Experiences of the School Mental Health International Leadership Exchange (SMHILE)

Kathy Short, School Mental Health Assist; Mark D. Weist, University of South Carolina; and

Caroline Clauss-Ehlers; Rutgers University

SMHILE
School Mental Health International Leadership Exchange

Advancing School Mental Health Conference
Washington, DC
October 20, 2017

Today's Session

- Introducing SMHILE
- Brief Ignite presentations
- Sharing across settings

A candle loses nothing by lighting another flame…

International Alliance for Child and Adolescent Mental Health and Schools

- INTERCAMHS
- Established in 2003 at CSMH conference in Portland, OR
- Initial funding from SAMHSA
- Leaders from Australia, Canada, England, Germany, Iceland, Ireland, Norway, and the USA

Work of INTERCAMHS

- Assisted in developing track of SMH presentations at World Conferences on Mental Health Promotion held in Auckland (2004); Oslo (2006); Melbourne (2008); Washington, DC (2010); Perth (2012)
- Published a number of articles on Global SMH
- Established the U.S.- Canada Alliance for SMH
- Conducted international surveys related to the mental health knowledge and practice needs of school principals
- Drove work forward in individual countries (e.g., International Principals' Survey informed the work of Canada's national School-Based Mental Health and Substance Abuse Consortium)

School Mental Health International Leadership Exchange (SMHILE)

- Emphasis on *building collective knowledge on leadership and implementation foundations for effective prevention and mental health promotion in schools*
- Established in 2014
- International Core Development Team (with leaders from Australia, Canada, England, Germany, Ireland, Norway, and the U.S.)
- See www.smhile.com

Dr. Kathy Short, Chair – Canada

Dr. Mark Weist, Vice-Chair – United States

Dr. Margaret Barry – Ireland

Dr. Eric Bruns – United States

Dr. Gavin Hazel - Australia

Dr. Torill Larsen –Norway

Dr. Peter Paulus – Germany

Dr. Louise Rowling – Australia

Dr. Katherine Weare – United Kingdom

Work of SMHILE

- Assisted in track of Global SMH presentations at the World Conferences on Mental Health Promotion held in London (2014) and South Carolina (2015)
- Led international sessions at Advancing School Mental Health Conference in San Diego (2016)
- Published several collaborative articles, including a recent paper on SMH experiences in four nations
- Holding “webchats” on key themes
- Planning the first international SMH “Match” at the International Mental Health Leadership Conference (IIMHL) in Sweden in May 2018

JOIN US IN SWEDEN

May xx to June xx, 2018!!

SMHILE: Five Critical Themes

1) Cross-sector collaboration in building systems of care
2) Meaningful youth and family engagement
3) Workforce development and mental health literacy
4) Implementation of evidence-based practices
5) Ongoing monitoring and quality assurance

Start thinking….

These are the broad topics for sharing after the ignite presentations!

School Mental Health Promotion and Intervention: Experiences from Four Nations

- Review of SMHILE's five critical themes as they are playing out in four nations – Canada, USA, Norway and Liberia
- Authors: Mark D. Weist, Eric Bruns,Kelly Whitaker, Yifeng Wei, Stanley Kutcher, Torill Larsen, Ingrid Holsen, Janice Cooper, Anne Geroski, and Kathryn H. Short
- In press, *School Psychology International*

Multiscale Learning

- Researchers and practitioners with common interests interacting at multiple levels, within and across:

✓Teams

✓Disciplines

✓Communities

✓States

✓Regions

✓Countries

To enhance global school mental health – research, policy, and practice

Implementation of Evidence-Based Practices: Scope, Scale and Sustainability in Canadian Schools

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Ignite Take Away Messages

1. We need to promote **uptake of evidence-based practices**.
2. Evidence-based programming is **necessary but not sufficient** to achieve our vision for student mental health and well-being.
3. We need to think to **scale,** and act with **sustainability** in mind
4. We need to walk through **VALLEYS** to get from pilot to practice
5. This is difficult work, and we need to **work together**, to reach every student

Who We Are…

School Mental Health ASSIST

- Provincial Implementation Support Team
- Working alongside Ontario Ministry of Education
- Based in a school board (Hamilton-Wentworth District School Board)
- Provides support to all 72 school districts
- In the area of student mental health and well-being
- Director, 2 full-time bilingual implementation coaches, 9 part-time English coaches, additional ad hoc consultants

What We Do…

SMH ASSIST offers:

- Leadership and guidance
- Resource development
- Implementation support
- Community of Practice

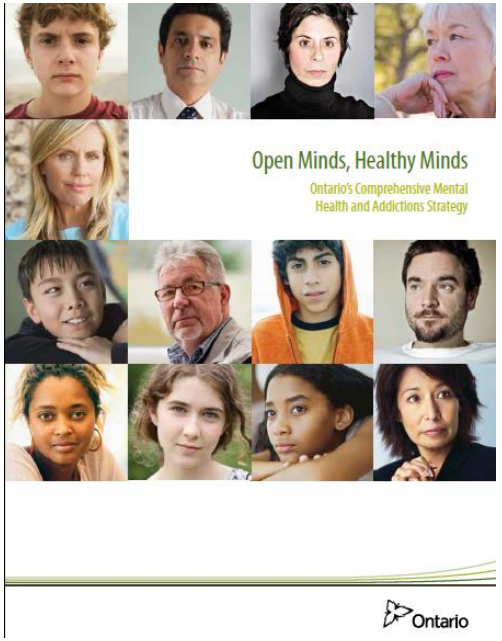
Why We Offer this Service…

- School Mental Health is challenging work
- It is not a typical part of educator training or practice
- Addressing student mental health needs is complex
- There is a confusing array of programs and services available
- Some programs and services are not helpful, and some are even harmful

School districts and schools, and ultimately students, benefit from consistent leadership, a standard set of resources, ongoing support, and opportunities to network and share ideas

How We “Fit”…

- Part of Ontario’s Comprehensive Mental Health and Addictions Strategy
- We work closely with the Special Education Policy and Programs Branch of the Ministry of Education, but also connect with other branches
- Aligned with the work of the Mental Health and Addictions Leadership Advisory Council from the Ministry of Health and Long-Term Care
- Connected to similar school mental health initiatives nationally and internationally
- Part of SMHILE!



How We Serve…

- Leverage investment in Mental Health Leaders - ambassadors for evidence-based school mental health practices

- Leadership, professional learning, and peer networking
  - 3 provincial meetings of mental health leadership teams per year (all 72 school boards)
  - 5 Special Interest Group meetings per year on topics in school mental health
  - At least 2 regional meetings of mental health leadership teams per year
  - Individual board coaching - standardized through implementation coaching team meetings, common tools, process benchmarks
  - Facilitation of cross-board mentoring

- Co-creation of resources in anticipation of, or in response to, identified needs, alongside provincial stakeholders (e.g., principal associations, teacher federations, school mental health professional associations)

Key Message #1

We need to promote uptake of evidence-based practices

What Works?

Meta-Synthesis of Reviews

MH Promotion		Prevention	Intervention/Ongoing Care
School-wide and class-wide Social Emotional Learning is associated with enhanced prosocial ability and academic achievement	Internalizing	Cognitive-Behavior Therapy / Behavior Therapy that is skill-based and builds protective factors can reduce symptoms	CBT/BT focused on core elements like social problem solving, cognitive restructuring, relaxation
	Externalizing	Cognitive-Behavior Therapy / Behavior Therapy that builds conflict resolution and anger management skills can reduce symptoms	CBT/BT focused on core elements like identifying cues for aggression, resisting automatic aggressive impulses, alternative behaviors
	Substance Use	Mixed results – best strategies are interactive and build refusal and life skills	Insufficient evidence

What Works $

Return on investment

Economic modeling provides a very strong case for mental health promotion in schools, especially social-emotional learning

Social Emotional Learning Skills:

Promoting Mental Well-Being:	ROI (UK): For every £ invested:
In the Early Years… • Health visitor interventions to reduce post partum depression • Parenting education and support	.80 £ Return 8.0 £ Return
In the School Years • Social emotional learning to reduce conduct disorder • School anti-bullying	83.7 £ Return 14.4 £ Return
In the Middle Years • Suicide training courses for GPs • Early Intervention in Psychosis • Workplace MH promotion	44.0 £ Return 18.0 £ Return 10.0 £ Return
In the Senior Years • Befriending for older adults	.44 £ Return

Knapp et al., 2011

Effective Social Emotional Learning (SEL)

- ✓ Employs SAFE practices
  - **S**equential (step by step, developmentally appropriate)
  - **A**ctive (interactive learning methods, like role play)
  - **F**ocused (time for targeted instruction and practice)
  - **E**xplicit (specific learning objectives and instruction)

- ✓ Attends to implementation barriers and is well-executed
- ✓ Is delivered by classroom teachers and other school staff

(Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011)

- ✓ Is set within safe, caring learning environments, so that students skills are practiced and reinforced in iterative ways (Greenberg et al., 2003)

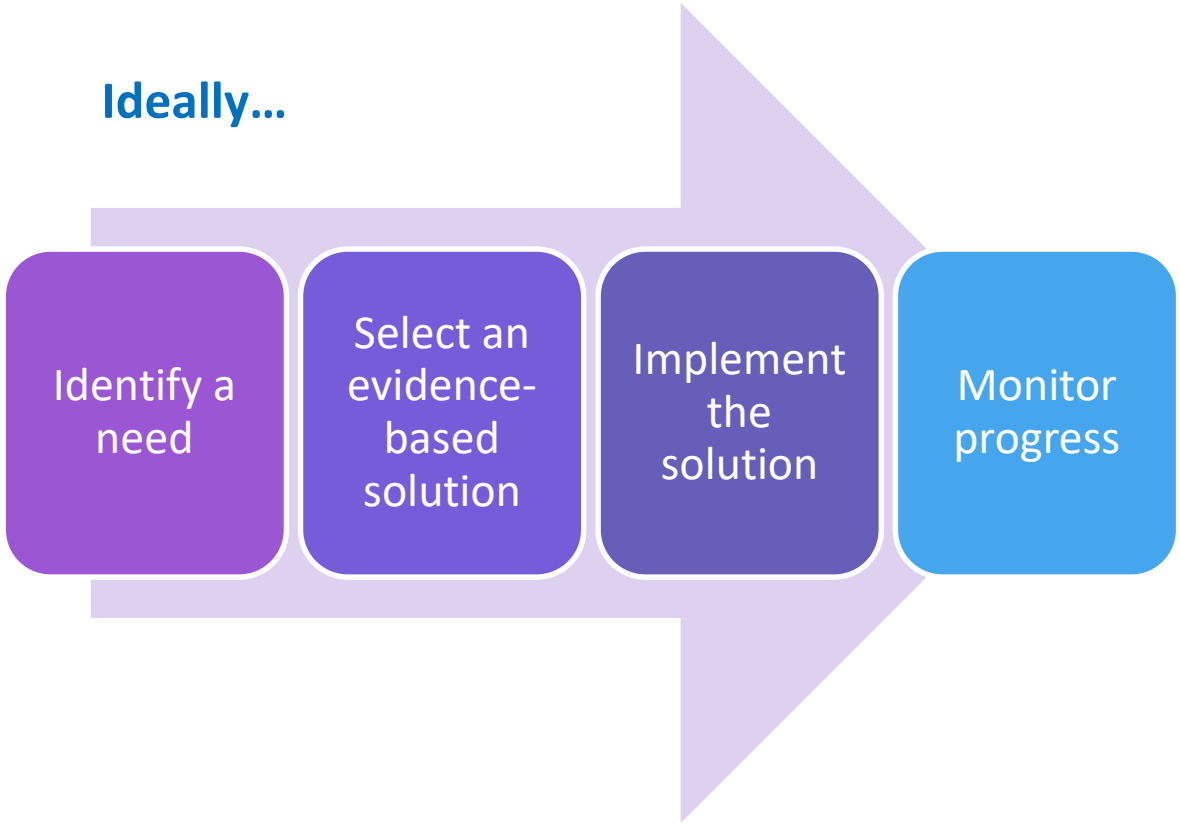
Is this what we are doing in schools in Canada?

Scan of Nominated Best Practices and National School Board Survey

- Report of 150 nominated programs and strategies, from every province
- Across the mental health continuum (promotion, prevention, intervention)
- Many examples of good practices in Canada
- But there was an uneven and fragmented front (development and adaptation driven by need, resulting in islands of innovation)
- Inconsistent alignment with evidence, inconsistent use of local evaluation

Evidence-Based Practice in real life is complex

Ideally…



What gets in the way of adopting, and benefiting from, evidence-based programming?

Overview of SMHS – Data Collection & Survey Response Rates

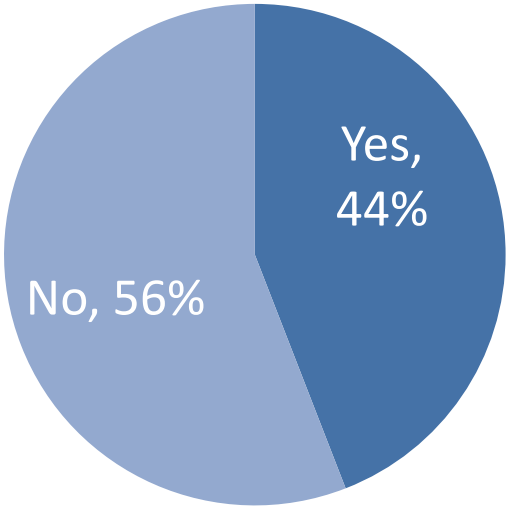
Anonymous Surveys

1. **Students**: all grade 6-8 students; random selection of secondary school students [response = 62%; n=31,124]
2. **Teachers**: all elementary teachers; select teachers from participating SS classrooms [response = 71%; n=3,373]
3. **Principals**: all principals [response = 83%; n=206]

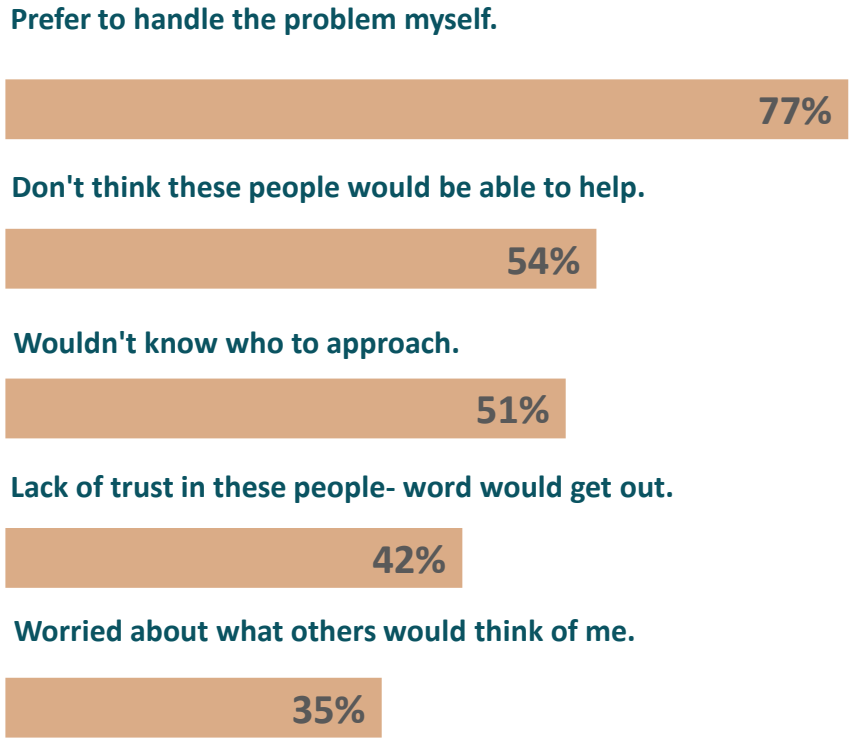
Students' Perceptions of Barriers

Students' Mental Health Concerns

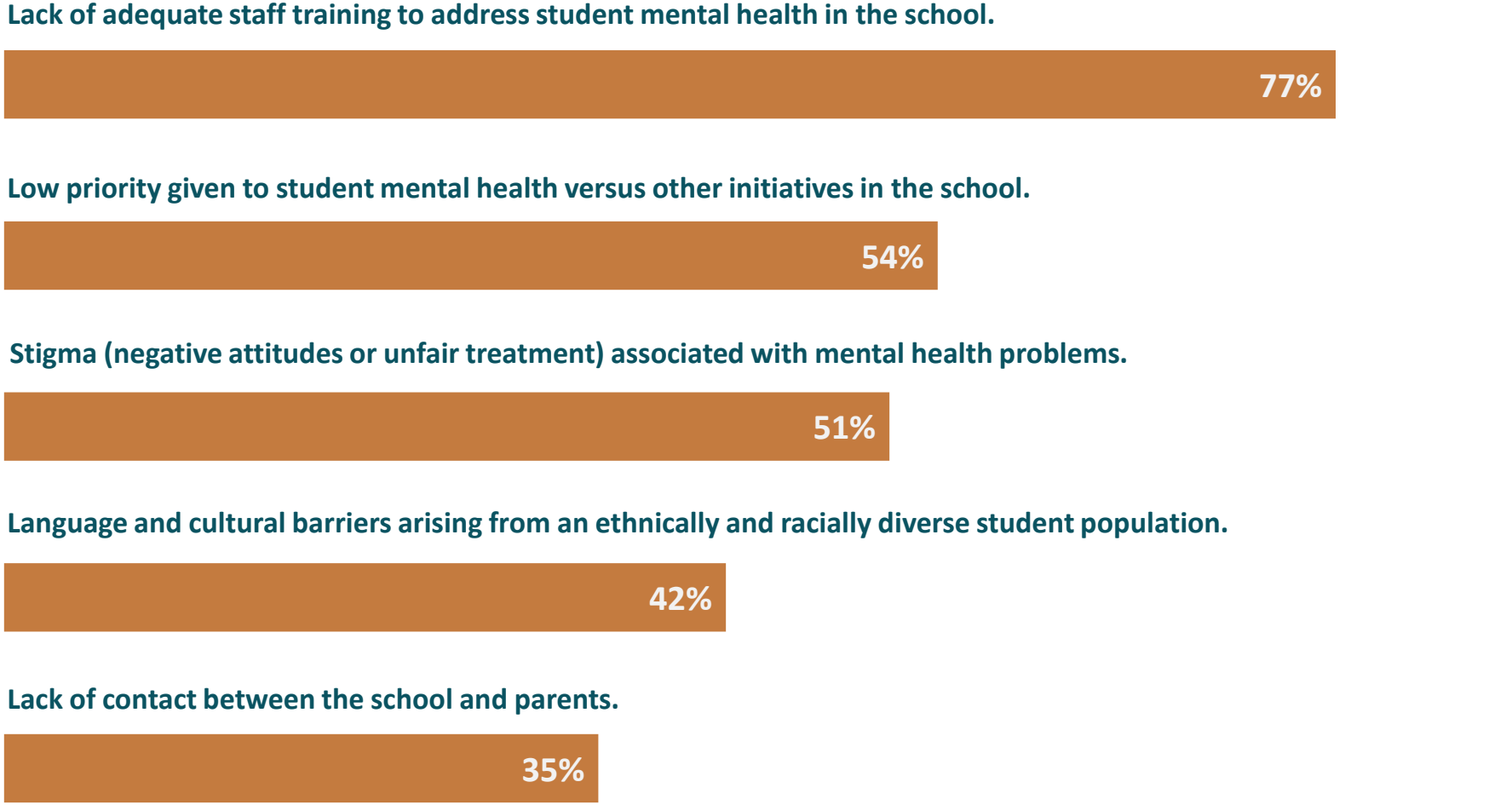
If you felt you needed help for concerns regarding your mental health, would you speak to a school social worker, child or youth worker, counsellor, psychologist … at school about these concerns?



Student Reported Barriers



Teachers' Perceptions of Barriers



Broad Challenges

The SBMHSA Consortium National Survey identified challenges with respect to:

- systematic leadership,
- organizational structures and processes,
- capacity, knowledge, and confidence,
- access to evidence-based programming,
- supporting unique needs of specific populations
- talking about mental health with students and families
- lack of community services
- evaluation support, etc.

SBMHSA
School Based Mental Health and Substance Abuse Consortium

Key Message #2

Evidence-based programming is necessary but not sufficient to achieve our vision for student mental health and well-being

We need to create conditions for evidence-based programming to stick!

- Schools are an excellent place to promote student mental health and well-being
- But we aren't generally well set up to do that

- We can't layer complex programs onto already full school days
- We can't expect that one-off speakers, events, or resources are in and of themselves enough to make a real difference
- We can't expect educators to take on the role of a mental health professional

- We need to take a long view, and set up the system for success!
- We need to keep our vision at the core of all we do.

Consistent Finding
There is a Knowing/Doing Gap in School Mental Health

World of Evidence

- **What we KNOW**
- Conditions, Capacity, and Evidence-Based Programming across the Tiers of Intervention, within a comprehensive and coordinated system of care

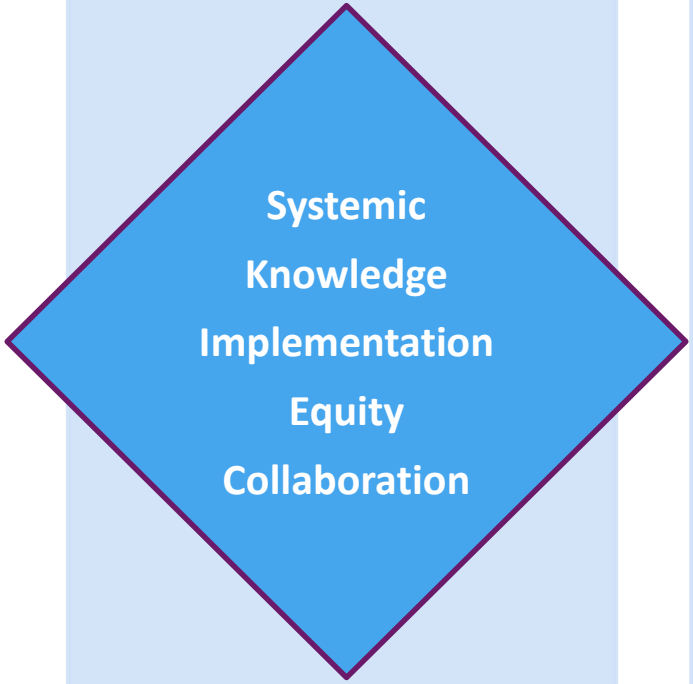
World of Practice

- **What we DO (usually)**
- Fragmented and uneven uptake of programs that are inconsistently aligned with evidence and without attention to elements of sustainability, like conditions and capacity building

Identified Challenges

World of Evidence

- **What we KNOW**
- Conditions, Capacity, and Evidence-Based Programming across the Tiers of Intervention, within a comprehensive and coordinated system of care



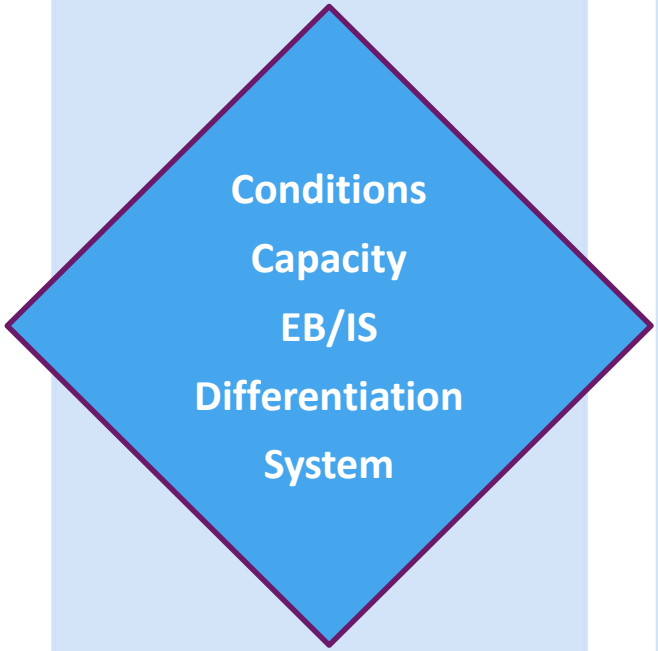
World of Practice

- **What we DO (usually)**
- Fragmented and uneven uptake of programs that are inconsistently aligned with evidence and without attention to elements of sustainability, like conditions and capacity building

School Mental Health ASSIST Response

World of Evidence

- **What we KNOW**
- Conditions, Capacity, and Evidence-Based Programming across the Tiers of Intervention, within a comprehensive and coordinated system of care



World of Practice

- **What we DO**
- More effective uptake of programs that are consistently aligned with evidence and with attention to elements of sustainability

Key Message #3

We need to think to scale, and act with sustainability in mind

Evidence-based practices are only helpful if students receive them!

- Longitudinal Studies of Comprehensive School Reform show:

Evidence Based Practice	Actual Supports, Years 1-3	Outcomes, Years 4-5
Every teacher trained	Fewer than 50% of teachers received training	Fewer than 10% of schools used the practice as intended
Every teacher continually supported	Fewer than 25% of these teachers received ongoing support	Vast majority of students did not benefit

Aladjem & Borman, 2006; Vernez, Karam, Mariano, & DeMartini, 2006

Our Setting

ONTARIO, CANADA

- Population roughly 13.7 million (of Canada's 35.5 million)
- 72 school districts
  - ✓31 English Public (open to all)
  - ✓29 English Catholic
  - ✓4 French Public
  - ✓8 French Catholic

✓5000 schools

✓Approximately 2 million students

✓Approximately 117,000 teachers

✓Approximately 7400 principals/vice principals

Key Message #4

We need to walk through VALLEYS to get from pilot to practice

From Pilot to Practice

- Promised some strategies that could perhaps generalize to your settings and provinces
- The J.W. McConnell Family Foundation provided funding to explore core transferable elements
- Early findings!

- You need to be prepared to walk through the VALLEYS
  - **V**ision
  - **A**lignment
  - **L**eadership across **L**evels
  - **E**vidence
  - **Y**outh voice
  - **S**elf-care and resiliency

Pilot Practice

Key Message #5

This is difficult work, and we need to work together!

School Mental Health ASSIST Resources

We are happy to share resources and ideas for:

- Building school conditions for effective school mental health (e.g,. Resource mapping, suicide protocols)
- Enhancing staff capacity in creating mentally healthy schools, and noticing and responding to mental health problems
- Promoting mental health and preventing mental illness
- Supporting students with unique needs
- Encouraging system coordination

Contact Us

Kathy Short, Ph.D. C.Psych
Director, School Mental Health ASSIST
kshort@smh-assist.ca

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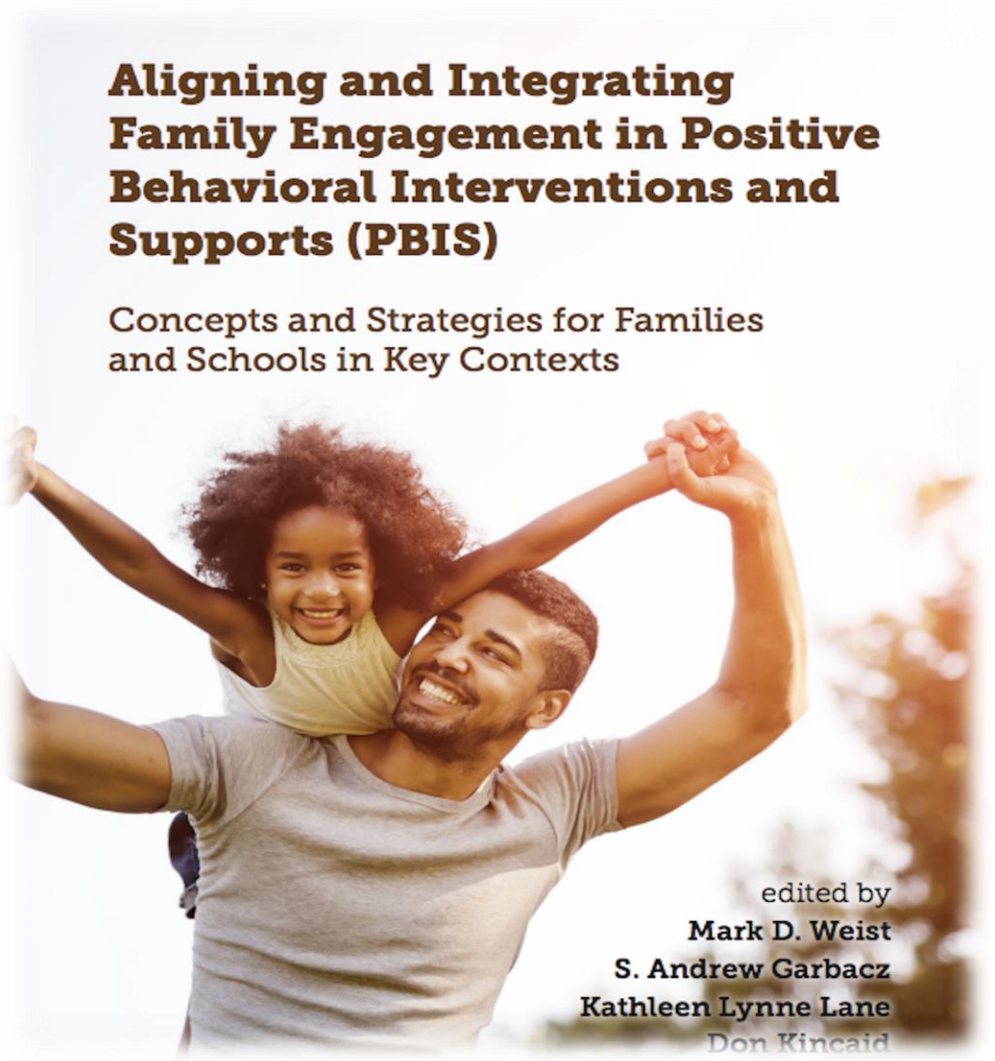
Examples from the United States

Moving Toward Meaningful and Significant Family Engagement in Education

Mark D. Weist, University of South Carolina
Andy Garbacz, University of Wisconsin


Aligning and Integrating Family Engagement in Positive Behavioral Interventions and Supports (PBIS)
Concepts and Strategies for Families and Schools in Key Contexts
edited by
Mark D. Weist
S. Andrew Garbacz
Kathleen Lynne Lane
Don Kincaid

Quote 1

- *Increasingly, staff and leaders from all youth serving systems including education, mental health, child welfare, juvenile justice, disabilities, primary healthcare and others are recognizing the paradigm of professional "experts" telling children, youth and families what they should be doing is not effective.*

Quote 2

- *This directive, hierarchical model suggests superiority of the professional over the student or family member, promotes distance in the relationship and negative reactions and feelings, and decreases the likelihood of positive change occurring. Yet, these models perpetuate as in reality children, youth and families have little voice about what happens in the systems they participate in (p. 1)*

Realities

- Most contact from schools to families is negative
- Families waiting for supportive communication and actions from schools that often does not come
- Family engagement remains important, but often declines as students get older
- Structural issues of high schools (e.g., walled off departments, emphasis on content, academic pressure) mitigate against FE

Realities (2)

- Challenging behavior associated with reduced FE, which in turn worsens behavior and contributes to negative spiraling
- FE may be limited to children and youth in special education, and tokenism and/or adversarial relationships are common
- School systems often do not support families with diverse needs and schedules that are not aligned with a typical school schedule
- Need to move beyond “random acts of engagement” by school staff

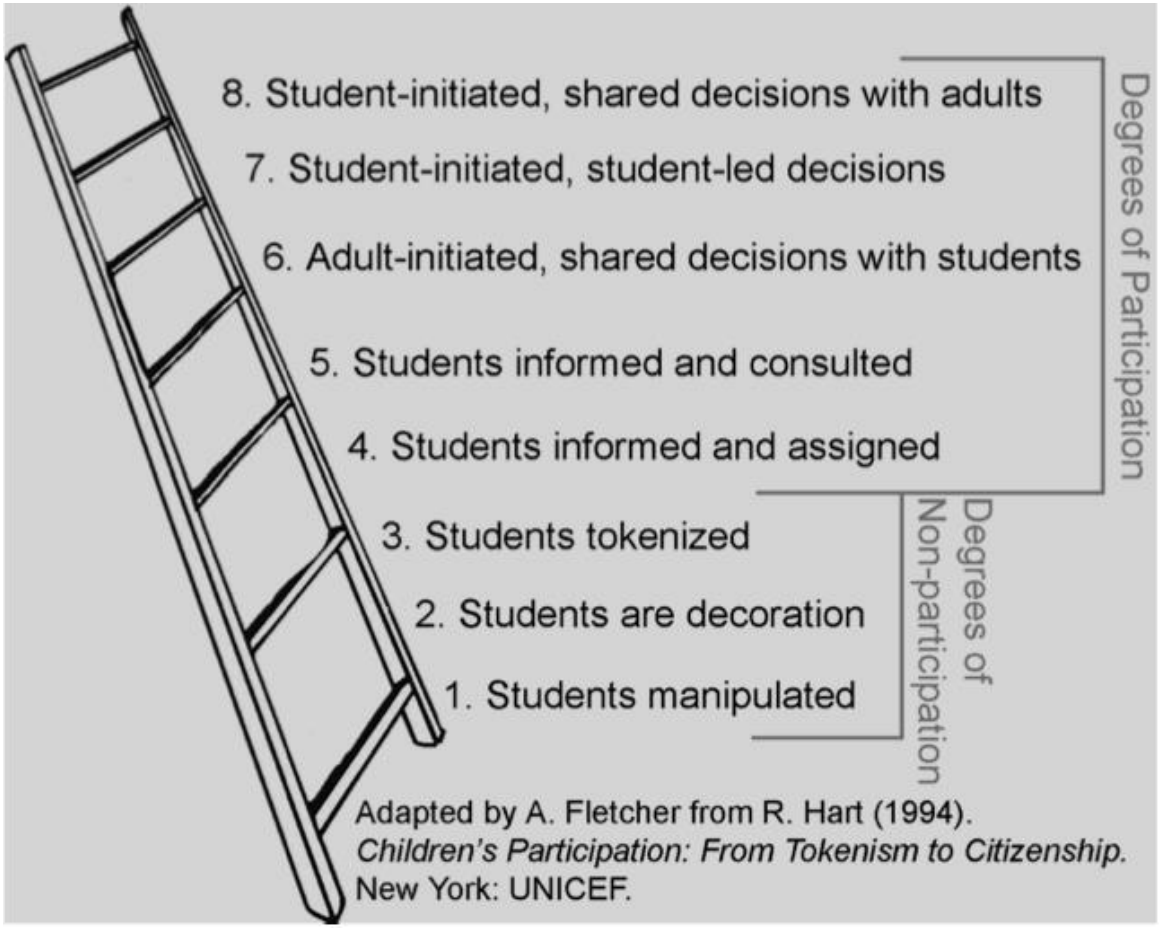
Outcomes/
Logic Model/ Challenge

- FE improves student connectedness to school; MTSS efforts; teacher effectiveness; student social, emotional, behavioral, and academic functioning; and contributes to student graduation and subsequent success
- There are significant individual and societal costs for students not doing well in school; hence, there are significant individual and societal costs for not focusing on FE in schools
- DISCUSSION: GIVEN THESE FACTS, WHY DO EFFORTS TO PROMOTE FE IN SCHOOLS AND SMH REMAIN SO LIMITED?

General Recommendations

- With families defined in the broadest sense involve them significantly and as partners in work at all tiers
- Develop and implement accountability mechanisms to assure all school staff are involved in effective FE
- Consider common barriers to FE and with families develop strategies to overcome them
- Use plain, jargon-free language and assure that messages associated with SMH make sense to everyday life

Ladder of Student Involvement



Leading by Convening

Creating conditions for groups with common interests to be actively engaged and move from discussion to dialogue to collaboration to policy improvement and enhanced resources

Joanne Cashman & Bill East, National Association of State Directors of Special Education (2014)

Community for Family Engagement in Education (COFEE)

- Inclusive and diverse group attempting to ‘push the envelope’ toward significantly more family and youth engagement and leadership in education
- Annual meetings (early September)
- Web presence (website, webinars, webchats)
- Guidance to other organizations and meetings
- Articles, grant applications
- Promoting changes in policy, research and practice
- Co-leaders Andy Garbacz, University of Wisconsin; Devon Minch, University of South Florida

Community Based Participatory Research as an International Research Model

CBPR is a research approach that seeks to:

- build a true partnership with the community
- give back to the community rather than collect data and leave
- involve the community in research efforts
- be sensitive to community needs
- be aware of the community's historical relationship to other research projects (Belone et al, 2016)

Research Goals

Goal 1: What impact does engaging in autobiographical narrative have on ethnic identity, resilience, and psychological well-being?

Goal 2: Provide an intervention for young people that supports the development of life skills and self-awareness.

Research Method

Sample: 13 and 23 year-old youth involved with a youth services centre and/or the surrounding community; for this study n=10

- Primary Data Measures: • Demographic form
    - *Multicultural Ethnic Identity Measure* (MEIM; Phinney, 1992)
    - *Ryff's Scales of Psychological Well-being* (Ryff & Keyes, 1995)
    - *Cultural Resilience Measure* (CRM; Clauss-Ehlers, 2008)
- Secondary Data Measures:
    - *Centrality of Event Scale* (7-item version, CES-7; Berntsen & Rubin, 2006)

Method: Intervention

An 8-week group participatory intervention focused on the following topics:

- Week 1a. *Administration of measures prior to intervention participation*
- Week 1b. *Why am I here?* (Piana, et al., 2010)
- Week 2. *My life history: The introductory interview*
- Week 3. *My life history: Two high points from one's life history (*McAdams, 2006; Banks & Salmon, 2013)
- Week 4. *My life history: Two low points from one's life history (*McAdams, 2006; Banks & Salmon, 2013)
- Week 5. *Creative workshop: Express yourself by creating a mask (*Piana et al., 2010).
- Week 6. *Dear Mask, I am writing to you….(* Piana et al. (2010)
- Week 7. *My relationships with others*
- Week 8. *The meaning of the autobiographical workshops* (Piana et al., 2010)

Results: Events that Shape Adolescent Choices

Table 1. Paired Samples Test of Time 1 and Time 2 Scales and Subscales

	Time 1		Time 2		T-test	Effect
Variable	M	SD	M	SD	**Sig.**	**Size**
CRM	2.739	0.309	2.677	0.249	0.621	0.109
Ryff	3.623	0.520	3.650	0.529	0.730	-0.026
MEIM	2.379	0.585	2.685	0.589	0.124	-0.252
CES-7	3.171	0.425	3.614	0.495	0.018*	-0.433
AC	2.517	0.219	2.535	0.397	0.879	-0.028
MC	2.790	0.479	2.337	0.406	0.043*	0.454
GC	2.767	0.446	2.933	0.466	0.322	-0.179
SCS	2.620	0.382	2.680	0.454	0.638	-0.071
Insight Timing	3.00	1.247	2.90	1.595	0.847	0.035
AUTO	3.657	0.633	3.721	0.909	0.762	-0.041
ENMA	3.293	0.537	3.450	0.591	0.248	-0.138
PERG	4.007	0.995	4.086	0.800	0.647	-0.044
PSRL	3.686	0.632	3.837	0.595	0.397	-0.122
PRLF	3.707	0.561	3.514	0.647	0.257	0.157
SELF	3.386	0.686	3.293	0.622	0.511	0.071
EthID	2.222	0.463	2.622	0.674	0.111	-0.327
Aff	2.492	0.692	2.730	0.560	0.203	0.415

Note. N=9. Statistical Significance: *p<.05, **p<.01, ***p<.001. CRM indicates *Cultural Resilience Measure*, GC indicates the Global Coping Subscale of the *Cultural Resilience Measure*, AC indicates the Adaptive Coping Subscale of the *Cultural Resilience Measure*, MC indicates the Maladaptive Coping Subscale of the *Cultural Resilience Measure*, SCS indicates the Sociocultural Support Subscale of the *Cultural Resilience Measure*. Ryff indicates the *Ryff Scale of Psychological Well-Being*, Auto indicates Autonomy Subscale of the *Ryff Scale of Psychological Well-Being*, ENMA indicates Environmental Mastery Subscale of the *Ryff Scale of Psychological Well-Being*, PERG indicates Personal Growth Subscale of the *Ryff Scale of Psychological Well-Being*, PSRL indicates Positive Relations with Others Subscale of the *Ryff Scale of Psychological Well-Being*, PRLF indicates Purpose in Life Subscale in the *Ryff Scale of Psychological Well-Being*, SELF indicates Self-acceptance Subscale in the *Ryff Scale of Psychological Well-Being*. MEIM indicates *The Multiple Ethnic Identity Measure*, EthID indicates Ethnic Identity Search Subscale of the *The Multiple Ethnic Identity Measure*, and Aff indicates Affirmation, belonging, and commitment Subscale of the *The Multiple Ethnic Identity Measure*. CES indicates *The Centrality of Events Scale*.

Results: Events that Influence Identity

Centrality of Events:

- T-test to examine differences between pre-intervention and post-intervention indicated a significant change (e.g., .018 at .05 level)
- Repeated measures analysis run across weeks weeks 1 (theme=administration/ why am I here), 3 (theme=my life history: 2 high points), 4 (theme=my life history: 2 low points), 6 (theme=dear mask, I am writing to you), and 8 (theme=meaning of the autobiographical workshops

Results: Events that Influence Identity

Table 2. Repeated Measures of Centrality of Events Scale Within-Subjects

Time	Mean Square	Sig.
Sphericity Assumed	0.380	0.023*
Greenhouse-Geisser	0.659	0.053
Linear	1.475	0.008**

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. Taken from Week 1, 3, 4, 6, and 8.

Results: What Shifted for Participants?

Table 3a. Correlations among Subscales Time 1

Variable	EthID	Aff	AUTO	ENMA	PERG	PSRL	PRLF	SELF	GC	SCS	AC	MC	Insight Timing
EthID	1												
Aff	0.899**	1											
AUTO	0.542	0.491	1										
ENMA	0.610	0.724*	0.188	1									
PERG	0.526	0.378	0.773**	0.165	1								
PSRL	0.556	0.682*	0.704*	0.248	0.649*	1							
PRLF	0.278	0.309	0.667*	0.399	0.773**	0.545	1						
SELF	0.431	0.567	0.406	0.825**	0.260	0.403	0.560	1					
GC	0.596	0.458	0.332	0.317	0.231	0.368	0.077	0.318	1				
SCS	0.226	0.273	0.097	0.610	0.258	0.147	0.556	0.675*	0.378	1			
AC	-0.136	0.047	-0.397	0.312	-0.459	-0.235	-0.069	0.350	0.066	0.656*	1		
MC	0.066	0.362	-0.329	0.421	-0.121	0.154	0.094	0.252	-0.350	0.353	0.535	1	
Insight Timing	0.300	0.164	0.161	0.024	0.192	0.201	-0.113	-0.176	0.666*	-0.093	-0.435	-0.456	1

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. EthID indicates Ethnic Identity Search Subscale of the *The Multiple Ethnic Identity Measure*, and Aff indicates Affirmation, belonging, and commitment Subscale of the *The Multiple Ethnic Identity Measure.* Auto indicates Autonomy Subscale of the *Ryff Scale of Psychological Well-Being*, ENMA indicates Environmental Mastery Subscale of the *Ryff Scale of Psychological Well-Being*, PERG indicates Personal Growth Subscale of the *Ryff Scale of Psychological Well-Being*, PSRL indicates Positive Relations with Others Subscale of the *Ryff Scale of Psychological Well-Being*, PRLF indicates Purpose in Life Subscale in the *Ryff Scale of Psychological Well-Being*, SELF indicates Self-acceptance Subscale in the *Ryff Scale of Psychological Well-Being.* GC indicates the Global Coping Subscale of the *Cultural Resilience Measure*, SCS indicates the Sociocultural Support Subscale of the *Cultural Resilience Measure*, AC indicates the Adaptive Coping Subscale of the *Cultural Resilience Measure*, and MC indicates the Maladaptive Coping Subscale of the *Cultural Resilience Measure.*

Results: What Shifted for Participants?

Table 3b. Correlations among Subscales Time 2

Variable	EthID	Aff	AUTO	ENMA	PERG	PSRL	PRLF	SELF	GC	SCS	AC	MC	Insight Timing
EthID	1												
Aff	0.879**	1											
AUTO	-0.277	0.012	1										
ENMA	0.193	0.428	0.637*	1									
PERG	-0.594	-0.395	0.530	0.448	1								
PSRL	-0.335	-0.253	0.542	0.597	0.779**	1							
PRLF	-0.022	0.129	0.260	0.684*	0.642*	0.552	1						
SELF	0.083	0.275	0.723*	0.667*	-0.021	.0301	0.084	1					
GC	0.258	0.441	0.114	0.659*	0.237	0.104	0.741*	0.248	1				
SCS	0.471	0.742	0.202	0.649*	0.079	0.090	0.574	0.324	0.728*	1			
AC	0.288	0.267	-0.104	0.196	0.058	-0.136	0.418	-0.096	0.574	0.777**	1		
MC	-0.025	0.158	-0.233	0.021	-0.062	0.126	-0.062	-0.101	-0.068	-0.433	-0.305	1	
Insight Timing	-0.611	-0.714*	0.050	-0.284	0.300	0.510	-0.206	-0.151	-0.707*	-0.632*	-0.520	0.285	1

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. EthID indicates Ethnic Identity Search Subscale of the *The Multiple Ethnic Identity Measure*, and Aff indicates Affirmation, belonging, and commitment Subscale of the *The Multiple Ethnic Identity Measure*. Auto indicates Autonomy Subscale of the *Ryff Scale of Psychological Well-Being*, ENMA indicates Environmental Mastery Subscale of the *Ryff Scale of Psychological Well-Being*, PERG indicates Personal Growth Subscale of the *Ryff Scale of Psychological Well-Being*, PSRL indicates Positive Relations with Others Subscale of the *Ryff Scale of Psychological Well-Being*, PRLF indicates Purpose in Life Subscale in the *Ryff Scale of Psychological Well-Being*, SELF indicates Self-acceptance Subscale in the *Ryff Scale of Psychological Well-Being*. GC indicates the Global Coping Subscale of the *Cultural Resilience Measure*, SCS indicates the Sociocultural Support Subscale of the *Cultural Resilience Measure*, AC indicates the Adaptive Coping Subscale of the *Cultural Resilience Measure*, and MC indicates the Maladaptive Coping Subscale of the *Cultural Resilience Measure*.

Discussion: Research Goal 1

- Telling one's story relates to positive youth outcomes
- Young people increasingly engaged in the intervention as evidenced by the CES-7 analysis
- The t-test showed a significant change in CES-7 results from Time 1 to Time 2, was thought to indicate participants were more aware of events that shaped their identities after intervention participation
- More correlations involving environmental mastery, insight timing, and resilience at Time 2

Discussion: Research Goal 2

- A CBPR approach with Centre 63 youth appears to promote positive youth outcomes
- Workshops as a safe haven during the summer months
- Workshops as a place where youth could share their experiences
- Workshops as a place where youth could hear about one another's experiences

Guiding Questions

- How does this issue play out in your region?
- How can we collectively advance this issue?

SMHILE

1) Cross-sector collaboration in building systems of care
2) Meaningful youth and family engagement
3) Workforce development and mental health literacy
4) Implementation of evidence-based practices
5) Ongoing monitoring and quality assurance

Thank you!

- Kathy Short, kshort@hwdsb.on.ca
- Mark Weist, weist@sc.edu
- CC Clauss-Ehlers, caroline.clauss-ehlers@gse.rutgers.edu