PREVENTION and EARLY INTERVENTION – EDUCATION (PEI – EDUCATE): CHANGING THE COURSE OF A DISORDER

SCHOOL-BASED MENTAL HEALTH CURRICULA FOR URBAN YOUTH

Contributors

The **Prevention and Early Intervention – Education** (**PEI-Educate) Curriculum** is a project funded by the Mental Health Services Act (Proposition 63) and California Mental Health Services Authority (CalMHSA). CalMHSA's 2011 three-year statewide suicide prevention campaign titled *Know the Signs* (www.SuicidePreventable.org) was an educational movement designed to educate people about suicide prevention. The key to this campaign, which is along similar lines as PEI-Educate, was to educate people on how detect early signs of suicide and get those individuals wanting to end their lives the help that they need. PEI-Educate was developed in partnership with the University of California, Davis, Center for Reducing Health Disparities.

UC Davis Health System's Center for Reducing Health Disparities

Sergio Aguilar-Gaxiola, MD, PhD
 Director

Gustavo Loera, EdD
 Research Consultant

Marbella Sala
 Executive Operations Manager

Ethnic Service Managers

Myriam Aragón
 Riverside County

Piedad García
 San Diego County

Luis Tovar
 Ventura County

The Academy of Medical Arts, Carson High School: Prevention and Early Intervention Student Committee

Diana Bravo
 Student

Matthew De León
 Student

Kristen Hernandez
 Student

Eileen Lising
 Student

Angela Martinez
 Student

Camille Olalia
 Student

Jeffrey Roxas
 Student

Sheila Samala
 Student

Bianca Sangalang
 Student

Eden Tuplano
 Student

Marc Yema
 Student

Health Science Youth Leadership Committee

Bianca Arao
  Student, Manteca High School
  Manteca, CA

Jorge Betancourt
  Student, Manteca High School
  Manteca, CA

Isabella Garcia-Mendez
  Student, Manteca High School
  Manteca, CA

Dominique Graham
  Student, Manteca High School
  Manteca, CA

Sara Kim
  Student, Kimball High School
  Tracy, CA

Angela Martinez
  Student, Carson High School
  Carson, CA

Aaron Pham
  Student, Canyon Springs High School
  Moreno Valley, CA

Kshitij Shah
  Student, Kimball High School
  Tracy, CA

Mikayla Simon
  Student, Murrieta High School
  Murrieta, CA

Joanna Zhu
  Student, Kimball High School
  Tracy, CA

With special appreciation to:

Laura Bava
  Clinical Pediatric Psychologist
  Children's Hospital Los Angeles
  Los Angeles, CA

Jackie Garza
  Mental Health Educator
  Transitions-Mental Health Association
  San Luis Obispo, CA

Nancy Gonzalez
  MFT Trainee
  Phillips Graduate Institute
  Chatsworth, CA

Andrea Muñoz
  High School Counselor
  Hoover High School
  San Diego, CA

Clare Naughton, LCSW
  Children's Social Worker
  Independent Provider
  Long Beach, CA

Ramon Prada, LCSW
  Mental Health Provider and Educator
  Retired

Patty Ramirez
  Mental Health Educator
  Transitions-Mental Health Association
  San Luis Obispo, CA

Cheryl Raney
  Director, Prevention & Student Services
  Sacramento County Office of Education
  Sacramento, CA

Senda Rios, LCSW
  Guidance Counselor
  Retired

Ivonne Saracay
  MFT Trainee
  Phillips Counseling Center
  Chatsworth, CA

Terri-Ann Sullivan
  High School Educator
  Academy of Medical Arts
  Carson, CA

Miguel Torrente
  High School Counselor
  Weston Ranch High School
  Stockton, CA

Table of Contents

Executive Summary

On behalf of the California Mental Health Services Authority (CalMHSA), we are pleased to present **Prevention and Early Intervention – Education (PEI-Educate).** PEI-Educate emerged from the 2012 report titled "*Community-Defined Solutions for Latino Mental Health Care Disparities*" in which Latino youth was identified as a critical segment of the Latino community who face numerous stressors that can increase the risk of mental health problems (Aguilar-Gaxiola et al., 2012). These researchers found that stress among Latino youth and adolescents was manifested in mental health problems that included anxiety and depression, and eventually led to school dropout rates, substance abuse and/or suicide. This Executive Summary offers a brief background of the PEI-Educate project, followed by the use of the PEI-Educate Standards Framework.

Background

Prevention and early intervention (PEI) have become increasingly important as the mental health community looks for ways to increase knowledge to respond to mental health disparities earlier and change the course of a serious mental health disorder. PEI-Educate, a school-based mental health curriculum, is centered on the Mental Health Services Act's PEI initiative. Specifically, this curriculum is grounded in one main goal—to educate students, educators, parents, and community leaders about the importance of early identification of a mental health disorder and thereby change the course of that disorder, while at the same time increasing school engagement.

PEI-Educate is a standards curriculum that serves as a framework for teachers to collaborate with mental health partners to align mental health profession standards with academic core standards. The purpose of this curriculum is to reduce mental health disparities through education and curriculum to meet the needs of the unserved, underserved, and inappropriately served Latino youth. Although the target group for this curriculum is Latino youth in secondary schools, it can be modified and applied to all youth in secondary education. We argue that failing to examine the youth, especially Latino youth in secondary schools who are at greater risk of dropping out of school, can lead to substance abuse and the exacerbation of mental health disorders, and eventually prison. This curriculum addresses this issue by examining and organizing a set of prevention and early intervention standards that focuses on Latino youth at risk of exposure to trauma, mental health disorders, substance use, dropping out of school, stigma and discrimination, incarceration, and suicide, among other risks. Specifically, these standards will serve a twofold purpose: (1) be the foundation for the school curriculum to guide educators in integrating prevention and early intervention strategies in classroom instruction; and (2) provide educators a curriculum framework that will be the interplay among standards, classroom content, instruction delivery, and assessment. As such, the curriculum will consist of lesson plans that focus on classroom instruction that leads to growth in knowledge and eventually transmission of that knowledge to real life through experiential learning. According to a student:

> "I think that the more we can talk about what mental illness is, the more we can understand and treat people with mental illness. If we just ignore it and think 'oh, this only affects them, we can't talk about it too much' … then it's not going to help, it's just going to keep the stigma alive … that people with a mental illness are under the whole category of being a psychopath…. More education [is needed]."

Conversations about mental health and the many risk factors that contribute to mental health disorders are critical and should be the focus of school educators and administrators. Acknowledging and acting on the early identification and mental health intervention of youth may decrease incarceration rates, drug use, and eventually severe and persistent mental illness.

How to Use PEI-Educate

For PEI-Educate to be effective in: (1) designing new curriculum, (2) delivering curriculum in ways that engage students, and (3) assessing knowledge growth, collaboration is required between the mental health profession and the academic field. For this reason, we recommend that PEI-Educate is readily suited for high schools that are already designed as schools within schools (i.e., small schools). They have 50 to 500 students who take a sequence of academic and industry-related courses (e.g., English, social studies, and health) together. Some of the schools are charter schools, magnet schools, and middle college programs that enroll all of their students in the pathway program. A major component of these programs is articulation with an industry partner so students have the opportunity to learn about current health issues and skills needed in the industry.

The curriculum based on the PEI-Educate standards framework will emphasizing the most important ideas, concepts, and strategies to: (1) build educators' capacity to teach youth about mental health issues, (2) apply concepts that raise awareness and lead to early identification of mental health issues in youth, and (3) support educators in integrating prevention and early intervention strategies in the classroom.

To ensure that all students benefit from this curriculum, the PEI-Educate Standards Framework will be aligned with English Language Arts (ELA) Common Core State Standards (ELA-CCSS). Specifically, the PEI-Educate curriculum will infuse mental health and prevention and early intervention material into the selected ELA core standards. This integration process must be performed with collaboration between the ELA teacher(s) and a mental health professional to ensure that the appropriate content is being aligned and curriculum activities developed.

Introduction

The 2012 report titled "*Community-Defined Solutions for Latino Mental Health Care Disparities*" identified Latino youth as a critical segment of the Latino community who face numerous stressors that can increase the risk of mental health problems (Aguilar-Gaxiola et al., 2012). For example, these researchers found that stress among Latino youth and adolescents was manifested in mental health problems that included anxiety and depression, and eventually led to school dropout rates, substance abuse and/or suicide. Indeed, numerous barriers prevent Latinos from accessing and utilizing mental health-care services. Problems with language, lack of knowledge about services, and poor financial resources are major barriers for Latinos in seeking and accessing care (Garza & Watts, 2010). The majority of Latinos prefer attending to all mental health issues within their family in order to avoid undesirable attention and the stigma that is often associated with seeking services.

Fear of stigma reduces the likelihood of Latinos to acknowledge their condition and typically discourages them from seeking treatment (Vega, Rodriguez, & Ang, 2010) out of concern of being judged or victimized by discrimination. This is particularly true among young Latino men, who often exert themselves more to appear in control and strong. Young men who come from a "traditional" household are more likely to adhere to the traditional male values such as being tough, self-reliant, and not showing weaknesses (Zayas & Torres, 2009). Evidence supports the notion that the social environment in which Latino youth live and study plays a major role in shaping their views and decisions about mental health (Aguilar-Gaxiola et al., 2012). McLoyd (2004) contends that true understanding of individuals' social environment and potential risk factors requires integration of a framework based on people's lived experiences that are associated with culture. Such a framework helps Latino youth interpret and understand their social and academic surroundings.

Along similar lines, other researchers (e.g., Gándara, 1995; Valencia, 2012) have conducted extensive work on the harm that a cultural deficit perspective has exerted on Latino youth with respect to their poor academic achievements. They argue that this perspective takes the position that Latino students and families are at fault for poor academic outcomes. Cultural deficit practices emphasize deprivation in Latino communities (Yosso, 2005). Deficit thinking is also common in mental health care. This perspective is used when interpreting the causes for the reluctance of Latinos to access or utilize mental health services in schools. Latino youth are among those at highest risk for poor educational and health outcomes (Pérez-Escamilla & Putnik, 2007; Shetgiri et al., 2009). For these young people, deficit thinking may also act as a barrier to seeking help. Focusing on a strength-based approach to youth development and resilience may result in more effective outcomes than a deficit thinking approach in responding to youth issues. Moreover, resiliency combined with learned optimism helps to combat deficit thinking. Resiliency is defined as a process of positive adaptation that helps people to cope effectively with adversity and life challenges (Kobau et al., 2011; Masten, Cutuli, Herbers & Reed, 2009; Shetigiri et al., 2009; Zolkoski & Bullock, 2012). While resilience helps people overcome the negative effects of trauma and risk exposure (Fergus & Zimmerman, 2005), optimism helps people challenge negative beliefs and avoid deficit thinking (Kobau et al., 2011). Optimism can improve resiliency in Latino youth. PEI-Educate is an example of a framework that promotes resiliency and strengthens self-efficacy among Latino youth.

A community-based program with an infrastructure that provides teachers with resources for teaching and opportunities for students to engage in meaningful structured community engagement learning activities (Levin & Rutkow, 2011) is critically important to student motivation and increasing health literacy. Michener and colleagues (2012) emphasize that establishing this infrastructure requires leadership and commitment from the top in order to

transform a rigid institutional (school) culture into one that is flexible and community-ready to engage community partners. PEI-Educate is a standards curriculum that serves as a framework for teachers to collaborate with mental health partners to align mental health profession standards with academic core standards. This infrastructure must align the goals of the mental health and school communities to not only expand the core curriculum in both the classroom and students' daily lives (Lohmeier, 2009), but also to become an effective training model in prevention and psychosocial intervention (Brooker & Brabban, 2006). That is, for PEI-Educate to be effective in: (1) designing new curriculum, (2) delivering curriculum in ways that engage students, and (3) assessing knowledge growth, collaboration is required between the mental health profession and the academic field. For this reason, we emphasize that PEI-Educate is readily suited for high schools that are already designed as schools within schools (i.e., small schools). They have 50 to 500 students who take a sequence of academic and industry-related courses (e.g., English, social studies, and health) together (Loera & Nakamoto, 2013). Some of the schools are charter schools, magnet schools, and middle college programs that enroll all of their students in the pathway program. A major component of these programs is articulation with an industry partner so students have the opportunity to learn about current health issues and skills needed in the industry.

PREVENTION AND EARLY INTERVENTION: THEORETICAL BASIS FOR PEI-EDUCATE

In November 2004, California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA). That ballot initiative set a 1% tax on adjusted gross income above $1 million, and earmarked those tax dollars to transform California's mental health system into a consumer- and family-driven, culturally competent, and recovery-oriented system (Cashin, Scheffler, Felton, Adams, & Miller, 2008). MHSA's prevention and Early Intervention (PEI) initiative is key to reducing disparities and building protective factors (e.g., resiliency to cope with challenges) and skills (e.g., knowledge about mental health disorders).

Prevention and early intervention have become increasingly important as the mental health community looks for ways to increase knowledge to respond to mental health disparities earlier and change the course of a serious mental health disorder. A great deal of research has been conducted on social and economic factors—such as poverty, social exclusion, diminished social networks, discrimination, stress, limited accessibility to health care, and stigma—that affect individuals' health throughout their lives (e.g., Braveman, Egerter, & Mockenhaupt, 2011; Frieden, 2010; Wilkerson & Marmot, 2003). PEI-Educate, a school-based mental health curriculum, is centered on MHSA's PEI initiative. Specifically, this curriculum is grounded in one main goal—to educate students, educators, parents, and community leaders about the importance of early identification of a mental health disorder and thereby change the course of that disorder, while at the same time increasing school engagement.

This school-based curriculum focuses on building capacity in secondary schools aimed at suicide prevention, reducing stigma and discrimination, and improving youth mental health outcomes. The underlying rationale is that early identification can be instrumental in averting or curtailing a potential mental health disorder. This curriculum also will help in convening and developing partnerships amongst mental health professionals and the academic community. Additionally, through this curriculum, relationships and collaboration will strengthen and lead to the implementation of strategies highlighted in the 2012 *Community-Defined Solutions for Latino Mental Health Care Disparities* report. Finally, this curriculum can be replicated with local capacity-building efforts and existing statewide leadership within the Latino behavioral health communities. Specifically, local and statewide leaders should convene to learn about ways in

which to integrate prevention and early intervention strategies in schools, and how to disseminate the curriculum through educational campaigns and teacher credentialing programs.

The purpose of this report is to offer a curriculum framework that reduces mental health disparities of the unserved, underserved, and inappropriately served Latino youth through education in schools. We are interested in Latino youth in secondary schools and mental health care disparities because Latinos, in general, have less access to mental health services than do non-Latinos and are less likely to receive needed care. Failing to examine the Latino students, especially Latino youth in secondary schools who are at greater risk of dropping out of school, can lead to substance abuse and the exacerbation of mental health disorders, and under some circumstances prison. This report addresses this issue by examining and organizing a curriculum that focuses on Latino youth at risk of exposure to trauma, mental health disorders, substance use, dropping out of school, stigma and discrimination, incarceration, and suicide, among other risks.

PEI-EDUCATE DIMENSIONS: KNOWLEDGE, EXPERIENTIAL LEARNING, AND SELF-EFFICACY

Knowledge

Anderson and Krathwohl (2001) make the distinction between types of *knowledge* that can serve as a framework for organizing the Prevention and Early Intervention Education (PEI-Educate) curriculum: (1) *Factual knowledge* refers to basic knowledge such as terminology, details, or elements that one must understand to be successful in the classroom; (2) *Conceptual knowledge* refers to the acquisition of conceptual, theoretical, and strategic knowledge, including categories, classifications, principles, and models; (3) *Procedural knowledge* refers to knowing "how to" do something that requires a specific type of skill and process; and (4) *Metacognitive knowledge* refers to self-knowledge or awareness of one's own cognition. Metacognitive knowledge is the type of knowledge that allows one to self-monitor and self-evaluate while achieving a specific goal. Boreham (2002) argued that knowledge and skill are embodied within students and educators, and these interactions lead to opportunities for students to experience and find relevance in what they are learning. In addition, Hedin (2010) emphasized the importance of student exposure to real-life experiences and the educators' role in enhancing that learning process.

Experiential learning

Experiential learning has become an integral and meaningful component in education in which students and educators become active learners. In this context, *experience* means that students are able to develop and apply knowledge or skill to real-life scenarios and tasks. This is accomplished not only through classroom instruction, but also through participation in mental health-related activities outside of the classroom. According to Sturko and her colleagues (2008), understanding how people construct meaning from their experiences can be helpful in designing and developing learning opportunities for them. Findings from previous research support a central proposition that possessing the knowledge and experience necessary to recognize the negative impact of a mental health disorder is critical to Latino youth full participation in school life and when making the transition into adulthood (Shetgiri et al., 2009). This research indicates that good health is grounded in a strong social and economic foundation that enables people to play a meaningful role in the social, economic, and cultural life of their communities. With regard to Latino youth gaining interest in the mental health workforce, Pulakos and colleagues (2000) add that the development of employability skills can be attained

only if students are provided with meaningful learning experiences and given frequent opportunities for them to practice and increase their knowledge and capabilities.

Self-efficacy

Positive psychology theorists (Costello & Stone, 2012; Fredrickson, 2001; Kobau et al., 2011; Seligman & Csikszentmihalyi, 2000) contend that students' self-efficacy improves when they are learning in a positive environment that promotes students' strengths and their cultural assets. Therefore, school performance can be explained by students' beliefs about how well they will do on a specific activity and the extent to which they are emotionally invested in and value the activity. In other words, students with low levels of self-efficacy may lack the knowledge and protective factors (coping skills) to be resilient in the face of risk. In contrast, students who are able to sustain their self-efficacy are likely to be more effective in managing risk factors and reaching a level of positive emotions and optimal functioning.

The PEI-Educate Standards

The PEI-Educate Standards will focus on mental health care disparities with Latino cultural considerations for prevention. In other words, the PEI-Educate Standards will consist of concise statements that define what educators must teach so that all youth know and are able to identify and reduce mental health problems. Specifically, these standards will serve a twofold purpose: (1) be the foundation for the school curriculum to guide educators in integrating prevention and early intervention strategies in classroom instruction; and (2) provide educators a curriculum framework that will be the interplay among standards, classroom content, instruction delivery, and assessment. As such, the curriculum will consist of lesson plans that focus on classroom instruction that leads to growth in knowledge and eventually transmission of that knowledge to real life through experiential learning.

BACKGROUND AND FORMATION OF PEI-EDUCATE STANDARDS

The development of these eight PEI standards consisted of a three-pronged approach. First, on March 3, 2014, a presentation titled "Mental and Behavioral Health: Linking Industry to the Classroom," which consisted of sample PEI standards and performance indicators, was delivered to approximately 75 secondary school educators attending the Educating for Careers Conference in Sacramento, California. Working in small groups, these educators were given 35 to 40 minutes to read and critique the sample PEI Standards and suggest additional mental health or substance abuse topics and standards. Based on the responses and recommendations from these educators, sample standards and performance indicators were modified and new ones were created. The majority of the feedback was centered on standards that were tied to community and cultural aspects of students' lives.

Second, three Ethnic Service Managers (ESMs), who are familiar with Latino mental health issues, were presented with a draft consisting of seven PEI-Educate standards and performance indicators and asked for their critiques. On one occasion, ESMs offered their reactions and guidance on framing the standards that specifically focused on: (1) Latino youth and academic issues; (2) health literacy in schools, and (3) a solid dissemination plan to reach a large number of Latino students. Their suggestions led to a new draft of the PEI-Educate standards framework. A second conversation with ESMs determined the need to simplify the language of the standards and performance indicators and revise them to coincide with the appropriate grade level. Meeting participants determined that each school that adopted the PEI-Educate standards must have a mental health industry professional working alongside teachers and co-teaching to increase teachers' ability and confidence in teaching topics essential in responding to mental and substance use disorders. This element was emphasized as a component of critical importance in achieving the goal of this project. As a result of these suggestions, we modified the PEI-Educate standards and performance indicators, and included a section that gives emphasis to the value of involving the mental health profession inside the classroom.

Finally, 15 students (2 elementary school students, 3 middle school students, and 10 high school students) were asked to read each of the PEI-Educate Standards and performance indicators and determine if the framing of the standards with respect to language and relevance was clear and applicable to the academic (e.g., English Language Arts [ELA]) standards that they are required to learn. All students were specifically asked to read each standard and performance indicator and repeat what they thought was being asked of them to learn. Any confusing or difficult-to-understand items were revised until text was comprehensible to these

student participants. All student participants were successful in conveying what each PEI-Educate standard and performance indicator was requiring them to be knowledgeable in and able to perform. Moreover, the high school students requested addition of a standard on leadership in mental health so that students with leadership potential could discover and explore that leadership potential in the mental health field.

On June 20, the PEI-Educate Standards framework was introduced to 154 health science educators attending the 9th Annual Health Science Educators' Institute in Sacramento. These educators represented 18 health science capacity-building collaboratives (i.e., high schools, middle schools, community colleges, and the health-care industry). At this conference, educators were given an overview of the PEI-Educate Standards and asked to assess feasibility and utility of implementing these standards and performance indicators. Consensus was that the PEI-Educate Standards are not only feasible, but also extremely necessary to be taught on a school campus for all students. Educators requested that PEI-Educate Standards and additional materials be made available to them, in order to incorporate the standards and mental health topics as they prepared their new 2014–15 work plans.

Secondary school educators do not have adequate knowledge about mental health issues, and more needs to be done on prevention versus remediation (Hickman-Poloney, 2013). Also, teachers may require guidance on strategies to successfully incorporate and implement the PEI-Educate standards into their curricula. ESMs encouraged the involvement of the mental health industry in helping to shape the curriculum (personal communication, May 22, 2014). Therefore, we recommend professional development activities that will engage both the secondary school educators (i.e., ELA teachers) and a mental health industry professional as a starting point to launch this project. As part of the implementation, the ELA teachers and mental health industry professional participate in curriculum alignment and development activities in which they meet recurrently during school hours to plan and co-teach the mental health topics.

IMPLEMENTATION AND EVALUATION OF PEI-EDUCATE STANDARDS

The PEI-Educate implementation describes the activities in which educators and mental health professionals engage as part of curriculum development. Curriculum development can benefit if the mental health industry partner is helping teachers target specific learning goals and skill requirements. Ethnic service managers (ESMs) guided us as we identified the critical components of implementing PEI-Educate. During a personal communication (2014), our ESM partners emphasized the importance of establishing a collaborative between the mental health industry and teachers in the implementation of PEI-Educate.

A collaborative-pedagogical process that consists of the teachers' classroom practices and their interactions with the mental health industry professionals is essential to the success of this curriculum. That is, an important aspect of the implementation of this project is each teacher's willingness to: (1) work with a mental health professional on developing and aligning PEI standards with academic standards; (2) be mentored or coached by a mental health professional on special topics about mental health; and (3) co-teach the curricula with a mental health professional. Furthermore, the development of strong teacher and mental health professional collaborative play an important role in: (1) promoting a positive school climate and establishing a sense of community for students via smaller learning communities; (2) facilitating an awareness of mental health issues and reducing stigma; and (3) creating a program of study that increases students' interest in the mental health field.

Another vital aspect of implementation is incorporating the PEI-Educate standards with an academic course that will reach the majority of students. For this reason, we chose English

Language Arts (ELA). All students enrolled in a 7th–12th-grade program of study in California are required to study ELA among other core academic courses (e.g., math, social studies, science). We decided against focusing on one-semester courses such as health or psychology, which at first glance would appear to be the obvious choice to integrate PEI-Educate standards, because they would limit the impact and capacity of the PEI curriculum.

Evaluation also is a key component to determine the effects of PEI-Educate on increasing awareness and prevention and early-intervention practices. For the evaluation piece, participants (i.e., ELA teachers, mental health professionals, and students) will complete the pre-test survey in the fall and the post-test survey in the spring. We will design three surveys in parallel to assess the utility of the PEI-Educate standards and other critical components of the project. The three surveys will contain a number of overlapping sections and items. For instance, the ELA teachers may be asked to report on their level of knowledge about mental health topics, mental health professionals may be asked to report on their perceptions of their teacher mentees' knowledge about the same topics, and students will be asked to report on their level of awareness and readiness to engage discussions about mental health issues in the classroom and practice in their communities.

LEVELS OF INSTRUCTION AND PEI STANDARDS

Basic Level: Factual and Procedural Thinking

At the basic level, students are required to acquire rudimentary knowledge about mental health and substance use disorders and their causes. At this level, students are asked to recall facts and information about mental health and substance use disorders. Students might also be asked to describe, in writing or orally, key features of a disorder or people with a mental health disorder. For example, *knowing that schizophrenia is a type of mental health disorder,* or *knowing that a mental health disorder can coexist with a substance use disorder*. They also may be expected to *describe a course of a mental health disorder when undetected early in life* (see Exhibit 1). These PEI standards are more appropriate for students in 7th through 9th grades. Learning module 1 shows how these standards are put into practice.

Teaching Tip

Focus on helping students to feel safe about discussing mental health. Get a sense of students' prior knowledge about mental health and their perceptions about people with a mental health disorder. Here are potential questions to engage students in a group discussion about basic aspects of mental health using a *who, what, when, where, why and how* procedure:

• Who needs to learn about mental health?
• What is mental health? Mental illness? Substance abuse? Stigma? Suicide?
• When do people develop a mental health disorder?
• Where can people learn about mental health? Where should we promote mental health?
• Why is it important for young people to learn about mental health problems?
• How can early signs of suicide be detected? How can suicide be prevented?

Exhibit 1. Basic PEI standards and performance indicators for grades 7 through 9

PEI Standard 1.0	Be familiar with how mental health and substance use disorders affect a person's daily living activities.

Performance indicators

1.1 Describe mental health disorders and substance use disorders.
1.2 Discuss how trauma may influence someone's risk of a mental health disorder.
1.3 Use technology, including the Internet, to gain knowledge about conditions that lead to mental health disorders.
1.4 Determine the meaning of words and phrases as they are used in describing mental health issues.

1.5 Brainstorm ways in which mental health disorders are related to thoughts of suicide.

PEI Standard 2.0	Demonstrate understanding of early signs that can lead to mental illness and possible suicide.

Performance indicators

2.1 Gather relevant information from multiple sources about trauma, and make an argument on how it puts youth at risk of developing a mental disorder.
2.2 Analyze how and why life events and risky behaviors can lead to mental health problems.
2.3 Define and clarify the meaning of stigma, using both writing and speaking formats.
2.4 Write narratives (stories) about real experiences or events that increase or reduce stigma about mental health.

2.5 List and recognize warning signs of suicide and what causes suicidal thoughts and behaviors.

Application Level: Metacognitive Thinking

Exhibit 2 shows the set of PEI standards that require students to apply and connect new knowledge with prior knowledge. Make meaningful applications of classroom instruction to real-life situations. Students must use strategic thinking and reasoning when learning and problem solving. Having strategic knowledge allows students to think through their application of key concepts to increase prevention and early intervention—for example, *using writing and verbal abilities to create culture-specific communication tools*, or *interpreting mental health disorders using images and words that move people to act*. This level is suitable for students in 9th through 11th grades. The unpacking of these standards is shown in learning module 2.

Teaching Tip

Engage students through interactive activities that involve cultural values and mental health promotion. Help students organize information about mental health and find associations with culture. To get students started, ask them to work in small groups and act as a think tank and tackle one of these tasks:

• Create a culturally responsive and supportive school environment.
• Create a mental health promotion and suicide prevention media campaign.
• Use media to create an educational public services announcement about risk and protective factors that affect mental health.
• Design a health literacy initiative on campus to increase student and parent awareness about mental health and stigma.

Exhibit 2. Applied PEI standards and performance indicators for grades 9 through 11

PEI Standard 3.0	Demonstrate understanding of health literacy and how it is used in the mental health field.

Performance indicators

3.1 Define and describe health literacy.
3.2 Explain how health literacy is associated with mental health outcomes.
3.3 Build strong verbal knowledge to use language in ways that communicate healthy behaviors.
3.4 Analyze the impact of health literacy on peoples' resiliency, discovery, strength, and self-efficacy.

PEI Standard 4.0	Become culturally informed and develop a *fotonovela* or media booklet for Latino communities.

Performance indicators

4.1 Explain the use of a *fotonovela* or health literacy media booklet.
4.2 Create a *fotonovela* that incorporates key words about mental health and presents information that is familiar, readable, and entertaining for Latinos.
4.3 Draw upon the cultural-specific knowledge and skills found in Latino communities, and express them as resources to increase mental health awareness.
4.4 Conduct a stigma reduction campaign project that involves developing a school-wide strategy to disseminate knowledge about preventing or managing a mental health disorder and suicidal ideation.

PEI Standard 5.0	Be familiar with a strength-based or asset-based approach that increases resiliency and reduces risk in Latino communities.

Performance indicators

5.1 List and describe risk factors that are associated with poor developmental outcomes.
5.2 List and describe resiliency and other cultural-related features that promote the fortitude, discovery, strength, and wellness of individuals and families.
5.3 Describe how cultural-specific aspects such as family (*familismo*), relationships (*personalismo*), and respect (*respeto*) increase resiliency in Latinos.
5.4 Identify school-related factors (e.g., school connectedness, socially and academically supportive environments) that are associated with strong developmental and educational outcomes.

Experiential Learning Level: Advanced Thinking and Performing

Transferring information from classroom to real-life experiences is described as experiential learning. The most effective way to teach and assess students' capabilities to carry out these standards is to move from recalling and recognizing, and procedural and strategic thinking, to transferring learning into real-life scenarios. At this level, students are also analyzing, evaluating, and fine-tuning their abilities to translate theory into real-life practices—for example, *job shadowing a mental health professional for several hours*, or *interviewing a person living with a mental health disorder. Producing a video or public service announcement about mental health in schools* (see Exhibit 3) is another approach. This level is suitable for students in grades 11 and 12. Learning module 3 shows how these standards are put into practice.

Teaching Tip

Strengthen community engagement through experiential learning. These activities constitute an integral and meaningful component of the PEI-Educate curriculum in which students become active learners. The goal is to immerse students in real-life application of knowledge and strategies learned in the classroom. Strengthen students' experiential learning with these activities:

- Offer recovery-oriented organizations the opportunity to conduct field trips in which students can interact with professionals and people in recovery.
- Organize small groups of students to complete the following school projects:
  - Design student-defined components of a PEI program on the school campus.
  - Organize a mental health promotion day involving mental health organizations.
  - Become student leaders and advocates of mental health promotion and strengthen the message in middle schools.

Exhibit 3. Experiential PEI standards and performance indicators for grades 11 and 12

PEI Standard 6.0	**Relate classroom instruction with real-life experiences at a mental health facility.**

Performance indicators

6.1 Engage in a one-day workplace learning activity under the guidance of a mental health professional, and connect classroom knowledge with on-the-job knowledge.
6.2 Listen and experience a day in the life of a mental health worker and a person living with a mental health disorder.
6.3 Document strategies used by the professionals and the facility to detect early signs or prevent or living with and managing a mental health disorder.

PEI Standard 7.0	**Design a school prevention and early intervention program that emphasizes community engagement.**

Performance indicators

7.1 List and describe elements of community engagement and translate them into school principles to ensure early detection of mental health disorders and access to treatment.
7.2 Develop a plan for students and teachers to collaborate on organizing and implementing a school forum about mental health and substance use problems.
7.3 Integrate multimedia into preparing a presentation to emphasize the relationship between community engagement, schools, and the mental health profession.
7.4 Practice and demonstrate mental health advocacy skills.

PEI Standard 8.0	**Develop a leadership narrative in mental health that communicates a purpose to lead, a sense of community, and urgency to act.**

Performance indicators

8.1 Identify an experience that led to the discovery of your leadership potential.
8.2 Develop a leadership narrative that incorporates values.
8.3 Practice telling your leadership narrative (story).
8.4 Apply your leadership approach, and take action to engage and empower a community.

The PEI-Educate Standards Framework and Learning Modules

The curriculum based on the PEI-Educate standards framework will emphasizing the most important ideas, concepts, and strategies to: (1) build educators' capacity to teach youth about mental health issues, (2) apply concepts that raise awareness and lead to early identification of mental health issues in youth, and (3) support educators in integrating prevention and early intervention strategies in the classroom.

To ensure that all students benefit from this curriculum, the PEI-Educate Standards Framework will be aligned with English Language Arts (ELA) Common Core State Standards (ELA-CCSS). Specifically, the PEI-Educate curriculum will infuse mental health and prevention and early intervention material into the selected ELA core standards. This integration process must be performed with collaboration between the ELA teacher(s) and a mental health professional to ensure that the appropriate content is being aligned and curriculum activities developed.

Reading standards for literature in grades 6–12 focus on ensuring that students: (1) gain adequate exposure to a range of texts and tasks; and (2) students read increasingly complex texts (California Department of Education, 2013). Sample standards include "*Determine a theme or central idea of a text and analyze its development over the course of the text, including its relationship to the characters, setting, and plot; provide an objective summary of the text*" and "*Determine the meaning of words and phrases as they are used in a text, including figurative and connotative meanings; analyze the impact of specific word choices on meaning and tone, including analogies or allusions to other texts.*"

Writing standards for literature in grades 6–12 focus on instruction to help ensure that students: (1) gain adequate mastery of a range of skills and applications; (2) demonstrate increasing sophistication in all aspects of language use, from vocabulary and syntax to the development and organization of ideas; and (3) make use of increasingly demanding content and sources (California Department of Education, 2013). Sample standards include "*Write informative/explanatory texts to examine a topic and convey ideas, concepts, and information through the selection, organization, and analysis of relevant content*" and "*Write narratives to develop real or imagined experiences or events using effective techniques, relevant descriptive details, and well-structured event sequences.*"

Listening and speaking standards for literature in grades 6–12 focus on instruction to help ensure that students gain adequate mastery of a range of skills and applications (California Department of Education, 2013). Sample standards include "*Engage effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grade 8 topics, texts, and issues, building on others' ideas and expressing their own clearly*" and "*Analyze the purpose of information presented in diverse media and formats (e.g., visually, quantitatively, orally) and evaluate the motives (e.g., social, commercial, political) behind its presentation.*"

THE FRAMEWORK AND LEARNING MODULES

The learning modules are divided into five parts: (1) instructional units with subunits; (2) formative assessment or activities; (3) summative assessment or culminating activities; (4) curriculum standards; and (5) depth of knowledge. They are described in more detail below.

Instructional unit with subunits: This section of the module contains a specific curriculum topic or theme that defines the structure or plan that will guide the teacher in providing students with learning experiences. In other words, an instructional unit refers to a lesson plan framework that outlines a sequence of instruction, knowledge, skills, and classroom practices, or application.

Formative assessment or activities: This part of the module has to do with ongoing assessment directly linked to classroom activities. Assessment may be conducted in various ways, including quizzes, informal discussions, and journal writing.

Summative assessment or culminating activities: This portion of the module guides assessment of students' performance while they are engaged in cumulative projects. Assessment occurs at the completion of an instructional unit.

Curriculum standards (PEI and academic standards): This part of the module focuses on specific PEI standards and academic standards, and their alignment—in other words, the degree to which PEI and academic standards correspond with each other. The more closely aligned standards are to each other, the better the organization and quality of instruction and learning. The degree of alignment is determined by comparing learning objectives with assessment, learning objectives with instruction and application, and instruction and application with assessment (Anderson & Krathwohl, 2001).

Depth of knowledge (DOK): This section of the module concentrates on four main levels of knowledge. Webb (2002) summarized these key four levels of knowledge. *Level 1 Recall* requires students to recall basic facts, information, or procedures. This recall can include basic knowledge of terminology about mental health and substance abuse and knowledge of specific data and causes of mental and substance use disorders. *Level 2 Skill and concept* involves knowledge about the use and organization of information that necessitates two or more steps— that is, knowledge of how to do something. *Level 3 Strategic thinking* involves command of thought processes or reasoning. This level requires complex thinking involving cognitive tasks and developing a plan with a sequence of steps to reach multiple answers—in other words, thinking beyond the obvious. *Level 4 Extended thinking* or advanced thinking requires critical thinking skills linked to investigation, and thinking through a problem-solving process encompassing multiple conditions. Advanced thinking embodies application of concepts in real-life situations and monitoring one's thinking to acquire new knowledge and build on prior knowledge.

Module 1: Basic PEI Standards Aligned with English Language Arts (ELA)

Instructional unit with subunits	Formative assessment (activities)	Summative assessment (culminating activities)	Curriculum standards Depth of knowledge (DOK)			
			PEIS	DOK Level	ELAS	DOK Level
Instructional unit: **Define mental and substance use disorders and their effects on people's daily living activities.**	Activities leading to a required set of skills and knowledge	Activities that assess students' performance at the completion of an instructional unit	PEI (Grades 7–9)		ELA (Grades 7–9)	
Subunit 1: **Describe mental health disorders and substance use disorders.**	Define and describe mental health disorders and substance use disorders. Lead a short discussion on the impact that a mental and substance use disorder has on an individual and families.	Use voice appropriate to the definition of mental health and substance use conditions. Write persuasion essay arguing for a position and providing evidence.	PEI 1.1	1	CCSS Writing 1.a-c; 2.a-f; 3.a-e; 4.a-6	1
Subunit 2: **Identify and translate the role that trauma has on someone at risk of a mental health disorder. Describe stigma as a cause and effect of mental health disorders.**	Engage students in a short discussion about trauma and its effects. Ask students to identify behaviors in their neighborhood that can be traumatizing. Connect traumatizing events with and potential for mental health disorders.	Answer comprehension questions and work in discussion groups. Translate observations and text (e.g., Internet literature) into real experiences. Research topic (trauma and mental health) and write a short essay using words in context.	PEI 1.2, 1.3, 2.1, 2.2	2	Reading 1 – 10 Speaking & Listening 1.a – d; 4.a Language L.3.3a, L.4.1f, L.4.3a, L.6.1e, L.6.3b, L.7.3a, L.8.1d	2
Subunit 3: **Determine the meaning of words and phrases as they are used in describing mental health issues. Describe the different types of stigmas. Relate these issues with thoughts of suicide.**	Engage students in small-group discussions about stigma and its impact on treatment for mental health and substance use disorders, and suicide. Discuss case studies and practice detecting types of stigma. Recognize key words and phrases that increase stigma.	Interpret and paraphrase different types of stigmas (e.g., self-stigma, public or social-stigma, cultural stigma). Also, explore causes of suicide. Develop rationales for linking a type of stigma with a case study. Write essay-style paragraphs to explain reactions to stigma.	PEI 1.4, 1.5, 2.3, 2.4, 2.5	2		3

NOTE: CCSS = Common Core State Standards; ELAS = English Language Arts Standards; PEIS = Prevention and Early Intervention Standards

Teaching the PEI Standards for the Basic Level

PEI standard and performance indicators	**PEI 1.0: Be familiar with how mental health and substance use disorders affect a person's daily living activities.** 1.1 Describe mental health disorders and substance use disorders. 1.2 Discuss how trauma may influence someone's risk of a mental health disorder. 1.3 Use technology, including the Internet, to gain knowledge about conditions that lead to mental health disorders. 1.4 Determine the meaning of words and phrases as they are used in describing mental health issues. 1.5 Brainstorm ways in which mental health disorders are related to thoughts of suicide. **PEI 2.0: Demonstrate understanding of early signs that can lead to mental illness and possible suicide.** 2.1 Gather relevant information from multiple sources about trauma, and make an argument on how it puts youth at risk of developing a mental health disorder. 2.2 Analyze how and why life events and risky behaviors can lead to mental health problems. 2.3 Define and clarify the meaning of stigma, using both writing and speaking formats. 2.4 Write narratives (stories) about real experiences or events that increase or reduce stigma about mental health. 2.5 List and recognize warning signs of suicide and what causes suicidal thoughts and behaviors.
Content knowledge level	☑ **Basic** □ Applied □ Experiential
Duration	The duration for this content to be taught by teachers and performed by students will be approximately three days.

What do students need to know?	*Define and recall* 1. Define mental health and substance use disorders 2. Define trauma and its features 3. Describe people's experiences with trauma and stigma	*Benchmarks* 1. Name five of the most common and severe mental health and substance use disorders. 2. Mention three different types of trauma and their effects. 3. Identify and report on the experiences of two people.
What should students be able to do?	*Skills and concepts* 1. How to acquire information and know where to go to learn about mental health and substance use disorders 2. How to ask questions about one's life experiences 3. How to identify traumatic and stigma experiences	*Benchmarks* 1. Use the Internet to find three sources that define mental health and substance use disorders. 2. Create a list of five questions to interview two people. 3. Find two volunteers who experienced trauma and stigma, and carry out the interviews.
What must be taught?	1. Develop basic knowledge about mental health and substance use disorders. 2. Create basic inquiry questions to be used as a communication tool. 3. Connect mental health disorders with real-life experiences.	

Module 2: Applied PEI Standards Aligned with English Language Arts (ELA)

Instructional unit with subunits	Formative assessment (activities)	Summative assessment (culminating activities)	Curriculum standards Depth of knowledge (DOK)			
			PEIS	DOK Level	ELAS	DOK Level
Instructional unit: **Demonstrate the use of cultural-specific resources to promote health literacy.**	Activities leading to a required set of skills and knowledge	Activities that assess students' performance at the completion of an instructional unit	PEI (Grades 9–11)		ELA (Grades 9–11)	
Subunit 1: **Define and describe health literacy with details and examples.**	Define and describe health literacy. Discuss health literacy with details and examples.	In a written format, define health literacy. Work in groups to illustrate health literacy's benefits.	PEI 3.1, 3.2, 3.3, 3.4	3	CCSS	2
Subunit 2: **Support health literacy using a culture-specific media booklet (*fotonovela*). Apply this concept in reducing stigma.**	Introduce the concept of a health literacy media booklet. Students identify and describe cultural values that are important to their community. Students examine the relationship between cultural values, the media booklet, and mental health.	Verbalize the purpose and significance of a media booklet. Describe the role that cultural values play in helping people manage/recover from a mental illness. Create a 5-page media booklet (*fotonovela*) with cultural values, narrative, and photos about mental health.	PEI 4.1, 4.2, 4.3	3	Writing 1.a-c; 2.a-f; 3.a-e; 4.a-6 Reading 1 – 10 Speaking & Listening 1.a – d; 4.a Language L.3.3a, L.4.1f, L.4.3a, L.6.1e, L.6.3b, L.7.3a, L.8.1d	3
Subunit 3: **Explain events linked to risk factors, and identify protective factors (i.e., resiliency) that can be used as mental health promotion strategies.**	Discuss risk factors and their impact on mental health and substance use disorders. Discuss protective factors and their impact on mental health and substance use disorders, and suicide. Ask students to identify and bring to class risk and protective factors they witness in their communities. Link to trauma and suicide.	Describe the effects of risk factors on mental health and substance disorders. Describe the constructive influences of protective factors and cultural aspects on mental health outcomes. Use media to create an educational public announcement about risk and protective factors that affect mental health/wellness.	PEI 4.4, 5.1, 5.2, 5.3	3		3

NOTE: CCSS = Common Core State Standards; ELAS = English Language Arts Standards; PEIS = Prevention and Early Intervention Standards

Teaching the PEI Standards for the Applied Level

PEI standard and performance indicators	**PEI 3.0: Demonstrate understanding of health literacy and how it is used in the mental health field.** 3.1 Define and describe health literacy. 3.2 Explain how health literacy is associated with mental health outcomes. 3.3 Build strong verbal knowledge to use language in ways that communicate healthy behaviors. 3.4 Analyze the impact of health literacy on peoples' resiliency, discovery, strength, and self-efficacy. **PEI 4.0: Become culturally informed and develop a *fotnonovela* or media booklet for Latino communities.** 4.1 Explain the use of a *fotonovela* or health literacy media booklet. 4.2 Create a *fotonovela* that incorporates key words about mental health and presents information that is familiar, readable, and entertaining for Latinos. 4.3 Draw upon the cultural-specific knowledge and skills found in Latino communities, and express them as resources to increase mental health awareness. 4.4 Conduct a stigma reduction campaign project that involves developing a school-wide strategy to disseminate knowledge about preventing or managing a mental health disorder and suicidal ideation. **PEI 5.0: Be familiar with a strength-based or asset-based approach that increases resiliency and reduces risk in Latino communities.** 5.1 List and describe risk factors that are associated with poor developmental outcomes. 5.2 List and describe resiliency and other cultural-related features that promote the fortitude, discovery, strength, and wellness of individuals and families. 5.3 Describe how cultural-specific aspects such as, family (*familismo*), relationships (*personalismo*), and respect (*respeto*) increase resiliency in Latinos. 5.4 Identify school-related factors (e.g., school connectedness, socially and academically supportive environments) that are associated with strong developmental and educational outcomes.
Content knowledge level	□ Basic ☑ **Applied** □ Experiential
Duration	The duration for this content to be taught by teachers and performed by students will be approximately one week.

What do students need to know?	*Strategic thinking* 1. Define and apply health literacy 2. Use cultural-specific concepts to address inequalities 3. Apply concepts to increase resiliency, discovery, and wellness	*Benchmarks* 1. Explain the use of health literacy. 2. Use cultural-specific knowledge and skills to raise mental health awareness. 3. Support cultural-specific aspects with details and examples.
What should students be able to do?	*Skills and concepts* 1. How to design a health literacy tool 2. How to link a health literacy tool to the needs of a specific group 3. How to identify risk and protective factors that affect mental health	*Benchmarks* 1. Use the Internet to find examples of health literacy resources. 2. Create a media booklet (*fotonovela*). 3. Create mental health promotion media campaign.
What must be taught?	1. Using health literacy resources to increase mental health and substance use awareness, and suicide prevention on a school campus. 2. Using health literacy materials to reduce stigma on mental health treatment. 3. Employing school resources to create a supportive and safe environment to talk about mental health without stigma.	

Module 3: Experiential PEI Standards Aligned with English Language Arts (ELA)

Instructional unit with subunits	Formative assessment (activities)	Summative assessment (culminating activities)	Curriculum standards Depth of knowledge (DOK)			
			PEIS	DOK Level	ELAS	DOK Level
Instructional unit: **Plan and carry out real-life activities linked to community engagement.**	Activities leading to a required set of skills and knowledge including teaching students the concept of confidentiality and its role	Activities that assess students' performance at the completion of an instructional unit	PEI (Grades 11–12)		ELA (Grades 11–12)	
Subunit 1: **Interpret and relate classroom knowledge through experience in a real-life situation.**	Discuss the key characteristics and skills needed to be an effective mental health professional. Organize a field trip to a mental health facility to enable students to gain real-life experiences.	Analyze and synthesize key characteristics of a mental health professional. Apply concepts learned in class in a mental health organization under the guidance of a professional.	PEI 6.1, 6.2, 6.3	4	CCSS Writing 1.a-c; 2.a-f; 3.a-e; 4.a-6	2
Subunit 2: **Organize a mental health promotion day involving the mental health community.**	Introduce community engagement and its value to mental health. Discuss topics and strategies to promote mental health on the school campus. Network with community leaders and organizations.	Explain "community engagement" with details and examples. Design and perform specific tasks in implementing a mental health day for students. Design strategies to engage community leaders and organizations.	PEI 7.1, 7.2, 7.3	4	Reading 1 – 10 Speaking & Listening 1.a – d; 4.a Language L.3.3a, L.4.1f, L.4.3a, L.6.1e, L.6.3b, L.7.3a, L.8.1d	3
Subunit 3: **Develop a mental health leadership narrative and action.**	Identify a leadership style and connect it to mental health. Develop a leadership narrative through storytelling. Practice telling leadership stories connecting to life challenges.	Practice solving real-life problems using leadership style. Write a leadership story and practice with a partner for feedback. Fine-tune a leadership story incorporating feedback, and deliver a leadership narrative.	PEI 8.1, 8.2, 8.3	4		4

NOTE: CCSS = Common Core State Standards; ELAS = English Language Arts Standards; PEIS = Prevention and Early Intervention Standards

Teaching the PEI Standards for the Experiential Level

PEI standard and performance indicators	**PEI 6.0: Relate classroom instruction with real-life experiences at a mental health facility.** 6.1 Engage in a one-day workplace learning activity under the guidance of a mental health professional, and connect classroom knowledge with on-the-job knowledge. 6.2 Listen and experience a day in the life of a mental health worker and a person living with a mental health disorder. 6.3 Document strategies used by the professionals and the facility to detect early signs or prevent or living with and managing a mental health disorder. **PEI 7.0: Design a school prevention and early intervention program that emphasizes community engagement.** 7.1 List and describe elements of community engagement and translate them into school principles to ensure early detection of mental health disorders and access to treatment. 7.2 Develop a plan for students and teachers to collaborate on organizing and implementing a school forum about mental health and substance use problems. 7.3 Integrate multimedia into preparing a presentation to emphasize the relationship between community engagement, schools and the mental health profession. 7.4 Practice and demonstrate mental health advocacy skills. **PEI 8.0 Develop a school prevention and early intervention program that emphasizes community engagement.** 8.1 Identify an experience that led to the discovery of your leadership potential. 8.2 Develop a leadership narrative that incorporates values. 8.3 Practice telling your leadership narrative (story). 8.4 Apply your leadership approach, and take action to engage and empower a community.	
Content knowledge level	□ Basic □ Applied ☑ **Experiential**	
Duration	The duration for this content to be taught by teachers and performed by students will be approximately one week.	
What do students need to know?	*Advanced thinking* 1. Understand the role of a mental health professional 2. Know about community engagement 3. Demonstrate leadership potential	*Benchmarks* 1. Complete five hours of job shadowing. 2. Apply at least three aspects of community engagement. 3. Develop a brief leadership narrative.
What should students be able to do?	*Skills and concepts* 1. How to transfer classroom knowledge into a workplace setting 2. How to apply elements of community engagement 3. How to implement leadership style and through storytelling influence others	*Benchmarks* 1. Connect and advance experiential knowledge into their community. 2. Change school culture and attitudes about mental health using a community engagement approach. 3. Realize the value of lived experiences in leadership and raising awareness about mental health.
What must be taught?	1. Transforming classroom knowledge into experiential learning in a real-life setting. 2. Acquiring understanding of and applying community engagement principles. 3. Discovering and applying leadership skills to increase mental health awareness.	

References

Aguilar-Gaxiola, S., Loera, G., Méndez, L., Sala, M., Latino Mental Health Concilio, and Nakamoto, J. (2012). *Community-defined solutions for Latino mental health care disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup population report.* Sacramento, CA: UC Davis.

Anderson, L. W., & Krathwohl, D. R. (Eds.). (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives*. New York, NY: Longman.

Boreham, N. (2002). Work process knowledge, curriculum control and work-based route to vocational qualifications. *British Journal of Educational Studies, 50*(2), 225–237.

Braveman, P. A., Egerter, S. A., & Mockenhaupt, R. E. (2011). Broadening the focus: The need to address the social determinants of health. *American Journal of Preventive Medicine*, *40*(1), S4–S18.

Brooker, C., & Brabban, A. (2006). Effective training in psychosocial interventions for work with people with serious mental health problems. *The Mental Health Review, 11*(2), 7–14.

California Department of Education. (2013). California Common Core State Standards: English language arts & literacy in history/social studies, science, and technical subjects. Retrieved June 27, 2014, from http://www.cde.ca.gov/be/st/ss/documents/finalelaccssstandards.pdf

Cashin, C., Scheffler, R., Felton, M., Adams, N., & Miller, L. (2008). Transformation of the California mental health system: Stakeholder-driven planning as a transformational activity. *Psychiatric Services, 59*(10), 1107–1114.

Costello, C. A., & Stone, S. L. (2012). Positive psychology and self-efficacy: Potential benefits for college students with attention deficit hyperactivity disorder and learning disabilities. *Journal of Postsecondary Education and Disability*, *25*(2), 119–129.

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, *26*, 399–419.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*(3), 218.

Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, *100*(4), 590–595.

Gándara, P. (1995). *Over the ivy walls: The educational mobility of low-income Chicanos*. Albany, NY: State University of New York Press.

Garza, Y., & Watts, E. R. (2010). Filial therapy and Hispanic values: Common ground for culturally sensitive helping. *Journal of Counseling and Development, 88*(1), 108–113.

Hedin, N. (2010). Experiential learning: Theory and challenge. *Christian Educational Journal, 7*(1), 107–117.

Hickman-Poloney, K. A. (2013). *School psychologists' involvement with response-to-intervention and students with social, emotional, and behavioral difficulties* (Doctoral dissertation, Rowan University).

Kobau, R., Seligman, M. E., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental health promotion in public health: Perspectives and strategies from positive psychology. *American Journal of Public Health*, *101*(8).

Levin, M. B., & Rutkow, L. (2011). Infrastructure for teaching and learning in the community: Johns Hopkins University Student Outreach Resource Center (SOURCE). *Journal of Public Health Management and Practice*, *17*(4), 328–336.

Loera, G., & Nakamoto, J. (2013). *California's health science capacity building model: Connecting classroom instruction to the healthcare industry and increasing students' knowledge, experience, and confidence*. Report prepared for the Governor's Career Technical Education Initiative, California Department of Education. Sacramento, CA.

Lohmeier, K. L. (2009). Aligning state standards and the expanded core curriculum: Balancing the impact of the No Child Left Behind Act. *Journal of Visual Impairment and Blindness*, *103*, 44–47.

Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M. G. (2009). Resilience in development. *Oxford Handbook of Positive Psychology*, 117.

McLoyd, V. C. (2004). Linking race and ethnicity to culture: Steps along the road from inference to hypothesis testing. *Human Development, 47*(3), 185–191.

Michener, L., Cook, J., Ahmed, S. M., Yonas, M. A., Coyne-Beasley, T., & Aguilar-Gaxiola, S. (2012). Aligning the goals of community-engaged research: Why and how academic health centers can successfully engage with communities to improve health. *Academic Medicine*, *87*(3), 285.

Pérez-Escamilla, R., & Putnik, P. (2007). The role of acculturation in nutrition, lifestyle, and incidence of type 2 diabetes among Latinos. *The Journal of nutrition*, *137*(4), 860–870.

Pulakos, E. D., Arad, S., Donavan, M. A., & Plamondon, K. E. (2000). Adaptability in the workplace: Development of a taxonomy of adaptive performance. *Journal of Applied Psychology, 85*, 612–624.

Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychological Association, 55*(1), 5–14.

Shetgiri, R., Kataoka, S. H., Ryan, G. W., Miller-Askew, L., Chung, P. J., & Schuster, M. A. (2009). Risk and resilience in Latinos: A community-based participatory research study. *American Journal of Preventive Medicine, 37*(61), 217–224.

Sturko, A. P., Holyoke, L., Gagel, C., Gregson, A. J. (2008). Enhancing reading, writing and mathematics through career technical education (CTE): Teachers teaching teachers. *Workforce Education Forum, 35*(1), 1–24.

Valencia, R. R. (Ed.). (2012). *The evolution of deficit thinking: Educational thought and practice*. Abingdon, Oxford, U.K.: Routledge.

Vega, W. A., Rodriguez, M. A., & Ang, A. (2010). Addressing stigma of depression in Latino primary care patients. *General Hospital Psychiatry, 32*(2), 182–191.

Webb, N. L. (2002). Alignment study in language arts, mathematics, science, and social studies of state standards and assessments for four states. A study of the State Collaborative on Assessment & Student Standards (SCASS) Technical Issues in Large-Scale Assessment (TILSA). Washington, D. C.: Council of Chief State School Officers.

Wilkinson, R. G., & Marmot, M. (Eds.). (2003). *Social determinants of health: The solid facts*. Copenhagen, Denmark: WHO Regional Office for Europe. Retrieved July 11, 2014, from http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf?ua=1

Yosso, J. T. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education, 8*(1), 69–91.

Zayas, L. H., & Torres, L. R. (2009). Culture and masculinity: When therapist and patient are Latino men. *Clinical Social Work Journal*, *37*(4), 294–302.

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, *34*(12), 2295–2303.

Appendix 1: Selected Student and Educator Comments on the Utility of PEI-Educate Standards on a School Campus

What comes to mind when you think or hear about mental illness?	"A disease of the brain … people with traumas." "When I think of mental illness, I always think of my family members because some of my family do have mental illness like autism and schizophrenia, so it does hit home when someone mentions mental illness."
How much do you know about mental illness?	"I really don't think I know much about mental illness…. In general, I know a bit like the autism spectrum, schizophrenia, and depression, but I wouldn't say I'm an expert." "I can't say I know much…. I know of them, but not what is wrong with them or what happens to them."
Is it important to include people with a mental illness in our social interactions?	"Yes, they feel left out because they have a mental [illness]…. They shouldn't be discriminated [against] just because of that." "Yes, I think they are human beings that are afflicted with a disease … but they are still people, unlike what others think of people with mental illness being nonhuman, psychotic, angry, or that they are just stupid.... They only hear the part of someone with mental illness breaking down and not the positive stuff." "Treat them as normal…. Increase communication and get more connected with them so they can be seen as normal."
Should the subject of mental health be in our school curriculum?	"Yes, absolutely…. I think that should be a topic of conversation at some point for everyone, and the classroom is the perfect place to talk about it because they [classrooms] are safe, they are academic, they are open for discussion [settings] … they are the perfect place to have those conversations." "We need to be educated about mental illness, be more transparent and not be afraid to talk about mental illness…. It's been hidden for too long, and we need to bring it out in the open, just like cancer and diabetes."
How can we reduce mental health stigma in schools?	"I would try to make friends with someone who lives with a mental illness, because all their lives they have been left out…. Yes, do something about it!" "I think some people should be more aware of it [mental illness], some people may not know much about it and they can hurt those who suffer from a mental illness with words that are insensitive." "I'd have a discussion with my teachers about organizing a club or group to help get rid of the stigma [in our school]." "We can promote them … promote the fact that they are not much different than us…. We shouldn't discriminate [against] them, because they are people, too."
Do we [school culture] need to be more open about mental health?	"Absolutely…. There is so much stigma attached to mental health…. There is a lack of awareness…. We can teach students [about] what mental conditions are and that they are treatable." "I think that the more we can talk about what mental illness is, the more we can understand and treat people with mental illness. If we just ignore it and think 'oh, this only affects them, we can't talk about it too much' … then it's not going to help, it's just going to keep the stigma alive … that people with a mental illness are under the whole category of being a psychopath…. More education [is needed]."