

# Mental Health and Me year 5 to 8

## Teacher and Caregiver resource

The following ideas and discussion points may help teachers and caregivers facilitate further conversation around mental health and wellbeing with young people who have completed MIEACT's Mental Health and Me online program.

After completing the program a young person may like time to reflect and digest the learning that has taken place. Speaking about mental health can sometimes feel uncomfortable or overwhelming so checking in and seeing how the young people are feeling is a good starting point. This initial reflection may take the form of encouraging a young person to speak with a class member or friend about their experience engaging with the program. It could involve giving the young person time to write independently in a journal or asking them to share their thoughts and ideas through a group discussion.



### Example reflection questions:

- How do you feel after completing the program?
- What did you find most interesting or helpful?
- Are there any questions that have come up that you would like answered?

These are some questions you might like to ask a young person to prompt consolidation of their learning based on the program outcomes.

### Outcome 1

Young people understand what stigma is and identify the negative consequences of stigma

- What is stigma and why is there stigma around mental health?
- What are the main reasons why young people often don't seek help for a mental health concern?
- How can a young person's life be effected if fear or worry prevents them from getting help?

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## Outcome 2

Young people articulate an understanding of mental illness and be able to identify mental health concerns in themselves and others

- Why is mental health important?
- What can be some signs and symptoms that someone might need to seek help?
- What do you notice happens in your body when you are feeling stressed or worried?
- How common is mental illness in Australia?
- What is the most common mental illness for young people and why do you think that is?

## Outcome 3

Young people understand the power of real life stories of people living with or looking after someone with a mental illness

- How did you feel after listening to Anthony's, Cass' and Jodie's real stories?
- Can you relate to anything you heard in these stories?
- Why do you think hearing stories like these are powerful in reducing the stigma around mental health?

## Outcome 4

Young people identify strategies to support good mental health and positive self-care

- What is self-care and why is it important?
- What strategies do Anthony, Cass and Jodie use to support their own mental health and wellbeing? (Meg, Rose & Chris in Resource Pack)
- If you are having negative feelings what are some things you can do in the moment to help?



## Outcome 5

Young people contribute to the collective impact in reducing stigma in relation to mental illness

- What steps can you take to encourage your friends and classmates to seek help if they need it?

## Outcome 6

Young people identify where to go for help (including appropriate mental health services)

- Who is a trusted adult?
- Can you identify some trusted adults in your life?
- What could you say to a friend if you thought they needed support?
- What do you think your first steps would be if you needed help? Who would you go to?
- What can you do if the first step you take to seeking support doesn't work?

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**This program contains a lived experience story that talks about Dissociative Identity Disorder (DID). Below is information about DID to assist you in discussions that may occur around this mental illness.**

### **What is Dissociative Identity Disorder (DID)**

Dissociative Identity Disorder (DID) is a rare and complex psychological condition where a person's identity is fragmented into two or more distinct personality states called 'alters'. You may have previously heard of this condition labelled as Multiple Personality Disorder.

DID is likely caused by many factors, but many people with DID have experienced severe physical, verbal or sexual abuse during childhood.. The stress of war or natural disasters also can bring on dissociative disorders. A child who learns to dissociate in order to endure a traumatic experience may use this coping mechanism in response to stressful situations throughout life.

People living with DID experience two or more distinct identities or personality states, each with its own way of thinking and relating. The person experiences amnesia and gaps in the recall of everyday events, personal information or traumatic events. The person may be distressed by the disorder or have trouble functioning in their life as a result.

People with DID also commonly suffer from symptoms of PTSD and trauma, like depression, suicidal thoughts, sleep problems, anxiety, and obsessive compulsive or psychotic symptoms

#### **The Facts**

- Estimates on the prevalence of DID vary widely. Studies show it can affect anything from 0.01% to 15% of people.
- It is more common in areas that have experience large-scale trauma such as war or natural disasters.
- DID is more commonly diagnosed in women than men.
- The majority of people with DID have experienced severe trauma in childhood, and dissociate as a way of coping with a situation that is too violent or traumatic for their conscious self to handle.

#### **The Myths**

**Myth:** People with DID have multiple personalities that they call on at will.

**Reality:** People with DID have experienced a fragmentation, or splintering, of their identity, rather than a growth of new identities. For the vast majority of people with DID, switching between alters is involuntary and can't be identified by a casual observer at all.

**Myth:** People with DID are dangerous or violent.

**Reality:** People with DID are no more likely to be violent than anyone else. There are very few documented cases linking crime to DID. The idea of an 'evil' alter is not true.

**Myth:** DID is the same as schizophrenia.

**Reality:** DID and schizophrenia are very different illnesses. Schizophrenia is a psychotic illness, where a person may experience delusions, paranoia and hallucinations. It does not involve dissociation. People with DID are not delusional or hallucinating their alters.

### **What is Dissociation**

Dissociation is a coping mechanism that a person uses to disconnect from a stressful or traumatic situation, or to separate traumatic memories from normal awareness. By dissociating painful memories from everyday thought processes, a person can maintain a level of functioning, as though the trauma had not occurred.

### **Seeking help, diagnosis & treatment**

While treatment for DID can take a long time, it is effective. People with DID should see a mental health professional with experience with dissociation. The goal for treatment is the integration of separate alters into one unified personality.

#### **Treatment**

Treatment for DID usually takes a multi-stage approach and involves psychological therapies with a mental health professional or clinician to process traumatic memories with the end aim being to unify the 'alters' into one unified identity. Medication may also be prescribed for associated depression, anxiety or other health issues.

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