

# Mindful Schools

Manual for the implementation of the project





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GEDHJÁLP

Our very special thanks  
go to the students and schools  
who participated in this project.

“Mindful Schools” in Iceland

Okkar heimur  
[www.okkarheimur.is](http://www.okkarheimur.is)  
Telephone: 556-6900

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## 1. Definition of needs and development of the manual

This manual is the result of an ERASMUS+ project that was implemented in a cooperation of institutions in the Federal Republic of Germany, Spain and Iceland with the support of the Our Time Foundation (London).

The starting point was the idea that the promotion of students' mental health through psychoeducational teaching should be a central task of schools in addition to the mere transfer of knowledge.

Students with mental and family stress - especially those with parental mental illness - are disadvantaged in their educational opportunities, more often experience a drop in performance at school and are increasingly affected by dropping out of school and social exclusion. This is aggravated by the burden of taboo and stigmatisation, so that this important topic is usually overlooked in the school context. The project was aimed at teachers and the school as a whole in order to counter these risks.

By qualifying teachers, students with special psychosocial development risks are to be supported, but at the same time the school is to develop a mindful school culture from which all students should benefit.

The project was initially implemented at hotspot schools in Berlin, Barcelona and Reykjavik in cooperation with one school each and includes:

- ⇒ A qualification for teachers to enable them to deliver mental health lessons and to act as a point of contact for vulnerable students
- ⇒ Developing initial teaching materials for different grades on the topic of mental health / illness based on existing materials (especially the "Who Cares?!" programme developed in London)
- ⇒ A further programme to establish a school culture that provides secure and reliable relationships and promotes mindfulness, for example, in the form of voluntary working groups and the installation of corresponding functionaries in the school
- ⇒ Networking with existing local services

The direct addressees are the teachers and other staff members at the school, who are enabled to set up appropriate offers for all students in the long term, too, and to act as disseminators within the school system.

All students benefit from these services, but especially those from multi-problem families with their own and/or their parents' mental illness. These children have a three to seven times higher risk of developing corresponding disorders themselves. Researchers estimate

that in about 3.8 million children, one parent is affected by a mental illness in the course of a year - of these children, about two million go to school. Two to five children and adolescents per school class have a parent who suffers from an anxiety disorder, depression or another mental illness. In each class, there are about two students in a "young carer role" who take care of chronically ill or care-dependent relatives - often at the expense of their own developmental needs. In addition, about 20% of the children and adolescents are considered to be psychologically stressed, and about 10% fulfil the criteria of a mental disorder (see Schulte-Körne, 2018).

This means that teachers are faced with challenges in everyday school life, which are often accompanied by excessive demands.

Damit stehen die Lehrkräfte im Schulalltag vor Herausforderungen, die häufig mit Überforderungen einhergehen.

The affected children are often overlooked in everyday school life or often receive additional punishments (for example, for being late in the morning or not having completed their homework). Experiences from the "Who Cares?!" project already established in Great Britain show that support is particularly successful if the respective family can also be included in the offers and that the effects of the programme in terms of stress reduction have a positive impact on family life (cf. Friar, 2021; Streeting 2021).

Based on these reflections, the project "Mindful Schools" was conceived and implemented in the period from March to December 2022.

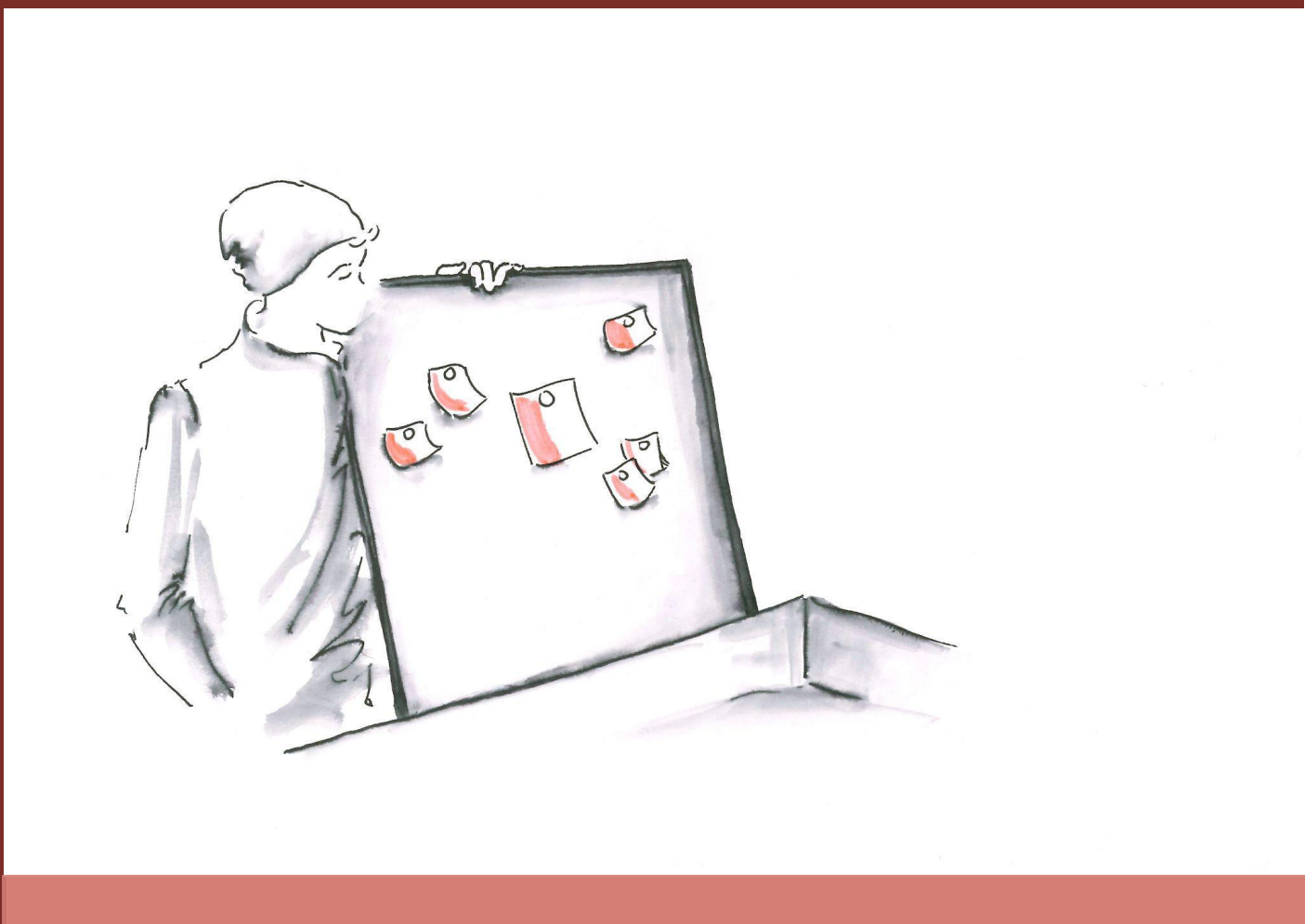
## 2. The importance and promotion of mindfulness in the school staff

The involvement of the entire school staff in the project is of great importance. In order to implement the project, the support of the school management is initially required - however, successful implementation is only guaranteed if broad support and acceptance of the project is achieved at all levels. For this reason, an event with the entire staff (including teachers, pedagogical staff, janitors, etc.), ideally lasting about four hours, forms the kick-off, during which the entire staff is sensibilized. In addition to a lecture part, animations and discussions in small groups as well as in the closing plenary are the focus of this event. This is followed by the formation of a "core team", whose members coordinate the further implementation of the project at the school and act as contact persons both externally and within the school.

Using this entry format for the entire staff not only increases the learning effect and empathy, but also the cohesion within the staff and can help to contribute to a climate in the school that reduces prejudices, fears and taboos and counteracts stigmatisation. With this climate and the expertise as a basis, further networks can be established or expanded and also be transferred to socio-pedagogical, group-specific offers.

The following message is important here: Teachers do not need therapeutic training for this, nor should they assume any additional therapeutic functions. Rather, it is about a climate of acceptance, openness and mutual support, on which the further project components can build and on the basis of which they become effective. They do not have to develop additional offerings themselves, but can draw on existing experience and its further development within the project framework. In this way, the need for additional support measures and the psychoeducational qualification of teachers is met, while overload is counteracted.

# Teaching materials: content and implementation





## 3. Teaching materials: content and implementation

### 3.1 Prologue / Introduction

#### Understanding mental health and mental illness

Secondary school (High School) material, grades 7-11

##### Introduction

The "OurTime" guide for teachers will support you in working on the topic of mental illness with grades 7 to 11. What makes this guide unique is its specific focus on understanding mental illness and supporting young people who have a parent with a mental illness.

This course helps the students:

- ⇒ ... to understand the difference between mental health and mental illness and to clarify misconceptions about it.
- ⇒ ... to understand and support classmates who have a parent or legal guardian with a mental illness.

The lesson is designed to last approximately one hour, with the option to extend it or break it into shorter sessions to accommodate busy schedules. The lesson can help promote your school's overall priorities and goals such as health and well-being. While thematically focusing on adult mental illness, it is recommended that students' management of their own mental health is also addressed in the context of this unit.

This is the first lesson of a course. Our Time can provide further materials to deepen and develop your students' understanding of related issues such as stigma, bullying and protecting your mental health and wellbeing.

## How to use the guide

These symbols and prompts contain instructions and ideas for additional activities and you will come across them again and again throughout the course.

### **Class discussion!**

⇒ Make your students' voices heard, let them share their thoughts and provide opportunities to guide their learning.

### **Video!**

⇒ Indicates the use of source videos to illustrate a point.

### **NOTICE!**

⇒ Unique approaches to support the delivery of the course content.

### **Expand and Challenge! (Optional)**

⇒ Expand the skills of your students.

### **Put some pep in your step! (Optional)**

⇒ Interactive approaches to get your students moving and engaged.

### **Alternative**

⇒ These fields suggest alternative activities and explanations that you can use at your own discretion.

## Tips and tricks

1. Some of the topics may be difficult for the students to discuss. A short "check-in" addressed to the group at the beginning of each session (e.g. "How are you feeling today?") can be a good way to assess the mood of the class and create a relaxed atmosphere.
2. Establishing basic rules of mutual respect helps to create a positive, safe space:
  1. Listen to the thoughts and opinions of others without interrupting.
  2. Be open-minded and do not judge the views of others.
  3. Be sensitive to the personal circumstances and experiences of others.
3. The option to ask questions or raise issues anonymously can help students to open up more. Perhaps you would like to ask everyone to leave a note at the end of the session with questions, comments, feedback or ideas?

4. Letting parents know that the topic of mental stress is being addressed and discussed in class has proven to be effective. Setting exercises from this guide as homework is a great way to make things manageable and at the same time give students the opportunity to reflect on the topics covered independently or perhaps with family members.
5. Some students may have misconceptions about mental illness. These misconceptions should be addressed in a calm and non-judgmental way. It is important to emphasise that there are no right or wrong questions in order to create an open and appreciative climate in which students feel able to express their opinions.
6. You are not expected to lead the class as an expert on mental illness, but as a facilitator of self-discovery and discussion. If you do not know the answer to a student's question, explain that you will pick it up and answer it in the next session. This is perfectly acceptable and ensures that you can answer accurately and confidently.
7. If you or another teacher teach a student with special needs, you are welcome to adapt the tasks as needed.
8. The 'Reflections' section at the end of the session offers your students the opportunity to consolidate and reflect on their learning so far. This can take the form of written entries in a 'learning diary' to further accompany and follow the students' own learning processes.

### Protection of students

Students should have the right to drop out of an activity if it is causing them any kind of stress. We recommend that two adults are present during lessons so that all concerns and worries can be carefully addressed.

All safety concerns and disclosures should be referred to school social work as soon as possible.

Some of your students may be previously "unknown" young carers or have a parent with a mental illness. The narratives used in the course are meant to convey an appropriate distance. General statements (such as "If anyone in today's session finds anything upsetting, please let me know and we can talk about it, you can also put a note in the question box") will help these students feel safer in the room.

Helpful

contact addresses



## 3.2 Helpful contact addresses

### Further support for teachers

<b>Pause button</b> for professionals	<a href="http://www.pausentaste.de/fuer-fachleute/">www.pausentaste.de/fuer-fachleute/</a>
<b>Information</b> and free <b>materials</b> on the topic of young carers; <b>Teachers' Guide</b> to a young-carer-friendly school	<a href="http://www.young-carer-hilfe.de">www.young-carer-hilfe.de</a>
<b>Information</b> around mental health and how to talk about it in the classroom, as well as <b>workshops</b>	<a href="http://www.irrsinnig-menschlich.de/psychisch-fit-schule/">www.irrsinnig-menschlich.de/psychisch-fit-schule/</a>
<b>Information</b> for young people, relatives and educators on the topic of depression in young people	<a href="http://www.fideo.de">www.fideo.de</a>
<b>Information</b> and <b>download material</b> about young carer	<a href="http://www.echt-unersetzlich.de/fachkraefte/">www.echt-unersetzlich.de/fachkraefte/</a>
More about the work of <b>Our Time</b> and the full range of <b>resources</b> available for schools (e.g. short films)	<a href="http://www.ourtime.org.uk">www.ourtime.org.uk</a>

### Further support for students and family members

It is important to make students and family members aware of how they can access further support. The following websites and phone numbers can help:

<p><b>Children's and young people's telephone</b>  <b>"number against sorrow"</b>          Mon-Sat: 2-8 p.m,          Mon+Wed+Thurs: 10-12 a.m.</p>	<p><b>116 111</b>  <b><a href="http://www.nummergegenkummer.de">www.nummergegenkummer.de</a></b></p>
<p><b>Emergency telephone</b>  <b>"Help, my parents are drinking!"</b>          Trained counsellors are available for children from families with addiction problems Mon-Sat from 5 p.m. to 11 p.m. and around the clock on weekends and public holidays.</p>	<p><b>0800 280 280 1</b></p>
<p><b>Superhands hotline</b>          Mon+Thurs: 3-5 p.m.          (free of charge and anonymous on request)</p>	<p><b>0800 78 79 74 2 637</b>  <b><a href="http://www.johanniter-superhands.de">www.johanniter-superhands.de</a></b></p>
<p>Talking about worries, fears and needs          - whether in <b>individual counselling, group chat</b> or <b>online forum</b>          (for adolescents and young adults between 14 and 21 years)</p>	<p><b><a href="http://www.bke-jugendberatung.de">www.bke-jugendberatung.de</a></b></p>
<p>Children and young people can contact trained counsellors by <b>e-mail</b></p>	<p><b><a href="http://www.kidkit.de">www.kidkit.de</a></b></p>
<p>Help with worries and problems via <b>e-mail counselling, group chat</b> or <b>online forum</b>          (for children and young people up to 19 years)</p>	<p><b><a href="http://www.jugendnotmail.de">www.jugendnotmail.de</a></b></p>
<p><b>Chat service for acute crises.</b>          Supervised by professionals. With videos and explanations about mental health</p>	<p><b><a href="http://www.krisenchat.de">www.krisenchat.de</a></b></p>

<b>Mail counselling</b> for young people at <b>risk of suicide</b>	<a href="http://www.u25-deutschland.de">www.u25-deutschland.de</a>
<b>Pause button</b> - An offer for young carers: children and young people who care for sick family members.	<a href="http://www.pausentaste.de">www.pausentaste.de</a>
Help and support for <b>young carers</b>	<a href="http://www.echt-unersetzlich.de">www.echt-unersetzlich.de</a>
<b>Help</b> for children of mentally ill parents	<a href="http://www.kinder.mapcms.de">www.kinder.mapcms.de</a>
<b>Information</b> for children and young people whose parents are receiving psychiatric or psychological treatment	<a href="http://www.kipsy.net">www.kipsy.net</a>
<b>Information portal</b> on depression and other mental illnesses for children and young people and their parents	<a href="http://www.ich-bin-alles.de">www.ich-bin-alles.de</a>
<b>Information</b> for young people, relatives and educators on the topic of depression in young people	<a href="http://www.fideo.de">www.fideo.de</a>
<b>Information, help</b> and <b>material</b> on the topic of children of addicted parents	<a href="http://www.nacoa.de">www.nacoa.de</a>
<b>Self-help groups</b> for young people	<a href="http://www.schon-mal-an-selbsthilfegruppen-gedacht.de">www.schon-mal-an-selbsthilfegruppen-gedacht.de</a>
Addresses of <b>child and youth psychiatrists</b>	<a href="http://www.bkjpp.de">www.bkjpp.de</a>
Overview of <b>Kidstime locations</b> : Multifamily work for children of mentally ill parents and their families, with contact option	<a href="http://www.kidstime-netzwerk.de">www.kidstime-netzwerk.de</a>

# Unit "Mental Health and Mental Illness – Know the Difference!"



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Introduction, timetable, glossary  
and teaching materials



### 3.3 Unit "Mental Health and Mental Illness - Know the Difference!"

#### Overview and preparation

##### Learning objective

1. Develop understanding of what mental health and mental illness are and how they differ.
2. Understand what challenges young people who have a parent with a mental illness might face.

##### Learning results

1. Identify and name factors that can influence mental health.
2. Recognise some of the symptoms of mental illness and associated behaviour.
3. Identify and dispel harmful misconceptions about mental illness.
4. Consider how young carers can be supported.

#### Materials / Requirements

##### Worksheets and technical requirements

- ⇒ Anti-prejudice questionnaire (material A)
- ⇒ Quiz "Symptoms" (material B)
- ⇒ Music and the technical requirement to play four pieces simultaneously (optional)

##### Video! (5 minutes)

- ⇒ "Hannah's story" (material C, slide 16)

##### PowerPoint (slides 1-17)

- ⇒ Anti-prejudice (slide 3)
- ⇒ Jas's mental health (slide 4)
- ⇒ Put some pep in your step! (slide 5)
- ⇒ Mental illnesses (slide 6)
- ⇒ Jas's mother is sleeping (slide 7)
- ⇒ Jas's mum quote (slide 8)
- ⇒ Extension activities (slides 9 and 10)
- ⇒ Symptoms slides (slides 11-15)
- ⇒ Hannah's story (slide 16)
- ⇒ Support (slide 17)

## Timetable

### 1. Introduction (5 min.)

As mental illness can be a sensitive topic, it is important to create an atmosphere of safety, support and mutual respect. At your own discretion, it may be helpful to work out the following ground rules with the group:

1. Listen to the thoughts and opinions of others without interrupting.
2. Be open-minded and non-judgmental.
3. Be sensitive to personal circumstances and experiences.

Explain to the students that they will learn about mental health and mental illness in these sessions.

### 2. Anti-prejudice questionnaire (5 min.)

Use the Anti-prejudice slide (**slide 3**) and give the **Anti-prejudice questionnaire (material A)** to all students.

Introduce the exercise by explaining that it is not a graded test. It is simply a way to find out what they already know.

- ⇒ If a pupil is not sure whether a statement is true or false, or feels uncomfortable guessing, he/she can answer "not sure".
- ⇒ Do not give students the answers at the end of the questionnaire. Instead, explain that they will build a better understanding of mental health and mental illness in the lesson and can take the questionnaire again at the end.

**NOTICE!** This basic assessment can be adapted to different abilities and needs. You can stick 'true', 'false' and 'not sure' signs in the classroom so that students can sit or stand next to the sign that best reflects their views.

If any worrying misconceptions or beliefs arise from this exercise, you should discuss them directly with the students.

### 3. Mental health (5 min.)

Show the slide **Jas's mental health (slide 4)**.

#### **Class discussion!**

What do you think influences our thoughts and feelings? Why do you think people can be happy one day and sad the next, even if nothing acutely bad has happened to them?

Explain that Jas was happy yesterday but feels stressed and unhappy today. Ask the class what the reasons could be.

Explain how this kind of mood change is a natural part of our mental health and does not mean Jas has a mental illness.

#### **Put some pep in your step! (Madness 5)**

Ask students to go into groups and quickly improvise a freeze frame of what they think might make Jas unhappy.

- ⇒ Feeling happy, stressed, sad or angry in moderation or in response to something that has happened is healthy.
- ⇒ Sometimes our state of mind can be affected by less obvious things like our diet, sleep, exercise or hormones. This is also normal and can explain how our mood changes on days when there is no obvious cause.

**NOTICE!** You will find a helpful definition of hormones in the glossary.

### 4. Mental illness (10 min.)

Open **slide 6**.

Ask the students if they can describe the difference between mental health and mental illness. After they have answered, explain:

We all have mental health that can vary depending on what is happening in our lives. A much smaller number of people suffer from mental illness.

Ask the class if they know the names of mental illnesses and ask volunteers to take turns writing them on the board or on a post-it note to put on the board. Suggestions you can add if they are not listed are:

- ⇒ Depression
- ⇒ Psychosis
- ⇒ Bipolar disorder
- ⇒ Schizophrenia
- ⇒ Obsessive-compulsive disorder (sometimes called OCD)
- ⇒ Anorexia
- ⇒ Dementia

**NOTICE!** This exercise is about awareness of mental illness, but students are not expected to know all the definitions. You can refer to the glossary if you need or want to give a definition of the illnesses listed above. When autism, ADHD or learning disabilities are mentioned, please refer to '**neurodiversity**' and '**learning disabilities**' on page 26 in the glossary to clarify how they differ from mental illness.

Show **slide 7 of Jas's mother sleeping** during the day while Jas is cleaning up.

Explain that mental illness can dramatically affect a person's mood and their ability to function mentally, physically and emotionally and to carry out everyday tasks.

Direct the students' attention to the slide and explain that Jas feels unhappy, which also affects his mental health. His mother - who has a mental illness - may feel the following:

- ⇒ Low energy
- ⇒ Lack of motivation
- ⇒ Sleepiness
- ⇒ Frequent or unexpected upsets over a long period of time

Present the quote from Jas' mother on **slide 8**:

*"I am worried about Jas and his sister. Will they also be in my condition one day? Is it hereditary? Will they start behaving like me? I want the best for my children, but I can't always help how I act or feel."*

Explain to the students that:

- ⇒ ... it is common for parents and children to fear that a mental illness will be "passed on" from parent to child. However, children who have a parent with a mental illness are not destined to get their parent's illness.
- ⇒ ... mental illness is complicated to explain and sometimes adults find it difficult to talk to children and young people about it because of this. This is even something that doctors and scientists need to learn more about.

### **Put some pep in your step! (slide 9)**

Ask for two volunteers: a listener and a storyteller. Ask the storyteller to explain the plot of a film, programme or book to the listener. Ask the rest of the class to talk to both of them while this is happening, talking and asking questions all the time to confuse and distract the other two.

Once the storyteller has finished, ask the listener what they have heard and understood. It is likely that the listener will have difficulty doing this.

Explain that:

- ⇒ ... if someone has a mental illness, thoughts, feelings, sights and sounds may sometimes feel jumbled and the person may find it difficult to cope. She or he may feel overwhelmed and have difficulty dealing with certain situations.
- ⇒ ... a simple explanation is that a healthy mind can filter information by distinguishing what is important and unimportant. People with a mental illness often find this very difficult.

### Expand and challenge! (Madness 10)

As a continuation or alternative to the theatre exercise above, play several pieces of music to the class at the same time. After playing them for about twenty to thirty seconds, ask the class to identify them.

Explain that in the same way that each piece of music is difficult to identify and listen to when they are mixed together, when we have a mental illness it can be difficult to deal with and process masses of information in the world around us.

### 5. Quiz “Symptoms” (10 min.)

Explain that:

- ⇒ ... when we talk about illness, symptoms generally refer to how we feel when something is wrong. When we describe our symptoms to doctors, they use this information to find out how we need to be treated.
- ⇒ ... when a person has a mental illness, their symptoms are usually reflected in their behaviour. For example, they act in unusual, unpredictable or extreme ways.

Ask the students to pair up and give each pair the **Symptoms quiz (material B)** with the accompanying **Symptoms slides (slides 11-15)**.

**NOTICE!** Answers can be found in the slideshow notes.

Ask the students to go through the scenarios in the quiz and decide whether a mental illness or a less serious problem affecting mental health could be responsible for the behaviour of the people present.

### Class discussion!

Were there any scenarios that the students were unsure about? Why?

Explain that:

- ⇒ ... the difference between a serious mental problem and a mental illness is not always obvious.

- ⇒ ... physical and mental illnesses cannot always be clearly separated and that one illness can influence the other. For example, a broken leg could make someone depressed because she/he withdraws. Behaviour associated with depression and lack of exercise can lead to a physical illness.

#### 6. Reflection and question box (5 min.)

Ask the students in pairs to explain the difference between mental health and mental illness either orally or as a short written task.

Afterwards, tell the students that:

- ⇒ ... the question box is available for any questions they would like to ask anonymously. These can be answered in future discussions.
- ⇒ ... if they were unsettled by something covered in the lesson or they have questions they would like to discuss individually, they can talk to you or leave a note in the question box.

**NOTICE!** You can ask all students to anonymously put questions, ideas and feedback in the question box via small notes in the first session.

#### 7. Having a parent with a mental illness

Introduce the video of "**Hannah's story**" (**material C**) and show it as an example of the isolation that children of parents with mental illness can face. This is included as **slide 16** in the presentation.

Ask the students to react to the story. Have them describe the things that make Hannah a young carer (chores, stress, responsibility, social isolation).

- ⇒ How do the students think Hannah could be supported?

Show / distribute the list of possible sources of support for young people given earlier (**pages 13 and 14 in the manual**).

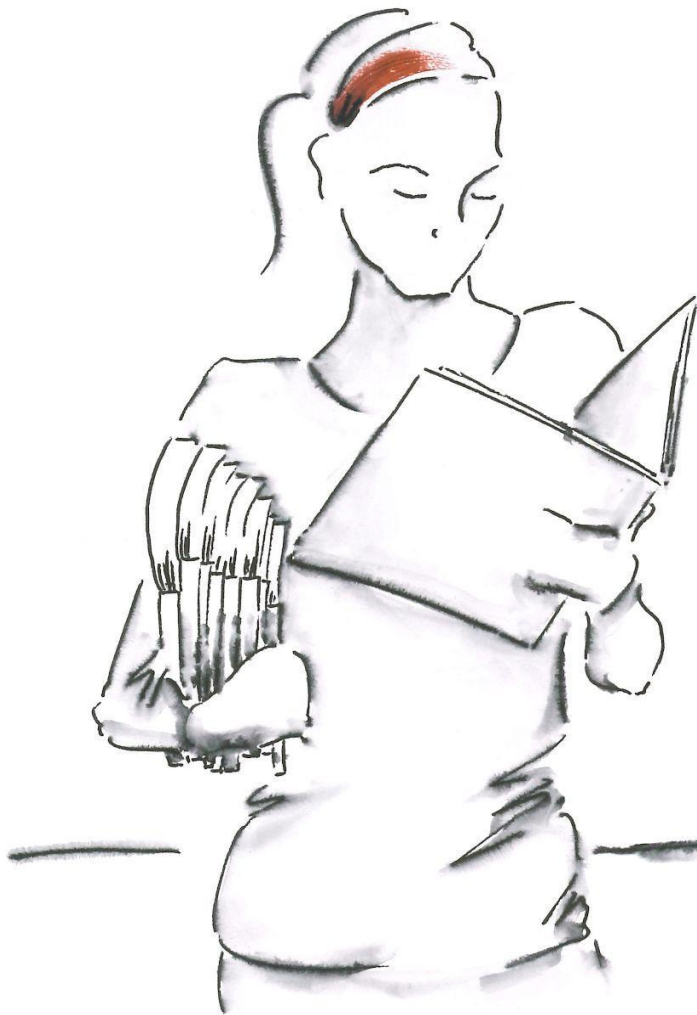
### 8. Anti-prejudice exercise (10 min.)

Distribute the **Anti-prejudice questionnaire (material A)** to the students.

Ask the students to give a '**true**', '**false**' or '**not sure**' answer for each statement again, based on what they have learned during the lesson. Individual or group work.

Reassure the students that if any of them have a mental health problem and need someone to talk to, they can call the school social work and / or the numbers mentioned earlier.





# Glossary

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### 3.4 Glossary

This glossary has been included to help you explain terms to students.

**Anorexia:** An eating disorder, classified as a mental illness, that causes people to obsessively control their weight, usually going too far and starting to actually starve themselves. Sufferers typically have a distorted view of their body image and think they are overweight, even when they are actually underweight.

**Bipolar:** Bipolar disorder is a mental illness that affects the mood, often leading to unpredictable and extreme swings between depression - a persistently sad mood - and mania - where people feel on a high and hyperactive at unusual times.

**Campaign:** To work in an organised and active way towards a specific goal, typically a social or political goal.

**Compassion:** When we talk about compassion, we are specifically referring to the act of being kind, caring or willing to help others. Especially in the context of mental health and mental illness, compassionate behaviour, such as supportive words for someone in need, can make a huge difference.

**Contagious:** Something such as a disease or virus, that spreads from one person or organism to another, typically through direct contact.

**Dementia:** A syndrome associated with a decline in brain function. This typically manifests as deterioration in memory, language skills, movement, thinking speed and comprehension. Affected people may have difficulty understanding situations around them, showing empathy or controlling their emotions.

**Depression:** An illness that negatively affects how one feels, how one thinks and how one acts. It causes feelings of sadness and / or loss of interest in activities once enjoyed. The condition can reduce a person's ability to function at work and at home.

**Empathy:** The ability to understand how someone else feels or to understand the situation she/he is in. It is the ability to put oneself in another's shoes and understand how a situation might feel.

**Genes:** The instructions contained in our cells that determine things like eye and hair colour, how we look and how we grow.

**Hormones:** Chemicals produced by our body that control and regulate the activity of our organs and cells. They influence our moods as well as digestion, metabolism, growth and reproduction.

**Learning disabilities:** These are not mental illnesses. They can arise for various reasons during birth or be related to other things. Typically they affect a person's understanding of complicated information, ability to learn and self-care. They are different for everyone.

**Mental health:** Includes our emotional, mental and social well-being. It influences how we think, feel and act. It also helps decide how we deal with stress, talk to others and make decisions. Mental health is important at every stage of our lives.

**Mental illness:** If a person has a mental illness, it means that they cannot properly filter or control the information received from their brain. This can affect the way she thinks, speaks and behaves.

**Neurodiversity:** When autism, ADHD or a similar complex condition is addressed during these lessons, it may be worth linking it to the concept of neurodiversity and emphasising that it is not a mental illness or disease with a cure. Instead, emphasise that the disorders mean that the brain functions differently from other people and the associated behaviours start from birth or at a very early age. They do not develop during a person's life as a result of environmental factors.

**Obsessive-compulsive disorder:** A common mental illness in which a person develops obsessive thoughts, which in turn can lead to compulsive behaviours. An exaggerated fear of being robbed, for example, may cause her to check that her door is locked several times before leaving the house. Obsessive-compulsive disorder can develop at any age, in men or women, but occurs most often in adults.

**Psychosis:** A mental illness that causes affected people to see or interpret things very differently from those around them. This can include seeing, hearing, smelling or feeling things that are not there, in the form of hallucinations and imaginary voices. For the affected person, extreme and unbelievable things can become delusional and be experienced as real.

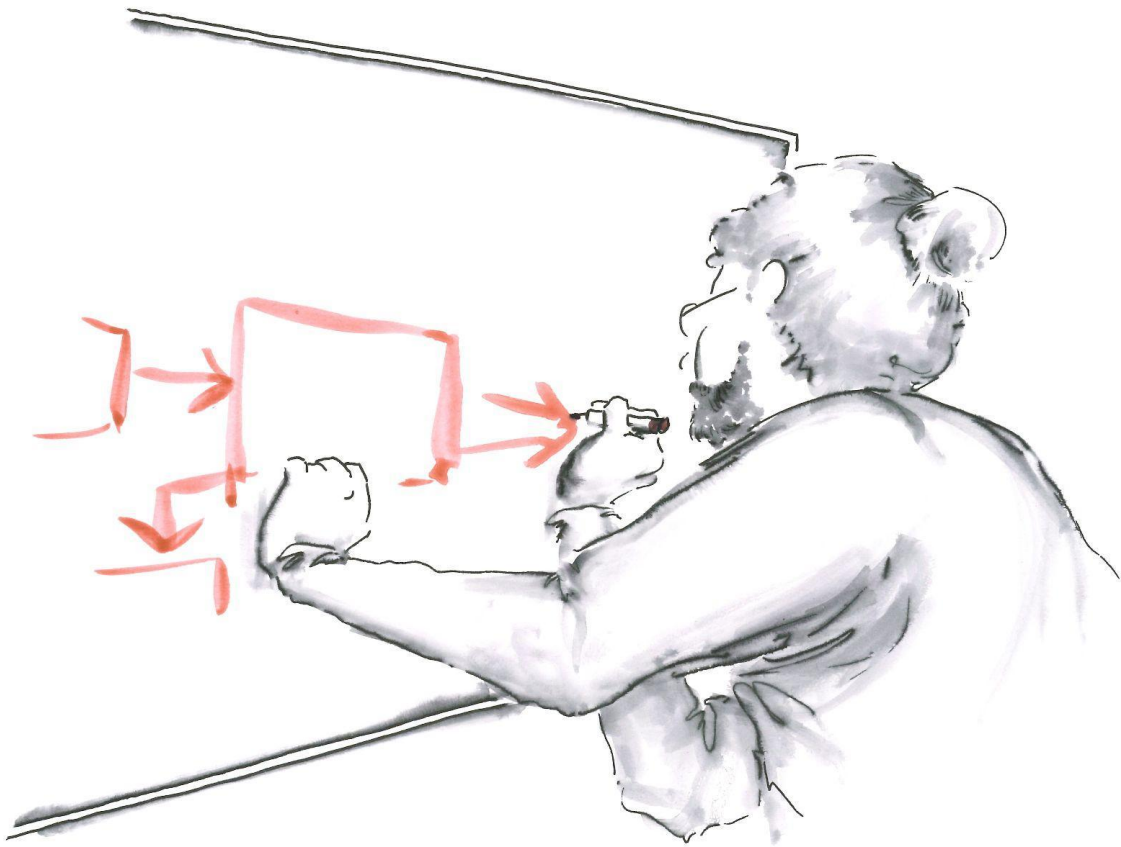
**Resilience:** The ability to recover mentally, emotionally as well as physically from difficulties and negative experiences.

**Schizophrenia:** Often described as a type of psychosis. It is typically defined as a person struggling to distinguish their own thoughts from the reality around them. Common symptoms include hallucinations, delusions, loss of interest in everyday activities and a desire to be withdrawn. The disorder should not be confused with dissociative identity disorder.

**Stigma:** Occurs with a characteristic or feature that people in society encounter with a strong feeling of disapproval. This is not about the characteristic itself, but about the negative attributions / associations. For example, mental illness can have a stigma attached to it, making it more difficult for people to talk about it for fear of rejection.

**Young carer:** Someone under the age of 18 who helps to care for someone in their family or a friend who is physically or mentally ill or disabled.

# Teaching materials



**Anti-prejudice questionnaire (material A)**

name: .....

class: .....

age: .....

For each of the following statements, put a check mark in the box for 'true' or 'false', depending on what you think. If you are unsure and do not want to guess, put a check mark in the box for 'not sure'.

		TRUE	FALSE	NOT SURE
1	Mental illness and mental health are the same thing.			
2	Mental illnesses are contagious.			

3	Only adults develop mental illnesses.			
4	People with mental illness are sad all the time.			
5	Parents with mental illnesses are rare.			
6	Mental illnesses scare me.			
7	I am happy to talk to others about my mental health.			

8	I know what mental illnesses are and why they arise.			
9	I am confident that I could offer support to another young person who is going through a difficult time.			



**Symptoms quiz (material B)**

name(s): .....

Decide for each character whether it is likely that a mental illness or a less serious problem affecting mental health is responsible for their behaviour.

**Amira**

Amira's father hasn't gone to work for two weeks and stays in his bedroom most of the day. So Amira takes care of her brother and does chores as well as school. She fell asleep in class this week and cried a few times.

.....

**Jen**

Jen has been ignoring her friends lately and seems angrier than usual since her dog died. Her grades at school have also dropped.

.....

**Steven & his aunt**

Steven is staying with his aunt. She is normally chatty and jokes a lot, but this weekend she is very quiet and often does not respond when spoken to. Back home, Steven overhears his mother and father talking about his aunt "not taking her medication".

.....

**Mike & his mother**

A teacher has to stop a loud argument between Mike and some other boys. When he asks for an explanation, Mike explains that he can't stop worrying about his mother. Recently she has been waking him up in the middle of the night talking excitedly about strange ideas. But at other times, she seems extremely irritable and depressed in comparison.

.....

# Concrete implementation of the project



Hints and experiences

## 4. Installing a long-term mindful school culture

In order to achieve long-term effects, two levels are decisive within the school:

1. The establishment of a school-internal structure with fixed, binding, reliable and attentive contact persons for children in risk situations or with special needs.
2. The development of a continuous offer, for example in the form of an afternoon workshop (voluntary working group) or by integrating the teaching units into the curriculum.

The following recommendations can be derived from the project "Mindful Schools" in Berlin:

The core team can serve as a mouthpiece and bridge to the other teachers or year teams. The engagement could look like this:

- ⇒ The core team holds regular meetings to share and develop services for young carers
- ⇒ The core team participates in meetings of the class leaders of a year group as well as in department meetings (advertising of offers and organisation of the teaching of lesson contents together with the teachers)

If convenient, the project can be attached to a suitable subject area and, if necessary, be firmly integrated into the curriculum. In this way, it becomes part of the regular curriculum and is integrated into everyday school life and learning in a sustainable way. The teaching materials provided can serve as a basis for this.

- ⇒ It makes sense for the teachers of the core team to declare their willingness to continue to support (future) colleagues in teaching the contents and materials
- ⇒ In doing so, they can approach colleagues outside the core team, consult them about the teaching materials and answer questions

It has also proved beneficial to have a socio-educational stand-by who is available during the time of the project implementation to support students if necessary.

- ⇒ Creating easy access to expert counselling by the school social workers and thus to the support offered by the school, especially for young carers
- ⇒ Even better integration of project work through further linking with school social work

In addition to regular offers, the core team can make themselves available for booking for workshops (such an offer exists for example at the school "Grüner Campus Malchow").

- ⇒ Project days on the topic of mental health and the burden on children of mentally ill parents as needed in individual classes or year groups
- ⇒ Connection to the afternoon workshop (working group) and other support services for young carers (easy access to socio-pedagogical help)

The afternoon workshop (working group) founded as part of the project can address not only young carers, but also other students. At the participating school in Berlin, the name "Everyday Heroes" was therefore chosen. At a very basic level, the working group serves as a platform for mutual exchange with other young people in similar life situations. The aim is for the students to get involved instead of only being taught by teachers and social workers. Concrete goals are, for example:

- ⇒ to make the school climate (more) mindful
- ⇒ to disseminate unstigmatising perspectives on mental illnesses
- ⇒ to promote students' mental health in general through materials **they** have developed

**The following types of more concrete implementation are possible, for example:**

- ⇒ Conversation circles and (theatre) pedagogical exercises as a basis for concrete engagement with the topic of mental health

"By students, for students": Designing contributions with publicity effect:

- ⇒ Designing educational flyers and posters
- ⇒ Creating informative and advice posts for publication on social media (for example Instagram) addressing topics such as stress management, dealing with worries and fears, mindfulness and being a young carer
- ⇒ Setting up a student newsletter

Internet platforms, in particular, offer the opportunity to disseminate content outside of one's own school. Reaching more people can also contribute to experiencing one's own self-efficacy.

The following recommendations can be derived from the project in Spain:

If necessary, it can make sense to realise additional units with the core team and the teachers. For example, based on the evaluation of the results of the kick-off event, a second unit was conducted with the core team and the teachers were specially prepared for the lessons on the topic.

Project contents can of course be integrated into already existing structures or other planned events:

⇒ In Spain, on the occasion of the World Mental Health Day, various activities were carried out on the theme of mental health

Before the project takes place, the families can be informed about the planned lessons via a letter to the parents:

⇒ initial opportunities for conversation are created (both between parents and children and between families and the professionals)

⇒ the parents feel involved in the process

An informative meeting for the students can be arranged shortly before the lessons. In this context, a first evaluation of their current level of knowledge can take place in order to be able to make a comparison after the end of the project, if desired.

⇒ Material A and B can be used for this purpose

## 5. Networking and cooperation in the social environment

In addition to the school's internal contact address and direct offers on site, guiding functions are to be taken on within the teaching staff, with the help of which students can be referred to further regional help. Supporting institutions from youth welfare and health care will be integrated into the project as an indirect target group through these cooperation impulses. This creates a network that can offer holistic support to those affected. Existing cooperations can and should of course be used, consolidated if necessary and further expanded. The project offers additional space for the integration of these services in everyday school life and makes them more accessible to all students.

In Berlin, networking took place with regional providers with special offers for young carers (facility "slipstream"). In addition, the project was brought to the attention of the public through a feature on the TV programme Zoom on the television channel ZDF.

In Spain, there was also a TV report and a newspaper report about the project. Through such media, attention can be attracted and interest aroused. The local project partners also seek cooperation with other schools and the local authorities.

One obvious option is to cooperate with local Kidstime projects, as these are aimed directly at families with mentally ill parents. This is a multifamily offer that takes place once a month in the afternoon. Within the project, the children are offered an explanation, stable adult contact persons and a group of other peers in similar life situations, as well as the opportunity to express their feelings in the group, thus fulfilling their core needs.

- ⇒ Resilience development in the family is promoted
- ⇒ Further contribution to the removal of taboos, also among the parents of the students
- ⇒ Increased social participation / networking of the family
- ⇒ Improved communication within the family, but also, for example, with teachers

In addition to offering additional learning experiences, Kidstime can support the achievement of the project's goals. For affected students, not only the school environment but also the family environment changes in the sense of a more mindful and supportive and informed approach to mental illness. The overall burden can thus be reduced.

## 6. Working with families

First and foremost, working with the families of students at risk or with special needs is part of the socio-educational work in schools. The project can serve as an additional impulse to approach the work with new background knowledge and awareness as well as a starting point for the development of specific offers for families. If project days are carried out, the results can, for example, be presented in the context of an afternoon open to parents in the school and thus also build a bridge to the families and provide initial information. Likewise, products created in the working group (voluntary afternoon workshop), such as flyers or posters, can provide an introduction to the topic.

**Example of a specific offer: the establishment of "family cafés"  
(idea from the project in Berlin)**

- ⇒ Two- to four-weekly meetings for joint exchange and learning from each other
- ⇒ Short professional inputs on mental health in general and family issues in particular
- ⇒ Building on methods from systemic multifamily work and the Kidstime workshops

A cooperation with Kidstime or other multifamily work services can also contribute to the fact that whole families are considered or reached and is therefore also reasonable and evident at this point.

## 7. Possible impacts and outlook

### In general:

- ⇒ Qualification and sensibilisation of teachers in the context of mental illness / health and the development of a supportive school culture with a special focus on "young carers"
- ⇒ Improved dissemination of information on mental illness among teachers and students through psychoeducational teaching with appropriate school materials
- ⇒ Strengthening teachers' skills and building the confidence needed to address the issue and support those affected
- ⇒ Sharing information on resilience development and self-care
- ⇒ Offer an explanation for certain behaviours of people with mental illness (especially important for young carers, who can thus better understand the behaviour of their parents)
- ⇒ Reduction of stigmatisation and exclusion of affected persons
- ⇒ Developing a mindful, bullying-sensitive, bonding-safe and supportive school culture
- ⇒ Development of a continuous offer for affected students and interested persons / parties
- ⇒ Creating discussion spaces for exchange about the topic, one's own feelings about it and how to deal with it

- ⇒ Raise awareness of the need for services and pathways to support specifically for students with parents with mental health problems
- ⇒ Faster identification of those affected and their individual need for support
- ⇒ Improved referral to further assistance / opening of access routes to further support options in the national and regional context (networking)
- ⇒ Promoting students' mental health

The project opens up ways to anchor the topics "children of mentally ill parents" and "mental health" in general in the school curriculum in the long term. It can be the starting point for dealing with related topics, such as mental stress and illnesses in children and adolescents. Questions about this arise frequently during the teaching units.

In addition, intensive cooperation between teachers and school social workers leads to improved and even closer cooperation between the respective professionals. School social work can be more firmly established as a support service and be brought to the attention of the students. Sensitive and stigmatising topics become increasingly discussable, both on the part of the teachers and the students. The increased focus on the specific stresses of young carers can be used to shape the care of affected children and young people in a more specific way.

Theatre pedagogical exercises within the framework of the workshop offer students the opportunity to communicate their own issues in a playful way, to put themselves in other perspectives and to develop and try out alternative strategies for action. Knowledge about support networks and mental illness is built up and deepened in a creative way.

*(Experiences of the core team of the Berlin school "Green Campus Malchow")*



The project helps to become more sensitive to the mental stress of students and especially young carers. This way, they can be recognised and supported in a more specific way. Teachers now find it easier to talk to their students about mental health. In addition, the team became aware of the sometimes difficult accessibility of further support, so they were able to work on identifying and clearly designing the access routes.

In general, there has been an improvement in the exchange of information on the topic of mental health among teachers and students:

- ⇒ Resilience development and self-care were thematically integrated into the curriculum
- ⇒ In the long-term, a reduction in the stigma and exclusion of those affected can be expected
- ⇒ Continuous offers are being developed for all students, which should, among other things, provide a space to talk about one's own emotions

Particularly with regard to the impact of the pandemic on people's mental health, the project is important because it teaches both detection and prevention tools.

The implementation of the project can confirm the conviction of schools that have been working in a similar way for a longer period of time and complement the work with a special focus on children of mentally ill parents.

*(Experiences from the project in Barcelona, "Salesians Sant Vicenç dels Horts")*

The introductory event in particular contributes to opening up the long overdue discussion on the topic within the teaching staff. Previously missing tools for supporting students whose parents are mentally ill are communicated within the framework of the project. In the process, professionals are encouraged in the hope that they will be able to adequately support the children and young people.

*(Experiences from the project in Reykjavik, "Laugalækjarskóli")*

### In numbers

In Barcelona, 82 students from three year seven classes completed the Anti-prejudice questionnaire (material A) before and after the lesson. The following results are particularly noteworthy:

The most significant difference was the response to the statement that parents with mental illness are rare. Before the lesson, 70% of the students thought this statement was true, afterwards this number decreased to 4%.

After the intervention, 73% of the participants said they knew what mental illnesses are and why they arise. Before that, it was 34%.

It can be concluded that the students' perspective on parental mental illness has changed and that their knowledge about it has deepened. The low percentage of young people who said they were happy to talk about the topic should be pointed out at this point. Safe spaces need to be created and the students need to be encouraged to talk honestly about their feelings. The project offers some approaches that can be further implemented in the school culture.

Further or future projects with a similar focus could include additional information on mental health in general, as well as specifically on psychodrama methodology (suggestion from a survey conducted by the team in Barcelona).

In the future, a similar project could also be developed and implemented adapted to primary schools. The Berlin site describes a great need in these grades as well.



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Authors:

Kristin Osterholz, Alena Meusel, Lina Ahrens and Henner Spierling

Illustration:

© Anne Flad, 2023 ([www.anneflad.com](http://www.anneflad.com))

“Mindful Schools” in Iceland:  
Okkar heimur ([www.okkarheimur.is](http://www.okkarheimur.is))  
Telephone: 556-6900



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[www.kidstime-netzwerk.de](http://www.kidstime-netzwerk.de)

**Board of Directors:**  
Dipl. Psych. K.H. Spierling  
Dipl. Psych. Markus Föhl

**Location of the association:**  
Wilstedt

**Registry Court:**  
Tostedt local court  
Register sheet VR 201304

**Bank details:**  
Sparkasse Rotenburg/Bremervörde

**IBAN:** DE35 241 51235 007 548 1499  
**BIC:** BRLADE21ROB