

# Teacher Resource Pack

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## BROKEN

**YOUTH**  
**CHOICES**  
EMPOWERED BY CONSTABLE CARE

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# Teacher Information and In-Class Activity Pack

**Performance Type:** Four actor forum theatre play

**Topic:** Mental health in young people

**Duration:** 60-90 minutes, including active interventions after scripted play

**Audience Size:** Maximum of 100 students

**Age Group:** Years 7 to 12

**Content Warning:** Contains strong language and themes of depression and mental illness

## Synopsis

Sam is finishing school - he's popular, sporty, and smart. However, after a relationship break up, his world starts to slowly unravel. He suffers self-doubt and a crumbling self-esteem in silence. His friends and single parent, who can't see the suffering, feel increasing frustration with Sam's seeming disinterest and apathy. By the end, Sam feels isolated and hopeless with no light at the end of the tunnel. He just feels broken.

Broken is an exploration of one young person's journey into depression and mental illness. Through active Forum Theatre, young people are able to explore and try out alternative behaviours to help turn around Sam's descent into mental illness. They can openly discuss the early signs of mental illness, how to recognise it in peers and family, destigmatise it, and encourage help seeking behaviours.

## Concepts Addressed

- Combatting depression with holistic community approaches
- Mental illness does not discriminate and can happen to anyone
- Duty of care to those close to us and in our communities
- The nature of the effects of mental illness, and the individual experience different people have
- Encouragement of help seeking behaviours, including talking to trusted adults and using school resources
- The disadvantages of 'suffering in silence'

## HOW TO USE THIS RESOURCE

**Section 1** should be used prior to the performance. These activities are designed to introduce students to the concepts explored in the play to support their engagement with the performance.

**Section 2** is to be used on the day of the performance, reminding students of key topics and giving them an outline of how the performance will run, focusing them for the interaction with the performers.

**Section 3** is designed as a set of activities to extend the learning after watching the performance. These activities support the learning generated in the performance and solidify student's understanding of the topics.

## PLEASE NOTE

*Constable Care Child Safety Foundation invites schools to participate in pre- and post surveys to determine the impact that our incursion has had on students' knowledge, attitude and behavioural intent. If you would like to participate in this simple, completely anonymous in-class evaluation process, please contact us at [education@constablecare.com.au](mailto:education@constablecare.com.au) and we will send you the materials.*

# 01

## Introducing Key Concepts

In the days leading up to the performance we suggest you talk to your students about some of the things they can expect from the show *Broken* and discuss some of the key concepts around the performance. Introducing students to some of the key concepts before the show can support their understanding and feelings of safety with the show and its themes.

### *Key concepts of this performance*

- The most effective way of combatting depression at primary and secondary level is to adopt a whole school approach and while the performance acts as a catalyst to start dialogue, it is only one part of a complex holistic approach that needs to be in place before the performance to ensure continuing care of the participants.
- Everyone can play a role in the care and support of each other. Each of us has a duty of care to raise the alarm if a friend or peer mentions they are having negative or suicidal thoughts and to help them get positive support.
- Mental illness affects people in different ways and there are many coping strategies. Some are helpful but some are not. In most cases talking to a responsible adult such as a Teacher or school Psychologist about how they're feeling can improve someone's mental wellbeing and reduce the impact of unhelpful coping strategies.
- If someone is experiencing mental health issues, struggling with grief or suicidal thoughts, encourage them to speak to a teacher, chaplain or school psyche, as talking with someone who is not related or a friend can be helpful when dealing with difficult experiences.
- Mental Health issues are common. One in five people in Australia experience mental health issues at some stage in their life. It is not weak to be feeling depressed or anxious.
- An average of 2,500 people die by suicide in Australia every year of which approximately 75% are males. This may be because boys are more reluctant to get help through counselling or just reaching out and talking to a mate about their problems.
- Common reactions to stress can include the reliance on alcohol and other drugs. This can negatively impact mental health leading to alcohol or drug dependence, risk of overdose, alienation with friends and loss of employment/schooling as well as a higher risk of drug induced psychosis and permanent brain damage.
- All talk of suicide should be taken seriously and not encouraged or used as a dare.
- It is important to be able to identify various risk factors that can influence the choices and decisions of a person who is feeling depressed and/or suicidal.

## Further recommendations

- In order to ensure a holistic approach, it is recommended that Teachers, Support Staff and all other staff that come into contact with students should engage in the Youth Mental Health First Aid course. These courses are evidence based and teach participants how to recognise signs someone may be depressed or anxious or having suicidal thoughts. They are particularly helpful for adults who work with young people.
- Following on from this, it is also recommended that participating students complete the Teen Mental Health First Aid course.
- Pre-surveys should be filled in before the performance which should include a question about whether the student has ever been impacted by suicide and whether the student has an already diagnosed mental health issue. This question should also be asked of parents of the participating students. This will allow individual students to opt out or for the school psychologists / teachers to be made aware of potential issues of concern with some students.
- The responsibility for identifying and supporting a student with mental health issues should never be left to one or two staff such as the Psychologist or Chaplain. It should instead be a whole school approach with everyone – staff, students and parents – aware of what to do if they came across some warning signs.
- All students should be made aware of “people of interest” who are trained to support students in a crisis. These could be teachers, year leaders, principals, chaplains and school psychologists.
- Provision should also be made for an anonymous system of raising the alarm. Whether it’s online or a box in reception, it should be made available so that students can leave messages asking for support or identifying another student who they believe may need help. For some students approaching an adult can be a barrier to getting help.
- Prefects, school captains or other peer mentors could be trained in mental health awareness and be a go to point for students who feel more comfortable telling a fellow student rather than an adult. If this is put into practise, regular debriefing sessions should be made available for the peer supporters to reduce risk of becoming unwell themselves.
- After the performance all students should fill in a feedback form which should include an opportunity to ask for further support if required.
- The school Psychologist and Chaplain should be in attendance during the performance. At the beginning and end of the performance they should make themselves known to the students and invite anyone triggered by the content to seek help from themselves or their teacher.
- When the students return to their classrooms, the teacher should reiterate the importance of seeking help from an adult if they have been impacted by the content of the performance.
- Regular events should be run with local services to inform parents what support is available in the wider community.

- Telephone helplines and additional resources should be given out to all participating students along with a surety of anonymity.
- It is essential for all staff at the school to be familiar with the school's post-vention suicide strategy and have one staff member (usually the school psychologist) to head up the plan and be responsible for its implementation when and if needed. Make sure to refer to the Department of Education guidelines to develop your school's post-vention plan.
- It is recommended that the lead staff member have a working relationship with specialised services in the local community and be actively working alongside prevention and post-vention suicide groups such as the WA Primary Health Alliance.
- Prior to commencing the activities in this resource kit make students aware of other support services available.

# 02

## Before the Show

### **In Class Activity: What is a healthy mind?**

#### *Learning Outcomes*

Students will:

- Reflect and discuss their thoughts on what defines being mentally well or unwell
- Reflect on their own mental state and consider where they may be on a continuum

#### *Set Up*

You will need:

- Small groups (maximum 5 per group)
- Butchers paper
- Marker pens

#### *Instructions*

Put everyone into small groups and ask them to discuss what they consider to be a healthy mind/mentally fit. What could that look like? What would be going on for a person if they were mentally unwell? Get students to draw a line down the centre of the paper and in the first section describe what it is to be mentally well and in the other section describe what it is to be mentally unwell.

Discuss how mental health is a continuum from very healthy on one end to very unhealthy on the other with most people up and down the continuum at various stages of their lives. Ask them to reflect individually where they see themselves on the continuum and discuss as a group if they feel able to share. Discuss reasons why they see themselves at that point on the scale.

\*NB for confidentiality they could use a fictional character as their example.

Possible responses could include:

- Small groups (maximum 5 per group)
- Mentally well – confident, happy, well liked, sociable, successful, achievers, giving to others, take chances, embrace change and love challenges, physically healthy
- Mentally unwell – no confidence, sad, withdrawn, nervous, not happy around change, quiet, thinkers, hate being challenged, could be quite controlling of others, can be very focused / obsessive around certain things, anxious, often be very smart and have high expectations of themselves, may also be prone to



crying/breaking down/stressing. Internalization of issues/challenges rather than externalising and discussing.

### **Additional Information**

A healthy mind doesn't mean it's immune from becoming sad or upset rather that it has realistic expectations and isn't influenced by situations or people. A healthy mind will focus only on what it can control and has the ability to change rather than stressing over what someone else thinks of them. In the same way a healthy physical body doesn't mean it won't become ill but a good immune system will fight infection and likely recover quicker. Likewise, with a healthy mind, it may become depressed but it can bounce back better and quicker when a mind is healthy. Mental processes are a cycle involving "thinking, feeling and behaviour". One negative thought can influence behaviour which can further perpetuate negative thoughts we already have.

## **In Class Activity: Healthy Thinking**

### **Learning Outcomes**

Students will:

- Understand the difference between healthy and unhealthy thoughts and appreciate the links between thoughts, feelings and behaviours.
- Develop their skills with critical reflection and devise healthier thought patterns

### **Set Up**

You will need:

- Small groups (maximum 5 per group)
- Butchers paper
- Marker pens

### **Instructions**

Give each group a couple of scenarios from the list below. Ask them to think of alternative thought processes that will encourage healthier more realistic thinking. Suggested alternatives are below but there are many more. What we want from them is realistic thinking and an understanding of negative self-talk and how it affects us.

#### **I will never be good at sport; I always get picked last in teams**

- I can be good at anything if I put in the practise, maybe I should ask for additional training from someone who is good at the sport.
- What other people think of me is none of my business, I should strive to do my best and enjoy the game.

#### **They're way too good for me; I bet they'd say no if I asked them out**

- I am as good as anyone else and if I asked them out, what's the worst that can happen?

#### **I only got 75% for my exams, my whole future is ruined**

- 75% is a good result but if I want to be better maybe I should find out where I can make up the 25% so I can do better next time.

#### **They haven't texted me back and it's been an hour, I must have upset them.**

- They haven't texted me back but they might have other things on or have run out of credit. I'll just get on with something else and they'll reply when they're ready.

#### **I've just missed the bus, now I'm going to be late again and the teacher will be mad at me**

- I have missed the bus and that's unfortunate but I'll explain why I'm late and the teacher will understand. Maybe tomorrow I'll set my alarm a bit earlier so this doesn't happen again.

#### **Why do my parents always pay more attention to my baby brother, they must hate me**

- It's only natural that parents pay more attention to a new born; it doesn't mean they love me any less.

#### **Why did they stop talking when I came in, they must be talking about me**

- They appeared to stop talking when I came in, they probably finished what they were saying when I came in and it was just bad timing.

#### **I'm fat and ugly, how can anyone like me?**

- I'm healthy and pretty, if there are areas I think I need to improve on I can. If not, the most important thing is to love yourself first.

#### **There's no point in attending that interview, I'll never get it anyway**

- Every interview you attend has a point to it. Whether you get the role is out of your control, as long as you take some learning from each one. Improve your interview skills each time and you will eventually get the job.

#### **People are always laughing at me, I'll just stay home**

- People are always laughing at me because I'm so funny and everyone likes me, how can I deprive the world around me of my humour by staying home?

Discuss and debrief with the students the impact of negative self-talk and how a positive spin can create real change.

## **In Class Activity: The Holistic Approach**

### **Learning Outcomes**

- Students will learn the best approach to mental health is a holistic approach where we all look out for each other. While on our own we are vulnerable to attacks of depression, but when we have the support of our friends, family and wider community, it makes it a lot easier to bounce back from feeling mentally unwell.

- When you are consumed by depression it can be hard to function on any level. With a blindfold over our eyes, we are unable to see what's literally in front of us and our ideas of the world around us can become very quickly distorted.

### **Set Up**

- Group into a circle
- One volunteer to be a Black Dog
- One volunteer in the centre
- One towel/blanket

### **Instructions**

Explain the aim of the game for the "Black Dog" is to cover the first volunteer with the blanket. Each go the volunteer takes one step in any direction. The Black Dog takes 3. It shouldn't take too long for the Black Dog to win.

Now get 4 or 5 more volunteers to surround the first volunteer and all move together. They can still only move one space and the Black Dog can move 3 but their objective is to stop the Black Dog covering the volunteer. They can raise their arms to stop the towel/blanket and do what they can to protect the volunteer. This should make it a lot harder for the Black Dog to win. Stop the game when it's apparent it's too difficult.

Explain to the class how much harder it is to become depressed when we are surrounded by friends / family and supported well but when we are on our own and isolated, we can become vulnerable to be "prey" of the Black Dog.

- Be aware this exercise may not be suitable for students who are not comfortable with having their vision restricted – check with students prior to embarking on the exercise as to who would be ok with being the first volunteer.

## **In Class Activity: Myth Busters**

### **Learning Outcomes**

Students will:

- Reflect on commonly held myths surrounding suicide and explore their validity.
- Think about their own attitudes towards suicide and whether they are based on misconceptions.

### **Instructions**

Get everyone on their feet and allocate 2 opposite ends of the room for "True" and "False" with somewhere in the middle if it can be both. Then read out the following statements and ask the students to go to whichever end of the room depending on whether they thought the statement is true or false.

**1. If someone talks about suicide they're just doing it for attention.**

False. All talk of suicide should be taken seriously. There are people who talk about suicide as a way of reaching out but if someone goes to these lengths to get "attention" there is obviously something very wrong in their life and they will still need help.

**2. If someone is determined you can't stop them.**

False. Suicidal thoughts are often fleeting moments and not a part of someone's personality. Most people who attempted suicide say they are glad in the long run that they didn't die. If someone can be helped through those moments where they're having suicidal thoughts, chances are things will look better in the morning. A lot of the reasons for someone contemplating suicide has to do with the lack of hope. Who would suicide if they thought tomorrow could be a better day? If we can instil some hope in them when they're at their low point that may be all they need.

**3. Males are more likely to suicide.**

True. According to ABS in 2015 74% of all suicides were male. This probably has more to do with coping strategies. While women are more likely to reach out for help, men are more likely to suppress their emotions for fear of being labelled "weak".

**4. By bringing up the issue of suicide, we're putting the idea in their head.**

False. Rather than putting the idea in their head, by talking about it, we free them up to discuss their feelings without fear of judgement. People have often mentioned feeling a lot better once suicide has been openly discussed.

**5. Suicide often happens without warning.**

False. It's very rare that someone tries to suicide without giving off some warning signs. Often we are too busy living our lives that we don't notice them or are unaware what to look out for but if you look deep enough, the signs are usually there. Having an awareness of what to look out for means you will be able to identify someone who may be contemplating suicide and be able to offer supports.

**In Class Activity: A - Z**

**Learning Outcomes**

Students will:

- Engage with and reflect on a range of mood / emotion words that can be used to describe mental health issues.

- Review, list and reflect on any times they have felt those emotions.

### **Set Up**

Make sure everyone has paper and a pen, in this activity students will work individually although they can discuss their ideas in small groups.

### **Instructions**

Students write down all the letters of the alphabet (A-Z) on the left side of the page and then come up with words beginning with each letter that they associate with Depression / Anxiety/ Mental Illness. For example:

- Anxious
- Blue
- Confused
- Detached

Once they have their list ask them to reflect on times in their life when they have felt that way and what they did to make themselves feel better. What are some of the coping strategies they use and what do their friends do? Then on another piece of paper students can write down A-Z on the left side and then come up with words beginning with each letter that they associate with coping strategies for some of these feelings. For example:

- Aerobics – exercise can help
- Beach – swimming/surfing/walking to clear thoughts
- Chocolate Cake – eat some
- Dancing – can always make you feel better.

## **In Class Activity: General Discussion**

### **Learning Outcomes**

Students will:

- Develop their awareness of warning signs that someone is becoming depressed/suicidal.
- Increase their understanding of how to support a friend.
- Extend their knowledge of supports that are available to anyone who is feeling depressed or suicidal.

### **Suggested Questions**

**How would you recognise a friend is depressed?**

- Changes in mood or behaviour
- Social withdrawal
- Lack of appetite or binge eating
- Sleeping issues/constantly tired

- Not doing things they previously enjoyed
- Sudden change in their attitude towards things, i.e. listening to different music

#### **How could you help someone who is depressed?**

- Listen to them/offer hope
- Ask them if anything is wrong
- Talk to an adult in confidence about your concerns
- Print off relevant information from Beyond Blue/Headspace and give it to them
- Give them some helplines they can call

#### **What could you say if you thought they were suicidal?**

- Ask them if they are having suicidal thoughts
- If they say yes, ask them if they have a plan
- Give them the Suicide Prevention Helpline numbers
- Ask if they have told anyone else (best to tell at least one other person preferably an adult)
- Make sure they're not left alone

#### **What are signs someone may be suicidal?**

- Talking/writing/drawing about death
- Feeling hopeless
- An interest in suicide/after life
- Writing a will/giving away belongings
- Taking steps to get the tools i.e. stockpiling medications

#### **Who could you talk to about your concerns?**

- Your parents/guardians
- Teacher
- Principal
- Chaplain/School Psychologist
- Youth Worker/Pastor or other religious leader

#### **How can you look after yourself to ensure you don't become depressed?**

- Your parents/guardians
- Do things you enjoy doing
- Talk to someone about how you're feeling (friend/counsellor)
- Go easy on yourself

03

# Day of the Show

This section of the resource pack includes some information that should be given to the students before they watch the performance of Broken. This information explains how the session will run, what it will cover and what will be expected of the students. Delivering this information to the students empowers them to participate in the session and explore the ideas to the best of their ability.

## Forum Theatre FAQ

### *What is Forum Theatre?*

Forum Theatre is a style of theatre developed in Brazil by Augusto Boal through his form of Theatre of the Oppressed. It began as a social revolutionary movement to empower the citizens in Brazil and South America to rise up against their oppressive governments. The objective of Forum Theatre is to empower the disempowered by breaking down experiences of oppression and generating options for change.

The style of theatre is interactive and revolves around the audience participating in discussion about the choices the characters make and providing new options to create alternate outcomes. It is a tool to create social change and deconstruct power relations in a hope to make positive differences in people's daily lives.

### *How Does Forum Theatre Work?*

Forum Theatre performances are hosted by a person called the 'Joker'. This person facilitates the discussion between the stage and the audience. The company of actors present a short play of scenes that end in a crisis point, where change is desperately needed for the characters. It is here that the 'Joker' will turn to the audience for help, generating discussion and canvassing options for change that exist in the immediacy of the scenes. The Joker will engage the audience in a variety of probing questions and dialogue in order to develop their ideas into action on stage. The audience will influence and re-direct the course of action for the play, generating new endings for scenes. Members of the audience will also have a chance to play their ideas out on stage and discuss the success or failure of each option.

### *What is Forum Theatre Aiming To Do?*

The objective of Forum Theatre is to develop ideas and skills to enact social change in the real world. Forum Theatre acts as a catalyst to generate new conflict resolution ideas and as a medium to practice implementing those ideas. Forum Theatre aims to combat oppression in a community, whatever form that may take.

Forum Theatre does NOT aim to give answers and solutions; rather it creates a platform for the community engaged in the show to build solutions. Forum Theatre is driven by the needs and demands of its audience, being a flexible and ever changing show that reflects the responses of the people who engage with it. Forum Theatre rests on a 'need for change' existing in the audience - if there is no desire to change the ending of the crisis point, no solutions can be created.

### ***How Will The Forum Theatre Session Work?***

The scripted performance runs for 15 - 20 minutes, which is then followed by an interactive discussion, exploring the complexity and consequences of mental health issues amongst young people today. The actors and the Joker facilitate the discussion and create the chance for the audience to get up on stage, engage in debate and explore their ideas related to these issues within their community.

At the end of the session the actors will summarize the key concepts identified in this resource pack and encourage students to speak to relevant school staff and/or seek appropriate professional help if they are struggling with any issues related to the performance.



# 04

## After the Show

### In Class Activity: Debrief

#### Learning Outcomes

Students will:

- Reflect on the performance and identify key support people within their school who they can turn to
- Discuss the performance, reflecting on the scenarios and exploring how each of the characters could have been supported to result in more positive outcomes

#### Instructions

Once back in the classroom immediately following the performance the teacher should ask for feedback with a few opening questions such as:

- What did you think of the performance?
- Who would you identify with most?
- How did the performance make you feel?
- How could we do things differently?
- How did the performance make you feel?
- Who could we talk to if we feel impacted by the performance?
- What self-care techniques can we use and what self-care techniques are you aware of?

### In Class Activity: Discussion – overcoming barriers to help-seeking

#### Learning Outcomes

Students will:

- reflect on reasons they might not seek help and discuss a wide variety of ways to overcome those barriers.

#### Instructions

The teacher will ask the students to discuss the reasons why people might not ask for help. Once a list has been compiled the teacher will ask the students to come in with suggestions of how we can overcome those barriers. Possible answers could include:

**X** There are cultural issues that may prevent getting help

✓ Speak to someone within the cultural community or seek out a service that specialises in supporting your culture

**X** Can't afford to pay for counselling

✓ Many counselling services now offer reduced rates if you're on a healthcare care or low income. Headspace and Youth Focus offer free counselling for youth. Also if your parents are working you may be able to access support from their Employers Assistance Programme which is also free.

#### **X Have tried counselling before and it didn't work out**

✓ Counselling is about building a relationship. You won't marry the first person you speak to. The same is true for counsellors. There are many different counsellors with varying interests and specialities. You just need to try again and you will eventually find a counsellor you trust.

#### **X Doesn't see there's a problem/won't admit there's a problem**

✓ This is probably the hardest barrier to overcome. You can't force someone to get help if they won't admit they have a problem. Give them some information and let them read it in their own time. Be a friend and check back in with them but don't force them. It may take them many years to admit to their problems.

#### **X It may be seen as weak to ask for help**

✓ Someone who struggles through life with a mental health issue is often stronger than someone who doesn't. Explain that 1 in 5 people in Australia have a mental health issue; it's common and nothing to be ashamed of.

#### **X Fear that people might laugh at them**

✓ People will often laugh at something they don't understand or are uncomfortable with. It may be that they have a mental health issue themselves and they are feeling vulnerable. Once you stand proud and are willing to talk openly about something, those people will stop laughing and you may well find they will come to you for help if they are feeling impacted.

#### **X Fear of their jobs or relationships being affected by getting help**

✓ All counsellors, therapists, psychologists, psychiatrists and mental health professionals are bound by client confidentiality, the requirement to protect their clients' privacy by not revealing the contents of the therapy or even the fact that they are in therapy.\*

#### **X Fear of being diagnosed – or labelled**

✓ The first strategy for solving any problem is identifying it. Once we name an illness and feel empowered to openly discuss something, it loses its power and we can start looking at solutions to overcome it.

#### **X Fear if they ask for help, DCP may get involved**

✓ DCP's priority is the safety and wellbeing of the children and will give every opportunity first for the parents/family to overcome barriers themselves and in unison with local services before taking the children away.

**X Fear if they ask for help, the Police may get involved (especially if there's drug use)**

✓ The Police won't come out for a drug overdose unless the person is violent against Ambulance/Hospital staff. All counselling services including drug and alcohol counsellors are private and confidential will not divulge information to the police as their main objective is the safety and well-being of their clients.

As you can see much of this list, although not exhaustive, centres on fear. Fear of what will happen, who will be involved, what people will think of them etc. Fear is one of the biggest barriers to seeking help. Explain that mental health issues are common and that most people recover with help and are fine from then on. The longer we let fear thrive, the harder our recovery will become. One of the biggest ways to reduce fear is by having information – information is power and the lack of information disempowers, causing fear. So, by empowering ourselves with information we can conquer our fear.

\* There are some exceptions to confidentiality rules which can include when a client is a clear threat to themselves or others.

## **In Class Activity: Roleplay**

### **Learning Outcomes**

Students will:

- Develop crucial listening skills
- Explore and brainstorm possible strategies to support their friends
- Extend their knowledge and understanding of supports available for themselves and their friends

### **Set Up**

You will need:

- Groups of 3-4
- Butchers paper
- Marker pens

### **Instructions**

Look through the following scenarios and ask them to list the warning signs in the scenario on the butchers paper.

Discuss as a group. Then allocate the groups into the following roleplay:

- The person feeling depressed

- Their friend (support person)
- Onlookers

The support person will engage with their friend about how they're feeling and ask questions about whether they're feeling suicidal. If they get stuck the onlookers can jump in and ask questions.

### Scenario 1

Your friend's parents broke up a few months ago. She appeared to handle it fine at the time but the last few weeks she has been behaving oddly. She is taking less care of her appearance, something she was obsessed with before, she hasn't been on social media for a while and doesn't respond to texts as quickly as she used to. She is falling behind in her schoolwork and you often catch her staring out of the window. Yesterday you noticed she smelled of alcohol and whenever you mention her home life she becomes snappy and wants to change the subject. In the Art class her painting has become darker, often with themes around death and dying and she very rarely smiles anymore. You ask her if everything's ok and she finally breaks down and says she doesn't want to go on anymore.

### **Warning signs can include**

- Change in behaviour
- Taking less care of her appearance
- Not on social media as much (change in behaviour)
- Smell of alcohol
- Rarely smiles
- Not responding to texts as quickly (change in behaviour)
- Staring out of the window (mind is somewhere else, disengaged)
- Painting about death and dying
- Becoming irritable when questioned

### **Responses to how to support her could include**

- Listening to her
- Encouraging her to write down problems she's facing and brainstorm solutions together
- Encouraging her to talk to a responsible adult (i.e. Teacher, Psychologist, Parent, GP)
- Encouraging her to find ways to make herself feel better (music, TV shows, pampering, hanging out with friends)
- Give her hope (i.e. tomorrow can be a better day) use solid personal examples if you have any, rather than glib comments. Nothing better than actual lived examples.
- Ask her what has helped her in the past when she has felt a little like this. If there is a person/relationship who still gives her hope/comfort.

### Scenario 2

Your friend is a keen gymnast and hopes one day to enter the Olympics. Lately she's started losing weight and always disappears at lunch time. You haven't seen her eat in a few months and she's always complaining about how

tired she is. She constantly talks about being overweight and how gymnasts are always skinny. The last few days she has become more withdrawn and doesn't hang out in your group anymore. When you called round her house she makes an excuse why she can't come to training – something she's never missed. You are worried about her and want to help.

#### **Warning signs can include**

- Losing weight (change in behaviour)
- Not been eating
- Constantly tired
- Obsessing about weight
- Socially withdrawn

#### **Responses to how to support her could include**

- Listening to her without judgement, and without discussing food
- Printing off information on eating disorders
- Encouraging her to speak with a Teacher/Parent/Psychologist/GP
- Encouraging her to find ways to make herself feel better (music, TV shows, pampering, hanging out with friends)
- Give her hope (i.e. tomorrow can be a better day) use solid personal examples if you have any, rather than glib comments.

# 05

## Activities for Online Content

### *Introduction*

The online version of Broken can be viewed by contacting the Arts and Education Coordinator. We recommend doing as much of the preperformance activities as possible before viewing. The viewing itself can be conducted during an online class, or the link can be sent to students to view in their own time. We recommend that you have a discussion around the questions included in the post-performance debrief section or ask students to complete one paragraph answers to each question in their own time.

### *Warning*

The contents of this film are very realistic and potentially triggering for anyone who has experienced this kind of situation. We recommend that students are made aware of this before asking them to view it, and ensure they have access to help options such as school counsellors/chaplains, Kids helpline, Lifeline etc.

### *Alternative Scenes*

Youth Choices has produced three alternate scenes that include slightly different behaviours from one of the characters in each of the scenes, based on suggestions from previous performances. These shifts in behaviours don't "solve" the issues in the scene, however they make a slight difference. The idea is to encourage critical thinking in viewers leading to a layering of several ideas that may help the situation and/or avert the tragedy of the story.

The overall theme of this exercise is to encourage young people to believe that there is always something that can be done to make better outcomes for them and others and that nothing is pre-ordained.

#### Alternative scene 1: The Friends

In this scene Sam's friends ask if he is OK, however it is not enough to shift Sam's behaviour. We suggest you either ask the following questions or request one paragraph answers submitted:

- How was Sam feeling after this scene?
- How was Sam's friends feeling afterward?
- Was there anything else Sam's friends could have said or done to connect with him?
- Could Sam's friends have picked up on any of Sam's behaviours to indicate that things were not OK with him? If so, what were those behaviours?
- Was there anything that Sam could have done or said differently to lead to a better outcome for himself?

### Alternative scene 2: The Mother

In this scene Sam discloses to his mother that he is struggling, which is met with an unsympathetic response. We suggest you either ask the following questions or request one paragraph answers submitted:

- How was Sam feeling after this scene?
- How was Sam's mother feeling afterward?
- Was there anything else Sam could have said or done to get his mother on side?
- Was there anything that Sam's mother could have done or said differently?

### Alternative scene 3: The New Friends

In this scene, Sam says "no" to the proffered joint, however he is still swayed by the girl's friendly peer pressure. We suggest you either ask the following questions or request one paragraph answers submitted:

- Why did Sam feel so good after drinking and smoking with them?
- Why was it a bad idea for him to do this?
- Does drugs, especially Marijuana, effect people differently who are suffering a mental illness such as depression?
- Was there anything Sam could have done, apart from saying "no", that would have helped him resist the friendly peer pressure from the other two characters?

# Curriculum Links

Area	Year Group	Outcome	Activities
Health & Physical Education	7 & 8	Practise and apply strategies to seek help for themselves or others (ACPPS072)	3, 6, 8, 9
		Investigate and select strategies to promote health, safety and wellbeing (ACPPS073)	2, 3, 8, 9
		Investigate the benefits of relationships and examine their impact on their own and others' health and wellbeing (ACPPS074)	3, 6, 7, 9
		Evaluate health information and communicate their own and others' health concerns (ACPPS076)	4, 9
	9	Propose, practise and evaluate responses in situations where external influences may impact on their ability to make healthy and safe choices (ACPPS092)	3, 8, 9
		Investigate how empathy and ethical decision making contribute to respectful relationships (ACPPS093)	1, 3, 7
		Evaluate situations and propose appropriate emotional responses and then reflect on possible outcomes of different responses (ACPPS094)	5, 9
		Plan and evaluate new and creative interventions that promote their own and others' connection to community and natural and built environments (ACPPS097)	8, 9
Critical & Creative	Level 6	Pose questions to critically analyse complex issues and abstract ideas	1, 5, 8
		Create and connect complex ideas using imagery, analogies and symbolism	2, 3, 9
Personal & Social Capabilities		Assess their strengths and challenges and devise personally appropriate strategies to achieve future success	1, 2, 3, 5, 8
		Evaluate, rethink and refine approaches to tasks to take account of unexpected or difficult situations and safety considerations	3, 8, 9
		Critique their ability to devise and enact strategies for working in diverse teams, drawing on the skills and contributions of team members to complete complex tasks	3, 9



# Support Resources

## ***Suicide Call Back Line***

1300 659 467

<https://www.suicidecallbackservice.org.au/>

## ***Headspace***

6595 8888 [www.headspace.org.au](http://www.headspace.org.au)

## ***Beyond Blue***

1300 224 636

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

## ***Mensline***

1300 78 99 78 <https://mensline.org.au/>

## ***Black Dog Institute***

(02) 9382 4530 <https://www.blackdoginstitute.org.au/>

## ***Youth Focus***

6266 4333 [www.youthfocus.com.au](http://www.youthfocus.com.au)

## ***Kids Helpline***

1800 551 800 [www.kidshelp.com.au](http://www.kidshelp.com.au)

## ***Lifeline***

13 11 14 [www.lifeline.org.au](http://www.lifeline.org.au)

## ***Mental Health First Aid***

(03) 9079 0200 [www.mhfa.com.au](http://www.mhfa.com.au)

## ***Dept. of Education WA***

School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-injury  
<http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/guidelines/schoolresponse-and-planning-guidelines-for-students-with-suicidal-behaviour-and-non-suicidal-self-injury.en?catid=3458013>

# YOUTH CHOICES

EMPOWERED BY CONSTABLE CARE

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