

A GLOBAL CONVERSATION  
ABOUT YOUTH MENTAL HEALTH

# CONNECTING THE DOTS

A FILM BY NOEMÍ WEIS

INTERNATIONAL VERSION

## POST-VIEWING DISCUSSION GUIDE

FOR YOUNG PEOPLE,  
PEER TO PEER SUPPORTERS, AND  
YOUTH MENTAL HEALTH ADVOCATES



# TABLE OF CONTENTS

About <i>Connecting the Dots</i>	1
About the Filmmaker	1
Introduction to the Discussion Guide	2
How to Facilitate Discussions	3
Advance Preparation	3
Safer Spaces Activity	5
Call to Action Activity	6
Young People, Peer to Peer Supporters, Youth Mental Health Advocates Discussion Guide	7
Annex 1: Stigma Action Plan for Young People	15
Annex 2: Social Media Norms Worksheet for Young People	16
Background Information for the Facilitator	17
Sign-in Sheet	20
Safety Planning Table	21
Referral Table	22
Wellness Card	23
Template Call to Action Work Plan	24
Template Letter to Parents and Caregivers	25
Terms and Definitions	26
References	27
Credits	30

## 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.

# YOUNG PEOPLE, PEER TO PEER SUPPORTERS, YOUTH MENTAL HEALTH ADVOCATES DISCUSSION GUIDE

<b>Time</b>	2 hours (Approximately 60 minutes viewing, and 60 minutes discussion)
<b>Goals and Objectives</b>	<p>Goal: To build the framework for programs that can positively influence the availability of mental health resources for young people in communities around the world.</p> <p>Objectives:</p> <ul style="list-style-type: none"><li>• To identify healthy coping mechanisms and tools to improve their own mental health</li><li>• To identify behaviors and activities that can support the mental health their peers</li><li>• To explain how cultural, racial, and sexual identify can influence mental health</li><li>• To identify social media behaviors that influence mental health</li><li>• To explain how stigma influences mental health care seeking behaviors</li></ul>

## 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. There are also additional activities at the end of this module which can be used as part of a long-term discussion or workshop series, and as they enrich the discussions. These include:

- [Mental Health Stigma Action Plan](#)
- [Social Media Norms Setting Activity](#)

## RECOMMENDED FILM CLIP DISCUSSION OPTIONS

**FILM CLIP 1: WE SUPPORT KRISTY'S POWER | TIME CODE: 00.40:33-00.43:00**

**THEME: Peer support**



A peer supporter talks about her work in NYC in their version of the Friendship Bench. She shares how her lived experience, and being available to listen to others has helped a lot of people. A staff person who helped start the program acknowledges the power that Kristy already has inside of her and emphasizes Kristy is really the one who has the power to make a difference in the lives of others.

*"The person sitting here like me...I can relate to certain things and I can share my lived experience. Everybody in this world goes through something, like digging deep into their feelings sometimes is hard. So being able to have somebody to talk to has helped a lot of people...it makes me feel empowered."...*

*..."We don't empower Kristy, we support Kristy's power"*

**Discussion questions for participants:**

- What value do you see in Kristy's role? Do you think that someone experiencing mental health challenges would feel more comfortable approaching Kristy than going to a clinic? Why?
- Have you ever participated in a program like this before? If yes, what did you like about it? What would you change about it?
- Would you be interested in becoming a peer supporter like Kristy? What information and skills do you think would help you to succeed in that role?
- Listening to the challenges that others are experiencing can also be emotionally challenging. What tools can you use to make sure that you are also taking care of yourself in this role?

**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 welcomed 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: RAISE YOUR HAND | TIME CODE: 00.07:46-08:03**

**THEME: Loneliness**



In Indiana, the lead talks to a group of young people in auditorium about the pervasive culture of loneliness, and feeling misunderstood. 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:**

- Why do you think these feelings are so common among young people? What elements of community or society are contributing to it?
- What elements of community or society can help to make it better?

**FILM CLIP 4: AN UPDATE ON HOW THINGS ARE GOING | TIME CODE: 00.00:33-00.02:04**

**THEME: Lived experience of young people with mental ill-health**



The film opens with a series of visual diaries from young people across the world who talk about their expressing their experiences not being able to deal with people talking, their experiences being bullied, having anxiety attacks, self-harming, and other experiences along with the lack of societal knowledge regarding the enormity of the issue.

*“It’s not okay that I can’t like, deal with like, just people talking...”*

**Discussion questions for participants:**

- Do you think that young people in your community struggle with similar challenges to those shared here ?
- How might the experiences among young people in your community or culture be different or similar?

**FILM CLIP 5: I DON'T KNOW WHO TO TURN TO | TIME CODE: 00.00:54-00.01:01**

**THEME: Help seeking**



Indiana's visual diary includes her tearfully acknowledging that she really needs help but she doesn't know where to access it.

*"I really need help, and I just don't know where else to turn.  
And I..."*

**Discussion questions for participants:**

- Do young people in your community have anywhere to turn to for help when it comes to their mental health?
- What might hold them back from getting help?
- Who would young people feel comfortable reaching out to for help in these situations? In other words, what does 'help' look like in your community?

**FILM CLIP 6: I DIDN'T SEE MYSELF REPRESENTED ANYWHERE**

**TIME CODE: 00.09:05-00.09:38 | THEME: Cultural and social norms**



In Toronto, a Black Muslim female peer supporter talks about her experience feeling invisible. That mental health problems were something that many other people 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 does your culture, community, and family regard the importance of mental health?
- Do you think that the resources available address the specific needs of various racial, ethnic and sexual minorities?
- How can you support your peers who are racial, ethnic, or sexual minorities?

**FILM CLIP 7: LEXI'S DIARY | TIME CODE: 00.19:23-00.19:35****THEME: Needs of LGBTIQ+ community**

In Indiana, Lexi provides a visual diary from her bedroom in Indiana where she talks about the fear that she feels because she is gay. Young people also talk about the isolation and anxiety associated with being LGBTIQ+ including online harassment, being kicked out of the family, and being scared for one's personal safety.

*..."I am gay. I am a lesbian...to read about all these terrifying stories about women and men getting brutalized because they are themselves..."*

**Discussion questions for participants:**

- What are some of the challenges facing young people in the LGBTIQ+ community?
- What are some ways that being a sexual minority can impact mental health?
- How can we demonstrate respect and belonging for people who identify as LGBTIQ+?
- Do you feel that there are resources and support available for young people in the LGBTIQ+ community? If not, what do you think is needed?

**FILM CLIP 8: IT'S A DIGITAL WORLD | TIME CODE: 00.17:25-00.18:50****THEME: Impact of digital world on mental health**

A group of students meet to discuss the impact of technology and social media on their lives. A student shares a friend's experience with online bullying, resulting in anxiety and suicidal ideation. Another student talks about his own role in online bullying by commenting on other people's posts in a negative manner.

*"I have a couple of friends that have that have, like, approached me saying that they have really bad anxiety. And a few of them have said, like, a few of them have tried to hurt themselves. It was because of stuff on social media. Whenever I hear stuff like that it always makes me really sad."*

**Discussion questions for participants:**

- How do you think being on the internet and using social media impact young people today?
- What do you think can help prevent the negative impacts of the digital world on young people?
- What might be some of the positive impacts?

**FILM CLIP 9: YOU ARE THE ONES THAT BREAK THE STIGMA | TIME CODE: 00.24:30-00.25:00**

**THEME: Role of youth in breaking stigma**



In Sao Paulo, two young people speak about their experiences finding safe spaces to share their stories including with cutting, and with an online abusive relationship. They felt that their families did not understand, but that they were able to find the needed support elsewhere through breaking through the stigma and finding the resilience that they needed.

*“Thank you for your courage and your strength. Its young people like you, finding that resiliency and that strength and opening up. You are the ones that will break that taboo. You are the ones that break the stigma.”*

**Discussion questions for participants:**

- What are some of the misconceptions about mental health in your community that fuel stigma?
- What are some ways that young people can reduce stigma among peers and in their communities?
- What is your ideal vision of a safe space where you can freely talk about your feelings? Where would this be? Who would be there?

**FILM CLIP 10: WE UNITED WITH A LOT OF STRENGTH | TIME CODE: 00.22:25-00.24:00**

**THEME: Peer support**



In Sao Paulo after a student dies by 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:**

- This film clip explores the idea of ‘early intervention’, where the goal is to identify stressors and risks that lead to the development of mental disorder symptoms.
- What could be the benefits of having a peer support group in school? What would be important features of a peer support group in school?

**FILM CLIP 11: LONELINESS IS A GLOBAL EPIDEMIC | TIME CODE: 00:37:23-00:40:35**

**THEME: Peer support and loneliness**



In Zimbabwe, The Friendship Bench started with grannies sitting on a bench and listen to the stories of others as a means to provide mental health support in a country with few mental health specialists. The Friendship Bench has been adapted to meet the needs of young people including in this clip where a young woman attends a home visit to a young man who appears to feel isolated and depressed. She talks about the value of peers reaching out to peers to provide mental health support.

*“There is a lot of times when physicians, they can come for medical issues, or health issues. But when we start thinking about depression and anxiety and some of the mental health issues....to have peers coming out into the community, going to their houses, to really care and check on them”. ...“So we want him to have that sense of belonging, that someone actually still cares for him.”*

**Discussion questions for participants:**

- The Friendship Bench is one example tackling the loneliness global epidemic. What are some ways we can adopt similar principles in our community? What are some ways this can be accomplished virtually during the pandemic?
- If you could design your dream program for your peers what would it look like? What resources can you draw upon? What is needed to actually build it?

**FILM CLIP 12: TO INSPIRE HOPE | TIME CODE: 00:27:10-00:29:34**

**THEME: Art and mental health**



In Brazil, a young woman shares her gift of song to help inspire others. She sings a song to a large group of kids that describes the coexistence of pain and beauty in life, and the importance of perseverance.

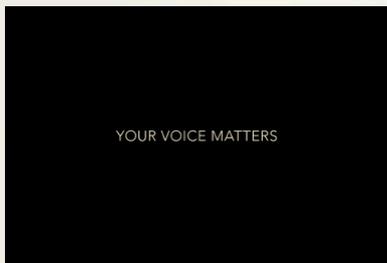
*“I use my music to inspire hope and to help other people to keep going and not give up on their dreams...believing in themselves and loving each other.”*

**Discussion questions for participants:**

- How do you feel music and arts can be used to promote and support the mental health of young people?
- What are other ways that young people can use their creative abilities to promote and support mental health?

**FILM CLIP 13: A CALL TO ACTION | TIME CODE: 00:51:24-00:54:17**

**THEME: Making 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.

*"I'm strong, I'm a warrior. I can get through anything."*

**Discussion questions for participants:**

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



# ANNEX 1: STIGMA ACTION PLAN FOR YOUNG PEOPLE

*The following activity can be conducted individually or in a group setting.*

It is important to understand the mental health stigma that you experience and begin to think about ways that you can address it. The following is an action plan to help you. Consider all of the sources of stigma that you experience in your life, including within yourself, from your peers, family or health providers and think about steps that you can take to deal with it in a healthy way. Share this with your provider, your counselor, or a loved one so that they can support you in acting on your action plan.

	<b>PROBLEM</b>	<b>ACTION STEP</b>	<b>RESOURCES NEEDED</b>	<b>BY WHOM</b>	<b>BY WHEN</b>
<b>EXAMPLE PROBLEM</b>	I'm worried others will see me visiting a mental health professional	Tell my best friend to let her know how I am feeling.	None.	I will talk with him or her.	After school tomorrow.
		Make an appointment to speak with a mental health professional	Access to the mental health professional	I will make the appointment, and I will tell my parent or caregiver that I am going to do it so that they will encourage me to follow through.	The end of the week.
		Join a peer support group.	Access to a peer support group.	When I attend the appointment, I will ask for information about peer support groups.	I will enrol as soon as I have the contact information.
<b>PROBLEM #1</b>					
<b>PROBLEM #2</b>					

*Adapted from The Policy Project and the Transition Tn.d.*

## ANNEX 2: SOCIAL MEDIA NORMS WORKSHEET FOR YOUNG PEOPLE

Social media can be a helpful way for young people to find friends, to feel less lonely, and to find support outside of one's usual family and peer group. On the other hand, social media can also contribute to feelings of inadequacy when comparing oneself to others, and when one experiences online harassment and bullying. This worksheet is designed to spark a discussion amongst young people to help identify when social media contributes to positive and negative mental health. These findings can be used to establish a social media norms agreement so that peer groups have a plan to use social media in a supportive, healthy manner.

<b>We use the following social media platforms...</b>	
<b>Social media helps us by...</b>	
<b>Social media hurts us when...</b>	
<b>We agree to the following social media norms to keep us safe and to help our own mental health....</b>	
<b>We agree to the following social media norms to help ourselves feel better...</b>	
<b>We agree to the following social media norms to ensure that our peers feel better...</b>	

## 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.<sup>11,12</sup> Half of all mental health conditions start by age 14 years and the majority are unidentified and untreated.<sup>11</sup> 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.<sup>11</sup> 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.<sup>13</sup> 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.<sup>11,14</sup>

**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.<sup>15</sup> Social media can also positively influence well-being through building a sense of belonging through increased interactions with family and friends,<sup>16,17</sup> however it can also negatively influence mental health through comparing accomplishments, abilities, or appearance against peers.<sup>18,16</sup> As demonstrated in *Connecting the Dots*, experiencing cyberbullying, online conflict or social exclusion can increase risk for self-harm and suicidal ideation.<sup>19,16</sup> 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.<sup>20</sup> 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.<sup>20</sup>

**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.<sup>21</sup> 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.<sup>22</sup>

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.<sup>23</sup> 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.<sup>24</sup> Family rejection increases risk of depression, attempt suicide, use of harmful substances and unprotected sex.<sup>24</sup> 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).<sup>25</sup> In many countries, sexual minorities are subject to criminalization including random arrests, imprisonment, forced sterilization, and death.<sup>25</sup> 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.<sup>26,27</sup>

**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.<sup>28</sup> Despite this emerging autonomy, young people who report higher parental understanding and monitoring experience fewer mental health problems.<sup>12</sup> 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.<sup>29</sup> 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.<sup>30</sup> 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.<sup>30</sup> Parental stigma towards mental illness is a critical barrier to mental health service access.<sup>30</sup>

*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.<sup>31</sup> 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,<sup>32</sup> they are not commonly available.<sup>33</sup> 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.<sup>34</sup>

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.<sup>33</sup>

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.<sup>34</sup> Examples of mental health promotion and mental illness prevention programs include school-based psychologists providing one-on-one and group therapy, after-school and lunch-time programs.<sup>33</sup> Teachers offering school-based mental health curriculums have demonstrated sustained benefits on young people as they transition into adulthood.<sup>33</sup> 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.<sup>33</sup> 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.<sup>35</sup> 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.<sup>36,37</sup> Reliance on psychiatric hospital-based approaches have proven to be often ineffective and can also result in human rights violations.<sup>38</sup> Mental health interventions should avoid institutionalizing and over-medicalizing young people while placing their human rights as central to their wellbeing.<sup>11</sup> 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.<sup>37</sup> <sup>39</sup> 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.<sup>38</sup> Such approaches may include mental health services delivered in communities, which can minimize experiences of stigma and discrimination.<sup>38</sup> 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.<sup>40</sup> 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.<sup>40</sup>

**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.<sup>41</sup> 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.<sup>42</sup> Strategically selected peer leaders with large social networks have the potential to reach many young people with mental health promotion and support activities.<sup>43</sup> 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.

<b>Activity</b> <i>(what, where, when, who, how many)</i>	<b>Benefits for young people</b>	<b>Potential risks for young people</b>	<b>Likelihood of risk</b> <i>(low, medium, high)</i>	<b>Severity of risk</b> <i>(low, medium, high)</i>	<b>Actions required to reduce risk</b>	<b>Additional actions needed</b>
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

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

## 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](http://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.<sup>1</sup>

**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.<sup>2</sup>

**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.<sup>2</sup>

**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.<sup>3</sup>

**Homophobia:** Prejudice or fear of individuals who are homosexuals.<sup>4</sup>

**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.<sup>5</sup>

**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.<sup>6</sup>

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

**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.<sup>8</sup>

## REFERENCES

1. World Health Organization. Adolescent Health. Accessed January 23, 2021. [https://www.who.int/health-topics/adolescent-health#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health#tab=tab_1)
2. World Health Organization. Depression and Other Common Mental Disorders.; 2017. <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>
3. Charangle JMB, Lucchi E. Incorporating the Principle of "Do No Harm": How to Take Action without Causing Harm. Reflections on a Review of Humanity & Inclusion's Practices.; 2018. [https://www.alnap.org/system/files/content/resource/files/main/donoharm\\_pe07\\_synthesis.pdf](https://www.alnap.org/system/files/content/resource/files/main/donoharm_pe07_synthesis.pdf)
4. JE V. Encyclopedia of Child Behavior and Development. Accessed January 23, 2021. [https://link.springer.com/referenceworkentry/10.1007%2F978-0-387-79061-9\\_1381](https://link.springer.com/referenceworkentry/10.1007%2F978-0-387-79061-9_1381)
5. World Health Organization. Mental health: strengthening our response. Published 2018. Accessed January 23, 2021. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
6. Ahmedani BK. Mental Health Stigma: Society, Individuals, and the Profession. *J Soc Work Values Ethics*. 2011;8(2):41-416. <http://www.ncbi.nlm.nih.gov/pubmed/22211117><http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC3248273>
7. World Health Organization Regional Office for Europe. WHO/Europe brief - transgender health in the context of ICD-11. Accessed January 23, 2021. <https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11#402742>
8. UNICEF. UNICEF Programme Guidance for the Second Decade : Programming With and for Adolescents.; 2018. <https://www.unicef.org/media/57336/file>
9. Service NH. How to Make Yourself a Calming Kit. Health for Teens. Published 2021. <https://www.healthforteens.co.uk/health/coronavirus/how-to-make-yourself-a-calming-kit/>
10. Tips for teachers: Ways to help students who struggle with emotions or behavior. Mental Health America. Published 2021. Accessed January 23, 2021. <https://www.mhanational.org/tips-teachers-ways-help-students-who-struggle-emotions-or-behavior>
11. World Health Organization. Adolescent Mental Health. Published 2020. Accessed January 23, 2021. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
12. Biswas T, Scott JG, Munir K, et al. Global variation in the prevalence of suicidal ideation, anxiety and their correlates among adolescents: A population based study of 82 countries. *EClinicalMedicine*. 2020;24:100395. doi:10.1016/j.eclinm.2020.100395
13. Loades, Elizabeth M, Chatburn E, Higson-sweeney N, et al. Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry*. 2020;59(11):1218-1239.
14. World Health Organization. Improving the mental and brain health of children and adolescents. Published 2021. Accessed January 23, 2021. <https://www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents>

15. UNICEF. Cyberbullying: What is it and how to stop it. Accessed January 23, 2021. <https://www.unicef.org/end-violence/how-to-stop-cyberbullying#2>
16. Nesi J. The impact of social media on youth mental health: Challenges and opportunities. *NC Med J.* 2020;81(2):116-121.
17. Ybarra ML, Mitchell KJ, Palmer NA RS. Online social support as a buffer against online and offline peer and sexual victimization among U.S. LGBT and non-LGBT youth. *Child Abuse Negl.* 2015;39:123-136.
18. Fardouly J VL. Social media and body image concerns: Current research and future directions. *Curr Opin Psychol.* 2016;9:1-5.
19. John A., Glendenning AC, Marchant A et al. Self-harm, suicidal behaviours, and cyberbullying in children and young people: Systematic review. *J Med Internet Res.* 2018;20(4).
20. Williams DR. Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *J Heal Soc Behav.* 2018;59(4):466-485. doi:10.1177/0022146518814251.Stress
21. Riecher-Rössler A. Sex and gender differences in mental disorders. *The Lancet Psychiatry.* 2017;4(1):8-9. doi:10.1016/S2215-0366(16)30348-0
22. Kato-Wallace, J., barker, g., sharafi, l., mora, l., lauro G(. Adolescent boys and young men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities. UNFPA. Published 2016. Accessed February 5, 2021. [https://www.unfpa.org/sites/default/files/pub-pdf/Adolescent-Boys-and-Young-Men-final-web\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Adolescent-Boys-and-Young-Men-final-web_0.pdf)
23. Ploderl M TP. Mental health of sexual minorities. A systematic review. *Int Rev Psychiatry.* 2015;5:367-385.
24. Katz-wise SL, Rosario M TM. LGBT youth and family acceptance. *Pediatr Clin North Am.* 2016;63(6):1011-1025. doi:10.1016/j.pcl.2016.07.005.LGBT
25. Blondeel K, de Vasconcelos S, García-Moreno C, Stephenson R, Temmerman M TI. Violence motivated by perception of sexual orientation and gender identity: a systematic review. *Bull World Health Organ.* 2018;96:29-41.
26. Gross M. Risk and protective factors to lgbtq+ youth suicide: A review of the literature. *Child Adolesc Soc Work J.* Published online 2020. doi:DOI:10.1007/s10560-020-00710-3
27. Fish STR and JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annu Rev Clin Psychology.* 2016;12:465-487. doi:10.1007/s12119-006-1006-4
28. J Jager, Yuen CX, Putnick DL, Hendricks C BM. Adolescent-peer relationships, separation and detachment from parents, and internalizing and externalizing behaviors: Linkages and interactions. *Physiol Behav.* 2018;176(1):139-148. doi:10.1177/0272431614537116. Adolescent-Peer
29. UNICEF. Four things you can do to support your teen's mental health. Accessed January 26, 2021. <https://www.unicef.org/parenting/health/four-things-you-can-do-support-your-teens-mental-health>
30. Villatoro, AP, DuPont-Reyes MJ, Phelan JC, Painter K LB. Parental recognition of preadolescent mental health problems: Does stigma matter? *Physiol Behav.* 2017;176(10):139-148. doi:10.1016/j.socscimed.2018.09.040.Parental

31. Chibanda D, Weiss HA, Verhey R et al. Effect of a primary care-based psychological intervention on symptoms of common mental disorders in Zimbabwe: A randomized clinical trial. *JAMA*. 2016;316(24):2618-2626.
32. Kern L, Sarup R, Mathur S, F. Albrecht, Scott Poland MR, Skiba & RJ. The need for school-based mental health services and recommendations for implementation. *School Ment Health*. 2017;9(3).
33. Šouláková B, Kasal A, Butzer B, Winkler P. Meta-review on the effectiveness of classroom-based psychological interventions aimed at improving student mental health and well-being, and preventing mental illness. *J Prim Prev*. 2019;40(3):255-278. doi:10.1007/s10935-019-00552-5
34. Fazel M, Hoagwood K, Stephan S, Ford T. Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*. 2014;1(5):377-387. doi:10.1016/S2215-0366(14)70312-8
35. Deluca J. Developmental predictors of adolescent mental health stigma and a cluster randomized controlled trial of "ending the silence" in New York city. Published online 2021. [https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=4990&context=gc\\_etds](https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=4990&context=gc_etds)
36. Kimberly D. Becker, Maya Boustani RG& BFC. Forty years of engagement research in children's mental health services: Multidimensional measurement and practice elements. *J Clin Child Adolesc Psychol*. 2018;47(1):1-23.
37. Edgcomb JB ZB. Medication adherence among children and adolescents with severe mental illness: A systematic review and meta-analysis. *J Child Adolesc Psychopharmacol*. 2018;28(8).
38. Servili C. An international perspective on youth mental health: The role of primary health care and collaborative. *J Can Acad Child Adolesc Psychiatry*. 2012;21(2):127-129.
39. Chowdhary N, Sikander S, Atif N, et al. The content and delivery of psychological interventions for perinatal depression by non-specialist health workers in low and middle income countries: a systematic review. *Best Pract Res Clin Obstet Gynaecol*. 2014;28(1):113-133. doi:10.1016/j.bpobgyn.2013.08.013
40. Hughes F, Hebel L, Badcock P, Parker AG. Ten guiding principles for youth mental health services. *Eur Child Adolesc Psychiatry*. 2018;(October 2016):513-519. doi:10.1111/eip.12429
41. Jenkins EK, Bungay V, Patterson A, Saewyc EM, Johnson JL. Assessing the impacts and outcomes of youth driven mental health promotion: A mixed-methods assessment of the Social Networking Action for Resilience study. *J Adolesc*. 2018;67(May):1-11. doi:10.1016/j.adolescence.2018.05.009
42. Zachariah B, Wit EE, Bahirat JD, Bunders Aelen JFG RB. What is in it for them? Understanding the impact of a 'Support, Appreciate, Listen Team' (SALT)-based suicide prevention peer education program on peer educators. *Sch Ment Heal A Multidiscip Res Pract J*. 2018;10(4):462-476.
43. Pickering T, Wyman PA, Schmeelk-Cone K, Hartley C VT. Diffusion of a peer-led suicide preventive intervention through school-based student peer and adult networks. *Front Psychiatry*. 2018;9(598).

## CREDITS



UNICEF Joanna Lai, Adolescent Health Specialist  
Sarah Thomsen, Senior Advisor Adolescent Health  
Marcy Levy, Adolescent Development Manager  
Andria Spyridou, MHPSS Focal Point,  
Latin America / Caribbean Office  
Claire O’Kane, Consultant

TECHNICAL WRITER Malia Duffy, Consultant

CONTRIBUTORS Jimmy Tan, Youth Advocate  
Kais Padamshi, Youth Advisor

DIRECTION AND PROJECT PRODUCTION Noemí Weis

## FACILITATORS GUIDE PRODUCED BY:



FILMBLANC PRESENTS A FILM BY NOEMÍ WEIS CINEMATOGRAPHERS NICHOLAOS STAGIAS BRIAN STUART MARK ELLAM  
EDITOR EUGENE WEIS STORY PRODUCER ANDRÉE BAGOSY COMPOSERS SUAD BUSHNAQ LODEWIJKVOS  
EXECUTIVE PRODUCERS NOEMÍ WEIS TERRY E. MARKUS DAVID GOLDFIELD THOMAS EDDINGTON BRENDAN MCNEILL WRITTEN, DIRECTED AND PRODUCED BY NOEMÍ WEIS

