Young carers

Teacher's guide

Secondary School activities

INDEX

INTRODUCTION

During adolescence, students develop a **greater capacity for analysis, reflection, and critical thinking.** At this stage, they begin to better understand the **complexity of family relationships** and the different situations that can affect adults.

Mental illnesses are part of social reality. They are conditions that affect thoughts, emotions, and behaviours, and can influence the daily life of those who suffer from them and their close environment. They are **not rare, they are not a weakness**, and they are not a consequence of a lack of effort or will.

Some adolescents live with adults going through a mental illness. This situation can generate **questions, doubts, excessive responsibility, or confusion,** especially when clear information is not available.

This module has a **preventive and educational focus.** It does not seek to explore personal experiences or turn the classroom into a therapeutic space. Its purpose is to offer:

- **Clear and rigorous information** about mental illness.
- General understanding of how it can **influence the family environment.**
- Messages of **safety and non-blaming.**
- Knowledge of **available support networks.**

The work is carried out from a **general perspective**, using third-person examples and structured dynamics that **encourage reflection without personal disclosure.**

Through this module, students will be able to expand their understanding of **mental health,** reduce stigmas, and recognise the **importance of asking for help** when necessary, always maintaining a safe and respectful environment.

Key words

- Mental health
- Difference between distress and disorder
- Myths and realities
- Impact on adolescents
- Real vs. assumed responsibility
- Stigma
- Protection factors
- Support network
- Seeking help
- Critical thinking
- Healthy boundaries
- Emotional safety

Expected results module 7

At the end of this module, students will understand **what a mental illness is** from an informed perspective, identify **possible impacts on adolescents,** recognise the **importance of healthy boundaries** in responsibility, and know how to **identify resources and available support networks.**

Before starting

- Review the complete **PowerPoint presentation**
- Pre-read the theoretical content to maintain **conceptual clarity.**
- Prepare **projector and technical equipment.**
- Have **whiteboard and markers** available.
- Prepare cards or posters for the **"Myths and realities"** activity (optional).
- Have paper and a **box/envelope prepared for anonymous questions.**
- Remember the module's focus: **general understanding, no personalisation, no therapeutic intervention.**

During the development of the module

- **Active and visible visual presentation** for the whole group.
- Whiteboard available to note down **key ideas.**
- **Organised space** for plenary participation.
- Active **supervision of the group's emotional climate.**

For the closing

- Collect **anonymous questions.**
- Review **final key messages.**
- Have a **referral protocol prepared if necessary.**

A1 Activity 1. What is a mental illness? (20 minutes duration)

1.1.1 Objectives

1. Understand what a **mental illness** is from a **clear and scientific basis.**
2. Differentiate between occasional distress and prolonged disorder.
3. Reduce stigma and false beliefs.
4. Establish the conceptual framework of the module.

Materials

- ☐ PowerPoint Presentation (Slides 2-6)
- ☐ Projector
- ☐ Whiteboard
- ☐ Felt-tip pens
- ☐ Classroom in frontal or semi-circle layout.

1.1.2 Activity procedure:

1. **Conceptual introduction (Slide 2)**
    - *"Before talking about family situations, we need to understand what a mental illness actually is."*
    - Maintain an informative and neutral tone.
    - Do not open a debate at this point.

2. **Mental health as part of health (Slide 3)**
    - *"Mental health forms part of our general health. Just as we take care of the body, we also take care of our thoughts and emotions."*
    - Ask the group:
        - *"What things can influence our state of mind?"*
    - Allow brief answers such as:
        - Exams,
        - relationships with friends,
        - sport,
        - social networks,
        - rest...
        - Do not personalise.

3. **Key difference: occasional distress vs. mental illness (Slide 4)**
    - Explain the comparison clearly:

Occasional distress	Mental illness
• Lasts a short time • Has a specific cause • Improves with rest or support	• Lasts longer • Affects different areas of life • Needs professional treatment

- *"Feeling sad one day isn't the same as having depression."*

4. **Clear example: depression (Slide 5)**
    - *"Depression is not simply being sad. It can affect **energy, concentration, and motivation.**"*
    - Avoid technical jargon.
    - Do not delve into complex symptoms.

5. **Dismantling false beliefs (Slide 6)**
    - Read each phrase slowly:
        - It is **not a weakness.**
        - It is **not a lack of effort.**
        - It is **not the family's fault.**
    - You can ask:
        - *"Why do you think these ideas are important?"*
    - Keep answers brief and **avoid emotional discussion.**

6. **Structural message of the module (Slide 6)**
    - Read slowly:
        - Mental illnesses **exist.**
        - They are **common.**
        - They **can be treated**.
        - **Asking for help is a sign of strength.**
    - Closing:
        - *"With this clear basis, we can now better understand how a situation like this can **affect a family.**"*

Note for the teacher

- Maintain a general and educational focus.
- Do not ask: ***"Is anyone living through something like this?"***
- Do not turn the session into a deep clinical debate.
- Supervise the emotional climate of the group.
- If a personal experience arises:
    - ***"Thank you for sharing. Here we are going to work on the topic from a general perspective to take care of the group."***
- Central objective
    - Build solid understanding
    - Reduce stigma,
    - Prepare the ground for the impact on adolescents.

A2 Activity 2. Myths and realities (15-20 minutes duration)

1.2.1 Objectives

1. Identify **erroneous beliefs** about mental illness.
2. Develop **critical thinking.**
3. **Reduce stigma** through clear information.
4. Reinforce **messages of non-blaming.**

Materials

- ☐ PowerPoint presentation (slides 6–14)
- ☐ Projector
- ☐ Optional: red/green cards (Myth / Fact)
- ☐ Whiteboard and markers
- ☐ Classroom arranged in a plenary layout.

1.2.2 Activity procedure:

1. **Introduction to the dynamic (Slide 7)**
   - *"We are going to read several phrases. You will have to decide if you think they are a myth or a reality."*
   - Clarify:
     - *"This is not an exam. It is an exercise for thinking."*

2. **Presentation of phrases one by one (Slide 8)**
   - After each phrase, students can:
     - Raise a card, raise their hand, answer verbally, or open a brief exchange before giving the correct answer.

01

Slide 9

Mental illnesses are rare.

Correct answer: **Myth**

*"Mental illnesses are **common worldwide**. Many people experience them at some point in their lives."*

02

Slide 10

If someone looks fine, they cannot have a mental illness.

Correct answer: **Myth**

"Many mental illnesses are ***not visible from the outside.*** A person can appear to be fine while going through a difficult time."

03 Slide 11

Children are responsible if a father or mother has a mental illness

Correct answe: **Myth**

*"Mental illnesses are **not caused by the children.** They are health conditions."*

04 Slide 12

Asking for help is a sign of weakness.

Correct answer: **Myth**

*"Asking for help is a **show of responsibility and strength.**"*

05 Slide 13

People with depression or anxiety can improve with adequate help.

Correct answer: **Reality**

*"With support and **appropriate treatment,** many people improve significantly."*

3. Final reflection (Slide 14)
   - Ask:
     - *"Why do you think these myths exist?"*
   - Allow brief answers such as:
     - Misinformation
     - Fear
     - Social prejudice...
   - Closing:
     - *"When we understand something better, we stop being afraid and we reduce stigma."*

Note for the teacher

- Keep the discussion **structured and brief.**
- Do not allow **stigmatising comments** without redirecting them.
- **Avoid personal experiences.**
- Maintain an **educational, not emotional**, tone.
- If a sensitive comment arises:
  - ***"Let's remember that we are speaking in general and with respect."***
- **Central objective:** Substitute erroneous ideas with **informed understanding** and build a culture of **respect and non-blaming.**

A3 Activity 3. General impact on adolescents (20 minutes duration)

1.3.1 Objectives

1. Understand how a family situation of mental illness can **impact different areas of an adolescent's life.**
2. **Normalise the emotions and reactions** that may arise.
3. Identify the **difference between real responsibility and assumed responsibility**

Materials

- ☐ PowerPoint presentation (slides 15–19)
- ☐ Projector
- ☐ Whiteboard
- ☐ Marker pens
- ☐ Classroom arranged in a traditional or plenary layout.

1.3.2 Activity procedure:

1. Introduction (Slide 16)
    - *"When an adult in the family is unwell, it is normal for **everyone around them to feel the impact.** Today we will see how this can affect an adolescent."*
    - Emphasise:
        - *"We are going to talk in the third person."*

2. Frequent thoughts (Slide 16)
    - Read the points one by one.
    - You can ask:
        - *"Why do you think **someone might feel this way?"***
    - Allow **brief and general** responses.
    - Do not ask: ***"Does this happen to you?"***

3. Possible emotions (Slide 17)
    - Explain:
        - *"When something is not well understood, it is normal for **mixed emotions** to appear."*
    - Brief reflection:
        - *"Why might **guilt or shame** appear?"*
    - Maintain a conceptual level.

4. Possible behaviours (Slide 18)
    - Explain:
        - *"Sometimes, when someone wants to protect their family, they may try to **take on more than they should."***
    - Emphasise:
        - *"Trying to be **strong all the time** can be exhausting."*
    - **Do not delve** into personal experiences.

5. **Structural message (Slide 19)**
    - Read slowly:
        - It is **not the adolescent's responsibility** to resolve the situation.
        - It is **not their fault.**
        - **Understanding what is happening** can help.
    - Brief closing::
        - *"Information and support make a great difference."*

Note for the teacher

- Keep the conversation on a **general level.**
- **Do not create space** for sharing personal experiences within the group.
- Observe **emotional reactions** discreetly.
- If a **personal experience** arises:
    - ***"Thank you for sharing. We are going to keep the reflection in general terms to look after the group."***
- Central objective:
    - Normalise possible reactions.
    - Reduce guilt.
    - Prepare the ground to talk about support and resources.

A4 Activity 4. What helps? — Support network (15-20 minutes)

1.4.1 Objectives

1. Identify **protective factors** in adolescents.
2. Reinforce the importance of **trusted adults.**
3. Promote **seeking help** as a strength.
4. Offer **practical strategies** without personalisation.

Materials

- ☐ PowerPoint Presentation (slides 20-26)
- ☐ Projector
- ☐ Whiteboard
- ☐ Marker pens
- ☐ Classroom in plenary layout.

1.4.2 Activity procedure:

1. **Introduction (Slide 21)**
   - *"Now that we have understood the possible impact, let's focus on **what can help.**"*
   - Maintain a **solution-oriented tone.**

2. **Three fundamental pillars (Slide 21)**
   - Read and explain:
     - **Clear information** reduces confusion.
     - **A trusted adult** provides stability.
     - A **support network** prevents isolation.
   - You can ask:
     - *"Why do you think **understanding what is happening** can reduce fear?"*
   - Allow **brief responses.**

3. **Trusted adults (Slide 22)**
   - Explain:
     - *"A **trusted adult** is someone who listens without judging and takes our feelings seriously."*
   - **Do not ask** them to identify their own personal adult.

4. **Strategies for health (Slide 23)**
    - Explain each point briefly.
        - *"Even if we cannot change a situation, we can **strengthen our stability.**"*
    - Emphasise balance and self-care.

5. **Structural message (Slide 24)**
    - Read slowly:
        - You are **not responsible for fixing** the adults.
        - You **can ask for help.**
        - **Support exists.**
    - Closing:
        - *"Seeking support is a **responsible and mature decision.**"*

Note for the teacher

- Keep the conversation **general and structured.**
- **Avoid asking** who needs help.
- Reinforce **non-blaming language.**
- Supervise the **emotional climate.**
- If a **sensitive disclosure** arises:
    - ***"Thank you for sharing. We can talk about it more calmly in a more appropriate space."***
- Central objective:
    - Strengthen **protective factors.**
    - **Normalise** the search for help.
    - Prepare a **safe closing** for the module.

A5 Activity 5. Closing and integration (10-15 minutes)

1.5.1 Objectives

1. Consolidate the **main messages** of the module.
2. Reinforce **safety and non-blaming.**
3. Offer a structured space for **doubts.**
4. Close without **emotional exposure.**

Materials

- ☐ PowerPoint Presentation (slide 25)
- ☐ Projector
- ☐ Small pieces of paper
- ☐ Box or envelope for anonymous questions
- ☐ Pens
- ☐ Classroom in front-facing layout.

1.5.2 Activity procedure:

1. **Structured recapitulation (Slide 25)**
   - Read each point slowly.
   - After each one, you can ask:
     - "Why do you think this is important?"
   - Keep responses **brief and general.**
   - **Do not open** an emotional debate.

2. **Safety reinforcement (Slide 25)**
   - Explain:
     - *"Sometimes adolescents may feel they should take charge of everything. It is important to remember that it is* ***not their responsibility to resolve adult problems.****"*
   - Maintain a **firm and calm tone.**

3. **Anonymous questions (Slide 25)**
   - Hand out small pieces of paper.
   - Explain:
     - *"If anyone wants to ask a question, they can write it down* ***without putting their name."***
   - Collect them in a box or envelope.
   - Read only those questions **appropriate for the group.**
   - If any require follow-up:
     - *"That is an important question. We can* ***talk about it more calmly at another time."***

4. Clear and stable closing:
    - *"Today we have learned that **mental health is part of health**, that no one is to blame, and that **support is always available.**"*
- **Thank them** for their participation.

Note for the teacher

- **Do not end** with an emotional circle dynamic.
- **Avoid questions** such as: "Who is going through something like this?"
- Maintain a **stable and containing** closing.
- If a sensitive disclosure arises, offer **individual space afterwards.**
- **Final objective:**
    - Transmit **safety.**
    - **Reduce guilt.**
    - Make it clear that **asking for help is legitimate and possible.**

AC1 Complementary activity

Activity 1. Real responsibility vs. assumed responsibility (15-20 minutes)

2.1.1 Objectives

1. Differentiate between **adult responsibility and adolescent responsibility.**
2. Reduce the tendency to **assume burdens** that do not belong to them.
3. Reinforce **healthy boundaries.**

Materials

- ☐ Whiteboard
- ☐ Marker pens
- ☐ Individual sheets (optional)

2.1.2 Activity procedure:

1. Introduction
   - *"Sometimes, when something difficult happens in a family, adolescents may feel they should **take on more than is their share.**"*

2. Whiteboard dynamic
   - Divide the whiteboard into **two columns.**
   - Ask for **general examples** (not personal ones).
   - Guide towards ideas:

Responsibilities of adults	Responsibilities of adolescents
• Seeking treatment • Making important decisions • Protecting their children • Managing finances	• Going to school • Looking after school responsibilities • Asking for help when they need it • Expressing how they feel

3. Final reflection
   - *"What happens when an adolescent tries to assume **responsibilities that belong to adults?**"*
   - Guided conclusion:
     - It can generate **stress.**
     - It can cause **burnout.**
     - It **does not cure** the illness.
   - Key message:
     - ***"Every person has responsibilities according to their stage of life."***

Note for the teacher

- Maintain a **general level.**
- **Do not ask:** "Does this happen to you?"
- Avoid the analysis of **specific family situations.**
- Reinforce **healthy boundaries** without blaming.

AC2 Complementary activity

Activity 2. What helps vs. what doesn't help (15 minutes)

2.2.1 Objectives

1. Identify **helpful and unhelpful language.**
2. Develop **critical thinking** regarding social comments.
3. Reinforce **respectful communication.**

Materials

- ☐ Phrase cards (prepared in advance)
- ☐ Whiteboard

2.2.2 Activity procedure:

1. **Presentation**
   - *"Sometimes people say things with good intentions, but they don't always help."*

2. **Small group work**
   - Hand out phrases such as
     - *"I'm sure they'll get over it."*
     - *"Don't exaggerate."*
     - *"I'm here if you want to talk."*
     - *"It's not your responsibility."*
     - *"You have to be strong."*
     - *"We can look for help."*
   - Ask them to classify these into:
     - **Helpful phrases**
     - **Unhelpful phrases**
     - **Doubtful phrases**

3. **Feedback session**
   - Reflect:
     - *"Why might some phrases increase pressure?"*
     - *"Why do others reduce guilt or isolation?"*

4. **Closing**
   - *"Sometimes we cannot change the situation, but we can **change how we support** others."*

Note for the teacher

- Maintain a **general analysis.**
- **Do not ask** for personal examples.
- Supervise **respectful language.**
- **Gently correct** stigmatising comments.

Material Checklist – All Activities

Main Activities

1.1 What is a mental illness?

- ☐ PowerPoint Presentation (Slides 2-6)
- ☐ Projector
- ☐ Whiteboard
- ☐ Felt-tip pens
- ☐ Classroom in frontal or semi-circle layout.

1.2 Myths and realities

- ☐ PowerPoint Presentation (Slides 7-14)
- ☐ Projector
- ☐ Optional: red/green cards (Myth / Reality)
- ☐ Whiteboard and felt-tip pens
- ☐ Classroom in plenary layout.

1.3 General impact on adolescents

- ☐ PowerPoint Presentation (Slides 15-19)
- ☐ Projector
- ☐ Whiteboard
- ☐ Felt-tip pens
- ☐ Classroom in frontal or plenary layout.

1.4 What helps? — Support network

- ☐ PowerPoint Presentation (Slides 20-24)
- ☐ Projector
- ☐ Whiteboard
- ☐ Felt-tip pens
- ☐ Classroom in plenary layout.

1.5 Closing and integration

- ☐ PowerPoint Presentation (Slides 25-26)
- ☐ Projector
- ☐ Small slips of paper
- ☐ Box or envelope for anonymous questions
- ☐ Pens
- ☐ Classroom in frontal layout.

Complementary Activities

2.1 Real responsibility vs. assumed responsibility

- ☐ Whiteboard
- ☐ Felt-tip pens
- ☐ Individual sheets (optional).

2.2 What helps vs. what does not help

- ☐ Cards with phrases (prepared in advance)
- ☐ Whiteboard

Truths

Myths

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