Mental Health Literacy in Canada
School-Based Mental Health and Substance Abuse Consortium

Fall 2012
MHEDIC Workshop
Session Overview

- A scan of initiatives in mental health literacy in Canada (Kathy)
- Examining teacher preferences to enhance uptake of evidence-based practices (Chuck)
- Mental health literacy components within a school-based pathway to care model (Stan & Yifeng)
- Attending to foundational conditions for effective mental health literacy (Kathy)
SBMHSA Consortium

- 40-member team of researchers and school district practitioners with interest in school mental health
- Drawn together for a three-year contract with the Mental Health Commission of Canada
- Principal Investigator - Ontario Centre of Excellence for Child and Youth Mental Health (Dr. Ian Manion)
- Four teams:
  - Research Synthesis
  - National Survey
  - National Scan of Practices
  - Knowledge Translation and Exchange
KTE Team Mandate

Focus on bridging research and practice in SBMHSA in Canada

Knowledge and Plans

Sustained Actions

SBMHSA Findings

Packaged/shared with key mobilizers from policy/practice
KTE Team Phases of Work

- **Exploration**
  - key informant interviews, literature review, KTE model

- **Early Engagement**
  - professional magazines, workshops, provincial coalitions

- **KTE Activities**
  - implementation webinar series, consumer preference modeling, educator mental health literacy roundtable

- **Translation**
  - analysis and policy/practice summaries of findings

- **KTE Methods**
  - symposium, website, searchable database, international webinar

- **Reporting**
  - meta report for MHCC
National EMHL Roundtable

Overview of roundtable
- Led by KTE Team (Connie and Kathy)
- 30 members
- Research, policy, practice, resource developers

Tasks
- National Listing of EMHL resources
- Decision Support Tool for District Leaders
- Recommendations for Resource Development

Next steps
- Possible program of research in EMHL
Canadian EMHL Initiatives

- Supporting Teacher Candidates (Alan)
- Health Literacy Team (Connie)
- Capacity Building and Knowledge Exchange (Ian)
- Examining Teacher Preferences (Chuck)
- MH Literacy for Youth and Educators (Stan & Yifeng)
- Attending to Organizational Conditions (Kathy)

Through EMHL Roundtable, learned about other initiatives (e.g., Alberta Health Services Capacity Building Project, Quebec Centre of Excellence, The Jack Project, KNAER community of practice) and products (e.g., ABCs of Mental Health, MyHealth Magazine, Mental Health First Aid, JCSH Positive Mental Health Toolkit, Making a Difference Guide)
Western University

Supporting Teacher Candidates as Future Front Line Service Providers in Child and Youth Mental Health

Susan Rodger, Jason Brown, Alan Leschied, & Jacqueline Specht

Alan Leschied, Ph.D., C.Psych.
Professor, Faculty of Education, Western University
Mental Health Education Day to Inform Pre Service Teacher Candidates

Based on three fundamental beliefs:

a. Teachers are now front line mental health workers
b. Members of the teaching profession are themselves amongst the most susceptible to stress and mental health challenges
c. The period of preservice teacher education is amongst the most critical when teachers form beliefs about themselves within the career
Why Coordinate and Deliver this within a Faculty of Education?

Drawing on the scholarship of engagement model developed by Boyer, a Faculty of Education is positioned to engage in:

- **The scholarship of discovery:** basic research
- **The scholarship of integration:** interdisciplinary work
- **The scholarship of sharing knowledge** and
- **The application of knowledge** as a reflective practice in which theory and practice inform each other.
Underscore Broad Based Support for Schools and Mental Health to Teacher Candidates

Provide opportunity for teacher candidates to be exposed to national leaders in the field

Dr. Ian Manion Executive Director, The Ontario Centre for Excellence for Child and Youth Mental Health, Children’s Hospital of Eastern Ontario, provided a plenary address:

“Taking Mental Health to School: How Do I Teach These Kids When I Know There’s All This Other Stuff Going On?”
Concurrent Sessions

Students Chose From, and Register in Workshops that were Planned in Concurrent Sessions:

1. Understanding the Impact of Exposure to Domestic Violence in Children: Challenges for Educators, Parents & Community Partners
2. Collaborative Problem Solving in Addressing Mental Health in the Classroom
3. Mental Health in the Elementary Classroom: Stories From the Field
4. Mental Health in the Secondary Classroom: Stories From the Field
5. Making a Difference: An Educator’s Guide to Child and Youth Mental Health Problems from The Inside
6. Promoting Wellness in Aboriginal Students
7. Self-Care Before and After that First Teaching Job
8. You are Not Alone: A Team Approach to Mental Health
9. Welcoming New Canadians
10. Creating a Healthy Work / Life Balance
11. Mind Your Mind: On-line linkage Directly to Students
12. Successful Transition to Teaching
13. Meditate your Way to Health
### Collaboration with Community Partners

#### Information Fair Participants

<table>
<thead>
<tr>
<th>Child and Youth Mental Health Services:</th>
<th>Child and Youth Support Services</th>
</tr>
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<tbody>
<tr>
<td>□ Merrymount Family Crisis and Support Services</td>
<td>□ Big Brothers / Big Sisters London and Region</td>
</tr>
<tr>
<td>□ Oxford Elgin Children and Youth Services</td>
<td>□ Middlesex London Health Unit</td>
</tr>
<tr>
<td>□ Madame Vanier Children’s Services</td>
<td>□ Child and Youth Health and Well-being Services</td>
</tr>
<tr>
<td>□ Western Area Youth Services</td>
<td>□ Learning Disabilities Association-London</td>
</tr>
</tbody>
</table>

#### Youth Justice Facilities:

| □ St. Leonard’s Community Services                                   | □ Autism Ontario-London Branch                                                                                                                           |
| □ London Family Court Clinic                                         |                                                                                                                                                |

#### Online Access to Mental Health Support Services:

| □ Mind Your Mind                                                      |                                                                                                                                                |
School Based Mental Health Literacy

The Health Literacy team at BC Mental Health & Addiction Services works closely with provincial and local partners, to improve mental health literacy in school communities across British Columbia.

Dr. Connie Coniglio, Provincial Executive Director, Children and Women’s Mental Health and Substance Use Programs, BC Mental Health & Addiction Services
School Based Mental Health Literacy in BC

- BC School Based Mental Health Coalition
- Kelty Mental Health Resource Centre
- Annual Summer Institute for BC Educators
- mindcheck.ca
Ontario Centre of Excellence for Child & Youth Mental Health

Capacity Building and Knowledge Exchange
Supporting School Boards and Communities

Ian Manion, Ph.D., C.Psych.
Executive Director, Ontario Centre of Excellence for Child and Youth Mental Health
Capacity Building in Evaluation & Implementation Science

Consultations, in-person and web enabled training, financial supports

Facilitating the journey of agencies as learning organizations

EIP Implementation Support
On-Line Modules:
- Leading Organizational Change
- Teamwork and Collaboration
- Needs Assessment
- EIP Implementation
- Monitoring and Evaluating Outcomes
Knowledge Exchange

- Family and youth engagement training
  - Dare to Dream Program

- Evidence In-Sight (bringing evidence to decision-making)

- Mental health literacy for cross sectoral audiences
  - MH 101, MH literacy modules

- eMentalHealth.ca
  - Local resources, fact sheets, self-assessment tools

- Policy ready papers (e.g., Taking Mental Health to School)

- Student Support Leadership Initiative & Working Together for Kids Mental Health (government initiated strategies)
  - Catalyst and knowledge broker for information sharing across sectors (education, mental health, health, child welfare, youth justice) within and across communities
Modeling the Dissemination of School Based Strategies for Improving Mental Health Outcomes

Charles Cunningham, Ph.D., C.Psych
Department of Psychiatry and Behavioral Neurosciences
McMaster University
Mental Health Literacy for Youth and Educators in Secondary Schools: Foundation for the Pathway Through Care

Stan Kutcher, MD, FRCPC, FCAHS
Sun Life Financial Chair in Adolescent Mental Health
IWK Health Centre & Dalhousie University

Yifeng Wei, Research Associate
Cross-national Comparisons of the Onset of Psychiatric Disorders

Age of onset distributions of any anxiety disorders*

Age of onset distributions of any mood disorders*

Age of onset distributions of any substance use disorders*

*Data for Germany were omitted because of the narrow age range of the sample
Age of Onset of Major Mental Disorders

- PDD/Autism
- ADHD
- Anxiety Disorder
- Obsessive Compulsive Disorder
- Substance Abuse
- Anorexia Nervosa
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Bulimia Nervosa

Source: DSM-IV, 2000
Mental Disorders/Ilness Magnitude

- OCHS (1983) about 19% young people (ages 4 – 16) psychiatric disorder
- USA (Institute of Medicine, 2009) about 17%
- Substantial treatment gap: 1/5 who need “specialty services” receive them
- Most mental disorders in children and youth are of mild to moderate severity (Kessler et al, Arch Gen Psych. 2012)

So how should this care be accessed and provided?
Enhancing Child and Youth Mental Health Care: Key Components

- Child and Youth Mental Health Policies
- Enhancing Evidence Based Interventions through Research, Translation and Uptake of Best Available Knowledge
- Enhancing Mental Health Capacity in Primary Care
- Integration of Child and Youth Mental Health and Schools
- Enhancing Child and Youth Mental Health Care Capacities of all Human Services Providers

Kutcher, Healthcare Quarterly: 2011;vol.14:15-21
Integrated Pathway to Care Model for Child and Youth Mental Health: A Framework for Care

- STUDENTS
- TEACHERS
- STUDENT SERVICES PROVIDERS
- SCHOOL-BASED HEALTH CENTRE PROVIDERS
- GATEKEEPER TRAINING
- PRIMARY CARE PROVIDERS
- MENTAL HEALTH SERVICES PROVIDERS
- PARENTS
- STAKEHOLDERS
- POLICY MAKERS
- COMMUNITY
- ADMINISTRATORS
- MENTAL HEALTH LITERACY

What is Mental Health Literacy?

Mental health literacy encompasses knowledge and skills that address the biological, psychological, and social aspects of mental health to increase the understanding of mental health and mental disorders, reduce stigma, help recognize and prevent mental disorders, and facilitate help-seeking behaviors in/for youth along the pathway to mental health care.
Mental Health Literacy: Key Features

- Should be contextualized
- Should address not only knowledge but understanding!
- Should be integrated into “usual” activities (avoid the stand alone WOW events)
- Should be consistent with accepted pedagogical and student/professional procedures, activities and processes
- Should be integrated with other health literacy components/activities
Mental Health Literacy: Key Initiatives

Blueprint paper on the School-Based Pathway to Care Model:

Program implementation:
- Mental Health & High School Curriculum Guide training for secondary school students and educators
- “Go-to” educator training for school support staff

Research:
- Ongoing Randomized Controlled Trial of the Curriculum;
- ongoing program evaluation of the Curriculum
- Ongoing program evaluation of the “go-to” educator training

Policy:
- Nova Scotia Provincial School Mental Health Framework (Integration into *Kids and Learning First*, NS DOE policy)

Collaboration:
- Ontario Shores Hospital, NS DOE, school boards across NS and Canada, China, Brazil, Portugal
Who needs to be mental health literate?

- Students
- Teachers
- Student service providers
- Other school support staff
- School administrators
- Health providers
- Parents
- Media
- Wider community
Mental Health & High School Curriculum Guide is the first mental health literacy program to address youth mental health in a systematic manner for Canadian secondary schools, with the focus on students and teachers.

Student service providers
What are the Goals and Objectives of the Curriculum Guide?

- Promote students’ awareness of mental health and understanding of mental disorders
- Address stigma associated with mental illness
- Facilitate an environment in which students can maximize their learning
- Help students develop their abilities to cope with life challenges and stresses
- Identify those students in particular need of assistance or support
- Provides information about “seeking help”
What does the Curriculum Guide Include?

- Module 1: The stigma of mental illness
- Module 2: Understanding mental health and mental illness
- Module 3: Information on specific mental illness
- Module 4: Experiences of mental illness
- Module 5: Seeking Help and finding support
- Module 6: The importance of positive mental health
How does the Curriculum Guide Fit in Secondary schools?

- Is designed for Grade 9-10 students and teachers
- Implementation format is flexible:
  - Teaching in a blocked chunk of time (e.g. 1.5 hours everyday for one week)
  - Integrating the various components in the existing curriculum and teaching over the course of a semester
  - Can be taught in the existing curriculum, e.g. Healthy Living
  - Other strategies based on the individual school needs
- Curriculum duration: approximately 6-8 hours
- Supplementary online resources – Taking It Global (www.tigweb.org) and www.teenmentalhealth.org
How to Implement the Curriculum Guide in Secondary Schools?

Start with teacher mental health literacy:
- Self study – self evaluation
- On-site teacher training
- Online e-learning modules are being developed
To improve educators’ knowledge of the Curriculum and its contents, increase knowledge regarding mental health and mental health illness, and enhance positive attitudes towards mental illness
Figure 4: Mean Group Scores for Mental Health Knowledge on the Curriculum (p<0.0001)

Halifax Regional School Board: Teacher Knowledge

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=79; M=22)</td>
<td>(N=79; M=27)</td>
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</tbody>
</table>
Curriculum Training Outcomes: KAB
(Halifax Regional School Board, n=86)

Figure 5: Mean Group Scores of Stigmatizing Attitudes Following the Curriculum Training (p<0.0001)

Halifax Regional School Board: Teacher Attitudes

Mean Score

Pre-test

Post-test

N=74, M=55

N=74, M=52
Curriculum Outcomes: KAB
Ongoing Research

- Independent randomized controlled trial on student outcomes (KAB) with more than 40 secondary schools led by University of Ottawa

- Pre and post test evaluation on both student and teacher outcome with more than 40 secondary schools led by Ontario Shores Hospital
The Curriculum training was effective in improving mental health knowledge of educators and improving their attitudes towards mental illness.

Educators self reported that they felt well prepared and ready to implement the Curriculum in their classroom.

The Curriculum training set a strong foundation for educators to work with practitioners to improve youth mental health along the pathway to care.
Who needs to be mental health literate?

- Students
- Teachers
- Student service providers
- Other school support staff
- School administrators
- Health providers
- Parents
- Media
- Wider community
**“Go-to” Educator Training:**
Identification of Mental Disorders in the Secondary School Setting

<table>
<thead>
<tr>
<th>For whom?</th>
<th>For what purpose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education providers to whom youth naturally “go to”</td>
<td>Identification and differentiation of youth at high risk of having a mental disorder</td>
</tr>
<tr>
<td>Student services providers</td>
<td>Triage tips and techniques</td>
</tr>
<tr>
<td>School based or school linked human services providers</td>
<td>Talking with Parents</td>
</tr>
<tr>
<td>Local health/mental health care providers</td>
<td>Supportive strategies and watchful waiting (know your limits)</td>
</tr>
<tr>
<td></td>
<td>Referral and collaborative care</td>
</tr>
</tbody>
</table>
“Go-to” Educator Outcomes

- Significant increase in knowledge
- Substantial enhancement of understanding of “in school” processes
- Substantial enhancement of understanding of usual and immediate referral processes
- Slightly increased numbers of youth referred
- Substantially “improved” referral quality
- Clarification and implementation of common consent processes
- Substantial increases in cross-sector linkages (personal, professional and systematic)
“Go-To” Educators Outcomes: Knowledge
(Tri-County Regional School Board)

Mean Group Score for Mental Health Knowledge on the “Go-To” Educator Training (p<.001)

Tri-County Regional School Board:
Go to Educator Knowledge

- Pre-test: N=12; M=74
- Post-test: N=12; M=86
Enhancing Mental Health Capacity in Primary Care

- Fundamental that the primary care system be able to identify, diagnose, effectively treat and interact with specialty child and youth mental health services (Kutcher, 2011; Davidson and Manion, 1996)

- Must abolish the silo model of mental health services (based on the asylum framework now continued into the community)

- Pathways to care must allow for appropriate access for a variety of mental health problems and mental disorders – they are different, require different approaches – NEED TO BE INTEGRATED IN USUAL CARE OPPORTUNITIES and BE YOUTH FRIENDLY
“Go-to” Educator Training:
Identification of Mental Disorders in the Secondary School Setting

<table>
<thead>
<tr>
<th>SBMHSA (2012)</th>
<th>Various PC surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Attention and learning</td>
<td></td>
</tr>
<tr>
<td>- Anxiety</td>
<td></td>
</tr>
<tr>
<td>- Bullying, social relationships</td>
<td></td>
</tr>
<tr>
<td>- Depressed mood</td>
<td></td>
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<tr>
<td>- Oppositional behavior and aggression</td>
<td></td>
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<tr>
<td>- Anxiety Disorders</td>
<td></td>
</tr>
<tr>
<td>- ADHD</td>
<td></td>
</tr>
<tr>
<td>- Depression</td>
<td></td>
</tr>
<tr>
<td>- Behavior problems (may or may not have a diagnosis: CD; ODD)</td>
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</tbody>
</table>
Next Steps

- Modifying the Curriculum training based on evidence from the RCT study and program evaluation
- Continuing the implementation of the Curriculum training and “go-to” educator training
- Developing more comprehensive collaboration
- Validating mental health literacy tools for students and teachers

For more information visit
WWW.TEENMENTALHEALTH.ORG
School Mental Health ASSIST

Attending to Organizational Conditions for Effective Educator Mental Health Literacy

Kathy Short, Ph.D., C.Psych.
Director, School Mental Health ASSIST
Ontario Ministry of Education & Hamilton-Wentworth District School Board
Ontario’s Mental Health and Addictions Strategy

Open Minds, Healthy Minds is the comprehensive, 10-year strategy designed to address mental health and addictions needs in Ontario.

Starting with Child and Youth Mental Health

Our Vision:

An Ontario in which children and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth reach their full potential.

Provide fast access to high quality service

Kids and families will know where to go to get what they need and services will be available to respond in a timely way.

Identify and intervene in kids’ mental health needs early

Professionals in community-based child and youth mental health agencies and teachers will learn how to identify and respond to the mental health needs of kids.

Close critical service gaps for vulnerable kids, kids in key transitions, and those in remote communities

Kids will receive the type of specialized service they need and it will be culturally appropriate.

THEMES

INDICATORS

• Reduced child and youth suicides/suicide attempts
• Educational progress (EQAO)
• Fewer school suspensions and/or expulsions
• Higher graduation rates
• More professionals trained to identify kids’ mental health needs
• Higher parent satisfaction in services received
• Decrease in severity of mental health issues through treatment
• Decrease in inpatient admission rates for child and youth mental health
• Fewer hospital (ER) admissions and readmissions for child and youth mental health
• Reduced Wait Times

OVERVIEW OF THE MENTAL HEALTH & ADDICTIONS STRATEGY - FIRST 3 YEARS

INITIATIVES

Improve public access to service information

Pilot Family Support Navigator model Y1 pilot

Increase Youth Mental Health Court Workers

Outcomes, indicators and development of scorecard

Implement Working Together for Kids’ Mental Health

Implement standardized tools for outcomes and needs assessment

Amend education curriculum to cover mental health promotion and address stigma

Develop K-12 resource guide for educators

Implement School Mental Health ASSIST program & mental health literacy provincially

Provide designated mental health workers in schools

Implement Mental Health Leaders in selected School Boards

Provide nurses in schools to support mental health services

Enhance and expand Telepsychiatry model and services

Provide support at key transition points

Hire new Aboriginal workers

Implement Aboriginal Mental Health Worker Training Program

Improve service coordination for high needs kids, youth and families

Expand inpatient/outpatient services for child and youth eating disorders

Hire Nurse Practitioners for eating disorders program

Create 18 service collaboratives

Strategy Evaluation
School Mental Health ASSIST

is a provincial implementation support team designed to help Ontario school boards to promote student mental health and well-being, through leadership, practical resources and systematic research-based approaches to school mental health.

Structure and Processes grounded in Implementation Science Principles
Leadership for SMH ASSIST

- **Ontario Ministry of Education Lead**
  - Special Education Policy & Programs Branch

- **School Board Lead**
  - Hamilton-Wentworth District School Board
  - Benefits from real-world proximity to issues and challenges

- **SMH ASSIST Core Team**
  - Director, and 4 P/T Implementation Coaches (3 Senior School Mental Health Professionals, 1 Superintendent)

- **Cross-Sector Partners**
  - Interministerial Staff Team and other ad hoc
  - Hospital for Sick Children
  - Ontario Centre of Excellence for Child & Youth Mental Health
  - Provincial Stakeholder Organizations
  - Evaluation and Implementation Consultation Team (Michael Boyle, Bruce Ferguson, Tom Kratochwill, Robert Lucio, Ian Manion, Doris McWhorter, Karen Milligan, Caroline Parkin, Joyce Sebian, Mark Weist)
Tiered Support in Systems of Care

Organizational Conditions

School Districts

Universal Evidence-Based Mental Health Promotion, Social-Emotional Learning

Targeted Evidence-Based Prevention

E-B Clinical Intervention

Implementation Focus

Community

Evidence-Based Clinical Intervention

Targeted Evidence-Based Prevention

Universal E-B Mental Health Promotion

Continuous Quality Improvement

Mental Health Capacity

Engagement
SMH ASSIST provides support to ALL Ontario boards

Resources
- Webinar series, other staff development materials
- Decision support tools
- Templates
- School Administrators’ Toolkit

Consultation

Workshops

Representation on provincial reference groups & committees
Focus Boards

- 15 boards were Focus Boards in 2011-2012, another 15 announced for 2012-2013
- Boards receive 1 FTE Mental Health Leader (designated, senior clinician to coordinate and co-lead school mental health in the board) and SMH ASSIST support
- Reciprocal relationship with SMH ASSIST
  - ASSIST provides leadership and implementation support
  - Focus Boards help with piloting resources that will be rolled out to all boards in time

Built In Scale Up Protocol
School Mental Health ASSIST
Focuses on:

1. Organizational Conditions for Effective School Mental Health
2. Mental Health Capacity-Building for Educators
3. Implementation of Evidence-Based Mental Health Promotion and Prevention Programming
Organizational Conditions

Phase One (spring 2012):
- Senior Administrators
- Early engagement of provincial leadership associations (e.g., Council Ontario Directors of Education)
- Co-Creation of products for senior leaders

Phase Two (summer 2012):
- School Administrators
- Early engagement of provincial principal associations (e.g., Ontario Principals’ Association)
- Co-Creation of products for school leaders

Attention to content and process for implementation
Top 10 List of Organizational Conditions

1. Commitment
2. School Mental Health Leadership Team
3. Clear & Focused Vision
4. Shared Language
5. Assessment of Initial Capacity
6. Standard Processes
7. PD Protocols
8. School Mental Health Strategy / Action Plan
9. Broad Collaboration
10. Ongoing Quality Improvement

Blend of EBP and Practice-Based Evidence
Educator MH Capacity

Key Principles
- Capacity-Building Continuum
- Content and delivery tailored by audience
- Resources co-created with knowledge audiences
- Multiple delivery methods / formats offered
- Job-embedded professional learning adhering to adult learning principles and educator preferences
- Iterative process of knowledge and skill building
- Systematic scope and sequence
- Opportunities for practice and coaching

Nothing about them without them
## The Mental Health Capacity-Building Continuum

<table>
<thead>
<tr>
<th>Mental Health Awareness</th>
<th>Mental Health Literacy</th>
<th>Mental Health Expertise</th>
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</thead>
<tbody>
<tr>
<td>Basic mental health information, tailored for different school board audiences</td>
<td>Deeper working knowledge for those who have a direct role in supporting student mental health (creating mentally healthy schools &amp; classrooms, recognizing early signs of difficulty)</td>
<td>Skills and knowledge for SMH professionals to effectively provide evidence-based promotion, prevention, and intervention</td>
</tr>
</tbody>
</table>

- **ALL**
- **SOME**
- **FEW**

✓ Capacity Building is not an event! It is an iterative deepening of knowledge that is embedded in school board life. It takes time.

✓ Resources should be tailored for different education audiences.
Not all programming in school mental health is helpful for all students. Some programming, though well-intentioned, is benign or harmful for certain populations.

Program implementation standards are critical (training, coaching, fidelity to protocols, evaluation)

SMH ASSIST can help boards to select and sustain appropriate mental health promotion and prevention programs and strategies
Visit SMH ASSIST

http://smh-assist.ca/
Questions for MHEDIC

Are there any standard, evidence-based mental health literacy programs for school and/or community professionals in the US?

Can you tell us about experience you have had with training professionals together across sectors?

How do you handle the issue of training and materials costs for published evidence-based programs?

Are you aware of any solid measurement tools in the area of educator mental health literacy?

Do faculties of education have established guidelines for mental health literacy?
Ideas for Collaboration...

- Development of an Educator Mental Health Literacy measure
- Training protocols for core elements of evidence-based practices
- Templates and tools for leadership
- Pre-service mental health education guidelines for teachers
- ???????
THANK YOU FOR INCLUDING US IN YOUR MHEDIC MEETING!