

**Providing Mental Health Literacy: How High Schools Can Support a Youth's Mental
Health**

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A capstone submitted in partial fulfillment

of the requirements for the degree of

Master of Counselling (MC)

City University in Canada

Vancouver, B.C

June 2024

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Abstract

Students spend a significant amount of time within the school environment. Therefore, it is vital for schools to acknowledge the influence they have around a student's emotional well-being. High school students across countries have vocalized a need for mental health education. While in British Columbia, there appears to be a gap in what mental health education is supposedly being offered and what is being given. To fill in this gap of desiring in depth mental health education, the capstone demonstrated how high schools can be participate in supporting a youth's mental health by implementing mental health literacy into the curriculum, potentially saving a life and increasing an adolescent's well-being. The incorporation of mental health literacy, providing social belonging, using technology, mindfulness, lived experience workers and gratitude are all shown to contribute towards good mental health. This initiative seeks to empower students with the knowledge to nurture and understand their mental well-being, while also equipping teachers with the skills to identify warning behaviours of declining mental health in their students. With the inclusion of these techniques, schools have the opportunity to improve the mental health of students.

Keywords: Mental health literacy, adolescents, high school, support, mental health workshop

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Chapter One: Introduction

Overview of Topic

With the amount of time that youths spend in high school, there is a significant opportunity to provide mental health education and to encourage early intervention. For a majority of a student's waking hours, it is spent within the school environment (McMullen et al., 2022). Their education, social support, hobbies, and most life experiences occur in that setting. With that in mind, it is vital for schools to acknowledge the influence they have around a student's social-emotional wellbeing and development. High schools provide more than education, they help shape a young person in their critical years of development. School can play a crucial role in reducing stigma, promoting mental health, and supporting adolescents (Isobel et al., 2020). Therefore, there is a sense of responsibility to inform and educate youth about mental health. The focus of Chapter 1 will speak to the themes on how student's feel about current mental health literacy, challenges, and my personal experiences with mental health as a South Asian woman that made this capstone come to life. Additionally, Chapter 1 will cover how contributing mental health literacy into the school curriculum can benefits students' overall well-being. Chapter 2 consists of literature reviews where two themes will be explored. The first theme focuses on warning signs of declining mental health and will address concerning behaviours, self-harm in both eastern and western cultures, and adverse childhood experiences. The second theme surrounds how schools can support youth by providing mental health literacy, social belonging, using technology, mindfulness, interacting with individuals with lived experiences and gratitude. To conclude the capstone, Chapter 3 will include the discussion and an example of a mental health workshop that can be presented to students. This capstone advocates for high schools to be a source of support in student's lives by the integration of

mental health literacy into the curriculum, emphasizing its potential as a lifesaving intervention. This initiative seeks to empower students with the knowledge to nurture and understand their mental well-being, while also equipping teachers with the skills to identify warning behaviours of declining mental health in their students.

Given that high schools have a significant impact on the social-emotional well-being of students, it is crucial to provide engaging and useful information that is relevant to students. There is belief that the current school curriculum does an inadequate job of going beyond the surface level in mental health education (Hyslop, 2021). This can be seen with high school students in British Columbia. A BC student, Gill, discovered that after the pandemic, school districts would receive \$3.75 million towards mental health services, such as staff trainings, workshops, resources and information nights (Hyslop, 2021). However, the BC student did not notice any changes (Hyslop, 2021). Additionally, Gill received a response from the Ministry of Education claiming that mental health education is incorporated in their physical education class, however, Gill and her fellow classmates do not see that as the reality (Laborie, 2021). The preceding depicts a gap in mental health education when comparing what students desire and what is being provided.

When information was gathered from students about mental health education in the school system, a few common themes occurred. The first theme summarized the school environment being an accessible place for youth to learn about mental health (Marinucci et al., 2022). Not only is it an educational institution, but also an emotional and social hub for students. The school setting contains unique advantages such as accessibility, flexibility in intervention delivery, cost-effectiveness, established relationships, and regular contact with students (Wong et al., 2021). Recommendations for engaging with youth take a “place-based” approach to services,

where youth meet at locations where they spend most of their time, such as schools (Nguyen et al., 2019). This can be useful due to the school being a regular part of a student's life, making it easier to provide them mental health literacy. Additionally, it may be easier to detect and get a better understanding of the well-being of an individual through daily contact. Along with the accessibility, there is comfort through familiarity of friends and teachers (Marinucci et al., 2022). This ideal opportunity in environment provides a foundation of safety and familiarity to learn about their mental well-being alongside peers and adults who know them closely.

The second theme highlights youth desiring a more comprehensive and holistic understanding of mental health (Marinucci et al., 2022). The bio-psycho-social (BPS) model is an example of a holistic mental health framework (Wong et al., 2021). This model considers the biological, psychological and social factors that contribute to an individual's well-being (Wong et al., 2021). A holistic view provides a wider range of concepts that people may resonate with. For example, someone may not connect with a medical model, but they may better connect with mental health interventions done through a culturally sensitive lens. Relational stress is a common source of stress that impacts a student's mental health, and the bio-psycho-social model would appropriately fit this situation (Wheeler et al., 2021). This is where an example of providing a holistic model to mental health can benefit students, providing an integrated and tailored approach in supporting students.

The third theme mentions how there is negative attitudes or stigma towards mental health (Marinucci et al., 2022). Stigma is a significant barrier in accessing help because people may feel ashamed in addressing their own mental health concerns (Tuijnman et al., 2022). Experiencing stigma can lead to a decrease in self-esteem, worsening of psychopathology, and social isolation (Ferrari et al., 2020). This is especially true for males who face gendered stigma on how

masculinity does not involve the expression of emotions (Li, 2022). Additional to general stigma, there is the concept of self-stigma which is an internalized shame response from an individual's own experiences and observations around stigma from their community (Marinucci et al., 2022). This causes the individual to agree with the associated stigma and apply it to their lives (Dubreucq et al., 2021). A study focusing on mental health stigma suggested having mental health discussions in schools, sharing personal experiences and normalizing struggling with mental health as effective methods to reduce stigma (Marinucci et al., 2022). In that regard, it is important to provide the correct information surrounding sensitive topics to reduce harm that misinformation can entail. Schools can take proactive measures to help reduce the stigma by fostering open dialogue about mental health, promoting an environment of empathy, creating anti-stigma campaigns, and providing resources. This will then allow students to come forward and ask for assistance when the conversation around mental health becomes normalized.

The fourth theme involves youth being unsure of where and how to access professional supports (Marinucci et al., 2022). Around 35% of youth aged 10-19 had their first contact with the BC mental health system in an emergency department, demonstrating how youth may be waiting until moments of crisis to receive care (Nguyen et al., 2019). This is important to note because the additional steps required to learn how to navigate resources can be a barrier for some and may ultimately cause some youths to abandon the idea of getting help altogether. Accessing services such as counselling, psychiatrists or accessibility services can be difficult to find when there is unfamiliarity with the process. This can be an issue as 20% of adolescents in the US will experience a mental health disorder, yet only one third of them are to access services (Liu et al., 2022). In fact, fewer than 20-25% of Canadian youth requiring services receive help (Church et al., 2020). While in BC, less than one third of youth are receiving mental health services, which

means 58,000 youth are not receiving support (Canadian Mental Health Association, n.d.).

When asked who adolescents found as a source of help, family, friends, and the internet were the standard answers (Marinucci et al., 2022). Not mentioning schools as a source of support is concerning since schools play a significant role in the lives of teenagers. This is an opportunity for schools to educate youths and introduce the process in the case that it's needed. During their educational career, they are likely to be under various loads of stress. The American Psychological Association states that 81% of youth have experienced more stress since the COVID pandemic (Rao et al., 2021). If youth are unable to handle stressors in a healthy manner, this can lead to unhealthy behaviours as a means to cope (Wiens et al., 2020). Therefore with rates of youth accessing services being so low, assistance with getting connected to these resources and providing mental health literacy in schools can be an example of breaking down a barrier.

The fifth theme suggests a person who is knowledgeable about mental health education should deliver the information (Marinucci et al., 2022). The presence of a mental health professional could help address some themes discussed prior, such as having a more comprehensive understanding of mental health and being able to assist students on where to access professional supports. Teachers also benefit by being in proximity to a mental health professional whereby they can potentially learn coping strategies they can implement into their classroom. Students also believed a teacher should play a key role in mental health support (Marinucci et al., 2022). Due to an already established, face to face relationship with an adult they can trust (Deaton et al., 2022; Marinucci et al., 2022). Positive student-teacher relationships are an important component to student's well-being (Hagenauer et al., 2023). While a mental health professional can provide accurate information, they may be a new face to students. Given

the sensitive nature of the material, some students may not be comfortable fully engaging with it. Thus, the presence of a teacher along with the mental health professional can be a helpful tool given the value of rapport and trust.

The Drive Behind the Topic

As an individual that lives with mental illness, the topic has a soft spot in my heart. When I started grade 11, I noticed my mental state start to change. I began to show all of the classic symptoms of clinical depression, yet I was unaware of it. The only thing I could grasp was that it was difficult to concentrate in school, I needed a lot more sleep, my grades were declining and my addiction to self-harm began. My struggle with self-harm throughout high school is what motivated me to write this capstone. I grew up with a lot of traumas that I was unaware were impacting me and I was never taught healthy ways to cope as a youth. Self-care wasn't a behaviour that was modelled to me. My parents come from a past of survival. In Fiji, their priorities were to work to be able to afford their basic necessities. With that exposure, they were never able to have the ability to prioritize their mental health. Their focus was solely on survival and working long hours to save money. In fact, amongst South Asian immigrants and refugees' population in Canada, their use of the mental health care system is one of the lowest (Islam et al., 2023). When reflecting on this research, it makes sense. When survival has been the focus from a young age, they do not have the education or mental capacity to consider their mental health.

Although I longed for support and understanding from my family, I understood that this taboo topic was not something that would be received well or understood. Along with that, I did not have capacity or energy to try to educate my family on mental health, especially since I did not completely understand what was going on either. Therefore, I knew support was not going to be received from my home. I remember engaging in self-harm on the first day on grade 11 as a cry

for help. Not once did I attempt to cover up my scars. I assumed the adults from my school would notice and reach out to me as self-harm was my form of communication. I was very involved in my school. I was part of clubs and had great relationships with a handful of teachers. It was common for me to visit certain teachers in their classrooms before the school day had started. It completely shattered me when not a word was said.

I received average grades, was involved in many clubs, had friends, and put effort into my appearance on a daily basis. I did not fit the stereotypical profile of someone dealing with mental illness, but there were times where I presented indicators that I was struggling. I sought opportunities for others to notice my regressing mental health. I understood that teachers had so much on their plate already and mental health was still a very taboo topic in the mid 2000s. It took me a long time to reach this conclusion, but I understand that there are factors that I am unaware of that could have prevented a teacher from reaching out. It could be as simple as not knowing how to address it in the first place. Although there is understanding, there needs to be change. I was one of the lucky ones. I never had my self-harm behaviours reach a point where my life was in danger. On the other hand, not many are that lucky. Whether it is an intentional act of suicide, which I knew many students took part in, or simply a coping mechanism, addressing mental health concerns and providing education can save a life. Schools can do this by providing the tools and education needed to empower students to help themselves and those around them.

Contribution to the Field

This is for anyone in the school system who work with youth. The research presented in this capstone demonstrates a gap in the education system and the necessity for in depth mental health literacy and strategies to improve mental well-being. Students may often be struggling in silence and schools may be the only supportive environment for youth to be associated with. There

may be barriers in their personal life that make accessing services quite the challenge, such as parents holding a stigmatized view on mental illness. With school being an approachable service that a majority of youth partake in, it is a convenient way to provide mental health education.

It is so common for schools to provide numbers for crisis lines at students, but there are more valuable resources that can be introduced prior to a crisis. For example, many are unaware of the organization called the Foundry. They work with youth ages 12 to 24 who are struggling with their mental health. Resources such as employment services, groups, doctors, early psychosis prevention teams, housing support, dentists and walk-in counselling are all provided under one roof provided that all the staffing positions are filled. The most accessible part is that this service is free and there are no waitlists. Waitlists are a common occurrence in free services and there is a correlation between waitlists and deterioration in mental health (Kristjanson et al., 2022). Furthermore, these are not short waitlists and individuals can be placed on them for years. This is why resources such as the Foundry are so appreciated. Counselling services are on a drop-in basis with evening hours, allowing students to attend after school. It may not be in depth trauma counselling, but it does provide some support in the meantime by coming up with achievable goals to increase the youth's well-being. Having no obligation to attend scheduled counselling appointments seems to also be beneficial for youth as they do not feel pressured to come. It is the perfect model to bridge the gap between waitlists and accessible mental health services. Just as they are bridging a gap, schools can bridge the gap between accessible mental health education and connection to community resources.

Mental health is a complex concept and so is its treatment. Just as one service cannot provide everything to a student, schools cannot as well. This is why it is important to work alongside other resources to provide an overall balance of wellness resources. If schools are able

to provide the education and resources to its students, this allows students some guidance on what steps to take next.

Defined Terms

Mental Health: Mental health is something every living thing has, it is your emotional, psychological, and social well-being (CDC, 2021). These components affect how we feel, think and act (CDC, 2021). It also influences how we handle stress, relate to others, and make healthy choices (CDC, 2021).

Mental Illness: Mental illness is a diagnosis provided by a healthcare professional that impacts an individual's physical, mental, and social well-being (CDC, 2021). Most of the time, it is to a point where it is negatively impacting their quality of life.

Mental Health Literacy: Mental health literacy by definition is providing an individual the ability to recognize mental health problems, information about mental health and strategies to build resiliency and how to go about seeking appropriate help-seeking behaviours. (Marinucci et al., 2022).

Depression: A common mental disorder that is characterized by persistent sadness and lack of pleasure or interest in activities once found enjoyable. It effects an individual's appetite and sleeping patterns. Its effects can be recurrent or long lasting, impacting a person's ability to function. (WHO, 2023).

Anxiety Disorder: Occasional anxiety towards stress is normal. It is beneficial by alerting us to dangers while helping us pay attention and prepare. Anxiety disorders are when there is an excessive amount of fear or anxiety. This anxiety can negatively interfere with an individual's life. (American Psychiatric Association, 2023).

Self-Harm: An intentional act of harming oneself without intent to die.

Suicide: An intentional act of ending one's life.

Adolescence: Ages 10 to 19 where the transition period between childhood and adulthood occur.

Chapter Two: Literature Review

The likelihood of having a student, if not several who experience some form of mental illness is becoming more prevalent. Depression in the US has been increasing in adolescents from 8.7% in 2005 to 12.5% in 2015 (Keyes et al., 2019). Additionally, suicidal behaviours amongst high school students have risen as well (Keyes et al., 2019). While in BC, 40% of surveyed teens between the ages of 15-17 may have depression (McSheffrey & Stanton, 2023). Giving its growing prevalence within this age group, it is crucial to learn about behaviours that indicate declining mental health and what warning behaviours should be acknowledged to save a life. It is essential for educators, peers, and parents to be aware of these warning signs, provide support, connect students with appropriate resources and initiate conversations about mental health. Support and early intervention can make a significant difference in improving an adolescent's well-being and preventing potential crises.

The first theme in this chapter will elaborate on general warning behaviours, self-harm as an addiction, the impacts of self-harm, how the school environment influences self-harm and adverse childhood experiences. The purpose of this is to help create awareness of how these warning signs may be displayed and how the school environment creates a significant impact on the student. The second theme will be conducted around how school staff are able to step in and implement strategies and education. Not only to help those who are displaying warning signs, but to the general school population as well. Mental health literacy, social integration, using technology, mindfulness, interacting with individuals with lived experiences and gratitude are

accessible ways a school environment can incorporate and endorse mental wellness. Further explanation on how these methods can be used in a school environment to aid mental wellness will be discussed within each topic. The earlier the intervention and supports are put in place, the better we can aid our youth and improve their quality of life.

Theme One: Warning Behaviours

Changes in an individual's day-to-day presentation can be indicative of shifts in their mental wellbeing. Students behaving in uncharacteristic ways could signify a deeper concern. The three areas mental health impacts are emotions, behaviours, and cognitions (MayoClinic, 2022). The first area to examine are any emotional changes an individual may undergo. Some examples include feelings of sadness, irritability, hopelessness, loss of interest in pleasurable activities, low self-esteem, fixation on negative situations and feelings of worthlessness (MayoClinic, 2022). Students may also exhibit emotional avoidance, which is an unhealthy mechanism where an individual attempts to control their negative emotions by ignoring them (Fisher et al., 2023). This mechanism may provide temporary relief but heightens emotional distress in the future (Fisher et al., 2023). Detecting these changes can be challenging in a school environment, but subtle cues may arise. For instance, noticing changes or a decline in the equality of a student's work could raise concerns about the mental space they are experiencing. By recognizing these changes, we are better able to understand the internal world of the student and respond to their needs.

Behavioural changes can be easier to observe due to its physical and outward nature. Indicators such as fatigue, isolation, declining attention, emotional outbursts, self-harm, and suicidal attempts illustrate some examples of behavioural changes (MayoClinic, 2022). Additional examples of behavioural changes could include poor health habits, reduced physical

activity and smoking (Clayborne & Colman, 2019). When referring to some of these behaviours, many of them can be misinterpreted. For example, a student who falls asleep in class may seem disinterested, but it may be their depression impacting their sleep patterns. Similarly, a student presenting with lower grades might be mistakenly perceived as lacking effort, when in reality, it could be their anxiety causing their performance to decline. This example highlights the importance of looking beyond surface level behaviours and taking into consideration the underlying factors that may contribute to these behavioural changes.

Harmful cognitions often manifest subtly and can be difficult to recognize. Students may be experiencing suicidal thoughts, ruminating, have difficulty thinking or lacking hope for the future (MayoClinic, 2022). While these thoughts may occasionally surface in conversation, they could easily be missed. At most, we can hypothesize the nature of a student's thoughts based on their behaviour. Ultimately, the only way to be certain is to ask, however the existence of stigma can make people hesitant to fully disclose their thoughts. These components that make up mental well-being may be complex in nature, however, the crux of the issue is negative change that interferes with the adolescents quality of life.

Self-Harm: An Addiction Behind Closed Doors

In South Asian homes, stigma surrounding mental illness can hinder the initiation of important conversations from being held (Chaudhry & Chen, 2019). As someone who grew up in a South Asian household, I had a similar experience. The support I desired was unlikely to be coming from my family and that realization was something I had to accept. Instead, I hoped that the teachers closest to me would reach out or recognize something was wrong. Especially when a majority of my time was spent with specific teachers or in specific classrooms. As stated in Chapter 1, I have had my own experience with self-harm during my adolescent years. It began as

a cry for help and then spiraled into an addictive behaviour as a means to cope. During this stage in my life, I was heavily impacted by my mental illness, and I was experiencing many overwhelming emotions. When there has been no education on how to cope with distressing emotions, I felt a natural sense to gravitate towards any behaviour that provided relief. When a behaviour provides relief, it can become a trusted coping mechanism, regardless of how healthy or unhealthy it may be. Within this section, I will be focusing on self-harm and how it can be an addictive behaviour that should be taken as seriously as any addiction.

Relapse, staying clean, and cravings, are words associated with substance use addiction and were echoed on a reddit message board about self-harm (Himelein-Wachowiak et al., 2022). Like substance addiction, individuals across multiple message boards, had urges, cravings, and the desire to increase the severity of their non-suicidal self-injury (NSSI) to achieve the same effect it once had (Himelein-Wachowiak et al., 2022; Lewis et al., 2021). In fact, 24% of youth in BC have reported participating in self-harm this past year, demonstrating a 15% increase in the last 10 years (Griffiths, 2024). It is crucial, however, to highlight a notable difference between substance addiction and self-harm – the engagement of the activity during positive emotional states. While individuals addicted to substances also used them while they were in a good mood, those who participated in self-harm, did not engage in it during moments of joy (Himelein-Wachowiak et al., 2022). Nonetheless, there appears to be parallels in terminology and individual challenges with substance use and NSSI. In addition, there is a proposal for a diagnostic criterion for behavioural addictions that include salience, mood modification, tolerance, withdrawal symptoms, conflict, and relapse (Davis & Lewis, 2018).

Self-Harm Impacts in Different Cultures

Cultural context plays a key role in the impacts surrounding self-harm. There are expectations and norms that influence societal rules and family dynamics. For example, Pakistani families are patriarchal, collectivistic, and highly dependent on elders to make major family decisions (Naz et al. 2021). It is quite normal within their culture for family members to conform to norms and the rules of society (Naz et al. 2021). Self-harm and suicide are seen as illegal acts which are religiously and socially condemned (Naz et al. 2021). There is an expectation to fit within a certain societal mould, and practicing self-harm does not fit within it. Therefore, the act of self-harm is not something that only impacts the individual themselves, but all their connections surrounding them. Due to this, individuals had to express their regret and shame after self-harming due to the stigma and fear attached to these behaviours to protect the reputation and honour of their family (Naz et al. 2021).

Furthermore, the study shows the importance of respecting and understanding cultural differences when it comes to addressing self-harm. Educators and helpers need to understand the cultural context a client is coming from. Assuming western views and values onto individuals of different cultures may cause harm. There may be a lack of recognition of the potential impact that disclosure of self-harm may entail on the individual and their community. By acknowledging and respecting cultural differences, schools can create a culturally sensitive environment and interventions that honour individual's values and identities. This can be demonstrated by promoting awareness of available resources, fostering open dialogues about a student's culture, and addressing the misconceptions and stigma within different cultures. A culturally sensitive approach allows individuals to receive empathetic and effective support tailored to their cultural experiences and background.

Adverse Childhood Experiences

There is growing research concerning the topic of adverse childhood experiences (ACEs). This is an important topic to understand in order to analyze which students are at a greater risk for mental health challenges. Adverse childhood experiences indicate various types of neglect, abuse, and living conditions that may contribute to chronic stress or trauma before the age of 18 (Mosley-Johnson et al., 2019). Additional examples of ACEs include sexual abuse, physical abuse, witnessing domestic violence, mental illness in the family, a parent struggling with substance use, and/or having a parent in jail (Briggs et al., 2021). In more recent studies, factors such as parental separation/divorce, death, bullying, homelessness, living in an unsafe neighbourhood, discrimination, and income insecurity have also been accounted for (Nazareth et al., 2021). Individuals who encounter these types of experiences are at greater risk of developing physical and mental health problems in the future (Mosley-Johnson et al., 2019). There is also a greater probability of premature mortality than those who have not experienced ACEs (Mosley-Johnson et al., 2019). In the U.S, more than 50% of adults have reported experiencing at least one ACE (Mosley-Johnson et al., 2019). However, within minority and low-income groups, it has been reported to experience higher rates of ACEs, than the general population (Mosley-Johnson et al., 2019). Understanding and addressing the impact of ACEs is crucial for identifying and supporting students at greater risk while promoting overall well-being and resilience in the face of such adversities.

Theme Two: How Schools Can Support Youth

When it comes to a student's ability to feel successful in life, their mental well-being is as crucial as their academic success. Schools are uniquely positioned to embody a supportive environment which plays a pivotal role in shaping the developmental pathways of youths. By

enriching the level of mental health education, providing a strong sense of belonging, making use of technology and tools, promoting mindfulness, incorporating lived experience workers and practicing gratitude, schools can effectively address mental health issues among youth. This approach not only helps in the early detection and intervention of mental illness, but also equips students with the resilience and coping strategies needed to navigate the future challenges they face in life. Investing in youth's mental health and fostering a safe space for support will build the foundation for a healthier future generation.

Mental Health Literacy

In countries where school is mandatory, providing mental health literacy is a promising strategy to reach many young people (Fretian et al., 2020). Mental health literacy, defined as a set of knowledge, skills and attitude related to mental health, is crucial for addressing and understanding mental health challenges (Fretian et al., 2023). Research has indicated that adolescents have expressed a need for mental health education, highlighting the importance of enhancing mental health education amongst youth (Bjørnsen et al., 2019). Adolescents who have higher levels of mental health education report higher levels of well-being (Bjørnsen et al., 2019).

There are four components in what mental health literacy entails. These include understanding how to attain and maintain good mental health, having a general understanding of mental disorders and available treatment, recognizing mental wellness beyond the absence of disorders, reducing the stigma around mental health, and guiding youth on when, how, and where to access mental health care (Bjørnsen et al., 2019). Providing students with mental health literacy is crucial for a variety of reasons. Some examples include teaching students to recognize symptoms in themselves early on, providing early intervention by enabling them to seek support

as soon as possible, and receiving appropriate treatment (Ozturan & Kocakaya, 2023). Providing mental health literacy can be achieved through the incorporations of mental health workshops, open dialogue about mental health in the classroom and the invitation of lived experience workers.

A Sense of Belonging

The school environment can help foster social and emotional support, social integration, and assist with having a sense of community, all of which are resiliency resources (Mosley-Johnson et al., 2019). Students described a sense of belonging as feeling accepted, included, respected, and supported by others (Zhang et al., 2018). A sense of belonging also provides salient moderating effects to those who have experienced ACEs (Mosley-Johnson et al., 2019). Exposure to ACEs may limit access to social supports and integration, however, a school environment can play a key component in providing a sense of belonging (Mosley-Johnson et al., 2019). Examples include using the classroom as a safe space, encouraging students to join clubs and groups based on interests, engaging in sports, and bonding activities. These groups don't necessarily have to be in person either. Online groups can be created amongst the school population for a sense of connection. Some adolescents have reported that social interaction via the internet have enhanced their real-life friendships and allow them to gain a sense of social connectedness (Toscos et al., 2019). These types of interactions in a school setting can create a sense of belonging, which improve the mental well-being of youth. As schools are a common environment most youth have access too, it would be an easily accessible place for youth to feel connected, valued, and empowered.

Using Technology to our Advantage

Technology can be useful in providing innovative and accessible solutions for mental health education, interventions, and support, especially with the ability to reach a wide range of individuals with diverse needs. Technology can aid in providing applications for journaling or tracking mood, accessing online counselling, and connection to online communities. However, access to this resource is dependent on a variety of factors such as region, finances, or ability to navigate technology. While technology is an accessible tool, it does not guarantee that everyone will take full advantage of it. Researchers identified that mental health application use was infrequent (Cao et al., 2020). To counteract this infrequency, Smartphone-and OnLine usage-based eValuation for Depression (SOLVD) was created (Cao et al., 2020). Instead of solely depending on youth to self-report their mental health symptoms, SOLVD is a background application where behaviour is being tracked (Cao et al., 2020). Correlations between behaviours such as a decline in social communications via phone and depressive behaviour seemed to positively occur (Cao et al., 2020). Examples of tracking behaviours are documenting length of calls, the number of ingoing and outgoing messages, and step count (Cao et al., 2020). Additionally, youth are provided a mood questionnaire that takes a few seconds to complete (Cao et al., 2020). In conjunction, parents are also able to report their teenager's mood, which provides another layer of monitoring and tracking depressive symptoms (Cao et al., 2020). Parents are usually part of the teen's care team and will have the opportunity to be more engaged with their mental health while providing a buffer before the teen is severely impacted (Cao et al., 2020). There is awareness that youth are not always comfortable with reaching out to parents. The lack of communication could be for a variety of reasons as parent-child relationships can have a varying degree of comfort and transparency. The application is helpful in cases where children

would like their parents support but haven't bridged the gap of being comfortable discussing their mental health (Cao et al., 2020).

Technology can be a creative approach in overcoming the numerous barriers that hinder youth from accessing mental health services. Financial constraints, stigma, and physician shortages are just some of the challenges that prevent youth from accessing the life-saving care they deserve (Toscos et al., 2019). To address these barriers, resources such as tele-mental health have emerged as a promising solution. Tele-mental health utilizes technology such as mobile applications, virtual sessions, and online platforms to provide services virtually. This initiative has the potential to bridge the gap in accessing care, especially for youth in remote or underserved areas. By leveraging technology, we can empower young individuals to seek mental health support and overcome the barriers. Additionally, the implementation of technology can offload some of the pressure placed on educators to support all their students equally. Leveraging technology presents a creative solution to work around the barriers that may hinder youth's ability to fully take advantage of mental health services.

Mindfulness

Practicing mindfulness is to be aware of the present moment without judgement (Razza et al., 2021). It can be practiced through meditation, breathing techniques and movement that prioritizes the present moment and the acceptance of it (Razza et al., 2021). The power of mindfulness is to teach an individual to observe their internal thoughts, feelings, and physiology, with a curious approach that is nonreactive and non-self-blaming (Razza et al., 2021). There is a correlation between mindfulness practice and a reduction in maladaptive behaviours and cognitions (Maher, 2021). Practicing mindfulness positively impacts brain circuitry and the autonomic nervous system, which is associated with executive function and emotional regulation

(Razza et al., 2021). Executive function and emotional regulation are necessary for students to succeed by enhancing cognitive skills to support social and academic functioning (Razza et al., 2021; Dunning et al., 2019). Through this, individuals will be able to strengthen their inner resources which will promote behavioural and emotional regulation while reducing stress (Razza et al., 2021).

When mindfulness was integrated into a classroom for 12 weeks, which consisted of a trained instructor and the teacher was present as an observer and participant, improvements in students well-being were shown (Razza et al., 2021). During those 12 weeks, students practiced mindfulness techniques which included awareness of breath, thought bubble, body scan, sound meditation and compassion (Razza et al., 2021). The topics covered survival responses, separating the self from thought and feeling, and how self-regulation and mindful awareness can benefit their relationship and communication (Razza et al., 2021).

The benefits of mindfulness are particularly beneficial in a school setting. Research indicated meaningful benefits on areas such as stress, depression, anxiety, self-efficacy, and emotional regulation in both students and teachers (Luong et al., 2019). Considering how adolescence can be a challenging period due to academic stress, social pressures, physical changes and so on, mindfulness can provide the grounding an individual may need to navigate these challenges in a healthy manner. By being able to integrate mindfulness into a classroom, educators can create a nurturing and supportive learning environment that strengthens a student's academic performance, increases well-being, and helps develop social-emotional skills. This accessible and cost-effective method can be easily implemented into the classroom's structure, without having to take away much time from their learning material.

Lived Experienced Worker

Mental illness can be a deeply vulnerable experience for some, and a common concern that arises with mental illness is the worry that others cannot understand what one is going through. This can complicate the process of communicating feelings and needs, which is vital in the realm of mental health. One way to help youth feel understood and heard is to speak with someone who has had their own personal lived experience with mental illness. Schools can help by inviting and collaborating with lived experience workers to present workshops, answer questions or have candid conversations about their journey.

In the Netherlands, a lived experience worker (LEW) was brought in to assist with a workshop involving a virtual character, Lisa, who was displaying depressive symptoms (Gijzen et al. 2021). The LEW assisted with guiding youth in how they could best support Lisa, which included relating Lisa's experience to theirs (Gijzen et al. 2021). The LEW would also conduct debriefing sessions which were entirely structured to the LEW's preference to best promote transparent communication (Gijzen et al. 2021). A suggestion to be made with this approach is to have the LEW discuss with the class if their structure works alongside the way the students learn, providing an opportunity for any changes to be made so students feel seen. Along with debriefing sessions, the LEW would teach mental health first aid and share their own experiences with depression (Gijzen et al. 2021). Through working with the LEW, students were found to be more open to sharing their personal experiences with mental health or that of someone they knew who was struggling (Gijzen et al. 2021). Students also demonstrated a curiosity towards the LEW as it established a degree of relatability and authenticity (Gijzen et al. 2021). These conversations between the students and the LEW led to an overall reduction in stigma surrounding mental health (Gijzen et al. 2021).

The LEW played a vital role in encouraging students to talk and learn about mental health in this study. It was found that youth who are suicidal are more likely to talk to others who were suicidal once as well (Albritton et al., 2021). An individual with lived experience may seem more approachable than a professional for many youths. These are people who have been through personal struggles before and come from a more authentic and empathic place. A LEW can act as a role model for students that are less intimidating than a health professional. Some may struggle with the power imbalance when interacting with a health professional, whereas those with lived experience provide a more leveled relationship. This is not to say that an individual with lived experience can replace professionals, but instead provide some guidance and validation towards the experience of the youth.

Allowing students to interact with those with lived experience can be a resource that many may feel is valuable (Gijzen et al. 2021). Having them involved in schools and create relationships with the students is a form of intervention. This could be done through presentations, guest speakers, or workshops. Another type of mental health advocacy students can access is through social media. There are many individuals who use social media to express their experiences while providing some type of support or resources. This method may be an obtainable way for students to receive the same benefits through an online experience, especially for those who have reservations about speaking in person. There is so much power and healing that come from stories that we tend to underestimate. Some students may connect to a personal experience more than they would to a structured lesson.

Gratitude

Gratitude is another technique that can be easily implemented into the school curriculum, fostering a more supportive and positive learning environment. It is practiced through helping an

individual bring awareness and appreciate the good things in life (Zhang et al., 2023). Gratitude can act as a positive emotion that counterbalances the adversities experienced in life such as challenges, hardships, and traumas (Zhang et al., 2023). Providing youth with the chance to shift their focus allows them to draw on their strengths, find meaning, and develop a sense of appreciation from their circumstances (Zhang et al., 2023).

Gratitude acts as a protective shield against adverse life experiences by providing them a shift in mindset while giving them a sense of purpose and motivation (Zhang et al., 2023). This can be seen as a strength-based approach by analyzing how they were able to address conflict in the past and can use that as evidence that they are more resilient than they may feel. It is not showering them with toxic positivity but allowing them to address what is going well to avoid spiralling. Toxic positivity rejects negative emotions and experiences and insists on positive thinking instead (Psychology Today, n.d.). This can be harmful in the long term as it prevents individuals from processing their emotions (Psychology Today, n.d.). However, gratitude helps provide hope that they have the resources within themselves to navigate life's challenges. It is shown through studies that the practice of gratitude can have lasting effects on the brain (Globe Newswire, 2021). It can be practiced by writing a short gratitude letter towards someone the youth cares about or by keeping a gratitude journal that they can continuously add to and reflect on (Globe Newswire, 2021). If implemented into a classroom, a quick gratitude journal entry could easily be slotted into the day's schedule. This shift in mindset will encourage greater success as they continue throughout the day, not only benefitting them mentally, but academically as well.

Conclusion

What we invest in our youth is reflective of how our future will be. Adolescence is filled with many strains on their mental health through personal, social, and academic pressures, where the inability to manage stressors in a healthy manor may occur (Wiens et al., 2020). When presented with mental health difficulties, youth are often faced with stigma and prefer self-reliance, especially as they transition out of their dependence from their parents (Syam et al., 2021). A preference for self-reliance and a lack of mental health literacy are common barriers that prevent youth from accessing support (Syam et al., 2021). Individuals who are experiencing social and emotional strains, find it difficult to navigate themselves through an unfamiliar health care system, preventing them from accessing very critical support (Syam et al., 2021). This is why there is so much importance in schools being able to teach youth about mental health. Once they are knowledgeable about their mental well-being, they are better able to detect symptoms they may be experiencing. The school environment is a unique environment, accessible to most youth, where mental health literacy can be taught. This capstone is a reminder why mental health literacy is lifesaving. It allows youth to detect warning signs in others and themselves at an earlier stage, and then be better equipped to manage it. The school environment is rich in potential. The possibilities to implement wellness are endless and attainable. As supports for youth, educators can be creative and equip them with opportunities and strategies to help build their resiliency. Youth are entering the adult world for the very first time, it is our duty to set them up for success, especially when it can save a life.

Chapter Three: Application

Discussion

The amount of time adolescents spend in high school presents an opportunity to provide mental health education and promote early intervention. A significant portion of their waking hours is spent within the school environment, where they receive social support, education and engage in various life experiences. Therefore, it is vital for schools to acknowledge the influence it has in shaping a youths social-emotional wellbeing and development. Acknowledging this influence, schools must prioritize initiatives that reduce stigma, support adolescents in navigating mental health challenges, and promote mental health awareness. This capstone advocates for high schools to be a source of support in student's lives by the integration of mental health literacy into the curriculum, emphasizing its potential as a lifesaving intervention. This initiative seeks to empower students with the knowledge to nurture and understand their mental wellbeing, while also equipping teachers with the skills to identify warning behaviours of declining mental health in their students.

The first theme of chapter two focused on the warning signs of declining mental health. It delved into the increasingly prevalent issue of mental health challenges among youth, with the focus being on depression and suicidal behaviours. There is recognition for the concerning rise in these rates over the years, calling attention to educations, parents, and peers to be attentive in recognizing the warning signs and initiating interventions and support promptly. The chapter emphasized the importance of understanding how mental health impacts behaviours, emotions, and cognitions, highlighting the need to look beyond surface-level behaviours to identify implicit issues.

Additionally, a significant aspect discussed is the addictive nature of self-harm, analyzing similarities with substance addiction. It shed light on the secret nature of self-harm behaviours and the challenges in accurately determining the prevalence of it due to its private nature. Furthermore, exploration of cultural influences, specifically in South Asian communities, where stigma may hinder open discussion and support-seeking behaviours surrounding mental illness. This cultural context emphasized the need for culturally sensitive approaches in educational settings while addressing mental health issues.

Along with the topic of self-harm, the concept of adverse childhood experiences (ACEs) was introduced and its impact on mental health. There is recognition of the role early-life trauma and stress in predisposing individuals to mental illness later in life. To provide effective support, understanding and addressing ACEs is crucial for identifying at risk students.

The second theme of the literature review focused on practical and evidence-based strategies schools can incorporate into the curriculum to support youth. It covered various aspects such as promoting mental health literacy, creating a sense of belonging, using technology, practicing mindfulness, introducing lived experience workers, and practicing gratitude. These strategies aid in enhancing students' mental well-being, academic success, and resilience.

Mental health literacy emerges as a significant aspect in this paper. The focus around mental health literacy is educating students on mental health, seeking support, understanding symptoms, promoting well-being, and reducing stigma. Highlighting the importance of mental health literacy, research finds that higher levels of mental health education led to improved emotional well-being in adolescents.

To foster social and emotional support, a sense of belonging within the school environment needs to be created. This can involve initiatives such as encouraging social integration, providing safe spaces, organizing clubs and groups, and facilitating online interactions. Efforts as such will not only promote a sense of community but also help mitigate the negative impact of ACEs by offering valuable social supports.

Technology can play a significant role in mental health support such as offering innovative solutions through applications. Examples include online counselling services, mood tracking, and virtual platforms for socializing. While this can help bridge the gap in accessing mental health services, there should be considerations about things such as access and privacy that remain essential in creating effective interventions.

Mindfulness practices were highlighted for their positive impact on stress reduction, emotional regulation, and cognitive functioning. Integrating mindfulness practices such as breathwork and meditation into classrooms can create a nurturing learning environment that supports students' overall well-being and academic performance.

The inclusion of lived experiences in mental health support involves schools inviting individuals who have experienced mental illness to share their insights, stories, and coping strategies with students. This approach reduces stigma, enhances empathy, and encourages open discussions surrounding mental health, creating a supportive culture within schools.

Lastly, gratitude is a simple yet powerful technique to create a shift in mindset and to promote positivity and resilience. Introducing practices such as writing letters or journaling can enhance overall well-being and success in school.

Early intervention in schools is a method proposed for improving mental health, but there may be limitations when trying to accomplish this within the school environment (Gee et al.,

2021). Teachers are overloaded with many tasks that require their time outside of normal working hours. The current school structure is not always flexible enough for teachers to incorporate non-academic education. This is a drawback in some cases and a barrier for mental health education to exist in schools. Additionally, there may not be funding available for these programs to run. However, modern-day education system should be adjusted to address the needs of current day students. It is evident that there is a gap in what students are learning and what they desire to learn. The importance of mental health has become more recognized throughout the years, especially when students are more at risk now than they have been in the past (Damme et al., 2024). With school being a safe place where most students attend, it is worthwhile to provide them with this knowledge they can use during their lifetime.

In conclusion, the school environment is a critical setting for fostering mental health awareness and interventions. High schools are in a unique position to approach a wide array of students who can benefit from mental health education. By embedding these evidence-based practices, it can create an informed and supportive community that proactively addresses mental health problems in youth. This comprehensive approach not only benefits students, but educators as well by being able to detect declining mental health in their students. Through dedicated effort, there can be a positive impact on the well-being and future success of students.

Appendix

Approximate time: 1.5 - 2 hours



Before I begin, I would have the students sit in a circle and I would join them. The goal of this is to create a more casual and comfortable environment, while also taking away the power imbalance by joining them. With the first slide I would do a land acknowledgement and bring awareness to our space and how I can make the environment more comfortable and accessible for the students. I would also remind them that I will try my best to create a safe space.

Notes:

- Have students arrange chairs into a circle and join them. Allow them to bring a piece of paper if they want to write anything down.
- Give land acknowledgement
- Ask students on how to make the environment feel more comfortable for them
 - o Ask if students want lights on or off? Dim?
 - o Ask students how often there should be breaks?
 - o Bring some fidgets

- Ask if they prefer the window open or closed?
- Mention that if students are restless and need to stand, that it is okay. All of our bodies operate or learn best differently, and we honour that.
 - Find a designated spot for students to stand so they aren't a distraction to other students
- Ask if any student has any accessibility needs
 - If students are uncomfortable, have everyone get a sticky note and write their accessibility needs or write "none" if they don't have one and collect them



I believe there is a greater chance for individuals to open up to you if they know a little bit about you. In my case, I would mention that I have lived experience and can go into detail later if they would like to know more.

Notes:

- Give a small description of yourself that you think will help the students get to know you better
- Normalize any lived experiences you have and why this topic is important to you
- Ask if students would like to ask anything to get to know you better
 - o Answer what you feel comfortable answering
 - o Acknowledge any boundaries you set in place

iCE BREAKER

- 1) Separate into groups
- 2) Find 3 things in common among all of you
- 3) Report to the class the strangest one



Before we start talking about a sensitive topic, I would introduce an ice breaker to hopefully decrease any nerves and help everyone feel comfortable with those around them.

Notes:

- Separate the students into groups of 3 or 4
- Give them 5 minutes to come up with 3 things they all have in common
- Have each group report the strangest one to the rest of the group



I am aware that working with neurodivergent folks, they appreciate knowing the agenda ahead of time. This also allows students to be aware of what will be covered and if any particular topics spark an interest. This frontloading of information can possibly allow students to prepare any specific questions on topics that will be discussed.

Notes:

- Provide agenda on screen and ask if anyone has any questions

WHAT IS MENTAL HEALTH?



Mental health is something every living thing has, it is your emotional, psychological, and social well-being. These components affect how we feel, think and act. It also influences how we handle stress, relate to others, and make healthy choices (CDC, 2021).

First, I would provide education on what mental health is and how everyone is born with it. This would also be a beneficial time to bring up the differences between mental illness and mental health.

Notes:

- Ask group if anyone knows what mental health is and give them time to guess
- Define term on slide and then expand with corresponding thoughts:
 - o Example: Mental health includes your emotions, thoughts and behaviours. It is something everyone has just like our physical health. However, unlike physical health, with mental health it is not visible when something is wrong. There may be behaviours that indicate we're not doing well, but you cannot see it like a broken bone.
 - o Many get confused with what mental health vs mental illness is. Mental health is something we are all born with. While mental illness is an illness. Individuals

may get it as they develop due to various factors. It could be from stressors in the environment or there may be a family history of it.

- Mental illnesses are usually diagnosed by a family doctor, psychologist or psychiatrist. There are certain symptoms present and a certain amount of them in order for it to be a diagnosis. Many can have symptoms of various disorders, but it isn't until it is impairing your life, and you need to required symptoms to get diagnosed.

HOW DO I MAINTAIN IT?



I like to think of maintaining my mental health in 3 components

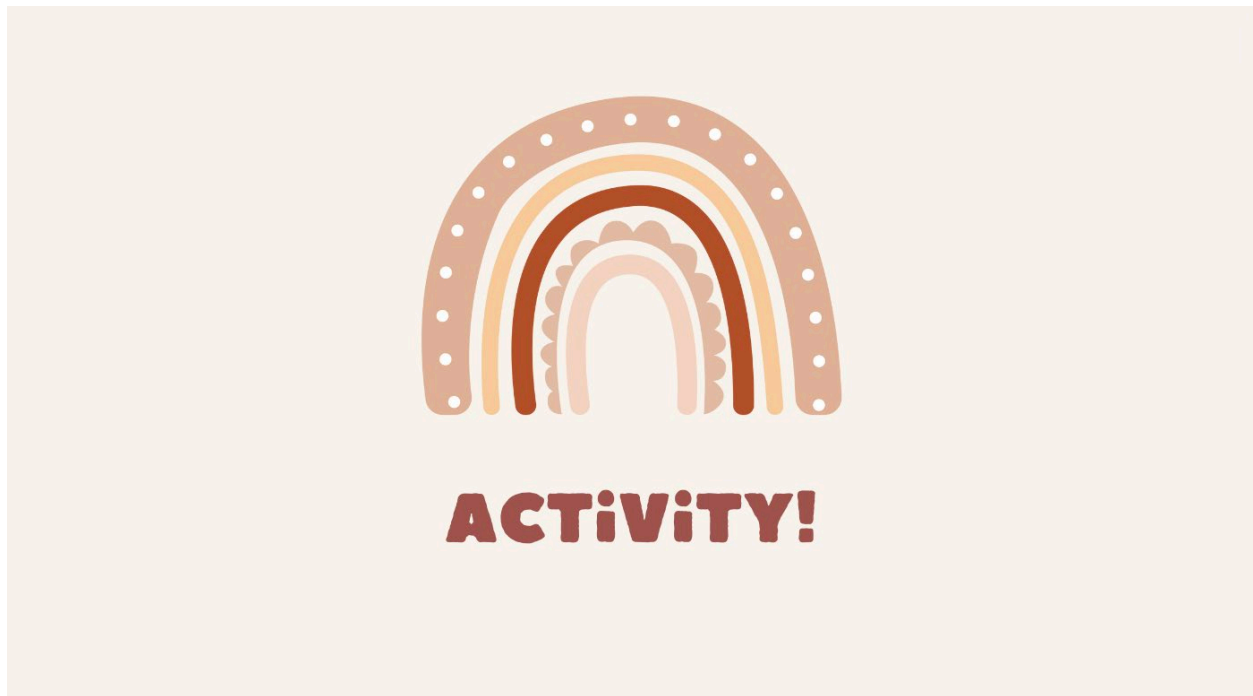
Social – A balance of spending time alone & with others

Emotional – Journal, talk it out, meditate, mindfulness, gratitude journal

Behavioural – Gym, dancing, shaking my body, walking

Notes:

- Replace examples with your own
- Go through each category and expand on your examples



After speaking on how I maintain my mental health, I would like the class to speak on what they do to maintain their mental health and learn from each other. For this I would have a fidget toy go around the circle and when an individual has it, they give us an example (with the option to pass).

Notes:

- Acknowledge how it is so valuable to learn from one another. Normalize how to this day we are learning from our own clients as well.
- Present a fidget toy and explain to the group that we will pass the fidget toy around the circle and when you have it, you can give examples of how you take care of your mental health
 - o Mention that is anyone feels uncomfortable, they are welcome to pass. However, it is strongly encouraged they step out of their comfort zone, if they have the capacity, and share!



I would have the students practice these coping strategies in class with me, if possible.

Notes:

- 5 senses activity
 - Have everyone pair up and sit across from each other. Have student decide which student will be student A and B. Have student A name 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell and 1 thing they can taste. Give about 3 minutes then have student B take a turn. Have student debrief about their experience.
- Find a colour
 - In the same pairs with the same system, have each student in each pair pick a colour and find as many things as possible in that colour around the room. Debrief about their experience.
- Butterfly hug

- Have students fan their hands and cross them on their chest, with each middle finger resting on opposite collarbones. Interlock thumbs so it looks like a butterfly. Now slowly do alternate tapping with your hands on your chest and take deep breaths.
- Explain how the butterfly hug works
 - Example: This is another tool used for self-soothing. The alternative tapping stimulates both sides of the brain. The left side controls emotions and creativity, while the right side handles logic, patterns and control (Filipiak, 2020).
 - Sometimes we deal with triggers that set off our nervous systems and cause us to panic. This technique allows us to calm our thoughts by stimulating both hemispheres of the brain (Filipiak, 2020).
 - Reference: <https://www.counselingconnectionsnm.com/blog/try-the-butterfly-hug-to-help-with-ptsd-symptoms>
- Ice vagus nerve/Temperature
 - Have students locate their vagus nerve
 - Explain to students the function of it and how it can help activate the parasympathetic nervous system
 - Example: The vagus nerve is located down the body, from your brain to your abdomen, and it is in charge of signaling to your body to relax. It slows your heart rate and lowers your blood pressure, which sends a message to the brain that it is time to relax. Stimulating this nerve can be helpful in decreasing stress and anxiety. It is found that cold exposure

helps restrict your blood vessels, which signals to the vagus nerve that it is time to relax (Wilson, 2022).

- There are a few ways to stimulate the vagus nerve. You can put your head in cold water, take a cold shower, splash cold water on your face, go outside when it is chilly, drink ice cold water or put an ice pack on your chest/neck. Other ways your can activate this nerve is through humming or singing, exercise and massages (Wilson, 2022).
- Reference: <https://psychcentral.com/anxiety/vagus-nerve-cooling-anxiety>

- Gratitude

- Explain gratitude and its benefits.
- Example: Gratitude is an easy technique that doesn't require much effort. It is taking the time to appreciate the good things in life. Its purpose is not to ignore that bad, but shifting the mindset into what is going well to create some evidence for resiliency. The habits we tend to repeat is what is strengthened in our brain. Just like any skills, the more we practice it, the more automatic it becomes. It is helpful since it helps avoid us from spiraling and provides some positive evidence to help strength our confidence. We can do this by keeping a gratitude jar or journal or any other creative ways you can incorporate into your day (Zhang et al., 2023).

- Double inhale

- Have students rate their anxiety levels from 1-10. 1 being no anxiety and 10 being the worst anxiety they've ever felt.
- Have students inhale twice and then exhale once. Do this for about 6 rounds.

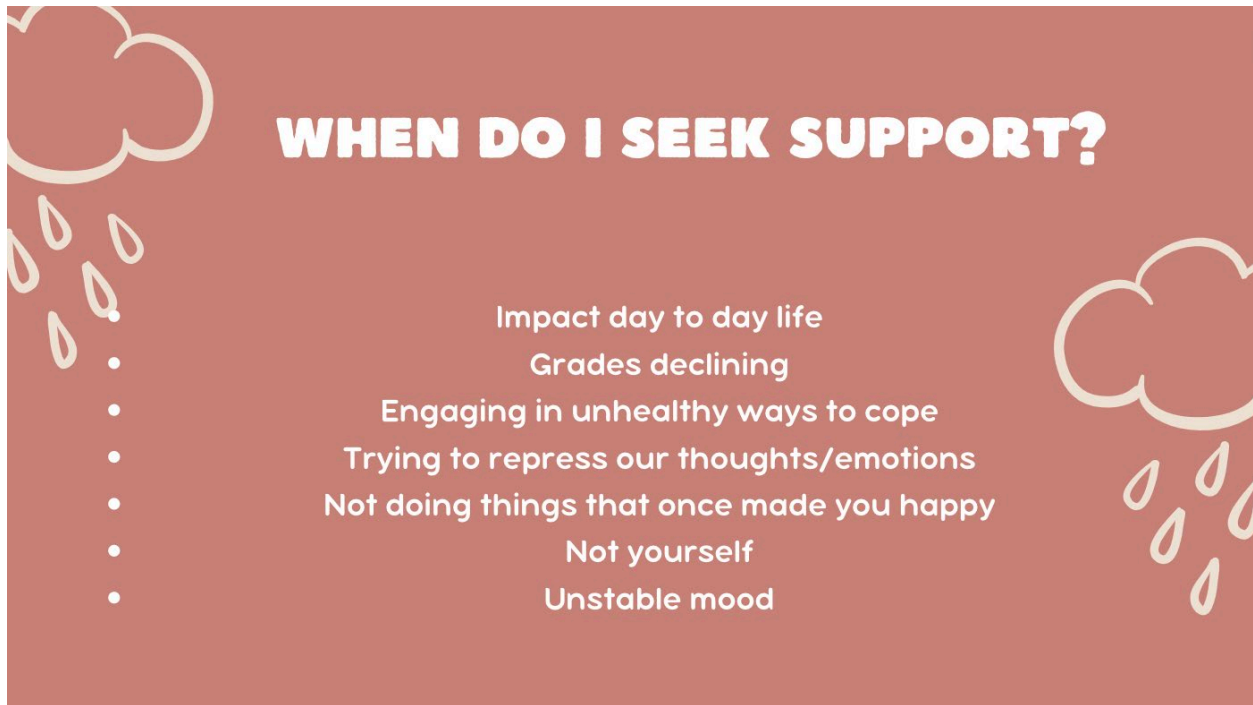
- Ask students where their anxiety is now.
- Debrief about how this experience was.
- Visualization of tension release
 - Have students close their eyes and take a few deep breaths (in through the nose and out their mouth).
 - Ask students to locate where in their body they are feeling tension.
 - Have students imagine the breath from their inhale surrounds the area of tension and slowly leaves their mouths as they exhale.
 - Continue to do this for about a minute and then debrief on the experience.



On this slide I'd have the students give me examples on signs that their mental health is declining, and they need to seek support.

Notes:

- Have students give examples of declining mental health and write it on the write board



Notes:

- Provide this slide to show some examples



Notes:

- Read each option and ask students if they have any questions for one of these options.
- For Youtubers and Tiktokers, address how important it is to make sure the individuals they are watching are qualified and how there is a lot of misinformation online. If the influencers are able to verify their claims through research, and are able to provide the research, they are a trusted source.

Resources:

- **Crisis line**
 - Text CONNECT to 686868
 - 988 Text or call
- **Foundry BC**
 - <https://foundrybc.ca/>
- **Moving Forward Family Services**
 - <https://movingforward.helpp/>
- **Pathways BC**
 - <https://pathwaysbc.ca/login>

- **Anxiety Canada**
 - <https://www.anxietycanada.com/>
- **Book**
 - The body keeps score
- **Dr. Gabor Maté**
- **Crime Victim Assistance Program**
 - <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/if-you-are-a-victim-of-a-crime/victim-of-crime/financial-assistance-benefits>

Notes:

- Click on each resource to show them how to access it and if any account needs to be made. Add your own examples of personal resources you know to that area or would be applicable to the youth you are working with.

Q&A



What are some questions we have about mental health?
or
Questions for me?

Write it on a sticky note!

I'd open this time up for discussions on anything the youth would like to focus on. This provides them an opportunity to ask questions in a safe space with someone who has lived experience and is a mental health professional.



THANK YOU :)

References

About Mental Health. (2021). *Centers for Disease Control and Prevention*.

<https://www.cdc.gov/mentalhealth/learn/index.htm#:~:text=Although%20the%20terms%20are%20often,%2C%20and%20social%20well%2Dbeing.>

Albritton, T., Ford, K. L., Elsbernd, K., Santodomingo, M., Juzang, I., Weddington, P., & Bull, S. (2021). Implementing a peer advocate mental health digital intervention program for ohio youth: Descriptive pilot study. *JMIR Mental Health*, 8(4), e24605-e24605.

<https://doi.org/10.2196/24605>

American Psychiatric Association. (2023). What are Anxiety Disorders?

<https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>

Atilola, O., Ayinde, O., Obialo, F., Adeyemo, S. O., Adegaju, D., & Anthony, R. (2022).

Towards school-based mental health programs in nigeria: The immediate impact of a depression-literacy program among school-going adolescents and their teachers. *Child and Adolescent Psychiatry and Mental Health*, 16(1), 1-70.

<https://doi.org/10.1186/s13034-022-00503-9>

Bjørnsen, H. N., Espnes, G. A., Eilertsen, M. B., Ringdal, R., & Moksnes, U. K. (2019). The relationship between positive mental health literacy and mental well-being among adolescents: Implications for school health services. *The Journal of School Nursing*, 35(2), 107-116. <https://doi.org/10.1177/1059840517732125>

Briggs, E. C., Amaya-Jackson, L., Putnam, K. T., & Putnam, F. W. (2021). All adverse childhood experiences are not equal: The contribution of synergy to adverse childhood experience scores. *The American Psychologist*, 76(2), 243-252. <https://doi.org/10.1037/amp0000768>

- Cao, J., Truong, A. L., Banu, S., Shah, A. A., Sabharwal, A., & Moukaddam, N. (2020). Tracking and predicting depressive symptoms of adolescents using smartphone-based self-reports, parental evaluations, and passive phone sensor data: Development and usability study. *JMIR Mental Health, 7*(1), e14045-e14045. <https://doi.org/10.2196/14045>
- Canadian Mental Health Association, BC Division. (n.d.). Facts and figures. Retrieved May 21, 2024, from <https://bc.cmha.ca/impact/facts-and-figures/>
- Chaudhry, T., & Chen, S. H. (2019). Mental illness stigmas in south asian americans: A cross-cultural investigation. *Asian American Journal of Psychology, 10*(2), 154-165. <https://doi.org/10.1037/aap0000141>
- Church, M., Ellenbogen, S., & Hudson, A. (2020). Perceived barriers to accessing mental health services for rural and small city cape breton youth. *Social Work in Mental Health, 18*(5), 554-570. <https://doi.org/10.1080/15332985.2020.1801553>
- Clayborne, Z. M., & Colman, I. (2019). Associations between depression and health behaviour change: Findings from 8 cycles of the canadian community health survey. *Canadian Journal of Psychiatry, 64*(1), 30-38. <https://doi.org/10.1177/0706743718772523>
- Damme, K. S. F., Vargas, T. G., Walther, S., Shankman, S. A., & Mittal, V. A. (2024). Physical and mental health in adolescence: Novel insights from a transdiagnostic examination of FitBit data in the ABCD study. *Translational Psychiatry, 14*(1), 75-75. <https://doi.org/10.1038/s41398-024-02794-2>
- Davis, S., & Lewis, C. A. (2019). Addiction to self-harm? the case of online postings on self-harm message boards. *International Journal of Mental Health and Addiction, 17*(4), 1020-1035. <https://doi.org/10.1007/s11469-018-9975-8>
- Deaton, J. D., Ohrt, J. H., Linich, K., Wymer, B., Toomey, M., Lewis, O., Guest, J. D., &

- Newton, T. (2022). Teachers' experiences with K-12 students' mental health. *Psychology in the Schools, 59*(5), 932-949. <https://doi.org/10.1002/pits.22658>
- Dubreucq, J., Plasse, J., & Franck, N. (2021). Self-stigma in serious mental illness: A systematic review of frequency, correlates, and consequences. *Schizophrenia Bulletin, 47*(5), 1261-1287. <https://doi.org/10.1093/schbul/sbaa181>
- Dunning, D. L., Griffiths, K., Kuyken, W., Crane, C., Foulkes, L., Parker, J., & Dalgleish, T. (2019). Research review: The effects of mindfulness-based interventions on cognition and mental health in children and adolescents – a meta-analysis of randomized controlled trials. *Journal of Child Psychology and Psychiatry, 60*(3), 244-258. <https://doi.org/10.1111/jcpp.12980>
- Ferrari, S., Bressi, C., Busnelli, E., Mattei, G., Pozzoli, S., Oliva, A., Galeazzi, G. M., & Pingani, L. (2020). Stigma on mental health among high school students: Validation of the Italian version of the attribution questionnaire-27 (AQ-27-I) in a high school student population. *International Journal of Environmental Research and Public Health, 17*(14), 5207. <https://doi.org/10.3390/ijerph17145207>
- Fisher, H., Reiss, P. T., Atias, D., Malka, M., Shahar, B., Shamay-Tsoory, S., & Zilcha-Mano, S. (2023). Facing emotions: Between- and within-sessions changes in facial expression during psychological treatment for depression. *Clinical Psychological Science, 12*(1), 1-12. <https://doi.org/10.1177/21677026231195793>
- Filipiak, M. (2020, January 2). Try the Butterfly Hug to help with PTSD symptoms. *Counseling Connections*. <https://www.counselingconnectionsnm.com/blog/try-the-butterfly-hug-to-help-with-ptsd-symptoms>
- Frejtan, A. M., Kirchhoff, S., Bauer, U., & Okan, O. (2023). The effects of an adapted mental

- health literacy curriculum for secondary school students in germany on mental health knowledge and help-seeking efficacy: Results of a quasi-experimental pre-post evaluation study. *Frontiers in Public Health*, 11, 1219925-1219925.
<https://doi.org/10.3389/fpubh.2023.1219925>
- Fretian, Kirchhoff, S., Graf, P., & Bauer, U. (2020). Promoting mental health literacy in schools. *The European Journal of Public Health.*, 30(Supplement_5).
<https://doi.org/10.1093/eurpub/ckaa165.273>
- Gee, B., Wilson, J., Clarke, T., Farthing, S., Carroll, B., Jackson, C., King, K., Murdoch, J., Fonagy, P., & Notley, C. (2021). Review: Delivering mental health support within schools and colleges – a thematic synthesis of barriers and facilitators to implementation of indicated psychological interventions for adolescents. *Child and Adolescent Mental Health*, 26(1), 34-46. <https://doi.org/10.1111/camh.12381>
- Gijzen, M., Rasing, S., Van den Boogaart, R., Rongen, W., Van der Steen, T., Creemers, D., Engels, R., & Smit, F. (2021). Feasibility of a serious game coupled with a contact-based session led by lived experience workers for depression prevention in highschool students. *PloS One*, 16(11)
- Griffiths, N. (2023). Survey highlights mental health challenges among B.C. youth. *Vancouver Sun*. <https://vancouver.sun.com/news/local-news/survey-highlights-mental-health-challenges-among-b-c-youth>
- Hagenauer, G., Muehlbacher, F., & Ivanova, M. (2023). “It’s where learning and teaching begins – is this relationship” — insights on the teacher-student relationship at university from the teachers’ perspective. *Higher Education*, 85(4), 819-835.
<https://doi.org/10.1007/s10734-022-00867-z>

- Himelein-Wachowiak, M., Giorgi, S., Kwarteng, A., Schriefer, D., Smitterberg, C., Yadeta, K., Bragard, E., Devoto, A., Ungar, L., & Curtis, B. (2022). Getting "clean" from nonsuicidal self-injury: Experiences of addiction on the subreddit r/selfharm. *Journal of Behavioral Addictions, 11*(1), 128-139. <https://doi.org/10.1556/2006.2022.00005>
- How gratitude boosts mental health & changes your brain: Dr. michele nealon, president of the chicago school of professional psychology explains (2021). . *NASDAQ OMX Corporate Solutions, Inc.*
- Hyslop, K. (2021, February 11). BC claims mental well-being is taught in schools, but students disagree. *The Tyee*. <https://thetyee.ca/News/2021/02/11/BC-Claims-Mental-Well-Being-Taught-In-Schools-Students-Disagree/>
- Islam, F., Qasim, S., Ali, M., Hynie, M., Shakya, Y., & McKenzie, K. (2023). South asian youth mental health in peel region, canada: Service provider perspectives. *Transcultural Psychiatry, 60*(2), 368-382. <https://doi.org/10.1177/13634615221119384>
- Isobel, S., Pretty, D., Meehan, F., & Smith, N. (2021). 'I feel like I have a voice': Promoting mental health among australian high school students through public speaking. *Advances in Mental Health, 19*(3), 272-282. <https://doi.org/10.1080/18387357.2021.1880944>
- Keyes, K. M., Gary, D., Patrick M O'Malley, Hamilton, A., & Schulenberg, J. (2019). Recent increases in depressive symptoms among US adolescents: trends from 1991 to 2018. *Social Psychiatry and Psychiatric Epidemiology, 54*(8), 987-996. <https://doi.org/10.1007/s00127-019-01697-8>
- Kristjanson, A. J., Hardman, M. P., Penner, K. E., Gornik, M. E., Pryor, T. A. M., Petty, S. K., Alcolado, G. M., Furer, P., & Reynolds, K. A. (2022). "there is always a waitlist": The experiences of perinatal women randomized to a waitlist condition in a trial evaluating a

- novel online self-directed intervention for perinatal anxiety. *Frontiers in Health Services*, 2, 957368-957368. <https://doi.org/10.3389/frhs.2022.957368>
- Laborie, A. (2021, March 24). Richmond student advocates for mental health education in BC schools. *Daily Hive*. <https://dailyhive.com/vancouver/mental-health-education-bc-schools>
- Lewis, C. A., Davis, S., Khukhrin, M., & Galyautdinova, S. (2021). Examining online postings on a russian internet self-harm message board: Further evidence of addiction to self-harm? *European Psychiatry*, 64(S1), S598-S599. <https://doi.org/10.1192/j.eurpsy.2021.1597>
- Li, T. (2022). The impact of advertising exposure on the gendered perceptions of men with mental health concerns. *The Journal of Consumer Marketing*, 39(6), 610-620. <https://doi.org/10.1108/JCM-01-2021-4394>
- Liu, J. L., Wang, C., Do, K. A., & Bali, D. (2022). Asian american adolescents' mental health literacy and beliefs about helpful strategies to address mental health challenges at school. *Psychology in the Schools*, 59(10), 2062-2084. <https://doi.org/10.1002/pits.22655>
- Luong, M. T., Gouda, S., Bauer, J., & Schmidt, S. (2019). Exploring mindfulness benefits for students and teachers in three german high schools. *Mindfulness*, 10(12), 2682-2702. <https://doi.org/10.1007/s12671-019-01231-6>
- Maher, C. (2021). The benefits of mindfulness for university students. *Building Healthy Academic Communities Journal*, 5(1), 42-57. <https://doi.org/10.18061/bhac.v5i1.7735>
- Marinucci, A., Grové, C., & Rozendorn, G. (2022). “It’s something that we all need to know”: Australian youth perspectives of mental health literacy and action in schools. *Frontiers in Education (Lausanne)*, 7 <https://doi.org/10.3389/feduc.2022.829578>
- Mayo Clinic. (2022). Teen Depression. <https://www.mayoclinic.org/diseases-conditions/teen->

depression/symptoms-causes/syc-20350985

McMullen, J., Brooks, C., Iannucci, C., & Fan, X. (2022). A day in the life: Secondary school students' experiences of school-based physical activity in Ireland, Finland, and the United States. *International Journal of Environmental Research and Public Health*, *19*(3), 1214. <https://doi.org/10.3390/ijerph19031214>

McSheffrey, E., & Stanton, K. (2023, December 8). Nearly 40% of surveyed B.C. teens between 15 and 17 may have depression: SFU. *Global News*. <https://globalnews.ca/news/10158246/teens-mental-health-simon-fraser-university/>

Mosley-Johnson, E., Garacci, E., Wagner, N., Mendez, C., Williams, J. S., & Egede, L. E. (2019). Assessing the relationship between adverse childhood experiences and life satisfaction, psychological well-being, and social well-being: United States longitudinal cohort 1995–2014. *Quality of Life Research*, *28*(4), 907–914. <https://doi.org/10.1007/s11136-018-2054-6>

Naz, A., Naureen, A., Kiran, T., Husain, O., Minhas, A., Razzaque, B., Tofique, S., Husain, N., Furber, C., & Chaudhry, N. (2021). Exploring lived experiences of adolescents presenting with self-harm and their views about suicide prevention strategies: A qualitative approach. *International Journal of Environmental Research and Public Health*, *18*(9), 4694. <https://doi.org/10.3390/ijerph18094694>

Nazareth, Kvalsvig, J. D., Mellins, C. A., Desmond, C., Kauchali, S., & Davidson, L. L. (2022). Adverse childhood experiences (ACEs) and child behaviour problems in KwaZulu-Natal, South Africa. *Child: Care, Health, and Development*, *48*(3), 494–502. <https://doi.org/10.1111/cch.12950>

Nguyen T, Tsang VW, Randhawa PA, Rosenkrantz M, Amirie M, Bhatia F, Drabkin L, Kim JL,

- Leung AS, Tang JK, Singh TK. (2019). Highlighting Current Needs in Addressing Youth Mental Health in British Columbia. *UBC Medical Journal.*, 10(2).
- Ozturan, D., & Kocakaya, H. (2023). Evaluation of mental health literacy in university students. *Medicine Science*, 12(2), 479-83. <https://doi.org/10.5455/medscience.2023.04.054>
- Psychology Today. (n.d.). Toxic positivity. *Psychology Today*. Retrieved May 21, 2024, from <https://www.psychologytoday.com/ca/basics/toxic-positivity>
- Rao, M. E., & Rao, D. M. (2021, July). The mental health of high school students during the COVID-19 pandemic. In *Frontiers in Education* (Vol. 6, p. 719539). Frontiers Media SA.
- Razza, R., Bergen-Cico, D., Reid, S., & Uveges, R. L. (2021). The benefits of mindfulness for promoting resilience among at-risk adolescents: Results from the inner strength teen program. *ECNU Review of Education* (Online), , 209653112098225. <https://doi.org/10.1177/2096531120982254>
- Syan, A., Lam, J. Y. Y., Huang, C. G. L., Smith, M. S. M., Darnay, K., Hawke, L. D., & Henderson, J. (2021). The wellness quest: A health literacy and self-advocacy tool developed by youth for youth mental health. *Health Expectations : An International Journal of Public Participation in Health Care and Health Policy*, 24(2), 659-669. <https://doi.org/10.1111/hex.13214>
- Toscas, T., Coupe, A., Flanagan, M., Drouin, M., Carpenter, M., Reining, L., Roebuck, A., & Mirro, M. J. (2019). Teens using screens for help: Impact of suicidal ideation, anxiety, and depression levels on youth preferences for telemental health resources. *JMIR Mental Health*, 6(6), e13230-e13230. <https://doi.org/10.2196/13230>
- Tuijnman, A., Kleinjan, M., Olthof, M., Hoogendoorn, E., Granic, I., & Engels, R. C. (2022). A

- game-based school program for mental health literacy and stigma on depression (moving stories): Cluster randomized controlled trial. *JMIR Mental Health*, 9(8), e26615-e26615. <https://doi.org/10.2196/26615>
- Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences*, 29, e115-e115. <https://doi.org/10.1017/S2045796020000281>
- Wilson, D. (2022). Vagus nerve cooling for anxiety: A new method for calming down. *Psych Central*. <https://psychcentral.com/anxiety/vagus-nerve-cooling-anxiety>
- Wheeler, N. J., Regal, R. A., Griffith, S. M., & Barden, S. M. (2021). Dyadic influence of adverse childhood experiences: Counseling implications for mental and relational health. *Journal of Counseling and Development*, 99(1), 24-36. <https://doi.org/10.1002/jcad.12351>
- Wong, A., Chan, I., Tsang, C. H. C., Chan, A. Y. F., Shum, A. K. Y., Lai, E. S. Y., & Yip, P. (2021). A local review on the use of a bio-psycho-social model in school-based mental health promotion. *Frontiers in Psychiatry*, 12, 691815-691815. <https://doi.org/10.3389/fpsyt.2021.691815>
- World Health Organization. (2023). Depression. Retrieved from https://www.who.int/health-topics/depression#tab=tab_1
- Zhang, L., Roslan, S., Zaremohzzabieh, Z., Liu, K., Tang, X., Jiang, Y., & Mohamad, Z. (2023). A serial mediation model of negative life events on school adjustment of left-behind adolescents in rural China: The central role of hope and gratitude. *BMC Psychiatry*, 23(1), 588-588. <https://doi.org/10.1186/s12888-023-05102-2>

Zhang, M. X., Mou, N. L., Tong, K. K., & Wu, A. M. S. (2018). Investigation of the effects of purpose in life, grit, gratitude, and school belonging on mental distress among chinese emerging adults. *International Journal of Environmental Research and Public Health*, *15*(10), 2147. <https://doi.org/10.3390/ijerph15102147>