to do with myself. I am afraid I might hurt someone or myself.'
- ◆ 'I am so anxious that I could hide away for ever.'
- ◆ 'Sometimes I think the world would be better off without me.'

Class activity

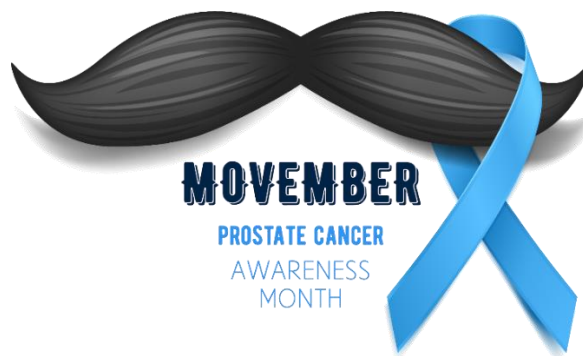
Put a range of statements on the wall. Give students some post-it notes and ask them to write a response to each statement and stick their response on the wall to the corresponding statement. Once everyone has written their responses, have a discussion about the range of views expressed. How easy/difficult was it to think of a response?

These feelings are common. If we are all honest with ourselves we can all relate to some, if not all of these statements at some point in our lives. The most important part of being mentally healthy is about recognising that we are all thinking, feeling, doing, imperfect human beings and we all experience the full range of emotions at every level of intensity. If we accept this as part of who we all are, then immediately we all become connected. Not feeling alone and isolated is essential to maintaining good mental health and wellbeing. Being able to communicate without fear of prejudice is an important aspect of belonging. Being able to be honest with ourselves is an extremely important part of learning how to cope and develop the skills we need to be resilient.

[illegible]

Look at the sample poster below. They are public health posters designed to promote positive images of health and wellbeing.

A stylized illustration of a woman with dark skin and curly hair, wearing a red headband and an orange tank top, breastfeeding a baby. The baby is wrapped in a pink cloth. The background features radiating lines. Below the illustration, a banner reads "World Breastfeeding Week • 1-7 August".



Growth mindset

Dr Carol Dweck, a psychologist from Stanford University, coined the term 'growth mindset' 30 years ago. Her research proved that the brain was malleable and that the ability to learn and develop was influenced by self-talk which is often reinforced from a very young age. She proved that young people who recognised that learning and development required effort and overcoming challenge and difficulty through perseverance. Psychologist, Angela Duckworth, has referred to this as 'grit' which is 'perseverance and passion for long-term goals.' Angela goes on to say that **resilience** is the optimism to continue when times are tough and you've experienced some failures. The ability to learn and develop socially, emotionally, cognitively and culturally is intrinsic to our wellbeing.

Watch TED talks by Carol Dweck and Angela Duckworth to learn more about growth mindset:

https://www.ted.com/talks/carol_dweck_the_power_of_believing_that_you_can_improve

https://www.ted.com/talks/angela_lee_duckworth_grit_the_power_of_passion_and_perseverance

Discuss in your groups what mindset you have.

Complete the quiz for fun:

<https://studentsuccess.unc.edu/files/2015/08/MINDSET-Quiz.pdf>

In your own words, define 'growth mindset'.

Growth mindset vs fixed mindset

'My work bridges developmental psychology, social psychology, and personality psychology, and examines the self-conceptions (or mindsets) people use to structure the self and guide their behaviour. My research looks at the origins of these mindsets, their role in motivation and self-regulation, and their impact on achievement and interpersonal processes.' — Carol Dweck.

Carol Dweck's studies focused primarily on students. She found that some students were more open to learning than others. The reasons for this are a complex combination of understanding how a person's beliefs, values, and outlook, i.e. how they see themselves in the world and how they believe others see them. Dweck would argue that a person's motivation to learning is then influenced by expectation (which is linked to cultural norms), and personality. The ability to self-regulate or, in other words, manage how we respond to challenges and barriers to learning is an extremely important aspect of this.

Fixed mindset

Dweck's studies evidenced that some learners believe that intelligence and talent is an innate quality. These types of learners tend to have a mindset or attitude that intelligence and, subsequently, opportunity to succeed is pre-determined and therefore, no matter how hard you work, it won't make any difference. They will often avoid challenges, see effort as tiresome and pointless, give up easily when they come across a barrier, really dislike constructive feedback and will often seek to blame others for their lack of success. Those with a fixed mindset expect to win and when they don't they are bad losers.

Growth mindset

People with a growth mindset tend to be less certain of their abilities but are more willing to give things a go. They will take risks, and they will be more resilient to failure and mistakes. This of course does not mean that they are unaffected by these experiences. They will still feel frustrated, and it can be painful. However, they will reflect and choose to see what needs to be learned from the experience and then try again. Growth mindset types will see the benefit of feedback, will recognise that challenge is an opportunity, and that effort is essential to achieving potential. They will be a problem solver and often very creative in how they think.



- I can learn anything I want to
- When I'm frustrated, I persevere
- I want to challenge myself
- When I fail, I learn
- Tell me I try hard
- If you succeed, I'm inspired
- My effort and attitude determine everything



- I'm either good at it, or I'm not
- When I'm frustrated, I give up
- I don't like to be challenged
- When I fail, I'm no good
- Tell me I'm smart
- If you succeed, I feel threatened
- My abilities determine everything

Dweck's studies go on to prove that it is possible to nurture and support people to have a growth mindset. In particular, she recognised the influence of schools and expectations of caregivers; the language used to encourage; the cultural expectation placed upon young people and children; and the fact that these can be hugely influential in supporting a healthy mindset. By surrounding ourselves with people who will challenge us and encourage us, we are more likely to grow and develop.

The power of *yet* vs the tyranny of *now*

The power of yet was discovered when Carol Dweck noted that, instead of a fail grade, a college gave its students a 'not yet' grade. This was designed not to dishearten students but to let them see that they were on a learning curve, reinforcing that success has to be developed over time through effort, feedback, reflection and re-evaluation. It's got to be deliberate and the ability to think critically about how you learn, your motivation, and what you need to do to get to where you want to be is a crucial part of this. Therefore, it is important that tutors, teachers, or mentors are guides for learning providing the right scaffolding at the right time to encourage. These learners will look to the future and will thrive on the experience and recognition of effort. They will come to realise that work ethic is much more important than the final outcome.

The tyranny of now is the fear and dread that overcomes learners who struggle with the very thought of a challenge or a task that they believe can't be achieved immediately. This is a catastrophe and often they will feel angry and will become quickly disillusioned. They will struggle to accept responsibility of their own development choosing to view this as other people's problem and will respond defensively to guidance. It is important to nurture someone with a fixed mindset. First, they need to know that they have choice. The environment must encourage that opportunity to choose an alternative way. For example, if mistakes always lead to punishment, then this sends the message that there is no scope for growth because you are a failure. If mistakes and the language used around mistakes and challenges changes to:

(Conversation between a student with a fixed mindset and a teacher trying to support growth mindset).

Growth mindset: 'Okay, that was difficult, but what did you learn from it?'

Fixed mindset: 'I'm stupid and rubbish at this.'

Growth mindset: 'Did you know that the most successful people have often experienced major setbacks. Even Albert Einstein failed science! But he had a passion and was determined to succeed.'

Fixed mindset: 'You are a rubbish teacher.'

Growth mindset: 'I am hearing that you feel that I have placed you in an unfair position. Help me to understand what it is you are finding difficult and let's work together to find a solution.'

By changing the language we use with others and being consistent in our approach, we can help to change expectations and, over time, change the conversation. One of the important aspects of shifting mindset is also about learners changing their own language and internal voice. This does take time and practice.

Growth mindset = healthy mind

If we can have a more positive and encouraging internal narrative then we are more likely to have a healthy mind, and we are more likely to adequately self-regulate when under pressure or stress. People with a growth mindset won't have any less setbacks than a person with a fixed mindset, but how they choose to deal with setbacks is a crucial aspect of learning resilience and appropriate ways to cope. Choice and taking responsibility for our choices is a key part of the learning.

Formative assessment (group work)

Organise a wellbeing event for your peers. Identify a range of activities that you would want to include and think about how you will communicate the benefits to others.

Outcome 3: Different types of support available and ways to address barriers to support

Accessing support

Accessing the right support at the right time is an essential part of managing our mental health. If we have a sore throat, we will maybe try some home-based self-care such as gargling saltwater and taking some paracetamol; taking time off school/work/college and getting some rest. If it persists beyond a couple of days, we may consult the pharmacist who might recommend other remedies. If we find that, after a week, our throat is really not improving, we go to the doctor as it may require a stronger treatment. If we find this isn't working, the doctor may send us to the hospital for further investigation and treatment. At no point in the process would we feel silly seeking support or judged for having a painful throat. Conversely, if it got worse, we would become more active in our pursuit of a treatment to manage the pain and find the root cause so that the correct treatment could be given.

When it comes to mental health issues it is always best to seek support as early as possible. As with our physical health, most general physical and mental health issues can be addressed either through positive self-care and early intervention, the longer we let health problems go untreated, the more chance there is that they will worsen and more invasive and intense intervention may be required. Unfortunately, due to much of the stigma surrounding mental health, people will generally minimise the effects of stress in their lives and avoid seeking support or don't actively engage in maintaining good self-care when they need it most. Sometimes it is difficult to spot when you aren't as mentally healthy as you should be and there can also be limited access to formal support services.

See Me Scotland are funded by the Scottish Government and Comic Relief and are managed by Scottish Association for Mental Health (SAMH) and the Mental Health Foundation. See Me Scotland's vision is to end stigma and discrimination experienced by people who have had mental health problems.

Activity:

Click on the link below to find out more:

<https://www.seemescotland.org/stigma-discrimination/understanding-mental-health-stigma-and-discrimination/>

Fill in the Blanks:

Stereotyping	
Stigma	Believing in prejudicial attitudes which may potentially impact upon self-worth and emotional resilience, thus creating a self-fulfilling prophesy.
	Defining a person by stereotypical views about mental illness.
Prejudice	
	Treating someone less favourably because of a prejudice you may have about the person.

Answers:

Stereotyping	A widely held but fixed and oversimplified image or idea of a particular type of person or thing.
Stigma	Believing in prejudicial attitudes which may potentially impact upon self-worth and emotional resilience, thus creating a self-fulfilling prophesy.
Labelling	Defining a person by stereotypical views about mental illness.
Prejudice	Forming an opinion that is based on myth or opinion rather than facts.
Discrimination	Treating someone less favourably because of a prejudice you may have about the person

Stigma is the biggest barrier to addressing and supporting positive mental health. It is stigma which leads to prejudice, discrimination, stereotyping and labelling. Stigma is when we brand or disgrace an individual or group of individuals because they look, think, feel or behave different to the ascribed societal norms.

Group activity

1. List as many stigmatised groups as you can think of.
2. Identify why you think these groups are stigmatised.
3. How does society treat these groups of people?
4. What is the impact on their physical and mental wellbeing?

The World Health Organization highlights the fact that stigma not only hampers a person's access to support but it is also abusive and impinges on a person's human rights.

There are three main types of stigma:

Self-stigma: Is when a person internalises negative social attitudes and begins to believe that they are worthless and undeserving.

Social stigma: Is the discrimination of others based on their social attributes, this could be gender, ethnicity, health, and/or culture. It is when one group in society is devalued by others. Increased social stigma makes it very difficult for people to feel that they can be open about the challenges they experience for fear of being judged by others.

Structural stigma: Is when society's norms, institutions and organisations reflect the same preconceived social attitudes that exist with social stigma. This means that often access to services, policy and practice can either perpetuate or, in some cases, exacerbate stigma towards groups or individuals.

Class activity

Watch the TED Talk — Breaking the Stigma and Shame of Mental Illness | Kitty Westin: <https://www.youtube.com/watch?v=OsRF8xGgbPA>

- ◆ What does Kitty highlight as the consequences of stigma?
- ◆ What does stigma look like?
- ◆ Have you ever witnessed or experienced stigma?
- ◆ How would you break the stigma around mental health?

Discuss

Barriers to support

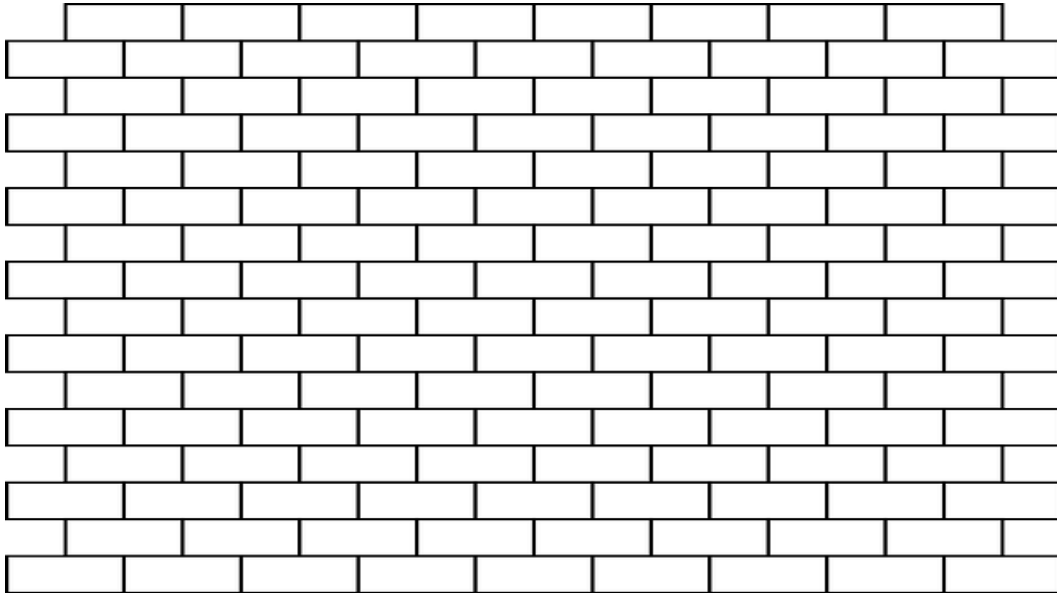
There are many barriers to accessing support. These include personal, social, cultural and structural reasons.

Personal: Stigma; internalised shame; fear; lack of insight/self-awareness; and uncertainty.

Social: Stigma; prejudicial views of others; discrimination (for example, being prevented access to support); harassment; fear of violence; and shaming from others.

Cultural: Beliefs based on culture; lack of education; religious beliefs; and fear due to repercussions (for example, living in cultures of violence or addiction).

Structural: Legislation and policy which limits access to services; and organisational constraints such as referral processes which make it more difficult for people to access services.



Group activity

Build a wall and write examples of barriers to accessing support that might exist for your peer group.

Invite some agencies or service providers to come to class and talk about their role.

Ways to address barriers

These can include: education; public policy and legislation; easier access to services; public campaigns to address stigma; education; and advocacy.

Group activity

Research one way in which barriers have been addressed and present to the group

Informal and formal support

Informal support

Types of support a person can access for support when mental health and wellbeing becomes difficult to maintain on our own are wide and varied.

If we have a good network of support, we are likely to make use of informal supports such as friends and family. Often, just having a sympathetic ear to listen to you, an opportunity to rationalise our thoughts, or just the chance to let off steam is enough. Peer support groups such as youth and interest groups also benefit. An opportunity to feel socially connected and engage in other activities can provide an opportunity for relief and to participate in activity that can alleviate loneliness and isolation. Websites such as NHS, Living Life to the Full, MIND, etc all provide excellent information. If you are not sure about how you are feeling and are struggling to understand what mental health and wellbeing is, there is now a range of well-informed, evidence-based media and literature available.

Formal support

At times, informal support is not enough and support from experts in the field of mental health may be necessary to help a young person to address what they are feeling and how this affects them.

Examples include:

- ◆ NHS-GP, CAMHS, Accident and Emergency, NHS24, Hospital
- ◆ psychologist
- ◆ psychiatrist
- ◆ third sector organisations such as- SAMH, Mental Health Foundation, Clubhouse, Mind, Young Minds, etc
- ◆ pastoral support teacher
- ◆ local authority social work
- ◆ helplines such as Breathing space, Samaritans, Child line

Group task: Formative assessment

Research two/four formal and two/four informal types of support (National 4/National 5).

- ◆ Provide a brief description of the support
- ◆ Identify what support is offered
- ◆ Explain the benefit of this support

Present your findings in a five minute presentation to the class.

Glossary

Coping strategy — a behaviour or activity designed to alleviate, reduce or better deal with adverse circumstances and stress in a person's life.

Coping — is the ability to manage stress, responsibility and problems in a way that is not detrimental to mental wellbeing.

Beliefs — are convictions or something that a person considers true.

Values — a set of principles that have worth and are important to a person, e.g. honesty, faith.

Lived experience — refers to the past life opportunities of a person, including where they lived, their relationships, the activities and opportunities they have had, and how this shapes them, emotionally, socially and intellectually.

Identity — are the attributes that define who a person is, how they are viewed by others and by themselves.

Emotion — the range of feelings we experience and their intensity, eg happy, sad, angry, anxious etc.

Emotional literacy — the ability to articulate what we feel.

Resilience — the ability to adapt, and cope with stressful situations. In other words, our ability to bounce back from difficult and stressful events within our life.

Cultural norms — are unwritten social rules which exist in society and define socially acceptable ways of behaving.

Self-awareness — is being able to understand how we feel and behave and how this affects our relationships and our ability to interact in the social world.

Mental health — is the state of persons psychological and emotional functioning.

Wellbeing — is being comfortable, healthy and happy.

Culture — ideas, customs and behaviours of particular groups in society.

Society — a large group of people who live together sharing the same laws, rules and cultural norms.

Perception — how something is seen, heard or recognised through a person's senses, it is also how something is understood or interpreted.

Culture shock — the feeling of disorientation experienced by someone when they are suddenly subjected to an unfamiliar culture, way of life, or set of attitudes.

Self-care — actions a person can take for themselves to maintain and look after their wellbeing.

Reflection — to be able to think deeply about an issue or experience and develop a greater understanding.

Growth mindset — is being open to learning and recognising the value in the challenge and being willing to try new things in order to grow and develop.

Fixed mindset — is assuming that you are born with fixed intelligence and talent and you are resistant to challenge and trying new things to grow and develop.

Repertoire — is a set of skills behaviours that are used habitually by a person.

Prejudice — is forming an opinion that is based on myth or opinion rather than facts.

Stigma — is identifying or branding a person or group of people by a set of attributes which are often stereotypes.

Labelling — is to tag, identify or classify people based on a generalisation or misinformation.

Discrimination — to behave in a negative or detrimental way towards another person or group of people because of prejudice you may have towards those individuals.

Structural barrier — an issue that is beyond a person's control. The issues are associated with the environment or social situation, e.g. organisational policy, access to services, allocation of resources.

Cultural barrier — where people from different cultural backgrounds are unable to understand each other, which creates misunderstanding and difficulties.

Environmental barrier — the physical environment can limit or prevent opportunities which can create difficulties for the individual or groups of individuals.

Personal barrier — issues pertinent to the individual which would limit their ability to communicate their needs.

Legislation — laws created by the government which provide boundaries for acceptable actions and behaviours in society.

Policy — is a proposed set of actions to be taken by an organisation.

Positive language — is constructive, supportive and effective language underpinned with positive emotion.

Informal care — care provided by a friend, family member or peer where no receipt of payment is received for the provision of care.

Formal care — care provided by a professional who is paid to provide a particular type of service, e.g. a nurse, social worker, counsellor or support worker.

Resources

Scottish resources

[ChooseLife](http://www.chooselife.net) and Suicide prevention in Scotland: <http://www.chooselife.net>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Short films and Audio

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

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

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

BBC News: Gang Violence Affected my Mental health:
<https://www.bbc.co.uk/news/health-35561113>

Statistics and global information on mental health

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

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

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