



Changing

minds

# Changing Minds

Information not prejudice



## Dealing positively with mental health issues

**Three teaching units of two lessons about society and mental health, each of which:**

- Promotes positive images
  - Raises awareness
  - Combats discrimination
  - Challenges stereotypes
  - Values difference
  - Informs teachers and students
  - Develops confidence
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## **Acknowledgements**

This is the second edition of the Changing Minds teaching pack, which has been written by Mike Kelly, senior teacher (PSHEE and mental health issues) at the Royal Free Hospital Children's School with support from Gill Morris, strategy manager (children and young people's personal development and wellbeing), Camden Council. With thanks to Gareth Pountain, chief executive, Umbrella; Tulloch Kempe, chief executive, New Directions, and Rob Fitzpatrick, Sainsbury Centre for Mental Health who worked on the first edition.

Changing Minds is the result of several years of finding effective ways to dispel prejudice about mental health problems through education and is greatly indebted both to all those who have directly contributed to it, and also to teachers in Camden who have supported this work and helped it flourish since its inception. A special thanks must go to Mike Kelly, without whose time and commitment this pack would not have been possible, and Eleanor Harries at Parliament Hill who through her teaching has developed some of the materials included in the Changing Minds pack.

## **Help for teachers**

Teachers can approach their school nurse if they would like to discuss some of the issues raised in the pack prior to teaching. In addition they can phone the Royal Free Hospital Children's School (0207 472 6298) for support. Teachers will also find other useful contact organisations in Section C of the Changing Minds pack.

## **Camden Council children, schools and families**

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# **Changing Minds teaching pack - summary of contents**

**Section A. Introduction for teachers**

**Section B. Classroom materials**

**Section C: support materials.**

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# Changing Minds: Section A

## Introduction for teachers



Changing Minds is a revision of a resource pack which has been successfully used in Camden secondary schools since 1999.

### 1. Aims of the Changing Minds teaching pack

- Raise awareness of mental health\* issues amongst students
- Promote positive images of mental health
- Challenge prejudice and stereotypical images of mental health problems
- Give information about where to get help with mental health problems.

\*The term mental health is used throughout this pack. The converse of mental health would be mental health problems or needs rather than 'mental illness' (a term used less and less these days).

### 2. Healthy School Status

Using Changing Minds as part of PSHEE will contribute to a school achieving national Healthy School Status, in relation to emotional health and wellbeing.

Schools need to achieve the following criteria:

1. Identify vulnerable individuals and groups and establish appropriate strategies to support them and their families
2. Provide clear leadership to create and manage a positive environment which enhances emotional health and wellbeing in school – including the management of behaviour and rewards policies
3. Have clear, planned communities for pupils to understand and explore feelings using appropriate learning and teaching styles
4. Have a confidential pastoral support system in place for pupils and staff to access advice - especially at times of bereavement and other major life changes - and that this system actively works to combat stigma and discrimination

5. Have explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination
6. Have a clear policy on bullying, which is owned, understood and implemented by the whole school community
7. Provide appropriate professional training for those in a pastoral role
8. Provide communities for pupils to participate in school activities and responsibilities to build their confidence and self-esteem
9. Have a clear confidentiality policy.

### **3. Links with citizenship at key stage three**

The citizenship programme of study does not explicitly mention the teaching of mental health issues, but there are aspects that are relevant.

#### **1. Key concepts**

Rights and responsibilities:

- Exploring different rights and obligations and how these affect both individuals and communities.
- Understanding that individuals, organisations and governments have responsibilities to ensure that rights are balanced, supported and protected.

#### **2. Key processes**

##### **Critical thinking**

Pupils should be able to:

- engage with and reflect on different ideas, opinions, beliefs and values when exploring topical and controversial issues and problems;
- research, plan and undertake enquiries into issues and problems using a range of information and sources; and
- analyse and evaluate sources used, questioning different values, ideas and viewpoints and recognising bias.

##### **Advocacy and representation**

Pupils should be able to:

- express and explain their opinions to others through discussions, formal debates and voting;
- communicate an argument, taking account of different viewpoints and drawing on what they have learnt through research, action and debate;
- justify their argument, giving reasons to try to persuade others to think again, change or support them; and
- represent the views of others, with which they may or may not agree.

### **3. Range and content**

The study of citizenship should include freedom of speech and diversity of views, and the role of the media in informing and influencing public opinion and holding those in power to account.

## **4. Links with PSHEE at KS3 - personal wellbeing programme of study**

### **1. Key concepts**

Personal identities:

- Understanding that identity is affected by a range of factors, including a positive sense of self.
- Recognising that the way in which personal qualities, attitudes, skills and achievements are evaluated affects confidence and self-esteem.

Healthy lifestyles:

- Recognising that healthy lifestyles and the wellbeing of self and others depends on information and making responsible choices.
- Understanding that physical, mental, sexual and emotional health affect our ability to lead fulfilling lives, and that there is help and support available when they are threatened.

Diversity:

- Appreciating that, in our communities, there are similarities as well as differences between people of different race, religion, culture, ability and disability, gender, age or sexual orientation.
- Understanding that all forms of prejudice and discrimination must be challenged at every level of our lives.

### **2. Key processes**

#### **Decision-making and managing risk**

Pupils should be able to:

- use knowledge and understanding to make informed choices about safety, health and wellbeing;
- find information and support from a variety of sources; and
- know when and how to get help.

## Developing relationships and working with others

Pupils should be able to:

- use the social skills of communication, negotiation, assertiveness and collaboration;
- value differences between people and demonstrate empathy and a willingness to learn about people different from themselves; and
- challenge prejudice and discrimination assertively.

### 3. Range and content

The study of wellbeing should include:

- Examples of diverse values encountered in society and the clarification of personal values.
- The impact of prejudice, bullying, discrimination and racism on individuals and communities.

**Note:** The teaching pack also links to the QCA programme of study for key stage four, personal wellbeing (range and content), which includes:

- How the media portrays young people, body image and health issues.
- The characteristics of emotional and mental health and the causes, symptoms and treatments of some mental and emotional health disorders.

## 5. Important guidance notes for using the teaching pack and support materials

We recognise the worries that some teachers may have when first starting to teach mental health issues.

Changing Minds aims to address these worries by providing accessible and informative classroom materials.

Changing Minds presents lessons successfully used in secondary schools in Camden for several years prior to publication.

Changing Minds has been designed to inform mental health issues and topics on a group basis. The units ARE NOT designed to explore specific issues relating to individual students. **Each lesson plan provides clear guidelines for the level of personal disclosure to maximise the safety of emotionally vulnerable students.**

Support resources are also provided. Most of these directly support the teaching of the lessons but others are also included on paper and CD, which also contains PowerPoint files for interactive whiteboard use. These may be used to stimulate further discussions or allow teachers to design their own lessons. Resources will be available for download on the Camden Grid for Learning.

**Teachers are advised to make contact with the school nurse to discuss whether there may be any children who might be expected to find these sessions difficult. The school nurse can also be an important resource for the teaching and development of these units.**

Each teaching unit consists of two lessons. Note:

- Teaching Unit Three, 'A Beautiful Mind', will require the hire or purchase of the film of the same name as a DVD or video.
- The contents of this pack can be photocopied and are available as a word document and PDF file for printing/adaptation on the CD contained in this pack.

### **Step 1.**

Decide how best these lessons contribute to the school's curriculum and where best to teach them. Most schools will teach them as part of PSHEE.

Decide to which year groups they will be taught.

The Changing Minds pack offers three separate teaching units of two 50-minute lessons each. These teaching units can be taught to one year group in one go or three different year groups.

### **Step 2.**

Teachers are advised to make contact with the school nurse to discuss whether there may be any children who might be expected to find the discussion of mental health issues difficult.

Teachers should carefully read the notes and guidelines in the lesson plans section regarding ground rules and personal disclosure.

### **Step 3.**

Before beginning the programme, schools should hold a brief informal audit of their current support for emotionally vulnerable students and identify the following within their school:

- pastoral services for students
- informal forums for counselling students
- a place within the school where emotionally vulnerable students can feel safe
- availability of school nurse.

Teachers will find opportunities occur in the lessons to inform pupils about these school-based resources and facilities.

### **Step 4.**

Organise a meeting of all teachers involved in delivering the lessons to ensure clarity of approach and what support mechanisms are within the team.

## **6. Contents of the Changing Minds teaching pack**

### **Changing Minds: Section B. Classroom Materials:**

#### **A Real Attitude**

##### **Teaching Unit One**

###### **Lesson one. The media and mental health**

###### **Learning objective:**

Students are aware of some of the different ways the media portrays mental health problems.

###### **Lesson two. Stigma and prejudice**

###### **Learning objective:**

Students better understand there is prejudice against people with mental health problems in society and that unhelpful, negative stereotypes of people with mental health problems exist in our society.

#### **A Real Person**

##### **Teaching Unit Two**

###### **Lesson one. Real-life stories: Mary and Shereena**

###### **Learning objective:**

Students acquire a basic understanding of some issues surrounding schizophrenia and eating disorders.

###### **Lesson two. Real-life stories: David and Susan**

###### **Learning objective:**

Students acquire a basic understanding of some of the issues surrounding depression and school phobia.

# A Real Mind

## Teaching Unit Three

### Lesson one. Watch 'A Beautiful Mind'

Learning objective:

Students better understand the symptoms of schizophrenia and better understand that schizophrenia can be controlled through medication.

### Lesson two. Discuss 'A Beautiful Mind'

Learning objective:

Students have a deeper understanding of some of the difficult issues facing individuals and society with regard to schizophrenia.

### Changing Minds: Section C. Support materials, including:

- Glossary of terms used in mental health; professions and roles; popular and misunderstood terms
- Timeline of how mental health problems have been understood from pre-history to the present with reference to historical figures
- Chill 5: an exercise to help pupils maintain a positive outlook
- Teachers: where to get help with the Changing Minds pack
- Young people: support groups for mental health
- CD with pack contents in PDF and word document format for printing/adaptation. The CD that comes with this pack also contains optional PowerPoint files that teachers can display on an interactive whiteboard to support the teaching of units one, two and three. (Note: The pack and its associated resources will also be available on the Camden Grid for Learning for download).



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# Changing Minds: Section B

## Classroom materials



### **Changing Minds: Section B. Classroom Materials:**

#### **A Real Attitude**

##### **Teaching Unit One**

###### **Lesson one. The media and mental health**

###### **Learning objective:**

Students are aware of some of the different ways the media portrays mental health problems.

###### **Lesson two. Stigma and prejudice**

###### **Learning objective:**

Students better understand there is prejudice against people with mental health problems in society and that unhelpful, negative stereotypes of people with mental health problems exist in our society.

#### **A Real Person**

##### **Teaching Unit Two**

###### **Lesson one. Real-life stories: Mary and Shereena**

###### **Learning objective:**

Students acquire a basic understanding of some issues surrounding schizophrenia and eating disorders.

Please turn over

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## **Lesson two. Real-life stories: David and Susan**

### **Learning objective:**

Students acquire a basic understanding of some of the issues surrounding depression and school phobia.

## **A Real Mind**

### **Teaching Unit Three**

#### **Lesson one. Watch 'A Beautiful Mind'**

Learning objective:

Students better understand the symptoms of schizophrenia and better understand that schizophrenia can be controlled through medication.

#### **Lesson two. Discuss 'A Beautiful Mind'**

Learning objective:

Students have a deeper understanding of some of the difficult issues facing individuals and society with regard to schizophrenia.

# Teaching Unit One

## **Lesson plan for Teaching Unit One, Lesson One** **The media and mental health**

### Learning objective:

Students are aware of some of the different ways the media portrays mental health problems.

### Resources:

- Discussion prompter for Teaching Unit One, Lesson One.
- Glossary of terms contained in Section C of the pack.
- There is an optional PowerPoint file to support this lesson on the CD that comes with this pack. The PowerPoint file is designed for display on an interactive whiteboard whilst teaching this lesson. The file will also be available as a download from the Camden Grid for Learning.

### Lesson content:

- Establish ground rules (turn over).
- Starter activity. Ask the students to work with a partner. They should brainstorm words that are used when talking about people with mental health problems. The following words are some that may be used – loony, schizo, psycho, loon, bonkers, mental, maniac, spaz, freak, weirdo, nutter.
- Ask students to fill in discussion prompter for Teaching Unit One, Lesson One in their pairs.
- Discuss as a whole class each of the points in the discussion prompter for Teaching Unit One, Lesson One. You can use your interactive whiteboard to support this discussion by displaying the optional PowerPoint file supplied on the CD.
- Plenary. Teacher recaps main points raised in discussion in the lesson.

### **Important note:**

At the end of this lesson or others in these teaching units, the teacher should explain the importance of pupils getting help if they feel they are in any form of mental distress. The teacher should point out where to go for help within the school - teachers, school nurse, counsellors, mentors, child and adolescent mental health service (CAMHS) - and should also distribute copies of the 'young people: support groups for mental health' information contained in section C of the Changing Minds pack.

**Literacy.** Comprehension work, oral work. New words: lunatic, psychotic.

**Homework.** When watching TV during the week, look out for the way that the media portrays mental health problems.

**Important ground rules**

To protect potentially emotionally vulnerable students, it is vital that the teacher ensures that all discussion about mental health problems in this activity focuses upon the material provided and nationally-known figures and does not seek or allow personal disclosure.

Pupils must recognise and respect each other's contribution. Teachers should inform pupils where to go and who they should talk to if they feel affected by any of the issues raised in the lesson.

It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

# Unit One, Lesson One

## The media and mental health

### Discussion prompter for Unit One, Lesson One

1 Can you think of what words are used to describe mental health problems?

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2 Can you name any film or soap opera characters who have been shown as having mental health problems?

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3 How could you tell that they had mental health problems?

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4 Do you know of any public figures who have talked publicly about mental health problems?

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## **Lesson Plan for Teaching Unit One, Lesson Two**

### **Stigma and prejudice**

#### Learning objectives:

Students better understand there is prejudice against people with mental health problems in society and that unhelpful, negative stereotypes of people with mental health problems exist in our society.

#### Resources:

- Discussion prompter for Teaching Unit One, Lesson Two.
- Glossary of terms contained in Section C of the pack.
- There is an optional PowerPoint file to support this lesson on the CD that comes with this pack. The PowerPoint file is designed for display on an interactive whiteboard whilst teaching this lesson. The file will also be available as a download from the Camden Grid for Learning.

#### Lesson content:

- Establish ground rules (turn over).
- Starter activity. Class brainstorm on groups of people in society who have been treated as outsiders due to issues such as race, asylum or refugee status, sexuality, poverty, class, mental health, religion (e.g. Islamophobia), disabilities.
- Ask students to fill in discussion prompter for Teaching Unit One, Lesson Two in their pairs.
- Discuss as a whole class each of the points in the discussion prompter. You can use your interactive whiteboard to support this discussion by displaying the optional PowerPoint file supplied on the CD.

#### Extension work:

- Role play tasks. Paired work where one student is misinformed about mental health issues and the other student plays the 'voice of reason' who challenges the attitudes of the first person.
- 'Hot seat' individual children who answer questions from the class in role. The class should by now be challenging the negative attitudes and not condoning them.
- Plenary. Teacher recaps main points raised in the lesson.

**Important note:**

At the end of this lesson or others in these teaching units the teacher should explain the importance of pupils getting help if they feel they are in any form of mental distress. The teacher should point out where to go for help within the school - teachers, school nurse, counsellors, mentors, child and adolescent mental health service (CAMHS) - and should also distribute copies of the 'young people: support groups for mental health' information contained in section C of the Changing Minds pack.

**Literacy.** Comprehension tasks, role plays and class discussions.

**Homework.** When watching TV during the week, look out for the way that the media portrays mental health problems.

**Important ground rules**

To protect potentially emotionally vulnerable students, it is vital that the teacher ensures that all discussion about mental health problems in this activity focuses upon the material provided and nationally known figures and does not seek or allow personal disclosure.

Pupils must recognise and respect each other's contribution. Teachers should inform pupils where to go and who they should talk to if they feel affected by any of the issues raised in the lesson.

It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

# Unit One, Lesson Two

## Stigma and prejudice

### Discussion prompter for Unit One, Lesson Two

1 Do you think people from certain groups are treated differently by other people? Give examples:

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2 Do you think people with mental health problems are treated differently by other people? Give examples:

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3 Why do you think people with mental health problems are treated in this way?

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4 From what you know and have seen on TV, do you think mental health problems could happen to anyone in their lifetime? Use examples of people in the media to illustrate your point of view:

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5 What do you think could be done to stop prejudice against people with mental health problems?

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## Teaching Unit Two

### Lesson plan for Teaching Unit Two, Lesson One

#### Real-life stories: Mary and Shereena

##### Learning objective:

Students acquire a basic understanding of some issues surrounding schizophrenia and eating disorders.

##### Resources:

- Paired reading task: Mary.
- Paired reading task: Shereena.
- Glossary of terms contained in Section C of the pack.
- There is an optional PowerPoint file to support this lesson on the CD that comes with this pack. The PowerPoint file is designed for display on an interactive whiteboard whilst teaching this lesson. The file will also be available as a download from the Camden Grid for Learning.

##### Lesson content:

- Establish ground rules (turn over).

In pairs or groups the pupils read Mary's story and discuss the key issues that it raises.

- Re-emphasise ground rules, as a student who knows someone with schizophrenia may be in your class.
- Pairs or groups feedback to the class.
- Class discussion. Discuss the issues raised by the pupils in their feedback. You can use your interactive whiteboard to support this discussion, with the optional PowerPoint file supplied on the CD that comes with this pack.

In pairs or groups the pupils read and discuss the key issues that Shereena's story raises.

- Re-emphasise ground rules, as a student who has an eating disorder or who knows someone with an eating disorder may be in your class.
- Pairs or groups feedback to the class.
- Class discussion. Discuss the issues raised by the pupils in their feedback. You can use your interactive whiteboard to support this discussion by displaying the optional PowerPoint file supplied on the CD.
- Plenary. Teacher recaps main points raised in the lesson.

**Important note:**

At the end of this lesson or others in these teaching units the teacher should explain the importance of pupils getting help if they feel they are in any form of mental distress. The teacher should point out where to go for help within the school - teachers, school nurse, counsellors, mentors, child and adolescent mental health service (CAMHS) - and should also distribute copies of the 'young people: support groups for mental health' information contained in section C of the Changing Minds pack.

**Homework.** Use websites to help find information for a project on 'How to look after your mental health.'

**Important ground rules**

To protect potentially emotionally vulnerable students, it is vital that the teacher ensures that all discussion about mental health problems in this activity focuses upon the material provided and nationally known figures and does not seek or allow personal disclosure.

Pupils must recognise and respect each other's contribution. Teachers should inform pupils where to go and who they should talk to if they feel affected by any of the issues raised in the lesson.

It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

## Unit Two, Lesson One

### Real-life stories: Mary and Shereena

#### Reading task (in pairs or groups): Mary

Mary is a 22 year-old university student who is taking a year off from study. Last year she was living in a shared house with fellow students. She had been sociable, outgoing and had friends. However she suddenly became increasingly irritable and hostile to her housemates for no reason. She stopped going to classes and began accusing her housemates of stealing from her, spying on her and poisoning her food. Mary became very religious, constantly reading and quoting the Bible to her friends. She believed that God was speaking to her. Her friends became very concerned about her. She refused to see a doctor. Eventually Mary stopped eating and started walking very slowly across roads to 'dare' cars to run her over. Her family were distraught and her GP and a psychiatrist, for her own safety, used the law to make her stay in a psychiatric hospital until she was well.

In hospital Mary was diagnosed with schizophrenia and given anti-psychotic medication to stop the hallucinations and delusions she was suffering from. The high doses of anti-psychotic medication made Mary very sleepy at first but within a few weeks the doctors found the right level of dose for her and she began to return to normal health.

With support from her family, Mary returned to the shared house. Her medication was reduced at this point and she took only a small amount of anti-psychotic tablets each day. She could discuss what had happened and how she felt with the community psychiatric nurse who visited the house every fortnight. Mary came to recognise that the voices she heard in her head were hallucinations and the beliefs she had about her friends trying to poison her were delusions. She now knew the schizophrenia had caused these hallucinations and delusions.

Today Mary has renewed her relationships with her friends, who understand that her behaviour was not the 'real her' but were caused by the schizophrenia. She will complete her university course next year.

In a few weeks' time Mary will visit her psychiatrist to discuss ending her medication as she no longer experiences psychosis.

#### Discussion in pairs or groups

Discuss these issues:

- Why do you think many people who become mentally unwell are often rejected by their friends?
- Do you think that people with schizophrenia should be treated in a psychiatric hospital or at home?

Write down your main points to feedback to the class.

## **Reading task (in pairs or groups): Shereena**

Shereena is a 23 year-old singer who was discovered on You Tube when she was 21. After a record label signed her for £2 million, there were lots of photos of her in the newspapers every day.

Just after her 22nd birthday Shereena suddenly began to lose weight. Reporters guessed she had an eating disorder but her record label told them Sheerena was ill because of an allergy to wheat products.

In fact Shereena had become anxious about her body image. Sheerena had seen photographs taken at her 22nd birthday party in the newspaper. She thought she looked 'fat' in these photos. Because of this, Sheerena had started obsessive calorie counting and dieting. She also started to do four hours of hard exercise each day.

The truth was that Sheerena had not been overweight to begin with and she quickly reached a dangerously low weight. The strange thing, to those who knew her, was that Sheerena still saw herself as being very fat when she looked in the mirror - even after losing so much weight.

In the first concert Shereena played to promote her second album she collapsed on stage. Her manager and her label now knew it was serious and they insisted, along with her family, that she went to see a psychiatrist. The psychiatrist explained to Shereena that she had anorexia nervosa. With treatment and support Shereena became more confident about her body image and much more aware of her emotions. For example, she began to realise there were many things in her life that she felt very angry about - she had never been able to admit this to herself before. She was slowly beginning to understand why she had become ill.

Six months later Shereena was well enough to return to stage a comeback concert and she began campaigning for greater public understanding of anorexia.

## **Discussion in pairs or groups**

Discuss these issues:

- What do you think causes eating disorders?
- Why do you think the record company reported Shereena had a food allergy?

Write down your main points to feedback to the class.

## **Lesson plan for Teaching Unit Two, Lesson Two**

### **Real-life stories: David and Susan**

#### Learning objective:

Students acquire a basic understanding of some of the issues surrounding depression and school phobia.

#### Resources:

- Paired reading task: David. Paired reading task: Susan.
- Glossary of terms contained in Section C of the pack.
- There is an optional PowerPoint file to support this lesson on the CD that comes with this pack. The PowerPoint file is designed for display on an interactive whiteboard whilst teaching this lesson. The file will also be available as a download from the Camden Grid for Learning.

#### Lesson content:

In pairs or groups the pupils read David's story and discuss the key issues that it raises.

- Re-emphasise ground rules as a student who has or knows someone with depression may be in your class.
- Pairs or groups feedback to the class.
- Class discussion. Discuss the issues raised by the pupils in their feedback. You can use your interactive whiteboard to support this discussion by displaying the optional PowerPoint file supplied on the CD.

In pairs or groups the pupils read and discuss the key issues that Susan's story raises.

- Re-emphasise ground rules as a student who has experiences school refusal (phobia) or who knows someone with an eating disorder school refusal (phobia) may be in your class.
- Pairs or groups feedback to the class.
- Class discussion. Discuss the issues raised by the pupils in their feedback. You can use your interactive whiteboard to support this discussion by displaying the optional PowerPoint file supplied on the CD.
- Plenary. Teacher recaps main points raised in the lesson.

**Important note:**

At the end of this lesson or others in these teaching units the teacher should explain the importance of pupils getting help if they feel they are in any form of mental distress. The teacher should point out where to go for help within the school - teachers, school nurse, counsellors, mentors, child and adolescent mental health service (CAMHS) - and should also distribute copies of the 'young people: support groups for mental health' information contained in section C of the Changing Minds pack.

**Homework.** Use websites to help find information for a project on 'how to look after your mental health.'

**Important ground rules**

To protect potentially emotionally vulnerable students, it is vital that the teacher ensures that all discussion about mental health problems in this activity focuses upon the material provided and nationally known figures and does not seek or allow personal disclosure.

Pupils must recognise and respect each other's contribution. Teachers should inform pupils where to go and who they should talk to if they feel affected by any of the issues raised in the lesson.

It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

## Unit Two, Lesson Two

### Real-life stories: David and Susan

#### Reading task (in pairs or groups): David

David is a 55 year-old man with depression. He first developed mental health problems two years ago after the death of his wife.

David and his wife had lived together in the same flat for 20 years and they did not have any children.

After his wife's death David became very withdrawn. He stopped going to work as a mechanic and lost his job. He stopped going to his local newsagent and pub and after several weeks people who knew him noticed his absence.

Social services were contacted by concerned friends of his who were worried about him. After a visit to David's flat by a social worker, his GP and a psychiatrist, he was discovered to be both depressed and also in poor physical health due to having eaten a very poor diet. David was voluntarily admitted to a psychiatric ward in his local hospital and put on a course of anti-depressant tablets. After spending six weeks in hospital, David became much better. He was able to leave and returned to his flat.

#### Discussion in pairs or groups

Discuss these issues:

- Why do you think people did not see the problems that David had and try to help him earlier?
- What do you think might make real depression different from everyday sadness or unhappiness?

Write down your main points to feedback to the class.

#### Reading task (in pairs or groups): Susan

Susan's parents divorced when she was in year six. Today Susan is in year 10. The divorce upset Susan enormously. Her dad rarely bothered to contact her after she left primary school.

During year seven, every time Susan had to leave her mum, even to go to school, she seemed sad, sometimes crying a little.

At the start of year eight, soon after her mother lost her job at the local pharmacy, Susan started to take time off school with stomach aches. Doctors and the local hospital could not find anything wrong with Susan but she had more and more time off school, staying at home with her mum. Susan only attended seven weeks of school out of the whole of year eight. She became highly anxious whenever her mother parted from her. Her mum was extremely worried.

Eventually, at the start of year nine, Susan finally told her mum she had been making up the stomach aches because she had been constantly verbally bullied by a group of girls in the year above her at school. It was also in year nine that Susan's GP referred

her to local child and adolescent mental health services (CAMHS), where she worked with a cognitive behavioural therapist. In the meantime Susan's mum spoke to her head of year and the school addressed the bullying problem for her.

After attending six sessions of CBT (cognitive behavioural therapy), Susan felt able to start attending school again. At the end of year nine, with Susan back at school and not complaining of stomach problems anymore, her mother was able to start a new job.

### **Discussion in pairs or groups**

Discuss these issues:

- Do you think Susan's problems were caused by the divorce, the bullying, her mother losing her job, none or all of these things?
- Do you think her mother was right to allow her time off school?

Write down your main points to feedback to the class.

## Teaching Unit Three

### Lesson Plan for Teaching Unit Three, Lesson One

#### Watch 'A Beautiful Mind'

Learning objective:

Students better understand the symptoms of schizophrenia and that it can be controlled through medication.

Resources:

- DVD or video of the film 'A Beautiful Mind', DVD player or video recorder and TV.
- Glossary of mental health terms from Changing Minds pack.
- There is an optional PowerPoint file to support this lesson on the CD that comes with this pack. The PowerPoint file is designed for display on an interactive whiteboard whilst teaching this lesson. The file will also be available as a download from the Camden Grid for Learning.

Lesson content:

- Establish ground rules (turn over).
- Starter activity. Teacher introduces the film and, having watched it previously, explains some of the events leading up to the point in the film the class will begin watching.
- Show the film. Fast forward video or select chapter on DVD to watch from where John Nash gets married. This will allow more time for discussion in the next lesson. You can use your interactive whiteboard to support this lesson by displaying the optional PowerPoint file supplied on the CD.
- Plenary. Teacher recaps main points raised in the film.

#### Important note:

At the end of this lesson or others in these teaching units the teacher should explain the importance of pupils getting help if they feel they are in any form of mental distress. The teacher should point out where to go for help within the school - teachers, school nurse, counsellors, mentors, child and adolescent mental health service (CAMHS) - and should also distribute copies of the 'young people: support groups for mental health' information contained in section C of the Changing Minds pack.

**Literacy skills.** Observation and oral skills. Key word: schizophrenia.

**Homework.** Research websites on mental health. Sane and Mind are both mental health organisations.

**Important ground rules**

To protect potentially emotionally vulnerable students, it is vital that the teacher ensures that all discussion about mental health problems in this activity focuses upon the material provided and nationally known figures and does not seek or allow personal disclosure.

Pupils must recognise and respect each other's contribution. Teachers should inform pupils where to go and who they should talk to if they feel affected by any of the issues raised in the lesson.

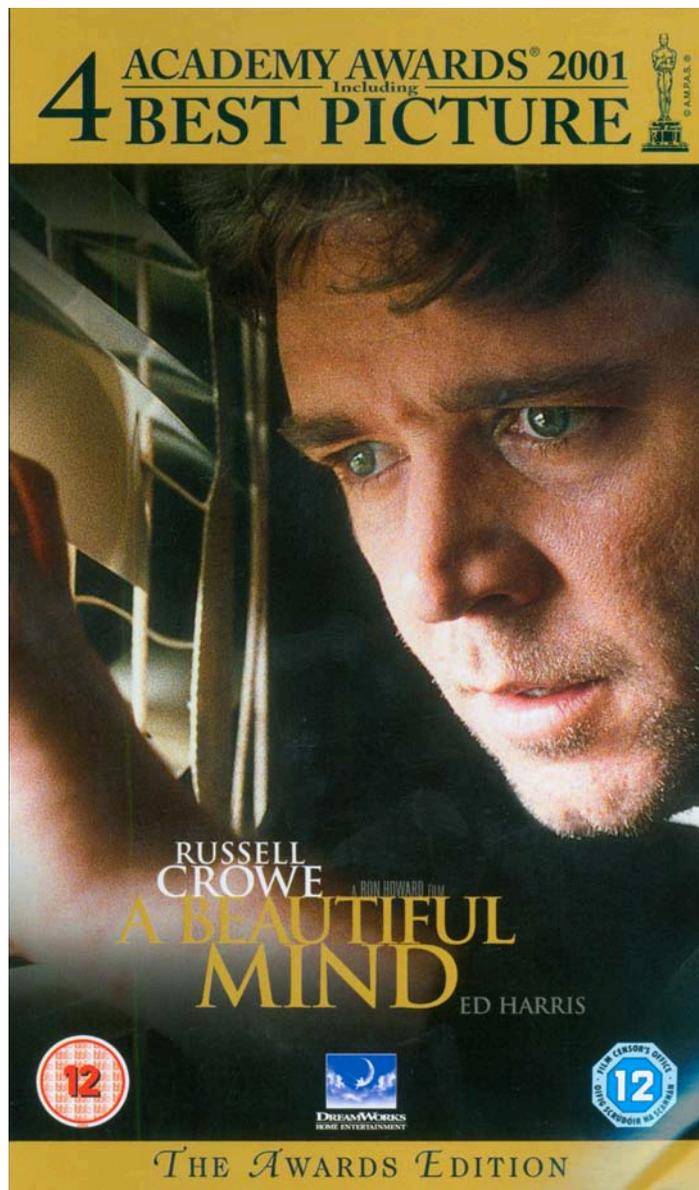
It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

## Unit Three, Lesson One

### Watch 'A Beautiful Mind'

**Note for teacher:** Fast forward video or select chapter on DVD to watch from where John Nash gets married. This will allow more time for discussion in the next lesson.

### A Beautiful Mind (Film)



The story starts with the character John Nash (played by actor Russell Crowe), a brilliant mathematician starting his days at university on his PhD course. He is later 'arrested' and taken into psychiatric care. It turns out that three people that he 'sees' - his room mate; his room mate's daughter and a Ministry of Defence agent called William Parcher - are all imaginary, as is his 'secret agent mission' (searching

newspapers for coded messages being sent by Russian spies). These ideas are only in his mind and a part of the illness that affects him: schizophrenia.

The film shows how John Nash experienced sight and sound hallucinations; how he lived with severe paranoia and how he strongly believed many things that were false - all as a result of schizophrenia.

The film shows John Nash's day to day struggle as, over many years, he learned to recognise what is real and what is not after refusing to use medication to treat his schizophrenia.

In 1994 John Nash won a Nobel Prize for his contribution to mathematics.

## Teaching Unit Three, Lesson Two

### Discuss 'A Beautiful Mind'

Learning objective:

Students have a deeper understanding of some of the more difficult issues facing individuals and society with regard to schizophrenia.

Resources:

- DVD or video of the film 'A Beautiful Mind', DVD player or video recorder and TV.
- Discussion prompter for Teaching Unit Three, Lesson Two.
- Glossary of terms contained in Section C of the pack.
- There is an optional PowerPoint file to support this lesson on the CD that comes with this pack. This optional PowerPoint file is designed for display on an interactive whiteboard whilst teaching this lesson. The file will also be available as a download from the Camden Grid for Learning.

Lesson content:

- Establish ground rules (turn over).
- Watch 'A Beautiful Mind'. Fast forward video or select chapter on DVD to watch from where John Nash gets married. This will allow more time for discussion. Ask the class to make notes on what happens.
- Starter activity. Class brainstorm the issues raised in the film.
- Ask students to fill in discussion prompter for Teaching Unit Three, Lesson Two in pairs.
- Discuss as a whole class each of the points in the discussion prompter. You can use your interactive whiteboard to support this discussion by displaying the optional PowerPoint file supplied on the CD.
- Plenary. Teacher recaps main points raised in the lesson.

### Important note:

At the end of this lesson or others in these teaching units the teacher should explain the importance of pupils getting help if they feel they are in any form of mental distress. The teacher should point out where to go for help within the school - teachers, school nurse, counsellors, mentors, child and adolescent mental health service (CAMHS) - and should also distribute copies of the 'young people: support groups for mental health' information contained in section C of the Changing Minds pack.

**Literacy.** Comprehension tasks, role plays and class discussions.

### **Important ground rules**

To protect potentially emotionally vulnerable students, it is vital that the teacher ensures that all discussion about mental health problems in this activity focuses upon the material provided and nationally known figures and does not seek or allow personal disclosure.

Pupils must recognise and respect each other's contribution. Teachers should inform pupils where to go and who they should talk to if they feel affected by any of the issues raised in the lesson.

It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

It is vital for the teacher to challenge any abusive terms in the light of correct medical terms in the glossaries given as support resources in this pack.

## Unit Three, Lesson Two

### Discuss 'A Beautiful Mind'

#### Discussion prompter for Teaching Unit Three, Lesson Two

- 1 What did John Nash see and hear that was real for him but actually was not real?

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- 2 In the film John Nash's wife chose to stand by him. What might happen to a person with schizophrenia who becomes split from their family?

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- 3 What made John realise that the voices and people in his mind were not real and that he should not listen to them?

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- 4 Do you think John should have been made to take his medication?

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# Changing Minds: Section C

## Support materials



### **Changing Minds: Section C. Support materials, including:**

- Glossary of terms used in mental health; professions and roles; popular and misunderstood terms
  - Timeline of how mental health problems have been understood from pre-history to the present with reference to historical figures
  - Chill 5: an exercise to help pupils maintain a positive outlook
  - Teachers: where to get help with the Changing Minds pack
  - Young people: support groups for mental health
  - CD with pack contents in PDF and word document format for printing/adaptation. The CD that comes with this pack also contains optional PowerPoint files that teachers can display on an interactive whiteboard to support the teaching of units one, two and three. Note: The pack and its associated resources will also be available on the Camden Grid for Learning for download.
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# Glossary of some mental health terms

## **Mental health**

Mental health can be defined as the emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own and others' dignity and worth.

## **Depression**

A condition associated with feelings of prolonged unhappiness. A person with depression may lack energy, find difficulty sleeping, avoid activity and find social contact difficult. It can come about as a response to traumatic experiences, or as a result of chemical changes in the body, or as a combination of both. Depression can often be treated by medication, counselling or psychotherapy, depending on the cause.

## **Schizophrenia**

Schizophrenia is a condition that affects a person's view of reality so they sense things that other people might not experience, or think things that might not be considered by most people to be correct. Someone with schizophrenia can experience hallucinations, or distorted experiences of sight, smell, taste, touch or hearing. The most common form of hallucination that people with schizophrenia experience is hearing voices. Another aspect of schizophrenia is the experience of delusions, or strongly held but impossible beliefs. A common form of delusion is paranoia, or a belief you are being spied upon. Schizophrenia is generally treated with medication.

## **Post-traumatic stress disorder**

A condition where someone has severe emotional reactions due to a distressing event, such as being in or witnessing a serious accident. Symptoms of post-traumatic stress disorder include nightmares, insomnia, panic attacks, flashbacks and depression. The worst symptoms of post-traumatic stress disorder can be treated with medication, but this is usually accompanied with some form of counselling or psychotherapy.

## **Eating disorders**

A condition where the pattern of somebody's eating is distorted as a result of emotional distress. Anorexia nervosa is an eating disorder where an individual eats very little, believing themselves to be overweight, and drastically loses weight. Bulimia nervosa is an eating disorder where an individual forces themselves to be sick after eating large quantities of food. As a result of irregular and disrupted nutrition, people with eating disorders can experience depression, anxiety and physical problems. Eating disorders are normally treated with some form of counselling or psychotherapy.

## **Obsessive compulsive disorder**

A condition where somebody feels compelled to do the same task or think about the same thing again and again, for example washing or cleaning. Such disorders are usually treated by behavioural therapy.

## **Personality disorder**

A controversial diagnosis categorising a wide range of antisocial attitudes and behaviour, including ruthless exploitation, social withdrawal, rejecting help from various services, seeking medical attention for imagined illnesses, violent and aggressive criminal behaviour. Someone who today would be diagnosed with personality disorder would formerly have been called a psychopath or a sociopath. Personality disorders appear to be difficult to treat, although there have been some successes with the use of behaviour therapy that aims to alter the patterns of behaviour shown by people diagnosed with personality disorder.

## **Bi-polar disorder**

A condition where somebody experiences powerful mood swings that can range from being very depressed to a state of elation or mania. When manic, a person with bi-polar disorder can experience hallucinations and delusions similar to those common in schizophrenia. Bi-polar disorder is commonly treated with medication. The former name for this condition is manic-depressive psychosis.

## **Dementia**

A condition, usually associated with elderly people, where somebody's capacities for memory and thinking are impaired by changes in the brain. The most common form of dementia is Alzheimer's disease. Currently dementia is irreversible but medication coupled with a behavioural approach can slow its onset.

## **Self-harm**

Self-harm relates to a range of actions that some people do to injure themselves, for example cutting or hair pulling. It usually accompanies an upsetting experience or other mental health problem, and diminishes when the underlying cause has been treated.

## **Medication**

There are a wide range of medications used in the treatment of mental health problems. Antidepressants such as fluoxetine (Prozac) are used to reduce the symptoms of depression. Severe anxiety can be treated by drugs such as anti-anxiety medication. Antipsychotic medication is used to reduce the symptoms of schizophrenia, for example distressing hallucinations, and comes either as tablets or in the form of long-lasting injections given by a community psychiatric nurse. Mood swings associated with bi-polar disorder can be treated by lithium carbonate tablets.

## **Some terms of abuse**

There are numerous terms of abuse that are used to label people with mental health problems.

**Lunatic** comes from luna, the latin word for moon, as in former times it was thought that changes of the moon affected mental health.

**Insane** originally meant 'unhealthy' but in the 18th century it began to be used to describe someone with mental health problems. With the introduction of the term schizophrenia in the late 19th and early 20th century, the term ceased to be used by doctors and now exists solely as a term of abuse.

**Mad** originally meant to be carried away with a single emotion so as to not to be able to listen to reason. However, from the 19th century onwards it was mainly associated with someone with mental health problems as a term of abuse. Recently, some people with mental health problems have started to reclaim the term with pride as a reflection of their identity.

**Psycho** originates from the ancient Greek word for mind. In 1885 the term psychopath was invented to describe someone who now would be termed as having a personality disorder. The word psycho probably started to be used as a term of abuse for people with a mental health problems after Alfred Hitchcock's film Psycho, portraying a murderer, was released in 1960.

**Spaz** originates from the word spastic, which was a word used very many years ago to describe people with cerebral palsy and is now outdated and a term of abuse. People with cerebral palsy suffer from brain damage and do not usually suffer from a mental health problem.

**Nutter** is an offensive slang word used to describe people with mental health problems.

## Mental health timeline

### **Ancient Greece: (400-500BC)**

As the Ancient Greeks thought that all thoughts, feelings and emotions were caused by the gods, madness (as it was then known) was often thought to be a sign of divine blessing. The god of madness was thought to be Dionysus and on feast days everyone was expected to get drunk at celebrations as a mark of respect and obedience. However the Ancient Greeks also thought that people who disobeyed the gods could also be made mad as a punishment. In *The Bacchae* the Ancient Greek playwright Euripides portrays the citizens of Thebes as being driven to madness by Dionysus because of their failure to properly worship him.

### **Key figure: Socrates (470-399BC)**

Socrates was an Ancient Greek philosopher who during his lifetime was considered by many to be divine because of his public speeches and behaviour. However, in modern times his behaviour has been considered to be highly unusual and even the result of a mental health problem. He described himself as hearing voices and at times of war he was observed to have wandered around battlefields asking questions of soldiers from opposing sides. He was eventually put on trial because of his beliefs and was sentenced to drink hemlock, a form of poison.

### **The Middle Ages (1000-1500AD)**

During the Middle Ages all illness, including mental health problems, was thought to be caused by demonic possession. Therefore, the task of providing treatment fell to monks and nuns in monasteries and convents who set up the first hospitals. One of the earliest hospitals in Europe to provide treatment for madness was the Priory of St Mary of Bethlehem. The shortened name of this hospital Bethlem survives to this day as a psychiatric hospital in London. However, as the Devil was considered to be the cause of mental health problems, many women who today would be considered to have mental health problems, were seen then as witches and burnt at the stake.

### **Key figure: Joan of Arc (1412-1431)**

Joan of Arc was born into a peasant family in France. At the age of 13 she believed that she heard the voices of Saints Michael, Catherine and Margaret commanding her to rescue France from the military domination of England. After being taken to the Dauphin, she was allowed to lead the French army into battle and forced the English to leave the city of Orleans and took the Dauphin to be crowned King. After being captured in another battle, she was sold to the English who put her on trial for heresy and witchcraft. After being found guilty she was burned at the stake.

### **17th and 18th century**

With advances in science, mental health problems were seen to represent an inability to think in a rational and logical way. Institutions were built across Europe on a penal model to house people who didn't show sufficient powers of reason. Inmates were

treated very harshly and frequently placed in chains. However, there was a counter movement. In 1792 a retreat was founded by a Quaker, William Tuke, to house people with mental health problems who would otherwise be imprisoned in much harsher institutions. Here, wardens were encouraged to speak to inmates to aid recovery. In a similar move in France, the psychiatric reformer Philippe Pinel struck off the chains of inmates of the Bicetre Asylum.

### **Key figure: William Blake (1757-1827)**

William Blake was an artist and poet who frequently saw visions and heard voices on which he based much of his work. In one of his poems, entitled London from Songs of Innocence and Experience, he describes a street scene that could be describing the prevalence of mental health problems in the society of his time:

I wander thro' each charter'd street,  
Near where the charter'd Thames does flow,  
And mark in every face I meet  
Marks of weakness, marks of woe.

In every cry of every Man,  
In every infan't's cry of fear,  
In every voice, in every ban,  
The mind-forg'd manacles I hear.

### **19th and 20th century**

People with mental health problems living in institutions started to be treated as patients with medical needs rather than inmates. Henry Maudsley (after whom a psychiatric hospital in London is named) reformed the treatment of mental health problems in Britain. Modern notions of psychiatry and a scientific system for the classification and treatment of mental health problems was developed by Kraepelin. Sigmund Freud pioneered the idea that people with depression and anxiety could benefit from talking about difficult experiences – and psychotherapy was born. However, despite these advances, for many people the experience of admission to psychiatric hospitals was negative. Many unmarried mothers were wrongly placed in psychiatric hospitals. The (no longer used) operation to remove parts of the brain, called lobotomy, and the use of electric shocks to the skull (which is very rarely used today), called electroconvulsive therapy, were in wide and frequent use - whether patients consented to such treatment or not.

### **Key figure: Vincent Van Gogh (1853-1890)**

Vincent Van Gogh was a Dutch artist who suffered greatly from depression. He used his painting to express his strong emotions, and depicted among other things the asylum where he was treated, his psychiatrist and a self-portrait with a bandaged head after cutting off part of his ear. He died from injuries after shooting himself. Only after his death was he recognised to be a great artist, and now his paintings are regularly sold for many millions of pounds.

## **20th century and today**

It was noticed by mental health workers and politicians that many long-stay patients within psychiatric hospitals became institutionalised, or dependent on the hospital for their welfare. Partly for this reason it was decided by the government in the 1980s to close down large psychiatric institutions such as Friern Hospital, which served Camden, and replace them with mental health services and supported housing and hostels in the community. Today, psychiatric hospitals are only used to treat people who are seriously mentally ill and need urgent treatment before returning to the community.

### **Key figure: Winston Churchill**

Winston Churchill was the Prime Minister of Britain during most of World War II. During 1940-1941, Britain suffered some serious defeats and was on the verge of being invaded by Germany. Although at this time many influential people in government wanted to make peace with Germany, Churchill was adamant that Britain would never surrender. It has been speculated that one of the reasons that Churchill did not give in was because of his experience of mental health problems. Throughout his life Churchill had suffered from depression and it is thought that he may have gained the strength not to surrender at the lowest point of the war from his personal experience of fighting depression.

# Glossary of people who care for others with mental health problems

## **Child and adolescent mental health services (CAMHS)**

Teams of specialists who work mainly in hospital-based services, providing in-patient and out-patient support for children and young people with mental health problems. Increasingly, local CAMHS also organise the placement of therapists in schools and the community in order to help young people.

## **General practitioner**

The general practitioner (GP), or family doctor, is often the first person to formally diagnose that somebody has a mental health problem. In the cases of mild or minor mental health problems, a GP might prescribe medication and monitor their patient's progress themselves. However, in more serious cases they may consider it appropriate to refer their patient to another specialist, for example a psychiatrist, a clinical psychologist or a counsellor.

## **Psychiatrist**

A psychiatrist is a medical doctor who has received specialist training in the diagnosis and treatment of mental health problems. Hospital psychiatrists work on psychiatric wards which are normally found in general hospitals. Here they are responsible for the treatment of patients who have come to hospital for intensive treatment of their mental health problems. Community psychiatrists are normally based in the outpatient departments of hospitals, where they treat patients living in the community and advise mental health staff.

## **Counsellor**

A counsellor works with people who have personal problems. They are normally based at GP surgeries or health centres and help clients by addressing issues that cannot be dealt with by medication alone, such as bereavement, stress and problems with relationships. Counsellors normally work with clients who have clearly identifiable problems. Where the problem is very complicated, the client will be referred back to a GP, who will decide whether to refer them to a psychotherapist, who specialises in more complex issues, or to a psychiatrist.

## **Psychiatric nurse**

A psychiatric nurse specialises in the treatment and care of people with mental health problems. Some work in psychiatric wards of general hospitals and attend to the day to day treatment of inpatients under the direction of a psychiatrist. Others are called community psychiatric nurses and work as members of community mental health teams alongside social workers, occupational therapists and clinical psychologists. Community psychiatric nurses specialise in supporting patients living in the community with mental health problems, offering advice about how to manage their symptoms and information about medication. They also administer antipsychotic injections to patients who require them.

## **Carer**

A carer could be a friend or relative who helps someone with mental health problems to cope where necessary with everyday tasks such as shopping, cooking, budgeting, filling in forms and attending appointments. Carers also offer emotional support in times of trouble. They are usually unpaid.

## **Community and support workers**

Community and support workers work in a number of places, including:

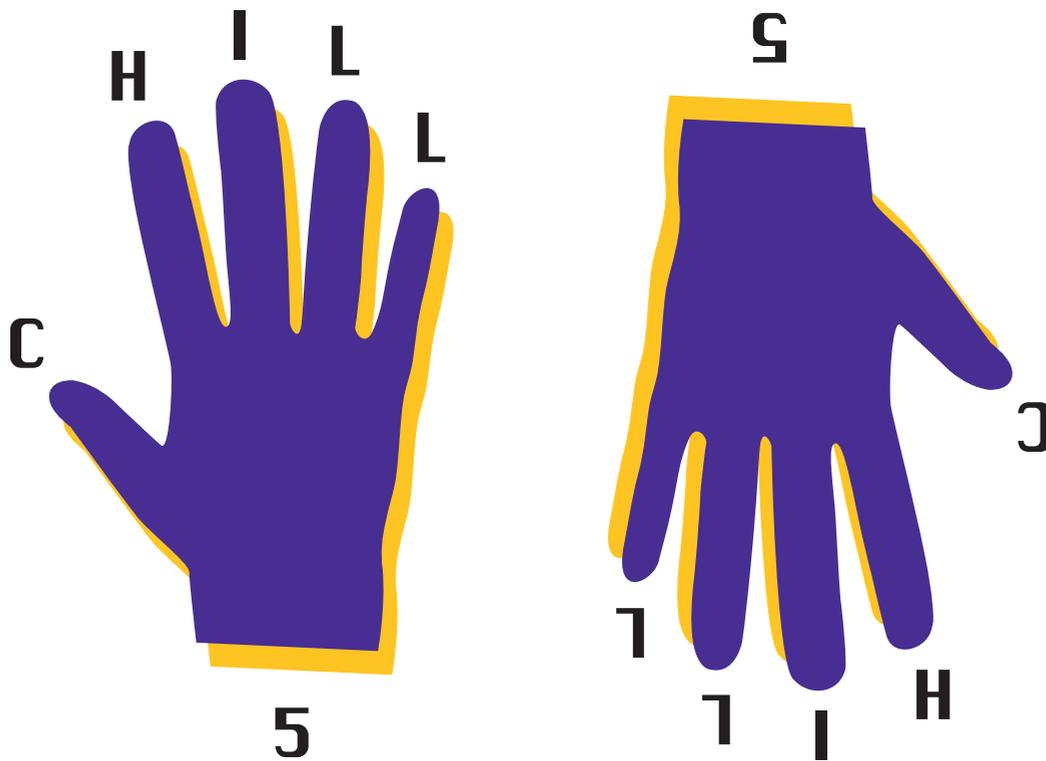
- day centres that offer support to people with mental health problems who need help to structure their daytime and social activities;
- hostels and residential care homes with people who need extra support to live in the community; and
- the homes of people with mental health problems, where they offer practical and emotional support and contact clinical staff where necessary.

Community and support workers are mainly employed by local authorities and charities, although some are volunteers.

## **Community mental health teams (CMHTs)**

CMHTs bringing together community psychiatric nurses, social workers and occupational health workers. They work with people usually diagnosed with severe and long-term mental health problems and needs, either one to one or as pairs working with the client as part of a caseload. More recently, specialised CMHTs have been involved in providing specific responses, for example:

- clients experiencing a particular crisis can be supported by a crisis response team; or
- people with particularly difficult problems who are hard to engage can be supported by an assertive outreach service.



### Chill 5 thinking

'Chill 5 thinking' invites us to reflect upon, and savour, our most recent experiences of happiness, helping us to support and develop our own personal sense of wellbeing. 'Chill 5' achieves instant, lasting 'personal-uplifts'. The thinking-habits of Chill 5 are effort-free and can be used at any time to reduce stress and build up personal resilience.

Mentally go through the Chill 5 once a day, or every other day for maximum benefit. Chill 5 requires no physical effort; it gives high returns at no cost.

You should be somewhere no-one will talk to you for five minutes (a bus is OK). Start the 5 by reflecting on each of the ideas, which spell out the word CHILL below.

Use the fingers of your left hand to help you check-off each letter and idea:

**C** Compliments I'll pay myself for the things I'm doing OK

**H** Happiness moments I've enjoyed today

**I** I shall consider all the good things about me and

**L** Laugh inside at what's funny this week

**L** Last is listen, hear, understand, then speak.

With the rest of the five minutes, chill out to finish by reliving a peaceful moment in your favourite natural place in order to 'deep-relax'.

Remember: if you can't do five minutes then do three.

## Teachers: where to get support with the Changing Minds pack:

Remember that your school nurse will be able to help you with many of the issues that may be raised when you engage in this work with young people.

### **Changing Minds - partnership organisations:**

Royal Free Hospital Children's School	020 7472 6298
New Directions Camden	020 7625 6355
Umbrella	020 7278 3709
SPH Housing (formerly St. Pancras Housing and Humanist)	020 7209 9222
Community Housing Association (part of One Housing Group)	020 8821 5100

### **Time to Change campaign against mental health discrimination**

[www.time-to-change.org.uk](http://www.time-to-change.org.uk)

## Young people: support groups for mental health

Name of organisation / contact details	Information about the work of the organisation
Brandon Centre 0207 267 4792	A confidential service for young people aged 12 to 21 to talk to someone about personal issues. Doctors are also available. Offers bereavement counselling, psychotherapy, family planning and emergency contraception.
Brook London 0800 0185 023	Young people's information line about sexual health issues.
Carers UK (formerly Carers National Association) Carers line: 0808 808 7777 Office: 020 7378 4999	Offers advice, information and support. It produces a newsletter and an information pack aimed at young people aged 12 to 18 who have caring responsibilities. The CNA Carers line offers help to every carer including young people.
Careline Telephone counselling: 0845 122 8622 Contact: 0784 220 3071	Mon to Fri, 10am to 4pm and 7 to 10pm. Confidential phone counselling for children and young people on any issue, including family and relationship problems, bullying, child abuse, eating disorders, bereavement, addictions, rape, depression, and anxiety.
ChildLine 0800 1111	24-hour helpline for children and young people with any problem who are in danger or trouble, and for adults concerned about a child.
Children's Legal Centre  Young people, freephone: 0800 783 2187 Child law advice line: 0845 120 2948 Family law advice via community legal advice: 0845 345 4345	Free advice on all aspects of the law relating to children and young people.

<p>Community Child and Adolescent Mental Health Service</p> <p>North Camden CAMHS: 020 8938 2232 South Camden CAMHS: 020 7445 8601</p>	<p>This service is for children, young people and their families who are finding it hard to cope with a range of emotional and behavioural problems. There are two CAMHS teams in Camden, one in the north of the borough and one in the south. They are multi-disciplinary services, funded by the NHS and Council and provided by the Tavistock and Portman NHS Foundation Trust.</p>
<p>Eating Disorders Association (Beat)</p> <p>Helpline: 0845 634 1414</p> <p>Youthline:  08456 347650 TXT: 07786 20 18 20</p>	<p>Main helpline open Mon to Fri, 10.30am to 8.30pm; Sat, 1pm to 4.30pm.</p> <p>Youthline open Mon to Fri, 4.30pm to 8.30pm Sat, 1pm to 4.30pm</p> <p>Web: <a href="http://www.eduak.com">www.eduak.com</a></p>
<p>Message Home 0800 700 740</p>	<p>24-hour national freephone helpline for those who have run away or left home, in order to send a message to their family or carer, to seek confidential help and advice and if necessary to be helped to a place of safety.</p>
<p>Mind info line 0845 766 0163</p>	<p>Provides information on all aspects of mental health and has information on self-harm and how to help someone with suicidal thoughts.</p>
<p>Nafsiyat Intercultural Therapy Centre: 020 7686 8666</p>	<p>Offers specialised therapeutic help to people from ethnic and cultural minorities. Therapeutic help is offered to individuals, families, children and adolescents experiencing psychiatric problems, emotional strain and sexual problems.</p>
<p>National drugs helpline (Frank): 0800 776 600</p>	<p>24-hour confidential line concerning all aspects of drug use. Available to drug users, family, friends and carers.</p>

<p>North London Line 0207 527 5914</p>	<p>A lesbian, gay and bisexual youth project for under 25s with various groups and activities. Offers one to one support, and also can refer to counsellors. The education support project helps lesbian, gay and bisexual young people to overcome difficulties that they may experience at school or college.</p>
<p>NSPCC Child Protection Helpline: 0808 800 5000</p>	<p>Helpline for adults who are worried about a child and for children who need help.</p>
<p>The Samaritans 08457 909 090</p>	<p>A confidential helpline for anyone who is feeling low, depressed or having suicidal thoughts. Open every day 24 hours a day.</p>
<p>The Venus Project 020 7281 2121</p>	<p>12 to 21 year-olds. Confidential helpline, counselling, advice and information on drug education, HIV and AIDS, sexuality, personal and emotional issues and women's health issues.</p>
<p>Traumatic Stress Clinic: 020 7530 3666</p>	<p>Helps adults, young people and children and families who are experiencing stress reactions as a result of either being involved in, or being witness to a major traumatic event.</p>
<p>Young Minds 020 7336 8445 <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></p>	<p>Helpline and website for anyone wanting information and advice on the mental health of children and young people.</p>
<p>Youth Access 020 8772 9900</p>	<p>Referral service putting young people in touch with local counselling services.</p>
<p>Young People's Consultation Service – The Tavistock Clinic: 020 8938 2337</p>	<p>This is a self-referral only service, based in the adolescent department at The Tavistock Centre. It offers free confidential counselling to young people aged 16 to 30 who have personal and emotional problems.</p>