BC Mental Health & Addiction Services

An agency of the Provincial Health Services Authority

Youth and Young Adult Mental Health Literacy

Best practices and recommendations for promoting mental health literacy among BC's youth and young adults

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Youth and Young Adult Mental Health Literacy

Overview

The Provincial Strategy to Improve Health Literacy in Mental Health and Addictions is a capacity building initiative to support the implementation of a best practice framework to improve public understanding and reduce the stigma related to mental health and substance use issues. As part of the Provincial Strategy, BC Mental Health and Addiction Services is interested in implementing an initiative to promote the mental health literacy of youth and young adults aged 13 to 25 in British Columbia. This document reviews the best practice literature related to youth and young adult mental health literacy initiatives and presents a conceptual framework, recommendations, and budget for a youth and young adult mental health literacy initiative in British Columbia.

Best Practices in Youth and Young Adult Mental Health Literacy

Introduction

Mental health literacy is a term first used by Anthony Jorm of Australia in the late 1990s, to describe the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (CAMIMH, 2007, p. 11). This conceptualization of mental health literacy has evolved in recent years to describe the “knowledge and skills that enable people to access, understand and apply information for mental health” (Canadian Alliance on Mental Illness and Mental Health [CAMIMH], 2008, p. 2). This definition highlights the importance of empowerment and suggests that mental health literacy involves support for skill development and empowerment such that individuals can make informed, mental health promoting decisions (CAMIMH, 2008).

Improvements in mental health literacy can result in a number of benefits including prevention, early recognition and intervention, and the reduction of stigma and discrimination associated with mental illness (CAMIMH, 2007). Mental disorders often first emerge among youth or young adults (Kelly et al., 2007), and although an estimated 10-20% of youth in Canada are affected by a mental illness or disorder (Canadian Mental Health Association [CMHA], 2010b) less than 20% of these youth access treatment (Canadian Council on Learning, 2009). The

burden of mental disorders among youth compounded by low mental health literacy among this population (Kelly et al., 2007) suggests that improving mental health literacy in youth and young adults should be a priority when designing health interventions.

As discussed above, BC Mental Health and Addiction Services (BCMHAS) is interested in implementing an initiative to increase mental health literacy among youth and young adults aged 13 to 25 years old, their parents and families, gatekeepers and decision makers. Objectives of the initiative will be to: i) increase public awareness about mental health and substance use issues; ii) increase recognition and improve early identification of symptoms of mental illness and/or substance use problems; iii) reduce the stigma associated with mental illness; iv) increase help-seeking behaviours; and v) improve access to services at an earlier stage of illness. In order to develop such an initiative, it is essential to identify current and emerging best practices in the field. This paper reviews the international, national, and local best practice literature on improving mental health literacy among youth and young adults.

A review of mental health literacy interventions among youth and young adults was conducted by Kelly, Jorm and Wright in 2007. The review searched PubMed and PsychINFO databases for studies that used the term “mental health literacy” (Kelly et al., 2007). The results demonstrated that there are relatively few interventions aimed at improving the mental health literacy of young people, and in some cases, evaluation of these interventions has lacked rigourous methodology (Kelly et al., 2007).

This review identifies and discusses 21 mental health literacy interventions for youth and young adults internationally, within Canada, and within British Columbia and includes nine interventions identified by Kelly et al. (2007). Consistent with Kelly et al. (2007), the review is organized by intervention setting and includes the following: whole community interventions, community interventions targeted towards youth and young adults, school-based interventions, and individual training programs.

Whole Community Interventions

Although whole community interventions do not specifically target youth and young adults, these interventions reach youth and young adult audiences. Two whole community mental

health literacy interventions were identified: *beyondblue* from Australia and the *BC Partner's HeretoHelp* in British Columbia. The mental health literacy objective of the *beyondblue* initiative is to improve community awareness and destigmatization associated with depression (Pikis, 2004). The *beyondblue* initiative implemented a mass media campaign including a website, community service announcements, and community activities (Pirkis, 2004). Population surveys have indicated increases in communities' awareness of depression, associated symptoms, causes and treatment options, however recognition of the prevalence and burden of depression continued to be underestimated (Pirkis, 2004). Notably, population surveys used to determine the impact of the *beyondblue* initiative excluded youth under 18 years (Pirkis, 2004). The *HeretoHelp* initiative aims to provide high-quality information on mental health and substance use issues though fact sheets, toolkits and brochures (BC Partners, n.d.). Data collected from a 2009 survey indicated that a significant proportion of respondents reported having a better understanding of mental health, mental illness, and substance use issues and feeling less stigma for people living with mental illness or substance use issues (HeretoHelp, 2009). Respondents also reported having more hope, and learning how to improve their own or a friend or family member's wellness as a result of using the *HeretoHelp* website (HeretoHelp, 2009). However, only 16% of respondents were under 30 years of age and only 2.4% were 19 years old or younger (HeretoHelp, 2009).

Summary: While whole community interventions include a range of populations and have demonstrated positive outcomes, it is difficult to ascertain their particular impact on youth and young adult populations.

Community Interventions Targeted towards Youth and Young Adults

Seven community-based interventions targeting youth and young adults were identified: two international (*ybblue, the Compass Strategy*), four national (*mindyourmind, YooMagazine, Youth Net, The New Mentality*), and one local (*Mind Check*). Primarily, these programs sought to increase awareness about mental disorders (*ybblue, The New Mentality*), increase early recognition and intervention of mental health disorders (*ybblue, the Compass Strategy*), reduce stigma associated with mental illness (*mindyourmind, The New Mentality*), or promote help seeking (*ybblue*). Two programs, *Youth Net* and *Mind Check* aimed to address all five

components of mental health literacy identified by BCMHAS above. Data from these targeted community programs suggest that program websites, community awareness campaigns, and youth engagement are key features of these interventions.

Six targeted community programs (all identified programs excluding *The New Mentality*) employed a website as a strategy to improve mental health literacy among young people. The websites featured information about mental health issues, coping and self-management strategies, interactive games, quizzes, and information on local resources. In addition to the program websites, another common strategy was a public awareness campaign which was utilized by three programs. The two international programs that included an awareness campaign did so through community service announcements (*ybblue),* and major and local media (*The Compass Strategy),* including radio, newspapers, magazines, posters, brochures and postcards. *Mind Check* plans to employ multi-media channels such as print and commercial advertising in their awareness campaign, adding social media upon completion of the pilot project (Tee, 2010).

Lastly, youth engagement emerged as a common strategy in targeted community based programs, a strategy used in four initiatives: *mindyourmind, Youth Net, The New Mentality* and *Mind Check*. In the *mindyourmind* program, youth engagement was a central and explicit strategy. Engagement was fostered through the youth volunteer and outreach programs as well as the program website. Youth involved in the volunteer and outreach programs reported experiencing a sense of meaningfulness in the project, a need to be involved in and commitment to the project, and increased meaning in their lives as a result of being involved in *mindyourmind* (Garinger, 2010). These results suggest that youth were very engaged in the *mindyourmind* program. Similarly, in *The New Mentality* initiative, youth engagement was a key strategy to promote public awareness and reduce the stigma associated with mental illness (Ramey et al., 2009). *The New Mentality* established a network of youth leaders in various communities in Ontario who collaborated with community groups and organizations to implement mental health public awareness projects (Ramey, 2009). The quality of youth engagement with *The New Mentality* program was highly rated by youth participants (Ramey et al., 2009). Next, the *Youth Net* initiative is a program in which youth, as frontline staff, are the core of the program (CMHA,

2008). This implies that youth engagement is central to *Youth Net's* functionality and observed outcomes. Lastly, *Mind Check* seeks to model their targeted education component after *Youth Net's* curriculum (Fraser Health, 2010), and thus, it is likely that youth engagement will be central to *Mind Check's* education activities.

The targeted community based programs often involve multiple methods and strategies to improve mental health literacy. This approach is aligned with research suggesting that multi-faceted and multi-level initiatives are needed to create and sustain reductions in stigma associated with mental illness (Link, 2001). Notably, the *Mind Check* initiative employs community awareness, targeted education in schools, and Mental Health First Aid training; thereby incorporating a range of settings and approaches.

Community based initiatives targeted towards youth and young adults have demonstrated beneficial mental health literacy outcomes in the areas of knowledge and attitudes towards mental illness, early identification, and help-seeking. In the *mindyourmind* initiative, youth participants in the volunteer and outreach programs demonstrated positive changes in knowledge about the causes, signs, and symptoms of mental illness, and had improved attitudes towards individuals with mental illness despite a relatively high level of positive attitudes at baseline (Garinger, 2010). Conversely, participants also reported an increased endorsement of fear towards individuals with schizophrenia. It is important to note that results of the *mindyourmind* youth volunteer and outreach programs are drawn from a small sample size (Garinger, 2010).

Related to early identification, young people exposed to *The Compass Strategy* were better able to identify perceived suicide risk associated with depression or psychosis and to correctly self-identify depression (Wright et al., 2006).

Increased help-seeking has also been observed as a result of these interventions. For example, 34% of repeat users of the *mindyourmind* website who report having had or currently having a mental health or emotional concern reported that they accessed formal support as a result of using the *mindyourmind* website, and 31% reported having accessed informal support as a result of the program website (Garinger, 2010). The increased number of calls to the Kids Help Line during the *ybblue* campaign suggested an increase in help seeking (Burns & Stewart, 2004)

and youth exposed to *The Compass Strategy* reported decreased barriers to help seeking (Wright et al., 2006). Lastly, participants in *Youth Net* from 2005-2006 and 2006-2007 reported being better able to talk about mental illness with people who can help, being better able to talk about their problems to their friends, and knowing where to go for help (CMHA, 2008).

Summary: Community programs targeted towards youth and young adults commonly use websites, community awareness campaigns, and youth engagement strategies. These interventions have demonstrated positive mental health literacy results in the areas of knowledge and attitudes towards mental illness, early identification, and help-seeking.

School Based Interventions

Schools are the most common setting for youth mental health literacy interventions. Five international (*beyondblue schools, MindMatters, Mental Health Awareness Project, Crazy? So What!, Mental Illness Awareness Week*), three national (*Beyond the Cuckoo's Nest, Talking about Mental Illness, Beautiful Minds in Secondary Schools*), and two local (*ReachOut Psychosis Tour, iMinds*) initiatives employed a school setting. These programs most often aim to increase awareness about mental health and substance use issues and to reduce stigma associated with mental illness.

School based approaches to developing mental health literacy varied widely among the programs identified. For example, interventions include: a whole school approach (*MindMatter*), classroom curriculum varying in number of lessons and duration of program (*beyondblue schools, Mental Health Awareness Project, Crazy? So What!,*), classroom lessons which incorporate a community presentation (*Talking about Mental Illness, Beautiful Minds in Secondary Schools*), and one time presentations (*Beyond the Cuckoo's Nest, Mental Illness Awareness Week, ReachOut Psychosis Tour).*

Six of the school based initiatives included interaction with individuals who experience mental illness (*Mental Health Awareness Project, Crazy? So What!, Beyond the Cuckoo's Nest, Talking about Mental Illness, Beautiful Minds in Secondary Schools* and *ReachOut Psychosis Tour*). Both international programs that used contact as a program strategy reported positive outcomes including increased positive attitudes towards individuals with mental illness, greater

knowledge of mental health problems (*Mental Health Awareness Project),* decreased negative stereotypes and decreased social distance (*Crazy? So What!*). However, both studies had significant methodological flaws. The *Mental Health Awareness Project* only employed contact for one arm of the program, and students who experienced interaction with individuals with mental illness were only followed up at 1 week post-intervention, while the students not exposed to the contact component were also assessed at 6 months following the intervention (Pinfold et al., 2003). In the *Crazy? So What!* Program, a self-selection bias existed among participants as students chose whether or not they wanted to participate in the program and demonstrated higher positive scores at baseline compared to a control group (Schulze et al., 2003). In Canada, *Beyond the Cuckoo's Nest, Talking about Mental Illness,* and *Beautiful Minds in Secondary Schools,* all different versions of the same program model, reported positive outcomes in youth mental health literacy. *Beyond the Cuckoo's Nest* anecdotally reported positive results, while *Talking about Mental Illness* and *Beautiful Minds in Secondary Schools* have reported quantifiable increases in participants' knowledge about mental illness and improved attitudes towards mental illness (CAMH, 2001; CMHA, 2010a). Although the *ReachOut Psychosis Tour* reported increases in knowledge and identification of psychosis, the method of evaluation was problematic and therefore, results must be interpreted with caution.

Summary: School-based programs often employ contact with individuals with mental illness as a strategy to promote mental health literacy among young people. Positive results in knowledge and attitudes towards mental illness have been observed, however in some cases, inferences are limited due to methodological flaws in study design.

Individual Training Programs

Individual training programs were less prevalent with only two international programs identified. The *Suicide Intervention Project (SIP)* aimed to train individuals to: i) recognize mental health problems, ii) feel comfortable talking to peers about mental health problems, and iii) have knowledge of mental health services available (Pearce et al., 2003). The *Mental Health First Aid (MHFA)* initiative was developed in response to demonstrated poor mental health literacy among the Australian public (Kitchener & Jorm, 2008). Both programs included skills training to provide

individuals with the knowledge and skills to interact with individuals at risk for suicide (*SIP)* or other mental health issues (*MHFA).*The *SIP* also included a mental health awareness and education presentation which aimed to increase mental health literacy and reduce stigma, and included discussions with individuals living with mental illness (Pearce et al., 2003). Mental health literacy scores including knowledge of prevalence of mental illness and related symptoms, where to go for help, and benefits of early help-seeking increased from pretest to posttest among participants (Pearce et al., 2003). The *MHFA* program has been evaluated through a number of well conducted studies including a randomized controlled trial and randomized cluster controlled study (Kitchener & Jorm, 2006). Participants demonstrated better recognition of mental disorders, improved beliefs about treatments that more closely reflect those of mental health professionals, decreased social distance and stigmatizing attitudes, and increased confidence in providing help to others (Kitchener & Jorm, 2006). Although the benefits of *MHFA* are relatively well-established, it is important to note that the participants for these studies were predominantly female, middle-aged, and often well-educated (Kitchener & Jorm, 2006). Therefore, caution must be exercised in applying these results to a youth population.

Summary: The *SIP* provides further support for contact as an effective strategy in improving mental health literacy among youth and young adults. Positive outcomes of the *MHFA* initiatives suggest that this program should be explored among youth and young adult populations.

Implications for Best Practices

There are a significant number of interventions internationally, nationally, and locally that aim to improve the mental health literacy of youth and young adults. The 21 programs identified and reviewed vary significantly in terms of program setting, objectives, content and outcomes making it difficult to draw conclusions about best practices in the field. However, from this review several themes emerge which will inform best practices in improving the mental health literacy of youth and young adults in British Columbia. Research suggests that program strategies including use of the internet, personal relevance, and youth engagement are potentially effective, while study design and evaluation limitations highlight recommendations for future research in the area of youth and young adult mental health literacy.

Use of the Internet as a Mental Health Literacy Tool.

Results from the literature highlight the importance of the internet as a tool for promoting mental health literacy among youth and young adults. Eight of the international, national, and local whole community and targeted community interventions incorporated the internet, in the form of a program website, as a strategy to promote mental health literacy. In the *Compass Strategy,* the website created for the initiative was more often used as a source of information compared to the telephone information line (Wright et al., 2006). In the *ybblue* campaign, the increased number of calls to the Kids Help Line (KHL) may be attributed to KHL promotion on the campaign website (Burns & Stewart, 2004). The number of website visits in the *ybblue* campaign was correlated with the number of community service announcements, suggesting the importance of sustained awareness about the campaign in maximizing utility of the website. Results of *mindyourmind* suggested that a significant proportion of repeat website users who reported having had or currently having a mental health or emotional concern reported accessing formal (34%) or informal (31%) support as a result of using the *mindyourmind* website (Garinger, 2010). Lastly, in the *beyondblue Schools* research initiative, the proportion of youth who reported they would seek help from internet sources increased over the course of the 3 year intervention from 11% to 18% (beyondblue, 2007). Additionally, youth with more severe levels of depressive symptoms were more likely to seek help from the internet than from friends, family, or teachers (beyondblue, 2007). Overall, these results demonstrate the potential importance of the internet as a resource to improve mental health literacy among youth and young adults by providing access to information and increasing help-seeking.

Personal Relevance in Mental Health Issues.

The use of personal relevance in promoting mental health literacy among youth and young adults is highlighted by six interventions. A review of anti-stigma programs demonstrated that personal contact with an individual who experiences a mental disorder can lead to greater reductions in stigmatizing attitudes (Kelly et al., 2007). Accordingly, five school-based programs and one individual training program included personal contact with individuals living with mental health challenges as a key component of the program. The *Crazy? So What!* study demonstrated

decreased negative stereotypes and decreased social distance associated with individuals with schizophrenia, gains which were maintained at 1 month follow-up (Schulze et al., 2003). In the *Mental Health Awareness Project*, one week following the program, improved social distance scores were associated with having had sessions co-facilitated by a consumer-educator; however this assessment was not repeated at 6 months follow-up, and thus the impact of personal relevance could not be fully assessed (Pinfold et al., 2003). *Beyond the Cuckoo's Nest, Talking about Mental Illness, Beautiful Minds in Secondary Schools,* and *ReachOut Psychosis Tour* included a personal contact component in their initiative, but notably, the first three interventions are all different versions of the same program. *Beyond the Cuckoo's Nest* has anecdotally reported positive results, while *Talking about Mental Illness* and *Beautiful Minds in Secondary Schools* have reported quantifiable increases in participants' knowledge about mental illness and improved attitudes towards mental illness (CAMH, 2001; CMHA, 2010a). Lastly, the *Suicide Intervention Project* included discussions with individuals who have experienced mental illness (Pearce et al., 2003). In this evaluation, mental health literacy scores of participants, including knowledge about the prevalence of mental illness and suicide ideation in Australia, the main types of mental illness and related symptoms, where to go for help, and the benefits of seeking early help, increased significantly from pretest to posttest (Pearce et al., 2003).

Research indicates that personal contact with individuals who experience mental illness is one of the most important factors in effecting change in public attitudes and behaviour towards individuals with mental illness (Durham Talking about Mental Illness Coalition, 2007). Although the nature of these studies does not allow for observed increases in mental health literacy to be attributed to contact with a consumer-educator, the positive results from these interventions indicates that personal contact with individuals with mental illness is a promising practice in improving the mental health literacy of youth and young adults.

Youth Engagement.

Youth engagement strategies also underpin a number of the mental health literacy initiatives in both the community and school setting. As previously described, of the targeted community programs, *mindyourmind, Youth Net, The New Mentality* and *Mind Check* aim to

engage youth. Among the school-based interventions, both *ReachOut Psychosis Tour* and *iMinds* foster youth engagement through program activities. The *ReachOut Psychosis Tour* aims to engage youth by using music, poetry and an interactive education style to attract the attention of young people and to encourage youth to engage with the *ReachOut* program. Participants of the *ReachOut Psychosis Tour* reported significant increases in knowledge about the correct prevalence of psychosis, identification of signs of psychosis, and identification of medical resources to go to for help (S. Kelly, personal communication, May 12, 2010). However, the method of ascertaining pre-intervention knowledge was problematic (ascertained by a show of hands); therefore, reported magnitude of these changes may not accurately reflect true change. Lastly, *iMinds* subscribes to a social constructivist approach to learning in which learning is believed to occur when students are actively involved in creating their own meaning (Centre for Addictions Research of BC [CARBC], 2008), thus implying that youth engagement is paramount to facilitating the learning process. Evaluation of *iMinds* is currently underway (CARBC, n.d.). Again, positive intervention results cannot be attributed to any one component, however, youth engagement emerges consistently as a promising practice in enhancing youth and young adult mental health literacy.

Evaluation Limitations

Among the studies reviewed, a number of limitations related to evaluation methodology and study design exist including: use of control or comparison groups and randomization, ascertainment of participant demographic characteristics, measures to assess mental health literacy, and length of follow-up period. Firstly, of the 17 interventions with evaluation data, only 4 employed a control or comparison group. Of these, the comparison group in the *Crazy? So What!* study was subject to a potential selection bias, as participants chose to participate in the mental health project week, while the comparison group consisted of students who chose to participate in other project week topics (Schulze et al., 2003). Randomization presents an even greater challenge. Only the *Mental Health First Aid* research studies have employed randomized controlled trials. The difficulties in using control groups and randomization in this type of research creates challenges in ascertaining the effectiveness of the mental health literacy interventions.

Secondly, demographic characteristics of participants may be important to an individual's experience of a mental health literacy strategy, yet these characteristics including age, socioeconomic status (SES), sex, and culture are not commonly assessed. In the *mindyourmind* program, results demonstrated that the majority of users were between 15 and 17 years old (Garinger, 2010). The Hamilton *Talking about Mental Illness* evaluation assessed adult students in addition to secondary school students (Ross, 2004). Although adult student results were not reviewed in detail, it is important to note that adult students had higher levels of knowledge at pretest compared to secondary school students, yet demonstrated similar improvements in knowledge (Ross, 2004). In addition, adult students demonstrated more stigmatizing attitudes than high school students in some cases (Ross, 2004). These results suggest the importance of exploring reach and impact of mental health literacy strategies according to age given that "youth and young adult" encompasses the relatively wide age range of 13 to 25 years during a period of rapid development. Next, educational level and socioeconomic status have been identified as predictors of social attitudes (Schulze et al., 2003), yet the impact of these characteristics on outcomes were only assessed by one program, the *Crazy? So What?* initiative. Results found that school type, higher level grammar schools compared to intermediate level modern schools, had a positive effect on stereotypes and social distance (Schulze et al., 2003).

Sex differences in mental health literacy strategies are another consideration. In the *mindyourmind* initiative, results demonstrated that the majority of users, over 80%, were female and in the *Talking about Mental Illness (TAMI)* program in Hamilton, the sample of secondary students was also primarily female (Ross, 2004). In addition, in *TAMI* Hamilton, there were observed sex differences in knowledge and attitudes towards mental illness (Ross, 2004). Although sex differences were difficult to analyze due to the small number of male respondents, males demonstrated a larger increase in knowledge of "what it is like to have a family member with mental illness" (Ross, 2004). However, these results may be attributable to lower pretest scores in this area among males (Ross, 2004). Other observed sex differences emerged in the *Mental Health Awareness Project,* in which females were found to be more likely than males to report positive attitudes towards individuals with mental illness (Pinfold et al., 2003). These

differences in outcomes according to sex suggest the need to assess program results by sex in future studies to investigate whether females and males need distinct or tailored mental health literacy strategies. Likewise, none of the interventions reviewed explored the interaction between ethnicity or culture and mental health literacy. There are considerable cultural variations in how individuals recognize, understand, and experience mental disorders (CAMIMH, 2007) which suggest that program outcomes by culture should be assessed if possible. Variations in program outcomes based on demographic variables including age, SES, sex, and culture may arise and therefore should be assessed wherever possible.

Next, the assessment of mental health literacy presents a challenge due to the subjective nature of self-reported assessments. In the reviewed interventions the major areas of assessment for mental health literacy included: knowledge of prevalence, types, and symptoms of mental disorders, attitudes towards mental disorders including stigma and social distance, and help-seeking including knowledge of where to go for help. Although knowledge components, both surrounding the epidemiology of mental disorders and where to go for help can be objectively assessed, a number of mental health literacy outcomes are related to attitudes and are assessed through self-report. Although attitudes are considered to be one factor in predicting behaviour, attitudes are not the only contributing factor and cannot be causally linked to actual behaviour in a linear way (Schulze et al., 2003). Similarly, in the Schulze et al. (2003) study, social distance was assessed by asking students to report how they would behave in given social interactions with a person with schizophrenia; however, it is unclear how accurate such self-assessment of behaviour would be (Schulze et al., 2003). Additionally, a reporting bias may result through the use of self-reported assessments in which participants overstate an attitude or behaviour to align with social norms (Neuman, 2006). The majority of the studies reviewed employed self-report measures of mental health literacy which may have implications in determining true changes in mental health literacy. Therefore, efforts should be made to identify and develop validated tools to measure mental health literacy.

Lastly, the periods of follow-up among the studies varied widely. Relatively long periods of follow up were observed among both the whole community and targeted community

interventions. The *beyondblue* whole community initiative was evaluated towards the end of its initial 5 year period while the *mindyourmind, ybblue,* and *Compass Strategy* campaigns were evaluated after 7 months, 8 months, and 14 months respectively. Similarly, two school interventions, *beyondblue Schools* and *MindMatters* had follow-up periods of 3 years. The *Crazy? So What!* program assessed participants immediately before and after the intervention, and at 1 month follow-up. Although positive changes in attitudes and social distance were maintained at 1 month following the intervention, participants were not assessed at any subsequent points in time (Schulze et al., 2003). The school-based *Mental Health Awareness Project* assessed outcomes at 1 week post-intervention and at 6 months follow-up. Program participants demonstrated considerable declines in attitudes and knowledge related to mental illness and schools receiving co-facilitation by a consumer-educator were not assessed at 6 months following the intervention (Pinfold et al., 2003). Lastly, the *Mental Illness Awareness Week, Talking about Mental Illness, Beautiful Minds in Secondary Schools, ReachOut Psychosis Tour,* and *Mental Health First Aid* programs are limited to data collected immediately before, and immediately after the intervention. The use of longer follow-up periods appears to be associated with larger, international or national interventions. These findings suggest that given variability in program effectiveness, employing sustained follow-up periods is essential to understand maintenance of gains and to elucidate the need for longer interventions or booster or refresher sessions.

Information for this review was collected through online databases and internet sources and although efforts were made to contact program administrators for additional information, this was not always successful. Therefore, this review is limited by the amount of information that is publicly available, which may be incomplete. Secondly, efforts were made to provide a comprehensive review; however, it is possible that relevant mental health literacy interventions were missed and were therefore not included in this discussion.

Recommendations and Conclusions

The area of mental health literacy is relatively new; therefore, best practices including what works for youth and young adult populations are newly emerging. There is little evidence to elucidate effective mental health literacy program components (Kelly et al., 2007); however, from

this review, it appears that the use of internet based websites, contact with persons who experience mental disorders, and youth engagement are promising practices and thus require further investigation. Efforts should be made to advance the evaluation research related to mental health literacy interventions with attention to the use of control groups, demographic characteristics of participants, methods of assessing mental health literacy, and program duration and period of follow-up.

Additionally, this review focuses on interventions that aimed to improve the mental health literacy of youth and young adult populations. Although three initiatives that did not specifically target youth were included in this review, a comprehensive strategy for increasing youth and young adult mental health literacy will include increasing mental health literacy among young people's families, gatekeepers, and decision makers. Thus a further area of investigation should explore how these groups interface with one another in the context of promoting mental health literacy for youth and young adults. Lastly, only four interventions aimed to increase early access to help for youth with mental health challenges, which suggests that improving access to services is an area that is underrepresented in mental health literacy strategies.

Improving mental health literacy has the potential to confer invaluable benefits particularly to youth and young adult populations. To fully realize these benefits, resources should be invested in the continued study and evaluation of interventions to improve mental health literacy among youth and young adults. Grounded in the best and promising practices literature, the following section presents a Conceptual Framework, Concept Map, Recommendations and Budget for a Youth and Young Adult Mental Health Literacy Initiative in British Columbia.

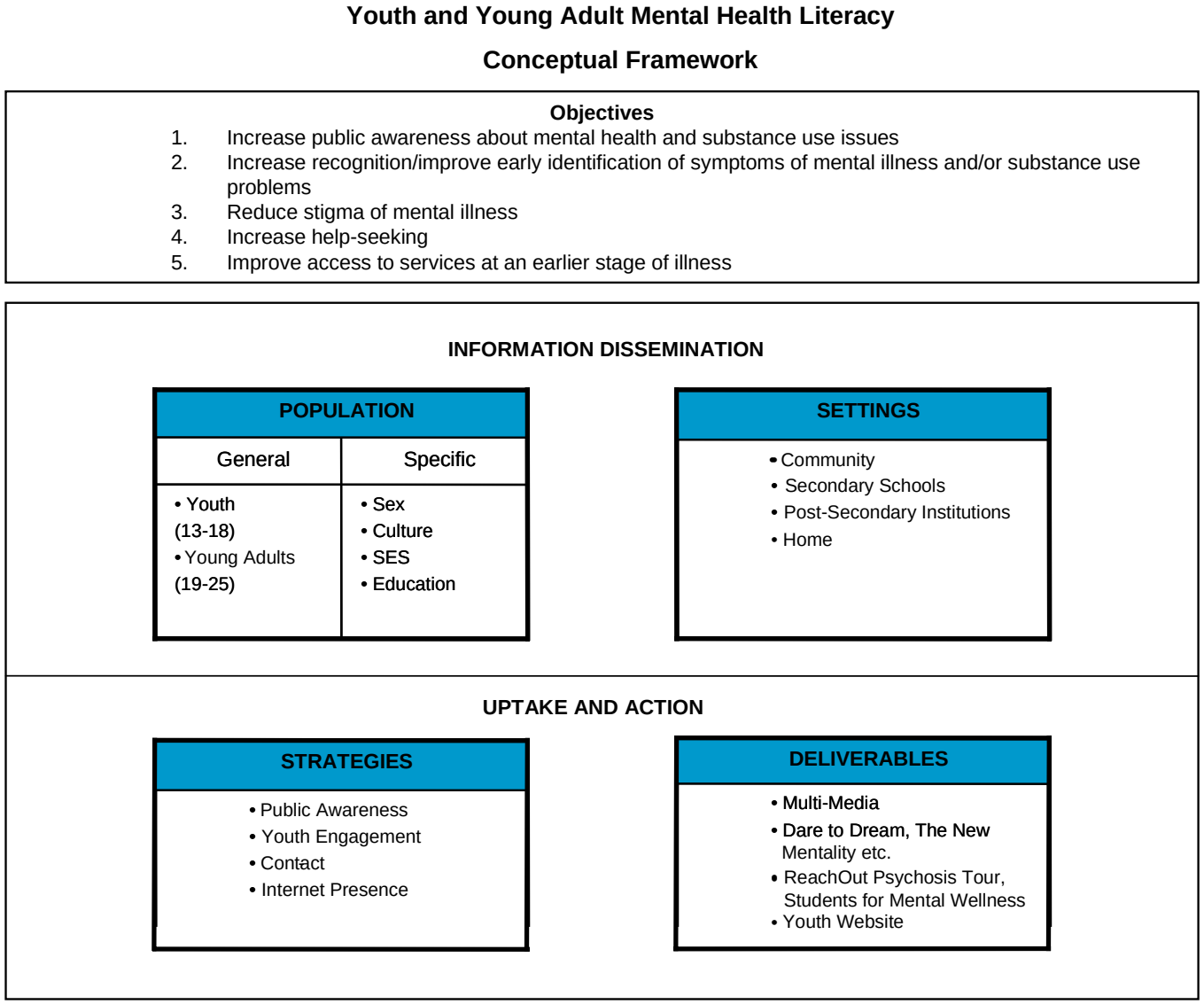

Figure 1. Youth and Young Adult Mental Health Literacy Conceptual Framework

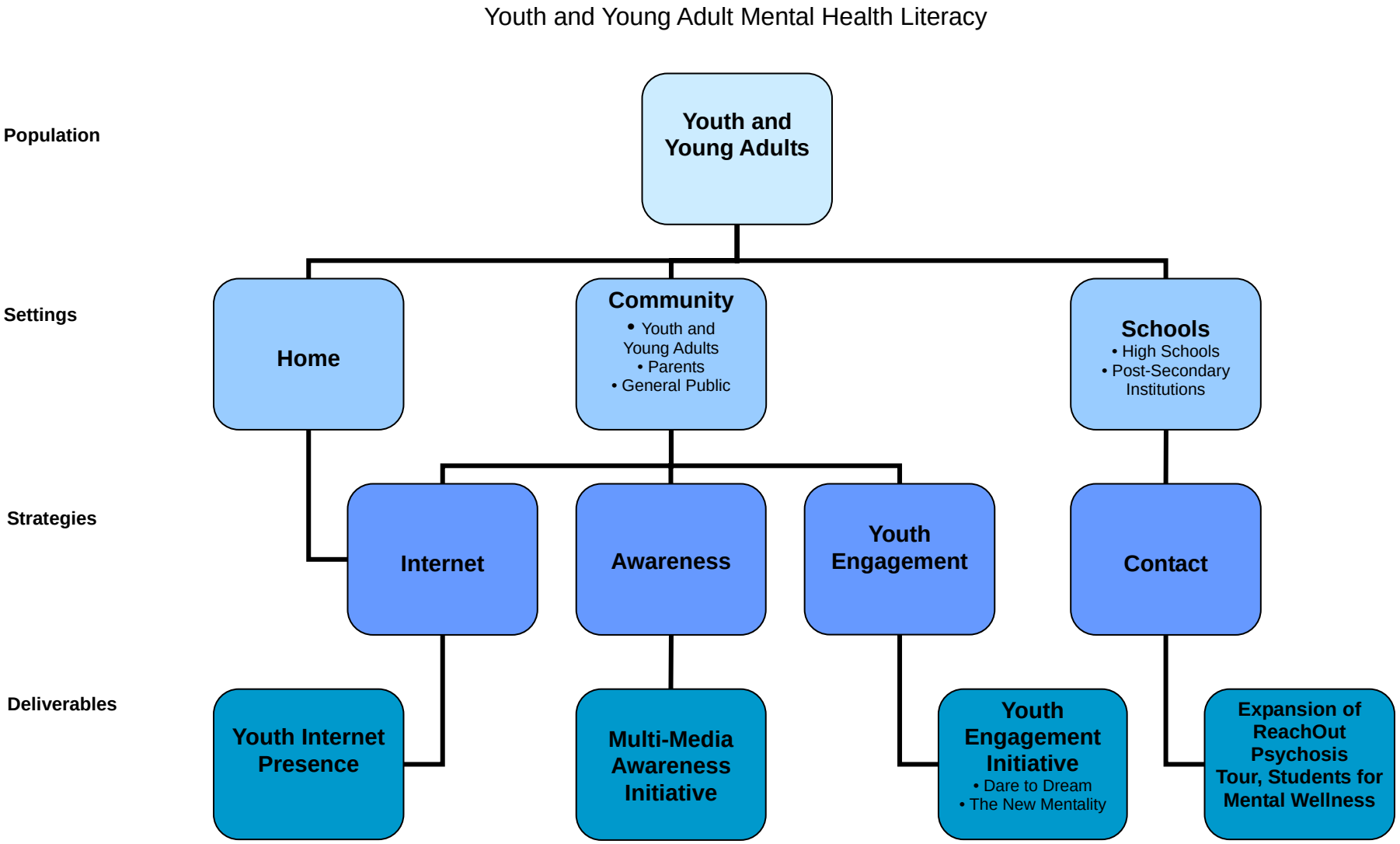

Figure 2. Youth and Young Adult Mental Health Concept Map

Key Recommendations for Youth and Young Adult Mental Health Literacy

A review of the international, national, and provincial mental health literacy best and promising practices literature has informed the development of five key recommendations for a comprehensive, integrated, capacity building initiative to promote the mental health literacy of youth and young adults aged 13 to 25 in British Columbia. Each recommendation described below addresses one or more of the five identified objectives. Wherever possible, recommendations build upon emerging best practices in either British Columbia or in Canada.

Objectives:

1. Increase public awareness about mental health and substance use issues
2. Increase recognition/improve early identification of symptoms of mental illness and/or substance use problems
3. Reduce stigma of mental illness
4. Increase help-seeking
5. Improve access to services at an earlier stage of illness

Recommendations:

1. **Develop a Highly Visible Province-Wide Mental Health Internet Presence for Youth and Young Adults**

   We propose the development of a strong internet presence for BC youth and young adults on mental health and substance use. This can be achieved through one of two possible methods.

   The Fraser Health Early Intervention Project youth and young adult mental health website – Mindcheck.ca, could be expanded upon and branded to become a provincial site for mental health and substance use information for BC youth and young adults. Initial discussions with Fraser Health regarding this option have been positive, and significant cost savings could be realized by using a collaborative approach.

   Alternatively, BCMHAS could develop a unique internet site for BC youth and young adult mental health and substance use information. This site would complement the new Kelty Mental Health Resource Centre website (currently under development) and HeretoHelp.

This option will require a larger funding commitment, but may be easier to achieve, particularly over the short-term.

Setting: Community and Home

Meets Objectives: (1) Increase public awareness about mental health and substance use issues; (4) Increase help-seeking

2. Public Awareness Strategy

We propose a public awareness strategy addressing youth and young adult mental health and substance use issues for the whole community, including targeted messaging for specific populations including youth and young adults, educators, and parents and families. The public awareness strategy could build upon the excellent work to date by Fraser Health in their Early Intervention Project and Early Psychosis Intervention (EPI) Program. As mentioned previously, discussions will be required with FH to secure agreement for rebranding and province-wide distribution.

- The Early Intervention Project public awareness campaign uses multi-media including print and commercial advertising, with social media and electronic activities to be added following the pilot project.
- The EPI Program's "How Are You Coping?" Campaign promotes awareness of psychosis through advertising media.

Alternatively, a unique public awareness strategy could be developed and implemented by BCMHAS with a province-wide focus.

Setting: Community

Meets Objectives: (1) Increase public awareness about mental health and substance use issues; (2) Increase recognition/early identification; (4) Increase help-seeking

3. **Develop and Implement a BC-based Youth Engagement Initiative**

   To foster youth and young adult engagement with mental health and substance use issues, we propose the adaptation of an existing youth mental health literacy program with an emphasis on youth engagement. Two programs, Dare to Dream and The New Mentality are possible options for adaptation in British Columbia.

   - Dare to Dream is a program in Ontario in which youth apply for funding to develop, implement, and evaluate mental health awareness and stigma reduction activities in their community. The program is youth-led, coordinated, and driven, with adult mentors providing support for individual projects.
   - The New Mentality is a program in Ontario based on a youth-adult partnership model. A network of youth leaders, in collaboration with community groups and organizations and supported by adult mentors, organize and implement mental health awareness projects in their communities.

   Setting: Community

   Meets Objectives: (1) Increase public awareness about mental health and substance use issues; (3) Reduce stigma of mental illness; (4) Increase help-seeking

4. **Promote Contact with Individuals with Lived Experience of Mental Illness**

   To promote the development of youth and young adult personal relevance related to mental health and substance use issues, we propose expanding existing BC based programs for youth and young adults to interact with individuals with lived experience of mental illness. This can be achieved through an expansion of the ReachOut Psychosis Tour including implementation in post-secondary institutions and/or the further development of the new Students for Mental Wellness project.

   - The ReachOut Psychosis Tour delivers a school concert for youth as well as education for youth and their parents about psychosis and stigma associated with mental illness. ReachOut is currently offered in schools across the province, reaching an average of 24,000+ students each year.

- Students for Mental Wellness (SMW) is a student-led organization that aims to support, educate, and inspire students with mental illness, reduce the stigma associated with mental illness and foster caring post-secondary communities. SMW is active at Simon Fraser University, and recently received funding through BCMHAS to conduct a research project on the possible expansion of this model to campuses across the province.

Setting: School, including secondary and post-secondary institutions

Meets Objectives: (1) Increase public awareness about mental health and substance use issues; (3) Reduce stigma of mental illness; (4) Increase help-seeking

5. **Establish Youth Coordinator Position**

   Lastly, we propose the establishment of a Youth Coordinator position to manage all aspects of the youth and young adult mental health literacy initiative including development and management of the youth and young adult website and coordination of the youth engagement program activities. The Youth Coordinator will ideally have lived experience of mental illness and will work with a youth advisory committee to ensure that the initiative and all its discrete components are relevant, useful, engaging and sustainable for youth and young adults in British Columbia.

Conclusions

It is essential to ensure sustainability of this initiative in order to achieve the identified mental health literacy benefits. Sustainability of the Youth and Young Adult Mental Health Literacy Initiative will require ongoing annualized funding to support program activities, particularly the youth engagement strategy and the Youth Coordinator/Youth Advisory committee roles.

Budget

This initial DRAFT budget has been prepared with information from previous BCMHAS projects. In order to develop a more precise and detailed budget, vendor quotes will be required. Please note that these are costs only for the first year; a separate budget will be required for sustaining each component of the initiative into the future.

Estimated Budget	
Item	**Cost**
Internet Presence for Youth and Young Adults Expansion of Fraser website Development of new website	 $40, 000 $110,000
Public Awareness Strategy Expansion of Fraser initiative Development and implementation of new initiative	 $65,000 $130,000
Youth Engagement Initiative Dare to Dream, The New Mentality etc.	 $150,000
Contact Expansion of ReachOut Psychosis Tour Expansion of Students for Mental Wellness	 $65,000 $85,000
Youth Coordinator	$64,350
Youth Advisory Committee Youth representatives from across the province; Two face-to-face meetings per year; Other meetings and communication via teleconference	 $12,000
Total*	**$481,350 to $616,350**

*Note: Unique components of the initiative can be developed and implemented based on available funding.

References

Alberta Health Services. (2009). *Mental health first aid Canada for adults who interact with youth course.* Retrieved from *http://www.mentalhealthfirstaid.ca/course/descriptions/Pages/MHFAforYouth.aspx*

BC Partners for Mental Health and Addictions Information. (n.d.). *Here to help: About us.* Retrieved from http://www.heretohelp.bc.ca/about

BC Schizophrenia Society. (2010). *ReachOut psychosis.* Retrieved from http://www.reachoutpsychosis.com/about-us/

beyondblue. (2007). *beyondblue schools research initiative: Report of key findings.* Retrieved from http://www.beyondblue.org.au/index.aspx?link_id=4.64&tmp=FileDownload&fid=706

Burns, J., & Stewart, R. (2004). *Evaluation report Ybblue: A community awareness program for the prevention of depression in young* people. Retrieved from http://www.beyondblue.org.au/index.aspx?link_id=4.40&tmp=FileDownload&fid=69

Canadian Alliance on Mental Illness and Mental Health. (2008). *National integrated framework for enhancing mental health literacy in Canada: Final report.* Retrieved from http://www.camimh.ca/files/literacy/CAMIMH%20MHL%20National%20Integrated%20Framework%20July%202008.pdf

Canadian Alliance on Mental Illness and Mental Health. (2007a). *Mental health literacy: A review of the literature.* Retrieved from http://www.camimh.ca/files/literacy/LIT_REVIEW_MAY_6_07.pdf

Canadian Alliance on Mental illness and Mental Health. (2008). *National integrated framework for enhancing mental health literacy in Canada: Final report July 2008.* Retrieved from http://www.camimh.ca/files/literacy/CAMIMH%20MHL%20National%20Integrated%20Framework%20July%202008.pdf

Canadian Council on Learning. (2009). *A barrier to learning: Mental health disorders among Canadian youth.* Retrieved from http://www.ccl-cca.ca/CCL/Reports/LessonsInLearning/LinL200900415MentalhealthBarrier.htm

Canadian Mental Health Association. (2010a). *Beautiful minds in secondary schools: An education program.* Retrieved from http://www.beautifulminds.ca/index.php?option=com_content&task=view&id=18&Itemid1

Canadian Mental Health Association. (2010b). *Fast facts about mental illness in youth.* Retrieved from http://www.cmha.ca/bins/content_page.asp?cid=6-20-23-44

Canadian Mental Health Association. (2008). *Youth Net: Case for support.* Retrieved from http://www.cmhapeel.ca/youthnet/pdf/YN%20CaseforSupport%2008Sep8.pdf

Centre for Addiction and Mental Health. (2009). *Talking about mental illness: a guide for developing an awareness program for youth.* Retrieved from http://www.camh.net/education/Resources_teachers_schools/TAMI/index.html

Centre for Addiction and Mental Health. (2001). *Talking about mental illness: a guide for developing an awareness program for you: Teacher's resource.* Retrieved from http://www.camh.net/education/Resources_teachers_schools/TAMI/tami_teachersall.pdf

Centre for addictions research of BC. (2008). Using behavioural science to explore influences on teen culture: Teacher's guide. Retrieved from http://carbc.ca/iMinds/grade8/TeachersGuide.pdf

Centre for addictions research of BC. (n.d.). *iMinds.* Retrieved from http://www.carbc.ca/tabid/460/default.aspx

Durham Talking about Mental Illness Coalition. (2007). *Evaluation of a school-based mental health education and anti-stigma program.* Retrieved from http://www.mooddisorders.on.ca/pdf/DurhamTAMI.pdf

Fraser Heath. (2010). Early intervention project: Investing in our young people

Garinger, C. (2010). *Mindyourmind: Evaluation report.* Retrieved from http://www.mindyourmind.ca/media/aboutMym/press/mym_Evaluation_March_2010.pdf

HeretoHelp. (2009). *Visions/HeretoHelp website survey.* Unpublished

Hunter Institute. (2005). *Evaluation of the professional development program and school-level implementation: Final report.* Retrieved from http://www.mindmatters.edu.au/verve/_resources/pd_final.pdf

Jorm, A. F., Christensen, H., & Griffiths, K. M. (2005). The impact of beyondblue: The national depression initiative on the Australian public's recognition of depression and beliefs about treatments. *Australian and New Zealand Journal of Psychiatry, 39,* 248-254.

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *The Medical Journal of Australia, 187,* S26-S30.

Kitchener, B., & Jorm, A. (2008). Mental health first aid: An international programme for early intervention. *Early Intervention in Psychiatry, 2,* 55-61.

Kitchener, B., & Jorm, A. (2006). Mental health first aid training: Review of evaluation studies. *Australian and New Zealand Journal of Psychiatry, 40,* 6-8.

Link, B. G., (2001). Stigma: Many mechanisms require multi-faceted responses. *Epidemiologia e Psichiatria Sociale*, *10*, 8-11.

Margetts, E. (n.d.). *The effects of a four-component mental health education program on knowledge and attitudes of students in Wellington County and Waterloo Region secondary schools (2006-2008).*

Mental Health Commission of Canada. (2010). *Opening minds projects: April 2010.* Retrieved from http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Anti-Stigma/Opening%20Minds%20-%20Brief%20Program%20Descriptions.pdf

Mental Health Commission of Canada. (2009a). *Opening minds to take the stigma out of mental illness.* Retrieved from http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Opening%20Minds%20Launch%20News%20Release.pdf

Mental Health Commission of Canada. (2009b). *Toward recovery and well-being: A framework for a mental health strategy for Canada.* Retrieved from http://www.commissionsantementale.ca/SiteCollectionDocuments/Key_Documents/en/2009/Mental_Health_ENG.pdf

Mental Health Commission of Canada. (n.d.). *Opening minds.* Retrieved from http://www.mentalhealthcommission.ca/English/Pages/openingminds.aspx

Mental Health First Aid. (2009). *Mental health first aid international.* Retrieved from http://www.mhfa.com.au/international.shtml

Mound, B., & Butterill, D. (1993). Beyond the cuckoo's nest: A secondary school education program. *Psychosocial Rehabilitation Journal, 16,* 146-150.

Neuman, W. L. (2006). *Social research methods: Qualitative and quantitative approaches.* Toronto: Pearson Education.

Pearce, K., Rickwood, D., Beaton, S. (2003). Preliminary evaluation of a university-based suicide intervention project: Impact on participants. *Australian e-Journal for the Advancement of Mental Health, 2.* Retrieved from http://www.reachoflouisville.com/kerry/kerry/Preliminary%20Evaluation%20of%20a%20University%*20Based%20Suicide%20Intervention%20Project%20Impact%20on%20Participants.pdf*

Pinfold, V., Toulmin, H., Thorncroft, G., Huxley, P., Farmer, P., & Graham, T. (2003). Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in the *UK. British Journal of Psychiatry,* 182, 342-346.

Pirkis, J. (2004). *beyondblue: The national deptression initiative 2000-2004. An independent evaluation* report. Retrieved from http://www.beyondblue.org.au/index.aspx?link_id=2.24&tmp=FileDownload&fid=374

Ramey, H. L., Rose-Krasnor, L., & Pereira, N. (2009). *The new mentality: Evaluation report February 2009.* Retrieved from http://www.thenewmentality.ca/documents/NMReport2009-2col_web.pdf

Ross, M. (2004). *Talking about mental illness: An evaluation of an anti-stigma and educational program in Hamilton, Ontario.* Retrieved from http://www.mooddisorders.on.ca/pdf/TAMI.pdf

Schulze, B., Richter-Werling, M., Matschinger, H., Angermeyer, M. C. (2003). Crazy? So What! Effects of a school project on students' attitudes towards people with schizophrenia. *Acta Psychiatrica Scandinavica, 107*, 142-150.

Spence, S., Burns, J., Boucher, S., Glover, S., Graetz, B., Kay, D., Patton, G., & Sawyer, M. (2005). The beyondblue schools research initiative: Conceptual framework and intervention. *Australasian Psychiatry, 13,* 159-164.

Tee, K. (2010). *Mental health and addictions early intervention project* [PowerPoint slides].

Wright, A., McGorry, P., Harris, M. G., Jorm, A. F., & Pennell, K. (2006). Development and evaluation of a youth mental health community awareness campaign: The compass strategy. *BMC Public Health, 6,* 215-227.

Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry, 34,* 594-601.

YooMagazine. (2009). *YooMagazine.* Retrieved from http://www.yoomagazine.net/

Youth Net. (n.d). *Youth Net: Focus on a healthy headspace.* Retrieved from http://www.cmhapeel.ca/youthnet/411.htm