

Examples of Mental Health Curriculum/Education in K-12 Schools

Below is a preliminary scan of existing mental health related initiatives in K-12 schools created by an MHSOAC student intern. This is a living document meant to be a reference point in addition to ongoing research in preparation for the Youth Innovation Project Innovation Idea Lab.

Several schools across the United States and worldwide have piloted mental health curriculums in their K-12 schools. They often have different approaches, but many of them have key themes in common. Some notable programs been in: New York/Virginia, Canada, Massachusetts, Tahoe, South Carolina, Florida, the UK, and Scotland.

NEW YORK/VIRGINIA

Grades: K-12 in New York, ninth and tenth in Virginia

What class: teachers are encouraged to incorporate it into any subject, such as science, literature, history, and social studies. Health teachers will develop their own lesson plans

What is taught: Health teacher's plans will describe what mental illness is, how to treat it, and healthy coping techniques that students can use, as well as what resources to turn to. Teaching the concept that mental health is a part of wellness, and we have a responsibility to practice self-care that maintains our mental health. Teaching how to identify mental health problems early on. Teaching how negative stigma about mental illness contributes to discrimination and prevents people from getting help.

How did this come into play: A nonprofit in New York had the idea, and the new law was written by three students who attended summer classes on political leadership at the University of Virginia. The law does not outline a specific curriculum, leaving that up to the Board of Education. Modeled after principles similar to "Mental Health First Aid"

Additional notes: The state is giving \$1 million a year to offer online mental health training services for teachers. The Mental Health Association of New York State (MHANYS) is helping implement this new law. They are developing a plan for classrooms that includes lecture and experiential learning activities. They are giving a one hour training to each teacher, plus additional 30 minute trainings for whatever topics they choose to cover (such as suicide prevention or trauma). They are collaborating with communities and school personnel to promote wellness reducing stigma, educating families, and increasing access to care.

Contact: Amy Molloy, Director of Education

amolloy@mhanys.org

(518) 434-0439

CANADA'S "THE GUIDE"

Grades: junior high/high school

What class: grade 9 health class (website for "The Guide" says 7-10)

What is taught: “The Guide is a manualized mental health literacy resource consisting of six modules that are delivered in 10-12 hours of class time through a mix of didactic instruction, group discussion, group activities, self-directed learning and video presentations.”

Modules:

1. Stigma of mental illness
2. Understanding mental health and mental illness
3. Specific mental illness
4. Experience of mental illness
5. Seeking help and finding support
6. Importance of positive mental health

Students and teachers talk about stigma, mental illness, first voice experiences, impact of mental health illness on families and individuals, and importance of positive mental health.

Students first given tests to assess their knowledge and attitudes about mental health. Then they were given a post test, which showed that knowledge and attitudes about mental health had increased, but not by that much.

How did this come into play: this was introduced as a study

Results: Has helped teachers have more knowledge and positive attitudes. Students had improvements in mental health literacy

Additional notes: want to incorporate it into regular curriculum instead of have it be separate to “avoid the sensationalization of mental health”. Adding to curriculum is also good because some districts do not have as much access to medical professionals who can provide teaching as other districts

Contact: Author of The Guide, Dr. Kutcher: info@teenmentalhealth.org

To contact The Guide: (902) 470-6582 (in Nova Scotia, Canada)

MASSACHUSETTS

Grades:

What class: health education, half year course. Some bills presented would make it mandatory, some are saying it should be optional

What is taught: the curriculum improves student wellness, academic performance, and early intervention and is called Mental Health Promotion (MHP). It is basically the curriculum for the health class, but expands on some mental health topics that students should know more about. They use resources like Mental Health first aid, newspaper articles, ted talks, and resources from nonprofits. It will also be based on revisions of Massachusetts’ Comprehensive Health Curriculum Framework that was published in 1999.

How did this come into play: high school students in Leominster decided that their school was not teaching enough about mental health. They formed a nonprofit called Let's Empower, Advocate, and Do (LEAD), and decided to develop a mental health curriculum.

They wrote a bill (S.2112) "An act relative to promotion of mental health education in Massachusetts High Schools" where public schools are given the option to utilize a mental health curriculum as part of health classes

The Education Committee held a hearing on many bills regarding bringing mental health education to the classroom recently.

Results: "success" at Leominster high school (does not go more in depth)

Additional notes: the bill now is moving to the house before it can be passed

Contact: LEAD: (508) 717-1243, info@leadnow.org

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

Grades: high school aged 14-18, and some support to middle school (11-13)

What class: center outside of class

What is taught: This is a collaborative project that has created Wellness Centers in TTUSD high schools. This is a place for students to stop in and "ask questions, get support, connect to community resources, learn new skills". It allows for students to learn how to access services, get referrals to community resources, develop skills for resiliency, peer support, leadership. Students can also become peer mentor and run 9th grade support groups or educational workshops, and they are starting to offer middle school supports as well. There are trained staff and volunteers from community agencies on site to listen to students and connect them to resources. Wellness workshops also provide practical tools to improve overall health.

How did this come into play: came from a conversation at the Community Collaborative of Tahoe Truckee Leadership Team. High schools were asking for more community support after there was a number of student suicides.

Results: report in Tahoe Truckee Community Foundation says "Using a Results Based Accountability (RBA) framework, CCTT partners will track community indicators and relevant data to measure youth substance use and abuse, social connections, and wellbeing. This data is used to continue to adapt programming to serve our youth."

Additional notes: this is not a curriculum, but rather a comprehensive resource for students to reach out to

Contact: Kim Bradley, TTUSD Wellness Manager: (530) 582-2575

Hillary Stoner, Wellness Center Liaison: (530) 581-7000 ext. 22517

SOUTH CAROLINA

Grades: 7th and 9th grade

What class: 7th graders have a voluntary elective mental health and wellness class, 9th graders are required to take a course

What is taught: I have printed out some sample curriculums/lesson plans for grades 2 and 7.

1. Second grade
 - a. Explain mental health, emotional health, and social health
 - b. Discuss how to be a good friend and family member
 - c. Discuss everyday stressors that when dealt with properly, have positive outcomes (like doing chores and then getting to go outside and play)
 - d. Open ended statements "my friend is nice because ____"
2. Seventh grade
 - a. Ask, why is it important to tell others how you feel?
 - b. Explain how talking about feelings promotes mental health
 - c. Use "I" messages to communicate how we feel
 - i. Practice listening skills by listening to the "I" message

How did this come into play: it was a bill filed by Rep. JA Moore. NAMI has been presenting their "End the Silence" program to elementary, middle, and high schoolers and it has been received well by students. Moore has also filed a bill called the South Carolina School Safe Space Act, where for every 200 students, 1 staff member must be trained in mental health counseling. Governor Henry McMaster's proposed budget will also set aside \$2.2 million so every South Carolina school has access to a mental health counselor.

Results: this has just been passed, there are no results to give yet

Additional notes:

Contact: South Carolina Department of Mental Health: (803) 898-8581

FLORIDA (Hope for Healing)

Grades: 6-12

What class: Escambia County Superintendent, Malcom Thomas, says that because it is just five hours, it will probably be incorporated into one of the regular classes

What is taught: At least 5 hours of mental health education a year. The lesson plans must include recognition of signs and symptoms of mental health disorders, prevention, awareness and assistance, reduction in stigma, awareness of resources and how to access treatment, strategies to develop healthy coping techniques and support another person with a mental health disorder, suicide prevention, and prevention of addiction/abuse. Districts will be able to choose what classes their students will take, depending on what is most appropriate for their demographic. These types of classes can be anything from cyberbullying, suicide prevention, and the impact of substance abuse.

How did this come into play: The State Board of Education voted unanimously in favor of this proposal. I suspect that it was created in response to the shooting that occurred at Marjory Stoneman Douglas High School on February 14th of 2018, to better address mental health needs of students, whether or not they are directly affected by shootings like this. The First Lady of the state, Casey DeSantis, lead a listening tour around the state, and then strongly supported this.

Results: Has yet to be implemented.

Additional notes: Thomas says that with the money they got last year, they were able to put licensed mental health counselors on every elementary, middle, and high school campus

Contact: one resource is hopeforhealingfl.com

UNITED KINGDOM (Thriving Futures)

Grades: currently 8/9 (secondary school), aiming for younger students too soon

What class: whole school approach

What is taught: “provide universal preventative education through the building of knowledge and skills”. There are five major programs to address: self awareness, self management, social awareness, relationship skills, and responsible decision making. The program is based off of CBT, and shows the link between thoughts, feelings, and behavior and how our thoughts can impact how we feel. It attempts to recognize negative thought patterns and replace them with more positive ones. It is taught with PowerPoint slides and is as flexible as possible to fit a classroom atmosphere, with different teaching aids such as visuals and activities available. The website has a list of professional organizations that teachers can use for advice. Pictures make the lessons accessible regardless of academic ability.

How did this come into play: there have been previous attempts of a whole school approach to mental health in the UK before, but they have not been successful due to issues with time, knowledge, understanding, cost, implementation, and longevity. Thriving Futures was developed by an experienced teacher.

Results: no results listed yet. Instead of looking for marked improvement, this program looks for a lack of deterioration of social and emotional wellbeing, as improvement would more be expected in a treatment program.

Additional notes:

Contact: thrivingfutures2017@gmail.com

SCOTLAND (Make it Count)

Grades:

What class: action is aimed at “all elements” of the school, to provide a “whole school” approach

What is taught: schools pick what would work best for them. There is a “well-being check in” that is a survey about current mental health state, and is cowritten by youth so that it will be relevant to young people who reply to it. Peer education is recommended because students listen better to each other than they listen to teachers, and this could help limit stigma and discrimination. Mental health training should be involved in initial teacher education for new teachers, and current teachers should be given a class in mental health literacy and child development. Teachers should also be trained to provide a nurturing environment, to help prevent mental health problems in the first place. It is called PSE (Personal and Social Education). It should attack the root causes of stress and work towards building resiliency. They aim to have one hour of PSE a week by 2020. They also have a goal to have mental health workers in every school by 2020.

How did this come into play: The Scottish government has committed to providing more counsellors in schools, as well as a Youth Commission to evaluate services and see what else is needed. Make it

Additional notes:

Contact: Number of the Glasgow Mental Health Foundation office: +44 (0)141 572 0125

There are some other programs that are worth mentioning and learning from when discussing a potential mental health curriculum in California. These programs have taken place in Santa Ana, Australia, San Francisco, Merced, Texas, and Tanzania.

SANTA ANA

Grades: 3rd and 4th grade in a dual-immersion Spanish-English elementary school

What class: This was taught by healthcare professionals using a school based curriculum delivery model, because it has been shown to have a more positive impact than being taught by classroom teachers. This program was conducted by a coordinated nursing team. Children attended EHC (emotional health curriculum) once a week for 45 minutes for 8 weeks. The team took 15 minutes to collect pre and post intervention data during the first and last sessions.

This was considered part of the health curriculum classes for the eight weeks it happened.

What is taught: testing the effectiveness of CBT and mindfulness to prevent anxiety and depression in students. The research team developed an Emotional Health Curriculum by integrating CBT principles, mindfulness skills, and using a coordinated nursing care implementation approach.

Children acquired skills to become aware of emotions, recognize body signals of emotional distress, practice mindfulness, understand positive and negative self talk, and communicate feelings with friends, teachers, and parents.

How did this come into play: Hispanic children have greater mental health challenges but less access to mental health services than other groups. This EHC helps address and hopefully correct some mental health disparities in the underserved Hispanic community

Results: 89% of the children enjoyed it, and 72.9% reported that it taught them skills to manage their stress and worries. The most useful skills were brave thoughts, mindfulness exercises, and deep breathing. Teachers noticed that the children used the skills that they learned in class, and it was valuable to have the nursing team teach the curriculum because children often looked to school nurses to help with emotional challenges. This is designed as a preventative measure, but we cannot know the long term effects of the study at this point because it was conducted so recently.

Additional notes: The researchers added cultural metaphors, linguistic elements, and social contexts relevant to the Hispanic community to help children have a better grasp of the significance of what is being taught, as well as a personal connection to them and their culture. Taught by bilingual instructors in both Spanish and English, the study also used Hispanic cultural symbols in curriculums, such as horses (a symbol of strength). Students were taught to express emotions in both Spanish and English. Every class had the same instructors for consistency and building relationships.

Contact: Yuqing Guo (Author): (949)824-9057, gyuqing@uci.edu

Julie Rousseau (Author): juliemrousseau@gmail.com

Patricia Renno (Author): prenno@ucla.edu

AUSTRALIA (MindMatters)

Grades: secondary schools

What class: uses a whole school approach. Often taught in health, English, drama, sociology or psych classes, or in pastoral or religious classes

What is taught: builds on practices already in place to promote well being and build a sense of community. Focuses on 3 spheres of practice: curriculum (teaching and learning), school organization (ethos and environment), and partnerships/services. Since schools vary so much, there is no one model that is followed, but schools identify which tools would work best for their environment. Students are at center of activities, teachers are facilitator. Classroom materials include support programs in 4 areas: enhancing resilience, deal with bullying and harassment, grief and loss, understanding mental illness.

Schools had youth forums, mental health days, videos about bullying, team building games, staff surveys to address staff mental health needs, parent forums, and peer support forums. There was a program to refer at-risk students.

How did this come into play: MindMatters was piloted in 24 secondary schools in Australia. Draws on the framework of the Health promoting schools movement. Young Minds Matter was funded by the Australian Government Department of Health and conducted by the Telethon Kids Institute at The University of Western Australia.

Results: Based on self-reporting information, MindMatters learned about the true prevalence of youth mental illnesses

Additional notes: this is old, it is from 2000. It has since then been replaced by “Be You”, which is covered next.

Contact: N/A

AUSTRALIA (Be You)

What grades: early childhood to 18

What class: designed for every childhood early learning setting, not necessarily just in schools.

What is taught: does not seem to offer a specific curriculum or major points to cover, Life in Mind wrote, “Offered as a free, online based tool which is backed by trained support staff, [Be You](#) provides early learning services and schools with a road map for supporting and developing strong mental health in the community.” It gives training and information to teachers so that they can recognize and respond to a mental health problem at school. It offers tips about how to build resilience, and even gives advice for the teachers themselves to stay mentally well. It also provides 70 consultants to guide schools through available resources.

How did this come into play: Lead by Beyond Blue, in partnership with Early Childhood Australia and headspace. The Australian government realized that many of their existing programs were not successful at helping mental health in schools, so Be You is a combination of several already existing programs: KidsMatter Early Childhood, KidsMatter Primary, MindMatters, Response Ability, and headspace School Support.

Results:

Additional notes: Be You is the new version of MindMatters

Contact: Beyond Blue website has a phone number listed: 1300-22-4636

San Francisco (Fuerte)

Grades: newcomer Latinx youth, adolescent, aged 12-18

What class:

What is taught: six week session in once a week sessions. They focus on “increasing mental health literacy, strengthening social connections, coping & communication skills, and culturally informed by the Latinx immigrant experience. Among the most innovative elements of Fuerte are its delivery system and overall ecosystem”, there is also group therapy and screening/triage of youth. The youth watch 5 modules in the sessions

- 1- Introduction, goals, the community
- 2- Routines, rituals, traditions

- 3- Time to reflect, talk about behavioral health services
- 4- Emotional literacy, education about resources available
- 5- Foster attunement of emotions and increase attachment to caregivers in their lives

How did this come into play: originally was a collaboration between UCSF pediatricians and psychologists. Now, SFUSD, SFDPH, and many community based organizations collaborate on it.

Results: “preliminary data indicating positive uptake by youth and school officials”

Additional notes: youth who are screened to need additional help are sent to community health services or a Fuerte physician

Contact:

Merced (Merced iMatter)

Grades: K-12

What class: small groups or in classrooms

What is taught: Trained staff lead 30-45 minute sessions in small groups or in classrooms. They teach students how to reduce impulsiveness, choose positive goals, manage emotional reactions, and make decisions when emotionally aroused. Additionally, there is provided parent and teacher training, school staff consultation and curriculum to ensure model integration, and screening, data collection, and analysis. Then, the school administrator makes a list of students who would benefit from the iMatter program, and can be provided outpatient counseling.

How did this come into play:

Results:

Additional notes:

Contact: Sierra Vista Merced Services: (209) 205-1058

Texas

Grades:

What class: health class; resources given to districts

What is taught: SB 11 will cost \$110 million (\$10 per student) over the next two years and will create the Texas Mental Health Care Consortium, which will give access to mental health professionals to improve mental health needs of children. It will also create a threat assessment team at every campus that will identify students at risk of hurting themselves or others. HB 1387 is more about safety in the event of school shootings, and it eliminates the cap on the number of school marshals at schools. HB 18 implements a comprehensive school counseling program. It provides more training on mental health for teachers, principals, for counselors. The Texas Education Agency will create a website to provide

resources for school districts to help students struggling with substance abuse. Additionally, health classes will emphasize mental health to help students manage emotions and maintain positive relationships.

How did this come into play: These bills were intended to promote school safety after a school shooting took place in Santa Fe.

Results:

Additional notes:

Contact:

Tanzania (The African Guide)

Grades: secondary school

What class:

What is taught: teachers have a self study guide, a self evaluation test, and six classroom modules. They are: 1) stigma of mental illness 2) understanding mental health and wellness 3) info about specific mental illnesses 4) experiences of mental illness 5) seeking help and finding support 6) the importance of positive mental health

The modules all include learning objectives, major concepts addressed, lesson plans, classroom activities, and teaching resources

How did this come into play: This was previously used in Malawi, and it was based off of the system in Canada. Tanzanian mental health experts (a psychiatrist, a psychologist, and a social worker) took this plan in Malawi and adjusted it to fit Tanzania. They called it the "African Guide" (AG).

Results: used a pre and post-study model to measure MHL (mental health literacy) before and after the curriculum. 38 post tests were administered. The analyses for the results tested their mental health knowledge, curriculum resource specific knowledge, and overall knowledge that combined those two results. It was found that this was successful, along with the Guide's implementation in Canada and Malawi. Teachers also used their new knowledge to reach out to friends, students, and family after learning how to teach MHL in classrooms.

Additional notes:

Contact:

STANISLAUS (NAMI on campus)

Grades: high school

What is taught: this is like a club, but it is connected to community resources as well. It will be lead by student volunteers who are given toolkits, materials, templates, and other resources. The two major

goals are suicide prevention and general mental health awareness/stigma reduction. Student leaders will also inform peers about mental health services that are accessible in the county.

How did this come into play: NAMI is a program that is used primarily on college campuses. Stanislaus county proposes to follow the same model as the Protecting Health and Slamming Tobacco Model (PHAST). PHAST is a 1,200 member coalition of high schoolers that conducts peer training and outreach events and has successfully lowered the tobacco use rates in Stanislaus for high schoolers. Connecting both county-coordination and a youth support network has been effective in preventing use of tobacco, so the idea is that the same model will work for NAMI, too.

Results: This project has not yet commenced. However, there is a plan for measuring the outcomes of the project, using both qualitative and quantitative measures that vary based on what the issue is.

Additional notes: this program additionally intends to coordinate with the community, represent the population of Stanislaus county in a culturally diverse way, communicate with families about the club.

Contact: NAMI Stanislaus phone number: (209) 558-4555

There are some **aspects** of the curriculum that have been present in most programs, that seem like they have been beneficial and should be considered for a role in the California model.

1. **Pre-test and post-test** to assess mental health literacy
2. **Well-being check in** to assess students current mental state
3. The use of premade **modules** to teach lessons
4. A **peer counseling** or **peer instruction** aspect, to help reduce stigma and give students a chance to talk to someone in a similar situation as them
5. A **parent** component
6. **Online** lessons and resources for teachers
7. The use of **PowerPoints** and **visuals**, to help students who are more of visual learners
8. Classroom **activities**
9. Small group meetings, such as **group counseling** or **discussion groups**
10. These curriculums are designed to be **preventative, not as a treatment**. For students in crisis or with mental illness, treatment outside of school should be sought.

Lastly, there are some common topics taught that seemed to be covered in almost every curriculum. Some of these topics are especially exciting because they could be applied to a number of issues, which would help reach a broad audience in a state as diverse and large as California.

1. Mental health **literacy**
2. Where **resources** are, and how to **access** them
3. Learning **new skills** about
 - a. Resiliency
 - b. Coping and managing emotions
 - c. Healthy relationships
 - d. Substance abuse

- e. Interacting with someone in crisis
 - f. Healthy communication
4. How to **support** each other
 5. **Suicide prevention**
 6. **Stigma reduction**
 7. **Signs and symptoms** of mental health disorders
 8. Principles of **Cognitive Behavioral Therapy**
 9. Mental health following **traumatic events** such as school shootings or natural disaster (this one wasn't actually that common, but I think it should be introduced into a California curriculum, after the numerous school shootings that have happened, as well as natural disasters such as the Camp Fire. Additionally, students have more and more access to information about these events through technology, so even if they are not directly affected by the event, they are more vulnerable to strong emotions following them. We need to be able to talk about these events and process them in a healthy way.)