Innovative Practice and Interventions for Children and Adolescents with Psychosocial Difficulties and Disabilities

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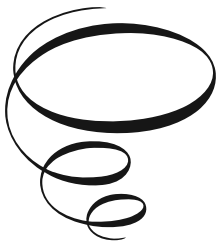

SCHOOL-BASED INNOVATIVE PRACTICES FOR THE PROMOTION OF SOCIAL, EMOTIONAL AND LEARNING SKILLS IN PORTUGAL

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Introduction

In recent years the promotion of mental health has become a public health priority (World Health Organization [WHO] 2005a), partly due to the recognition of the burden associated with mental health problems (WHO, 2005b; National Health Scotland [NHS], 2008).

Lack of knowledge, and stigma associated with mental disorders have been identified as major obstacles for the promotion of mental health and for early intervention (WHO, 2002).

Amongst the main concerns to deal with this issue, young people are considered an important target group, therefore becoming the focus of interventions concerned with promoting mental health and well being, and to combat stigma associated with mental illness (Rickwood, Deane, Wilson & Ciarrochi, 2005; WHO, 2010). Three main reasons support this need: (1) natural risk of developing a mental disorder [20-25% of adolescents will experience a mental disorder (Patel, Flisher, Hetrick & McGorry, 2007)]; (2) most of mental health problems are developed during youth (Kelly, Jorm & Wright, 2007; Patel, *et al*., 2007); and (3) stigma associated with mental health problems seems to arise from the age of 5 (Schachter, Girardi, Ly, Lacrix, Lumb, van Berkon. & Gill, 2008; European Commission & Portuguese Ministry of Health, 2010), and adolescence is considered a stage where attitudes can still be changed (Corrigan & Watson, 2002).

Considering this, interventions focusing on promoting *mental health literacy*, a concept that includes adequate knowledge and beliefs regarding mental health issues (Jorm, 2000), became fundamental for the promotion, recognition and management of mental health problems (Kelly *et al.*, 2007), with schools being the primary place to implement them (Massey, Armstrong, Boroughs, Henson & McCash, 2005). Worldwide, several mental health promotion and anti-stigma programmes have been launched (Wyn, Cahill, Holdsworth, Rowling & Carson, 2000; MINDSET, 2002; Stuart, 2006; Tacker & Dobie, 2008).

This chapter will review some of the conceptual issues regarding school-based interventions to promote mental health literacy in young people, with particular emphasis in the presentation of the Portuguese projects developed under the partnership of ENCONTRAR+SE and Faculty of Education and Psychology (Catholic University of Portugal).

Mental health in young people

The prevalence rate of mental disorders in childhood and adolescence is estimated between 10% and 20% (WHO, 2001, 2005b; Kieling *et al.*, 2011). According to the World Health Organization (2001), 1 in 4 adolescents will experience a mental disorder, which demands the capacity to understand mental health issues, and to be able to seek for help (Kelly *et al.*, 2007).

By conservative estimation, approximately 20% of youth need mental health intervention (Paternite, 2005), although 75–80% of these children do not receive appropriate interventions (U.S. Department of Health and Human Services, 1999, 2000 *cit in* Evans *et al.,* 2005), and for the small percentage that receive, most get it within a school setting (Paternite, 2005).

In this context, mental health in children and adolescents became an issue of recognised importance (Social Cohesion, 2008). Mental health problems can have deteriorating effects on young people's social, intellectual and emotional development and consequently on their future (WHO, 2001; National Scientific Council, 2008). Specifically these problems have been associated with school dropout, entangle in the juvenile justice system, drugs and alcohol abuse and participation in general risky behaviours with serious long-term consequences (Evans, Mullett, Weist, Franz, 2005).

On the other hand, young people who are mentally healthy "have the ability to: a) develop psychologically, emotionally, creatively, intellectually and spiritually; b) initiate, develop and sustain mutually satisfying interpersonal relationships; c) use and enjoy solitude; d) become aware of

others and empathize with them; e) play and learn; f) develop a sense of right and wrong; and g) resolve problems and setbacks and learn from them" (Social Cohesion, 2008, p. 13).

Recognizing these issues, Ministers of Health of Member States in the European Region of the WHO acknowledge that mental health is a priority, urging countries to take action in order to relieve the burden of mental health problems and to improve mental well-being (WHO, 2005b; European Commission, 2008; NHS, 2008).

Amongst the domains where action can been taken, two areas have been identified as priorities: individuals' increase of mental health literacy and reduction of the stigma associated with mental health problems (European Commission *et al.*, 2010).

Mental Health Literacy

Despite the fact that we live bombarded by information, the truth is that the level of accurate knowledge about mental health issues - *mental health literacy* - is meagre (Crisp, Gelder, Goddard & Meltzer, 2005).

The term *mental health literacy* was first introduced by Anthony Jorm, and refers to the "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm, Korten, Jacomb, Christensen, Rodgers & Pollit, 1997, p.182).

Mental health literacy derives from the concept of health literacy, originally defined as a functional capacity related to basic literacy skills and how these affect the ability of people to access and use health information. In recent years, the definition of health literacy has expanded to include the development of increasingly complex and interactive cognitive and social skills, which are related to personal and collective empowerment for health promotion. At the 5th WHO Global Conference on Health Promotion, it was noted that health literacy is not only a personal characteristic, but also a key determinant of population health (Burns & Rappee, 2006; Bourget Management Consulting, 2007).

Regarding the concept of mental health literacy it includes seven main components: a) the ability to recognize specific disorders or different types of psychological distress; b) knowledge and beliefs about risk factors and causes; c) knowledge and beliefs about self-help interventions; d) knowledge and beliefs about professional help available; e) attitudes which facilitate recognition and appropriate help-seeking; f) knowledge of how to seek mental health information (Jorm, 2000; Jorm, Christensen & Griffiths, 2005; Bourget Management Consulting, 2007). Recently, anoth-

er element was added – the ability to support others who are developing a mental disorder or in a mental health crisis (*first aid skills*; Jorm, 2012).

Based on these components one can recognise that the importance of the concept of mental health literacy is not limited to having knowledge, but also linked to people's attitudes in this area.

Although it is not for the scope of this chapter to fully review studies on this concept, some results deserve being highlighted: literature suggests that young people's mental health literacy level is as poor as adults' (Burns *et al*, 2006; Kelly, Jorm & Rodgers, 2006; Jorm, Korten & Jacomb, 1997 *cit in* Kelly *et al*, 2007); adolescents do not have positive attitudes towards professional help (e.g., seeing a psychologist, general practitioner or psychiatrist) and medication (Kelly *et al.*, 2006; Jorm, 2012); and young people often underestimate the need for professional help, trying to deal with their problems on their own (Rickwood *et al.,* 2005; Rickwood, Deane & Wilson, 2007), or preferring informal sources of help, such as family members or friends (Kelly *et al.*, 2007).

In this sense, one can recognise that beliefs associated with mental health issues are a relevant element conditioning young people's mental health (eg. resistance to seek professional help).These beliefs are the basis of stigma, a concept that will be briefly presented.

Stigma

Goffman (1963, p. 4 *cit in* Larson & Corrigan, 2008) originally defined stigma as "the mark that distinguishes someone as discredited"; for example, people marked by skin color (ethnicity), physiology (gender), body size (obesity), and clothes (poverty) are examples of those that have experienced stigmatization by the general public.

People with mental health problems are no exception, often having to struggle with a double difficulty: 1) the challenges associated with living with a mental health problem, and 2) society's stigma regarding mental disorders (Link & Phelan, 2001; Corrigan *et al.*, 2002; Corrigan, 2003; Rüsch, Angermeyer & Corrigan, 2005; Kermode, Bowen, Arole, Pathare & Jorm 2009).

Several models have been proposed to understand the development and nature of stigma [e.g. family stigma model (Larson *et al.*, 2008)]. For the purpose of this work stigma is considered a concept that integrates the following components: public cues that signal an individual belonging to a stigmatized group (those with mental health problems); cognitive (stereotypes), emotional (prejudice), and behavioural (discrimination) consequences (Larson *et al.*, 2008). For example, "most people with mental ill-

ness are dangerous" (stereotype), "I'm scared of them" (prejudice), so "I'm not going to rent my apartments to people with mental illness" [discrimination, (Corrigan, Edwards, Green, Diwan & Penn, 2001, p. 219)].

Literature suggests that negative attitudes towards those with mental health problems have been observed among children (Wahl, 2002; Lauria-Horner, Kutcher & Brooks, 2004; Hinshaw, 2005). Research has shown that most children around five years of age have knowledge of stereotypes and report that they personally believe in them (Augoustinos & Rosewarne, 2001; Stuart, 2006).

Therefore, it is important to stress that classic social psychological theory supports that children are born with no stereotypes, prejudice or discrimination, but that slowly acquire them through incremental learning processes during interactions with parents, peers and other key people in their lives (Corrigan *et al*., 2007). In other words, attitudes are malleable and modifiable in youth (Wahl, 2002); consequently intervention during this period is fundamental to promote mental health.

Mental health promotion in young people

Taking the previous into account, one can easily understand that early recognition and appropriate help seeking will only occur if young people and their supporters have higher mental health literacy (Jorm, 1997 *cit in* Kelly et al., 2007). Therefore, young people must be empowered through the provision of information on mental health issues (Rickwood *et al.*, 2005), which can be achieved through the development and implementation of effective programmes to promote mental health (WHO, 2005c, 2010a).

Regarding stigma challenges, we could foster future generations of adults where the stigma of mental illness is neither so prevalent nor egregious (Corrigan *et al.*, 2007), by helping young generations to have more positive attitudes towards mental health problems. In this way we would be preparing future generations of doctors, journalists and the "general public" to be able to reduce and/or eliminate mental illness stigma and discrimination (Schulze, Richter-Werling & Matschinger, 2003).

Schools have been identified by mental health professionals as a central setting for the screening and delivery of mental health services with educators as important collaborators (Greenberg, O'Brien, Zins, Resnik & Elias, 2003; Evans *et al.,* 2005). In fact, mental health promotion in schools provides opportunities to build positive responses to emerging emotional and behavioural problems, and to promote social and learning

environments that are supportive to emotional well-being and collective growth (Patton, Glover, Bond, Godfrey, Di Pietro & Bowes, 2000).

School-based interventions developed worldwide

The programmes developed in schools can be divided in different categories: those specifically focused on combating mental illness stigma (e.g., towards a specific illness such as schizophrenia), vs. having a broader scope focusing on the promotion of mental health; some initiatives are part of larger projects [e.g., World Psychiatric Association's (WPA) Open The Doors campaign (www.openthedoors.com)], whereas others are developed nationally to respond to particular needs and population characteristics.

A number of international mental health promotion and anti-stigma programmes have been launched over the past years (Pinfold, Stuart, Thornicroft, Arboleda-Florez, 2005), some of which are identified in Table 1.

School-based programmes developed in Portugal

Since the 90s Portugal has been involved in the European Network of Health Promoting Schools (ENHPS), and is currently part of its successor network, Schools for Health in Europe (SHE).

Moreover, in 2007 the Portuguese Ministry of Education created the *Grupo de Trabalho para a Educação Sexual/Educação para a Saúde* (GTES, Working Group on Sexual Education and Health Education) to develop proposals that could ensure health education to be part of the *curricula* of all schools by the end of that same year. The group stated that health education should be part of all school activities. Four areas were identified as a priority for intervention: substance use; sexuality/sexually transmitted infection and HIV prevention; nutrition and physical activity; and violence prevention and well-being/mental health. Theoretically, on each school there would be a school education plan that would include health education for all and would guarantee schools to be a health-friendly environments. Pupils, guided by a teacher, would be allowed to explore subjects related to sexuality, environmental education or mental health on a weekly basis and would dedicate a minimum of one hour every month to the acquisition of other skills, such as those associated with gender equity and ethics (WHO, 2010b).

Table 1: International mental health promotion and anti-stigma programs

Programme	Country	Participants	Goal(s)	Main results	References
Mindmatters	Australia	Secondary students, from 24 schools	1) To facilitate exemplary practice in the development of whole-school approaches to mental health promotion; 2) To develop mental health education resources, curriculum and professional development programs which are appropriate to a wide range of schools, students and learning areas; 3) To develop trial guidelines on mental health and suicide prevention and to encourage the development of partnerships between schools, parents, and community support agencies to promote the mental wellbeing of young people.	The project has highlighted the tension between the educator's core work of providing the most productive environment for all students, and the health professional's interest in providing treatment for selected young people who are defined as "at risk".	Wyn, J., Cahill, H., Holdsworth, R., Rowling, L. & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34, 594-601.
Youthbeyondblue (Ybblue)	Australia	People from 12 to 25 years-old	To help family and friends identify early warning signs or behaviors of youth depression and to promote help-seeking behavior.	Around 44% of young people have some awareness of Beyondblue or Ybblue. Awareness was low in young adolescents, but generally increased with age. Those adolescents who were aware of Beyondblue tended to have better mental health literacy, being better able to recognize depression in another person, and less likely to believe that dealing with depression alone is helpful.	Morgan, A. & Jorm, A. (2008). Self-help interventions for depressive disorders and depressive symptoms: A systematic review. *Annals of General Psychiatry, 7*. doi:[10.1186/1744-859X-7-13]

Reaching Out	Canada	14- to 16 year-old students, from 8 high schools (N=571)	To evaluate the impact on high school students of a video-based antistigma program portraying real life experiences of individuals with schizophrenia and lesson plans to guide classroom discussions and active learning.	Students were already quite knowledgeable about schizophrenia prior to the program, which created a ceiling effect for several items. Following the program students were four times more likely to get a correct knowledge score (defined as 80% or more correct items) and twice more likely to get a correct social distance score. This improvement was comparable to programs featuring direct personal contact with individuals who have mental illnesses, which suggests that indirect contact may be as effective as direct contact at reducing social barriers and creating positive images.	Stuart, H. (2006). Reaching Out to high school youth: the effectiveness of a video-based antistigma program. Canadian Journal of Psychiatry, 51:10, 647-653.
Crazy? So what!	Germany	14- to 18-year-old students (N=90)	To promote young people's mental health and to reduce stigma towards people with schizophrenia, with secondary school students.	The project had a positive effect on both the stereotypes held by the students and their readiness to enter social relationships with people suffering from schizophrenia. Although, people may hold more positive attitudes about schizophrenia as a result of an intervention, a significant improvement of their readiness to enter social relationships with individuals affected by the illness is likely to be a more long-term process.	Schulze, B., Richter-Werling, M., Mastschinger, H., Angermeyer, M. (2003). Crazy? So What! Effects of a school project on students attitudes towards people with schozophrenia. *Acta Psychiatrica Scandinavica*, 107, 142-150.

Programme	Country	Participants	Goal(s)	Results	Reference
Health in Mind	Japan	Students, parents and teachers (N=62.000) from 46 secondary schools	To o help young people to develop a more positive approach towards the healthy state of their psychological and physical beings; to increase knowledge and awareness of mental health issues among young people, their parents and teachers, and the public at large, so as to reduce stigmatization on mental illnesses in our community; and to build up their spirit of helping and serving the others in need.	Since its launch, the program has proved to be a workable model in promoting mental wellness and reducing stigma associated with mental illness.	MINDSET. Health in Mind (2002). Retrieved from Jardines website: http://www.jardines.com/community/mindset/education-and-prevention.html
Time to Change	U.K.	Students from 8 schools	To provide schools and colleges with the understanding, knowledge and practical tools to work on the mentioned objectives in a mutually compatible way.	The results from the school-pack produced test were very encouraging, showing what can be achieved even in a very short period of time.	RETHINK (2008). Time to change: Mental Health Resource Pack. University of London: Institute of Psychiatry.
Mental Health Awareness Action	U.K.	Secondary students, 14 to 15 year-olds (N=472)	To assess the effectiveness of an intervention with young people aimed at increasing mental health literacy and challenging negative stereotypes associated with severe mental illness.	The results showed a small but positive impact on students' views of people with mental and few changes in social distance ratings. Students who know someone with mental health problems learned more from the sessions than those who did not associate the subject area with a personal con-	Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P. & Graham, T. (2003). Reducing psychiatric stigma and discrimination: evaluation of interventions in UK secondary schools. *British*

				tact. Changes in MHL and attitudes were most marked for female students.	*Journal of Psychiatry,182*, 342-346.
Active Minds	USA	College students (EG=27; CG=109)	To reduce the stigma associated with mental illness on campus while encouraging people to seek help for mental health issues.	The project had significant results in reducing stigma among the students who became involved in the programming of Active Minds. Results also showed that attitudes toward seeking psychological help remained statistically unchanged for both students involved and uninvolved in the programming of Active Minds.	McKinney, K. (2009). Initial evaluation of Active Minds: a student organization dedicated to reducing the stigma of mental illness. *Journal of College Student Psychotherapy*, 23, 281-301.
Master Mind	USA	Middle school students (N=30)	To develop an educational curriculum and materials fostering mental health for middle school students that would effectively create a ‘‘toolbox for mental health’’ and to develop a pilot implementation of the program in a classroom.	Results indicated a student’s knowledge of mental health issues increased, though the differences between the entry and the exit surveys did not achieve statistical significance. Program evaluations confirmed the student interest in the topics that was indicated by lively classroom discussions.	Tacker, K. & Dobie, S. (2008). MasterMind: empower yourself with mental health. A program for adolescents. *Journal of School Health*, 78:1, 54-57.
The Science of Mental Illness	USA	Middle school students (N=1.566)	To test the curriculum supplement and to assess children’s knowledge and attitudes about mental illness.	Curriculum revealed to be effective in improving the student’s knowledge about mental illness; small but significant improvements in attitudes; curriculum was most effective in reducing negative attitudes among those with the most stigmatizing attitudes at baseline.	Watson, A., Otey, E., Westbrook, A., Gardner, A., Lamb, T., Corrigan, P. & Fenton, W. (2004). Changing middle schoolers attitudes about mental illness through education. *Schizophrenia Bulletin*, *30*(3), 563-572.

The truth is that this plan was never implemented in a systematic way, and school-based interventions have mainly focused on all the previously refereed issues apart from those regarding mental health.

In this context, in October 2007 Portugal witnessed the launch of the first national anti-stigma campaign, a movement aimed at combating stigma and discrimination of mental illness named ‘‘Movimento UPA’08—Unidos para Ajudar. Levanta-te contra o estigma e a discriminação das doenças mentais’’ (‘‘UPA’08—United to Help Movement. Stand up against stigma and discrimination toward mental disorders’’). Since then, several projects have been developed under the UPA movement, focusing on studying stigma related to mental illness and consequent discrimination, on improving awareness about mental health issues, and on combating stigma and discrimination in different population groups (Beldie *et al*., 2012), namely UPA Makes the Difference, and P’UPA United to Help Teachers.

A reference should be made to two other school-based initiatives that were implemented in Portugal, aiming to promote mental health in young people: Finding Space to Mental Health - Promoting mental health in adolescents (12-14 year-olds) and “Mental health education and awareness: An intervention programme based on adolescents and young people’s school”[1].

We will now present three school-based interventions developed under the collaboration of ENCONTRAR+SE[2] and the Faculty of Education and Psychology (Catholic University of Portugal): UPA Makes the Difference, P’UPA project - United to Help Teachers, and Finding Space to Mental Health.

Three projects: An intervention strategy

Based on the lack of systematic health education initiatives concerned with mental health, three projects were developed with the same goal: to contribute to increased knowledge regarding mental health issues and to reduced stigma associated with mental disorders – which are anchorated in

[1] The main objective of this project is the creation of a website in order to increase the levels of mental health literacy, for adolescents and young people between 15 and 22 years-olds attending schools. The intervention aims to increase recognition of mental disorders, help-seeking behaviours associated, and combating stigma and discrimination about mental illness, namely related to depression, substance use, anxiety, eating disorders and psychosis (Escola Superior de Enfermagem de Coimbra, 2009)

[2] http://www.encontrarse.pt/

two major concepts – *mental health literacy* (Jorm, 2000, 2011) and *stigma* (Corrigan & Watson, 2002).

These projects are directly and indirectly focused on the same target group – *young people,* as it will be further described.

The three projects' strategy followed guidelines suggested by literature regarding the development of interventions focused on promoting mental health: 1) conducting previous study with target groups, for example through focus groups, in order to guarantee message accuracy; 2) systematically organizing information within a consistent theoretical basis; 3) developing intervention strategies to capture target's attention, and promoting active participation; 4) developing a pre-intervention assessment, with the intention of understanding if message achieved proposed goals and improving it if necessary (Noar, 2006); 5) developing a post-intervention assessment to understand the impact and possible changes in attitudes and behaviours (Patel, Flisher, Hetrick & McGorry, 2007).

The three projects comprise two phases: *pilot study* and *intervention*. The pilot study involves the development of focus groups with the specific target groups, which results allow (a) the development of assessment instruments and the structure and content of the interventions, and (b) the study of psychometric characteristics of the assessment instruments and the improvement of the interventions developed (Campos, Palha, Dias & Veiga, 2011; Campos, Palha, Dias & Costa, 2012 a, b; Campos, Palha, Dias, Sousa Lima, Veiga, Costa & Duarte, 2012; Campos, Palha, Dias, Veiga, Costa & Duarte, 2012).

The intervention follows a common methodology including two sessions (though with different durations and tailored to target groups), one-week interval. Sessions followed an interactive methodology, using group dynamics, music, videos, group discussions and self-disclosure. In order to assess the impact of interventions on two of the projects (UPA Makes the Difference and Finding Space to Mental Health) participants were divided into two types of groups - experimental and control - and the evaluation questionnaires were applied at the beginning and at the end of the interventions (Campos *et al.,* 2011; Campos, Palha, Dias & Costa, 2012 a, b; Campos, Palha, Dias, Sousa Lima, Veiga, Costa & Duarte, 2012; Campos, Palha, Dias, Veiga, Costa & Duarte, 2012). In the P'UPA project only one group was assessed (pre and post intervention).

Table 2 presents an overview of the three school-based interventions considering the adopted design, participants' characteristics, measures and psychometric properties and main results.

Table 2: Design, participants' characteristics, measures and psychometric features and main results of the 3 projects

	UPA Makes the Difference (November 2009-June 2011)	UPA United to Help Teachers (September 2011-May 2012)	Finding Space to Mental Health (April 2011-August 2014)
Design	Pre-Post; experimental/control groups	Pre-Post	Pre-Post; experimental/control groups
Participants	1177 students (15-18 year-olds) (*M*=16.25; *SD*=0.99); EG=611; CG=560. 42.1% male; 57.9% female; 13 schools	101 teachers (*M*=47; *SD*=9.63); 12.1% male; 87.9% female; 9 schools	*Preliminary psychometric analysis of Mental Health Literacy questionnaire*: 239 students, 12-15 year-olds (*M*=13.12; *SD*=1.01), 53.6% male and 46.4% female; 1 school *Pilot intervention*: 70 students, 12-14 year-olds (*M*=13.11; *SD*=0.81), 58.2% male and 41.8% female; 1 school
Measures	"Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems" The questionnaire comprises a sociodemographic form and three sections, encompassing 1) stigmatizing perceptions; 2) perceptions of knowledge; and 3) behavioral intentions. Results concerning the internal consistency of the questionnaire "UPA Makes the Difference: Students' perceptions of mental health problems", showed a Cronbach's *alpha* of 0.65 in the *stigmatizing perceptions'* section, and 0.86 in the *perceptions of knowledge* section.	"Questionnaire UPA Makes the Difference: Perceptions of mental health problems – teacher form" The questionnaire comprises a sociodemographic form and three sections, encompassing 1) stigmatizing perceptions; 2) perceptions of knowledge; and 3) behavioral intentions. Results concerning the internal consistency of the questionnaire "UPA Makes the Difference: Perceptions of mental health problems – teacher form", showed a Cronbach's *alpha* of 0.71 in the *stigmatizing perceptions'* section, and 0.93 in the *perceptions of knowledge* section.	"Mental Health Literacy questionnaire" The assessment instrument comprises a sociodemographic form and three sections (1) knowledge/stereotypes, (2) first aid skills & help seeking, and (3) self-help strategies. Preliminary results concerning internal consistency of Mental health Literacy questionnaire showed a Cronbach's *alpha* of 0.71 in knowledge, 0.78 in first aid skills & help seeking, and 0.71 in self-help strategies.

Main Results	UPA FAD's results indicated a very significant increase of knowledge perceptions, a significant increase of positive perceptions towards mental health problems and satisfying results related to scale's internal consistency.	P'UPA's results indicated a very significant increase of positive perceptions towards mental health problems, of knowledge perceptions, an improvement of behavioral intentions, after the intervention and satisfying results related to scale's internal consistency.	Results from the pilot study of Finding Space to Mental Health suggest the adequacy of the questionnaire and of the intervention developed to the project´s goals.
References	Bryant, W. (chair), Campos, L., Palha, F., Dias, P., Veiga, E. & Duarte, A. (2012, March). *UPA (United to help movement) makes a difference: A school-based intervention to promote mental health literacy and combat mental illness stigma in young people.* Oral presentation at Refocus on Recovery 2012 Conference, London, England. Campos, L., Palha, F., Dias, P., Sousa Lima, V., Veiga, E., Costa, N. & Duarte, A. (2012). Mental health awareness intervention in schools. *Journal of Human Growth and Development, 22*(2), 259-266.	Campos, L., Palha, F., Dias, P. & Costa, N. (2012). P'UPA United to Help Teachers - Final Report. Unpublished report.	Campos, L. & Dias, P. (2014). *Development and psychometric properties of a new questionnaire for assessing Mental Health Literacy in young people.* Manuscript submitted for publication. Campos, L., Dias, P. & Palha, F. (2014). Finding Space to Mental Health - Promoting mental health in adolescents: Pilot study. *Education and Health*, *32*(1), 23-29.

UPA makes the difference project

UPA Makes the Difference was developed from UPA'08[1] with the main goal of contributing to increases in mental health literacy in young people (15-18 year-olds), aiming both at promoting early help-seeking attitudes and reducing stigmatizing attitudes. The project comprised two phases: pilot study and intervention.

Pilot study

In the first year of the project, UPA Makes the Difference' pilot-study comprised 10 focus groups, with 15-18 year-olds students, parents and teachers. Focus group allowed for the development of (1) the "Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems" and (2) a two-sessions intervention. The pilot study finished with a pilot intervention in order to study the appropriateness of the two-sessions intervention, and to study the psychometric properties of the "Questionnaire UPA Makes the Difference" (as described later in this chapter).

This pilot intervention study was conducted with 26 students, aged between 15 to 17 years-old (M=15.77; SD=0.15). Regarding gender, 10 were male and 16 female. All students were single and Portuguese. Written informed consent to participate in the study was obtained from both the students and their parents.

At the end of the pilot study, improvements were made in the questionnaire and in the mental health awareness intervention.

The results of the pilot study showed the adequacy of the methodology used in the intervention, particularly in its capacity to promote the increase of knowledge regarding mental health issues. Intervention content and structure were revised, comprising two sessions, 120 minutes each, one-week interval, conducted by two trained psychologists. The sessions' topics take into account developmental characteristics of the participants.

In what regards to the questionnaire, one section had to be reviewed, and new analyses with a larger sample were conducted. The questionnaire comprises a social-demographic form and three sections, encompassing a)

[1] http://www.encontrarse.pt/upa08/

stigmatizing perceptions; b) perceptions of knowledge; and c) behavioral intentions (Campos, Palha, Dias, Sousa Lima, Veiga, Costa & Duarte, 2012).

Intervention

The second phase of UPA Makes the Difference project – the *intervention* - was conducted with 1177 students (experimental group= 611; control group=560) aged between 15 to 17 year-olds (*M*=16.25; *SD*=0.99). Regarding gender, 42.1% were male and 57.9% were female. All students were single and almost all of them were Portuguese. Thirteen schools were involved (Campos, Palha, Dias & Costa, 2012a).

Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems

The questionnaire comprises a *social-demographic form* allowing data collection on students and families' social-demographic features and three sections: 1) *Stigmatizing perceptions* assessing stigma related to mental health problems; 2) *Perceptions of Knowledge*, including questions about the perceived degree of knowledge on mental health problems, causes of mental health problems[2] and their belief regarding the possibility of people with mental disorders "having a life similar to other people's"; and 3) *Behavioral intentions* directed to assess behavioral intentions as seeking help intention facing a mental health problem, type of help they would look for and intention to help a close person with mental health problems.

Mental health awareness intervention

The specific goals and structure of the sessions were: *First Session* a) to present UPA Makes the Difference project; b) to establish group rules; c) to explore students' cognitive-emotional experience; d) to discuss the meaning of mental health problems; e) to understand the cross-line between mental health and mental disorders; f) to identify mental disorders' causes and risks; *Second session*: a) to explore the impact of mental disorders; b) to discuss treatment and prognosis of mental disorders; c) to address behavioral intentions related to mental health problems; d) to discuss the concept of mental health; e) to raise students' awareness of mental

[2] This dimension was originally addressed, but the internal consistency of this scale suggested its removal. Results regarding this dimension won't be presented.

health promotion; f) to promote non-stigma behaviors towards mental disorders. (Campos, Palha, Dias, Sousa Lima, Veiga, Costa & Duarte, 2012).

Intervention main goals, specific session's goals, structure, contents, materials, methodologies and activities are manualized, allowing for its replicability.

Considering both developmental features of the target group and the information driven from the focus group sessions, activities were planned in order to attend to young people needs and suggestions, using attractive and interesting activities to this age group in order to assure their commitment.

Thus, several activities were developed and two of them will be now presented.

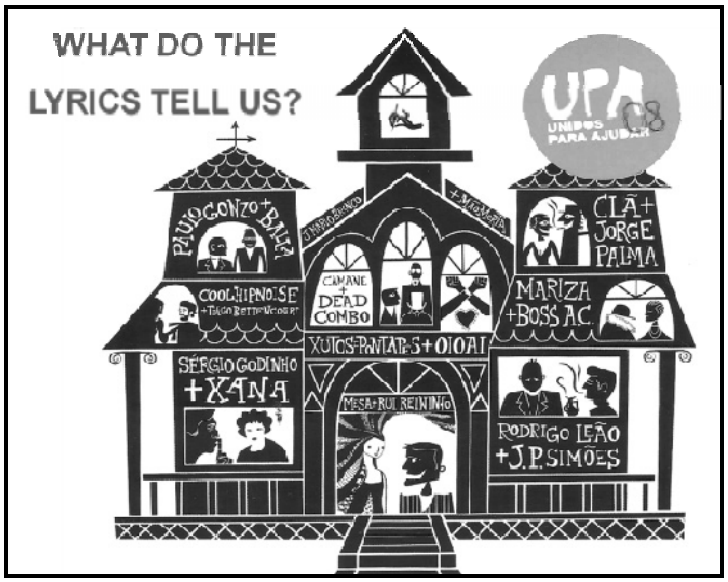

Figure 1. *UPA'08 CD cover used in the music based activity*

What do the lyrics tell us? is a music based activity driven from a previous campaign (UPA'08) where music was used as vehicle of the messages, with the aim of reaching the general population. Twenty well-known Portuguese musicians/bands were involved in the CD edition, composing an original song based on the themes defined by ENCONTRAR+SE in partnership with other patient/family representatives. The reason for using music was twofold. On the one hand, music has the power of eliciting an emotional response and it can be listened to many times; on the other hand, it involves well-known people who work as role-models and who can have an effect on people's attitudes (Beldie *et al.*, 2012).

Two songs were used focusing two opposite words – ''despair/hope'' and ''discriminating/integrating'' - combining prejudice and stigmatizing

aspects with constructive information, drawing the attention to the need to change the way in which mental disorders should be seen.

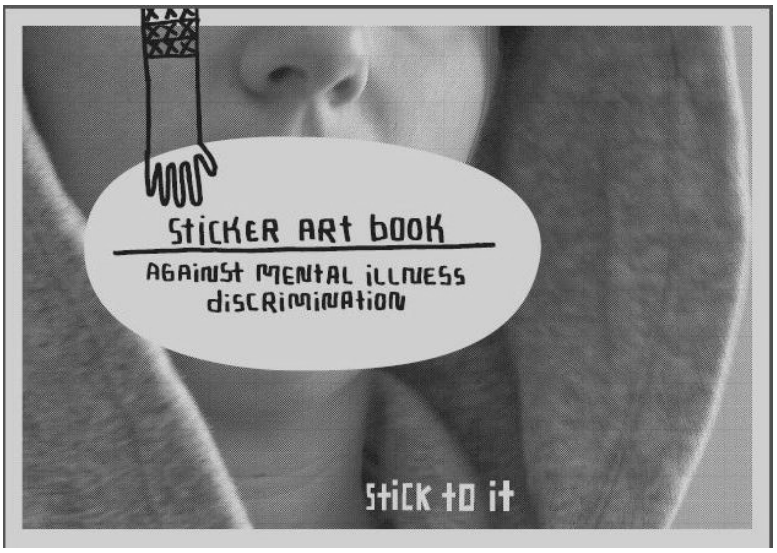

Figure 2. *UPA Citizen Sticker Art Book*

In order both to keep young people focused on the topic addressed in the intervention sessions in a positive and attractive way, and to provide a summary document with the information from the sessions, the *UPA Citizen Sticker Art Book*[3] was created.

The *UPA Citizen Sticker Art Book* was developed with a double goal: (i) to inform and (ii) to challenge young people to actively disseminate messages and to fight stigma and discrimination of people with mental health disorders. Therefore, this tool held a glossary and a set of stickers with mental health messages designed to be placed in public spaces as suggested in the art book. Young people were invited to photograph their public art actions and then upload them in the project website; then, they were made known through project's Facebook page and considered in the "Citizen UPA goes out" award (Campos, Palha, Dias & Costa, 2012a).

Study Design

The study of the intervention's effectiveness was conducted through an experimental pre-test – post-test design encompassing a control group and using the Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems.

[3] Available *online* http://upafazadiferenca.encontrarse.pt

UPA MAKES THE DIFFERENCE main results[4]

Results from the *post-intervention assessment* indicated less stigmatizing perceptions in both groups, which were more significant in the experimental one.

Regarding perceptions of knowledge about mental health problems, experimental group showed an increase in the perceptions of knowledge in all mental disorders and in the possibility of someone with a mental disorder have "a life similar to other people's".

The positive impact of the intervention was also observed in the behavioral intentions section, in which the experimental group participants would be both more willing to seek help and look out for different kinds of support. Moreover, the number of participants that didn't know which type of help they would seek for decreased (Campos, Palha, Dias & Costa, 2012a).

P'UPA PROJECT - UNITED TO HELP TEACHERS: Intervention to promote mental health literacy in secondary school teachers

Following UPA Makes the Difference' project, "P'UPA project - United to Help Teachers: Intervention to promote mental health literacy in secondary school teachers" (Campos, Palha, Dias & Costa, 2012b) was developed. This project aims to combat stigma associated with mental illness and to promote mental health literacy in secondary school teachers.

Pilot study

The pilot study had on its base the materials developed in the UPA FAD's project, including: (1) the focus group with teachers; (2) Question-

[4] The Portuguese Society for the Study of School Health honored UPA FAD with the 1st Prize for Best Practices in Health Education for the Study of School Health (2011).

naire UPA Makes the Difference: Students' perceptions of mental health problems; and (3) Mental health awareness intervention.

These materials were adapted to teachers resulting in the "Questionnaire UPA Makes the Difference: Perceptions of mental health problems – teacher form", and in a two-sessions intervention addressing teachers' needs.

The pilot study finished with a pilot mental health intervention in order to study the appropriateness of the two-sessions and to study the psychometric properties of the "Questionnaire UPA Makes the Difference: perceptions of mental health problems – teacher form" (as described later in this chapter).

This pilot mental health intervention study was conducted with 14 teachers, aged between 35 to 55 years-old (*M*=45.62; *SD*=5.95). Regarding gender, one teacher was male and 13 female. Written informed consent to participate in the study was obtained.

The results of the pilot study, in what concerns to mental health promotion, suggested the adequacy of the intervention methodology. After the pilot study the questionnaire and the two-sessions intervention were revised.

Intervention

The second phase of P'UPA PROJECT - UNITED TO HELP / TEACHERS – the *intervention* - was conducted with 101 teachers aged between 24 to 63 years-old (*M*=47; *SD*=9.63). Regarding gender, 87.9% were female and 12.1% were male. 22.8% participants were single, 63.4% married, 12.9% divorced and 1% were widow. All teachers were Portuguese.

Questionnaire UPA Makes the Difference: perceptions of mental health problems – teacher form

As stated previously, the questionnaire was adapted from "Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems" (Campos, Palha, Dias & Costa, 2012a)

The questionnaire comprises a *social-demographic form* allowing data collection on teachers and families' social-demographic features and three sections: 1) *Stigmatizing perceptions* assessing stigma related to mental health problems (the same as the "Questionnaire UPA Makes the Difference: Students' perceptions of mental health problems"; 2) *Perceptions of Knowledge* - in this section a list where participants should identify mental

health problems was added; the questions about the perceived degree of knowledge on mental health problems were changed (namely some mental disorders); the answer options of causes of mental health problems were also changed[5]; and the question of their belief regarding the possibility of people with mental disorders "having a life similar to other people's" was kept; and 3) *Behavioral intentions* directed to assess behavioral intentions, such as seeking help intention when facing a mental health problem, type of help they would look for and intention to help a close person with mental health problems. In this section, the answer options of "type of help" were revised.

Mental health awareness intervention - Teachers

Similarly to what happened with the "Questionnaire UPA Makes the Difference: perceptions of mental health problems – teacher form", the Mental health awareness intervention was adapted to the target group of this project - teachers - considering changes suggested by the results of the pilot study (Campos, Palha, Dias & Costa, 2012b).

The intervention comprises two sessions, 150 minutes each, one-week interval, conducted by one trained psychologist. Topics are addressed taking into account developmental characteristics of the participants. Sessions follow an interactive methodology, using group dynamics and music, group discussions and disclosure regarding participants' emotional well-being.

Although the main goals of the intervention were the same, changes were made in the contents of the intervention – e.g., mental disorders addressed were different -, a bookmark was provided (instead of the sticker art book) and at the end of the second session the participants were invited to visit the UPA Informs[6], UPA Makes The Difference and ENCONTRAR+SE websites (Campos, Palha, Dias & Costa, 2012b).

Intervention main goals, specific session's goals, structure, contents, materials, methodologies and activities are manualized, allowing for its replication.

[5] This dimension was originally addressed, but the internal consistency of this scale suggested its removal. Results regarding this dimension are not presented in this chapter.

[6] http://upainforma.encontrarse.pt/

Study Design

The study of the intervention's effectiveness was conducted through a pre-test - post-test design using the assessment instrument developed - Questionnaire UPA Makes the Difference: Perceptions of mental health problems – teacher form.

P'UPA PROJECT - UNITED TO HELP / TEACHERS: Main results

The results from the *post-intervention assessment* suggest a highly positive impact of the intervention: less stigmatizing perceptions towards mental health problems; a very significant increase in the global score of perceptions of knowledge, in the global score of the identification of mental health problems, and in considering the possibility of someone with a mental disorder have "a life similar to other people's"; and, finally, the results from the behavioral intentions section showed that participants would be more willing to seek help if needed (Campos, Palha, Dias & Costa, 2012b).

FINDING SPACE TO MENTAL HEALTH Project

"Finding Space to Mental Health" is a 3 years project that aims to develop a school-based intervention to promote mental health literacy (Jorm, 2000, 2012) in young people (12-14 year olds). The project comprises three major phases - pilot study, intervention and follow-up.

Pilot study

During the first year of the project a pilot study was carried out focusing on the development of an assessment instrument and on a mental health promotion intervention.

Finding Space to Mental Health pilot-study included four focus group with 34 students aged between 12-14 years-old. Focus group allowed for

the development of(1) the "Mental Health Literacy questionnaire " and (2) a two-sessions intervention.

After the qualitative analysis of focus group data, a first version of the Mental Health Literacy questionnaire (MHLq) was revised using talk-aloud procedures with 11 adolescents (11-12 year-olds), in order to make sure that respondents understand the correct meaning of the items. The items resulting from the qualitative analysis were included in an experimental version of the scale for psychometric analysis (N= 239).

Mental Health Literacy questionnaire's exploratory factor analysis revealed the existence of three factors, (1) knowledge, (2) first aid skills & help seeking and (3) self-help strategies. Cronbach's *alpha* of the Mental Health Literacy questionnaire sections revealed satisfactory levels of internal consistency (Campos, Palha, Dias, Veiga & Duarte, 2012).

The intervention includes two sessions, 90 minutes each, one-week interval. Sessions are focused on mental health literacy – knowledge and beliefs about mental health disorders which aid their recognition, management and prevention (Jorm, 2000) -, and follow an interactive methodology, using group dynamics, music, videos, group discussions and disclosure (Campos, Palha, Dias, Veiga & Duarte, 2012).

The pilot study ended with pilot mental health intervention in order to study the appropriateness of the two-sessions intervention and the psychometric analysis of the "Mental Health Literacy questionnaire".

The pilot mental health intervention was conducted with 70 Portuguese students, aged between 12-14 years-old (M=13.11; SD=0.81), 58.2% of which were male. The psychometric analysis was conducted with 239 Portuguese students aged between 12 to 14 years-old (M=12.95; SD=0.88), 53.6% of which were male. Written informed consent to participate in both studies was obtained from the students and their parents. Additionally, a focus group was carried out with students to discuss intervention methodologies and obtain students' feedback.

The post intervention assessment showed a significant increase in knowledge, first aid skills & help seeking and self-help strategies, suggesting the adequacy of the methodology used. According to students' opinion, intervention's strategies were dynamic and appealing, and dimensions considered critical to the success of mental health promotion interventions (Campos, Palha, Dias, Veiga & Duarte, 2012).

Furthermore, the pilot study results indicated the need to improve the questionnaire (e.g., item's formulation) and the mental health awareness intervention (e.g., contents, activities).

Study design

The intervention and follow up phases of Finding Space to Mental Health project will be developed from September 2012 to July 2013.

For the implementation and study of the intervention's effectiveness, a convenience sample of 22 classes (around 450 students) will be used, from eight schools of the North of Portugal. Then, the classes will be randomly assigned in two experimental conditions (experimental group and control group). The intervention programme will be carried out with the 11 classes assigned to the experimental group. When the second intervention session is completed, the questionnaire will be administered again to the two groups (post-test assessment).

Finally, a six-month follow-up assessment using Mental Health Literacy questionnaire will be conducted for both groups (Campos, Palha, Dias & Veiga, 2011).

Conclusion

Mental health is an essential component of human development, social cohesion, productivity, peace and stability in the living environment, contributing to social capital and economic development in societies. Furthermmore, mental health allows people to experience life as meaningful and to be creative and active citizens.

On the contrary, mental health problems can bring about an enormous burden at the individual, family, social and economic levels.

No matter how clear this understanding is, people in general do not seem to be aware of the importance of looking after mental health, and it has not been followed by equivalent government investment for the development of programmes that can increase individuals' mental health.

In this context, the World Health Organization declared that "the development and implementation of effective plans to promote mental health will enhance mental well-being for all" (WHO, 2005c, p.1; 2010a), and that "the mental health promotion of young people is an investment in the present and the future" (WHO, 2010a, p. 5).

Results of the initiatives that have responded to this call showed that there is a lot of work to be done, even though some positive results can already be identified. As a summary, it should be highlighted that:

First, it is evident both the lack of mental health literacy (Crisp, Gelder, Goddard & Meltzer, 2005), and that stigma associated with mental illness are present everywhere;

Second, evidence from education studies suggests that people with a better knowledge and understanding of mental illness – *mental health literacy* - may be less stigmatizing and more supportive of others who have mental health problems (Pinfold, Stuart, Thornicroft, Arboleda-Florez, 2005; Bourget Management Consulting, 2007; Corrigan *et al.*, 2007);

Third, if mental health problems were recognised and treated early, the chances of a better long-term outcome would be increased (Jorm *et al.*, 1997 *cit in* Kelly, Jorm, Wright, 2007; Jorm, 2012);

Forth, mental health awareness programmes in schools succeed overall mental health awareness campaigns and have been shown to be effective in changing young people's opinions about mental health matters and help seeking (Burns *et al.*, 2006; Wright, Jorm, Harris, McGorry, 2007). Moreover, the ideas taught to children during mental health awareness programmes in schools have the potential to infiltrate the community more broadly (Burns *et al.*, 2006). Furthermore, programmes focusing in the promotion of mental health literacy have showed enormous advantages in terms of prevention, early recognition and intervention, and in reducing stigma associated in mental disorders (Schulze *et al*., 2003; Pinfold, Toulmin, Thornicroft, Huxley, Farmer & Graham, 2003; Pinfold *et al*., 2005; Stuart, 2006).

Fifth, working with teachers can have a double effect: at a personal level, and as educational agents it can have an effect in young people's way of dealing with mental health issues (Wyn *et al.*, 2000).

The experience of implementing projects of this nature in Portugal have also stressed the need to consider cultural aspects, and the need to recognise the consequences of the scarce importance given to mental health (Beldie *et al.*, 2012).

When planning this type of initiatives, it is important to consider different types of challenges, amongst which two deserve to be mentioned at this point: the resistance from different people (e.g., school managers, teachers, students) to deal with this issue, and how to captivate them to participate in the projects; and, the need to treat a complex theme in a way that can have an impact both in terms of knowledge acquisition, and behaviour change.

The projects described in this chapter invested greatly in developing close relationships with school directors and teachers, which resulted in their increase of understanding of the need of this type of interventions. The use of pilot studies helped to define the particular needs of different contexts, and by responding to them they contributed to the positive outcomes observed.

On the other hand, the projects stressed the importance of using attractive and appealing materials (e.g. music) that can "provoke" an emotional response and engage subjects in the theme.

Finally, the training of the team is an issue of utmost importance considering that these interventions deal with sensitive issues, can provoke reactions that demand the capacity of a specific response, and possible need to referrals or professional help.

It goes without saying, that the research framework that supported all projects is vital to guarantee the scientific study of the theme, and to produce clear information on how to develop school-based interventions based on evidence.

In spite of the already existing examples of good practice, regarding mental health promotion much more needs to be done (RETHINK, 2008; Andersson, Bjørngaard, Kaspersen, Wang, Skre & Dahl, 2010).

For the subsequent years, in Europe, WHO defined mental health and well-being promotion in school context as a privileged area (Ministério da Saúde, 2006), and it is our hope that Portugal can respond to this challenge.

References

Andersson, H., Bjørngaard, J., Kaspersen, S., Wang, C., Skre, I. & Dahl, T. (2010). The effects of individual factors and school environment on mental health and prejudiced attitudes among Norwegian adolescents. *Social Psychiatry and Psychiatric Epidemiology*, 45, 569–577. doi: [10.1007/s00127-009-0099-0]

Augoustinos, M. & Rosewarne, D. (2001). Stereotype knowledge and prejudice in children. *British Journal of Developmental Psychology*, *19*, 143-56. doi: [10.1348/026151001165912]

Beldie, A, den Boer, J., Brain, C., Constant, E., Figueira, M., Filipcic, I… Wancata, J. (2012). Fighting stigma of mental illness in midsize European countries. *Social Psychiatry and Psychiatric Epidemiology, 47*(1), 1-38. doi:[10.1007/s00127-012-0491-z]

Bourget Management Consulting for the Canadian Alliance on Mental Illness and Mental Health (2007). Mental Health Literacy: A Review of the Literature. Retrieved from the Canadian Alliance on Mental Illness and Mental Health: http://www.camimh.ca

Bryant, W. (chair), Campos, L., Palha, F., Dias, P., Veiga, E. & Duarte, A. (2012, March). *UPA (United to help movement) makes a difference: A school-based intervention to promote mental health literacy and com-*

bat mental illness stigma in young people. Oral presentation at Refocus on Recovery 2012 Conference, London, England.

Burns, J. & Rapee, R. (2006). Adolescent mental health literacy. Young people's knowledge of depression and help seeking. *Journal of Adolescence, 29*, 225–239. doi: [10.1016/j.adolescence.2005.05.004]

Campos, L., Palha, F., Dias, P. & V., Costa, N. (2012a). UPA Makes the Difference – Final Report. Retrieved from ENCONTRAR+SE website: http://www.encontrarse.pt/

Campos, L., Palha, F., Dias, P. & V., Costa, N. (2012b). P'UPA United to Help Teachers - Final Report. Non-published report.

Campos, L., Palha, F., Dias, P., Sousa Lima, V., Veiga, E., Costa, N. & Duarte, A. (2012). Mental health awareness intervention in schools. *Journal of Human Growth and Development, 22*(2), 259-266.

Campos, L., Palha, F., Veiga, E., Dias, P. & Duarte, A. (2012, November). *Finding Space to Mental Health - Promoting mental health in adolescents (12-14 year-olds): Preliminary results of the pilot study*. Poster presented at 11th Congress of World Association for Psychosocial Rehabilitation, Milan, Italy.

Campos, L., Palha, F., Dias, P. & Veiga., E. (2011, September). *Finding Space to Mental Health - Promoting mental health in adolescents (12-14 year-olds): Development and evaluation of an intervention*. Poster presented at the 25th European Health Psychology Conference. Crete, Greece.

Corrigan, P. (2003). Beat the stigma: come out of the closet. *Psychiatric Services Journal*, *54*.

Corrigan, P. & Watson, A. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry, 1,*1, 16-20.

Crisp, A., Gelder, M. ,Goddard, E. & Meltzer, H. (2005) Stigmatization of people with mental illnesses: a follow-up study within the Changing Minds campaign of the Royal College of Psychiatrists, *World Psychiatry*, *4*, 106-113.

European Commission (2008). *European pact for mental health and well-being*. Retrieved from European Commission website: http://ec.europa.eu/

European Commission & Portuguese Ministry of Health. Background document for the thematic conference - Promoting Social Inclusion and Combating Stigma for better Mental Health and Well-being. (2010). Retrieved from European Commission website: http://ec.europa.eu/health/mental_health/policy/index_en.htm

Evans, S., Mullett, E., Weist, M., & Franz, K. (2005). Feasibility of the MindMatters School Mental Health Promotion Program in American

Schools. *Journal of Youth and Adolescence, 34* (1), 51-58. doi:[10.1007/s10964-005-1336-9]

Greenberg, M., O'Brien, R., Zins, J., Resnik, L. & Elias, M. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional and academic learning. *American Psychologist Association, 58*(6/7), 466-474. doi: [10.1037/0003-066X.58.6-7.466]

Hinshaw, S. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *46*, 714-34. doi: [10.1111/j.1469-7610.2005.01456.x]

Jorm, A. (2000). Mental Health Literacy. Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry*, *177*, 396-401.

—. (2012). Mental Health Literacy: empowering the community to take action for action for better mental health. *American Psychologist, 67*(3), 231-43. doi:[10.1037/a0025957]

Jorm, A., Christensen, H. & Griffiths, K. (2005). Public beliefs about causes and risk factors for mental disorders. Changes in Australia over 8 years. *Social Psychiatry and Psychiatric Epidemiology, 40*, 764–767. doi: [10.1007/s00127-005-0940-z]

Jorm, A., Korten, A., Jacomb, P., Christensen, H., Rodgers, B. & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Jounal of Australia, 166*, 182-186.

Kelly, C., Jorm, A. & Rodgers, B (2006). Adolescents' responses to peers with depression or conduct disorder. *Australian and New Zealand Journal of Psychiatry, 40*, 63-66.

Kelly, C., Jorm, A. & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *The Medical Journal of Australia*, *187*(7), 26-29.

Kermode, M., Bowen, K., Arole, S., Pathare, S. & Jorm, A. (2009). Attitudes to people with mental disorders: a mental health literacy survey in a rural area of Maharashtra, India. *Social Psychiatry and Psychiatric Epidemiology, 44*, 1087–1096. doi: [10.1007/s00127-009-0031-7]

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rhode, L., Srinath, S., Ulkuer, N. & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *Lancet, 378*, 1515-1525. doi:[10.1016/S0140-6736(11)60827-1]

Larson, J. & Corrigan, P. (2008). The Stigma of Families with Mental Illness. *Academic Psychiatry, 32*, 87–91.

Lauria-Horner, B., Kutcher, S. & Brooks, S. (2004). The feasibility of mental health curriculum in elementary school. *Canadian Journal of Psychiatry*, *49*, 208–211.

Link, B. & Phelan, J. (2001). Conceptualising stigma. *Annual Review of Sociology*, *27*, 363–385.

Massey, O., Armstrong, K., Boroughs, M., Henson, K. & McCash, L. (2005). Mental health services in schools: a qualitative analysis of challenges to implementation, operation, and sustainability. *Psychology in the Schools, 42*(4), 361-372. doi: [10.1002/pits.20063]

Mckinney, K. (2009). Initial Evaluation of Active Minds: A Student Organization Dedicated to Reducing the Stigma of Mental Illness. *Journal of College Student Psychotherapy*, *23*, 281–301. doi: [10.1080/87568220903167232]

MINDSET. Health in Mind. (2002). Retrieved from Les Jardines website: http://www.jardines.com/community/mindset/education-and-prevention.htm

Ministério da Saúde. Plano Nacional de Saúde escolar (2006). Retrieved from Ministério da Saúde website: http://www.min-saude.pt/

Morgan, A. & Jorm, A. (2008). Self-help interventions for depressive disorders and depressive symptoms: A systematic review. *Annals of General Psychiatry, 7*. doi:[10.1186/1744-859X-7-13]

National Health Scotland (2008). Stigma: an international briefing paper. Retrieved from Health Scotland: http://www.healthscotland.com/

National Scientific Council on the Developing Child (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6*. Retrieved from: http://www.developingchild.net

Noar, S. (2006). A 10-year retrospective of research in health mass media campaigns: where do we go from here? *Journal Health Community*, *11*, 21-42.

Patel, V., Flisher, A., Hetrick, S. & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *Lancet, 369*, 1302–1313. doi:[10.1016/S0140-6736(07)60368-7]

Paternite, C. (2005). School-Based Mental Health Programs and Services: Overview and Introduction to the Special Issue. *Journal of Abnormal Child Psychology, 33*(6), 657-663. doi:[10.1007/s10802-005-7645-3]

Patton, G., Glover, S., Bond, L., Godfrey, C., Di Pietro, G. & Bowes, G. (2000). The gatehouse project: a systematic approach to mental health promotion in secondary schools. *Australian and New Zealand Journal of Psychiatry*, *34*, 586-93.

Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., Farmer, P., & Graham, T. (2003). Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in UK secondary schools. *British Journal of Psychiatry*, *182*(4), 342–346.

Pinfold, V., Stuart, H., Thornicroft, G. & Arboleda-Florez, J. (2005). Working with young people: the impact of mental health awareness programmes in schools in the UK and Canada. *World Psychiatry, 4*(1), 48-52.

RETHINK (2008). Time to change: Mental Health Resource Pack. University of London: Institute of Psychiatry.

Rickwood, D., Deane, F. & Wilson, C. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia, 187*, S35-S39.

Rickwood, D., Deane, F., Wilson, C. & Ciarrochi, J. (2005). Young people's help seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 3*(4).

Rusch, N., Angermeyer, M. & Corrigan, P. (2005). Mental illness stigma: concepts, consequences, and initiatives to reduce stigma**.** *European Psychiatry*, *20*(8), 529-539. doi: [10.1016/j.eurpsy.2005.04.004]

Schachter, H., Girardi, A., Ly, M., Lacrix, D., Lumb, A., van Berkon, J. & Gill, R. (2008). Effects of school-based interventions on mental health stigmatization: a systematic review. *Child and Adolescent Psychiatric and Mental Health, 2*(18), 1-14. doi:[10.1186/1753-2000-2-18]

Schulze, B., Richter-Werling, M. & Matschinger, H. (2003). Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia. *Acta Psychiatrica Scandinavica*, *107*, 142-50.

Social cohesion for mental well-being among adolescents. Copenhagen, WHO Regional Office for Europe, 2008.

Stuart, H. (2006). Reaching Out to a High School Youth: The Effectiveness of a Video-Based Antistigma Program. *The Canadian Journal of Psychiatry, 51*(10)*,* 647-653.

Tacker, K. & Dobie, S. (2008). MasterMind: empower yourself with mental health: a program for adolescents. *Journal of School Health*, *78*(1), 54-57.

Wahl, O. (2002). Children's views of mental illness: a review of the literature. *Psychiatric Rehabilitation Skills*, *6*, 134-158. doi: [10.1080/10973430208408430]

Watson, A., Otey, E., Westbrook, A., Gardner, A., Lamb, T., Corrigan, P. & Fenton, W. (2004). Changing middle schoolers attitudes about mental illness through education. *Schizophrenia Bulletin*, *30*(3), 563-572.

—. (2001) The World health report. Mental health: new understanding, new hope. Retrieved from WHO website: http://www.who.int/en/
—. (2002). The world health report: reducing risks, promoting healthy life. Retrieved from WHO website: http://www.who.int/en/
—. (2005a). Mental health: facing the challenges, building solutions: report from the WHO European Ministerial Conference. Retrieved from WHO website: http://www.who.int/en/
—. *Mental Health Action Plan for Europe: Facing the Challenges, Building Solutions*, 2005b. World Health Organization: Copenhagen.
—. (2005c). Promoting mental health: concepts, emerging evidence, practice: report of the World Health Organization. Retrieved from WHO website: http://www.who.int/en/
—. (2010a). Mental Health Promotion in Young People – an investment for the future. Retrieved from WHO website: http://www.who.int/en/
—. (2010b). Youth-friendly policies and services in european region. Retrieved from WHO website: http://www.who.int/en/
Wyn, J., Cahill, H., Holdsworth, R., Rowling, L. & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry, 34*, 594-601.

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