

School Mental Health Literacy

A national curriculum guide shows promising results

by Stan Kutcher & Yifeng Wei

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THE INCREASING GLOBAL AWARENESS of the need to address youth mental health in the school setting is now spreading across Canada. Numerous initiatives at the school, school board and policy (provincial and territorial) levels have begun to develop. Evergreen, the national child and youth mental health framework created under the direction of the Mental Health Commission of Canada,¹ identified the importance of developing school mental health initiatives as part of a comprehensive approach to addressing the complex mental health needs of young people. The recent national report by the School-Based Mental Health and Substance Abuse Consortium² and national child and youth mental health policy development documents, such as the Canadian Institutes of Health Research white paper on access and wait times in child and youth mental health,³ have further highlighted the importance of this issue nationwide.

Many approaches to addressing the complexities of school mental health have been applied and studied. While the results have been mixed and hopes for universal interventions leading to significant and substantial positive mental health results have not yet been achieved,⁴ much has been learned and these lessons can help us here in Canada bring a more thoughtful and informed approach to addressing school mental health. Two important lessons have to do with:

1. the need for research-based interventions that achieve sustainable positive results by building on the existing ecological strengths of schools; and
2. the importance of creating integration across the

many separate systems traditionally involved in providing human services to young people (education, health, child welfare, etc.).

Such approaches can avoid the high-cost and often less-than-effective “program in a box” applications so commonly being applied to address mental health in school settings and can be designed to meet specific mental health needs of young people within the context of local realities.

Foundational to all school mental health domains is the need to effectively address the mental health literacy of students, educators and administrators alike. Like any form of literacy, mental health literacy is a foundational component upon which additional structures – such as mental health promotion, validated and effective prevention, enhanced access to the most appropriate mental health care, etc. – can be built.

Early approaches to addressing mental health literacy were often one-dimensional, focusing mostly on addressing one mental disorder, such as depression. They were not contextualized to the school setting, not designed to fit into students’ usual class/course-based educational experiences, and not related to existing school ecologies. Moreover, they were often applied in isolation from existing health and human services organizations that needed to be included to meet student’s mental health care needs. As a result, according to a recent systematic review of school-based mental health literacy interventions,⁵ the positive results of these early applications



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were difficult to determine. A more recent Canadian approach has been informed by the need to widen the concept of mental health literacy and to create interventions that are student-, teacher- and administration-friendly, easily integrated into the school curriculum, sustainable and inexpensive to apply. Further, this approach facilitates horizontal integration across existing human services systems and builds upon the professional capabilities of teachers, as described in the *School-Based Integrated Pathway to Care Model for Canadian Secondary Schools*.⁶

Mental health literacy in the junior high and high school setting can be defined as having four unique but integrated components:

1. understanding how to foster and maintain good mental health;
2. understanding mental disorders and their treatments;
3. decreasing stigma; and
4. seeking help effectively.

In order to help address mental health literacy in the Canadian school setting, the Canadian Mental Health Association, in collaboration with Dr. Kutcher, created and field tested the *Mental Health & High School Curriculum Guide* (hereafter the *Guide*), a resource for teachers designed for classroom use primarily in Grades 9 and 10. This target point was chosen because of the data that demonstrates a rapid increase in the onset of mental disorders beginning around the onset of puberty and lasting until about age 25.⁷

Written in collaboration between educators and mental health professionals, the *Guide* underwent extensive field tests and multiple modifications based on those tests. It addresses mental health literacy in the classroom through six teacher-ready, online-available modules (<http://teenmentalhealth.org/curriculum>) covering:

- the stigma of mental illness;
- understanding mental health and mental illness;

EN BREF

La sensibilisation mondiale croissante à l'égard de la nécessité de porter attention à la santé mentale des jeunes dans un cadre scolaire s'étend actuellement au Canada.

L'article décrit *La santé mentale et l'école secondaire – Guide de formation*, une ressource nationale en matière de formation en santé mentale à l'école qui a été instaurée et a fait l'objet d'études dans des écoles secondaires (9^e et 10^e années / 3^e et 4^e secondaire) partout au Canada. Il est question du contenu du guide et de ses processus d'instauration qui peuvent être contextualisés pour répondre aux besoins des élèves, quelle que soit l'école fréquentée. L'article présente également les plus récents résultats de recherche et d'évaluation de l'application du guide, lesquels font état de connaissances considérablement enrichies, d'une stigmatisation moindre et d'une efficacité accrue de la recherche d'aide chez les élèves et les éducateurs qui l'ont utilisé dans le cadre du curriculum scolaire habituel.

- information on specific mental illnesses;
- first-person experiences of mental illness;
- seeking help and finding support;
- the importance of positive mental health.

Teacher self-study and face-to-face training programs to support the classroom application of the *Guide* were created, and extensively evaluated with highly positive outcomes.⁸ Both the teacher training programs and classroom application were implemented in the Province of Nova Scotia. There, the *Guide* was applied by teachers trained in its use by school board-based training teams and used to meet the provincial curriculum standards in the Healthy Living course taken by all Grade 9 students. This has been followed by widespread school- and board-level applications in various jurisdictions across Canada.

Evaluation results for seven English school boards in N.S.⁹ demonstrate that the teacher training program on the classroom use of this resource significantly and substantially increased teachers' knowledge about mental health (Figure 1). In addition, the training program significantly and substantially decreased participants' mental health related stigma (Figure 2). It is noticeable that participants' attitudes towards mental illness were highly positive before the training, yet even so, their attitudes were substantially enhanced after the training.

In other words, the data demonstrate that simply providing training to teachers on how to use the *Mental Health Curriculum Guide* resource and helping them integrate this resource into their existing professional competencies has significant and substantial positive impacts on their own mental health literacy. This occurs without creating and delivering a stand-alone teachers' mental health program or exposing teachers to non-contextualized, expensive and less impactful universal approaches. Participants further provided overwhelmingly positive comments on this training program. Some examples from teachers include:

Thank you for a curriculum that includes mental health! This guide and in-service is a great resource.

I truly appreciate all of the resources. I feel I wasn't simply told to be better, but shown how to teach mental health better. I wish all outcomes were addressed in this manner. Thank you. Very interesting information and useful resources.

In addition, two large independent research studies conducted in Ontario have demonstrated similar significant and substantial impacts of the classroom curriculum approach using the *Mental Health Cur-*

Figure 1: Group Mean for Educators' General Mental Health Knowledge

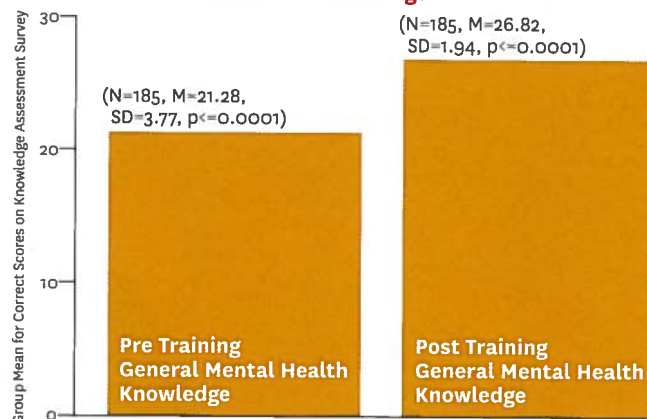


Figure 2: Group Mean for Educators' Attitudes Toward Mental Illness



riculum Guide on students. A study using a case-controlled cohort design conducted in a number of school boards demonstrated that students exposed to the curriculum in the classroom substantively improved their mental health literacy, showing increased knowledge and decreased stigma from pre-test to post-test.¹⁰ These positive impacts in knowledge and attitudes were maintained over a two-month followup. Further, a randomized, controlled trial in 25 Ottawa schools demonstrated similar outcomes, as well as significant improvement in student-reported help-seeking efficacy.¹¹ Qualitative feedback from teachers was positive and identified ease in classroom application and no demonstrated negative outcomes. Quotes from teachers and students include:

Before this mental health unit I thought that people with a mental illness couldn't have a normal life and couldn't have any friends. I also thought that people with a mental illness could get better if they wanted to but I know that they can't do it by themselves and they need help from family, friends, counselors etc. - an Ontario student

Thank you for a very meaningful and informative session. Very valuable and important information for all teachers. - an Ontario teacher

Similar studies in other locations, including globally in countries as different as Malawi and Brazil, have been implemented and are

How to Access the Mental Health Curriculum Guide

- The *Mental Health Curriculum Guide* resource is now available online: <http://teenmentalhealth.org/curriculum>
- The *Guide* includes lesson plans, classroom resources (e.g. first-person and animated videos), teaching resources (e.g. handouts and web-based directions for information retrieval), student evaluations, etc. Further enhancement of this material for use by teachers is underway with the development of an enhanced pre-screened and validated resource kit that will be posted soon.
- Information about training programs for use of the *Mental Health Curriculum Guide* is also available through: www.teenmentalhealth.org
- For more information, email inquiries to: info@teenmentalhealth.org

awaiting completion.

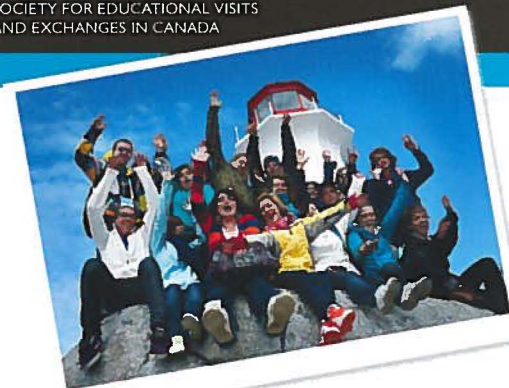
Overall, this approach to addressing mental health literacy as the foundation for mental health promotion, prevention and care in teachers and students is based on utilizing the existing ecological strengths of schools and the professional competencies of teachers instead of parachuting costly stand-alone programs into schools. It provides a relatively simple, economical and effective method to improve knowledge, decrease stigma and enhance help-seeking efficacy in both teachers and students. This approach mirrors the method by which teachers usually learn and prepare for their teaching, and by integrating student learning about mental health into existing curriculum, it avoids isolating mental health from everyday school activities. The creation of school board-based training teams that can meet training needs in-house enhances the probability of sustainable integration at minimal cost. Positive results have been found in every school in Canada where the resource has been applied and evaluated, thus making it feasible for use across the diverse Canadian mosaic. **EC**

NOTES

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- 10 McLuckie et al., "Sustained Improvements in Students' and Teachers' Mental Health Literacy."
- 11 R. Milin, S. Kutcher, S. Lewis, S. Walker, and N. Ferrill, "Randomized Controlled Trial of a School-Based Mental Health Literacy Intervention for Youth: Impact on knowledge, attitudes, and help-seeking efficacy" (poster presentation at American Academy of Child and Adolescent Psychiatry 60th Annual Meeting, 2013).



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