

A GLOBAL CONVERSATION
ABOUT YOUTH MENTAL HEALTH

CONNECTING THE DOTS

A FILM BY NOEMÍ WEIS

INTERNATIONAL VERSION

POST-VIEWING DISCUSSION GUIDE

FOR TEACHERS, SCHOOL COUNSELORS AND
SCHOOL ADMINISTRATORS



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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. Noemi 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 that 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.

TEACHERS, SCHOOL COUNSELORS, SCHOOL ADMINISTRATORS DISCUSSION GUIDE

- Time** 2 hours (Approximately 60 minutes viewing, and 60 minutes discussion)
- Goals and Objectives** Goal: To identify opportunities to promote mental wellness and psychosocial wellbeing among young people in school-settings.
- Objectives:
- To provide a professional development opportunity for school staff
 - To understand the prevalence and the gravity of mental ill-health among young people
 - To understand the impacts of mental ill-health on educational attainment
 - To assess the need for mental health training among school staff
 - To describe the impacts of race, ethnicity, and poverty on the mental health of young people
 - To explain the specific vulnerabilities that young LGBTQ+ people experience and aspects of the school environment that can support their mental health
 - To identify the potential of mental health school programs that contribute to mental health in schools and to identify the systems changes and resources needed to implement them

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: MOST KIDS OUR AGE ARE NOT FINE | TIME CODE: 00.06:31-00.07:28

THEME: Mental health challenges in school settings



A peer group comes together in school to discuss their perspectives on mental health among young people. They come to an agreement that most people do not recognize the deep mental health challenges that most young people are facing.

"People need to hear the truth, that most kids our age are not fine."

Discussion questions for participants:

- What are the signs that lead you to be concerned that a student is experiencing mental health challenges?
- What signs have led you to seek mental support for your student?
- What systems or supports are in place to help you to help your students?
- If you had one wish to change the system within this school to address the mental health needs of students, what would it be? What is required to accomplish this?

FILM CLIP 2: THERE SHOULD BE A SYSTEM | TIME CODE: 8:10

THEME: Systems that address mental health in schools



In Lithuania, Austėja shares in her visual diary that there should be a system to talk about mental health in schools, including having lessons. In the U.K., also talks about putting appropriate interventions into place that prevent mental ill-health among young people.

"There should be some kind of a system that talks about mental health problems in schools. Like lessons."

Discussion questions for participants:

- What type of training do teachers in your community receive on the topic of mental health?
- What types of training do you think would benefit staff within your school setting?
- Describe the system in place to recognize young people who are experiencing symptoms of mental ill-health, and to ensure that they receive the care that they need.
- Where are the opportunities to strengthen the system so that more students with symptoms are identified?

FILM CLIP 3: THERE ARE THINGS THAT WE CAN DO | TIME CODE: 31:03-31:33

THEME: Resources for mental health concerns in schools



While riding in the car, the lead of the documentary considers the opportunities available in schools to prevent mental ill-health in young people before they begin.

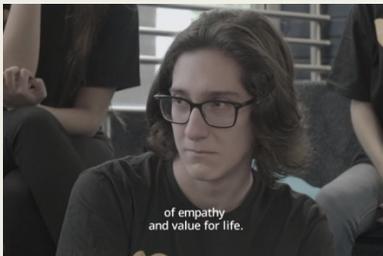
"We can be more proactive. There are things that we can do as staff, as teachers, as schools. There's things that we can do that create space, where kids....young people, don't maybe, turn down that road."

Discussion questions for participants:

- What mental health services and resources do you currently have available in your school settings?
- What kind of training do teachers have to identify and support students who are experiencing symptoms of mental ill-health? What training is needed?
- If you had one wish to build a program in your school that addresses mental health among young people, what would it be?
- What resources and other actions are required to implement this?

FILM CLIP 4: WE UNITED WITH A LOT OF STRENGTH | TIME CODE: 00.22:25-00.24:00

THEME: Peer support



In Sao Paulo after a student commits suicide, psychologists trained teachers and school administrators to train students to form a Care group. Psychologists also spent two days training the students to be peer mental health leaders. The main function of the Care group is to prevent mental health symptoms before they start, by students' listening to each other and observing for signs, such as not coming to school, and not responding to texts, so that group members can quickly identify mental health

challenges when they emerge and support each other to help prevent further distress.

"We were deeply saddened by this pain which gave us the urgency to find people to help us. We united with a lot of strength, everyone wanting to help, and that's when we created this group, to bring a message of respect, and of empathy and value for life."

Discussion questions for participants:

- Would you consider having a Care group in your school? What would you need to make it happen? Would you be open to bringing in a young people mental health professional to train teachers?
- How might a Care group, in your school setting, be helpful to address anxiety, depression, and suicidal ideation among young people?

FILM CLIP 5: I DIDN'T SEE MYSELF REPRESENTED ANYWHERE

TIME CODE: 00.09:05-00.09:38 | THEME: Needs of minority students



In Toronto, a Black Muslim female peer supporter talks about her experience feeling invisible and that mental health problems were something that many others were allowed to experience, but they were not something that she was allowed to acknowledge. The group agrees that mental health is a problem among diverse minority communities, but that the specific needs may vary for different communities. The group also talks about the mental health impacts of food

deprivation and exposure to violence.

"I never saw myself represented anywhere. I felt like I was very invisible. Not only being a woman, but a Black Muslim woman, I just thought that those problems were for everybody except people like me."

Discussion questions for participants:

- How do you think being a minority impacts the mental health of young people in this school?
- What supports are there in place, and what supports are needed, to ensure that minority young people feel represented? Are there staff they can identify with?
- What systems are in place to ensure that minority students do not experience disproportionate punishment and discipline in your school setting? What are some ways that minority students can feel equally welcomed and supported?
- If you had one wish to change the system within this school to address the mental health needs of minority students, what would it be? What is required to accomplish this?



FILM CLIP 6: I AM IN A LOT OF LGBTIQ+ COMMUNITIES | TIME CODE: 00.18:50-00.19:52

THEME: Needs of LGBTIQ+ community



Young people talk about the isolation and anxiety associated with being a sexual minority including online harassment, being kicked out of the family, and being scared for one's personal safety.

"Me, personally, I am in a lot of LGBT communities. And a lot of them, like, don't really have anyone in their lives who they can really go to, to just even talk. And this is people ranging from 15 to like their early 30s. Some of them, like, their parents kicked them out."

Discussion questions for participants:

- How would you describe the general school climate in terms of diversity and respect for all individuals?
- What do you think the perspective of young people who are LGBTIQ+ is, in terms of the school climate? Do you think they feel welcome and emotionally supported?
- What are some ways that LGBTIQ+ young people can feel safe and more supported within this environment?
- How can LGBTIQ+ young people who may be experiencing family rejection, and/or homelessness be identified and supported within the school setting?
- What systems do you have in place for students who experience homophobia and transphobia? What systems and resources are needed?

FILM CLIP 7: LET ME PAINT A PICTURE | TIME CODE: 00.13:59-00.14:45

THEME: Impact of home life on mental health



In Toronto, a group of young people talk about the experience of being black, and of the fear of going home and hearing gunshots, of having the father walk out, and having an enormous responsibility within the household to take care of others and the impact this has on the energy that they have for school.

"...That causes kids to no longer be a child. They have to be the mom, they have to be the dad. They can't even focus on learning. Because every morning they wake up to go to school, they are tired because of the responsibilities that they had to take care of the night before."

Discussion questions for participants:

- What systems are in place to identify young people who experience exposure to violence? What happens if a school staff member suspects that a student is a victim of violence, or is witnessing violence within the home? How does the school support their physical and mental wellness?
- What supports are in place for students who experience food deprivation at home?
- What systems should be in place to identify and support young people with enormous responsibilities at home? What activities are needed to accomplish this?

FILM CLIP 8: GIVE PURPOSE TO YOUR PAIN | TIME CODE: 00.11:48-00.13:31

THEME: Art and mental health



A young woman shares that she experienced pervasive thoughts of committing suicide. She felt like a bad person and was angry with herself that she could not go through with it. But then she decided that she needed to participate in society and started to write songs and perform as a means to release her pain. She describes her artistry as a way to turn something painful into something beautiful.

“When people tell you, you know, your music made me cry. I don’t know, it gave me, like...when I just get into the song, it almost feels like I am crying”.When I harm, it didn’t really lead to anything. But when I am expressing myself through song, it leads to something actually good. I am telling my story and it gets the thoughts out too. It is literally making something painful inside, beautiful.”

Discussion questions for participants:

- In what ways do the arts programs at your school (creative writing, theater, band, and choir) provide an outlet for youth to express themselves?
- What other available outlets are there for youth to express themselves?
- How can the existing arts program lend itself to be an outlet for youth who are experiencing emotional challenges? What is needed to accomplish this?

FILM CLIP 9: A CALL TO ACTION | TIME CODE: 00.51:24-00.54:17

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.

“If we have a positive attitude towards mental health, then it means we will have less discrimination and less stigmatization.”

Discussion questions for participants:

- Which of these closing visual diaries impacts you the most and why?
- How do you feel you can make the biggest difference? Can you join forces with your students, other teachers, colleagues, parents, and community members to make this happen?

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.

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 <i>(what, where, when, who, how many)</i>	Benefits for young people	Potential risks for young people	Likelihood of risk <i>(low, medium, high)</i>	Severity of risk <i>(low, medium, high)</i>	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

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

Our Call to Action:				
Intended Outcome:				
Identified Leader(s):				
Key Action Steps and Activities	Person(s) Responsible	Decision Makers to Involve	Timeline	Additional Notes

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.connectingthedotsfilm.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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