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While reading an article in the Ottawa Citizen I was
struck by the following statistic by Ron Holder,
psychology professor at Queen’s University:

... [the] suicide rate among Canadians aged 14 to 21 has
tripled over the past five decades, from about six deaths per
100,000 people to 19.1

This statistic is a haunting reminder that the issue of mental
illness is a very real and serious one – 1 in 5 Canadians are afflicted
with a mental disorder.

As a teacher, former principal, and elected representative of the
Canadian Teachers’ Federation, like many of you, I’ve become
aware of some of the more common mental disorders affecting
our student population.

Self-esteem and the sense of self define the teen years in particular.
This is a time of joyful discovery, independence, emotional and
physical growth. Yet for some, it is a time when mental disorders
may start to surface in a more apparent manner and sometimes
mistakenly be attributed to puberty, hormones, and environmental
factors. If you add to this the daily pressures from peers, parents,
the media, and society in general, you may find that some youth
are living in less than favourable environments which can lead
to devastating circumstances. Many of these youth can end up
misunderstood, labeled ‘different’ and become isolated from
the mainstream student population. What a terrible way to live
through the seemingly wonderful years of self-discovery.

Many of you will have known students who have been afflicted by
mental disorders. I know I have and at times, I’ve felt powerless
to understand and to help; frustrated that I could not do more
or easily empathize. Other times, I was a source of support over-
championing seemingly small feats for some, but in reality they
were huge achievements for those who suffer silently.

It makes us wonder why a student should suffer in silence and
isolation. The Canadian Mental Health Association defines the
term “stigma” as “any attribute, trait or disorder that causes a person
to be labelled as unacceptably different from ‘normal’ people.”2

But why and how does stigma happen? According to Merinda
Epstein, Australian teacher for disadvantaged children and mental
health advocate, “all stigma is based to some degree on ignorance,
on social control, on intolerance, on our social inclination to group
people in ways which allow us to find an order in a complex world and
to some degree in our personal preparedness as social beings to protect
our own mental health by defining others as essentially different from
ourselves.”3

As teachers, we can help break down the barriers between isolation
and integration and support. First steps towards lessening the
stigma are awareness and information. There are a few excellent
resources at our disposal; we simply need to know where to
find them. We can also seek the help and support of our school
guidance counselors, our school boards and our teacher locals,
who can help us to locate resources and supporting community
groups.

While I may not be aware of all the resources available, a couple of
them have crossed my path, which I think are worth mentioning.

Talking About Mental Illness4 is an awareness program that has
been proven to bring about positive change in students’ knowl-
edge and attitudes about mental illness. While it is Ontario based
with links to both curriculum and supporting community groups,
it is definitely worth a look since it is easily adaptable. “Maybe it
would help to educate the public, rather than focusing on the actual
depressed people – opening the minds of those who aren’t depressed so
that they’re not so judgmental and closed-minded.”5

When Something’s Wrong6 is a handbook for teachers designed to
help you understand and implement ways to help children with
behaviour problems that are due to common mental disorders. In
some cases, behavioural disturbances within the classroom can be
temporary, yet sometimes they may reflect a mental disorder. This
quick-reference resource offers brief descriptions of some of the
possible classroom behaviours you may experience as a teacher,
and suggested strategies to help you deal with these issues in the
classroom.

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2 Centre for Addiction and Mental Health, Talking About Mental Illness; A guide for
3 Epstein, Merinda, B.Ed., A Consumer Activist’s Guide to Mental Health in Australia,
May 1995, www.takeover.com/epstein/articles/one_stigma_or_many.html
4 Centre for Addiction and Mental Health, Talking About Mental Illness; A guide for
5 Centre for Addiction and Mental Health, Hear Me, Understand Me, Support Me:
What young women want you to know about depression, Toronto, 2006, www.camh.net
6 Canadian Psychiatric Research Foundation, When Something’s Wrong, Ideas for Teachers,
Toronto, www.cprf.ca
Diamond Award

The Diamond Award is the highest level QDPE award presented to schools. Diamond Award schools provide all students with an exceptional program of physical education instruction every day of the school week, for the entire school year. A Diamond school provides a minimum of 150 minutes of class instruction each week and meets all criteria set out in the award application form.

Platinum Award

The Platinum Award is presented to schools that provide all students with a well-planned program of physical education instruction three to four times a week for the entire school year. Platinum Award schools provide a minimum of 150 minutes of class instruction each week and meet all criteria set out in the award application form.

Gold Award

The Gold Award recognizes the same level of quality programs as the Diamond and Platinum Award; however students receive less than the CAHPERD recommended physical education class time (150 minutes per week). Gold Award schools provide a minimum of 100 minutes, three times per week for the entire school year and meet all criteria set out in the award application form. The Gold Award is considered as a "stepping stone" to the Platinum and Diamond Award.

Last year, more than 1100 schools received this national award and each year the numbers continue to rise.

About the Organization

2008 marks 75 years of history for CAHPERD since launching in 1933 as the Canadian Physical Education Association (CPEA). CAHPERD is pleased to be embarking upon its 75th year as a charitable, voluntary-sector organization whose primary concern is to influence the healthy development of children and youth by advocating for quality, school-based physical and health education.

For more information, please visit: www.cahperd.ca

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The Canadian Teachers’ Federation wholeheartedly endorses the goal of the Mental Health Commission of Canada – to enhance the health and social outcomes for Canadians living with mental health problems and illnesses. One of the Commission’s three objectives to meet that goal is the establishment of a Knowledge Exchange Centre to improve cross-sector communication about mental health and mental illness for all Canadians.7

As a spokesperson for the teaching profession and tireless advocate for students and teachers, I welcome this ambitious initiative to ensure we have the necessary resources at our disposal to bring about change and have a positive impact on the lives of those youth who suffer silently and live on the margins of the student population. Chances are you know someone, perhaps even a loved one, who lives with the burden of mental illness. Help us to help those who need it most.

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John Maher’s8 poem Invisible Man seems to accurately reflect the plight of the mental health victim.

In living rooms and public places,
In street and square, in church,
You may freely come and go –
Stroll, loiter and pray,
Just as long as you behave
Just as long as you remain
A presence to yourself alone.
Reasonable people all agree
The rule must be applied:
Don't ask, don't tell,
Don't advertise. Be invisible!
Oh, be invisible when you walk
among us.
Don't stand out.
Don't give us cause to notice you.
Don't ask us to approve:
if you must love, don't let it show;
live, but do not let us know.
Be like us in every way:
Pale and male and gray.
Oh, be invisible!

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7 www.mentalhealthcommission.ca/mhcc.html