

A Call for the Integration of Mental Health Literacy into School Curriculum

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ABSTRACT: Growing recognition of the burden of mental illness on Canadian youth has triggered the need for preventative action. Schools hold great potential for supporting student mental-health with universal school-based programs being offered in many Alberta schools. The aim of this inquiry is to examine the real-world applicability of the *Mental Health and High School Curriculum Guide*, by observing its implementation in four grade nine classrooms in Central Alberta. This inquiry also explores if the topics covered in The Guide align with the mental health needs of Canadian youth, supporting a call for standard, regular implementation of evidence-based mental health programs across school boards.

Keywords: mental health, school, mental health literacy, *The Guide*, youth

RESUMÉ: La reconnaissance grandissante du fardeau qu'est la maladie mentale pour les jeunes Canadiens a fait naître le besoin de mesures préventives. Les écoles ont un grand potentiel pour soutenir la santé mentale des élèves grâce aux programmes universels en milieu scolaire offerts dans de nombreuses écoles de l'Alberta. Le but de cette enquête est d'examiner l'applicabilité du Guide du programme d'études sur la santé mentale des écoles secondaires, en observant son application dans quatre classes de la neuvième année du centre de l'Alberta. Cette enquête explore également si les sujets abordés dans le Guide correspondent aux besoins des jeunes Canadiens en matière de santé mentale. Cette enquête appuie une mise en œuvre standard et régulière de programmes de santé mentale fondés sur des preuves dans les conseils scolaires.

Mots-clés: santé mentale, école, littératie en santé mentale, Le Guide, jeunesse

The need for the integration of mental health education into Alberta schools is evidenced in recent recommendations from the Alberta Government's *Valuing Mental Health: Report of the Mental Health Committee* (Alberta Government, 2015) and *Working Together to Support Mental Health in Alberta Schools* (Alberta Government, 2017), a collaborative report between health and education. The *Valuing Mental Health* (Alberta Government, 2015) report is the result of a six-month study with Albertans. It suggests that our health system is not meeting the needs of Albertans experiencing mental health issues, due to a lack of awareness and understanding of mental health. It calls for the province to prioritize prevention and enhance school-based mental health programs. *Working Together to Support Mental Health in Alberta Schools* (Alberta Government, 2017) brings attention to the important role that schools have in nurturing student's mental well-being, particularly given the connection between mental health and academic achievement. More resources and programs for integrating mental health education into our school systems are emerging to coincide with these needs recognized by the Alberta Government. However, there is a lack of integration and consistency in mental health programming in Canada, despite the increase in school-based initiatives and activities (Short & Manion, 2012).

Both my professional experience working in schools as a Mental Health Program Coordinator and Family School Liaison Worker (FSLW), and a review of related literature suggest that mental health programming in schools is gaining acceptance and validity. The problem, however, is that programming is not being widely or consistently implemented across school divisions. This is notable in the wide range of programs offered by the Mental Health Capacity Building (MHCB) projects to different school districts across the province. MHCB projects are school-based mental health programs aimed at promoting positive mental health in students and families, as well as supporting individuals who interact with children and youth (Alberta Health Services, 2017). The variety of programming offered across the 37 MHCB projects highlights the hodgepodge of mental health prevention and programming options.

This leads us to seek a school-based mental health program that can be integrated and used consistently in Alberta. Based on experience, I would suggest that mental

health education programs should be evidence-based, address target concerns, have the potential to have an impact in a short period of time if needed, and have potential for carry through, follow-up, and/or facilitation by the classroom teacher in order to increase program usage and consistency. One promising program called the *Mental Health and High School Curriculum Guide* (referred to as *The Guide* for short), developed by Dr. Stan Kutcher and Dr. Yifeng Wei (2017) may, in fact, meet these criteria. Action research and a scan of the current literature on school-based mental health were undertaken to examine if *The Guide* meets these criteria, and could be used regularly throughout Canadian schools. Specifically, the intent of this research inquiry is to examine the real-world applicability of *The Guide* as the program is implemented in four grade nine classrooms, and to explore if the topics covered in *The Guide* align with mental health needs of Canadian youth. Before specifically examining *The Guide*, the current literature is reviewed to examine mental health issues for youth and mental health programming in Canadian schools.

Literature Review

It is estimated that mental illness costs our economy approximately \$50 billion every year (Mental Health Commission of Canada [MHCC], 2012), but prevention dollars only reflect a fraction of these costs. This “global underinvestment” in mental health amplifies the challenge faced by students experiencing mental illness and emphasizes the significant need for improvement in mental health outcomes (Coughlan et al., 2013, p. 103). A brief look at youth mental health statistics paints a bleak picture of reality for youth living with mental illness, highlighting the importance of effective mental health programming, education, and preventative efforts.

Youth Mental Health Issues

The Canadian Mental Health Association (CMHA) states that approximately one in five Canadians will experience mental health problems in any given year, and 1.5 million out of the two million Canadian youth that have a mental illness are not receiving treatment (CMHA, 2017; CMHA, 2014). These youth living with a mental health condition are at risk for poor academic outcomes, school

dropout, unemployment, and involvement with the justice system (Manion, Short, & Ferguson, 2013). Schools may be ideal settings for mental health prevention (Manion et al., 2013; National Association of School Psychologists [NASP], 2003; Durlak, Dymnicki, Taylor, Weissberg, & Schellinger, 2011), and may hold the greatest potential for reaching students in need (Kern et al., 2017).

Mental Health Programming in Schools

Schools are “virtually the only organizations in our society to which nearly all children and adolescents are consistently exposed for extended periods of time” (NASP, 2003, p. 2). As such, there are several advantages to mental health services being offered in schools. For one, mental health directly affects learning. Schools are also implicitly designed for teaching all sorts of skills (including decision-making, social-emotional skills, and self-efficacy), and school-based services are affordable and more accessible (NASP, 2003). In addition, the MHCC (2012) suggests that universal mental health programming in usual places like schools helps to minimize stigma associated with mental illness and increases help-seeking for those at-risk. Schools also provides opportunities for all students to develop mental wellness strategies (Manion et al., 2013).

All of this information taken together supports the need for the merge and collaboration of schools and mental health. This need sparked initiatives like the Alberta Health Services (AHS) MHCB in schools approximately 15 years ago. The MHCB initiatives identified schools as one of the key points of entry for mental health services, especially given that the onset of most mental illnesses occurs during the school-age years (Boyle & Georgiades, 2009). Consistent with research supporting the need for mental health programming in schools, a key focus of the MHCB initiatives is universal, preventative programming. This aligns with the MHCC’s (2012) strategic plan for improving mental health, which recommends that mental health needs should be addressed in everyday places like schools. It also suggests that school-based programs help ensure that schools serve as safe harbours rather than sources of stress. This can be achieved through universal programming, as well as targeted programs for those most at risk. According to Manion et al. (2013), “it is important to develop a school-based framework that addresses both mental health and mental disorder, while

addressing the knowledge, skills, and attitudes that will foster help seeking in a timely manner" (p. 120).

Although there is mounting evidence of the importance of universal school-based mental health programming (Kern et al., 2017; Durlak et al., 2011), the national School-Based Mental Health and Substance Abuse (SBMHSA) consortium survey of Canadian schools found that over 80% of staff respondents reported that student mental health needs are not being met in schools. Based on the finding from the SBMHSA, Short and Manion (2012) recommend that the current patchwork of mental health programs need to be organized, and an up-to-date directory of evidence-based practices should be maintained. They also suggest a need to identify which programs are effective and evidence-based and promote them, while untested programs need to undergo rigorous evaluation. This leads to the potential for mental health literacy programs, like *The Guide*, meeting this need.

Mental Health Literacy

Originating in Australia and stemming from a broader concept of health literacy, Jorm et al. (1997) formed the term mental health literacy to define basic literacy skills related to the ability to access health services and use health information. Jorm et al. (1997) suggest that improved mental health literacy will help people to recognize specific disorders; understand mental health information; use that information; and access services. Kutcher and colleagues (2013) expanded this concept by defining mental health literacy as having four main components: understanding how to achieve and maintain positive mental health, understanding mental disorders and their treatments, reducing stigma, and improving help-seeking behaviour (from professionals and self-help strategies, in addition to supporting others struggling with mental health issues). It is suggested that many people have poor mental health literacy, and a reluctance to seek help due to stigma (Canadian Alliance on Mental Illness and Mental Health [CAMIMH], 2007). Improving knowledge of mental health by developing mental health literacy in schools may increase help-seeking for students, and help school staff identify and direct students needing help (Kutcher, Wei, Morgan, 2015).

According to Kutcher, Bagnell, and Wei (2015), mental health literacy should be embedded in usual school proceedings and are better offered in an ongoing program,

rather than one-off or general school awareness campaigns. As schools are already the primary place that literacy is taught, Kutcher et al. (2015), suggest that schools are the most logical site for teaching mental health literacy. They also note that integrating mental health literacy will bolster a school-wide climate which normalizes and accepts mental illnesses, and facilitates help-seeking. According to Wei and Kutcher (2014), mental health literacy is a foundational component for building effective mental health programs. *The Guide* is a school-based mental health literacy program that is being utilized in several schools in Alberta.

The Guide

Created in 2007 *The Guide* is an evidence-based mental health program designed for 14 to 15 year-olds to improve the mental health literacy of students and staff. According to Wei and Kutcher (2014), *The Guide* underwent extensive field-tests as it was developed. It contains a teacher self-study and assessment guide, student assessment forms, and six modules that take approximately 8 to 12 hours to deliver within a classroom (Kutcher et al., 2015). Topics covered include the stigma of mental illness, information on specific mental illnesses, understanding mental health and wellness, experiences of mental illness, help-seeking, and the importance of positive mental health. The program is designed to reach students during the transition to high school, which is when mental health issues often emerge.

Teachers receive a one-day training to prepare them to deliver *The Guide* curriculum. The program may also be offered in conjunction with a professional development program offered to teachers before implementing *The Guide* called *Go To Educator* (Kutcher, Bagnell, & Wei, 2015). According to the website (teenmentalhealth.org/Alberta), the objective of the one day *Go-To Educator* training program is to develop mental health literacy amongst staff, and to provide information regarding early identification of mental health problems and mental disorders. In addition to improving mental health literacy for staff, the *Go To Educator* training helps prepare educators to recognize students who may need intervention, and offers information on how to support students who may come to them for help (Wei & Kutcher, 2014).

In terms of the mental health curriculum, McLuckie, Kutcher, Wei, and Weaver (2014) note that the research and

support for its effectiveness is limited. To address this lack of evidence, they surveyed grade nine students from schools across four different school boards in Ontario after *The Guide* was implemented as a regular segment of their health classes. Using pre and post-tests, they evaluated whether the student's mental health literacy (as determined by knowledge and attitudes toward mental health) improved after participating in classroom mental health curriculum with their usual teacher. As a first study of this kind, McLuckie et al. (2014) found that *The Guide* significantly improved student's mental health literacy. Despite a few limitations such as 35% attrition to the final survey (two-month follow up), short time for measuring sustained changes in attitude, and no control group, they claim that their results demonstrate that programs like *The Guide* can lead to significant and ongoing improvements to student's mental health literacy. In addition, they report decreases in stigmatizing attitudes in grade nine students. In a similar study, Kutcher, Wei, and Morgan (2015) replicated these positive findings. They reported that mental health knowledge scores improved substantively and significantly, and was maintained at two-month follow up from the delivery of *The Guide* curriculum. There was no control group for comparison and no measure of help-seeking, however.

To further validate findings, Milin et al. (2016) studied the impact of *The Guide* on over 500 grade 11 and 12 students in Ontario schools who were randomly assigned to curriculum intervention (receive *The Guide* lessons) or control groups. From pretest and posttest measures, Milin et al. (2016) concluded that the students who received *The Guide* showed significant improvements in mental health knowledge and a reduction in stigma compared to the control group. Most teachers reported *The Guide* was relevant and engaging for their students, they had sufficient time to deliver the curriculum, and they reported feeling more comfortable talking to their students about mental health. This was the first study to demonstrate a corresponding improvement in attitudes/reduced stigma with increased mental health knowledge. Milin et al. (2016) also identified it as the first large randomized controlled trial to support the effectiveness of *The Guide* in improving mental health literacy. While their findings demonstrate that the program is both applicable and has the potential for broad-based implementation in high

schools, Milin et al. (2016) acknowledge that replication and further studies are warranted.

From all of the studies discussed here, several advantages to *The Guide* are noted: the program fits well within the school setting and curriculum, it is cost-effective, it is not dependent on outside experts or resources, the curriculum is adaptive and sustainable, and the ability to integrate the program universally helps to normalize the content (Kutcher & Wei, 2014; Milin et al., 2016; Mcluckie et al., 2014). Furthermore, Kutcher and Wei (2014) found that simply providing training on how to use *The Guide* had positive impacts on teacher's mental health literacy, and they conclude that mental health literacy is a strong foundation for mental health prevention, promotion, and care utilizing the strengths and resources that already exist within schools.

Despite these early positive reports on *The Guide*, there tends to be a high degree of overlap in authors of the research. Kutcher and/or Wei appear in the author list in all the papers found related to *The Guide*. Also, in a systematic review of the literature on the effectiveness of school mental health programs, all of the 27 articles reviewed met criteria for moderate to high risk for bias. There were concerns for lack of randomization, lack of controls, and high attrition (Wei et al., 2013). Overall, the research supports mental health literacy programs as a strong base for school-based mental health education programs. Although there are limitations to the research conducted to date, *The Guide* holds a lot of potential for being a school-based mental health program that can be incorporated consistently and regularly into Alberta Education curriculum.

Methodology

The purpose of this study was to assess the validity and applicability of *The Guide* as a potential program to integrate into grade nine curriculum. An independent, qualitative study was conducted to triangulate data to answer this research question. If data sources all point to the same results, it will increase the validity of the study (Hendricks, 2017). Data was collected from research from the last ten years on school-based mental programming, mental health literacy, and *The Guide*. This information was compared to public data primarily gleaned from the CMHA and SBMHSAs Consortium on the mental health needs of Canadian youth, as well as personal reflections from actual implementation of *The Guide* in grade nine classrooms. Research on *The Guide*

and related literature were examined to make connections between its relevance to school based mental health programming, and mental health needs of students. If all of these sources corroborate the applicability and effectiveness of the program, it will support the regular integration of *The Guide* in schools across Alberta.

Findings

The three areas explored toward the consolidation of data all provide evidence to support *The Guide* as a valid programming choice. See Appendix A for a summary of data informing youth mental health needs in Canada.

Mental health needs of youth

The principal goals of mental health literacy align with the mental health needs of Canadian youth (CMHA, 2012; 2015; SBMHSA Consortium, 2012). In short, if a program increases the mental health literacy of staff and students, it should contribute to the mental health and wellness of Canadian youth. My experiences in facilitating *The Guide* in grade nine classrooms further validates the real-world applicability of *The Guide* and its potential to be the first standard mental health program to be integrated throughout school divisions in Alberta.

Reflections from implementation of the program

Several reflections and observations of implementing *The Guide* contribute to the overall findings of this paper. These reflections are of my own experiences with curriculum, not of the classroom. Based on my observations, the lessons from *The Guide* are manageable and adaptable to the length of classes, and several lessons could be incorporated in existing language arts, health, and social studies curriculum. *The Guide* is available for free download making it easily accessible and affordable, but the website is awkward to navigate during a class. Although specific data on knowledge or feelings toward the curriculum or mental health was not collected, I observed that I was able to easily engage students and teachers with *The Guide* materials in all four of the classrooms that received the program. As a school staff with a mental health background, rather than a teaching degree, I found the material easy to understand and deliver, and could readily answer questions. However, observations made during facilitation of the program with several grade nine

teachers correspond with initial pilot studies of *The Guide* which revealed that classroom teachers were not comfortable and/or did not have the knowledge of mental health required to present the materials (Wei & Kutcher, 2014).

Discussion

In terms of future programming and research, further exploration into the follow-through and comfort level of usual teachers delivering mental health programming may be worthwhile. If the average classroom teacher is not willing or comfortable educating their students on mental health, this suggests that training teachers beyond the one to two day in-service may be a mandatory first step. At the root of the matter, it may be beneficial to have a required mental health course in Bachelor of Education programs. Alternatively, collaboration with health care or counselling partners may be necessary for not only delivering programming, but putting faces to the names of local service-providers. In fact, *The Guide* indicates that students should be aware of community supports to increase help-seeking (one of the main objectives of the program and mental health literacy).

Based on the findings of this paper, *The Guide* is research informed, aligns with the mental health needs of Canadian youth, and is fairly user-friendly. Because of the strong research base from which this program was developed, it is well on the way to establishing itself as a potential program to be integrated into Alberta curriculum. Improving mental health literacy in schools across the province could improve academic, social, emotional, and physical outcomes for all Alberta youth.

Conclusion

The intent of this research project was to examine the real-world applicability of *The Guide* based on available literature and actual implementation of the program in grade nine classrooms, as well as to explore if the topics covered in *The Guide* meet the mental health needs of Canadian youth. Examination of these areas revealed that while there are some areas that could be improved, *The Guide* certainly has the potential to be a school-based mental health program that could be used consistently and regularly throughout Alberta schools and MHCB projects. Although it is a research-

informed program, more testing on the effectiveness and applicability of *The Guide* in classrooms could establish it as a program to be integrated into Alberta Education curriculum, paving the way for the regular integration of mental health programming across grade levels. While school-based mental health programming spanning all grade levels is needed, *The Guide* provides a positive starting point for all 14-15 year-old Alberta students. Overall, the results of this paper support a call for standard, regular implementation of mental health programs into all of our schools and curriculum, as well as the ongoing development of evidence-based programs.

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Appendix A
Summary of Data Informing Youth Mental Health Needs
in Canada

| Source of Canadian Data/Statistics on the Mental Health Needs of Youth | Priority Areas Identified Pertaining to School-Based Mental Health Programming |
|--|---|
| <i>SBMHSAs Consortium, 2009 to 2012</i> It is a comprehensive research project to determine the state of mental health and substance use programs and best practices in Canadian schools. The 40 researchers, policy-makers, and practitioners of SBMHSAs scanned best practices and gathered survey information from Canadian schools. | <ul style="list-style-type: none"> -Educators need to be better prepared to deal with the most troubled students. -Current efforts to support youth with mental health issues at school are insufficient. Educator mental health literacy is identified as a critical need. -Focus on skills development -Programs offered universally and over more than one year. |
| <i>MHCC, 2012 and 2015</i> Prepared a mental health strategy for Canada, and later a youth strategy. | <ul style="list-style-type: none"> -School health and mental health initiatives for all students -Address mental health issues anywhere people spend time, including schools; schools as safe havens. -Recommend contact-based education, which is meeting people who have experienced mental health issues and are willing to share their stories. -Collaborative approach. -Increase the capacity of families, schools, and community agencies to promote mental health. - Suggest that programs are most effective when they are fully integrated into comprehensive school health initiatives, are universal, and focus on building resilience, promoting healthy social and emotional development, and reducing bullying and stigma. |
| <i>Alberta Mental Health Review/Valuing Mental Health, December 2015</i> This is the result of a six-month study with Albertans. This report calls for a system change, noting that our health system is not meeting the needs of Albertans experiencing mental health issues, due to a lack of awareness and understanding of mental health. | <ul style="list-style-type: none"> -We need to be better at identifying problems earlier. -Promotion of good mental health and early intervention. -Multidisciplinary teams, not services delivered in isolation. -Evidence-based programs |
| <i>MHCB, Mental Health Capacity Building in Schools, 2017</i> School-based mental health projects throughout Alberta. These projects are a partnership between AHS and schools, each locally planned for mental health promotion and prevention. | <ul style="list-style-type: none"> -promote positive mental health in children -promote early identification of mental health issues -improve knowledge of and access to services (continuum of care) |
| <i>Working Together to Support Mental Health in Alberta Schools, 2017</i> | <ul style="list-style-type: none"> -Develop a shared language -Increase understanding and awareness of the connections between brain development and mental health -Recovery model/strength-based approach to build resiliency -Whole school approach to mental health and well-being -Improve understanding of pathways to services -School staff need knowledge and understanding of mental health. -Implement and evaluate the effectiveness of school-based mental health programs. |