# School-Based Mental Health Promotion in Secondary Schools

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## Abstract

This research project explored the potential of school-based peer-led mental health promotion programs as a resource for combating the current state of youth mental health concerns in Canada. The project created a resource titled *Secondary School Peer-Led Mental Health Promotion Program: Handbook* based on the available literature, current state of youth mental health, and barriers to seeking treatment. Schools provide the opportunity for both formal and informal discussions and opportunities to inform youth on topics surrounding mental health. Albert Bandura's (1977) Social Learning Theory and its components inform the theoretical approach of the project. The handbook was developed for use by secondary school teachers to implement a peer-led program in their school that could be adapted to the culture of their school community. Current secondary school teachers provided their opinions on the handbook and found that topic to be very relevant to the current concerns in schools. It was recognized by the current teachers that the program would be easily adapted to their school culture in addition to working well alongside various existing programs.

## Acknowledgements

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Finally, I would like to thank you, the reader, for taking the time to read this project and handbook. I hope it helps to inform your own understanding of mental health. I hope you learn something and are able to continue this important conversation. Thank you.

## Dedication

To anyone whose life has been impacted by mental illness, be it your own or the life of someone you care about. For all those who felt it was too much to take. For everyone to remember that you are not alone. Finally, for Cameron Tomlinson.

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# CHAPTER ONE: INTRODUCTION

This project sought to focus on reducing mental health stigma by raising awareness and increasing education around mental health in school settings informally by utilizing peer leaders. This project aimed to leverage the social environment of school, through utilizing students' peer relationships to target the stigma surrounding mental health. This program affects change in the entire school environment by providing space and resources for open, accurate, and non-judgemental spaces for discussion around topics of mental health. In order to do so, Social Learning Theory (SLT) is utilized and focus is placed on three major components (observation, modeling, and reinforcement) which all interact to impact the school environment as a whole.

This project aimed to promote positive mental health as well as an open environment in which discussions of mental health can take place. In doing so, the team will also equip the student body with appropriate information regarding services available in regards to any mental health concerns. The promotion program allows the project to reach a larger more diverse population than an intervention program.

The concept of creating a team of peer-leaders is what made this project unique in comparison to existing mental health programs and resources. It utilizes existing peer relationships to increase the likelihood of acceptance and effectiveness. By creating a program that allows “those of equal standing” (Mental Health Commission of Canada, 2013, p. 2) to take ownership of the program through planning and implementing it within the school setting increases the willingness of other peers to take notice of the program and its message. This was the overall goal of the program, by giving ownership

to the peer leaders the program will be more highly regarded amongst peers and the entire school population.

## Background to the Problem

Mental health concerns have plagued society with a number of serious consequences. Mental health problems are one of the largest expenses in Canada; through services, treatments, and loss of work, mental health is estimated to cost Canada $14.4 billion yearly (Stephens & Joubert, 2001). In particular, statistics surrounding youth mental health are a cause for concern with only 25-40% of youth requiring mental health services receiving them, according to the Canadian Community Health Survey data completed by Statistics Canada (2004; as cited in Kutcher, Hampton, & Wilson, 2010). As these mental health concerns go untreated, they can develop into various other concerns. In connection, suicide is the ninth leading cause of death in Canada and, among the age 15-34 population, it is the second leading cause of death (Navaneelan, 2012).

The effects of mental health concerns have a great impact on an individual, families, and society. These effects are further increased as mental health concerns go untreated. As with most physical illnesses, early detection and intervention will increase the likelihood of successful treatment. As discussed by Eisenberg, Speer, and Hunt (2012), receiving treatment for a mental illness early on can prevent the illness from progressing and reduce the potential adverse consequences. The consequences of untreated mental illness are unique to each individual and their specific circumstances.

Bijl et al. (2003) discussed longitudinal research that showed mild mental disorders if not treated have a higher risk of developing into more serious consequences “such as attempted suicide, hospitalization and work disability” (p. 130). This is further

reinforced by Bijl et al.'s findings from studying mental health in five developed countries that reported many individuals with serious mental illness that their disorder only became serious after leaving school and entering adulthood. Furthermore, it was noted that undereducated youth are least likely to receive treatment for a mental disorder; therefore, early intervention as an adolescent through a school-based service can impact issues of both adolescent mental disorders as well as young adults (Bijl et al., 2003).

Overall, Lipson, Gaddis, Heinze, Beck, and Eisenberg, (2015) found that issues with mental illness can impact an individual's life, and these consequences can worsen without treatment. At the age of adolescence, mental health is connected to many other facets of life including "social connectedness, academic performance and retention and future economic productivity" (Lipson et al., 2015, p. 388). All of these we found to be influenced by an untreated mental illness. Furthermore, common mental disorders of "depression, anxiety and eating disorders were correlated with grade point average…[s]uggesting that mental health services can play a valuable role in supporting persistence and promoting academic success"(Lipson et al., 2015, p. 395). Beyond social and academic effects, there are also severe effects "in terms of morbidity, functional disability, and reduced quality of life for affected patients and related caregivers, along with mounting costs for the entire community" (Dell'Osso & Alramura, 2015, p. 231).

As demonstrated, the consequences of untreated mental illness expand to include a variety of aspects of the individuals' own lives but also can impact those around them and the community as a whole. In order to reduce these effects of untreated mental disorders, early intervention must be increased in order to reach as much of the population in order to increase the number of individuals receiving treatment.

Mental health has grown as a concern in society worldwide, while international agencies, such as The United Nations, The World Health Organization, and The World Psychiatric Association, have advocated for mental health programs around the world. The World Health Organization began assessing member countries mental health services in 2000; in 2014, still only 68% of the 194 countries involved have a stand-alone policy or plan for mental health (World Health Organization, 2014). This demonstrated that vastly different levels of mental health programming and services are available worldwide.

In Canada, the first ever national study of mental health was completed by a senate committee in 2006, the report *Out of the Shadows at Last- Transforming Mental Health, Mental Illness and Addiction Services in Canada* called for the need to create a Mental Health Commission (Mental Health Commission of Canada, 2016). In 2007, the Mental Health Commission of Canada (MHCC) was created by the federal government beginning their 10-year mandate 2007-2017 (MHCC, 2016). In 2012, the MHCC was able to publish Canada's first national mental health strategy: *Changing Directions Changing Lives: The Mental Health Strategy for Canada*. Canada was the last of the G8 countries to develop a mental health strategy (Kutcher et al., 2010). This strategy was followed up with a youth perspective of the strategy that was published in 2015 titled *The Mental Health Strategy for Canada: A Youth Perspective* which had rewritten many key components of *Changing Direction Changing Lives* using a youth council to make the information more accessible to the youth population (MHCC, 2015b).

With growing concern surrounding mental health, it is crucial that steps be taken to improve the state of mental health in Canada. As demonstrated, the MHCC is working

towards this by creating Canada's first mental health strategy. In addition, the MHCC has published other resources and information for various stakeholders including health professionals, employers, parents, youth, and teachers. Many agencies as well as the MHCC have recognized there is potential for mental health promotion in education. This led to the Ontario Ministry of Education creating a mental health promotion document for educators, *Supporting Minds* was released as a draft version in 2013. *Supporting Minds* recognized that it is just one among many documents that may be utilized in schools in regards to mental health. *Supporting Minds* publication by the province's Ministry of Education demonstrated the focus of the ministry to address this concern surrounding mental health.

While it has been demonstrated that the attention given to mental health in recent years has increased, there are more resources around the topic being produced. The concern around mental health and mental illness has not been eliminated. Therefore, there is still work to be done in reducing the negative stigma surrounding mental health, increasing access to services, and general education surrounding the topic.

## Purpose of the Study

The purpose of this project was to create a handbook that will support educators at the secondary school level to implement universal mental health programs that are led by students. While there are existing programs and services that may exist at different schools and at a local community level, these are not as consistent or accessible to students. Through the creation of a program with a universal approach, the aim of the project was to reduce mental health stigma and encourage the development of a positive school environment. The incorporation of the peer-led component allows the information

and resources to become more accessible to the student population as it is being delivered by their peers.

## Rationale

Mental health affects every population regardless of age, gender, race, or socioeconomic status; it is an important component of our overall health. Just as with physical health, mental health can fluctuate through different points in your life. “Around 25% of children and young people in the developed world have an identifiable mental health problem” (Harden et al., 2001, as cited in Weare & Nind, 2011, p. 29). In addition, according to the World Health Organization (2001), it is “estimated more than 25% of people worldwide have been diagnosed with mental illness at least once in their lifetime” (as cited in Dalky, 2012, p. 521). Therefore, with one quarter of the world’s population experiencing mental illness personally, the numbers only rise as we consider friends and family members who are also impacted by their relationship to the individual with mental illness. It is important that members of society are provided with the accurate and relevant information they need to keep their mental health in good standing, and the resources and services for when they find themselves with poor mental health.

By implementing mental health programs in schools, it helps to reach a larger population at once and is then accessible to all of the youth population attending the school. Through an educational setting, mental health programs can deliver accurate and relevant information to students to help combat any inaccurate or biased information that they may have taken in with regards to mental health and mental illness. By delivering information in schools, students can feel more confident that they have received accurate information as opposed to possibly being misinformed by other less reliable sources (e.g.,

peers and television). In addition, schools provide a safe and more comfortable setting for students to receive information about services and how to access them for both them and their families (Onnela, Vuokila-Oikkonen, Hurtig, & Ebling, 2014).

Through school mental health promotion programs, the goal is to provide students with information and tools so that they can recognize mental health concerns, and know the appropriate action to seek assistance. Providing students with information in order to educate them further about mental health and illness was found by Lopez (1991) to decrease students' apprehensions and increase their benevolence towards those with mental illness. Furthermore, mental health promotion programs help students to develop positive mental health strategies. Early intervention programs can "promote feelings of control, strengthen a person's capacity to deal with adversity and prevent anxiety, depression" (Högnabba, 2011; Taggart & McKendry, 2009, as cited in Onnela et al., 2014). The focus on mental health promotion can develop a positive environment in the school setting that can encourage discussion surrounding mental health. This focus on changing the culture surrounding mental health in schools can create a "positive and empowering approach" (Onnela et al., 2014, p. 626) regarding mental health for the school's community.

As this project focused on school-based mental health promotion, emphasis is placed on youth and the importance of changing the stigma they have around mental health. Attention has been given to the youth population as Lopez (1991) emphasises the role youth and their ideas and understanding will be the basis for a future society placing significance on various issues.

Furthermore, mental health problems that go untreated can lead to further difficulties in adulthood. It has been reported by young adults with mental illnesses that their illness progressed to serious once entering adulthood after having not received treatment prior to this point (Bijl et al., 2003). In addition, the consequences of untreated mental illness can increase and become more dramatic over time as with the severity of the illness, and individuals as well as their caregivers can have their entire quality of life impacted by mental health concerns (Dell'Osso & Altamura, 2015). These consequences can be reduced by increasing the likelihood of individuals seeking treatment; receiving early treatment for a mental illness can help to prevent the progression of the illness and the effect the consequences it may have (Eisenberg et al., 2012) .Therefore, it is important to educate students with accurate information and appropriate skills and strategies during their youth to increase the likelihood of future success in reducing stigma and barriers to seeking services.

## Theoretical Framework

The guiding theoretical framework is Albert Bandura's (1977) Social Learning Theory (SLT) which has served as the foundation for development of the project. SLT describes human behavior as resulting from the interaction of cognitive, behavioural, and environmental factors (Bandura, 1977). This theory stresses that individuals are not free agents to do as they please nor are they entirely powerless but are influenced by their environment and vice versa (Bandura, 1977). For the purpose of this project, emphasis will be given to SLT's focus on the factors that influence behaviour, being observation, modeling, reinforcement, and environment, as impacting an individual's learning regarding behaviour (Bandura, 1977).

The school setting is a major factor that influences the effectiveness of SLT for this project due to the large amount of time students spend in this environment. As SLT explains, “[t]hrough verbal and imagined symbols people process and preserve experience in representational forms that serve as guides for future behaviours” (Bandura, 1977, p.13). This setting already contributes to students' learning regarding human behaviour; therefore, by leveraging this understanding of SLT, we increase the potential for effectiveness of the project. SLT will capitalize on the social interactions of peers with their fellow students and school staff as the main method of learning and influence on students.

The school-based setting allows for students to learn through SLT both formally and informally. It also allows for a wide variety of opportunities to observe modelled and reinforced behaviour from both staff and students. As the overall goal of the program was to impact change in the environment of the school as a whole, attention was not explicitly given to impacting the environment. Focus was placed on observation, modeling, and reinforcement in terms of positive mental health in order to promote an environment that embraces mental health promotion. The four components of SLT work in conjunction with one another, while all students learn through the observation component, it is important that staff and peer-leaders are aware of the modeling and reinforcement components and the role they play in this process.

Observation is how most human learning is done. Observational learning is temperamental as individuals are selective about what they extract from the observation as well as the amount they take from the experience (Bandura, 1977). Furthermore, students may observe both positive and negative behaviours that can have an impact on

their learning. This is where the modelling and reinforcement components become crucial. If negative behaviours are negatively reinforced, then they can still have a positive effect on the observers learning just as a positive situation that positively reinforced may have.

The four components as well as an overview of SLT and how it applies to the Secondary School Peer-Led Mental Health Promotion Program are further discussed in detail in the Theoretical Framework in Chapter Two.

## Objectives of the Handbook

The *Secondary School Peer-led Mental Health Program* handbook was developed to meet the following objectives:

- Increase awareness surrounding mental health issues/disorders and services through providing accurate and relevant information to the student body
- Promote and develop a positive school environment for the general benefit of positive mental health for students and staff
- Reduce the stigma surrounding mental health year round with the universal approach that causes students to question existing stigma with relevant information and activities.

## Definition of Terms

The following terms are used throughout this project and are defined as follows:

Mental Disorder: "alterations in thinking, mood or behaviour – or some combination thereof- associated with significant distress and impaired functioning" (Government of Canada, 2006, p. 2)

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| Mental Health: | "more than the absence of mental disorders. It can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to participate in community life" (Jerusalem & Hessling, 2009, p. 330) |
| Mental Health Literacy: | The "knowledge and beliefs about mental disorders which air their recognition, management and prevention" (Jorm et al., 1997, p.182) |
| Mental Health Promotion | Programs that aim to increase encouragement of positive mental health instead trying to prevent mental health concerns (Levin, Inchley, Currie & Currie, 2012) |
| Peer: | A "person of equal standing" (Mental Health Comission of Canada, 2013, p.2) |
| Peer Leaders: | Involved in planning and implementation of peer programs and embody a positive role model, and are available to others for social interaction beyond factual information (Klepp et al., 1986, as cited in Turner & Shepherd, 1999) |
| Public Stigma | Widely accepted generalization that are endorsed by the general population the result in prejudice against the stigmatized group (Corrigan et al., 2015). |

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| Self-Stigma | The internalization of public stigma by an individual who is stigmatized (Boyd, Adler, Otilingam, & Peters, 2014). |
| Stigma | The perception that a certain quality causes an individual to be set apart from others as a result of the disgrace of the quality. (Bryne, 2000). |
| Stigma by Association | Stigma that is a result of the relationship between an individual who is stigmatized and those they interact with that "leads the wider society to treat both individuals in some respects as one" (Goffman, 1963, p.30) |
| Structural Stigma: | Disadvantage given to a population as a result of the structural barriers, and attention given to topics in society (Link & Phelan, 2001) |
| Well-being: | A complex interaction between daily life and the larger society of an individual. There are three components that demonstrate an individual's well-being: "life satisfaction, the presence of positive mood, and the absence of negative mood" (Ryan & Deci, 2001, p.144) |

## Outline of the Remainder of the Document

This document is set up to demonstrate the work completed by the researcher in order to develop and organize this handbook. The introduction chapter presents the basic information outlining the background, concerns, concepts, and theory that are the basis

for this project. Chapter Two explored the available research surrounding the main topic and subsequent areas of importance to the project. It explored (a) an overview of mental health concerns for youth including an exploration of the concept of stigma, (b) themes of both school-based and peer-led programs are examined independent of each other, and (c) a review of existing school-based mental health programs that are available was completed. Chapter Three provided an outline of the methodology and the research that informs the handbook and provided the rationale for its creation. Chapter Four presented the handbook itself: *Secondary School Peer-led Mental Health Program*. Chapter Five explored the response from teachers about the handbook as a resource, implications, a conclusion, and areas for future research.

# CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter explored existing research and issues surrounding mental health regarding youth as well as resources that are already in existence and the theoretical framework approach taken by the author. A formal definition and understanding of mental health is explored along with specifics of mental health in regards to the youth population in secondary schools. The theoretical framework utilized is Albert Bandura's (1977) Social Learning Theory. Further exploration on the topics of school-based mental health programs and peer-based programming are discussed.

## Overview of Mental Health Concerns in Youth

This section outlined the components of mental health and explored the topics of stigma, treatment, and the consequences of poor mental health for later in life.

### Mental Health Components

Mental health has many components and categories that fall within it. For the purpose of this research mental health is defined as

> more than the absence of mental disorders. It can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to participate in community life. (Jerusalem & Hessling, 2009, p. 330)

The concept of mental health moves beyond the presence or absence of a mental disorder or illness; therefore, the focus of this research was on overall mental health for youth as a universal program. The focus was not on the specifics of youth diagnosed with a particular mental illness, but rather a more universal approach to improve youth's overall mental health as outlined by Jerusalem and Hessling. Although youth who have

experienced mental disorders will not be the focus of the research, they are not discounted from information either as universal programs aim to benefit the population as a whole.

The terms mental illness and mental disorder are used interchangeably throughout the project. Mental illness is defined as "alterations in thinking, mood or behaviour – or some combination thereof- associated with significant distress and impaired functioning" (Government of Canada, 2006, p. 2). The significance and severity of a mental disorder and the accompanying symptoms vary widely based on the illness and the individual's circumstances (Government of Canada, 2006, p. 2).

Well-being is a term often used in defining and discussing mental health. As explored by Bronfenbrenner (1979), well-being is the result of a collaboration of systems and interactions in an ecological framework, these interactions come from both micro levels and macro levels to contribute to an individual's well-being (Roffey, 2015). Well-being is a complex interaction between daily life and the larger society of an individual. There are three components that demonstrate an individual's well-being: "life satisfaction, the presence of positive mood, and the absence of negative mood" (Ryan & Deci, 2001, p. 144). Well-being can be influenced by; "positive emotions (Fredrickson, 2004), gratitude (Froh, Sefick, & Emmons, 2008), hope (Snyder, Lopez, Shorey, Rand, & Feldman, 2003), goal setting (Locke & Latham, 2002), and character strengths (Pererson & Seligman, 2004, as cited in Shoshani & Steinmetz, 2014, p. 1290).

As demonstrated by Ryan and Deci (2001), having only the presence of positive mood is not considered well-being but it must be accompanied by the lack of negative mood as well. As with mental health, the absence of mental disorders is not significant in

having achieved positive mental health but it must be in addition to well-being. Furthermore, positive mental health does not demonstrate the absence of mental illness. It is this dynamic that has brought the research to be focused on positive mental health in youth and the development of this as a universal approach relevant to all youth regardless of their current level of mental health and/or well-being and circumstances.

Mental health, as with physical health, has many individual components that interact to contribute to the overall domain of the individual's mental wellness. The crucial component to understand mental health as demonstrated above is that the absence or presence of illness is not the determining factor in one's mental health. As all the contributing factors of the ecological framework are interacting to contribute to an individual's wellness, this further emphasised the need for universal approaches to mental health, as not all of these factors could be taken into consideration.

**Stigma at Play in Society**

Stigma as an umbrella term is defined as: "a sign of disgrace or discredit, which sets a person apart from others" (Bryne, 2000, p. 65). Stigma can be attached to any number of physical, emotional, mental, cultural, and/or spiritual traits. As discussed by Haghighat (2001), stigma is the result of a survival technique to raise one's own self-esteem by discrediting others for qualities they do not possess themselves (as cited by Essler, Arther, & Stickley, 2006). The research varies in what factors contribute to the construction of stigmas, while many researchers have identified any different combination of factors, many have recognized the role of stigma as a socially constructed idea. Individuals develop their own understanding of a particular stigma from both explicit and implicit knowledge regarding a certain trait that is stigmatized by society.

These factors work together to contribute to Goffman's (1963) coined term of stigma as a spoiled social identity. Furthermore, stigmatization can be further perpetuated by the media's representation of the quality in question. Regardless of the focus of the stigma, there are different types of stigmatization that can be applied including public stigma, self-stigma, structural stigma, and stigma by association (Bos, Pryor, Reeder, & Stutterheim, 2013). These individual forms of stigma are further explored in the project.

Self-stigma is known and discussed under the topic of perceived stigma and/or internalized stigma. Self-stigma is recognized as the internalization of public stigma by an individual who is stigmatized; this includes the "subjective perception of devaluation, marginalization, secrecy, shame and withdrawal" (Boyd et al., 2014, p. 221). The important difference in self-stigma is the internalization of perceived stereotypes regarding mental illness by the individual affected by the illness, not just their awareness of a public stigma (Dalky, 2012). Those effected by self-stigma can see the impacts in numerous areas of their life including but not limited to self-esteem, self-efficacy, unemployment, and seeking access to mental health services (Boyd et al., 2014; Corrigan et al., 2010; Corrigan et al., 2015; Corrigan & Watson, 2002; Dalky, 2012) . The level with which self-stigma has impacted a person is individual to the situation and environment of that individual ranging from indifference to diminished self-perception (Dalky, 2012). Crocker (1999) explores the internalization of stigma as being situational, and contributed to by collective representations of those involved and the context of each situation. These factors as explored by Crocker impact how the stigmatized individual internalizes stigma from situation to situation.

Public stigma is defined as “the prejudice and discrimination that emerges when the general population endorses specific stereotypes” (Corrigan et al., 2015, p. 260). Public stigmatization is more widely accepted generalizations or stereotypes in regards to a particular population, as opposed to specific individuals, although these generalizations can be applied to a person who fits the determined population by those who endorse these prejudices. Public stigma is contributed to by a number of factors that have been accepted by society and demonstrated through attitudes, behaviours, and social structures towards the stigmatized group (Corrigan & Watson, 2002; as cited in Chan, Mak, & Law, 2009). This demonstrates the social construction component of stigma as many of these behaviours are more implicitly applied and observed by the general population to further construct the public’s negative perception and prejudices that construct public stigma.

Stigma is constructed and demonstrated in various ways through our society and our interactions. Public stigma is contributed to by structural stigmas evident in our society. Regardless of the stigmatizing factor, there are qualities that are seen as advantageous, and this is demonstrated through how our society is run and structured. This is demonstrated through structural barriers in place that limit participation of the stigmatized group (Fine & Asch, 1988, as cited in Link & Phelan, 2001). Structural stigma results in discrimination as an effect as opposed to the intention of policies and practices (Pincus, 1996). Link and Phelan discussed how structural stigma can contribute to a loss of status in society which can effect an individual’s “life chances” (p. 373) in a number of aspects of their lives. Structural stigma can be demonstrated through the attention given through research and services in regards to mental illness (Link & Phelan, 2001) in comparison to those of physical illnesses. In the case of structural stigma, the

individual who is stigmatized is felt to be disadvantaged as a result of the structures of society.

The final form of stigma to discuss is stigma by association, or "courtesy stigma" (Goffman, 1963). Stigma by association is stigma felt by friends and families as a result of their association with the individual who is stigmatized. The relationship between an individual who is stigmatized and those they interact with “leads the wider society to treat both individuals in some respects as one” (Goffman, 1963, p. 30). Therefore, stigma is transferred in some ways to the individuals interacting with the stigmatized person. Goffman cites the fear of courtesy stigma as a strong factor in the difficulty of stigmatized individuals to form relationships or find their relationships being discontinued.

Through the research, it has been demonstrated that there are different ways in which stigma is applied and received; self, public, structural, and association. These different forms of stigma are interconnected in terms of how they influence the other forms of stigma. In order to reduce stigma, the public needs to be educated with accurate information about mental health and mental disorders. In order for the cycle of influence between the forms of stigma to be reduced, education regarding mental health will work to challenge the perceptions of mental health at all levels of stigma. Programs that aim to reduce the stigma surrounding mental health are often discussed as mental health literacy.

Mental health literacy is defined by Jorm et al. (1997) as “knowledge and beliefs about mental disorders which air their recognition, management and prevention” (p.182). These literacy programs work to educate individuals on mental disorders and mental health in order to reduce stigma and discrimination. Corrigan, Kerr**,** and Knudsen (2005)

suggested mental health programs are most effective when they target specific populations, address self-stigma, or call into question structural stigma. Mental health literacy programs, particularly in schools, can help to not only improve the mental health knowledge of students but also the educators and the wider school community (Wei, Kutcher, Killam, & Szumilas, 2011). Although, separate mental health literacy programs can be implemented beyond the school to target parents, families, and community members to further reduce stigma on a more broad community level.

Mental health literacy aims to educate individuals about mental health and mental disorders to combat existing stigma or attitudes one may possess. Regardless of the setting or capacity of the mental health literacy program, providing proper accurate information is crucial to impacting the attitudes of the participants. Lopez (1991) stresses the importance of attitudes relating to mental health as the attitudes of the public can place importance on the support of services and public acceptance for those who are stigmatized. This further emphasizes the significance of educating the public with accurate information to reduce stigma at all levels.

**Barriers to Accessing Treatment and Services for Mental Health**

Jané-Llopis et al. (2005) drew attention to how mental health, much like physical health, can be improved in the population through the education of individuals in regards to what being mentally healthy means (as cited in Singletary et al. , 2015). This is further emphasised by Singletary et al.'s (2015) findings that students from focus groups had difficulty understanding the term mental health. The lack of knowledge and understanding in regards to mental health is just the beginning of a cycle that limits understanding and willingness to access services and to receive treatment, putting the

individuals with poor mental health at risk. This cycle exists in large part due to the negative stigma associated with mental illness that acts as a barrier for seeking information, services, and treatment.

Cornagila, Crivellaro, and McNally (2015) concluded from their research that identifying those at risk for mental health difficulties is important in encouraging individuals to seek treatment in order to reduce the effects it can have on them throughout their lives. This connects to educating individuals on mental health literacy so that they can begin to recognize poor mental health and be aware of possible services and treatments available. Through education around mental illness, people will become better equipped to bring forth mental health concerns in order to access services and treatment earlier.

It has been demonstrated that early intervention and treatment during adolescence can help to reduce severity and increase recovery for youth with mental illness. Layard and Clark (2014) emphasised the high recovery rates for young people who do receive early intervention through various treatments for mental disorders (as cited by Cornagila et al., 2015). This reinforced the importance of making information available for services and treatments to be accessed for those who require them as this can greatly reduce future damage caused by poor mental health (Cornagila,et al., 2015). Therefore, having students gain access to services and treatment options is vital to ensuring a mentally healthy population. Although there are services that exist for mental illness and improving mental health, they are underutilized due to stigma (Esters, Cooker, & Ittenbach, 1998). The negative stigma associated with mental disorders and mental health can act as a barrier to prevent youth from seeking help; as a result, they can continue to become further isolated

from their peers because of stigmatization (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014).

As discussed by Wagenfeld (1994), the logical process in removing the barriers to accessing treatment lies in reduction of stigma through encouraging "positive attitudes about seeking psychological help and to foster a less stereotypical and myth-laden view of mental illness" (as cited in Esters et al., 1998, p. 470). Stigma needs to be reduced in order to see improvement in identifying those at risk for mental disorders as well as for seeking early intervention and utilizing other services for mental health.

**Consequences of Poor Mental Health Later in Life**

The importance of mental health programs for youth is twofold: (a) it is important that individuals are properly educated about mental disorders for the reduction of stigma, and (b) to increase willingness to access services and treatment for themselves and others to prevent further decline in mental health. Both of these validations for mental health programming are explored in this section.

Educating youth about mental health in a way that challenges stigma and provides them with accurate and relevant information can have positive consequences on our future society. As discussed by Lopez (1991), it is important to instill the proper attitudes in youth as they will grow up to be the adults who can place significance on public policy and issues in society. This is important in the reduction of stigma for later generations as they can impact both public and structural stigma later in life. As discussed, stigma is a barrier to seeking and accessing mental health treatment and services. By reducing stigma around mental disorders, the intention is to increase the likeliness of individuals accessing mental health services.

Youth who are having difficulties, whether it be behavioural, emotional, or social, and do not seek assistance are going to experience a decreased capacity to learn in the school setting (Rones & Hoagwood, 2000). This can also result in the disruption of the learning experience for their peers. The Centers for Disease Control and Prevention (2011) stated that 22% of youth have a mental disorder that could affect lifelong functioning (as cited in Bulanda et al., 2014). These individuals greatly benefit from early intervention to reduce the impact their mental disorder can have in future years. As well as developing strategies for dealing with mental health concerns, interventions can reduce the impact mental illness has on their learning and development in secondary school and beyond, increasing their chances of success.

Bijl et al. (2003) found that those who are undereducated are amongst the demographic least likely to seek treatment for a mental disorder; school-based programs will help to reach these populations before they leave the formal education system. Providing the relevant information regarding mental illness to all students increases the likelihood that they may access services later in life.

Cornagila et al. (2015) found that poor mental health during adolescence had a strong negative connection to future educational performance as well as dropout rates from school and the work force. The issues associated with mental illness have been seen to impact students' school performance as well as attainment. Not receiving proper education or completing high school can affect their quality of life beyond secondary school in ways other than just their mental health. It is important to include mental health programming to all youth in a way that allows them to become educated for themselves and their peers both for current and future use.

While direct connections have been found between common mental disorders and lower academic performance (Lipson et al., 2015), the impacts of mental illness both treated and untreated can go beyond the school setting. Lispon et al. found that mental illness impacted feelings of social connectedness as well as future economic success amongst adolescents with mental health concerns. Beyond adolescence, mild mental disorders that go untreated run a risk of developing to more serious disorders with more severe consequences (Bijl et al., 2003). The consequences that come with all mental health concerns are unique to each individual and their own disorder, but as they go untreated the risk for consequences rises. These can include attempts at suicide, hospitalization, work disability morbidity, functional disability, and reduced quality of life for the individual as well as their family and friends, along with costs and impacts on the whole community (Bijl et al., 2003; Dell'Osso & Alramura, 2015).

As there are a variety of mental disorders, they can range drastically in severity of the disorder, the symptoms, and how it affects individuals as well as their family members' lives. If mental disorders go untreated, resulting consequences can be more severe than affecting academic performance. The Institute of Medicine (2006) has also listed other consequences of untreated mental illness as "justice and child welfare system burden, decreased life expectancy and early death due to suicide" (as cited by Wei & Kutcher, 2014, p. 219). As suicide is the most severe result of a mental disorder, it is a relevant area of concern in our society as suicide accounts for 24% of deaths for 15-24-year-olds in Canada (Center for Suicide Prevention, 2015).

Bijl et al.'s (2003) longitudinal research surrounding mild mental health disorders found that if individuals with mild mental disorders go untreated they have a higher risk

of experiencing more severe consequences later on in life. This coincided with their findings from studying mental health in five developed countries that recoded individuals who stated that their disorder only became serious after leaving the formal education system (Bijl et al., 2003). This further demonstrated the importance of implementing mental health programming in educational settings to target youth. This can be done in order to provide them with the education and information to understand and be aware of mental health concerns, to help reduce the number of individuals whose mental health disorders go untreated.

While this is just a snapshot of the effects mental illness can have on a person's life, it emphasized how important access to services and treatment can be to help reduce these effects. Through reducing stigma, it reduced the largest barrier to seeking services, and through early intervention programs the goal of reducing future effects of mental illness can begin to become a reality.

## Theoretical Framework

Albert Bandura's (1977) Social Learning Theory served as the theoretical framework for this project. SLT acknowledged that "human thought, affect, and behaviour can be markedly influenced by observation, as well as by direct experience, fostered development of observational paradigms for studying the power of socially mediated experience" (Bandura, 1977, p. vii). SLT placed a large emphasis on the role of the environment observations, modeling and reinforcement in the influencing of human behaviours.

SLT at play in school-based peer-led mental health programs, emphasises the importance of the environment, and observations. Importance must be placed on having a

school environment that is safe for students and where people are respectful and educated around mental illness. The importance of modeling and reinforcement will fall on those who are highly regarded within the school; for example, teachers, staff, student leaders, and those leading peer programs. These four components interact and influence one another in a cycle as they can be beneficial or detrimental to the other aspects of SLT.

The factors that co-exist and interact to create an environment are extensive. This is reinforced by Bandura (1977) stating; “[i]t is largely through their actions that people produce the environmental conditions that affect their behavior in a reciprocal fashion” (p. 9). For the purpose of environment in terms of SLT this section examined how the other components of SLT, observation, modeling, and reinforcement, contributed to the overall environment particularly in a school setting. While there are things that can be done to focus particularly on the improvement of the environment for the purpose of this project, the focus remained on these three components. Focus was placed on observation, modeling, and reinforcement, with the goal of overall improvement of the school environment.

Observation is how most human learning is done, through observing others' actions and the resulting actions. This information is then stored and can serve as a guide in future decisions (Bandura, 1977). Observational learning is temperamental as individuals may be selective about what they observe, and what they extract from the observation as well as the amount they take from the experience (Bandura, 1977). With that idea comes the issue of negative interactions in which an individual observes but may not see a negative result or consequence to the action. In this case, the observation could have a negative instead of positive impact. This is where the importance of

modeling comes in as those who are in roles of leadership or regarded well by others can lead by example.

Modeling is seen as highly effective in demonstrating and encouraging new behaviour (Bandura, 1977). The modeling component of SLT brings into light the importance of peers in influencing behaviour. Within peer groups, there are individuals whose actions and modeling will have higher significance to individuals than if the behaviour is modeled by others (Bandura, 1977). Being exposed to modelling of behaviour by both peers and adult as opposed to just adults is found to be more effective in youth (Bandura, Grusec, & Mentlove, 1967, as cited in Bandura, 1977). This demonstrates the importance of the peer aspects in mental health promotion programs. With the goal to reduce stigma, having individuals model a positive approach to mental health will help to encourage other students in the school. As acceptance of a new behaviour is seen in the environment, the model continues to reinforce this new behaviour as a norm further increasing its significance (Badura, 1977).Teachers and staff also play an important role in this component through their influence on the school environment and their role in reinforcement of certain actions and behaviours.

Reinforcement is a strong factor in SLT as it can be used positively or negatively to encourage or discourage particular behaviours. Reinforcement can impact an individual's behaviour even if the reinforcement was not directly applied to them. Through observing others and through modeling, which was previously discussed, individuals can see reinforcement applied to others and internalize that information without experiencing it themselves. Reinforcement is also exhibited by the reactions gained from peers as opposed to just authority figures.  Peers can reinforce both

positively and negatively the actions of their fellow students, but again the impact this will have is based on how the student regards the peer who is reinforcing. Therefore, some situations of reinforcement will be more or less effective depending on the relationship of the individual providing reinforcement.

As discussed, the components of SLT, environment, observation, modeling, and reinforcement, continue to work together and influence one another to impact human behaviour.

## Research Surrounding School-Based Mental Health Programs

The concept of placing mental health programs in schools has been in existence for years and these programs and attempts vary widely in their organization, role, and effectiveness. When looking at school programs, Högnabba (2011) and Taggart and McKendry (2009) state in their studies that "early [mental health] interventions promote feelings of control, strengthen a person's capacity to deal with adversity and prevent anxiety, depression and behavioural problems" (as cited in Onnela, Vuokila-Oikkonen, Hurtig, & Ebling, 2014, p. 619). This section examined the research surrounding school-based mental health programs as an overall concept and what information previously implemented programs have to offer.

School-based mental health services give a unique set of circumstances to mental health programs. As Evans, Axelrod, and Sapia (2000) explained "one failure of therapy has been the failure of treatments to generalize to the setting where clients exhibit problems. While methods have been developed to improve generalization, they frequently are not implemented" (p.191). As youth spend large amounts of their time in a school setting, many of their stressors and concerns stem from this environment as well.

Therefore, dealing with mental health in the environment that can contribute to negative mental health will help to prevent future issues. Furthermore, placing supports in schools creates easier access to services as well as makes it easier to access harder to reach populations.

**School as a Setting for Mental Health Promotion**

School consumes much of the daily life of youth; beyond just attendance at school, students deal with homework and extracurricular programs after school hours. Therefore, the implementation of mental health programs into schools increases their exposure to students. “Schools are arguably the only universal setting for children and adolescents. In addition, the years of attending comprehensive schools are the time when emotional and behavioural needs increase, but also when they can be influenced” (Onnela et al., 2014, p. 621). The role school plays in the lives of youth is the first major reason that schools are a suitable setting to implement mental health programming. Furthermore, Kalafat (2003) discussed the role schools play by stating

> the school is the community institution that has the primary responsibility for the education and socialization of youth, the school context has the potential to moderate the occurrence of risk behaviour and to identify and secure help for at-risk individuals. (p. 1212)

The role of schools as a major influence on youth goes beyond just the amount of time students spend there to include the influence of the setting on students' behaviour and socialization. This is where the school environment will play a key role on how students observe various actions.

While schools are an ideal environment to implement mental health literacy and promotion because of the logistics of the institution, the setting also can be seen as more comfortable and less threatening than other mental health settings. Schools are more familiar to students and their families as they are a mandatory institution in which youth spend large amounts of their time. As stigma is the largest barrier to seeking assistance, reducing as much of this stigma and fear will help to make services more accessible. By having services or access to services in the school setting this would allow individuals to feel less stigmatized than if they needed to seek services at third party settings. This is reinforced by Onnela et al. (2014) who recognized that schools are considered to be "low threshold" places where services are more accessible to students as it is in their own environment, and this would not need to make additional appointments, which helps to reduce the stigma an individual would feel around seeking services or treatment for mental health.

In addition, the school setting allows mental health programs to reach students to support their mental well-being, but there are other benefits to mental health programming in schools. Cappella et al. (2008) found that “interventions designed to address mental health needs often help schools better meet student learning goals” (as cited in Powers, Edwards, Blackman, &Wegmann, 2013, p. 652). By increasing the mental health of the students in the school it can benefit students in other areas, such as academically. Any mental health issues that are not being dealt with could be an obstacle in students' daily lives and impact many other areas beyond just their mental health.

While the promotion of mental health programs in schools have demonstrated many benefits, there also are some things to consider. Educational settings can provide

obstacles because of formal and informal rules and restrictions (Backett-Milburn & Wilson, 2000). While every school board and individual school has different policies and programs, there may be some situations where mental health promotion may conflict with already established protocol.

**Whole School Approach to Mental Health**

School mental health programs come in all different forms. The main two types of programs are at-risk or universal; this is in reference to who the programs target. At- risk programs are targeted at students who already have or are at risk for developing a mental disorder; therefore, they are only concerned with a select population of the schools' pupils. Universal programs are targeted to the entire student population. Within universal programs, there are mental health prevention programs and mental health promotion programs. The European office for world health organization found that intervention programs were seen to be more effective when the focus was on promotion of positive mental health instead of aiming to prevent mental illness (Levin et al., 2012).

Effective mental health promotion programs follow an approach similar to the health promoting schools as Stewart-Brown (2006) discussed; this includes: "involvement of the whole school, changes to the school psychosocial environment, personal skill development, involvement of parents and the wider community, and implementation over a long period of time" (as cited in Rowling, 2009, p. 360). By reaching beyond individual students and classrooms to the school environment and community, it helped to get the mental health promotion message and information out to the wider population, encompassing the term universal.

Another crucial component of the universal approach is that it becomes a part of more aspects of the school and education. “[I]nitiatives that use a range of contexts, opportunities, approaches and agencies are more effective than more limited and one dimensional approaches when attempting to tackle mental health issues” (Catalano et al., 2002; Wells et al., 2003; Stewart-Brown, 2006, as cited by Rowling, 2009, p. 360). Through various programs and having involvement at all levels of personnel, the chance for integration and success is increased.

What is also unique to the universal approach is the focus placed on the school environment and making that environment a positive one in terms of mental health. Honkinen (2010) discussed how the creation of a positive school environment surrounding mental health will benefit students, while a negative school climate will only further contribute to feelings of stress and negative mental health (as cited in Onnela et al., 2014). The environment within the school can be influential to students beyond their academics and the hours they spend in the school setting.

Furthermore, by placing focus on the environment, it encouraged involvement from all areas of the school. Directing attention to all areas “of the school environment to ensure that policies, procedures and activities throughout the school are consistent with the aims of creating a setting that promotes the mental health and well-being of young people” (Khan, Bedford, & Williams, 2011, p. 47). This assisted in providing consistency throughout the school and the staff; furthermore, this educates the school personnel about the program of mental health promotion and encourages their involvement and accountability.

**Role of the Teachers**

For a universal mental health promotion program to work it required support and work from the school staff; for the purpose of this project, the focus is on teachers and administrators. The teachers within the school would be vital to the implementation of a mental health program and to the positive mental health environment the programs aim to create and maintain. Teachers are the school staff who have daily and consistently scheduled interaction with students, as opposed to other staff who may only deal with select students on an irregular basis. Teachers spend large amounts of time with students throughout their time in school, while the amount of time an individual teacher spends with a student reduces as students reach secondary school, these teachers are still in positions of influence seeing students daily. A health professional will see students for significantly less time (Weist & Christodulu, 2000). This is where the role of teachers in mental health promotion helps to emphasise the importance of school-based programs.

Teachers' positions allowed them to build and create relationships with larger amounts of students, although the relationships between students and all their teachers are not always positive. Baker-Henninghan (2013) discussed that the benefits of "positive teacher relationships within a supportive emotional environment are well documented" (p. 420). These positive student teacher relationships can be of significance in the implementation of a new program as well as creating and maintaining a positive environment. Teachers will play an important role in the SLT model as they are able to provide modeling of proper behaviour for students to observe and are able to reinforce actions of others both in their classes and in the general school setting. Their position as leaders and authority figures help to put them in a position of importance when it comes

to students' observation of behaviour. This again is being dependent on the teachers having positive relationships with the students.

Furthermore, the position of teachers who have created positive relationships with students will be better received in implementing mental health programs. Woolfson, Woolfson, Mooney, and Bryce (2008) found that students felt that a person who is familiar to them should be providing mental health programming. This reinforced the underlying goal of creating positive mental health environments. In addition, Ginsburg et al.'s (1995) survey of adolescents satisfaction with mental health services found that "teenagers seek providers who are competent, warm, compassionate, unpretentious, non-judgemental, and willing to respect confidentiality" (as cited in Nabors, Weist, Reynolds, Tashman, & Jackson, 1999, p. 230). Through positive student-teacher relationships, students felt more comfortable discussing mental health with certain teachers or coming to them with concerns, particularly those who they felt possess the previously mentioned qualities.

As emphasised, teachers play a crucial role in the implementation of mental health programming in the school and the maintenance of a positive school environment. Therefore, their support of the program and concept is crucial to the success. "Teachers will invest time and effort into activities they believe will enhance their effectiveness. Teachers are more likely to embrace innovations they believe will make them better teachers" (Commins & Elias, 1991, p. 213). Therefore, the importance of teacher awareness and support in a program for mental health promotion is crucial; in order for this to be achieved, teachers must be educated around the content in order to fully understand the program. Through proper education and understanding of the program

being implemented, teachers will be more willing to accept, implement, and encourage the success of a new program.

The implementation of programs must take into account the effects that the program can have on teachers as well as their opinions. The underlying goal of improving the school environment will also impact teachers as it is their work environment that is being targeted. Jerusalem and Hessling (2009) found that implemented mental health promotion programs found teachers seeing improvement of their self-efficacy and their own mental health. While there can be positives to mental health promotion to those involved in implementation, there can be reluctance to become involved as a teacher.

Involvement in the program will include participation from teachers; while participation is in many different forms and degrees of involvement, it is one more role for a teacher to take on. Fazel, Hoagwood, Stephan, and Ford (2014) discussed the difficulty teachers faced when balancing the role of being a mental health supporter while maintaining their academic responsibilities. Furthermore, students in Coombes, Appleton, Allen, and Yerrell's (2013) research expressed that students felt teachers were too busy to provide them with the support they needed or wanted. The multiple tasks and roles of a teacher can act as a deterrent for a teacher to become involved in mental health promotion programs as well as their perception of availability to students. These are barriers to teachers' involvement in implementing and becoming involved in mental health promotion programs.

**Role of Administration in Mental Health Promotion**

Besides teachers, the other role in the school that is crucial to mental health promotion programs and to the creation of a positive environment is administration. The

term administration refers to the principal, vice principal, and office staff, as well as those who work at the school board level. While these people may not interact with students on a daily and personal level, they still influence the overall school environment and can impact the success or failure of a program that is implemented. Researchers have found that it is important to have administration support behind programs that are implemented in order to increase the likelihood of success (Greenberg et al., 2001; Han & Weiss, 2005).

According to Wyn, Cahill, Holdsworth, Rowling, and Carson (2000), teachers from their research identified support from their executives as the number one factor that affected the success of the programs. “Support from policy-level administrators is important because it is these administrators who have the power and resources to be able to advance the innovation through the passages and cycles necessary to achieve institutionalization” (Commins & Elias, 1991, p. 215). Furthermore, the support of administration increases opportunities for the program to be successful through possibilities of increased funds and training for initiatives.

Support and encouragement from administration, particularly at the school board level, could increase professional development and education surrounding mental health for all staff. This is crucial to help not only reduce mental health stigma but to increase the positive environment in the school. In connection, “[t]he failure to develop staff understanding and skills may present one of the biggest barriers to the successful implementation of school-based MH [mental health] prevention and promotion programmes.” (Lendrum, Humphrey, & Wigeslworth, 2013, p. 162). Therefore, support

from administration can help to educate staff and increase their support in order to increase the potential success of the mental health promotion program.

**Summary: School-based, Universal Promotion Programs**

Through examining literature on school-based mental health programs, there were many components to consider that contribute to the success of the program. As demonstrated previously, there are many circumstances that are more beneficial to increasing the success of mental health programs. From the above research, it was concluded that programs are more successful when they were school-based, used a universal approach, and included support of teachers and administration. In addition to these specific areas, some researchers have further developed the ideas surrounding the characteristics of effective school-based mental health programs. Greenberg et al. (2001) concluded that effective programs are multi-year, programs that looked at the students' life beyond the classroom, focused on school environment, emphasised building relationships, or strengthened relationships between home school and the community. Furthermore, sustainable programs were: "acceptable to schools and teacher, effective, feasible to implement ongoing, flexible and adaptable" (Han &Weiss, 2005, p. 672).

## Peer-Led Programs for Mental Health Promotion

Peer education has a long history dating back to Aristotle, but more recently it has been utilized for health promotion around topics such as smoking, substance abuse, HIV prevention, and sexual health (Turner & Shepherd, 1999). In understanding peer education, Backett-Milburn and Wilson (2000) state that "a basic ethos of peer education is that it is designed to be by and for young people; they themselves largely determine what is relevant in terms of information and how it is to be delivered" (p. 94). Peer-led

programs can take place in a variety of settings including schools, youth centers, community events, colleges, and informal networks (Turner & Shepherd, 1999). For the purpose of this project, the peer-led programs examined are all school-based. The defining factor of peer-led programs is the role and influence of the peers in all levels of the program, and with that a reduced but still active role of school staff. As stated by Klepp et al. (1986), "the role of the peer educator is to serve as a positive role model and to provide social information rather than merely providing facts… peer leaders enhance the programs applicability by modelling appropriate behaviours" (as cited in Turner & Shepherd, 1999 p. 238). This stressed the role of the program's peers in not only being involved in planning and implementing of the program but also being a representative of the program outside of the formal program time.

Peer programs have varying degrees of peer involvement, from very informal instances that naturally occurred to formal peer support within an organization. Furthermore, the peer relationship is one that is mutually beneficial for both the peer leader and the peer who sought support (Sunderland, & Mishkin, 2013).

There are many reasons that peer education is chosen for programs from it being a cost effective program to the social benefits for not only participants but the peer leaders themselves (Turner & Shepherd, 1999). These various benefits to peer-led initiatives are discussed throughout this section as well as an examination of the connection of peer-led programs to SLT.

**Connected to SLT**

Peer-led education programs capitalize on already existing social structures and relationships within their setting. In connection, these programs utilized the SLT model to

develop successful programs. Having peer leaders in a program allowed the program to reach individuals outside of the formal times and initiatives of the programs. By having peers involved and take on the role of leaders, it allowed the program to be more accessible to students. The main components of SLT are used in these projects: environment, observation, modelling, and reinforcement. Peer leaders have the potential to allow for the observation of modelling and reinforcement to be part of the social environment of the school outside of the formal academic setting.

As emphasised with SLT, observation of certain individuals can have more impact than others; therefore, it is important that for peer-led programs, the peer leaders are regarded as role models. Turner and Shepherd (1999) stressed the importance of utilizing high status peers to become peer educators. Turner and Shepherd reinforced the impact of high status peer leaders as being relevant to other students in terms of credibility, empowerment, role modelling, and reinforcement, all as elements of learning. Furthermore, as previously discussed, teachers played an important role in the reinforcement of behaviours (both positive and negative). But peer leaders take the opportunity for reinforcement further during times of peer only socialization; this increased the exposure and, in turn, potential for success (Turner & Shepherd, 1999).

**Capitalizing on Social Resources for Mental Health Promotion**

Peer-led programs utilized the social component of the school environment that exists inside and outside of the formal classroom as well as in extracurricular activities. “Parents and peers are considered among adolescents’ most important socializing agents. They generally are considered the primary forces of influence on adolescents’ opinions, attitudes, and behaviour” (Lopez, 1991, p. 272). Commbes et al.'s (2013) research found

that “it was clear from the focus groups that, friends served as important social resources to pupils when they are faced with stressful situations” (p.230). The influence peers have on one another is leveraged as a social resource in peer-led programs; these dynamics are already existent in peer groups as mentioned by Coombes et al.'s (2013) findings.

Another large influence in the effectiveness for peer-led programs relied on how students find their peers more relatable to themselves than they might find adults or authority figures in their lives. Methods for peer-led programs are connected to culture of the target group (Turner & Shepherd, 1999). By having programs led by peers, the goal is that the program will be more appealing and relatable to those of the youth culture.

There is a wealth of research that surrounds the use of peer-led programs targeting specific behaviours and topics, but minimal research surrounds peer-led programs focused on mental health. Although, Coombes et al.'s (2013), research into emotional health and well-being programs in schools found that the program would have benefited from further involvement of youth in the planning, implementation and evaluation of the program. These findings by Coombes et al. highlighted the void that peer-led programs can fill in the current state of school-based mental health programs both in terms of resources and available research. Furthermore, Jerusalem and Hessling (2009) found that learning is more effective in creating interdependence among students through making it necessary to learn through interaction with each other to build community. As the peer-led programs thrive on social interaction between peers, these interactions further contributed to the importance of building a positive community in the school.

**Recruitment of Peers for Peer-led Programs**

The individuals who are a part of the peer-led programs are a large influence in the effectiveness of the program. As a crucial part of SLT emphasised that certain individuals can have more of an effect on others through the actions that they model, this is important to consider in the recruitment of peers to become peer leaders in their school community. As discussed by Jerusalem and Hessling (2009), "to be effective, role models have to be similar to the learner regarding age, gender, social background and other personal attributes" (p. 331). This is the grounds with which peer-led programs rely on as students find their peers more relatable to themselves in a variety of ways; this contributes to the successfulness of the program and education surrounding mental health.

Beyond recruiting peers of influence to become peer leaders, it is important that these students are aware of their role and the impact they can have. According to Klein et al. (1994), "people volunteered to become peer educators because they had a belief in their capacity to be effective or had past experience of effectiveness in social situations" (as cited in Turner & Shepherd, 1999, p. 240). Therefore, peer leaders needed to believe that they themselves can be effective in a social capacity as a resource to their peers and school environment. Backett-Milburn and Wilson (2000) discussed that peer leaders involved in programs would recognize that they had the potential to make an impact on their peers and school. The self-recognition of peer leaders on the potential impact they can have is crucial to the selection of peer leaders and to the potential success of the program.

While peer leaders must have a level of awareness of the impact their role can make, they will receive further training and information through the program development. Peer support gives youth the tools, skills, and information to support the informal peer process (Turner, 1999). As the peer leaders gain experience and skills from their role in peer-led programs, there are other benefits to the work they will do through the program.

**Benefits for the Peer Leaders**

As peer-led programs reached students on a more personal and relatable level, there were a number of benefits to all those students involved regardless if they were seeking or providing help and information. Genne and Walker (1997) and Tilford's (1997) research showed that “peer support enables young people to develop effective coping strategies and receive social support from both peers and adults” (as cited in Turner, 1999, p. 568). Developing coping strategies as well as recognizing forms of support are greatly beneficial to all students regardless of the status of their mental health. These useful outcomes are beneficial to students as they continue beyond secondary school. Furthermore, Bulanda et al. (2014) found that youth-led programs are found to increase feelings of empowerment, communication, acceptance of self, and confidence. These are benefits that help to increase mental health of students as well as improve the overall school community. Research also demonstrated that “peer initiatives also have potential for effective health promotion into adult life” (Turner, 1999, p. 569). Further continuing positive mental health and well-being beyond the school setting is the larger goal of any mental health promotion program as the entire community is an influencing factor on the current stigmas surrounding mental health.

In peer-led programs specifically, there is the consideration of how the peer leaders themselves benefitted from their own involvement in the program and in their role. As the emphasis on using peer leaders in the program relied on the social dynamics of the student body, it was also found that being involved as a peer leader can give youth a sense of "social usefulness" (Turner, 1999, p. 569). As it is important that student leaders felt they can make an impact on the school community, finding a sense of usefulness in their role encouraged continued involvement, effort, and passion.

There are also personal gains that are taken away from being involved as a peer leader. Backett-Milburn and Wilson (2000) discussed the benefits to those trained as peer leaders in their program. They found the

> focus on the personal and skills development of the young people being trained as peer educators, as well as their acquisition of factual information. In fact, one of the main benefits of the project from the peer educators' point of view appeared to be an increase in their self-confidence and their ability to voice their own thoughts and opinions."(p. 92)

Beyond taking on a leadership role, peer leaders had the opportunity to gain important skills and information to help them improve their own abilities, with the hope that those acquired skills are transferrable to future experiences.

The mutually beneficial nature of peer-led programs has demonstrated positive outcomes for all students in the school, as well as those who sought help, and those who took on a leadership role. Furthermore, it was explored here that the benefits seen by students in both roles continue to be effective beyond just the implementation of the program and the school setting but into their adult lives as well.

**Role of Teacher**

School-based peer-led programs are exclusively peer-led as programs that are run in school require faculty involvement. Although the idea of the peer-led program has the student leaders largely in charge of running, planning, and implementing the program, they still require teacher support and involvement. In terms of running a mental health promotion program, there are many serious topics and issues that could come forward and be presented to the peer leaders. Therefore, it is important for peer leaders to have a supportive adult in which they can take their questions or concerns, but it is also crucial that the teachers in the facilitator role provide the peer leaders with appropriate information training and resources. Those who take on the role of supervising and advising the peer-led programs must be a constant support with appropriate training who are available and approachable for students (Turner, 1999).

> Peer support requires skilled and committed adult support and supervision to function effectively and, crucially, to prevent young peer supporters handling complex psychosocial and emotional problems inappropriately on their own. Peer support is not automatically self-sustaining and organization, planning and persistence is needed for an effective initiative in the long-term. (Turner, 1999, p. 570)

While the initiation of a peer-led program would have been conceptualized by peers or a teacher, it is important that both parties are committed to the training and education that comes with being active in a peer-led mental health program. “Successful peer initiatives grow from the commitment, enthusiasm and skill of an individual who initiates the process and supports the young people in their involvement” (Turner, 1999,

p. 569). It takes the coming together of both committed school staff members and students willing to become peer leaders in order for a peer-led program to gain momentum to begin to impact the school environment and wider community.

## Existing Resources

As mental health became an increasingly relevant and important topic in society, there is a vast existence of various programs and resources available to teachers and school staff on a global, national, and local level. All of these existent programs have their own research based approach, ideas, and resources compiled to create their plan of action for implementation into schools. For the purpose of this project, only programs including secondary school populations were examined (See Table 1). Many of the programs featured research surrounding school-based mental health programs have developed a universal approach to mental health promotion and have focused on mental health and emotional well-being. All programs brought forward in the literature included in some capacity a component of mental health literacy. These programs examined here come from various countries and most include involvement of government agencies or councils; these provided a snapshot of the variety of programs in existence.

## Effectiveness of Existing Programs

The existing programs examined in Table 1 were all unique in terms of their basis, approach, focus, timespan, and location; therefore, it was important to examine the results from these established programs in planning for a peer-based mental health program. Some of the resources were too recent to see results or to find available literature; therefore, no information from Mindout, Supporting Minds, or the Mental Health Commission of Canada's Headstrong was included in this summary.

Table 1

*Existing Mental Health Programs*

| Type of program | Program Name | Timespan | Methods | Focus | Partners |
|---|---|---|---|---|---|
| Mental Health Promotion | Mental Health for Everyone (Skre et al., 2013) | 3 days | -engaging students in practical tasks, group activities and discussions. Over a 3-day intervention. - Approaching different themes for different grades. | Health promotion through empowerment. Increase mental health literacy to reduce stigma and increase willingness to seek mental health services. | Norwegian Council of Mental Health |
| Mental Health Promotion | Being Well- Doing Well: Framework for health promoting schools. (Scottish Health Promoting Schools Unit, 2005) | all year | -integration with the community and available services -extending ideas of effective education -staff education and training | Creating a school wide effort to promote physical, social, emotional and mental health and well-being for students and staff. | Scotland Ministry of health and community care Scotland ministry of education and young people |
| Mental Health Promotion | "Go-To" Educator Training (Wei & Kutcher, 2014, Teenmentalhealth.org , 2011) | all year | -provide mental health training to teachers -have teacher | Increasing mental health literacy for staff and students. | Digby Mental Health Association Tri-County Regional |

| | | | | | |
|---|---|---|---|---|---|
| | | | implement mental health program in connection with curriculum according to their discretion<br>-having a mental health professional present in the school | Allowing schools to become part of the solution in mental health care. | School Board |
| Mental Health Promotion | The Gatehouse Project (Patton et al., 2000 & Patton, Franzcp, Bond, Butler, & Glover, 2003) | all year | -<br>Integrating Gatehouse materials with school curriculum.<br>-<br>Professional development for teachers to have proper information. | Aim to prevent or delay depressive symptoms. Through promotion of a positive school environment. As a whole school approach | Center for Adolescent Health School's adolescent health teams |
| Mental Health Promotion | MindMatters (Wyn et al., 2000, Evans, Mullett, Weist, & Franz, 2004, Fazel et al. 2014). | all year | -assess current school mental health promotion and determines school needs.<br>-<br>Professional | Using existing school programs to integrate mental health education on a whole-school level. Focus on social and emotion | |

| | | | | | |
|---|---|---|---|---|---|
| | | | developme nt for teachers. -Uses interactive and exploration based activities. | learning, students' connections to community and managing emotions. | |
| Educators Guide in Mental Health Promotion | Supporting Minds (Ontario Ministry of Education, 2013) | as needed | -used in support of existing mental health and well-being resources. -provides informatio n regarding various mental disorders | Educate teachers and school staff regarding mental illness in order to encourage promotion of mental health | Ontario Ministry of Education |
| Curriculu m based mental health promotion | Headstrong (Perry et al., 2014) | all year focused around H&PE curriculu m | - incorporate d into health and physical education curriculum. - Class based metal health education. | Increase knowledge around mental health disorders and increase students' willingness to seek help for mental health concerns. | |
| Mental Health Promotion | Headstrong (Mental Health Commission of Canada, 2015a) | all year | -create a school Headstrong committee. -integrate mental health education | Collaboratio n between teachers, administrator s, students and the community | Mental Health Commissi on of Canada Health Canada |

| | | | | |
|---|---|---|---|---|
| | | | into all components of the day to day operation of the school with the aim of reducing stigma. | to reduce stigma. |
| Community based peer run program | MindOut LGBTQ mental health service . (MindOut, 2016) | as needed | -peer programs involving<br>-providing access to local services<br>-producing information and resource packages.<br>-provide LGBTQ affirmative practice training for mental health staff | Providing assistance and support to LGBTQ population dealing with mental health concerns through the community. |

A major theme in the findings of the program's effectiveness was if the results of the program were observable long term. In regards to lasting effectiveness of the program, The Headstrong program saw success but this was reduced over time following the program's completion. Perry et al. (2014) suggested that teaching of content throughout the entire year would increase lasting effects. While Headstrong was incorporated into the Health and Physical Education program, it lacked a complete universal approach to target the entire school population as a whole. Similarly, Gatehouse was integrated into Health and Physical Education as well as English curriculums but Patton et al. (2000) suggested additionally integration of the program into already established strategies and programs in order to encourage changes in the school environment for the long term.

In connection, MindMatters found that the effects of their program were substantial in those students who were able to take part in the program in terms of willingness to seek help for mental health, as well 85% of the participating students felt more safe and valued at their school following the program (Evans et al., 2005). Additionally, Evans et al. found that students saw an increase in academic performance as well as improved staff attitudes. These findings from MindMatters, a year-long integrated program, demonstrated the potential a universal program could have when applied year long and to the entire school community of both students and staff.

The Gatehouse project involved the creation of an adolescent health team within the school, compromised of school staff and individuals from community agencies (Patton et al. 2000). Patton et al. (2000) found that there was a better response to the program as a result of the adolescent health team customizing the program to the specific

contexts of the school environment. While this adolescent health team was comprised of only adult members of the school and community, it worked to demonstrate the effectiveness of a particular group within the school running the mental health program.

The results of the "Go-To" Educator Training program focused on the attitudes and results of the educators within the school (Wei & Kutcher, 2014). It was found by Wei and Kutcher that teachers who took part saw a significant change in their attitudes towards mental health and improved their ability to identify mental disorders and refer appropriate services. Furthermore, Wei and Kutcher found that the "Go-To" Educator Training was a service that at little cost was able to help to reduce the barrier for students to seeking assistance with mental health concerns. The "Go-To" Educator Training program emphasised the importance of teachers being aware of mental health concerns in order to increase awareness within the student body and the school as a whole.

Mental Health For Everyone also saw positive results from their 3 day intervention program, but Skre et al. (2013) discovered differences in the effectiveness of the program based on age and gender. Most notably, Skre et al. found that older students had less existing prejudices and were more informed on topics surrounding mental health prior to the program. This is relevant as older students can be utilized as peer-leaders within the school. Additionally, Mental Health For Everyone was seen to have greater results with female participants than males, which resulted in the recommendation for gender specific programs (Skre et al., 2013). With that in mind, the hope is that a universal program that runs year-long would eliminate a gender divide in the effectiveness of the program.

Lastly, Being Well Doing Well was implemented in 2005 in Scotland by the Scotland Ministry of Health and Community Care, as part of the Health Promoting Schools Program which encompasses all areas of health including physical fitness and healthy eating. Therefore there was no information available on the success of the Being Well Doing Well program on its own.

Overall, the information provided by these existing programs through their actual programs as well as any results that had been recorded are relevant literature that informed the creation and justification of the creation of a secondary school universal peer-led mental health program.

## Summary

As the research has demonstrated, mental health has recently become more recognized as a concern in society particularly with youth. As a result, more programs to combat this concern have arisen and in connection to that research around mental health programs and their effectiveness has also increased. As the literature showed, this rising concern around mental health is due to increased awareness of the problem as well as recognition that the effects of untreated mental health problems can grow in severity over time and can impact all areas of an individual's life.

As the need for effective programs became more prominent, the importance of the qualities of effective programs became more recognized. As there have been a wide array of programs all with different approaches, there are certain approaches and qualities that have found success. These qualities were utilized in the development of this project and, therefore, a summary of the research behind those further reinforced the approaches chosen.

School-based mental health programs are a practical approach to promoting positive mental health. The school setting is already a large component of students' day-to-day life as they spend large amounts of time at school. Furthermore, schools are viewed as a less threatening and more acceptable place to seek mental health services and treatments than a third party setting. Schools also allowed easy access to a large youth audience.

Within school-based programs, many researchers found that universal mental health promotion programs were more effective as opposed to programs that only target students who are at-risk for or already have developed a mental disorder. Universal programs targeted the school as a whole so they can be accessible and beneficial to a larger population. Furthermore, universal programs also included a component of mental health literacy in the education of students and staff about the truths regarding mental health.

An overall theme in many studies of school-based programs emphasised the importance of staff involvement. Staff include classroom teachers who students interact with daily and reach a larger audience through their courses. But teachers and researchers also found that school administration support and involvement is crucial to the success and development of school-based programs.

Within the study of school-based programs and programs targeting youth is the concept of peer-led programs. Programs such as these have been used in various forms to tackle risk taking behaviours in youth, although mental health peer-led programs were an area that lacked representation in literature. Peer-led programs have peers at the front of the program and involved in all components such as organizing, planning, and

implementing initiatives. Peer-led programs capitalized on the peer socialization framework that was already in place in schools. By having peers involved in the program, it allowed the role of a peer leader to take place outside of the formal time of the initiative into the social time of students beyond the classroom. Emphasis was placed on peers who are given a position as a peer leader as being an influential member of the school environment and that they have an understanding of the impact that they had. Overall, there were benefits found for both peer leaders and those seeking their assistance.

The focus on school-based and peer-based mental health programs are both grounded in Social Learning Theory. The emphasis in SLT is on the environment, observation, modeling, and reinforcement as factors contributing to human behaviour. Peer-based and school-based programs capitalize on these features as they work to improve the school environment and already have in place the framework for observation modelling and reinforcement to further contribute to a positive environment.

Finally, the largest barrier in place to prevent seeking out mental health assistance and to programs struggling is the negative stigma surrounding mental disorders. Stigma as described by Goffman (1963) causes a spoiled identity through self, public, structural, and association stigma. While these forms of stigma differ, they all influence one another to construct stigma and further restrict factual information about mental health. The overall goal of many programs is to educate individuals about mental health in order to create a positive environment where mental health is accurately represented and all present are properly educated on the topic. Therefore, reduction in stigma is the main goal of many mental health programs in order to help those individuals who need mental health services to access them.

# CHAPTER THREE: METHODOLOGY

This chapter detailed the methodological process that was used to create the *Secondary School Peer-led Mental Health Program* handbook. This chapter included information in regards to the needs assessment, teachers, school boards, implementation, and assessment of the handbook and concluded with a summary of the chapter.

## Process of Development for the Handbook

The goal of this project was to create a handbook that can be utilized in secondary schools by teachers to implement universal peer-led mental health programs. An extensive review of the available literature surrounding mental health programs, youth mental health, school-based mental health, peer-led programs, SLT, and stigma was completed with this goal in mind. Throughout this research, attention was drawn to the increasing need for youth mental health programs, the effectiveness of school-based programs, and the lack of research surrounding peer-based programs focusing on mental health. This information was compiled in order to inform readers of the handbook on the current status of mental health programing for youth.

What became increasingly evident throughout the literature review for the program was the necessity of a resource to create school-based programs focusing on mental health as a promotion program in order to target the largest amount of the school population. This came from the negative effects that can develop out of untreated mental illnesses in adolescence and carry on to adulthood. As the severity of symptoms and consequences of even mild mental disorders can increase as they go untreated and as the individual ages, it is important that all students gain a level of mental health literacy in order to understand these disorders as well as potential treatment services available.

Reducing the stigma surrounding mental illness is a major component in increasing the willingness of individuals to seek assistance as the various forms of stigma are seen as the largest barrier in preventing treatment. Esters et.al.(1998) stated that regardless of the services that are being created and already exist for improving mental health, they are underutilized due to the various forms of negative stigma surrounding mental illness. Therefore, the program must aim to reduce the negative stigma surrounding mental health to increase the willingness of individuals to seek out these existing services. As with the Mental Health Commission of Canada's formation and efforts to increase mental health services, it is important that these services are utilized in order to reduce the severity of the symptoms of mental illness.

As with a program that targets the entire school population, it increases the audience that can benefit from mental health education. Increased mental health literacy is crucial in the process to decrease the negative stigma surrounding mental illness and health for the entire school community. Increased mental health literacy through school programs specifically can help to increase the knowledge of not only the students but also the educators and the wider school community (Wei et.al., 2011). Targeting youth, in particular school-based programs, can help to change the attitudes of the younger members of society as they will go on to be the adults in future society that will play a role in placing significance on future issues in society (Lopez, 1991). As a result, a universal program that targeted mental health promotion with the goal of reducing negative stigma will help to create benefits that will be seen beyond just those with mental illness and, hopefully, impact individuals in the future beyond the time of the intervention program.

The aim of having treatment utilized more by individuals with mental health concerns as a result of reducing negative stigma helps to reduce the amount of mental health concerns that go untreated. In turn, this will help to reduce the negative consequences of untreated mental illnesses for both the individual as well as the community. Young people with mental disorders who receive early intervention experience higher recovery rates in comparison to those who do not Laynard & Clark, 2014, as cited in Cornagila et al., 2015).

In creating and implementing a program that reduces negative stigma, an increased awareness of treatment and services for mental health concerns, the goal is to reduce the negative effects of mental illness on the entire school population. These consequences include but are not limited to affecting social relationships, current and future academic performance, dropout rates, overall quality of life, and development into more serious mental health concerns (Bijl et al., 2003,Cornagila et al., 2015, Dell'Osso & Altamura, 2015; Lipson et al., 2015).

Through the research discussed in the literature review in addition to the rest of this document, it is evident that school-based mental health promotion programs are necessary to help in the fight against mental health concerns in youth. This program aims to reduce the negative stigma surrounding mental health in the youth population in order to increase mental health literacy and increase access to services and treatment. This goal is helping to work toward reducing the effects and amount of mental disorders that go untreated not only in youth but in the wider community.

## Objectives of the Secondary School Peer-led Mental Health Program: A Handbook

The *Secondary School Peer-led Mental Health Program* handbook was developed to meet the following objectives:

- Increase awareness surrounding mental health issues/disorders and services through providing accurate and relevant information to the student body
- Promote and develop a positive school environment for the general benefit of positive mental health for students and staff
- Reduce the stigma surrounding mental health year round with the universal approach that causes students to question existing stigma with relevant information and activities.

## Needs for the Handbook

Following the completion of the research surrounding mental health programs, school-based mental health, peer-led programs, stigma, and current resources, it emerged from the literature that school-based mental health programs have not utilized the social capital in their setting by making their programs peer-led. While school-based programs of mental health promotion and mental health literacy were found to be effective to different degrees, and peer-led programs surrounding other health topics were found to have positive results, the two approaches were not being utilized in conjunction with one another, according to current research.

While the aim of the handbook is to create programs that are largely peer-led, they still require faculty involvement from the school, and someone to initiate the program. Therefore, the *Secondary School Peer-led Mental Health Program* handbook aims to provide teachers with the information and resources to begin this process and

collaboration with peer-leaders. The focus is on implementation of the handbook in Canadian schools as the Ontario Ministry of Education just developed its first mental health document for teachers *Supporting Minds* in 2013.

## Implementation of Handbook

As mental health is a contributor to all areas of an individual's life and is relevant to all students regardless of their demographic, this handbook was designed for a universal approach. The handbook was designed to be applicable to secondary schools in various communities across Canada. While written in mind for Canadian secondary schools, it could be in part applicable beyond these standards for use by other parties.

The handbook approaches mental health programming as a universal approach aiming to increase accurate information and create a school environment of positive mental health.

## Educator Evaluation of Handbook

Following the completion of the *Secondary School Peer-led Mental Health Program Handbook,* the handbook was given to a small number of current secondary school teachers from different schools and subject areas to provide feedback of their own personal opinions. These participants were contacted by the creator of the project and completed the feedback voluntarily.

## Summary

Mental health has become a more relevant concern in recent society; with this, more attention has been given to mental health in terms of education, promotion, services and information. While not every student has a mental health concern, overall mental

health promotion will help to improve the general mental health of a population and provide them with relevant information. As mental health grows as a highlighted issue, the research has lacked attention on school-based mental health programs that are peer-led. Therefore, the research done in order to create this document was done to increase the effectiveness of the program in order to increase the likeliness of positive results amongst the school environment, in the spirit of filling this current gap in resources and research.

# CHAPTER FOUR: HANDBOOK

This chapter provides the handbook titled *Secondary School Peer-led Mental Health Promotion Program* that was created to be used by teachers and school staff in the creation, implementation, and sustaining of peer-led mental health programs in their schools. The guide focuses on using Albert Bandura's (1977) Social Learning Theory to apply mental health promotion led by peers in a secondary school setting. The guide focuses on four aspects of Bandura's Social Learning Theory, environment, modeling, observations, and reinforcement. With the overall goal in the mental health promotion being to improve the overall environment of the school in regards to mental health, this is done through a focus on modeling, observation, and reinforcement.

Therefore, the goal is to affect a positive change in the school's environment in terms of mental health. By improving the mental health of students, faculty, and the school as a whole, consequentially the environment should see improvement. While every community and school is individual, change may be seen in different ways at different times. It is also important that this guide be handled with that in mind; therefore, the design of the program is done with the intention for it to be a generalizable tool that can be adapted to the needs of each community and school as also influenced by those peers in a leadership role.

# Secondary School Peer-Led Mental Health Promotion Program: Handbook

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## The Peer-Led Program: Generalizable Tool

This guide is created to be a generalized resource that can be adapted to fit the specifics of an individual schools' identity and culture in order to increase the chances of success amongst the student body. Therefore, this handbook serves as a guide to begin the implementation of a peer-led program, by providing relevant information and guidelines in terms of structure, roles, and responsibilities of participants, important information, and suggested activities. This is to be a resource to use as a starting point but other information, resources, and ideas should be used in addition to the programing. Furthermore, as a peer-led program, the student leaders should have an active role in shaping the program to fit the needs of their local community and their school to benefit their peers. The peer-led aspect of the program is important in the acceptance of the program into the school by the student body as well as the potential for success. Therefore, the ability to generalize the guide and make it adaptable to the different circumstances of local communities and student bodies is there.

## Objectives of the Program

The Secondary School Peer-led Mental Health Program handbook was developed to meet the following objectives:

- Increase awareness surrounding mental health issues/disorders and services through providing accurate and relevant information to the student body
- Promote and develop a positive school environment for the general benefit of positive mental health for students and staff

- Reduce the stigma surrounding mental health year round with the universal approach that causes students to question existing stigma with relevant information and activities.

## Promotion Program

The peer-led mental health program aims to be a program that focuses on the promotion of mental health to the entire school population. As opposed to prevention programs that only are relevant to students at risk for mental health issues, this program aims to increase the overall understanding of mental health as well as increase the awareness and acceptance of discussions around mental health for the entire school population. By reaching beyond individual students and classrooms to the school environment and community, promotion programs help to get the mental health promotion message and information out to the wider population. This larger target audience allows the focus to be around changing the schools' environment in regards to mental health and to create a positive culture of mental health within the educational setting and beyond. Through promoting positive mental health through the promotion program, the goal to reach a larger audience is more accessible than a prevention program.

The act of a mental health promotion program specifically looks to increase mental health literacy of the target group, through education of mental health topics in order to reduce the negative stigma surrounding mental health. With promotion of mental health targeting the whole school environment including the student body and all staff, mental health should become a topic that can be openly discussed in all areas of the school both explicitly and implicitly in formal and informal settings regardless of those

present. Overall, the program aims to normalize discussions of mental health in all capacities in the environment of the program.

## Outline of Roles

Peer-led programs require a unique dynamic in order to function properly with students taking a leadership role within the program. Furthermore, as this program aims to target the entire school environment, even those staff members not directly involved in the program's implementation will still play a part in the program's effectiveness through modeling behaviour, being observed by others, and reinforcing others' behaviours all in line with the Social Learning Theory framework underlying the program. Therefore, to provide clarity to the roles in order for the program to run more effectively, various roles that will contribute to the program have been outlined in this section.

### School Staff and Administration

With a universal approach to mental health promotion, the goal is to affect change in the entire environment of the school. In order to do this, it is important to have the school staff on board and aware of the goal and the steps to reach this goal. This does not just include the classroom teachers that students deal with on a daily basis but all teachers in all roles as well as the school administration. Therefore, while not all staff in the school will have a hands-on role in the program, it is crucial that they are not only aware of the program that is being run but also aware of the promotion process. As a result, it is important that the program and peer-leaders educate the school as a whole including all school staff in order to impact the environment of the school, all those involved need to be reached with the message of the program in order to influence all aspects of the Social Learning Theory based components of the program. This role of educating the school

staff will fall largely to the role of the program's supervisory staff to bring this information forward in a method they believe to be most effective. This could be done through emails, and newsletters, as well as bringing forward the message of the program at staff meetings. This will complement the content and activities that all staff will be exposed to through the program's universal approach.

**Supervisory Staff**

The supervisory staff members will be responsible for the implementation and supervision of the program. These staff members will be directly involved with the program and the peer-leaders. This role is important as this individual will have a crucial role in implementing, shaping, and maintaining the program; as well, this member of staff will likely become the person students and peer-leaders will come to with any concerns regarding the program or mental health. The teacher's own attitude towards the program also plays an important role in the effectiveness of the program as the peer leaders will play a major role in designing the program the supervisory teacher's approach and enthusiasm will act as a model for the peer leaders.

As positive teacher-student relationships are well-documented in creating supportive emotional environments (Baker-Henninghan, 2013). The teachers who act in a supervisory role are important as they will be the figure heads in the implementation and adaption of the program. Staff who have already developed positive relationships and demeanor with the student body will benefit the program as Woolfson et al. (2008) found that students felt that a person who is familiar to them should be providing mental health programming. Teachers will play an important role in the Social Learning Theory model as they are able to provide modeling of proper behaviour for students to observe and are

able to reinforce actions of others both in their classes and in the general school setting. Their position as a leader and authority figure help to put them in a position of importance when it comes to students' observation of behaviour. This again is dependent on the teacher having positive relationships with the students. This will be further discussed in the section detailing the component of Social Learning Theory.

**Importance of Peers**

Using peer leaders as the focus of the mental health promotion program takes advantage of peer relationships that are already in place. A peer is defined as a "person of equal standing" (Mental Health Commission of Canada, 2013, p. 2). Furthermore, utilization of peers helps to further reinforce the methods of Social Learning Theory beyond the school setting to informal peer interactions of students. It is with this in mind that the aim of reaching the students to affect change in the school environment utilizes Social Learning Theory. Therefore, it is crucial that peers acting as leaders in the program will uphold the characteristics and further reinforce the message of the program. Turner & Shepherd (1999) reinforce the impact of peer leaders as being relevant to other students in terms of credibility, empowerment, role modelling, and reinforcement of all elements of learning.

**Peer Training**

As the program is to be led by the peer leaders, it is crucial that they have the appropriate training, skills, and information in order to effectively lead the mental health promotion program. Training should be completed prior to implementing the mental health promotion program into the school environment. Ideally, students as well as the school staff will have completed the Canadian Mental Health Commission of Canada's

Mental Health First Aid course. Most schools will not have the funds to cover the costs involved in this extensive training. Therefore, the supervisory staff will be responsible to implementing peer training prior to the introduction of the school program. This generalizable training program will be included in the activities section of the handbook. The focus of training will be on understanding mental health and well-being, the role of a peer leader, the importance of confidentiality, and when to bring any concerns forward and to who.

## Social Learning Theory

The program of mental health promotion led by peer leaders is based around Albert Bandura's (1977) Social Learning Theory (SLT). The main goal of the program is to change the schools' environment in regards to mental health. In order to achieve this, SLT is utilized as the theoretical framework. Bandura's work around SLT acknowledges that "human thought, affect, and behaviour can be markedly influenced by observation, as well as by direct experience, fostered development of observational paradigms for studying the power of socially mediated experience" (Bandura, 1977, p. vii). Therefore, SLT encompasses the importance of social interaction both explicit and implicit, that the program wishes to utilize in order to affect change in the school environment as a whole.

Social Learning Theory recognizes the crucial nature of a variety of social interactions in impacting and shaping the learning of individuals. These factors are observation, modeling, reinforcement, and environment. As the goal of the program is to create change in the school environment as a whole, the main focus will be on influencing and causing change through observation, modeling, and reinforcement to in turn cause change in the environment to further strengthen these areas *(See Figure 1).*

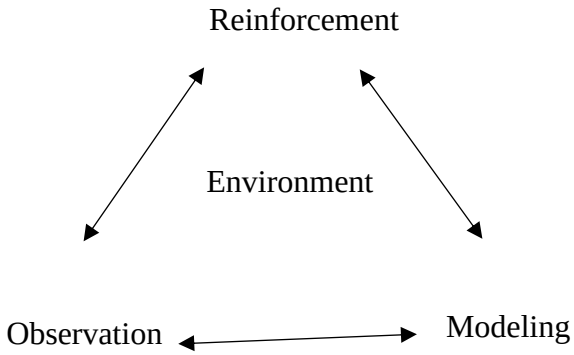


*Figure 1*. SLT components.

**Observation**

Observation is how most human learning is done, through observing others' actions and the resulting actions can educate individuals both formally and informally. This information is then stored by the individual and can serve as a guide in future decisions (Bandura, 1977). Observational learning is temperamental as what individuals take from an observation is unique to each individual (Bandura, 1977). With that idea comes the issue of negative interactions in which an individual observes but may not see a negative result or consequences to the action. In this case, the observation could have a negative instead of positive impact. This is where the importance of modeling comes in as those who are in roles of leadership or regarded well by others can lead by example.

**Modeling**

Modeling is seen as highly effective in demonstrating and encouraging new behaviour (Bandura, 1977). The modeling component of SLT brings into light the importance of peers in influencing behaviour. Within peer groups and a school environment, there are individuals whose actions and modeling will have higher significance to individuals than if the behaviour is modeled by others (Bandura, 1977). Being exposed to modelling of behaviour by both peers and authority figures as opposed to just adults is found to be more effective in youth (Bandura, Grusec & Mentlove, 1967, as cited in Bandura, 1977). This demonstrates the importance of the peer aspects in the mental health promotion. With the goal to reduce stigma, having individuals model a positive approach to mental health will help to encourage other students in the school. As acceptance of a new behaviour is seen in the environment, the models continue to reinforce this new behaviour as a norm further increasing its significance (Badura, 1977).

While for students who are active, the peer-led programming will intentionally model positive behaviour. Teachers and staff will also play an important role in this component through their influence on the school environment and their role in reinforcing certain actions and behaviours.

**Reinforcement**

Reinforcement is a strong factor in SLT as it can be used positively or negatively to encourage or discourage particular behaviours. Reinforcement can impact a student's behaviour even if the reinforcement was not directly applied to them. Through observing others and through modeling, which was previously discussed, students can see reinforcement applied to others and internalize that information without experiencing it themselves. Reinforcement is also exhibited by the reactions gained from peers. Peers can reinforce both positively and negatively the actions of their fellow students.

**Environment**

As previously mentioned, the other aspects of Social Learning Theory (observation, modeling, and reinforcement) all come together to impact the overall school environment. As the goal of the program is to change the school environment to become a more mentally healthy school where mental health can be openly discussed in all settings, particular attention is not given to the environment as it is a broad concept including a variety of factors that co-exist to create and influence the school environment. Therefore, by focusing on observation, modeling, and reinforcement as the focuses of the program, the aim is that as a result the environment will begin to change to reflect a more mentally healthy school environment.

## Activities

The following section includes a variety of activities that can be run by the peer-led mental health promotion program. These activities are for both the training and preparing of the peer-leaders, as well as suggested activities that can be facilitated by the peer-leaders throughout the school. This is not a comprehensive activity guide as the program is designed to be flexible and adaptable to the school community and environment as well as to be led by the peer leaders of the program. Therefore, the peer-leaders may choose to use only some of the activities and the activities may be adapted in a way that is deemed by the group to be more appropriate for their school. As well the peer-led program may choose to create new activities. Also, in running the program over multiple years, some activities will be redundant if utilized multiple years in a row.

### Peer Team Building

Completing team building exercises within the peer-led group is the first step to take in beginning the program. It is important that the peer-leaders within the program feel they are a team amongst themselves and the supervisory staff members as well. Creating an open environment amongst the peer-led group is crucial as they are looking to create an open environment surrounding mental health in their school; therefore, the process begins with them becoming a team. Prior to any training or discussion surrounding mental health, a community must be built in order to allow all the participants to feel comfortable discussing the topic openly. It is also important that peer-leaders feel that they can come to the school staff members involved in the program with any concerns they have or that may be brought to them by other students.

There are a variety of team building exercises that can be completed at the implementation of the program. While this ideal environment will not emerge immediately as a result of completing team building activities, these activities can start to generate the discussion and responses that will help develop the members of the program into a unified team. These activities can be used at the discretion of the members of the program. A number of the activities included further in the handbook for the peer leaders to utilize with the school population could also be used upon formation of the Peer-Led Mental Promotion Program as ice breakers and educational activities for the peer leaders to become comfortable with one another.

The team building will be a gradual process in the implementation of the program, but as the peer leaders play a large role in the organization of how the program is run, it is important that a level a mutual respect is established at the beginning. This can be done through creating a team contract as a group outlining rules and expectations of all members. Once completed, all members can sign the contract establishing their agreement with the group's established mindset. Additionally, the team can work to create school specific goals and objectives for the group as well as begin brainstorming and planning the various activities for the program to run throughout the year.

Depending on the school and the students who choose to be a part of the Peer-led Mental Health Program, various levels of team building will be needed. This responsibility falls on the supervisory staff to determine if they feel the team members know each other and are comfortable enough to move forward with the program in the school setting.

**Peer-leader Training**

Some form of training for peer-leaders is necessary in order to properly equip and educate the peer-leaders before they begin their role in the school. It is important that overall the peer-leaders are educated with proper information regarding mental health and the terms surrounding this topic (see terms list). Students acting as peer leaders need to be mental health literate in order to act as ambassadors for the program.

There are a variety of mental health training programs available that could be provided to the students who are participating as peer-leaders. These programs are designed for mental health intervention, therefore, are not necessary for the peer-leaders as the program is a universal mental health program targeting the entire school population. Although, any additional education on mental health that peer leaders receive would be an asset.

The most commonly used programs for mental health intervention training are:

- **Mental Health First Aid**: a full 2-day program run by the Mental Health Commission of Canada, (MHCC, 2011)
- **SafeTalk**: a half-day program run by Living Works (Living Works Education, 2014)

These types of formal certification are not always a realistic option for peer-led programs due to restraints on time and funding. In the event that a formal training program cannot be utilized for the peer-leaders training, it is important that the peer leaders receive the basic information surrounding topics of mental health.

In order to help the peer leaders become mental health literate, they need to become aware of the topics surrounding mental health including but not limited to

illnesses, statistics, stigma, and available community resources. If the option is available, having a public health nurse who works in mental health speak to the peer leaders would be beneficial to educating the peer-leaders as well as giving them the opportunity to ask questions about any prior knowledge they may have.

If the supervisory teacher does not feel that the students have enough adequate information surrounding mental health, and does not feel comfortable providing information, the students can research various mental health topics and present their findings to the team. This will allow the team members to have a similar basis of understanding of mental health and the topics surrounding it.

Furthermore, students must be aware of two important issues as peer leaders: the importance of confidentiality, and what, when, and where to bring any concerns that may arise. Both of these topics are crucial to maintain and develop a positive mental health community amongst the school as well as for the safety and security of all members of the school population.

The peer-led team must be respectful of confidentiality as a peer leader they may receive information about fellow peer leaders and students that may be of a sensitive nature. It must be stressed to the peer leaders that this information must remain between the peer leaders or between the peer leader and the students who shared this information. In order to encourage the seriousness of maintaining confidentiality, a contract can be used that peer leaders must sign to reinforce the confidential nature of the program. There is confidentiality contract included within the handbook (Appendix A) that may be used, or the peer leaders may wish to co-construct a contract that is relevant to them.

In connection to confidentiality, it is crucial when dealing with sensitive natured topics such as mental health that the peer leaders are aware that they may need to bring forward any concerns that may arise to the supervisory teacher or another authority figure. Therefore, a clause is included in the confidentiality contract stating that peer leaders are encouraged to not withhold any information if they feel that they are not equipped to handle information given to them, that someone's health may be at risk, or if they question if the information should be shared. Peer leaders will be briefed that even though they are to respect confidentiality, they at no point should make promises that information shared with them will be kept private, in the event that someone's personal safety may be at risk.

Furthermore, peer-leaders need to feel comfortable to come to the supervisory teachers, another authority figure at the school or public health center with any information or concerns they have. Peer leaders will be able to bring these concerns forward with the understanding that it will remain confidential between them and the authority figure unless they determined that outside parties need to be involved. Peer leaders need to be able to bring any information forward they feel could be a concern as well as to have source of guidance. At no point should peer leaders feel as though their position and the information shared with them is a burden; therefore, it is important that they feel comfortable to bring any information forward to a figure of authority.

**Meet Your Peer-led Mental Health Team!**

It is important for the school population be aware of and understand the role of the Peer-led Mental Health Program. Therefore, once the team has been established and received training, it is time to introduce them individually and as a team to the rest of the

school. The goal of doing so is to make them accessible to students, and encourage involvement in their programming throughout the year. While the infrastructure of every school is unique, these are the suggested approaches for creating awareness about the program; as well, the peer-leaders can individualize their team's approach to reflect them as a team.

Some possibilities for introducing the team are:

- Daily morning announcements for a short time period.
- Create a commercial or video to play at an assembly or over school televisions.
- A poster campaign around the school.
- Utilize any existing school communication (e-mail, website, etc.)

The emphasis on introducing the Peer-led Mental Health Team is on the group as a whole. The school population needs to know what their purpose is, and what they plan to do as a group. This is the first step in bringing up the topic of mental health to the school. It is important that the first introduction of the group focuses on the team as one unit so people understand the program and its purpose, also individual introductions of team members will be done following this.

**Meet Your Peer-Leaders!**

Following introducing the program and the team, it is time to follow up on any buzz that was created by introducing the team members individually. This will help students to understand a little bit more about the program as well as get to know the peer-leaders and recognize them in the day to day life of the school. Just as with the team introduction, this can be done in a way that suits the school, the student body, the team

members, and the available resources and infrastructure. In order to begin this process, a blank template has been included (Appendix B) for peer-leaders to complete; once completed, these can be used as is and posted in a place around the school for the student body to view. But they can also just be used as a starting point to some of the things that students may want to know about the peer-leaders, for any other way the team may choose to introduce the members.

**Community Survey of School Climate and Mental Health Knowledge**

In order to build a program that is effective for the school, it is important the peer-led team be aware of how the student body as a whole stands in their understanding of mental health and any mental health questions they may have. In order to better understand the school's current views regarding mental health, a community survey about mental health topics will be distributed to students to be completed anonymously and the information collected by the peer-led program. From these surveys, any overarching themes, reoccurring topics can be added to a list of things that the peer-led team can address through the program. Additionally, it will give the team an opportunity to better understand the current state of the school environment regarding mental health. A template survey has been included (Appendix C) which can be used by the peer-led program as is or it can be adapted and changed to fit the needs of each school specific program. Having students complete the survey is important to shaping what the program will look like and the content that will be covered; therefore, the survey should remain brief and simple in order to encourage responses. It is important to complete a community survey of this nature so that all the voices of the school can contribute to the peer-led program's understanding of the school environment.

**Physical vs. Mental Health**

As one of the biggest barriers to seeking assistance with mental health is the stigma associated with mental illness, one of the objectives of the Peer-Led Mental Health Program is to reduce the stigma and increase discussions surrounding mental health. In order to challenge this stigma associated with mental health, attention can be drawn to the differences between how issues of physical health and mental health are dealt with. This is an opportunity for the peer-leaders to take ownership over the program and customize this activity to their existing school population. The aim is to bring to attention the differences seen in society between physical health and illnesses versus mental health and illness. In challenging this binary that exists between physical and mental health, peer-leaders will encourage the school population to question why this stigma exists and their own existing beliefs that may be a result of this stigma.

In order to do this, peer-leaders should focus on particular situations that may arise with both mental illness and physical illness but are commonly dealt with differently. By displaying these two similar situations in contrast to one another allows those viewing them to question their own thoughts surrounding mental illness.

Some topics to consider regarding both physical and mental illness are:

- Having a friend/ family member with an illness
- Taking time off work/school for an illness
- Seeking treatment for an illness
- Explaining to others your illness
- Diagnosing an illness

These topics can all be viewed from the perspective of a physical illness and a mental illness. The way in which these contrasting situations are presented is up to the interpretation of the peer-leaders. They may choose to utilize a media that they feel will be most effective to convey their message or that will be best received by the school population. This activity also allows the peer-leaders the opportunity to learn more about various mental illnesses, including the experiences of individuals with mental illness through their own research.

Overall, the goal of this activity is for both the peer-leaders as well as the student population to challenge the differences that exist within society in regards to physical health and mental health. Therefore, the final products should provoke the viewers to think critically about the existing stigma surrounding mental health

**Dealing With Stress**

As the definition of mental health specifies that an individual who is mentally healthy "can cope with the normal stressors of life" (Jerusalem & Hessling, 2009, p. 330), (*for the full definition of mental health see the terms section)* it is important that people have the knowledge and outlets to deal with stresses in their lives. The purpose of this activity is to get individuals to think consciously of how they deal with stress themselves in a healthy way, but also to see the methods that others use to deal with stress and relax, in the hopes that they may adopt some new practices.

This activity can be done in any number of ways, the method of completing the chart can be chosen by the peer-led mental health team, but the end result is to create a display of the responses that were collected. The peer-led teams may choose to have individuals complete a survey with their responses, or set up a table and have a more

interactive display where individuals can add their own ideas using sticky notes, cue cards, or just writing them on the display.

The peer-leaders may choose to use only responses from students and staff in their school, or they may wish to complete research on effective ways to reduce stress to add to the display. Regardless of the contributors of information, it is important that an emphasis is placed on healthy methods to deal with stress. In the event that the completed display includes unhealthy suggestions for dealing with stress (e.g. drinking, doing drugs, self-harm, etc.) it is important that these are identified as unhealthy methods for dealing with stress.

Once the display is completed either through creation of the team or as a collaboration by the school population, it should be put on display for the entire school to see. The goal of the display is to not only inspire those looking at the display to try something new to help them deal with stress, but also to continually encourage individuals to be conscious of their stressors as well as what they do to deal with the effects of stress.

**Lunch Time Destress**

As one of the goals of the program is to be universal and reach all of the school population, it is important that the program be as visible and accessible as possible. In order to reach a large percentage of the school population, using the lunch break time to promote the program and run activities is ideal as a majority of both students and staff will be available during this scheduled break time to experience the program.

Based on the responses of the “Dealing With Stress” activity, lunch time destressors can be planned in accordance with how the school population prefers to

reduce their stress. These lunch time activities should be brief but should serve the dual purpose of allowing anyone who chooses to participate to destress as well as provide them information and awareness about the Peer-Led Mental Health Promotion Program and mental health in general. Furthermore, these activities should be done in a drop-in style in order to encourage participation.

The following are some suggestions that can be used as Lunch Time Destress activities:

- Yoga (indoor or outdoor)
- Art activities (e.g., colouring, painting, knitting, etc.)
- Lawn games (e.g., horseshoes, bocce ball, bean bag toss, ladder ball, Frisbee, etc.)
- Guided meditation
- Nap Room
- Board games café
- Variety of fitness class (e.g. Zumba, Running/walking group, Aerobics, kickboxing, etc.)
- Variety of sports activities (e.g., basketball, dodgeball, soccer, etc.)

These activities can be used again by the program if they are found to be successful; if the resources are available, they could be run on a reoccurring schedule depending on the demand and participation. Furthermore, during periods of high stress (exams, post-secondary application deadlines, etc.) for the students of the school these lunch time destress activities should be consciously run more frequently. Additionally, these lunch break activities offer an opportunity to display information about both mental health and

the peer-led mental health promotion program, to further the discussion around mental health.

### *Inside Out* movie night

The motion picture *Inside Out* (Rivera & Docter, 2015) follows a young girl, Riley, as she deals with some life changes, the film also follows Riley's five main emotions (joy, sadness, fear, disgust, and anger) as they try to navigate the control board of Riley's emotions. The film demonstrates many responses that a person may feel in a given situation as well as how these emotions are not completely temporary as they are a part of our memories and shape how we look back on events in our lives. The film deals with many topics of mental health and how events can influence our emotions and those emotions can influence our actions. The goal of the showing *Inside Out* (Rivera & Docter, 2015) is to generate discussion surrounding mental health and how mental health can impact our day-to-day lives. As this film is animated and rated parental guidance (PG), it provides a relatively safe portrayal of mental health concerns that should not make anyone who attends feel uncomfortable or misrepresented. Furthermore, the family friendly nature of the film allows the event to be for the community beyond the secondary school population.

The film night can be used as an opportunity to raise awareness surrounding the Peer-led Mental Health Promotion Program. Furthermore, the peer leaders may choose to accept donations for their program or a community partner, or charge admission for either purpose.

Before watching, set up a discussion surrounding emotions and how individuals feel things differently. Stressing that every one's feelings are valid even if they seem

extreme to you, you cannot know what is going on in all aspects of their lives, also that you are not aware of what else is going on in their lives.

Following watching the film, encourage those who attended to stay for a discussion surrounding the movie. As previously discussed, because of the family friendly nature of the movie, all those who were invited to attend (students, school staff and their families, as well as community members) should be encouraged to partake in the discussion around the film and its relation to mental health. This discussion can be done in a manner that the peer-leaders feel is most appropriate and will encourage the most participation.

The following are suggested discussion questions for the film *Inside Out* (Rivera & Docter, 2015):

- How is sadness treated by the other emotions at the beginning compared to the end of the movie? What changes how she is treated?
- How do the emotions and Riley's family respond to her reactions to the move?
- How is Riley impacted by not being able to express her sadness?
- Do you feel the portrayal of Riley's emotions in *Inside Out* was realistic?
- Did you feel Riley's emotional responses to the new situation were justified?
- How can the story of Riley and her emotions relate to Mental Health Stigma in today's society?

**Mental Health Visual Statistics**

The Peer-Led Mental Health Program aims to increase awareness of mental health issues and to reduce the stigma surrounding mental health. In order to increase awareness

of the impact of mental health issues, it is important to provide the school population with accurate statistics of the impact of mental health. Canadian statistics that are current at the time of publication of this handbook have been included in Appendix D for use in this activity. Peer-leaders may choose to research more current statistics or reach out to community partners to find information that is local to their specific community.

For this activity, the peer-leaders can choose statistics from the provided sheet (Appendix D), or use statistics that they have found through their own research. Once statistics are chosen by the peer-leaders, they should be represented visually in order to increase the impact that each statistic has on the school population.

Some ways in which to visually represent a statistic are:

- Use tablecloths in the cafeteria
- Have students wear a specific item (e.g. solid coloured shirts, tie, hat)
- Have students wear signs
- Seat covers or desk covers in the classroom.

An example of this would be using the statistic from the *Current Canadian Statistics* sheet (Appendix D): Every year 1 in 5 Canadians personally experiences a mental illness (Smetanin, Stiff, Briante, & Khan, 2011, as cited in Centre for Addiction and Mental Health, 2011). In order to display this, one fifth of the tables in the cafeteria could be covered in a coloured tablecloth, or one fifth of the desks in each classroom could be identified with a covering. Therefore, the students sitting in those seats would represent the 1 out of 5 Canadians who experience a mental illness.

When doing the visual representation activity, it is important that the student body be made aware that it is just a representation and that the students being identified are just

representing those who experience a mental illness. Additionally, the statistic needs to be communicated in order for the school population to understand the representation. This can be done by announcing the activity through the morning announcements. Additionally, signs featuring the chosen statistic should be placed around the areas where the representation is taking place. For example, if the cafeteria is being used, signs stating what the table cloths represent should be placed at the entrance to the cafeteria as well as around the room. It is crucial that the message attached to the representation is clear in order to make an impact on the school population.

The peer leaders may choose to utilize more than one statistic in a representation as well. For example, if one fifth of the seats in the cafeteria have a blue tablecloth at them, to represent the 1 in 5 Canadians who experience a mental illness. One of every four of those seats covered in a blue tablecloth should also have a white covered seat to represent the 1 in 4 youth who experience a mental health problem or illness that actually seek assistance (Statistics Canada, 2003). For example, if the cafeteria has 100 seats, 20 will have a blue tablecloth and 5 of those will have a white cover on the seat. Therefore, students will see how the representation shows how many people are affected by mental illness and do not seek treatment.

**Mental Health Week**

Mental Health Week is an entire week dedicated to raising awareness of mental health, mental illnesses, and the stigma that surrounds them. Mental Health Week takes place at the beginning of May, in order for exact dates for each year, consult the Canadian Mental Health Association (CMHA). This is an opportunity for the Peer-Led Mental Health Program to capitalize on already existing discussion surrounding mental

health. Any number of the activities listed in the handbook or created by the peer-led team can be run during mental health week. Teaming up with community partners as well during this week is beneficial to create further awareness of mental health and to encourage the school population to be aware of other campaigns and programs that may be running in the community.

Mental Health Week offers the chance for the Peer-Led Mental Health Program to reinforce a community relationship and emphasize how issues related to mental health are a community concern. It is an opportunity to further the scope of the Peer-Led Mental Health Program beyond the school and into the community with the hopes that the community involvement with help to reinforce the work that the peer-led program has done within the school.

**Community Partners**

Local community agencies can be a large help to the mental health promotion programs in a variety of ways, from providing resources, information, and education programs to providing information about the community services that are available to students. These resources can be a wealth of information for all members of the school community and the peer leaders. All communities have a range of differences in terms of the programs and agencies that are available to the local population. Therefore, it is not realistic to provide a comprehensive list as it will differ based on location. Although it is important that the member of the peer-led program take the time to learn what is available in their community in order to educate themselves and possibly improve their school program but also in order to inform others of these programs.

The following is a list of organizations to use as a starting point to finding out what kinds of community programs are available locally to the school community in your area:

- Canadian Mental Health Association: Local chapters
- Canadian Alliance on Mental Illness and Mental Health
- Community health center.

## Terms

The following section lists a variety of terms and their definitions that are mentioned throughout the handbook program and will be relevant to the participants.

| | |
|---|---|
| Mental Disorder: | "alterations in thinking, mood or behaviour – or some combination thereof- associated with significant distress and impaired functioning" (Government of Canada, 2006, p. 2) |
| Mental Health: | "more than the absence of mental disorders. It can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to participate in community life" (Jerusalem & Hessling, 2009, p. 330) |

| | |
|---|---|
| Mental Health Literacy: | The "knowledge and beliefs about mental disorders which air their recognition, management and prevention" (Jorm et al., 1997, p. 182). |
| Mental Health Promotion | Programs that aim to increase encouragement of positive mental health instead trying to prevent mental health concerns (Levin, Inchley, Currie, & Currie, 2012) |
| Peer: | A "person of equal standing" (MHCC, 2013, p. 2) |
| Peer Leaders: | Involved in planning and implementation of peer programs and embody a positive role model, and are available to others for social interaction beyond factual information (Klepp et al., 1986, as cited in Turner & Shepherd, 1999) |
| Public Stigma | Widely accepted generalization endorsed by the general population with the result in prejudice against the stigmatized group (Corrigan et al., 2015) |
| Self-Stigma | The internalization of public stigma by an individual who is stigmatized (Boyd, Adler, Otilingam, & Peters, 2014) |
| Stigma | The perception that a certain quality causes an individual to be set apart from others as a result of the disgrace of the quality (Bryne, 2000) |

| | |
|---|---|
| Stigma by Association | Stigma that is a result of the relationship between an individual who is stigmatized and those they interact with that "leads the wider society to treat both individuals in some respects as one" (Goffman, 1963, p. 30) |
| Structural Stigma: | Disadvantage given to a population as a result of the structural barriers, and attention given to topics in society (Link & Phelan, 2001) |
| Well-being: | A complex interaction between daily life and the larger society of an individual. There are three components that demonstrate an individual's well-being: "life satisfaction, the presence of positive mood, and the absence of negative mood" (Ryan & Deci, 2001, p. 144) |

## Additional Resources

This list is compiled to be utilized as supplementary material and resources for the program participants to be used for ideas and inspiration beyond the handbook. As the program develops and grows, peer-leaders and supervisory staff may wish to turn to additional resources to find relevant and new content for the program. The following are other resources that can be useful to the peer-led mental health program.

- Mental Health Commission of Canada (2013) Peer Based Mental Health Support Services: Project Outline

- Mental Health Commission of Canada. (2015a). Headstrong School Based Activity Toolkit.
- Supporting Minds: an educators guide to promoting students' mental health and well-being, published by the Ontario Ministry of Education (2013).
- Jack.org
- SmartTalk
- Teenmentalhealth.org

## Appendix A

# Confidentiality Agreement

I _____ agree that any information I gain access to as a result of my position in the Peer-Led Mental Health Program is confidential and, therefore, agree to not disclose this information to others. This can pertain to information regarding other students in the school as well as other peer-leaders and may be of a sensitive nature.

It is acknowledged that members of the Peer-Led Mental Health Program may gain access to sensitive information that may not be in the best interest of all parties to remain confidential. If a peer leaders feels that an individual may be at risk for harm to themselves or others, or the peer leader feels the information must be brought to a third party, they may do so. Peer leaders may bring any information forward to the supervisory staff or authority figure that they feel comfortable with to determine if action should be taken.

At no point should peer-leaders feel burdened by their position or the need to withhold information. But rather, ensure proper methods are taken when breaching confidentiality.

Signature_____

Date: _____

**Appendix B**

# Meet Your Peer Leaders!

| Picture | **Name:** _____<br>**Grade:** _____<br>**Something interesting about me:** _____<br>_____<br>_____ |
|---|---|

**Hobbies:** _____

_____

**How I like to relax:**

_____

_____

**Why I became a peer-leader:**

_____

_____

_____

_____

**Appendix C**

# Community Survey

**Grade: _____**

**Respond to the following statement by indicating where you feel you belong on the scale from 1-10.**

**1. I understand the term mental health**

1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly Agree

**2. I am comfortable discussing topics of mental health**

1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly Agree

**3. I feel that I am mentally healthy**

1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly Agree

**Below write any concerns, or questions that you may have regarding mental health, or any information you feel the Peer-led Mental Health Program should cover this year.**

_____

_____

_____

_____

_____

_____

**Appendix D**

## Current Canadian Mental Health Statistics

- Every year 1 in 5 Canadians personally experiences a mental illness (Smetanin, Stiff, Briante, & Khan, 2011, as cited in Centre for Addiction and Mental Health, 2011)
- Youth in the 15-24-year-old range experience higher rates of mental illness and/or issues with substance abuse than all other demographics (Rush et al., 2008, as cited in Centre for Addiction and Mental Health, 2012).
- Only 1 in 4 youth who experience a mental health problem or illness seek assistance (Statistics Canada, 2003).
- Up to 70% of adults living with a mental health problem report that the first signs of a mental health concern were evident in childhood (The Government of Canada, 2006).
- In 2008, only 50% of Canadians would tell someone they know that a family member has a mental illness (Canadian Medical Association, 2008, as cited in Centre for Addiction and Mental Health, 2012).

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# CHAPTER FIVE: SUMMARY, EVALUATION, IMPLICATIONS, AND RECOMMENDATIONS

Mental health has gained increased attention in Canadian society as the effects of poor mental health have become more recognized, in addition to the government's formation of the Mental Health Commission of Canada in 2007 as part of a 10-year mandate (MHCC, 2016). More attention has been given to the growing concerns surrounding mental illness such as the negative stigma acting as a barrier and the effects of an untreated mental disorder. But regardless of the rise in attention given to the topics, there is still a long way for mental health to come in Canadian society; this is largely to do with the various forms of stigma that have surrounded the topic. It is crucial that mental health becomes a topic that can be openly discussed in our society, for anyone with a mental illness, poor mental health or any form of mental health concern to be able to seek help or treatment freely without fearing prejudice. In doing this, the effects of mental illness can be reduced not only for the individuals who experience them but their friends and family, the health care system, and the overall community.

## Summary of the Project

This project explored the topic of mental health and the various components that are at play when dealing with youth and the programs available to them. The purpose of this project was to create a handbook that educators could use to implement a peer-led school-based mental health promotion program that could be adapted and personalized for use in any secondary school. The program aims to affect change in the school's environment as a whole by targeting the entire school population through the promotion of mental health information and positive mental health. The handbook included

explanations of what a promotion program looks like, outlines of the various roles involved in the program, how social learning theory underlies the approach, various activities that can be adapted and used, and definitions of various terms associated with mental health. The objectives of the handbook included increasing awareness of mental health through education, promoting a positive school environment in terms of mental health, and reducing the stigma surrounding mental health in the school.

As mentioned the theoretical framework for the project and handbook was based in Albert Bandura's (1977) Social Learning Theory. SLT acknowledged an individual's informal learning done through social mediated experiences (Bandura, 1977). This process was utilized in the handbook to take advantage of the social setting present in schools. The project was made of the four main components of SLT; observation, modelling, reinforcement, and environment (Bandura, 1977) in order to affect change in the entire school population.

The existing research surrounding mental disorders in youth demonstrated the importance of early treatment in prevention of more serious consequences. As well, school-based programs are beneficial as they reach a wider population including those demographics who are least likely to receive treatment for mental illness as young adults (Bijl et al., 2003). The information collected in the literature review helped to inform the various components of the program particularly the universal year-long approach to a promotion program, and the peer-led component. While existing programs utilized a variety of different components with varying degrees of success, the *Secondary School Peer-Led Mental Health Promotion Program* was partially informed by the successes and

recommendations of these previous and existing programs. This project was designed to be a comprehensive resource for teachers and school staff.

## Evaluation of the Handbook

A draft copy of the *Secondary School Peer-led Mental Health Promotion Program Handbook* was distributed to three current secondary school teachers for their feedback. The teachers were known to the researcher personally and were given a copy of the handbook to give informal feedback in terms of their personal opinion. In particular, the teachers were asked to provide their opinion on the handbook if they thought it would be useful for their own classrooms and to them as a classroom teacher. In addition, they were encouraged to make any other notes that they thought would be helpful to the project.

The three teachers each provided individual comments in terms of concerns or clarifications for particular information throughout the handbook. But two overall themes emerged from the three teachers' overarching feedback for the project. The first that was noted by all those who provided feedback was that the topic and focus on mental health in secondary schools was very much a current concern. All of the teachers noted that programs such as this are becoming more of a necessity in schools; one teacher noted programs regarding mental health are becoming expected as part of the role that schools play in educating youth. In addition, all three teachers recognized the relevance of the program in terms of the growing concerns around mental health particularly in terms of the youth population. Additionally, all three of the teachers stated interest in using the handbook at their current school or passing it along to their administration for consideration.

This acceptance of the *Secondary School Peer-led Mental Health Promotion Program Handbook* by all three teachers as being an important current focus of schools confirms the rationale of the creation and focus of the program. This demonstrates to the researcher that the program is on target to the current needs in terms of mental health promotion for secondary schools.

Secondly, all three of the teachers who provided feedback noted that the program would align well with or adapt to fit within their school and any already existing programs. All three teachers noted that their school currently had some form of peer focused program in regards to mental health, but that the *Secondary School Peer-led Mental Health Promotion Program Handbook* would be able to work alongside or within their already implemented programs. Some noted that the handbook could be used to enhance a pre-existing peer focused program, while another stated that the handbook would bring together various initiatives run by different groups throughout their school.

This demonstrated that the *Secondary School Peer-led Mental Health Promotion Program Handbook* was viewed by those who provided feedback as being an adaptable program as all participants could see it being used in their schools, as well as in addition to the existing programs. This shows that the target of creating a handbook that would be adaptable in a variety of school settings was recognized by the teachers providing feedback.

Additional comments and notes were made by the teachers in terms of clarification and questions in regards to the specifics in the handbook. All suggestions were considered and the handbook was adjusted to reflect any clarifications or questions brought forward throughout the feedback.

## Implications for Practice

The *Secondary School Peer-led Mental Health Promotion Program Handbook* was created to provide teachers in secondary schools with a guide to implement a program that is largely peer-led and focused on the promotion of mental health in the school environment. Educators are provided with outlines of the various roles in the group, and the basic program structure, as well as activities that can be used. By providing educators with the basics for the outline and structure of the program, it allows them to begin the process of implementing a peer-led program in their secondary school. The guide was created to be generalizable for any school and community; this also helps the peer-leaders to take ownership over the program as soon as they begin. This is crucial as it has been found that various treatment methods often do not see success because they cannot be generalized to the settings the clients need them in (Evans et al., 2000). By encouraging the staff and peer leaders to adapt the program for their specific environment and student body, it increases the chances of the program seeing success amongst the school population.

In addition, the feedback from the teachers who reviewed the handbook all made comments in regards to being able to see the program work in their schools. As well, as noted, existing programs they had would work well alongside or as part of the *Secondary School Peer-led Mental Health Promotion Program.* This demonstrated how the adaptability of the program was recognized by these current secondary school teachers.

As well, the *Secondary School Peer-led Mental Health Promotion Program* provided a brief overview of Albert Bandura's (1977) Social Learning Theory. While the information regarding SLT is provided to help inform understanding of the basis of the

*Secondary School Peer-led Mental Health Promotion Program,* it also helped to inform teachers' understanding of the informal learning that takes place in the schools' social environment both inside and outside of the classroom. This learning that has taken place also affects the environment of the school Bandura (1977) states; "[i]t is largely through their actions that people produce the environmental conditions that affect their behavior in a reciprocal fashion" (p. 9). While this theoretical framework was crucial for the project, it also helped to inform all teachers' practice to be more aware of their students and their own actions and how they contribute to the classroom and school environment.

## Implications for Research

As demonstrated through the literature review and the focus of this project, mental health concerns in youth are of a great concern in Canadian society. As attention given to mental health has grown recently as the negative effects of untreated mental health concerns have become more relevant, it is important that we continue to focus efforts on reducing stigma and barriers to services as well as promoting overall mental health. In particular, the youth mental health crisis has many issues that are a part of this overall concern "[t]hese include a broader moral panic around youth and risk-taking behaviours, a de-stigmatisation of mental health conditions and the concurrent increase in the visibility of mental health issues in the community" (Hopkins, 2014, p. 20). By raising awareness and attention around mental health, we work towards a goal of increasing the overall well-being of society. As approximately "25% of children and young people in the developed world have an identifiable mental health problem (Harden et al. 2001), of whom 10% fulfil criteria for a mental health disorder" (as cited in Weare &Nid, 2011, 29). While these mental health concerns and disorders vary in the effects

they have on individuals, there are drastic situations that have demonstrated the crucial nature of mental health. In particular, the number of youth deaths that are a result of suicide is significant enough alone to demonstrate the necessity of increased attention given to mental health programming. As deaths due "to suicide have been estimated to 877,000 per year globally (World Health Organization, 2003) and feature prominently among young people (10–24 years)" (as cited in Svensson, Hansson, & Stjernsward, 2015, p. 497). These cases are severe instances of mental health concerns but demonstrated the drastic nature of this concern and need for increased attention to mental health.

Overall, while current research recognized the importance of reduction in stigma towards mental health and individuals with mental illnesses, it is crucial that programs continue to target reducing the negative attitudes. As negative stigma associated with mental illness caused services and treatments available for mental health to be underutilized (Esters et.al.,1998), focus needs to be on influencing these negative attitudes. The overall attitudes of society towards mental health are important as the "influence of attitudes is important in determining the amount of public support for mental health services conducted by government programs, which promote acceptance of community-based treatment for a large proportion of mentally ill persons" (Lopez, 1991, p. 271). Furthermore, focus on adolescents' attitudes, in particular, are important as they "soon will be the adults exerting a force in determining public policy on issues and problems related to mental health in our communities" (Lopez, 1991, p. 271).

In summary, by focusing attention on mental health promotion for youth the efforts are working twofold to reduce the effects of mental health disorders on the

adolescent population, and to further affect change in the stigma surrounding mental illness for the future generations of our society. This is with the hope of the effect of educating the youth around mental health being carried over into adulthood and later in life, to reduce the effects of mental disorders.

Overall, this program works together with current research being done in the field of mental health promotion and school-based programming to raise awareness surrounding mental health. In continuing to conduct and publish research in regards to mental health and contributing to the discussions surrounding the topic, this program works towards normalizing discussions surrounding all topics of mental health. This is important worldwide but particularly as the Mental Health Commission of Canada comes to conclusion in 2017, momentum around the topic needs to continue to be built in order to normalize mental health in our society. In doing so, the goal of reducing negative stigma, increasing access to services, and increasing the overall well-being of our society can become more realistic.

## Recommendations for Future Research

Throughout the research conducted for this project, the topic of metal health promotion programs as well as universal programs were two topics that were only briefly discussed individually. The research showed that both universal and promotion programs are more effective at reaching a wide population of individuals. But there was limited information about both of these approaches being used together in regards to mental health, particularly in regards to any results of long-term programs. The research surrounding most of the existing programs and studies suggested that long-term programs would see benefits to the students. Therefore, research in regards to mental health

programs would benefit from further information regarding promotion and universal programs in addition to observing the effects of long-term programs.

## Limitations

The final completed version of the *Secondary School Peer-led Mental Health Promotion Program Handbook* has some limitations. As mental health is a current issue that is gaining attention amongst society and education, the information and research that is being released surrounding this topic is continuously ongoing. Therefore, while an extensive literature review was completed, new information is continuously being added to the conversation surrounding mental health. Furthermore, the review of existing programs that was done relied heavily on research surrounding the program. Therefore, there may be many programs that were not included as they are new or have not been researched to determine their effectiveness.

No needs assessment or formal evaluation was completed in order to inform the creation of the handbook. Although, the handbook was given to three teachers to provide their opinion on the usefulness in their own teaching practice. The researcher would have preferred to have a formal needs assessment completed prior to the creation of the handbook in order to tailor the project to current needs of secondary school teachers. Additionally, while there was feedback provided by teachers on the handbook, it was done based on opinion, where the use of a formal evaluation tool would have possibly provided more extensive and detailed information in regards to the usefulness of the project.

## Chapter Summary

The feedback provided on the *Secondary School Peer-led Mental Health Promotion Program Handbook* reinforced that the goals of creating a relevant and adaptable resource that could be used in current secondary schools has been achieved to some degree. Overall, the feedback reinforced the researchers' insight that a school-based peer-led mental health promotion program would be beneficial to influencing change amongst youth in regards to mental health knowledge and attitudes. While there is still a high need for attention and research surrounding youth mental health, promotion and school-based programs. peer-led programming and stigma reduction, this project contributes to current research surrounding these topics.

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