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# YOUNG PEOPLE AND MENTAL HEALTH IN A CHANGING WORLD

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# Resilience in Young People / Dr Stanley Kutcher, Dr Yifeng Wei

Resilience at its core means the ability to successfully engage with the challenges and opportunities that life brings and through that engagement, develop the competencies necessary to take on future and more complex existential confrontations. The development of resilience is a life-long activity and involves the complex interplay of environment, genetics and epigenetic processes. In young people it is a necessary component of normal development, in particular the growth of independence. What has emerged from the now robust literature on resilience is that active engagement with both the challenges and opportunities that life presents is foundational for its development. Resilience does not mean that individuals do not suffer emotional and cognitive distress when faced with life circumstances, it means that they are both able to apply competencies they have learned to deal

with those circumstances and that they are able to develop new skills as a result of dealing with those circumstances – skills that they will apply in future situations. Having supportive personal relationships, good problem solving skills, the ability to manage emotions and knowing when, where and from whom to obtain needed help are some of the competencies that contribute to the building of resilience.

## Mental Health and Resilience

It is perhaps not well appreciated that mental health is the foundation for resilience and that it is the same existential engagement drives their mutually dependent development. At its core, mental health is the ability to successfully address the challenges and opportunities of life. People do this by all those activities that we know are key to the development of resilience:

engaging with adversity; establishing and improving our human connections; helping others and applying life-style activities that are well established to help facilitate the enhancement of developmentally appropriate emotional, cognitive and behavioral capacities that promote this engagement.

Key to understanding this dialectic is the consideration that mental health is a capacity we all have, and that we build this capacity through active involvement in the challenges and opportunities that life brings. It is helpful to consider this within the following schematic (Figure 1).

Figure 1: the inter-relationship of mental health states



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While mental health exists across all the different states illustrated above, how it is expressed may differ. With mental distress, mental health both provides the solution to and is developed from, dealing with the exigencies of life. Learning how to overcome the usual challenges of life and how to best take advantage of the opportunities that life may bring is fundamental to enhancing mental health and the development of the competencies needed to adapt and become resilient. Persons addressing these do not need medical or psychological treatment; they need the support, care and guidance of others. Avoidance of these challenges and opportunities can have the opposite effect.

With a mental health problem, the challenges and opportunities of life are of a much greater magnitude – such things as: the death of a loved one; losing a job; facing personal/family displacement; etc. These situations are also part of the existential challenges of life but are of much greater magnitude and require additional assistance and support. Globally, community institutions or religious organizations often provide this support with additional help from socially sanctioned healers such as counselors, traditional healers and others. Medical and psychological treatments are not usually required. With a mental illness, in addition to the supports described above, best available evidence based treatments applied by trained providers are often needed.

What is key is the understanding that mental health and mental illness are not exclusive and separate from each other. A person can have a

mental illness, be dealing with a mental health problem and be experiencing mental distress concurrently. Each of these components builds on and is built from resilience. Our task as global citizens and civil societies is to work together to create the social, economic and institutional structures that optimize everybody's outcomes and engage all people equally and without discrimination in the opportunities to build resilience and enhance mental health.

This must be done in a developmentally appropriate manner – and requires a whole of society approach. This is the meaning of the well-known proverb: “it takes a village to raise a child”. This also requires the development and application of mental health literacy, which is foundational for mental health promotion, prevention and care for those who need it.

### **School Based Mental Health Literacy**

Mental Health Literacy (MHL) is an essential part of health literacy, ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/190655/e96854.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf)) and is comprised of four separate but related components. These are: 1) understanding how to obtain and maintain good mental health; 2) understanding mental disorders and their treatments; 3) decreasing stigma; 4) enhancing help-seeking efficacy (Kutcher et al., 2016a; Kutcher et al., 2016b). For young people, this should ideally be provided from and embedded into educational institutions, should demonstrate significant, substantial and sustained impact on all aspects of MHL, should be able to be frugally applied and demonstrate global appli-

cation. Such an approach is consistent with the Education for All initiative promoted by UNESCO (<https://en.unesco.org/gem-report/report/2015/education-all-2000-2015-achievements-and-challenges>) and when applied in the school setting can reach many more young people than any alternative delivery method.

A recently developed classroom ready school mental health literacy resource (the Guide), developmentally appropriate for youth ages 12 – 16, has been created, successfully delivered and found to demonstrate highly positive results for both young people and their teachers. The Guide is freely available at (<http://teenmentalhealth.org/schoolmhl/school-mental-health-literacy/mental-health-high-school-curriculum-guide/download-the-guide/>) and an online teacher preparation course to help educators learn how to apply the Guide in their classrooms can be readily accessed at (<http://pdce.educ.ubc.ca/mentalhealth/>). Research on the application of this frugal and freely available resource on improving MHL for both students and teachers has demonstrated its impact and utility in countries as diverse as Canada, Nicaragua, Malawi and Tanzania (Kutcher et al., 2015; Ravindran et al., 2018; Kutcher et al., 2017; Milin et al., 2016) and it is currently being studied or applied in upper income, middle income and lower income countries alike (for example: England; Wales; Portugal; Bangladesh; China; USA and others).

Numerous peer reviewed publications have demonstrated significant, substantial and sustained positive outcomes in MHL (Table 1 and 2) and evaluations of its impact are easily found. (<http://teenmentalhealth.org/schoolmhl/research/evaluations/>). It has also been demonstrated to positively impact the MHL of pre-service teacher candidates, thus making it ideal for implementation into existing higher education for educators (Carr et al., 2017).

resource (<http://www.mhinnovation.net/innovations/mental-health-literacy-students-and-educators-mental-health-high-school-curriculum-guide>) can be used globally as part of our common commitment to working collaboratively and using best available evidence based resources to help improve the lives and outcomes of young people everywhere.

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**Table 1**

Location	Research type	Numbers of teachers	Improved Knowledge		Reduced Stigma	
Nova Scotia	Pre- and posttest	228	Yes	p<.0001 d=1.85	Yes	p<.0001 d=.51
British Columbia	Pre- and posttest	91	Yes	p<.0001 d=1.03	Yes	p<.05 d=.35
Newfoundland	Pre- and posttest	124	Yes	p<.0001 d=2.65	Yes	p<.001 d=.39
Alberta	Pre- and posttest	325	Yes	p<.0001 d=2.03	Yes	p<.05 d=.21

Now, this freely and easily available education

Dr. Stan Kutcher

Table 2

Province	Study type	Year	Participants	Increased Knowledge		Improved Attitudes		Improved helpseeking	
				Yes		Yes		Yes	
Ontario	RCT	2011-2012	362 Students	Yes	p=0.0001, d=0.46	Yes	p=0.0001, d=0.30	Yes	p=0.01; d=0.18
	Cross-sectional study	2012	409 Students	Yes	p<0.001, d=0.9; p<0.001*, d=0.73*	Yes	p<0.001, d=0.25; p<0.007*, d=0.18*	Yes	
	Program evaluation	2013	74 Educators	Yes	p<0.001, d=1.48	Yes	p<0.03 d=1.26	Yes	
	Cross-sectional study	2013	175 Students	Yes	p<0.0001, d=1.11; p<0.001*, d=0.91*	Yes	p<0.001, d=0.66; p<0.001*, d=0.52*	Yes	

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## References

- Carr, W., Wei, Y., Kutcher, S., Heffernan, A. (2017). Preparing for the Classroom: Mental Health Knowledge Improvement and Stigma Reduction and their Retention with Enhanced Help-seeking Efficacy in Canadian Pre-Service Schools. *Canadian Journal of School Psychology*. DOI: 10.1177/0829573516688596
- Kutcher, S., Wei, Y., Gilberds, H., Brown, A., Ubuguyu, O., Njau, T., Sabuni, N., Magimba, A., & Perkins, K. (2017). The African Guide: One Year Impact and Outcomes from the Implementation of a School Mental Health Literacy Curriculum Resource in Tanzania. *Journal of Education and Training Studies*, 5(4), 64-73. DOI:10.11114/jets.v5i4.2049
- Kutcher, S., Wei, Y., & Coniglio, C. (2016a). Mental Health Literacy: Past, Present and Future. *The Canadian Journal of Psychiatry*, 61 (3), 154-158.
- Kutcher, S., Wei, Y., Costa, S., Gusmão, R., Skokauskas, N., & Sourander, A. (2016b). Enhancing Mental Health Literacy in Young People [Editorial]. *European Child and Adolescent Psychiatry*.
- Kutcher, S., Wei, Y., & Morgan, C. (2015). Successful Application of a Canadian Mental Health Curriculum Resource by Usual Classroom Teachers in Significantly and Sustainably Improving Student Mental Health Literacy. *The Canadian Journal of Psychiatry/La Revue canadienne de psychiatrie*, 60 (12) 580-586.
- Milin, R., Kutcher, S., Lewis, S.P., Walker, S., Wei, Y., Ferrill, N., & Armstrong, M.A. (2016). Impact of a mental health curriculum on knowledge and stigma among high school students: a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55 (5), 383-391.



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