

A GLOBAL CONVERSATION
ABOUT YOUTH MENTAL HEALTH

CONNECTING THE DOTS

A FILM BY NOEMÍ WEIS

INTERNATIONAL VERSION

POST-VIEWING DISCUSSION GUIDE FOR COMMUNITY MEMBERS



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ABOUT CONNECTING THE DOTS

The first documentary of its kind, *Connecting the Dots* takes on the subject of mental health through the voices of young people around the world. From Edmonton and New York to Nigeria and Australia, young people talk openly about their experiences in a way you have never seen or heard before. At a time when young people are facing increased anxiety and depression—on top of unrest surrounding systemic racism, sexual orientation, and gender discrimination—it's more important than ever to stop and listen. Intimate and heartfelt, the film brings this crisis to the surface, while shedding light on the inspiring ways we can break through barriers and take action.

Globally, depression is the leading cause of illness and disability among young people. Mental health is the concern of this generation. There is an urgent call to action being heard globally demanding elimination of the stigma and shame surrounding mental health struggles and calling for an increase in open dialogue and more accessible, culturally sensitive, relevant and timely support. *Connecting the Dots'* mission is to reveal what we can do as a society to change this trend while generating awareness, provoking changes and most importantly, offering a voice to young people. The film seeks to open minds and hearts, presenting a model for healing and inclusion globally. As part of its mission, Connecting the Dots hopes to create a movement through its social media campaign and hashtag #RaiseYourHand inspiring a global conversation on the mental health of young people.

ABOUT THE FILMMAKER

Noemí Weis is an award-winning Writer, Director and Producer who has spent over 20-years telling stories on big and small screens, from her worldwide advertising projects to her award winning documentaries. As a humanitarian and an advocate leader Noemí journeys where stories take her to bring voice to the world's most vulnerable. Her films have received numerous awards globally but most importantly, they have and continue to make a difference in communities around the world. Her last film, *MILK*, received a passionate message of support from Mm. Sophie Trudeau and has been honored with an invitation to meet Pope Francis at the Vatican in recognition of the impact her films have created in global communities.



Additionally, Noemí has been recognized as one of the top 10 most influential Hispanic-Canadians, award given by Toronto Mayor John Tory. Noemí is a proud member of the Unesco, Team Canada's Trade Missions and a Business Ambassador of Ontario, promoting the merits of Canadian production abroad. In this capacity, she participates in trade missions and has been honored with the nomination of "Woman Entrepreneur of the Year" for three years in a row, the last one by Export Development Canada and nominated as a finalist for "Woman Entrepreneur of the World," as the sole Canadian nominee.

INTRODUCTION TO THE DISCUSSION GUIDE

This post-viewing Guide aims to bring together viewers to raise discussions and reflect, ***inspiring a movement to support the mental health and psychosocial wellbeing of young people globally.*** The discussions should result in developing Calls to Action ranging from a series of discrete activities to support mental health in ones' home, school, or community (for which this Guide can be an important first step), or building space for broader, ongoing discussions.

Facilitator Selection: Discussions should be led by two co-facilitators when possible, with knowledge of mental health problems faced by young people. Facilitators may include peer supporters, mental health professionals, school counselors or teachers with mental health training, social workers, and child protection officers, among others. It is recommended to link with a local mental health agency to identify knowledgeable facilitators, if needed.

COVID-19 Considerations: Given the immediate need for physical distancing, the Guide offers suggestions for both in-person, and virtual discussions so that it is useful during pandemic and into the future.

Cultural Considerations: Mental health among young people is a global issue. Emotions are expressed in different ways around the world including the use of different terms to describe how one is feeling. However, the lived experience of emotions the burden of mental problems in Youth are universal. This Guide provides the tools for rich discussions among young people, however, the facilitators may need to make changes to it to ensure the Guide fits well within one's language, cultural, and religious context.

USING THE GUIDE FOR ONGOING DISCUSSIONS

This Guide can be used in two ways:

1. As a one-time guide to lead discussions immediately following a film viewing; or
2. As an ongoing tool that inspires a series of discussions over time. It will be helpful to identify existing programs and meeting spaces where the discussion guide may be used on an ongoing basis. These may include policy and advocacy groups, parent support groups, teachers meetings, classrooms, peer-to-peer groups, and programs provided by community organizations and others.



HOW TO FACILITATE DISCUSSIONS

Each session should include the following activities:

- **Open with a Safer Spaces Activity.** This group activity identifies expected behaviors so that all participants feel safe both during and after the discussions and have the knowledge that the information they share will be kept confidential by all participants.
- **Watch the film.** Watching the film or selected film clips.
- **Lead a facilitated discussion.** Use the pre-selected film clip options to lead a discussion among participants. Draw further Background Information which is provided at the end of this Guide to assist in leading discussions.
- **Close with a Call to Action Activity.** The discussion can pull together information to develop the Call to Action work plan, which provides a framework to plan activities that will address the mental health and psychosocial wellbeing of young people in different settings. The session can close with next steps, whether it be further discussions, or planning around the Call to Action to build momentum towards long-term change.

ADVANCE PREPARATION

STEP 1: PLAN FOR DISCUSSIONS ON MENTAL HEALTH

In considering the different needs of the group, the facilitator can draw on their own experience in creating a safer space to discuss sensitive topics. It is important to consider different scenarios and to have the proper supports in place prior to the discussions. Below are some activities to consider.

- Have facilitators meet in advance to conduct planning. Ensure safe recruitment of staff, consultants, and volunteers, including background checks. Provide orientation on safeguarding policies, procedures and codes of conduct.
- Complete the Safety Planning Table to identify any potential challenges that might arise and to establish a plan to address them including developing clear procedures to address any distress if it arises.
- Create partnerships with local mental health and psychosocial service agencies, and make sure that they are accepting young clients, so that linkages are in place if any challenges arise.
- Complete the Referral Table so that participants can easily be connected to services as needed.
- Complete the Wellness Cards to distribute to participants so that they will have information on-hand on how to contact available services within the community.

- Invite a mental health professional to be present during the post-viewing discussion or to co-facilitate the discussion.
- Complete the [**template letter to parents and caregivers**](#) to share with parents of young people who are still living at home to prepare them in advance to support their children's mental health.
- Ensure functioning and effective staff supervision is in place for facilitators to reflect on how the sessions went, their interactions, challenges and responses, encouraging self-care, constructive feedback, and any necessary follow-up.

DESIGN YOUR OWN FACILITATION APPROACH!

This guide provides the framework to:

- Plan for discussions on mental health;
- Select the best viewing option for you, based upon time and available resources;
- Select the film clip options and associated discussion questions that are most relevant to the needs of your audience; and
- Develop a Call to Action that best meets the needs of young people in your community!

STEP 2: SELECT YOUR FILM VIEWING OPTION

Note that for school-aged youth or individuals with acute mental health challenges, it is recommended to view the film together, or with a trusted person, so that emotional support is available if needed.

Option 1 (preferred): Watch the entire film together. Then during the discussion return to the selected clip options to watch again and lead the discussion.

Option 2: Share the film with participants to watch in advance of meeting. Then, as a group, show the selected film clip options and lead the discussion.

Option 3: If there is no available equipment to watch the film (or film clips) together, share the film with participants to watch in advance of the meeting. Then, rely on the selected clip option descriptions to refresh participant's memories and lead the discussion.

Option 4: If it is not possible to watch the entire film, show the film clip option that best meet the needs of the group prior to each discussion.

STEP 3: SELECT FILM CLIP OPTIONS TO DISCUSS

In advance of the session, you may select between 2-4 film clip options based upon the participant's needs, the information that you would like to draw out during the discussion, and the available time. You may continue to use this Guide in future discussions and select alternative film clip options during future meetings.

Each film clip option provides:

- Information on the film clip time where you can find the clip (if you are able to show the film)
- A description of the clip to refresh participant's memories (if you are not able to show the film during the session)
- An impactful quote from the clip to share with participants to reflect on
- Questions to lead the discussion

SAFER SPACES ACTIVITY

This activity provides a suggestion for starting the post-viewing discussions to prepare participants to talk openly about sensitive topics and build a safe environment. Allow 10-15 minutes.

Tell participants that the film aims to evoke hope, offer preventative solutions, and empower young people, families, schools and communities to develop effective mental health responses. They will be discussing very personal topics with each other and it is important that each individual feels safe both during the discussions, and afterwards. As a group, you will establish some expected behavior norms so that each person feels that this is a safer space to participate.

OPEN THE ACTIVITY:

- Pass around the **Sign-In Sheet**. Due to the sensitive nature of the discussions, you would also like to be able to follow up with them after meeting today. Ask participants for their permission to privately follow-up with each of them in the next week and to specify which contact method they prefer. *Ensure that the completed sign-in sheet is kept in a locked/confidential location post-discussion. If this is a virtual discussion, ask participants to privately chat you the information.*
- Distribute the **Wellness Cards** with contact information for local mental health and psychosocial support services and ask them to keep it for themselves and/or to share with their peers. *If this is a virtual discussion, place the information up on a shared screen and also e-mail digital versions of the cards to each participant.*

LET PARTICIPANTS KNOW THAT:

- They are welcome to contribute as much or as little to the discussions as they are comfortable with. They should not feel pressured to share information that they are not comfortable sharing.
- It is the group's responsibility to help ensure that all discussions are confidential and are not be shared outside of this discussion setting. *If this is a virtual discussion, set ground rules that recording of the discussion is not allowed.*
- Participants are welcome to leave or step away at any time. They can also ask to speak with a co-facilitator individually.
- Encourage young participants to talk with their parents and caregivers at home about their lessons learned and experiences during the film and discussion.

ESTABLISH GROUP NORMS:

- Ask participants what they need to feel comfortable sharing their personal thoughts and feelings during the discussions. *If meeting in person, use a large piece of paper taped to the wall to write their responses. If meeting virtually, create your list in the chat function or via a shared document screen.*
- Suggestions may include no interrupting, making fun of each other or ridiculing, no whispering and no side chats, no judging, agreeing that everything that is shared is absolutely confidential and is not shared with other people including on social media, etc. Recording of the discussion is not allowed.

CLOSE THE ACTIVITY:

- Once participants have created a list, tell them that these are the expected behaviors during the discussion, and as they go back out in their normal lives.
- Keep the list on the wall or in the chat box throughout the discussion as a reminder to participants and return to the list at the end of the discussion as a respectful reminder.

CALL TO ACTION ACTIVITY

This activity should be conducted at the end of discussions. Allow approximately 15 minutes.

The lessons learned through the film and discussions can inspire participants to become advocates for young people within their communities; to TAKE ACTION so that the mental health needs of young people are being met in the way that they perceive as most beneficial.

Background: The discussion is just the beginning of many discussions to come that aim to build a groundswell of support to improve the mental health among young people in the community. Together, participants will develop a Call to Action, which can be as simple as educating teachers, or community leaders about the services that young people would like to see in their school or community or designing a peer support program; or as complex as working with policy makers to change laws so that they protect the mental health of young people.

Group Brainstorm: Tape 3-4 sheets of large paper along the wall. Write a different heading on each sheet of paper. *If meeting virtually, you can ask participants to use the chat function to write in their responses.* The below list provides some heading ideas, depending on how you will structure your call to action.

- We will form a group to...
- We will help young people in our school, community, organization, etc. by....
- We will organize...
- We will develop a system...
- We will assist...
- We will train or mentor...
- We will develop a network...
- We will advocate to...
- We will change...

NOTHING ABOUT THEM, WITHOUT THEM

Every Call to Action, regardless of who the participants are, should always place the voices, concerns, and perspectives of young people at the center. If teachers are designing a mental health approach in schools, they should include the voices of diverse students. If mental health professionals are identifying a community-based outreach approach, they should co-design the program with young people....Support the power of young people in your community to be part of the change!

Allow about 5 minutes for participants to write their Call to Action ideas on each of the papers. They may also add questions, extend on their peer's ideas, or offer praise.

Come to an Agreement: Use the suggestions to agree upon a specific Call to Action (for example, forming a support group within the school, starting a positive mental health social media campaign, adapting the Friendship Bench approach, etc.).

Develop the Work Plan: Use the template [**Call to Action Work Plan**](#) to assist in outlining activities. *If the meeting is virtual, you can place the work plan on your screen and share it as a planning tool.*

The Call to Action should:

- Clearly state the intended outcome of the Call to Action
- Outline individual roles for participants that harness unique skill sets
- Identify the decision makers who require advocating to
- Develop step-by-step activities required to arrive at the intended outcome

Close the Activity: Outline next steps, responsibilities, follow-up activities and meetings.

COMMUNITY MEMBERS DISCUSSION GUIDE (COMMUNITY ORGANIZATIONS, CHILD PROTECTION COMMITTEES, ETC.)

Time	2 hours (Approximately 60 minutes viewing, and 60 minutes discussion)
Goals and Objectives	<p>Goal: To assess mental health service gaps for diverse young people in the community and develop a plan to address them</p> <p>Objectives:</p> <ul style="list-style-type: none">• Determine if diverse young people are represented in community organizations across your community• Describe how stigma and discrimination influence mental health, and mental health service access• Identify ways that community organizations can support parents and caregivers to support the mental health of young people• Identify innovative ways to enlist young people to help other young people across the community• Describe how community organizations can safely address the increasing mental health needs of young people

NOTES FOR THE FACILITATOR:

Please open with the [**Safer Spaces**](#) exercise, refer to the [**Background Information for the Facilitator**](#) to support discussions as needed, and close with the [**Call to Action**](#) activity.

RECOMMENDED FILM CLIP DISCUSSION OPTIONS

FILM CLIP 1: RAISE YOUR HAND | TIME CODE: 00:07:46-08:03

THEME: Loneliness



In Indiana, the lead talks to a group of young people in an auditorium about the pervasive culture of loneliness, and feeling misunderstood and the commonness of suicidal thoughts among young people. He asks the audience to raise their hands if they understand what he is talking about, and without hesitation, every single person raises their hand.

"Every single of you who is battling, every one of you that feels like you are alone. Every one of you who feels like nobody understands you. How many of you relate to what I am talking about? Raise your hand."

Discussion questions for participants:

- Do you think young people in this community feel this way? Why or why not?
- Why do you think these feelings are so common among young people today? What elements of family, community or society are contributing to it?
- What elements of family, community or society do you think can help to make it better?

FILM CLIP 2: CREATING A SAFE SPACE | TIME CODE: 00.13:33-00.13:58

THEME: Community programs



A young woman talks about elements of a community program that were designed with intention to build resilience and a sense of community among young people. The space ensures that young people feel welcome and safe so that they are comfortable sharing in that environment.

"...and there are so many inherent things to a space like this, when you build it up properly, that help people become more resilient and help people find community. When you make sure a space is safe. When you make sure that people feel welcome into a space, people feel like they can be themselves."

Discussion questions for participants:

- What ideas do you have to build a greater sense of community among your peers so that everyone feels welcome and able to share?
- If you could design your dream community program for your peers what would it look like? What resources can you draw upon? What is needed to actually build it?

FILM CLIP 3: DARKNESS TO LIGHT | TIME CODE: 00.49:30-00.51:20

THEME: Instilling hope



The film closes with a monologue about bringing light to the darkness. He refers to the darkness that young people feel, that if we bring them love, and let them know that they are not alone, we can help them overcome their darkness and bring them into the light.

"....Just as much as I sit here in the darkness, I know the sun is going to come over this horizon. Young people they need support. They need to know they are loved. They are important. They are not alone. We have to become that light as society. Young people have to know that even though at times they may feel that they are in the darkness that they can just know just to hold on...that light is going to come over the horizon."

Discussion questions for participants:

- What is our role as a community in caring for our young people who are struggling?
- How can we show them they are loved? That they are not alone?
- If you could have any dream you wish, to make your community a happier and better place for young people who may be struggling, what would it be? How could you accomplish it?

FILM CLIP 4: THE MENTAL HEALTH SITUATION. TIME CODE: 00:01:33-00.01:38

THEME: Cultural and social norms



Damian's visual diary in Kenya reports that the mental health situation in his community is pathetic.

"The mental health situation in our community is pathetic"

Discussion questions for participants:

- How is the mental health situation for young people in your community? What do you think the most common mental health challenges are? Why are they so common?
- What assets and existing resources does your community have to prevent mental ill-health? To provide treatment when it is needed?
- If you could design a community-wide intervention, including the healthcare system, the schools, police, social workers, families, community organizations, sports programs, and everywhere in-between, what would it look like? How can you partner with young people to make this happen?

FILM CLIP 5: VISUAL DIARIES | TIME CODE: : 00.16:34-00.17.10

THEME: Help seeking



Through a series of visual diaries, various young people talk about their mental health challenges and what it is like to try to navigate the health system that does not meet the needs of young people, and particularly those who are experiencing mental ill-health. They also express that the focus of the health system is on addressing severe illness versus mental health prevention.

"Some people say just go get help, just go to the urgent care center. And you sit and you wait. And they check you in and they ask you to write out your feelings. And then if you are lucky, you get to see the doctor".

Discussion questions for participants:

- What activities are you involved in that support the young people's mental health needs within this community?
- What are innovative community models that meet the mental health needs of young people that you saw in the film or elsewhere?
- What are some ways that your organization or group can support young people mental health including prevention and treatment?
- What are some ways to involve young people helping young people in these approaches?
- What resources can be built upon, and what are needed to accomplish this?

FILM CLIP 6: AGENTS OF HEALTH | TIME CODE: 00:31:43-00.34:30

THEME: Effective ways to reach youth



In Buenos Aires, two young mental health professionals talk about the need to identify new ways to reach and support the mental health of young people. Older methods are no longer working, because the younger generation experiences different challenges and has different needs. They walk through a park after talking with a group of young women and talk about the importance of moving beyond medical evaluation to really listen to the young people.

"It's time that society became agents of health. We can't just leave it up to professionals. We need to update our methods, because the old ways are not working."

Discussion questions for participants:

- What effective models to address the mental health needs of young people in communities are you aware of, or have you practiced?
- In what ways are young people involved in these approaches?
- What can your organization or group do to identify innovative and new ways to reach young people so that they feel safe, are able to open up, and benefit from the services you offer?

FILM CLIP 7: REACH THE YOUNG PEOPLE | TIME CODE: 00.30:33-00.43:00

THEME: Peer support



A department of health workers talks about how they adapted the Friendship Bench concept to the New York City context. She refers to the trauma that young people have experienced within the mental health system and emphasizes the importance of meeting young people where they are by being flexible and supporting the power of peer supporters who are able to listen to them.

"If you want to meet the young people, and reach the young people. You need to be flexible and understand the dynamic environment they are living in. And you need to make sure that relevant, approachable people are staffing the space."

Discussion questions for participants:

- What are some reasons that young people may be hesitant to seek mental health services in your community?
- What are some reasons that they might be afraid of speaking with mental health professionals, with police, with community workers?
- What elements are needed so that young people feel safe sharing their experiences and feelings?
- If you could translate the Friendship Bench concept to your community, what do you think it would look like? How can you involve young people in its design, implementation, and ongoing monitoring of activities?

FILM CLIP 8: IT NEVER FELT AUTHENTIC | TIME CODE: 00.09:54-00.10.18

THEME: Determinants of mental health



In Toronto, a Peer Supporter shares her perspective that mental health services do not address the realities that young people face. She talks about needing to start by addressing food insecurity and post-traumatic stress disorder and the numerous stressors that young people face so that they can first feel safe.

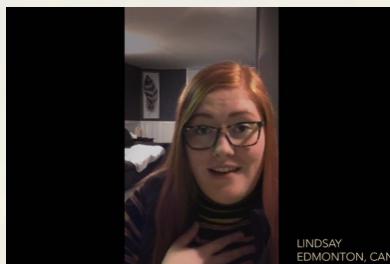
"Gatekeepers and stakeholders and the people who actually have the power in society, aren't actually listening to young people. For me, the conversation around mental health was very whitewashed. It never felt real, it never felt authentic."

Discussion questions for participants:

- What do you think the perspective is of young people in this community around the availability and the type of mental health services that are available to them?
- How are young people involved in these programs, other than just being clients?
- Do you think that services in this community meet the needs of diverse young people with diverse needs? Or are the services a one-size-fits-all approach?
- What do you think needs to change so that young people feel like their specific needs are being addressed? How can the community better respond to young people's complex vulnerabilities and needs?
- What actions and resources are required to accomplish this?

FILM CLIP 9: MAKING POLICIES. TIME CODE: 00.01:47-00.01:52

THEME: Mental health policies for youth



In Canada, Lindsay's visual diary talks about the need for policy makers to include young people in discussions around developing and changing mental health policies that impact them.

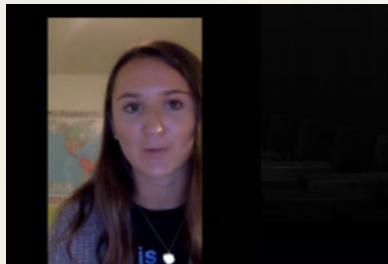
"I think we need to start hearing from young people like myself when making policy changes"

Discussion questions for participants:

- Are you aware of any mental health policies in your country? How well do you think current mental health policies reflect the needs of young people?
- Do you know the extent to which young people have been involved in informing policies?
- What advocacy resources do you have in this community that can be harnessed to involve young people in mental health policy planning?
- How can you go about building the power of young people to advocate for their needs not only within policies, but also in the ways that mental health services are delivered to them?

FILM CLIP 10: A CALL TO ACTION | TIME CODE: 00.51:24-00-00.54:17

THEME: Make a difference



Through a series of visual diaries in the closing credits, the young people provide their own calls to action. They talk about being strong, about destigmatizing mental health, and in the importance of helping others.

"It is really important that we know how to support ourselves, and we know how to support others. I think anything you can do, to continue to raise awareness and educate people is a really great thing!"

Discussion questions for participants:

- Which of these closing visual diaries do you identify with and why?
- If there is one thing you feel you could do to make a difference, what would that be?



BACKGROUND INFORMATION FOR THE FACILITATOR

Mental Health Overview: *Connecting the Dots* illuminates the mental health challenges that young people experience globally. Common mental disorders, including anxiety and depression, account for 16% of the global burden of disease and injury in people aged 10-19 years.^{11,12} Half of all mental health conditions start by age 14 years and the majority are unidentified and untreated.¹¹ Young people from diverse racial and ethnic backgrounds experience higher rates of chronic anxiety and depression due to stressors associated with anticipated and ongoing experiences of discrimination.¹¹ Emerging research is also indicating that loneliness, which is of growing concern due to the COVID-19 pandemic, places young people at risk to experience depression for years to come.¹³ The enduring consequences of neglecting anxiety and depression include diminished physical and mental health, reduced educational attainment, and reduced opportunities to experience fulfilling lives during adulthood.^{11,14}

The Role of Technology: Cyberbullying is bullying with the use of digital technologies including social media, gaming, and messaging platforms. It can include disseminating embarrassing photos, untruthful information, or cruel messages to the individual being bullied.¹⁵ Social media can also positively influence well-being through building a sense of belonging through increased interactions with family and friends,^{16,17} however it can also negatively influence mental health through comparing accomplishments, abilities, or appearance against peers.^{18,16} As demonstrated in *Connecting the Dots*, experiencing cyberbullying, online conflict or social exclusion can increase risk for self-harm and suicidal ideation.^{19,16} Module 1 contains a Social Media Norms worksheet where a peer group can join together to identify expected behaviors that will contribute to the mental wellbeing of the group. Module 2 also contains a Social Media Contract for parents to develop with their young people to help keep them safe and positively contribute to their mental wellbeing.

The Impacts of Racism: *Connecting the Dots* touches on the mental health impacts of racism. Young people exposed to racism and discrimination early in life are more likely to experience anxiety and depression. Additionally, research on multiple continents demonstrates that young people whose parents experience discrimination, are also more likely to experience anxiety and depression.²⁰ Systemic racism influences housing availability, access to healthcare and education, and employment which have profound impacts on physical and mental health in many direct and indirect ways. Systemic racism within law enforcement, evident through police brutality and higher incarceration rates, also has profound negative impacts on the mental health of individuals across communities.²⁰

Gender Considerations: Globally, females experience higher rates of depression and anxiety which has been attributed to a number of factors including the influence of hormones in different phases of the lifespan, sexual and gender based violence, gender harassment, and power inequalities that impact women's experiences within the household as well as within the workplace.²¹ Depression and anxiety are also common among males. Work related stress is highly prevalent, and adolescent boys and young men are also more likely to experience depression as a result of rigid gender norms that are less permissive of expressing emotion. At the same time, they are more likely to minimize experiences of anxiety and depression and less likely to seek out mental health services.²²

To overcome rigid gender norms, *Connecting the Dots* highlights an innovative approach in Arizona

wherein adolescent boys and young men have found a safe space to talk with each other about their emotional experiences.

LGBTIQ+ Considerations: *Connecting the Dots* sheds light on the isolation and fear that LGBTIQ+ young people face. Globally, LGBTIQ+ individuals experience higher rates of anxiety, depression, suicide attempts and suicides.²³ Family rejection is common among LGBTIQ+ young people who report lower levels of parental closeness, higher levels of child abuse, and higher rates of homelessness.²⁴ Family rejection increases risk of depression, attempt suicide, use of harmful substances and unprotected sex.²⁴ In every region of the world, LGBTIQ+ young people are also more likely to experience physical and sexual violence due to homophobia (prejudice against sexual minorities) or transphobia (prejudice towards individuals whose gender identity and expression does not conform to what is expected based upon their sex at birth).²⁵ In many countries, sexual minorities are subject to criminalization including random arrests, imprisonment, forced sterilization, and death.²⁵ Chronic stress associated with stigmatization, fear of victimization, and discrimination compromise the mental wellbeing of LGBTIQ+ young people globally. Protective factors include supportive families and peers, protective school environments, anti-bullying laws that include sexual orientation, young people-led gay-straight alliances within schools, and LGBTIQ+ training for teachers that fosters understanding and empathy for students.^{26,27}

The Role of Parents and Caregivers: The first nucleus of society is the family. *Connecting the Dots* questions what our society has created to result in such a high prevalence of mental health conditions among young people globally. Separation from parents is a normal part of adolescence that facilitates independent functioning as an adult and encourages young people to deepen and expand their social network outside of the family setting.²⁸ Despite this emerging autonomy, young people who report higher parental understanding and monitoring experience fewer mental health problems.¹² Parents can help their young people by encouraging them to share their feelings, taking the time to support them, and resolving conflict when it arises in a respectful manner.²⁹ Parental support is essential to the foundation of young people's emotional health, including ensuring that they have access to mental health services when they are needed.³⁰ The typical pathway for young people to access services is for parents to identify mental health symptoms and recognize that there is a problem, understand the potential benefits of treatment, and to finally provide the link for young people to access mental health services.³⁰ Parental stigma towards mental illness is a critical barrier to mental health service access.³⁰

Connecting the Dots highlights "The Friendship Bench" approach, which originally began with trained community grandmothers in Zimbabwe providing community-based mental health services. The Friendship bench has demonstrated improved mental health symptoms among community members who visit the benches.³¹ There are numerous opportunities to adapt the Friendship Bench approach so that parents can support other parents and their own young people. Parents can also consider creating "figurative" Friendship Benches, either within the home or through taking walks together, so that they create available time and space to listen to their young people without judgement, to identify their mental health needs, and provide the needed support. Given the COVID-19 pandemic, there are also numerous opportunities to host virtual Friendship Benches.

The Importance of Schools: *Connecting the Dots* demonstrates that students around the world experience mental health challenges. Although school-based mental health services are optimally positioned to reach young people,³² they are not commonly available.³³ Bullying in schools increases the risk of suicidal ideation and suicide. It can also increase the risk for anxiety, depression, and self-harm into adulthood.³⁴ Students who have positive relationships with their teachers are more likely

to be able to navigate academic hardships and develop social-emotional relationships and higher self-esteem.³³

There are a number of school-based mental health interventions that demonstrate promise. Providing school-based mental health screening assessments may help to identify and provide mental health support for young people who need it.³⁴ Examples of mental health promotion and mental ill-health prevention programs include school-based psychologists providing one-on-one and group therapy, after-school and lunch-time programs.³³ Teachers offering school-based mental health curriculums have demonstrated sustained benefits on young people as they transition into adulthood.³³ While more complex to implement, a “whole school” mental health promotion approach can address the environment of the entire school and include the involvement of students and their families.³³ Examples of a whole school approach include building peer support programs within the schools, training teachers to integrate mental health lessons in their classes, reducing academic pressure, adapting arts programs to promote self-expression, capacitating school counselors to better address mental health challenges, and developing active linkages with external mental health supports when needed.

Therapeutic Considerations: Mental health stigma is a significant barrier to young people seeking support.³⁵ Young people are often hesitant to seek mental health services, and once they access care, experience treatment adherence challenges, and are less likely to stay in care.^{36,37} Reliance on psychiatric hospital-based approaches have proven to be often ineffective and can also result in human rights violations.³⁸ Mental health interventions should avoid institutionalizing and over-medicalizing young people while placing their human rights as central to their wellbeing.¹¹ Positive interpersonal care experiences, including taking into account one’s culture, and support to adhere to medical treatment, when needed, can help young people who struggle with severe mental illness.^{37,39} As demonstrated in **Connecting the Dots**, mental health providers can develop innovative approaches that meet young people where they are, to improve access to mental health services.³⁸ Such approaches may include mental health services delivered in communities, which can minimize experiences of stigma and discrimination.³⁸ Community-based mental health services should be delivered in a manner that is easy to access, and where young people feel comfortable, respected and empowered to be in charge of their lives.⁴⁰ They should also harness and encourage the growing independence of young people by including them in decisions around how services are delivered and the type of care that they receive.⁴⁰

Young People as Mental Health Leaders: Involving young people in all levels of mental health promotion programs enhances the relevance of the program, and also builds leadership skills, self-confidence, knowledge building, and has demonstrated long-term benefits across communities to promote mental health.⁴¹ As demonstrated in the film, trained peer educators have demonstrated enhanced caring for young people inside and outside of school settings including improved ability to listen, self-awareness, and demonstrated care and empathy for others.⁴² Strategically selected peer leaders with large social networks have the potential to reach many young people with mental health promotion and support activities.⁴³ The Friendship Bench approach in Zimbabwe has been adapted in a number of settings where young people have been trained to listen to their peers and provide emotional support. There are numerous opportunities within schools and communities for young people to be equipped to design young people-friendly mental health spaces and directly provide mental health support for their peers. **Connecting the Dots** emphasizes the need for identifying young people who others can relate to, and training them to act as important parts of the mental health system for their peers. “Nothing about them, without them” emphasizes that any mental health intervention for young people should include their voices, perspectives, and experiences as foundational to its design and implementation.

SIGN IN SHEET

This sheet should be maintained in a locked/confidential location post-discussion.

SAFETY PLANNING TABLE

The table below can be used in advance by the facilitation team in collaboration with 2-3 young people to identify any potential challenges that could arise, and to develop a plan to link participants to the support that they need.

Activity (what, where, when, who, how many)	Benefits for young people	Potential risks for young people	Likelihood of risk (low, medium, high)	Severity of risk (low, medium, high)	Actions required to reduce risk	Additional actions needed
Example: Peer-to-peer discussion	Increase understanding of what other young people are experiencing	Peers may not know how to address child protection challenges (e.g., abuse in home)	Low	High	Ensure peers are linked with a trusted counselor/adult in advance and are knowledgeable about community services.	Complete referral table

REFERRAL TABLE

The below table should be completed in advance by the facilitation team in collaboration to identify all appropriate mental health and psychosocial service supports in advance.

WELLNESS CARD

Please complete this card and distribute to all participants during the **Safer Spaces Activity**.

Organization Name:

Organization Email:

Organization Phone Number:

Organization Website:

#RAISEYOURHAND

TEMPLATE CALL TO ACTION WORK PLAN

TEMPLATE LETTER TO PARENTS AND CAREGIVERS

Dear parents and caregivers:

Your child is invited to join a viewing of the documentary film, ***Connecting the Dots*** (www.connectingthedotfilm.com) which explores mental health struggles that young people experience across the world. Through seeking to understand the core issues that young people face, the film is the first documentary of its kind to exclusively bring forward their stories and lived experiences in an emotional and powerful way. Their stories symbolize the experiences of thousands of others including those shared through "visual diaries", which offer young people from around the world the opportunity to share their most intimate and personal moments as well as their call to action; using their most precious belonging, their phones.

Following the film, your child will be invited to attend a discussion where they will explore themes that emerged throughout the documentary. The film addresses topics such as anxiety, depression, bullying, racism, homophobia, and other sensitive topics. Discussions will help participants to discuss their own experiences, as well as those of their peers. The discussions will culminate in a Call to Action where young people will unite to develop a way forward to address mental health within their communities.

As a parent, we encourage you to check in with your child following the event. We hope that the lessons learned from the film and discussions can inspire an ongoing dialogue in the home that bring young people closer together with their families; where they can express their emotions, and also seek assistance for further mental health support when they need it.

The film seeks to open minds and hearts, presenting a model for healing and inclusion globally. It is time to listen and support young people. For them to be an important part of our future, they have to be involved in the present. We are looking forward to including your child as an important part of these solutions.

Sincerely,

(Facilitator's or Organization's Name)

TERMS AND DEFINITIONS

Adolescence: The phase of life between childhood and adulthood between 10 to 19 years old.¹

Depression: Depressive disorders are characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life.²

Anxiety: Anxiety disorders refer to a group of mental disorders characterized by feelings of anxiety and fear. As with depression, symptoms can range from mild to severe.²

Do no harm principles: Prioritizes not exposing individuals to further risk as a result of our actions; to step back and examine the broader context to identify and avoid any potential detrimental unintended consequences from the intervention.³

Homophobia: Prejudice or fear of individuals who are homosexuals.⁴

LGBTIQ+: Lesbian, gay, bisexual, transgender, intersex, queer, and other terms related to sexual and gender diversity.

Mental health: A state of well-being, wherein an individual is able to cope with the normal stresses of life, is productive and can contribute to their community.⁵

Stigma: A negative view attributed to a person or group of people as a result of a characteristics that are different than what is regarded by society as normal.⁶

Transgender: Refers to individuals whose internal sense of gender differs from the gender they were assigned at birth.⁷

Transphobia: Fear or prejudice towards individuals whose internal sense of genders differs from the gender they were assigned at birth.

Young people: The period where individuals transition between childhood and adulthood, typically between 10-25 years of age.⁸

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