

Mental illnesses

– the same but different

Intention

In this session it is intended that students:

- gain a better understanding about symptoms, causes and treatment for specific mental illnesses
- increase their knowledge about one mental illness and share this knowledge with others
- work cooperatively within a group
- talk openly about mental illness using the language related to mental illness.

Resources

- *Information sheets from session 2: Eating disorders; Depression; Anxiety; Bipolar mood disorder; Schizophrenia.*
- *Activity sheets: Understanding anxiety; Understanding depression; Understanding schizophrenia; Understanding eating disorders; Understanding bipolar mood disorder; Mental illness – how much do you understand?; Community attitude survey.*
- Flexible seating arrangement

Why do these activities in groups?

Students get practice in talking with others, they build social skills and working together is a way to energise a class.

How to

Explain to students that a jigsaw activity will be used during this lesson. This means that students will continue working in small groups formed in session 2 and will become 'experts' about one mental illness (one piece of the jigsaw). They then form mixed groups where students will share their specific information so that all pieces of the jigsaw are put together.

ACTIVITY 1: Specialist groups

1. Students join others who have studied the same area of mental illness as they have.

Depression is the most common mental health problem experienced by school students. Be sure you stress avenues for help.

The social context

When considering depression, teachers should ask students to consider how issues such as loss and grief, dispossession of land, removal from families and discrimination, may impact on individual and group feelings of mental health and wellbeing.

Hand out the relevant activity sheets to each group.

1. Eating disorders
 2. Depression
 3. Anxiety
 4. Bipolar mood disorder
 5. Schizophrenia
2. Ask them to talk about the nature of the mental illness the group has been allocated.
 3. Allow students a few minutes to scan written material again.
 4. In groups, they are to discuss information for their particular activity sheet and answer the questions.
 5. Students record the information on their activity sheet to share during next activity.
 6. Allocate a letter (A, B, C, and so forth) to each group member in each specialist group. Then direct all the A's to create a new group, all the B's to form another group, and so on. This should result in groups with one 'expert' from each of the five areas of mental illness.

Teachers should select either activity 2 or 3 as a way of groups sharing their information.

ACTIVITY 2: Sharing the pieces

1. Allow each student two minutes to report to the newly formed group about their specific area of mental illness, highlighting at least two important aspects.
2. After all students have reported back encourage students to ask questions of each other.

ACTIVITY 3: Follow up quiz

1. Give each student *Activity sheet: Mental illness - how much do you understand?* and run the quiz with the whole class, giving them limited time to share answers within the group to get correct answers. The 'expert' knowledge from specialist groups should allow at least one member in each group to have some idea of the answer.
2. Alternatively you may give only one quiz answer sheet per group and award a small prize to the winning group. Something mentally healthy like a chocolate bar might be in order.

Be aware that different cultures and family groups have different views about what is honourable or appropriate as a response. Be prepared to acknowledge that different views exist about what is right and wrong. Ask questions about the effects of actions on others. Seek opportunities for inquiry rather than judgement.

Discuss with students the sensitive nature of the questionnaire and the possibility that some people may not want to answer it.

Answers for quiz

1. C
2. C
3. B
4. C
5. D
6. schizophrenia
7. anorexia and bulimia
8. A
9. obsessive compulsive disorder is linked to anxiety
10. A
11. D (all of the above)
12. adjustment disorder, post natal depression, depressive episode and bipolar mood disorder
13. Most people are sad or unhappy at some time. But this lasts only a short time. Depression, however, involves excessive or long-term distress that significantly affects the person's lifestyle
14. 90 per cent
15. T
16. F
17. F
18. Delusions are false beliefs of guilt or persecution or beliefs of grandeur (believing they are a king, queen, medical doctor, famous person). Hallucinations are when people see, hear, smell, taste or feel things that are not there .
19. B
20. Discrimination and community misconceptions (see *Information sheet: Mental illness – the facts*)

Homework

In preparation for session 4, students need to survey five to ten people about their attitudes to mental health problems and people with a mental illness.

Hand out *Activity sheet: Community attitude survey* and request students survey a minimum of five people and a maximum of 10 people who share their house, school or local community.

A Mental Health Promotion strategy

Engage in health promotion activities which destigmatise mental illness



Understanding anxiety disorders

'If I went outside I couldn't breathe. I had trembly legs. So I stayed in for four years, and never went out. It was very gradual at first. I noticed that in crowds I couldn't go out or I got panicky and if I went shopping for food and the shop was full, I used to walk out.'

(NSW Mental Health Information Services Material, 1997)

What are anxiety disorders?

List and briefly explain some of the main types of anxiety disorders

Who gets anxiety disorders and how common are they?

What type of treatment is available for people experiencing anxiety disorders?

Describe some of the symptoms of anxiety disorders

What support services are available?

Understanding depression



'It was the worst period of my entire life. I'm normally a very optimistic person, but I felt listless, pessimistic, and apathetic about everything. I saw no point in going on. I felt like an orphan. There was nothing and no-one for me. I remember crying and crying and crying. I had an ocean of tears. I recall wondering where all the fluid came from. At times I thought I'd never stop crying: it was like I was developing an involuntary habit. I thought I'd tumbled into a deep hole and I couldn't climb out.'

(NSW Mental Health Information Services Material, 1997)

What is depression?

List and briefly explain some of the main types of depression

Who gets depression and how common is it?

What type of treatment is available for people experiencing depression?

Describe some of the symptoms of depression

What support services are available?



Understanding schizophrenia

'I know that there are really not any voices but I feel as though there are, and that I should listen to them or something will happen to me. I see things...in crowds. I see people looking at me, and talking about me. Sometimes I hear them planning to kill me. I don't want to die. I want to be like everyone else.'

(NSW Mental Health Information Materials, 1997)

What is schizophrenia?

List and briefly explain some of the factors believed to contribute to the onset of schizophrenia

Who gets schizophrenia and how common is it?

What type of treatment is available for people experiencing schizophrenia?

Describe some of the symptoms of schizophrenia

What support services are available?

Understanding eating disorders



'The more you starve yourself, the more in control you feel, and the more of that euphoric feeling you get. You get more light headed and you feel this is a good feeling. I've really got control. I'm better than everybody else because I've got such strict control.'

(From Flipping Out and Hanging On, video)

What are eating disorders?

What are the physical, emotional and psychological effects of bulimia?

Who gets eating disorders and how common are they?

Describe some of the symptoms of anorexia

What type of treatment is available for people experiencing anorexia or bulimia?

What support services are available?

Understanding bipolar mood disorder (or manic depression)

'I remember this voice, this beautiful voice saying to me you know everything is going to be all right...and I was just getting high, high, high. You know nothing seemed to go wrong in life. I could cope with anything. Everything seemed to be perfect, like I was in paradise.'

(Attitude, World of the Mentally Ill, ABC)

What is bipolar mood disorder?

What combination of factors are believed to cause bipolar mood disorder?

Who gets bipolar mood disorder and how common is it?

What type of treatment is available for people experiencing bipolar mood disorder?

Describe some of the symptoms of bipolar mood disorder.

What support services are available?

How much do you understand?

1 Which of the following statements is correct?

- a) Mental illness refers to five specific diseases of the brain.
- b) Only people with a family history of mental illness will suffer from a mental illness themselves.
- c) Many mental illnesses are caused by a physical or chemical dysfunction of the brain.

2 Hallucinations are:

- a) drugs that suppress elevated moods
- b) drugs that heighten depressed moods
- c) seeing, hearing, smelling, tasting or feeling things that are not there
- d) seeing, hearing, smelling, tasting or feeling things that are there

3 Someone experiencing an acute stage of a psychotic illness is likely to:

- a) be in touch with reality
- b) perceive their world differently from ours
- c) be able to make sense of thoughts, feelings and external information without these processes being affected

4 A person experiencing a non-psychotic illness may be characterised as someone who:

- a) is coping with day-to-day activities but experiencing depression
- b) is suffering from a disorder not related to mental illness
- c) suffers from phobias, anxiety, some forms of depression or obsessive compulsive disorder

5 Which of the following symptoms have been identified with bipolar mood disorder (or manic depression)?

- a) increased energy and overactivity
- b) lack of inhibitions
- c) reduced need for sleep
- d) all of the above

6 What is the mental illness where thoughts and perceptions become disordered?

7 What are the two most recognised and common eating disorders?

8 People with a generalised anxiety disorder:

- a) worry constantly about harm befalling them, their loved ones, their work, and their relationships
- b) experience fear when confronted with a particular object or situation
- c) try to do everything perfectly
- d) all of the above

9 What do the letters OCD stand for and what mental illness do you think it relates to?



10 A phobia is

- a) intense extreme fears which interfere in our lives, and usually involve acute anxiety about a particular object or situation
- b) something people fake to get attention
- c) just a nightmare or bad dream

11 Which of the following is a symptom of anxiety?

- a) difficulty sleeping
- b) sweating
- c) hyperventilation
- d) all of the above

12 List four different types of depression

13 What is the difference between 'feeling down' and being seriously depressed?

14 What is the chance of people with one parent who suffers from schizophrenia not developing it?

Circle true or false for the following three questions

15 Medication is helpful for most mental illnesses T/F

16 Post natal depression affects about 50 per cent of mothers after childbirth T/F

17 Clinical depression is another term for unhappiness T/F

18 What is the difference between a delusion and an hallucination?

19 Which of the following is not a symptom of the eating disorder anorexia?

- a) loss of at least 15 per cent body weight
- b) eating binges
- c) intense fear of becoming fat and losing control
- d) exercising obsessively

20 What are two significant barriers that people with a mental illness face?

Community attitude survey



Tick the most appropriate answer:

	Agree	Disagree	Not sure
1 People should generally sort out their own mental health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Once you have a mental illness you have it for life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Females are more likely to have a mental illness than males.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Medication is the best treatment for a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 People with a mental illness are generally violent and dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Adults are more likely than teenagers to have a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 You can tell just by looking at someone whether they have a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 People with a mental illness are generally shy and quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Mental illness can happen to anybody.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 You would be willing to have a person with a mental illness at your school or employed at your place of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 You would be willing to have a person with a mental illness marry into your family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 You would be happy to have a person with a mental illness become a close friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 It would be safer for the community for people with a mental illness to be kept in hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 It's okay for people with a mental illness to have children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 People see mental illness in the same way they see physical illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Survey record sheet

COMMUNITY ATTITUDE SURVEY RECORD SHEET

Gender **Age** **Response**

Please tick

Please tick

Please write appropriate response: **1, 2** or **3** (**1** = Agree; **2** = Disagree; **3** = Not sure)

	M	F	≤14	15-25	26-40	>40	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Changing

people's minds and attitudes

Intention

In this session it is intended that students:

- explore the attitudes of people in the local school community to mental illnesses
- draw distinctions between myth and fact relating to the capabilities and capacity of people with a mental illness, and the causes and symptoms of mental illnesses
- challenge their own attitudes and values around mental illnesses
- explore differences between the label and the reality of mental illness
- consider underlying reasons for current community attitudes and values related to mental illnesses.

Resources

- Survey data collected by students for homework in session 3
- *MindMatters* video section 2
- *Activity sheet: The kindness of strangers*
- Butchers' paper and textas
- *Overhead: Key communication messages*
- Overhead projector

How to

ACTIVITY 1: Survey collation

1. In groups of four to five, students share survey responses to ascertain what the attitudes of their bigger sample were. If time permits, students could use a computer to collate and graph results.

2. Students should come up with some generalised statements from the group survey findings to report back to class, for example:
 - our sample was not well informed about mental illnesses
 - the women in our sample were more tolerant than the men about mental illnesses
 - only half the people surveyed agreed that they would have someone with a mental illness as a close friend.
3. Facilitate a whole class discussion as part of this reporting back, highlighting what the results tell us about people's attitudes to mental illnesses. Use the sample questions as a guide.
4. Use the *Overhead: Key communication messages* to summarise key information for the details.

Teacher talk

Stress the range of reasons which may underlie damaging, stigmatising and discriminatory attitudes:

- lack of information
- lack of exposure to people with mental illness in the past due to institutionalisation
- prior media coverage of mental illness in a negative or scary light
- mental illness as an area not completely understood so there is associated fear.

Sample questions

- On what basis do people form their attitudes?
- Do the responses indicate an understanding of mental illnesses within the community? Suggest some reasons why this understanding or lack of understanding exists.
- Is it necessary to change the community's attitudes?
- How difficult is it to change people's attitudes?
- Do you think that some groups are more or less informed or tolerant (for example women or men, young people your age or the elderly)? Suggest possible reasons for these differences.
- Which groups within the community would be most difficult to influence? Why?

- Do you think your results reflect the Australian community attitude? Why, or why not?
- Do you believe it is possible to change the community's attitudes toward mental illness?
- How might this be done?

Teacher talk

A major Australian survey measured community attitudes, beliefs, opinions and knowledge about mental illness. Generally, it showed women tend to be better informed about mental illnesses than men. Women report more exposure to, and experience of, mental illness and indicate more tolerance, sympathy and acceptance. Extremes of age are least informed about mental illnesses, while young people are both tolerant and keen to know more. Personal exposure to a mental illness was the most significant factor in people's level of knowledge and attitudes.

Similarly, a 1994 American survey by the National Association of Mental Illness found that 71 per cent of respondents thought that severe mental illness was due to emotional weakness, 65 per cent thought bad parenting was to blame, 35 per cent cited sinful behaviour, and 45 per cent believed that the mentally ill bring on their illness and could will it away if they wish. Further, 43 per cent believed mental illnesses are incurable, and only 10 per cent thought that severe mental disorders had a biological basis and involved the brain. (ref: <http://www.proaxis.com/~irisproject/94-08.html> URL valid during 2002)

Teachers should draw on state and local initiatives that are best known to students.

Have students think back to a time when they or someone they knew changed their opinion or attitude. What caused this?

ACTIVITY 2: Video – Changing people's attitudes

1. Ask students if they can recall seeing media campaigns about mental illness.
2. Question them as regards to the content of the ads and posters.
3. Explain briefly that there was a national Community Awareness Program (CAP) which addressed mental health and illness and included three television advertisements (see Teacher talk next page).

4. Tell students that there is a set of key messages which are common to the three advertisements. Ask them to try to identify these messages when watching the video and other messages portrayed in the same segment.
5. Remind students the video segment is short – only five minutes.
6. Show section 2 of the video to students and then ask them the sample questions.
7. If appropriate, show the video again to highlight the key messages.

Sample questions

- What did you identify as the key messages in the advertisements?
- What is your opinion of the advertisements?
- Did any advertisement appeal to you specifically? Give reasons.
- If you were in the band and you had to decide if Sarah could join, what other questions might you want to ask her before deciding?
- Do you think the 'One in Five' advertisements would have changed people's attitudes? Explain.
- What is the point Anne Deveson is trying to make?
- Apart from media campaigns what else could be done to help educate the community about mental illness?

Teacher talk

As part of the National Mental Health Strategy, a Community Awareness Program (CAP) operated in Australia between 1994 and 1997. As part of the CAP, a mass media campaign known as 'One in Five' was used to raise people's awareness of mental health and mental illness, and challenge some of the attitudes and beliefs in the community. In developing the components of the strategy, five key communication messages were intended.

Key communication messages

- All people have a dimension of mental health (as well as physical health) that can be protected and promoted.

Activity 3 is student directed. Students find this an effective approach to learning about mental illness.

- Ordinary people (just like you) experience mental health problems.
- Mental health problems are common (one in five suffer at some stage in their life).
- Mental health problems can be effectively treated and managed.
- There are help services available for those people who feel they may be experiencing mental health problems.

ACTIVITY 3: Script your own advertisement

1. Working in pairs students will develop the next 30-second advertisement for the 'One in five' series.
2. The end of their advertisement should use the same words as the campaign:
'One in five Australians suffer from a mental illness. How much they suffer depends on our attitude'.
3. Students choose one of the following situations (or one of their own) and develop their script using the situation as the basis.

Situations

For each of these situations it is assumed that one character has a mental illness:

- older people at bowls discussing team membership
 - committee meeting at a sporting club considering decisions about who should be on the new committee
 - you're supposed to be going shopping with a family member or relative who is coming to stay
 - a student returning to school after an episode of mental illness.
4. Outline the four elements that each script must have to ensure the message of understanding and acceptance gets across.

Elements in script


- 1 *Situation set up*
'Hey, guys, my friend Sarah said she'd do vocals for the band.'

- 2 *Questioning or concern about mental health*
'Hasn't she got a mental illness?'
- 3 *Facts given or myth challenged*
'Yeah, but she's on medication. She can look after herself.'
- 4 *Tolerant /accepting positive attitude taken*
'Let's get her in, then.'
- 5 Give students time to develop and practice their scripts.
- 6 Get groups or pairs to present their scripts if they want to. You could suggest passing scripts on to another pair so that they feel less inhibited about presenting their own work. Select a few different advertisements for the class to watch and ask for reactions.

ACTIVITY 4: Exploring attitudes

1. This activity is based on the *Activity sheet: the kindness of strangers* by Sandy Jeffs. Either read it out to the class or give students copies to read.
2. Instruction to students
 - You are an observer on a tram or train, in a cafe, park or other public place. Someone is acting strangely or behaving inappropriately, or at odds with normal behaviour, even a 'bit crazy'.
 - Briefly describe the behaviour you observe.
3. Describe how two different strangers react to this person and their behaviour. In one case you are describing 'the kindness of strangers' and in the other 'the unkindness of strangers'.

A Mental Health Promotion strategy



Ensure all staff are aware of how to pass on concerns about a student's emotional or mental health

The kindness of strangers



by Sandy Jeffs

There is a marvellous moment at the end of Tennessee Williams' play *A Streetcar Named Desire* where Blanche DuBois, a broken and lost soul, is taken from her sister's house by a doctor and a matron from the asylum. After a forlorn struggle, she is offered a gentle hand by the doctor, who tries to impose a little dignity on the situation, to which she responds with the famous words: 'Whoever you are – I have always depended on the kindness of strangers.'

There is a poignancy about these words that rings all too true when one considers them in the light of the mentally ill and the relationship we have with family, friends and the community at large. I have always maintained that one unpleasant aspect of suffering from schizophrenia was the uncertainty of never knowing when I'm going to embarrass myself next, such is the vulnerability with an illness that does not always obey the rules of society.

There are countless moments when I have said and done things that are simply incomprehensible to outsiders – indeed *strangers* – which have placed me at odds with *normal* behaviour. Whether it's talking to my voices, acting strangely and inappropriately, holding a belief not based in reality, being paranoid without reason – these are but a few examples – all in the gaze of the public eye, I am constantly at the mercy of the kindness of strangers.

The crazy in the street could be me. The crazy in the street **is** me!

In talking about the *kindness of strangers* one could conversely talk about the *unkindness of strangers*, because as we are found in the trams, trains, cafes, parks, indeed anywhere in public, we have to suffer the taunts and gazes of incredulity from unsympathetic people who are often judgmental and dismissive. We are all potential strangers who need to be mindful of the kindness we might one day be required to perform, just as we are all potential sufferers who might one day be in need of an act of kindness to help us on the way.

Extract from 'The kindness of strangers' by Sandy Jeffs from *Poems from the Madhouse* published by Spinifex Press.



Key communication messages

- **All people have a dimension of mental health (as well as physical health) that can be protected and promoted**
- **Ordinary people (just like you) experience mental health problems**
- **Mental health problems are common (one in five suffer at some stage in their life)**
- **Mental health problems can be effectively treated and managed**
- **There are help services available for those people who feel they may be experiencing mental health problems**

