

# Explanatory and Teachers' Notes for *BIG AND ME*

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## Introduction

When David Miller first talked with me about his idea for creating *BIG AND ME* and the concepts behind it, I was thrilled to think that there might be an additional resource here in Australia which could start some conversations about mental illness in families with young children. My experience with families tells me that these are not easy things to talk about; many adults struggle to find the words to explain what mental illness is and will conceal what is happening to them or their family for fear of being judged. Children, not knowing what is happening to someone they love, will try to make up for gaps in their knowledge and in doing so may come to the wrong conclusions. *BIG AND ME* will contribute enormously towards addressing this and help children, families and communities understand that mental illness is nothing to be ashamed of.

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These notes consist of:

- A. Some **background information**
- B. **Teachers' Notes** and **classroom activities**
- C. Additional downloadable **Information Sheets** to assist with using this book which include:
  - 1. Why is it important to raise these issues with children?
  - 2. Identifying and supporting children in the classroom
  - 3. What do we know that helps children?
  - 4. Tips for raising these issues with parents
  - 5. Talking with children about mental illness and mental health
  - 6. Mental illness: disorders and symptoms
  - 7. Suggested letter for families after the book has been used in class
  - 8. Worksheets and activities
  - 9. Resources

### A. Background Information

#### a. Introduction

*BIG AND ME* courageously and sensitively tackles a little written about topic for children. It is a story about two machines, one very big and one very small. They work hard together as a team but they have to work even harder to overcome Big's problems as it becomes clear all is not well with his 'computer brain'. David Miller's beautiful paper sculptures and simple, compassionate text introduce children to the concepts around mental illness/wellness and what happens when someone close to you becomes mentally unwell. Profoundly honest and ultimately redeeming, it describes how someone who is disturbed in their thinking may behave and how decisions are made to get help for Big from the 'tractor mechanic', with Small's help, and how Small manages to cope well with it all. The beautiful and detailed illustrations will help children understand the range of feelings both machines have in this situation: scared, confused, annoyed; loving and optimistic.

#### b. Context

The story of *BIG AND ME* presents teachers with many opportunities to explore the myths, truths and realities of mental illness. Mental Illness affects one in five adult Australians. Many children in a school community will be living with a parent who is affected by some sort of mental health disorder, yet stigma and a general lack of information creates many barriers for children and families to seek

help and support, so that often they remain isolated in the belief they are 'bad' parents. Many parents say they are too fearful to approach teachers for fear of being misunderstood. Many adults struggle to talk about mental illness and may think that by never raising the subject with their children they are shielding them. However, research tells us that giving children good explanations about mental illness generally and some understanding about what is wrong with their parent, provides them with a strong protective factor and can contribute to the child's overall resilience. Primary school teachers are in a unique position to spot a child who may be living in a family where one or both parents have a mental illness and to promote an environment where there is permission for it to be raised.

### **B. Teachers' Notes**

Several issues are raised in this story and in the illustrations. These include:

- How someone may act or behave when they are experiencing the symptoms of a mental illness such as psychosis or depression.
- How this can be confusing for their friends and family, especially children.
- How important it is to know how to get help and support for this person and for the family and friends.
- How important friendship and other relationships are when someone is feeling vulnerable.
- How important it is for children in particular to know where to get help or who to talk with to avoid them taking on too much worry or concern.
- How mental illnesses usually require ongoing treatment over time.

Here are a few general points about orienting oneself to the themes in the book which will maximize its use anywhere, including in the classroom. This material can be appropriately used with children from Grade 3 and up.

- Not all parents who have a mental illness require support.
- Think about your own comfort level in discussing these issues which may include describing mental illnesses and their associated behaviours/symptoms; discussion about feelings such as anger, sadness, loneliness, fear, worry associated with the illness.
- Be aware children may disclose issues which might need further discussion later on.
- Be sure you have adequate support and information to answer questions to the best of your ability. The information contained in the Information sheets may be helpful.
- Have the capacity to offer children the opportunity to talk with you privately or anonymously if they want.
- Use the suggested handout for parents to inform them of the discussion and the possible questions that may arise at home about mental health/mental illness. These can be confronting for some parents and families.
- Be cautious about asking children in class very specific questions about their mum/dad if you think they might have a mental illness. This may be a big secret in the family and children may indeed be sworn to secrecy. It is better to find a quiet time to raise this after reading the book and using the book as a 'launching pad' for a conversation.

Topics for discussion and suggested associated activities

### What is Mental Health – Mental Illness?

An introductory activity giving a simple explanation of mental health and mental illness is important as many children will not have heard this phrase used at all; some will have negative connotations e.g. equates with crazy, weird, stupid, violent; and a few may recognise that this describes their mum or dad. The main purpose of these activities is to introduce the concept of what it means to be mentally healthy in the same way children learn to be physically healthy, and then to introduce the concepts of being mentally unwell just as people become physically unwell.

#### Related Activity 1

**Brainstorm ‘healthy/well’:** for example happy, lots of energy, bright, eating good food etc.

**Brainstorm ‘unhealthy/sick’:** for example sick, dizzy, in bed, stressed.

**KEY MESSAGE: MENTAL ILLNESS IS AN ILLNESS LIKE OTHER ILLNESSES AND IT IS NOT ANYONE’S FAULT.**

### Naming parts of the body, including the brain.

#### Related Activity 2

**Point to your heart, lungs, brain. What do they look like? Why are they important?**

**Heart \_ blood pumping, keeping us alive ...**

**Lungs \_ breathing, like a balloon ...**

**Brain \_ moving, thinking, feeling, and making us do things, everything!**

#### Related Activity 3

**Make clay models of the brain using Information sheet 8 or using pre-prepared playdough in a range of different colours.**

**KEY MESSAGE: THE BRAIN IS AN IMPORTANT ORGAN OF THE BODY AND NEEDS LOOKING AFTER LIKE OTHER ORGANS.**

### What is 'wobbly behaviour' and what is wrong with Big?

Once children have had a chance to see/talk about the brain and how important it is, the next activity will help children understand what can happen when the brain does not work quite as it should. You can use other examples such as what happens when a car engine does not work as it should and what happens (see *Information Sheet 5*).

#### Related activity 4

**Chinese Whispers.** This is a game familiar to most children and can be done as a whole classroom or in small groups; the bigger the group usually the more distortion. Pick a long

sentence and ask the children to whisper it into ear of the person next to them and so on around the circle. It cannot be repeated and the last person has to say out loud exactly as they hear it. This exercise illustrates how messages can be misunderstood and that even though we are sure we know what the person is saying is so, it turns out not to be. This is similar to a delusional belief, which is a symptom of psychosis. (see *Information Sheet 6*).

**KEY MESSAGE: SOME MENTAL ILLNESSES AFFECT THE WAY SOMEONE THINKS BUT DOES NOT MAKE THEM BAD OR STUPID.**

### Why does Big do things like try to be a boat, and lift Small high into the air, leaving him there all day?

This behaviour describes Big believing things to be true that are not, such as thinking people are out to hurt him and Small. This is very scary for him and for Small as Small cannot understand or change Big's mind. The best thing Small did was to get some help from another adult machine.

#### Related activity 5 –

**What's in the Bag?** Collect five or six objects e.g. a bulb of garlic, a dried flower head, a hard boiled egg and other items that could be

hard to identify unseen. Place these in a bag made of material. Ask the children with their eyes closed, to feel the bag from the outside for about five to ten seconds and see if they know what is in the bag. They may be certain they know what is in there but it may turn out to very different from what they think.

**KEY MESSAGE: IF SOMEONE IS SAYING OR DOING THINGS THAT ARE HARD TO UNDERSTAND IT IS GOOD TO GET AN ADULT TO HELP.**

### What happened when Big stopped taking his medicine?

Suggest children think of times that have been sick and had to take medicine, or when someone they know has. The medicine for mental illness, like other medicines, needs to be taken over a long period of time otherwise there is the chance the person will become unwell again. Big thinks he is better and stops taking his medicine; he starts to become sad, his world becomes 'grey and dull' and the illustrations show how he is physically deteriorating. His outburst is scary for Small who assumes he has done something wrong but is reassured by Boss.

Invite the children to think about someone they know who has asthma, and then ask one of them to describe what happens when someone has an asthma attack. What happens? How important is the medication? Can you tell if it going to happen? Is it scary? Does the person sometimes have to go to hospital? How do you know if the person is getting better?

**KEY MESSAGE: ONE IN FIVE ADULTS EXPERIENCE A MENTAL ILLNESS AT SOME TIME IN THEIR LIFE SO THERE ARE MANY CHILDREN WHO HAVE A PARENT WITH A MENTAL ILLNESS. YOU ARE NOT ALONE.**

#### Related Activity 6

**What were the best things that the characters did in the story to overcome the difficulties Big and Small are facing?**

#### Related Activity 7

**Write the characters up on the board or say them out loud one by one and ask the children to say what they did that was good**

**Big did?** Took his medication and listened to what Mechanic and Boss were saying about his computer; remembered how to have fun.

**Small did?** Asked for help, stayed friends with Big, talked about how he was feeling with the Boss, Mechanic, and Tich; remembered to have fun, realised that Big may get sick again; got out of the way.

**Boss did?** Got help quickly for Big from Mechanic, told Small it was not his fault that Big was sick. Took the stress off Big by getting someone *else to do the work* when he couldn't.

**Mechanic did?** Explained to Small about Big's mixed-up computer and what was needed to help; gave Small some 'time out' while Big recovered; put Small in touch with other machines his age who had experienced similar things; listened to Small.

What is something children can do if they are worried about their mum/dad/brother/sister?

## **Information Sheet 1: Why is it important to raise these issues with children?**

***'Knowing about mental illness is, in my opinion, nowhere near as bad as speculating that your parent is going to die ... or the fears, shame and uncertainty that go with not knowing what is happening to your family. In my opinion no one is too young to know about mental illness.'***

Some of the fallacies that adults believe about talking with children about their parent's illness include that it:

- Is unnecessary as they probably have not noticed
- Will upset, frighten, or confuse them
- Will make them worry
- Will cause them to feel different *from* other children, or be embarrassed by their parent
- Will provide information that they do not need to know until they are older
- Will turn them against their parent
- Will inform them of something their parent/s do not want them to know.

**Facts:** Not talking to children:

- Can contribute to the child being upset, afraid and confused
- Can contribute to the child feeling different from other children
- Can increase embarrassment, especially if it cannot be talked about
- Can potentially distress or damage the child as they feel it must be kept a family secret
- Can make the child worry about the future.

## ***Information Sheet 2: Identifying children in the classroom***

The following points are some of the reasons why children can be 'hidden' and therefore not receive adequate support.

- The stigma of mental illness can prevent many parents and children from revealing their situation to schools, family, friends and the local community.
- The parent or child may not wish to reveal that they have a mental illness because they are concerned about the confidentiality of information disclosed.
- It may be that children simply do not realise that their parent is unwell.
- The parent may not recognise that they have a mental illness or mental health disorder, or the illness may not be diagnosed.
- Some parents (and their children) try to keep their illness a secret, fearing that the child/ren will be taken into care.

### **How might a teacher know?**

- Unexplained/multiple absences from school or often arriving late.
- Difficulty meeting work deadlines and remembering allocated tasks.
- Periods of poor concentration or extreme tiredness.
- Difficulties relating to peers and others, being bullied or bullying themselves.
- Displaying 'perfect' behaviour or trying too hard to please.
- Psychosomatic symptoms such as constant complaining of headaches or a sore tummy with no apparent medical reason.

## ***Information Sheet 3: What do we know that helps children?***

There is a lot we now know about that helps infants and children thrive and grow into resilient and capable adolescents and adults. Not all families require assistance and many parents who have a mental illness raise their children without requiring support. However, where families are more vulnerable, it is even more important that supports are put in place as early as possible and as respectfully as possible. Key 'protective factors' for children include a relationship with at least one trustworthy and caring adult outside of the immediate family and a warm relationship with at least one parent/carer figure. Schools provide an opportunity where crucial supports can be put in place.

The following are some of the strategies which may help children who have a parent with a mental illness:

- Recognition of the child's strengths and abilities
- Regular attendance at school with supportive teachers and additional schoolwork as required
- Strong social networks outside the family
- Ongoing practical support for family, especially the parent/s: e.g. in-home parenting support, financial assistance,
- An age-appropriate explanation of the parent's illness
- Crisis plan in place ('bushfire plan') in case a parent needs to go to hospital in an emergency
- Ability to separate physically or psychologically from the stressful situation
- Regular access to trusted and caring adults in addition to family
- A warm and caring relationship with at least one parent
- Regular respite or breaks as required
- Access to peer and social activities outside school and home
- Relinquishing of responsibility where it is inappropriate
- Outlets for creativity, play, imagination.

#### **How can a school offer support?**

- Is there a clear policy about student support and confidentiality so students and parents know who can be approached for support and what is likely to happen if they do this?
- Are there strategies to support hungry children or students with other care needs?
- Can students access confidential counselling services if necessary?
- Are teachers aware of the general signs and symptoms of the main mental illnesses and the impact these may have on children?
- Do teachers and other support staff feel comfortable/confident about raising their concerns with a parent/s if they think mental illness is affecting the family? Do they know how to offer support or where to get support themselves?

### ***Information Sheet 4: Tips for raising these issues with parents***

Parents who have a mental illness can be vulnerable to feeling they have failed as a parent and may be very fearful about anyone knowing they have a mental illness/mental health disorder. They may worry that if one person knows the whole community will know and that this will have negative consequences. However where a relationship can develop successfully between parent, family and the school there can be positive consequences for all, particularly children. It can take time and patience but is worth it. It is also worth considering raising the subject with a parent rather than waiting to be asked; many parents say they wish someone had asked if they were okay.

The following points may be helpful:

- Acknowledging that parents and family are the fundamental link between ‘us’ and the child
- Acknowledging parents’ possible vulnerable feelings and reluctance or concerns regarding stigma and misinterpretation
- Suggesting parents are well placed to have these conversations and are the best people to do so
- Asking parents about what the child may already know and the language they use, e.g. ‘What do you think Mary would say if I asked her how you are at the moment’?
- Acknowledging all families are different and deal with tricky issues differently – cultural considerations
- Acknowledging the impact of possible trauma, loss and grief from having a mental illness
- Asking about the types of supports if any they would find helpful and what would be unhelpful
- Discussing the possibility of having a family ‘safety’ plan developed between parent/family and the school in case of emergency. This should be done when a parent is feeling well
- Recognising and acknowledging the person’s strengths and abilities.



## **Information Sheet 5: Some guidelines for talking with children about mental illness**

Most children worry less about something if they understand it. Providing children with opportunities to talk with their parent or other trusted adults about their parent's behaviours may help reduce their worries. If they don't understand or have things explained to them, they may make up for gaps in knowledge that may in fact be wrong. Children often express great relief at knowing that their parent is safe, receiving treatment, or that it is not their fault that their parent became unwell.

All parents at some time in their parenting life will come across issues that are challenging to talk about with children. Many of the issues that used to be 'taboo' and difficult to discuss with children such as sexuality and drugs are more open subjects and less confusing as a result of community education. However, mental health and in particular mental ill-health, are issues that are poorly understood by most people. This means that the stigma of mental illness can prevent people talking about it, its effect on families and the person with the illness, and how to seek help when needed.

They may think that if they talk openly about their illness and how it makes them feel, that their children will be frightened, confused, embarrassed, or wouldn't understand anyway. Sometimes families decide to keep the illness a secret even from close family members such as grandparents.

*"I used to think that it was my fault but now I'm older and I know that it's not my fault"*

It can be hard to find the right words to use to explain mental illness to children. Adults often find it difficult to talk to other adults about how they feel! Parents may not feel comfortable discussing this with their children. Be encouraged by knowing that children are better off with accurate, age-appropriate information and this is almost always best coming from their parent/s or other significant adults from their family/friend network.

If children ask questions about their mum's or dad's mental health this usually means they want answers and is a good window of opportunity to discuss the topic.

- Choose a space and a time which is comfortable for children and the adults involved, preferably where you will not be disturbed.
- Involve family members wherever possible and be clear about the purpose and scope of the discussion. Be realistic about what can be achieved.
- Check with children what they think and what they already know. They may have a considerable amount of information and it is important for adults to know this and perhaps understand how they came to learn this. Sometimes parents do not feel their children worry because they do not ask any questions. It is important not to assume that being quiet means they understand. Talking to children about what they understand is happening and what they have noticed about how their parent is behaving is an important first step. It can also dispel any fallacies they may have that it should not be talked about.
- Reassure. Children may feel awkward when they talk about these kinds of things. They particularly may be reluctant to express sadness or anger to the parent who is unwell for fear of causing worry or concern. Children are also intensely loyal. It is important that children are told that adults understand they may be feeling awkward or worried and that they may not feel like talking much.
- Listen carefully! Don't try to 'interpret' what they are asking or have experienced, but ask questions to check you have understood properly what they have said or told you.
- Ask 'open' questions. More discussion may occur when you ask questions or make statements that require more than a 'yes' or 'no' answer. Encourage children to put things in their own words.
- Be yourself. Use a clear simple manner and avoid using tones that imply pity or could sound patronising. Don't use jargon!
- Have paper, coloured pencils, modelling clay or playdough, at the ready!
- Use other examples. Explaining mental illness to children using an example like asthma can be very helpful. Asthma is generally well recognised by children; most have a friend who has asthma

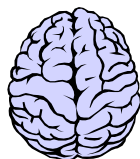
attacks. It can occur 'out of the blue' and can be frightening for the onlooker if the attack is severe. It requires immediate treatment, medication and sometimes hospitalisation. The cause of asthma, like mental illness, is unknown, but it is good to know what the triggers are and how to try to prevent attacks.

Another approach is use a specific example or comparison. The following is a guide using a car engine.



*The brain has lots of different parts that do different things. They all need to work together for us to eat, sleep, talk, walk, feel, and so on. It is a very complicated part of the body \_ so complicated in fact that scientists are still trying to understand what makes it work and what to do when it doesn't. Everyone's brain is unique and special, just as cars have different and special kinds of engines.*

*One reason why it can be hard to understand the brain is that we can't see inside it to figure it out. If you look inside the bonnet of a car you can see the engine. This is also very complicated. It has bits that go round and about, up and down; water and oil to keep the parts moving; plugs and so on. If just one bit stops working correctly, the car starts to 'behave' differently. It may shudder, it may not start at all, it may blow*



*smoke, it may make strange noises. This can happen out of the blue and may be a real hassle for the family. And it may need to be fixed by a special person, a mechanic. In a similar way, a person's brain may not work properly sometimes and needs extra help to work, not by a mechanic, but by a doctor \_ a psychiatrist \_ and with medication, not oil or new parts. You may notice this is happening because my/ your mum or dad's behaviour may change. I/your mum or dad may seem extra angry or extra sad; I/they may be staying in bed a lot and not be able to do the things I/they normally do. I/they may say or do things that seem strange to you. But I am/they are still your mum/dad.*

*Just as the car may need to go to the garage to be fixed, I/your mum or dad may need to go to hospital to get special help to get better and come home again. The people there have special training so they know the best way to help me/your mum or dad.*

*Cars need to be looked after so that maybe they won't have problems. People need to look after themselves too and this may mean taking medication, getting enough rest and breaks, talking about how they feel to others. Sometimes finding the right kind of medication can take a while and everyone needs to be patient! All these things will help cars to keep starting and people with mental illness to stay well.*



This type of explanation can easily be adapted for all ages and can be shortened or extended. Other ways to approach talking to children include using drawings or puppets. Check out the website [www.copmi.net.au](http://www.copmi.net.au) for more resources.

Children understand things differently at different ages. Keep in mind the words and examples you choose and use your own unique understanding of your child to guide you.

Use other trusted adults to help you. Grandparents, other family members or good friends may be important sources of support for your child. They may also be able to help you explain your experiences of mental illness to your child. Your child's school teacher or an identified person at school may be able to sensitively provide you and your child with support.



## **Information Sheet 6: Mental Illness \_ Disorders and symptoms**

The information provided here is designed to be in a language that is child friendly and may assist adults in their understanding as well.

### **1. WHAT IS PSYCHOSIS?**



Psychosis is the name given to the symptoms, or signs, of certain kinds of mental illness such as schizophrenia or schizoaffective disorder. Being psychotic means that the person experiencing it can find it hard to know what is real and what isn't. A person with psychosis or with an illness like schizophrenia may hear and see things that are not really there, or think things that are not real or true.

People with psychosis may show some or all of these signs:

#### **Hallucinations**

A person with psychosis or a mental illness that has psychotic symptoms may hear, see, taste, touch and smell things that are not really there. They may hear voices saying nasty things about them or someone they know. They may taste things or feel insects crawling on their arm that are really not there. They may also believe that people are out to get them, when they are not really. All these thoughts can be very scary for the person and for their family and may mean the person behaves in a way that is very different from their usual behaviour.

#### **Delusions**

Delusions are strange and false thoughts that someone may think are real. A person with psychosis or schizophrenia who is also paranoid may think that someone is trying to follow them or trying to hurt them. They may also think that someone is trying to put thoughts into their head. They cannot easily be convinced that the delusions are not real, as to them, they are.

#### **Jumbled Thoughts**

Having psychotic symptoms can make it very hard to concentrate; a person's thoughts may rush into their head, or come very slowly. Their words and sentences may come out all jumbled up. People may also use new words that no one has ever heard before.

### **WHAT IS THE TREATMENT FOR PSYCHOSIS?**

Psychosis and illnesses like schizophrenia can be treated and most of the time people get better quite quickly. They may need to take medicine (also called medication) and have to stay on their medication for a long time, and the side effects can be pretty yucky. These can make a person feel drowsy, affect their vision, and give them the shakes. Medicines include tablets and injections.

The person may also be seeing a doctor like a GP or a psychiatrist regularly, and also maybe a counsellor or someone they can talk to about how they are feeling.



Sometimes people become unwell again even when they are taking their medication and trying their hardest to get better. This may be because of a stressful event. It is no one's fault. It is important they, and you and your family, know what to do if you think they are becoming unwell and get help as quickly as possible.

An example of a mental illness that has psychotic symptoms is **schizophrenia**

## 2. WHAT IS BIPOLAR AFFECTIVE DISORDER?

Everybody has days when they feel really happy or really sad. These feelings are normal. Some people feel really happy or really sad for no reason at all, this is called Bipolar Affective Disorder (it used to be called Manic Depression).

The way that people with Bipolar Disorder can feel happy all the time can be scary, because they do not know what they are doing sometimes and may do things that they would not normally do. People sometimes call this being 'manic'. This is NOT the same as a 'maniac' although people often get confused and say this. People with a mental illness are NOT maniacs!!

People with Bipolar also have episodes of extreme depression, or extreme sadness. This feeling can



be just as scary as being happy all the time because they still may do things that they would not usually do.

In order to have Bipolar Disorder, the doctor must be able to see that the person has been both manic and depressed.

Some common signs of Bipolar Disorder are:

- **When depressed:**
  - No energy
  - Finding it hard to sleep, or sleeping all the time
  - Feeling so sad that you want to cry all the time, or cannot cry at all
  - Losing weight, or putting on a lot of weight
  - Not enjoying the things they used to enjoy
  - Being tired or cranky

- **When Manic**
  - Feeling 'high'
  - Feeling irritable or cranky
  - Being more talkative than usual and talking quickly
  - Not needing or wanting sleep
  - Being easily distracted
  - Doing or saying things that can be embarrassing to others
  - Spending lots of money / more than usual
  - Not realising danger
  - Talking very fast and changing subjects all the time.

### WHAT IS THE TREATMENT FOR BIPOLAR DISORDER?

Bipolar Disorder can be treated by medications called 'mood stabilisers' (a bit like trainer wheels on a bicycle!) and these help the person keep a more even mood. Sometimes they may also take an anti-depressant (to treat the depression) if they also get anxious; or another type of medication if they also have psychosis (e.g. hearing voices, believing things which are not real).

All people who experience Bipolar Disorder do so in different ways and it can take a while to find the right sort and amount of medication. Treatment can also include counselling and other sorts of 'talking' treatments.

Sometimes a person may need to go to hospital for a while to receive the treatment, or else they stay at home and visit a clinic or doctor. Sometimes people get unwell again even when they are taking their medication and trying their hardest. This may be because of a stressful event: It is no one's fault. It is important they, and you and your family, know what to do if you think they are getting unwell and get help as quickly as possible, as with other illnesses.

### 3. WHAT IS DEPRESSION?



Everybody feels sad sometime in his or her life. You may feel really sad if your best friend left your school or your pet died. If you feel sad it does not mean you have Depression! When someone is sad for a long time, and finds it hard to get out of bed or get dressed, or do the things they normally do, this might be called Depression. A person with Depression can't just 'snap' out of it!

Some symptoms, or 'signs' of Depression, include:

- Having very little or no energy
- Finding it hard to sleep or sleeping all the time
- Feeling so sad that they want to cry all the time or cannot cry at all
- Losing weight or putting on a lot of weight
- Not enjoying the things they used to enjoy

- Being tired or cranky a lot of the time
- Not wanting to talk much.

Everyone experiences illnesses differently, so these symptoms vary a lot between people.

Depression can happen for all kinds of reasons and often it can be very hard to work out why it has happened. Sometimes it can happen after a very stressful event.

### WHAT IS THE TREATMENT FOR DEPRESSION?

People with Depression can be treated with medication, which may be tablets or injections. The medication can take up to three weeks to take effect and can have some yucky side effects, like feeling sick and dizzy and getting headaches. It may take a while to find the right sort of medication and get used to it. They may also go to see someone to talk through how they are feeling; this might be a doctor, a counsellor, a psychologist or someone else who has special skills in helping people with Depression.

Sometimes the person may have a course of ECT (Electroconvulsive Therapy). This used be called electric shock treatment and most people get scared when they hear those words! ECT is only used now when perhaps medication hasn't worked and the person is really not getting any better. It is only given in hospital and is done very carefully.

Someone who is very depressed may need to go to hospital for a while until they feel better. Sometimes they can be treated at home with the help of family, doctors or the CATT (Crisis Assessment and Treatment Team). The CATT are all health professionals like doctors and nurses with special training in psychiatry to help people with mental health problems.



Depression can also happen to people with other sorts of mental illnesses, such as Schizophrenia and Bipolar Disorder.

Having someone in your family with Depression can be hard. It can sometimes make you feel sad yourself, or angry that the person cannot just 'get better' because you want them to.

#### 4. WHAT IS ANXIETY?

# Anxiety

Can feel like . . .

Scared . . . Afraid . . . Worried . . . Heart beating fast . . . Dry mouth . . . Sweaty palms . . .  
Butterflies in your stomach . . .

# Everyday worries

Everyone has worries and fears

Some fear is healthy and normal:

fear of fire may stop you getting burnt!

Fear of walking on a high wall may stop you falling off!

## What is anxiety?

- ✿ Anxiety is not like an everyday fear.
- ✿ It is when someone is very fearful – sometimes without any clear reason.
- ✿ It may stop them doing things most other people do.
- ✿ Some people get anxious in certain places, while for others it can occur anywhere.
- ✿ Anxiety can affect people's lives, relationships, work and home.
- ✿ If someone has a specific fear, (that is, about something very definite), this is called a 'phobia'.

## Why do people have anxiety?

- ✿ It can be because of a very stressful event.
- ✿ It can be as a result of unbalanced chemicals in the brain.
- ✿ It can be as a result of using drugs or alcohol.
- ✿ It can be a part of another type of mental illness, such as Depression.
- ✿ Sometimes the cause is not easy to work out.

## How can anxiety be treated?

Anxiety can be treated in a few different ways. Some people find one way better than another; others may try lots of things before finding one that is helpful.



Anxiety can come and go like other forms of mental illness.

Most people find a way to help their anxiety in the end!

Help can be found through the following:

- ☀ Counselling
- ☀ Medication
- ☀ Learning relaxation and breathing techniques
- ☀ Changing to a less stressful lifestyle and finding time to relax
- ☀ Or a combination of all of the above!

### **Information Sheet 7: Suggested letter for families after book has been used in class.**

Dear Parents/Guardians,

Many of you will be aware that at this school we are interested in introducing children to issues that may affect their relationships with friends, family and their community. This includes material that addresses resolving conflicts, bullying, friendships, self-esteem and so on. Sometimes the school utilises outside expertise to address these issues in the classroom and sometimes we rely on our teachers to introduce concepts using appropriate available resources. We believe that the best way to optimise the learning from these activities occurs when the parents/guardians know about the topics discussed and can continue the conversations with their children at home and with the school.

Today in .....(name of class), the issue of mental illness in a parent, family member or friend was raised and discussed using a picture book called *Big and Me* by David Miller. David is a highly regarded Australian illustrator and author who creates paper sculptures then photographs these for his books. The illustrations contribute an enormous richness to the text and emphasise the impact of Big's difficulties on Small and indeed on Big himself.

*Big and Me* has two characters who are machines, one of whom (Big) begins to display unusual and at times unpredictable behaviour; this results in the other machine (Small) trying to work out what is wrong, getting help for Big and himself and moving on with life knowing that Big may need help again. The story describes Big behaving irrationally and responding to paranoid ideas and thoughts, believing bad things are going to happen. Small tries to reason with him but realises that he needs help to fix the problem. Small is worried and sad for his friend and goes to great lengths to seek the right help, which he ultimately finds, as well as a listening ear for himself.

The book raises issues around what it is like for children who have family member \_ like a parent or a friend or sibling \_ who has a mental illness. It is designed to facilitate discussions about mental illness and to demystify it. In the classroom it was read in association with a range of activities to help children understand some basic issues, such as:

- What makes a healthy/unhealthy body and mind?
- Where is the brain and what does it do?
- What happens if the brain does not work quite right?
- What did Small do that you think was helpful?



Sometimes children will have more questions at home after a session like this. Please do not hesitate to contact your class teacher if you have any queries or concerns.

You may also like to look at the explanatory notes for *Big and Me* at [www.fordstreetpublishing.com](http://www.fordstreetpublishing.com)

Regards

## *Information Sheet 8: Worksheets and activities*

### 1. 'Fallacy Busting' SocioGram

This is an activity which can be used to ascertain children's current level of understanding about mental illness, and to help bust some common fallacies about MI.

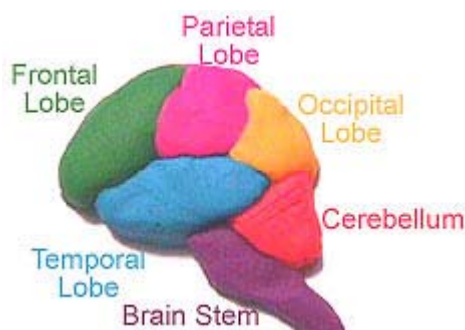
Allocate two areas of the room to represent **Yes!/Very much so/totally agree** and **No!/Not all All/Totally disagree**, depending on the question or statement. Explain that they are to go to the part of the room or somewhere in between which best fits how they feel about the question or statement. These are just suggestions; the list is endless.

1. **Chocolate is my favourite food.**
2. **School is great fun!**
3. **You can catch a mental illness from someone else like you can the flu. *False***
4. **There are more than two children in my family.**
6. **People with a mental illness are usually stupid. *False***
7. **I love going to the dentist.**
8. **I am happy all the time.**
9. **I can ask others for help if I need to.**
10. **A person with a mental illness did not cause the illness him/herself. *True***

### 2. Model a Brain

For grades K-12

Create a model of the brain by using clay, playdough, styrofoam, recyclables, food, etc. Create a whole brain or use a brain atlas and create cross-sections of the brain at different levels. Use different colours to indicate different structures.



Materials:

- Clay or playdough or styrofoam or recyclables (bottle caps, cups, buttons, etc) OR food (fruit, jelly beans)
- A picture or diagram of the brain

## Brain 'Recipes'.

Here are two recipes for the construction of a model brain:

### Recipe 1



Materials:

- 1.5 cups (360 ml) instant potato flakes
- 2.5 cup (600 ml) hot water
- 2 cups (480 ml) clean sand
- 1 large snaplock bag

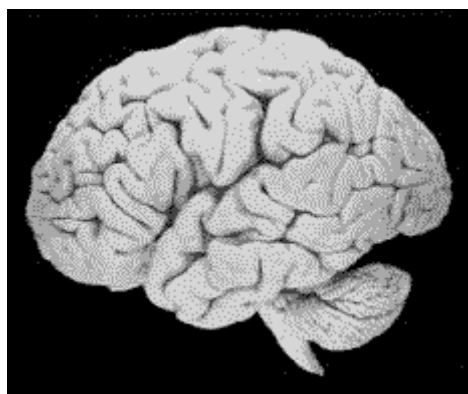
Combine all of the ingredients in the snaplock bag and mix thoroughly. It should weigh about 3 lbs (1.35 kgs) and have the consistency of a real brain.

### Recipe 2



Materials:

- 2 cups water
- 2 cups flour
- 4 teaspoons cream of tartar
- One quarter cup vegetable oil
- 1 cup salt
- Red food colouring



Mix the water, salt, flour and cream of tartar in a large bowl or blender until the lumps disappear, then mix in the vegetable oil. Put the entire mixture into a saucepan and 'cook' it over low heat until it gets lumpy. Pour the mixture out and let it cool. Then knead and shape it into the form of a brain. Don't forget to add wrinkles (gyri) to your brain. Squirt in red food colouring for blood vessels.

## Mental Health Trivial Pursuit!



**Test your knowledge! This is best played in teams of about four, and should finish with a discussion about the questions relating to mental illness, particularly where there are unsure answers to the questions. It is aimed for children aged about 8 -12. Change the questions and answers as many times as you like!**

- Q1. The next Olympic Games will be in
- ♣ London
  - ♣ New York
  - ♣ Beijing
  - ♣ Melbourne
  - ♣
- Q2. Bathurst is a race for
- ♣ cars
  - ♣ motorbikes
  - ♣ horses
  - ♣ greyhounds
- Q3. If your mum or dad has a mental illness you will get one too \_ True, False or unsure?
- Q4. The Ashes are in which sport:
- ♣ football
  - ♣ mud wrestling
  - ♣ cricket
  - ♣ tennis
- Q5. In Australia one adult out of every five will experience a mental illness at some time in their life \_ True, False or unsure?**
- Q6. The heir to the throne in England (next King or Queen ) is called
- ♣ Edward
  - ♣ Charles
  - ♣ William
  - ♣ Diana
- Q7. Cars in Victoria have number plates saying
- ♣ Way to go
  - ♣ The Place to be
  - ♣ Green State
  - ♣ Moving on

Q8. The President of USA is called

- ♣ George Michael
- ♣ John Howard
- ♣ George Bush
- ♣ Mickey Mouse
- ♣ None of the above

Q9. Children who have a parent with a mental illness can 'make' their parent better \_ True, false or don't know?

Q10. The Simpsons is on

- ♣ Channel 10
- ♣ Channel 9
- ♣ SBS
- ♣ ABC

Q11. Having a mental illness means you will be a more violent person \_ True, false or don't know?

Q12. What was the name of the fish that was blue in 'Finding Nemo'?

Q13. Mental illness is something you should not talk to your friends about \_ True, False or unsure?

Q14. Paris Hilton is the name of:

- ♣ A famous hotel in New Zealand
- ♣ A type of shoe
- ♣ A perfume
- ♣ A woman

Q15. There is probably only one child in the grade who has a parent or family member with a mental illness \_ True, False or unsure?



## Mental Health Trivial Pursuit!



### ANSWERS

- Q1.** Next Olympic Games will be in **London**
- Q2.** Bathurst is a race for **Cars**
- Q3.** If your mum or dad has a mental illness you will get one too: this is **false**. It is not an automatic thing that a child will get a mental illness and in fact it is more likely that it will not happen. Children and young people benefit from learning about what makes a healthy mind as well as a healthy body and how to look after themselves. This includes avoiding using drugs, having good supports and friends/family, not taking on too much responsibility, having a balance of work/relaxation/exercise.
- Q4.** The Ashes are in **cricket**.
- Q5.** In Australia one adult out of every five will experience a mental illness at some time in their life \_ **True**
- Q6.** The heir to the throne in England (next King or Queen ) is called **Charles**.
- Q7.** Cars in Victoria have number plates saying **The place to be**.
- Q8.** The President of USA is called **George Bush**
- Q9.** Children who have a parent with a mental illness can 'make' their parent better \_ **False**. Children sometimes believe they can 'fix' their parent if they behave well enough or are 'good enough', perhaps because they wrongly think they have caused their parent to become unwell. The parent is actually responsible for taking the best care they can of themselves with the help of other adults they trust; children need to be children, which may of course include doing helpful things around the house!
- Q10.** The Simpsons is on **Channel 10**

**Q11.** Having a mental illness means you will be a more violent person \_ **False**. Having a mental illness does not mean someone will be violent. People receiving treatment for a mental illness are no more violent or dangerous than anyone else. To make this clear, it has been calculated that the lifetime risk of someone with an illness such as schizophrenia seriously harming or killing another person is just .005%. It is much more likely that someone with a mental illness will hurt themselves, or be hurt by someone else.

**Q12.** What was the name of the fish that was blue in 'Finding Nemo'? \_ **Dory**.

**Q13.** Mental illness is something you should not talk to your friends about \_ **False**. Having a parent with a mental illness should be nothing to be ashamed of yet most people, including adults, find it tricky to talk about and tell people about. This is partly because most people do not have the right information and struggle to find the words. It is best for children to talk with their parent if they want to talk to friends so that everyone agrees on what is said and the right words are found. Other adults can help with this too. Children can find it very helpful talking with trusted friends and family about their worries or fears.

**Q14.** Paris Hilton is the name of a **Woman**.

**Q15.** \_ There is probably only one child in the grade who has a parent or family member with a mental illness \_ **False**. As we know that mental illness affects one adult in every five, this means that if in your class there are 30 children there will be at least five other children who may be in a similar position to you. You may guess by the things they say or do and you may want to talk with them about it. Some people say a problem shared is a problem halved!

### *Information Sheet 9: Resources*

#### **RESOURCES FOR SUPPORTING CHILDREN AND FAMILIES WHERE A PARENT HAS A MENTAL ILLNESS**

*Compiled and updated by Rose Cuff, Statewide Coordinator for Families where a Parent has a Mental Illness, The Bouverie Centre, Melbourne Victoria*

*Please contact Rose on 9385 5100 or email [r.cuff@latrobe.edu.au](mailto:r.cuff@latrobe.edu.au) for additions/amendments.*

*Please note this is by no means an exhaustive list and is accurate at the time of printing, September 2008.*



**24 HOUR NUMBERS (also check front pages of business telephone directory)**

<b>Lifeline</b>	<b>13 11 14</b>
<b>Kids Helpline</b>	<b>1800 55 1800</b>
<b>Crisis Care</b>	<b>1800 199 008</b>
<b>Parenting Line</b>	<b>1800 654 432</b>

**WEB PAGES****1. Specific websites dealing with families where a parent has a mental illness**

<http://www.copmi.net.au> Children of Parents with a Mental Illness (COPMI) Resource Centre. Has comprehensive information and resources for workers including teachers, parents, children and young people and families. This National project is based in Adelaide.

<http://www.easternhealth.org.au/champs> Has information for children aged 5-12 to help them understand mental illness.

<http://www.howstat.com/comic> COMIC stands for children of mentally ill consumers and it is a great website!

**2. Websites with information about mental illness**

<http://www.sane.org/> SANE Australia is a national charity working for a better life for people affected by mental illness – through campaigning, education and research.

<http://www.mifellowship.org> Mental Illness Fellowship of Victoria, has good downloadable fact sheets.

<http://www.beyondblue.org.au> Australian organisation provides information about depression to consumers, carers and health professionals.

<http://www.cms.curriculum.edu.au/mindmatters/> Mindmatters supports Australian secondary schools in promoting and protecting the mental health of members of school communities.

<http://www.apapdc.edu.au/kidsmatter/> KidsMatter is a primary school mental health promotion, prevention and early intervention initiative developed in collaboration with the Commonwealth Government.

<http://www.mhfa.com.au> This Mental Health First Aid course was created at the Centre for Mental Health Research, Australian National University and includes first aid strategies for mental illness.

<http://www.arafemi.org.au> ARAFEMI supports recovery and empowerment through community support.



<http://www.mhca.org.au/> The Mental Health Council of Australia (MHCA) is the peak national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians.

### 3. For children and young people

<http://www.reachout.com.au> For young people

<http://www.youngcarers.net.au> For young carers, a website for young carers that provides support, information and chill out activities.

<http://www.youngminds.org.uk/children/> Includes good downloadable information

<http://www.headroom.com/>. A great webpage developed in SA about mental health issues for children and young people

<http://www.kidshelp.com.au> Kids Help Line webpage

<http://www.burstingthebubble.com/> A great website for young people addressing the issues of family violence

<http://www.headspace.org.au> National Youth Mental Health Foundation

<http://www.itsallright.org/> A SANE website for young people with family or friends affected by mental illness.



## PROGRAMS

**SKIPS (Supporting Kids in Primary Schools) Melbourne Victoria** SKIPS is a unique program that helps primary schools understand and support children and families when a parent suffers mental illness. The program deals with mental illness in a straightforward and honest manner, and has classroom sessions for children in Grades 5 and 6. Contact Eastern Access Community Health (EACH) on (03) 9735 7900 or check online:

[http://www.each.com.au/en/services/supporting\\_kids\\_in\\_primary\\_schools/](http://www.each.com.au/en/services/supporting_kids_in_primary_schools/)

**Peer support programs for children, young people and parents.** Look at the COPMI Resource Centre [www.copmi.net.au](http://www.copmi.net.au) for information about these in your state or territory.



## BOOKS

### **Picture Books**

**Big and Me** David Miller (2008) Ford Street Publishing, Melbourne. Available from [www.fordstreetpublishing.com](http://www.fordstreetpublishing.com) or any good Australian book shop. Big and Small are machines that work together as a team. 'But some days Big goes a bit wobbly, and I get a lot worried.' Big malfunctions in a variety of ways and Small tries to help with the assistance of The Boss and Mechanic. The story is a metaphor for a child living with an adult who suffers from mental illness. *Big and Me* is dramatically illustrated with paper sculpture.

**Jake's Dinosaurs** Sved Williams, A (1996), Helen Mayo House, Women's and Children's Hospital, Adelaide.

A picture book written for children aged **3-6**, who have a mother with serious mental illness. Call Helen Mayo House on 08 8303 1183

**Robby Rose and Monkey** Wilkinson, L (1996), Helen Mayo House, Women's and Children's Hospital, Adelaide.

A picture book written for children aged **3-6**, about a boy whose mother develops post-natal depression after the birth of her second child. Call Helen Mayo House on 08 8303 1183

### **Making Mummy Better** Denise Scott (Published by Spectrum Publications) 2001

A picture book about Sally, whose mum has had a new baby and is now suffering from post-natal depression. This book gives comfort and reassurance to **3-9** year olds in the same situation: that it is possible for their mums to get better with help, support and time. Availability: Spectrum Publications Email: [spectpub@ozemail.com.au](mailto:spectpub@ozemail.com.au)

### **A Terrible Thing Happened** Margaret M. Holmes (Published by Magination Press) 2000.

A picture book for **4-8** year old children who have witnessed any kind of violent or traumatic episode. It uses friendly animal characters to tell the story, which centres around Sherman, who has had something terrible happen to him. The story explores the ways this made him feel and what helped him to feel better. Availability: [www.maginationpress.com](http://www.maginationpress.com)

### **Something Has Happened: An activity book for young people** Tricia Irving 2000.

An activity book for young children (aged 3-6 years old) who are facing difficult times. It is designed to be personalised by each child. There are guidelines on every page for a parent or carer as they help a child with the book.

Availability: Skylight, PO Box 7309 Wellington South, New Zealand 0800 299 100

Email: [support@skylight-trust.org.nz](mailto:support@skylight-trust.org.nz); Web: <http://www.skylight.org.nz>

### **For children 5-12**

**It's about you Too!** A guide for children around **7-11** who have a parent with a mental illness. Published by NSF (National Schizophrenia Fellowship, Scotland). Excellent little book. See website [www.nsfscot.org.uk](http://www.nsfscot.org.uk)

**Helicopter Man** by Elizabeth Fensham. About a boy whose father has schizophrenia, this diary-style book is pitched at children aged **10-13** and up. Very good. Published by Bloomsbury, distributed by Allen and Unwin. <http://www.allenandunwin.com/Shopping/ProductDetails.aspx?ISBN=9780747575498>

### **You're Not Alone: A SANE Guide to mental illness for children.**

A cartoon-style book inspired by the experiences of Dan Halloran whose mother had schizophrenia. The book is aimed for children aged **8-12** and is very readable. Available through SANE by phone or over their webpage [www.sane.org](http://www.sane.org)

***My Illustrated Mum*** Wilson, J (1999), Doubleday.

For children aged about **10** and over. About a young girl living in the wake of her mother's manic depression. Her older sister is on the brink of adulthood and facing the traumas of adolescence, and her mother is sinking further into her illness. Funny and touching, a great read.

**Handle With Care** L. Kaszanski & G Ferrari for ARAFMI W.A., Inc.

A workbook that contains information and activities to help children aged **8-12** understand more about mental illness, ways to take care of themselves and their feelings.

Association of Relatives & Friends of the Mentally Ill (03) 9889 3733

***Helpful Harry*** COMIC (SA)

An adult child of a parent with a mental illness wrote this booklet for COMIC (Children of Mentally Ill Consumers) to help young children understand mental illness.

Email: [comic.admin@bigpond.com](mailto:comic.admin@bigpond.com) to obtain a copy.

***Mia's Dad is Strange and Mark's Mum is Depressed*** National Family Association Promoting Mental Health in Tampere, Finland 2003

These two illustrated books for children and families have been produced by the National Family Association Promoting Mental Health in Tampere, Finland in 2003. They were developed for children **under 12** years of age with the intention of explaining the effects of a parent's psychosis (Mia) and depression (Mark) on a child's everyday life. The books cost 6 Euro each and can be ordered by emailing Kaisa Nyberg (Project Manager of the @Give Childhood a Chance@ project).

Available via: Email: [nyberg.kaisa@nic.fi](mailto:nyberg.kaisa@nic.fi)

National Family Association Promoting Health

fax: +3 58 3366 4185

***Can I Catch It Like A Cold?*** Gretchen Kelbaugh.

A story to help children understand a parent's Depression. Aimed at children in the **5-9** year age range.

Available via: Web <http://www.camh.net>

Centre for Addiction and Mental Health

33 Russell Street Toronto, ON, Canada M5S 2S1 Email: [marketing@camh.net](mailto:marketing@camh.net)

***The Wise Mouse*** Virginia Ironside 2004.

This book is written for **5-11** year olds and aims to help them understand what is happening to a family member who may be experiencing mental illness.

Available via: Web <http://youngminds.org.uk/publications/other/wisemouse.php>

YoungMinds

***Sad Days, Glad Days – A Story about Depression***, Hamilton, Dewitt (1995), Albert Whitman & Co.

***Wish Upon a Star*** Laskin, P. & Moskowitz, A. (1991). A story for children with a parent who is mentally ill.

**General books for children that are very suitable for this group**

**Oh, the places you'll go!** Dr Seuss. Vintage Dr Seuss about overcoming adversity and the roller coaster that is life sometimes. Delightful.

**The Blue Day Book for Kids \_ A lesson in Cheering yourself up.** Bradley Trevor Grieve. Kids' version of adult book. Great pictures.

**Angry Arthur** Hiawyn Oram Picture book about a young boy getting very angry and what happens. Good ending!

**Broken beaks** Nathaniel Lachenmeyer. A beautiful story about the friendship between a small sparrow and a homeless man. It highlights the dignity of people with a mental illness. Lovely illustrations. Suitable for a range of ages.

**SHRINK-RAP Press Books**

Useful for explaining mental health problems/disorders to older children, as in these books every point is illustrated by a cartoon.

**TOO BLUE** - about depression and other mood disorders

**THE PANIC BOOK** \_ shows how a panic disorder works and what can be done about it

**THE SECRET PROBLEM** \_ Obsessive Compulsive Disorder in children is explained in clear and simple language.

Also **THE SCHOOL WOBBLIES** \_ Written for children who have difficulty going to school because they are frightened or worry too much.

Order details at: [www.shrinkrap.com.au](http://www.shrinkrap.com.au)

**For adolescents**

**I'm not Alone: A Teen's Guide to living with a parent who has a mental illness** Michelle D. Sherman and DeAnne Sherman 2007

<http://www.seedsofhopebooks.com/im-not-alone.html>

**Through The Window: A support booklet for young people.** Youth appropriate information including messages of support to other young people living with a parent with mental illness. Created by young people in the PATS program in the Shire of Yarra Ranges, Victoria. [www.yrys.com](http://www.yrys.com)

**Need to Know: A Guide for young people who have a parent with mental illness.**

[www.nsfscot.org.au](http://www.nsfscot.org.au)

**A Booklet for Young People about Mental Illness** ARAFMI WA Inc (1994). Perth: ARAFEMI (Association of Relatives and Friends of the Mentally Ill.)

**Joe's Diary** A SANE guide especially written for young people who have a family member with a mental illness. It revolves around Joe who is twelve and whose mother has schizophrenia. Very informative and well balanced, this is suitable for upper primary/secondary students. Parents have also reported finding it useful to give them a young person's perspective. Available by calling 9682-5933 or via the website [www.sane.org.au](http://www.sane.org.au). \$7.00

**Nothing to be Ashamed Of: Growing Up with Mental Illness in Your Family** Dinner, S.H. (1989).

**Understanding Mental Illness: For Teens who Care about Someone with Mental Illness.** Johnson, J.T. (1989) Lerner Publications CO., Minneapolis, Minnesota. [www.amazon.com](http://www.amazon.com).

**Saving Francesca** Melina Marchetta

Written for older teenagers, this novel is narrated by a girl who has just commenced Year 11 at a new school and she and her family are also trying to deal with the effects of her mother's depression. It

deals sensitively with some difficult issues but has the pace and humour to hold the attention of its readers. **Teachers notes** available on [www.copmi.net.au](http://www.copmi.net.au)  
2003, Penguin Australia Books/Viking, ISBN 0670040452

### ***Dual Diagnosis***

NSW Department of Community Services has developed a comprehensive resource kit for working with children and families around issues of dual diagnosis (i.e. a diagnosis of mental illness and substance abuse). Has booklets for children, parents and foster parents and books for children and adolescents. Look at the website for ordering details.

[http://www.community.nsw.gov.au/DOCS/STANDARD/PC\\_100864.htm](http://www.community.nsw.gov.au/DOCS/STANDARD/PC_100864.htm)Once

### ***General and for Parents***

***For Parents: Making Time to Talk: Advice for parents with mental illness.*** National Schizophrenia Fellowship, Scotland. See [www.nsfscot.org.au](http://www.nsfscot.org.au)

***The Best of Times, The Worst of Times - Our Family's Journey with Bipolar*** Penelope Rowe & Jessica Rowe Published by Allen & Unwin  
\$24.95pb

***Children of Parents with Mental Illness*** and ***Children of Parents with a Mental Illness: Clinical Perspectives*** Cowling, V, (Ed.) (1999). Melbourne: ACER (Australian Council of Educational Research) 1<sup>st</sup> and 2<sup>nd</sup> editions

***Life on a Rollercoaster*** Kelly, M. (2000). Melbourne: Simon & Schuster

***Parenting Well When You're Depressed: A Complete Resource for Maintaining a Healthy Family*** Nicholson, J., Henry, A.D., Clayfield, J.C. & Phillips, S.M. (2001). Oakland: New Harbinger.

***The Optimistic Child*** Seligman, Martin E.P. A revolutionary Approach to raising resilient children. Random House.

***Working with children in groups \_ A handbook for counsellors, educators and community workers.*** Kathryn Geldard and David Geldard. A bible for people wanting to run groups for children.

***Out of the Shadows*** Catherine E Camden-Pratt Finch Publishing  
ph: (02) 9418 6247  
Web: [www.finch.com.au](http://www.finch.com.au)  
Year: 2006 Price: \$24.95



### ***DVDs/VIDEOS /CDs/Films***

**MATTHEW HEATH** \_ A documentary made by a 12 year old boy about his father's life with bipolar disorder. In his own words Matthew tells of the challenges faced by him and his family and of how he has overcome many obstacles. Available free from [www.hopeawards.com.au](http://www.hopeawards.com.au)

**HARDWORDS** second edition 2001.

A seven minute animated video featuring five children who have a parent with a mental illness. It tells their stories and what helps them and is designed to facilitate discussion about mental illness for children aged 8-12 years old.

Available by telephoning ARAFEMI Victoria Ph: (03) 9810 9300.

**KOPING Video and Booklet:**

Supporting young people whose parents are living with a mental health problem.

Child & Youth Mental Health Service

Royal Children's Hospital and Health Service District

P.O. Box 1507, Fortitude Valley, QLD 4006

For enquiries contact the KOPING Forum on (07) 3835 1434

**KOPING KIDS KALL OUT**

The Koping Adolescent Program (KAP) produced a CD of original songs and music based on their experiences of having a parent with a mental illness. Contact Koping as above.

**ABOUT A BOY** A film based on the book by Nick Hornby. Story revolves around a boy with a single mum who has depression and at times is suicidal. The film is available on video. It is rated M but can usefully be used with upper primary children if the right excerpts are used, and certainly with teenagers.

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**Notes by Rose Cuff**

Rose Cuff trained in Oxford as an Occupational Therapist between 1977 and 1980. For the past twenty one years she has worked in child, adolescent and adult mental health and for the past thirteen has focussed solely on working to improve services and outcomes for children and families where a parent has a mental illness. During this time she developed a model of peer support for children called CHAMPS and produced a video resource package 'Hard Words' for primary school aged children about parental mental illness. Rose has worked in Melbourne since 1995 and is currently the Statewide FaPMI (Families where a Parent has a Mental Illness) Coordinator at The Bouverie Centre, a relatively new Victorian State government funded position. Rose is passionate about contributing towards better outcomes for children and families and about spending time with her own family which includes children, dogs, chickens and cats.