

Consider these suggestions as you assess what students have learned and how they are reacting to the texts. As you read aloud and invite initial responses, keep the following in mind:

**Look for**

- attention (bright eyes, nodding heads, sadness, window-gazing, inattention)
- obvious interest (or lack thereof) in hearing the text or seeing any illustrations
- focus or distractibility
- understanding or confusion reflected in body language
- positive or negative attitude

**Listen for**

- sounds of engagement (laughter, sighs, groans)
- questions
- “What ifs” and “Yes, buts”
- comments that indicate understanding or confusion
- informal conversations about the text after the read-aloud
- talk about the story and related issues
- connections and reflections
- thoughtful silence
- “Read it again!”

**Talk about** (in discussions, “grand conversations,” chats, or conferences)

- questions you and your students have about the text
- images brought to mind by the text
- thoughts that were aroused
- possible responses
- connections and reflections
- patterns that emerged

**Notice**

- who chooses the text for independent reading
- who uses something from the text in their writing
- who responds to the text in what way
- who chooses another text that is somehow related (same series, author, genre, etc.)

**Setting up your classroom:**

- Limit distracting visual and auditory stimuli. Aim for a calm and peaceful feel.
- Keep clutter under control. Model effective organization.
- Group noisier activity spaces and quieter ones so they do not interfere with each other.
- Have a special place for student-teacher or student-student conferences.
- Be flexible with seating arrangements and consider when students might need a place for calm and focused thinking or small-group work.
- Choose your transitioning signals carefully (e.g., a quiet drum, a subtle bell, music).
- Have a predictable (but flexible) routine to help students anticipate and prepare.
- Have available fidget toys or worry beads for calming.
- Keep track of triggers for hypo- or hyperactivity and make modifications to facilitate self-regulation.
- Create a safe and caring environment where students feel they have ownership.

**Fostering emotional regulation:**

- Familiarize yourself with resources on emotional self-regulation (e.g., CASEL, Edutopia, the Canadian Safe School Network).
- Encourage and reinforce cooperation, collaboration, tolerance, respectful behaviour, and kindness. Trust matters!
- Introduce relaxation techniques, such as deep breathing, mindful awareness, and yoga.
- Modulate your own emotional responses and share how you do it.
- Help students to express their feelings using the directing, relating, and expressing functions of language (see pp. 27–31 of this resource).

**Strategizing to enhance focus and attention:**

- Be consistent in teaching and learning techniques and scheduling so students can anticipate, get prepared, and focus accordingly.
- Teach goal-setting and planning strategies directly.
- Build up attention span by eliminating unnecessary interruptions and providing appropriate breaks.
- Watch for indications of the need for some help, and indicate that students need to develop appropriate help-seeking strategies. Ask students to consider what they can do when they are stuck, confused, or need more information.
- Help students develop methods to self-monitor (e.g., lists, folders, sticky notes).
- Look for ways to make learning fun, motivating, and engaging.
- Provide concentration spots where students can go if they need extra quiet or limited distraction when working on something in particular.
- Deliver complicated instructions in more than one mode. Check for understanding.
- Give choice and ownership.
- Make sure that your demonstrations and modelling are clear.
- Help students develop personalized mnemonics that match their learning style and preferred modality.
- Aim for engagement. Motivation increases and self-regulation becomes easier.

Dear Parents/Caregivers,

We are starting a new literacy and mental health series called *Well Aware*! We will be reading interesting books written by exemplary Canadian authors. As we work with these books, we hope to come to understand more about how to be happy and healthy, make good choices, and reduce stress and anxiety. We also expect to improve our literacy skills.

The intent of this series is to use the skills of language, such as listening, speaking, reading, and writing, to address important ideas about positive mental health. The mental health of all of our children is critical to their social and emotional development, but it also plays an important role in their success at school.

Exploring ideas through literature is not new and it is not meant as an “add-on” to an already full curriculum. It is simply a way to use the strength of communication skills as a vehicle to help children not only manage and cope with their everyday lives, but also to “be the best they can be,” physically, socially, intellectually, and emotionally.

As with all curriculum initiatives, please feel free to contact me if you have any questions about this exciting new resource.

Thank you for your interest!

Sincerely,

Dear Parents/Caregivers,

As part of our learning about positive mental health, we are learning to apply the skill of **active listening**. Ask your child to tell you what this means and how it is helpful.

Have a look at the lists below for ways to practise active listening skills. Tips that help all of us make our conversations more meaningful:

- **Eye contact:** Turn off and tune out all other media. Focus on the speaker.
- **Body language:** Nod, open your arms, and share the same “space” (e.g., sit down to reduce a height difference).
- **Pass it back:** Try statements that begin with *Are you saying that ...; So what you are telling me is ...; Oh, that must have felt ....*
- **Acknowledge:** Let others know you “hear” what is said.
- **Ask questions:** *What does that look like? feel like? sound like?*
- **Agree to disagree:** Let others know that you may not always agree with what is said, but that you both need to respect opinions.

Questions that help open the doors to communication:

- *Wow! You look excited! What’s up?*
- *I can tell that you are (sad, stressed, upset) by the expression on your face. Let me know if you want to talk about it.*
- *If you had to change one thing about the way today went, what would it be? Why?*
- *What’s something that you really enjoyed about school today?*
- *Did you experience a feeling of calm today at some point? What were you doing? What do you think made you feel calm?*

Thanks for your interest!

Sincerely,

The structure of the brain includes the **cerebral cortex** and the **limbic system**. The cerebral cortex is the thinking part of the brain that handles logic and judgment. The limbic system is more primitive than the cerebral cortex and is the emotional centre of the brain.

- Sensory information entering the brain passes through the amygdala where the decision is made whether to send the data to the limbic system or cerebral cortex.
- If the incoming data elicits enough of an emotional charge (like anger), the amygdala can “hijack” it and send it directly to the limbic system, causing the person to react using only the lower, more primitive part of the brain. This could feel like panic or anger. The limbic part of the brain is not involved in judging, thinking, evaluating, or self-regulation.
- At this “hijacking,” a flood of hormones is released that cause physical and emotional alarm. The subsequent surge of energy prepares the person to fight or flee.
- This feeling caused by the hormonal flush can last for several minutes. During that time, the person may say or do things that they will wish they hadn’t when the thinking part of their brain re-engages.
- Furthermore, an additional, longer-lasting hormone is released, and its impact can last for several hours to several days. This may explain why someone who has calmed down from a powerful angry reaction will later have a huge flare-up in response to some small incident. This person experiences a reaction that is out of proportion to the situation because the hormone is still active.

As we can see, a great deal goes on physiologically during anger. When we know that someone has become “hijacked,” we need to give them time for their hormones to settle, their heart to stop racing, and their anger to subside.

Name: \_\_\_\_\_

Select one or more of the situations below and answer the questions for the person described.

**Situation #1:** Myrna spent most of her break time alone. While the other girls would gather and talk about movies or fashion or boys, she would stand against the wall of the school and wait until the break was over and she could go back inside. This happened day after day until she could no longer stand their laughter, smiles, and loud voices. Her fists started to clench, her eyes started to water, and she could feel the tension rising in her chest. "I have had it!" she said as she stomped towards the group of girls nearby.

**Situation #2:** Naveen was at the breaking point. He knew that he needed to get an A on this test, but he was sure that wouldn't happen. He had studied and studied, but it just didn't make any sense to him. His parents told him that if he got an A, he could buy that new video game, but the way things were going, he'd never get that chance. Why did his older sister always get the A's? Just thinking about it made his chest tighten up, and he felt like he wanted to break something. One more word about "Sister A" and he would lose it!

**Situation #3:** Nell hated walking home from school. She had to walk through the park and those stupid kids were always hanging out near the trees. They made her so mad. They had started teasing her because she wouldn't talk to them. Each day, it seemed to get worse. This time, she would show them. She had a rock in her pocket. If one of them said something, they would regret it!

**Questions:**

What was the primary emotion the person was feeling? \_\_\_\_\_

What action does he/she seem to be ready to take? What might be the results? \_\_\_\_\_

\_\_\_\_\_

What could he/she do to address the issue before it got out of control? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Select a scenario from below and prepare a dramatization to show what you could say to help this person.

Remember:

- Avoid statements that start with “At least you ...” or “It could be worse ....”
- Don’t try to make it better.
- Try not to judge their situation.
- Try to see it from their perspective.
- Recognize and validate their emotions.
- Listen actively, acknowledge their pain, and let them know you care.

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Supreet seemed very sad. She wasn’t her usual bubbly self and she was dragging her feet with her head down as she walked in the hall. Her best friend, Sarah, had heard that Supreet’s parents were getting a divorce. Sarah decided it was time to talk.

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Abraham loved his dog, Dude. In fact, Dude went everywhere with him, and all the guys sort of accepted him as their mascot. Sadly, Dude had to be put to sleep recently, and Abraham was devastated. He ran into the washroom and stayed there for a long time. When he finally came out, one of his good friends, Shane, went to talk to him.

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Anna had always earned the top marks in math class. When tests came back, the teacher always said something about Anna and her A. However, the last few times, Anna didn’t get an A or even a B. She seemed to walk around in a daze and she just wasn’t herself. Her friends felt that something was wrong and it was time to find out what.

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The boys had heard that Marek’s dad was in the hospital. In fact, Marek had not been at school for several days. When he finally returned, he seemed to keep his head down, he didn’t smile, and he hardly even touched his lunch. They wanted to help him out, but they weren’t sure what they could say.

Name: \_\_\_\_\_

Select a situation below and use the following problem-solving approach to come to a decision.

1. Identify the problem.
2. Consider the options.
3. Look at the pros and cons of each option.
4. Select an option.
5. Act on it.
6. Evaluate your decision.

LaVerne always had the best birthday parties. Her mom would take everyone to a movie and then they would have a sleepover. It was one of the highlights of the year. As usual, Macy, Sal, Ramsha, and Neesa got an invitation—but Maureen didn't. Maureen had always come to LaVerne's party, but this year, they had had a fight and she wasn't invited. Macy was Maureen's best friend and she didn't know what to do. Help!

Pedro was the video game champ. He had reached the top level in *Revenge III* and he was getting the newest video game, *Killing and Vendettas*, for his birthday on Saturday. Josh was invited and he really wanted to go. But there was a big problem. Josh's parents were very particular about what video games he was allowed to play and they had forbidden him to get *Killing and Vendettas* because of the violent content. He had to let Pedro know if he could come to the party by this afternoon, but he wasn't sure what he should do. Help!

Grace was one of the coolest kids in the school. She had a lot of friends, she was pretty and popular, and she was everybody's hero. Now Manny had a problem. He saw Grace steal Mrs. Li's wallet off her desk. Nobody else was in the room, but Grace saw him looking and just walked past him with a glare. What was he to do? Help!

Rolston was the newest kid in the school. He had thick glasses, wore unusual clothes, and talked with a lisp. All the kids tried to get him to talk so that they could laugh at him when he said words with an "s." One day, as Jamal and Sean were walking past Rolston in the hall, Jamal poked Sean and said, "It's your turn. Ask him to say 'Mississippi!'" Jamal and Sean had been friends for years and Sean didn't want to lose that friendship. He really felt pressured to tease Rolston, even though it didn't feel right. Help!



How can writing or drawing help you to understand your own feelings? Here are just a few ways.

- Writing helps you get a clearer picture of your inner world—what makes you happy or sad, confident or fearful, angry or content. Writing brings this world out where you can see it.
- If you write regularly, you will see patterns and notice things, such as what might bug you or what might help you. Writing helps you to know yourself a little better and that positively affects your emotional well-being.
- Writing or drawing about what makes you experience painful emotions like anger and stress can help lessen the intensity of these feelings and calm you.
- When you read your writing, you may recognize that a situation is not so bad or see a potential solution. Writing is a problem-solving tool. Through the creative process of writing, problems sometimes become “unlocked.”
- Writing or drawing about personal relationship problems, rather than stewing over them, might help you to understand everyone’s point of view. These tools might help you come up with a good solution to the conflict.
- Writing helps you to track growth over time. When things seem overwhelming, being able to look back on previous situations that you have been able to resolve is comforting and inspiring.

Name: 

Read each statement below and discuss whether it is fact or fiction.

1. Mental health issues begin during adolescence.
2. Most mental health issues can improve with proper intervention.
3. Mental health problems are rare in Canada.
4. Mental illnesses are not real illnesses.
5. Most people with a mental health issue can pull themselves out of it.
6. Emotional problems are a sign of weakness.
7. Most people with mental illnesses have a tendency for violent behaviour.
8. Depression is not a mental illness.
9. People with mental health issues usually suffer from physical illness as well.
10. Most people with mental health issues have difficulty learning.

Read the information under each statement and compare it to your discussion. What did you already know? What new understandings do you have?

1. Mental health issues begin during adolescence.  
*Actually, mental health issues can begin early in childhood, and research says that most people who have a mental illness started to show signs before age 14.*
2. Most mental health issues can improve with proper intervention.  
*This is a fact. With proper intervention, which can include therapy and medication, many individuals with mental health issues can function well and live fulfilling lives.*
3. Mental health problems are rare in Canada.  
*This is not true. In fact, chances are you will know someone who has been affected by some form of mental illness.*
4. Mental illnesses are not real illnesses.  
*There is a huge spectrum of mental health issues and they are as real as any other type of illness. Most require treatment, much like physical illnesses. They don't just "go away."*
5. Most people with a mental health issue can pull themselves out of it.  
*This is not true. A mental health issue is as important as a physical health issue and people cannot just "pull themselves out of it."*
6. Emotional problems are a sign of weakness.  
*Emotional problems can affect anyone at any time, regardless of age, gender, race, or ethnicity. They have nothing to do with being lazy or weak. In fact, taking care of yourself and reaching out for help when necessary are signs of strength, not weakness.*
7. Most people with mental illnesses have a tendency for violent behaviour.  
*This is a stigma that is not true. People with mental illness are no more likely to be violent than anyone else.*
8. Depression is not a mental illness.  
*Depression is one of the many mental illnesses that are part of the large spectrum of what constitutes mental illness. Depression can come in varying degrees and not all people who feel depressed have a mental illness.*
9. People with mental health issues usually suffer from physical illness as well.  
*There is no evidence that people with mental illnesses are prone to physical illness more than other people.*
10. Most people with mental health issues have difficulty learning.  
*This is untrue. People with mental illness vary in intelligence just like everybody else.*

Dear Parents/Caregivers,

As part of our learning about literacy and mental health, we have been using a series titled *Well Aware*. It combines engaging texts written by award-winning Canadian authors with lessons that connect to strategies students can use on a daily basis to manage stressful situations.

One of these texts, titled *Red Carnation*, tells the true story of mental health advocate Alicia Raimundo when she was a 13-year-old girl. At that time, she was recovering in hospital from severe depression and a suicide attempt. The text, written in collaboration with author Deborah Ellis, describes her journey through the mental health system and the challenges and supports that she encountered while trying to find her way and manage her illness. Her story is one of help and hope. Alicia is now a university graduate who has worked to develop mental health programs and increase awareness across Canada and internationally.

As students work with the text, they explore issues of stigma that can interfere with understanding mental illness and prevent those in need from seeking help. They also examine ways to build resiliency and move forward from a difficult situation. The benefits of writing and creating to help us understand our thoughts and feelings are also discussed.

As caring adults, we all want to help our young people develop the skills necessary to be able to cope and thrive in all situations. This is why we continue to work to equip students with the tools they need to manage everyday stresses before they escalate into extreme situations. As teachers, we cannot diagnose or provide the appropriate care a child who is experiencing a mental health issue may need. What we can and will do, however, is open the doors to talking about mental health without shame, stigma, or judgment.

As part of our team, thank you for connecting with us concerning this important topic, and please feel free to contact me if you would like to discuss this work further.

Sincerely,

Name: 

Here are some strategies that can help you cope when you are feeling anxious or stressed out. Put a checkmark beside the ones that have worked for you. Can you add any to the list?

- Take a time out. Listen to music, breathe deeply, learn relaxation techniques, and take a break so that you can let go of what's bothering you and get your head straight.
- Breathe deeply from your belly. Breathe in for three counts and out slowly. Then do it again. Breathe before you speak or act.
- Use positive self-talk. Find a mantra that you can quote to yourself, such as "I can do it. I will be fine." Remind yourself of what is *not* your fault in the situation.
- Make sure that you eat and sleep well. Keep healthy, energy-boosting snacks on hand.
- Drink lots of water and other healthy liquids.
- Get adequate daily exercise to help you feel good. Health matters.
- Count to 10 before you do anything.
- Find something to laugh about and someone to laugh with.
- Check your attitude and those who influence it. Look to replace negative with positive.
- Figure out what triggers your stress and anxious feelings. Watch for patterns in time, place, people, etc. You could keep a journal to help you monitor these patterns.
- Tell friends and family you're feeling overwhelmed, and let them know how they can help you. Talk to a doctor for expert help.
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-

Name: \_\_\_\_\_

Here are some elements that writers consider when creating a character. They help readers feel something for a character and make connections to that character’s actions and experiences.

Think about how authors have used these elements to create characters you are familiar with as well as how you could use them to create a character of your own.

<b>History</b>	Where does your character come from? Think about his childhood and adolescence. What events shaped his personality? What was his family like?
<b>Relationships</b>	What kind of friends and family does she have? How does she relate to them? Is she very social or reclusive or somewhere in between?
<b>Thoughts</b>	What kind of inner voice does your character have? How does he think through his problems and dilemmas? In real life, we don’t have the benefit of knowing someone’s innermost thoughts, but a narrative allows us to do just that, which is a great advantage.
<b>Communication Style</b>	How does your character talk? Does she favour certain words or phrases that make her distinct and interesting? What about the sound of her voice? Much of our personality comes through our speech.
<b>Ambition</b>	What is his passion in life? What goal is he trying to accomplish in your story?
<b>Obstacles</b>	What personal weaknesses, problems, or circumstances must your character overcome throughout the story?
<b>Appearance</b>	What does she look like? This may be the least important ingredient to make your character come alive to the reader, but you should still know it in your own mind.
<b>Flaws</b>	Everyone has some personality trait that others might dislike. Is he too self-centred? Too competitive? Too lazy? Too easy-going? Too demanding of others?
<b>Approachability</b>	How easily can readers relate to your character? Does she have some traits that make her seem “just the same as us?”

Name: \_\_\_\_\_

<b>Word/Phrase</b>	<b>Possible meaning</b>	<b>Definition</b>
<b>Chapter One</b>		
sullied		
livid		
mediocrity		
nemesis		
chided		
arsenal		
arch-enemy		
squandered		
remorse		
nefarious		
vile		
loathed		
zealous		
vigilantes		
<b>Chapter Two</b>		
shambled down		
bovine enzymes		
culinary		

Name: \_\_\_\_\_

sanctuary		
cocooned		
“Sally Samaritan”		
primal scream		
quell		
suss out		
<b>Chapter Three</b>		
menace		
fortress of solitude		
<b>Chapter Four</b>		
insignia		
vise		
hyperventilate		
shard		
pursed my lips		
gamma radiation		
<b>Chapter Five</b>		
trite		
<b>Chapter Six</b>		
clean slate		



Here is some information about schizophrenia from the Canadian Mental Health Association, The Schizophrenia Society of Canada, and The Mental Health Commission of Canada.

- Schizophrenia is a very complex mental illness. It affects the way you understand and interact with the world around you.
- Schizophrenia affects an estimated one person in 100. It can affect anyone, regardless of background or lifestyle.
- Individuals with schizophrenia may start to experience problems concentrating, thinking, communicating clearly, or taking part in their usual activities. At the most intense points during the illness, people may experience breaks from reality called psychosis. These could be sensations that aren't real, such as hearing voices, and strong beliefs that aren't true, such as believing they can control others' minds.
- Each person's experience with schizophrenia is unique. Some people only experience one episode in their lifetime, while others experience many episodes. Some people experience periods of wellness between episodes, while others may experience episodes that last a long time.
- No matter how someone experiences schizophrenia, early treatment can help reduce the impact of episodes in the future.
- No one knows exactly what causes schizophrenia or why it can affect people so differently. Some of the factors involved might be an individual's genes, brain structure, and life events.
- Currently there is no way to prevent schizophrenia and there is no cure. However, there are good and effective treatment options. The outlook for people with schizophrenia continues to improve. Eliminating stigma about mental illness is also an important part of helping people with schizophrenia to have a better quality of life.

Here are ten common myths about mental illnesses.

**Myth #1: Mental illnesses aren't real illnesses.**

**Fact:** The words used to describe mental illnesses have changed greatly over time. What hasn't changed is the fact that mental illnesses are not the regular ups and downs of life. Mental illnesses create distress, don't go away on their own, and are real health problems with effective treatments. When someone breaks their arm, we wouldn't expect them to just "get over it." Nor would we blame them if they needed a cast, sling, or other aid in their daily life while they recovered.

**Myth #2: Mental illness will never affect me.**

**Fact:** All of us may be affected by mental illness. Researchers estimate that as many as one in five Canadians will experience a mental illness at some point in their life. Those who do not experience a mental illness themselves may have family members, friends, or co-workers who will experience challenges.

**Myth #3: Mental illnesses are just an excuse for poor behaviour.**

**Fact:** It's true that some people who experience a mental illness may act in ways that are unexpected or seem strange to others. We need to remember that the illness, not the person, is behind these behaviours. No one chooses to experience a mental illness. People who experience a change in their behaviour due to a mental illness may feel extremely embarrassed or ashamed around others. It's also true that people with a mental illness are like anyone else: they may make poor choices or do something unexpected for reasons unrelated to symptoms of their illness.

**Myth #4: Bad parenting causes mental illnesses.**

**Fact:** No one factor can cause mental illnesses. Mental illnesses are complicated conditions that arise from a combination of genetics, biology, environment, and life experiences. Family members and loved ones do have a big role in support and recovery.

**Myth #5: People with mental illnesses are violent and dangerous.**

**Fact:** Researchers agree that mental illnesses are not a good predictor of violence. In fact, people who experience a mental illness are no more violent than those who do not.

It's also important to note that people who experience mental illnesses are much more likely to be victims of violence than to be violent.

**Myth #6: People don't recover from mental illnesses.**

**Fact:** People can and do recover from mental illnesses. Today, there are many different kinds of treatments, services, and supports that can help. No one should expect to feel unwell forever. The fact is, people who experience mental illnesses can and do lead productive, engaged lives. They work, volunteer, or contribute their unique skills and abilities to their communities.

Even when people experience mental illnesses that last for a long time, they can learn how to manage their symptoms so that they can get back to their goals. If someone continues to experience many challenges, it may be a sign that different approaches or supports are needed.

**Myth #7: People who experience mental illnesses are weak and can't handle stress.**

**Fact:** Stress affects well-being, but this is true for everyone. People who experience mental illnesses may actually be better at managing stress than people who haven't experienced mental illnesses. Many people who experience mental illnesses learn skills like stress management and problem solving so that they can take care of stress before it affects their well-being. Taking care of yourself and asking for help when you need it are signs of strength, not weakness.

**Myth #8: People who experience mental illnesses can't work.**

**Fact:** Whether you realize it or not, workplaces are filled with people who have experienced mental illnesses. Having a mental illness doesn't mean that a person is no longer capable of working. Some people benefit from changes at work to support their goals, but many people work with few supports from their employer. Most people who experience serious mental illnesses want to work, but face systemic barriers to finding and keeping meaningful employment.

**Myth #9: Kids can't have a mental illness like depression. Those are adult problems.**

**Fact:** Even children can experience mental illnesses. In fact, many mental illnesses first appear when a person is young. Mental illnesses may look different in children than in adults, but they are a real concern. Mental illnesses can have an impact on the way young people learn and build skills, which can lead to challenges in the future. Unfortunately, many children don't receive the help they need.

**Myth #10: Everyone gets depressed as they grow older. It's just part of the aging process.**

**Fact:** Depression is never an unavoidable part of aging. Older adults may have a greater risk of depression because they experience so many changes in roles and social networks. If an older adult experiences depression, they need the same support as anyone else.

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This list suggests ten approaches that help people cope with stressful times. See if you can add to it.

Next, think about how you could teach people about at least one coping method from the list. You may choose to make a poster, a webpage, a skit, a commercial, a painting, a poem, a short story ... the possibilities are endless!

1. Learn more about mental illness. If someone you know has been diagnosed with a mental illness, find out more about what to expect and how you can help.
2. Keep a journal. If you or someone you care about seems to be exhibiting signs of illness, keep track of things that concern you. Write down the date, the event, and why you are concerned.
3. Stay connected. If you or someone you know is experiencing a mental health crisis, be sure to stay connected to your support team.
4. Practise relaxation techniques. Breathe deeply, go to a “happy place” (even if it’s in your mind’s eye), write down or illustrate your feelings, take a walk.
5. Keep physically active. Research supports the fact that physical activity can reduce stress. Get at least 60 minutes of physical activity every day! Also, remember to balance your passive time (such as time spent with computers, TV, video games, etc.) with activity. Consult the Canadian Physical Activity Guidelines published by the Canadian Society for Exercise Physiology.
6. Feed your body! Nutritious foods are important. Consult *Canada’s Food Guide to Healthy Eating* and make sure that you practise balance, moderation, and variety in your food choices.
7. Find a hobby—dance, sing, draw, paint, play music, or build models! Keep busy and try to explore new challenges.
8. Love your pet (or someone else’s). Pets can truly be your best friend.
9. Get enough sleep. Growing bodies need about 8.5 to 9 hours of sleep a night!
10. Smile! Share your smile with someone else!

Dear Parents/Caregivers,

As part of our learning about literacy and mental health, we have been using a series called *Well Aware* that combines engaging texts written by award-winning Canadian authors with lessons that connect to strategies students can use on a daily basis to manage stressful situations.

One of these texts, titled *Upside Down*, is a first-person account of a family's experience with a serious mental illness. Two of Clem Martini's brothers were diagnosed with schizophrenia. Clem felt overwhelmed and wondered, *What can I do? How can I help?* In this text, he offers answers he has found to those questions over the course of his family's journey with mental illness. It has been a difficult journey, including the devastating suicide of one brother. Ultimately, however, the message is one of hope and of finding ways to be resilient and move forward. Everyone who reads *Upside Down* will be affected by the story it tells, and we hope this will lead to deeper understandings, reduced anxiety about mental illness, and compassion.

As students work with this text, they will discuss and debunk misconceptions about mental illnesses and explore coping strategies that are helpful for individuals and families experiencing difficult situations. They will consider ways to support themselves and others when facing tough challenges—especially the important step of seeking and accepting help.

As caring adults, we all want to help our young people develop the skills necessary to be able to cope and thrive in all situations. As teachers, we cannot diagnose or counsel students about specific mental health issues. What we can and will do, however, is open the doors to talking about mental health issues without shame, stigma, or judgment.

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