

A Beacon for Information: Youth Narratives on School-Based Anxiety Prevention

by

Andrea Felix
B.A., University of Victoria, 1983

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

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Supervisory Committee

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Dr. Marie Hoskins, (School of Child and Youth Care)
Supervisor

Dr. Jennifer White, (School of Child and Youth Care)
Departmental Member

Abstract

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Dr. Marie Hoskins (School of Child and Youth Care)

Supervisor

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Departmental Member

The newly revised 2017-2018 British Columbian high school curriculum, as a prevention education response to a growing concern around children and youths' mental health, indicates that students will learn the signs and symptoms of stress, anxiety and depression and be able to explain strategies to promote mental well-being (Province of British Columbia, 2016). Youth voices may help in shaping this curriculum objective. This study explores the meaning that five high school students, who were trained to facilitate an anxiety-prevention program, make of the problem of anxiety and prevention through their narratives, applying a narrative methodology and analysis. These youth narratives do not provide a singular explanation, truth or understanding of anxiety; like all narratives, they hold multiple truths. The youth narratives are drawn from the participants' local experiential knowledge as well as prevailing discourses that shape their understanding. The types of narratives in this inquiry include: i) the quest for problem-free childhoods; ii) the genesis of knowledge; and iii) overcoming giant stigma by connecting. There are implications and considerations pulled from the narratives, including how a prevailing psychologized discourse may obscure contextual factors in making sense of anxiety and prevention. This inquiry may help educators and other professionals to imagine what else could be possible in conceptualizing the problem of anxiety and implementing prevention programs. It is hoped that this study will add to the current dialogue around prevention and support strategies in British Columbian schools and beyond.

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Chapter One: Introduction and Context

Thesis Organization

This thesis is organized in five chapters. I begin the first chapter with an introduction of the topic of school-based anxiety prevention, which also includes my research questions. My personal inspiration for this research is described, followed by a rationale for this study; this includes explaining why it was important to me, as a child and youth practitioner to draw from youth narratives. In chapter two, I provide background on the problem of anxiety, school-based approaches to mental health concerns and youth leadership in addressing mental health interests. The literature review in this section will deepen the background and provide a foundation to underpin the findings of this inquiry. The third chapter of this thesis includes the study rationale, methodology, and methods, including narrative inquiry techniques that were utilized to explore the research questions. The fourth chapter presents the findings, and discussion, followed by a consideration of the implications of the findings. My hope is that this qualitative study will contribute to the body of knowledge that informs school-based mental health prevention policies developed by the Ministry of Children and Family Development (MCFD), the Ministry of Health and the Ministry of Education in BC.

An Overview and Intentions

In this chapter I provide a brief overview of school-based mental health literacy programs, as well as present my research questions and inspiration for this study. The British Columbia (BC) Ministry of Education (Province of British Columbia, 2016) has made recent revisions to the health education curriculum for high school health education programs that require some examination. BC high school students, beginning in the 2017-2018 school year, will be required to learn the “signs and symptoms of stress, anxiety and depression” and be

expected to “explain strategies to promote mental well-being of the school and community” (Province of British Columbia, 2016, p. 2). This follows programs instituted in BC elementary schools to teach emotion regulation and management through mindfulness and cognitive behavior strategies (Kutcher, Wei & Morgan, 2015; Wei, Hayden, Kutcher, Zygmunt & McGrath, 2013). Programs being implemented in schools seem to be heavily influenced by a cognitive psychological explanation of the problem of anxiety and depression. This psychological, biomedical view, according to social constructionist thinkers, such as Cassell (2004), Gergen (1985,1994, 1997, 2015), Kleinman (1987) and Priya (2012), may increase human suffering, since it reifies the problem within the individual while paying minimal attention to individual meaning-making, including the experience of being marginalized for having a mental illness. Further, there is little literature that highlights the meaning that youth make of the problem of anxiety or school-based prevention strategies (Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014; Smith, Stewart, Poon, Peled, Saewyc, & McCreary Society, 2014; W.H.O., 2005). This study explores how youth make sense of anxiety and prevention programs.

Research questions. Essential questions in the study are: What meanings do youth trained in an anxiety-prevention program take up in making sense of the problem of anxiety and prevention; further, where do their narratives lead school professionals in conceptualizing and implementing school-based mental health literacy and anxiety prevention programs?

Research inspiration

As a long time educator and counsellor in an independent boarding high school my colleagues and I observed an increasing number of youth, over the past five years, showing signs of being overwhelmed and expressing that they felt anxious and unable to cope; yet

nothing had particularly shifted in the program or staffing in our school. According to the school nurses that I work with, almost 20% of our students seek help for anxiety or depression despite coming from a place of privilege and being afforded what students described as, a safe, caring school community. Youth in our school were appealing to me and my colleagues for more counselling and more coping skills to manage stress, panic attacks and anxiety. I felt ill-equipped to respond to this phenomenon without stepping back to contextualize the problem. Thus began my quest and return to university hoping to make sense of our students apparent increasing relationship with anxiety. One step into my studies as a Master of Arts student in Child and Youth Care and it quickly became apparent that the relationship with anxiety as a problem was not unique to our students or our school. The statistics and trends that our school nurses reported were mirrored in the literature review I conducted and in conversations with professors and in seminars I attended. One such seminar with University of Victoria's Student Affairs Division provided the following overview: Universities across North America report that 60% of students are wanting more information on anxiety and depression; 30% indicate experiencing mental illness, especially anxiety, which supersedes both learning disabilities (17%) and chronic health (11%) as the most prevalent student disability across North American universities (Canadian Association of College and University Student Services, 2016). Clearly, many youth and young adults were experiencing similar relationships with anxiety as the students that I had been teaching and counselling.

The other concern I held was that there seemed to be a predominantly psychologized response to youth who were suffering with over-stress and anxiety, such as the teaching of emotion regulation or cognitive coping skills; this seemed to set aside the social context and changing social landscape such as the predominance of social media in youths' lives and

competitive environment for their futures. The students I worked with prior to this research were looking for ways to talk about, cope with and normalize their over-stress. We collaborated on a school-wide “if you really knew me” campaign that was included in a student-led mental health awareness week. This has now run for four years. The students’ initial authentic and compassionate response, school-wide, touched me deeply and their collaborative development of this program impressed me. A small part of this campaign included psychological education, such as learning about the neurobiological stress-response system and the influence of cognitive distortions. On reflection, the psychological education was initiated by me. This led me to wonder how the students were making sense of the problem of anxiety.

My thoughts were more clearly articulated as I learned about social constructionism. I was drawn to this paradigm to help me understand both the relationship youth were having with anxiety and schools’ response to it. This framework helped me to question prevailing discourses in biomedicine and cognitive psychology that guide school-based mental health literacy (see for example, Miller, 2008; Barrett, Fisk, Cooper, 2015; Fowler & Lebel, 2015). Early psychologist Karen Horney, in the 1950’s, questioned if anxiety is embedded in our system of schooling, including the performance of assessment (Gergen, 2015). Gergen (2015) echoes the same concerns; he wonders if problems such as social anxiety are generated by the cultural meaning we place on events in our lives. He also questions the routine practice of prescribing drugs as the first response to what he describes as *common problems of living* (Gergen, 1994). Gergen (2015) also expresses concern about the lack of critique of the 2016 revision of the Diagnostic Statistical Manual (DSM) that expands the criteria for labeling and categorizing *misery* as *illness*. Well before the latest 2016 revision of the DSM, Kleinman (1987) also questioned the inappropriate use of diagnostic categories and suggested that this

might pathologize and distort the view of socially derived suffering. The psychiatric and psychological explanations of mental health problems such as anxiety tend to be more prevalent in the discourse; this may obscure other explanations, curiosities or considerations. I also reflect on various perspectives of the problem of anxiety. These perspectives include: those found within social constructionist theorizing; prevailing psychiatric and psychological thinking about anxiety; and the outlook of students who sought to discuss and normalize their anxiety. I was inspired by my students to open up the current discussion about anxiety and anxiety prevention by inviting youth perspectives into the literary discourse.

My concerns, passions and curiosity about the problem of anxiety serendipitously led me to a research project with the Ministry of Children and Family Development in 2015 (see Appendix A). The project's purpose was to explore the impact on high school youth being trained to facilitate FRIENDS for Life, a cognitive behavior anxiety prevention program for school-age children (Barrett, 2005). The five youth that participated in the focus group mirrored similar thoughts and concerns as the students I had worked closely with and were within the same age. I cannot help but carry with me all of these encounters. The transcripts derived from this focus group became the data for this research. I remain curious about how youth make sense of the problem of anxiety, including how they understand schools' response to this problem. I am hopeful that these youth narratives open multiple possibilities to think with as schools and society respond to the problem of anxiety.

Study Rationale

In this section I will provide the rationale for drawing from youth narratives for this inquiry as well as the rationale for applying a social constructionist theoretical framework to the findings. These are influenced both by my inspiration and the literature.

Youth narratives. In the literature review that I conducted to understand youths' experience of anxiety and anxiety prevention education I found that most studies reflected on data collected from proxy reporters such as parents or teachers (see: Alberta Health Services, 2013; Cooker and Cherchia, 1976; Begoray, Wharf-Higgins, & MacDonald, 2009; Kutcher, Wei & Morgan, 2015; Wei, Hayden, Kutcher & Zygmunt, 2013). Although this research is informative, it is research *on* youth rather than *with* them; it may misrepresent their experiences, and weaken the validity of this kind of qualitative research (Mason & Hood, 2011; Schelbe, Chanmugam, Moses, Saltzburg, Williams & Letendre, 2015). Rich and Ginsburg (1999) suggest that youth have expertise that can guide research in how youth make health-related decisions, making it essential to include youth's own voices and accounts. My intention in this study aims to highlight the accounts of youth in understanding the problem of anxiety and prevention education. Throughout my interviews and analysis, I am guided by a social constructionist framework, which suggests that children and youth are active social actors capable of shaping the world around them, rather than objects to be studied (Kirk, 2007; Mason & Hood, 2011). This epistemological position that acknowledges youths' agency, also influenced my approach to how research was conducted with youth. For instance, flattening power imbalances in our role of researcher-participant and adult-youth was an intentional aspect of the format of the focus group. By placing myself in the circle and listening, and questioning, more than speaking I hoped to achieve a dialogical rather than didactic approach in the interview. I hope the youth participants viewed themselves as active colleagues and contributors. My intention was to view myself as witness. By centering this study on youth narratives I hope to thicken the story that "if given the appropriate resources and tools, [youth]

have the potential to create lasting change for themselves and their communities” (Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014, p. 74).

Social constructionism as a theoretical framework. Language is used by people to do things together. The richer the discourse, the greater our capacities for human coordination (Gergen & Gergen, 2008). As British Columbia prepares to institute mental health awareness and prevention strategies in high school (2016-2018), it seems essential to ensure the discourse is rich and continuous, with multiple viewpoints, including youths’, to guide the implementation of such a program. Social constructionist theory draws my attention as a framework for opening up the dialogue about both the problem of anxiety and school-based prevention strategies; this framework invites multiplicity and innovation while critiquing the search or application of singular knowledge claims or a universal truth (Gergen & Gergen, 2008). In this way social constructionism as a paradigm provides a theoretical rationale for weaving together multiple discourses that currently shape understandings of anxiety that youth describe. By using focus group data and applying this theoretical rationale, I have been able to analyze the many discourses that make up youth narratives, including those influenced by prevailing psychological discourses and those that contradict this knowledge.

The premise of social constructionism lends itself to the unfolding of ideas rather than establishing a final truth; it is considered a poststructural paradigm (Gergen & Gergen, 2008). The foundational idea of a social constructionist theory is that everything we consider real is constructed through relationships, and reinforced and performed through language and culture (Gergen & Gergen, 2008). Performance, or what we say or do not say, and what we do or do not do is a window into the meaning we make of life. Making sense of anxiety as a problem, according to social constructionists is open to interpretation, inviting both multiplicity and

innovation in how the problem is both understood and therefore addressed, or performed in schools. Berghner and Zetterqvist Nelson (2015) and Priya (2012) also argue that this open interpretation of anxiety is in stark contrast to a more prevalent psychological discourse, where mental illness is largely understood as individualized and decontextualized. Priya (2012), among others (see for example, Berghner & Zetterqvist Nelson, 2015; Watson, Emery, Bayliss, & Boushel, 2012; White & Stoneman, 2012) expresses concern that stripping context away from the experience of anxiety and constructing solutions based on a singular psychological understanding, is limiting and potentially harmful. Gergen (2015) adds that the availability of prevailing psychological and biomedical advances, such as the cognitive behavioural approaches and anti-anxiety medication, has not abated the number of youth suffering with anxiety. There is room in this theoretical orientation to look beyond cognitive and medical approaches as the only solution to a complex problem.

Priya (2012), in making sense of human suffering and healing, explored the goals of Western medicine and noticed that these have shifted from taking care of the experiential concerns of sufferers to predominantly the diagnosis and treatment of the symptoms of a disease. Are schools following suit in making sense of students' suffering through naming, diagnosing and providing preventative treatment while bracketing relational and contextual experiences? According to social constructionism insisting on a particular viewpoint, reinforced through our relationship with psychologized and medicalized discourse of mental illness may delegitimize a person's experience and may increase the possibilities of a person's suffering (Cassell, 2004; Frank, 2001; Gergen, 1997). This suggests that suffering, including the suffering associated with *mental illness*, may not be associated with a disease or disorder alone, but with how society approaches it (Priya, 2012). According to Gergen (1997, 2015) we

need to question the viability of the diagnostic system and the medicalization and psychologizing of social problems such as anxiety. We need to invite multiple views.

Social constructionism as a paradigm provides legitimate allotment for views such as those from youth, that are often overshadowed or overlooked by more prevalent psychologized views (Gergen, 2015; Priya, 2012; Schelbe et al., 2015). According to social constructionism, qualitative research and specifically, the dialogical partnership between researcher and participant is a meaningful medium to study socially contextualized experiences (Charmaz, 2004; Denzin & Lincoln, 2005; Gergen & Gergen, 2008). As Gergen (1997) cautions, however, there is danger in reification of the meaning-making in qualitative research, for constructionist ideas are also socially constructed.

Chapter Two: Literature Review

This chapter provides background on the topic of childhood and youth anxiety and school-based prevention programs. I begin with an explanation of how I selected articles or books for review, followed by a summary of current research and information addressing current trends in understanding anxiety in children and youth, school-based mental health literacy, and ethical considerations in the implementation of universal prevention programs in schools. I pay particular attention to the FRIENDS anxiety-prevention program as this program is widely implemented in BC schools and is the program that the youth in this study have been trained to facilitate (Barrett, 2005; Ministry of Health & Ministry of Children and Family Development, 2012).

Literature Review Approach

A literature review, using EBSCO, ERIC, CINAHL, Web of Science, with prompts including *mental health literacy; school-based prevention programs; anxiety prevention in youth; children's mental health* revealed themes that helped shape the background of this study including the following:

- Growing concerns or attention about youth mental health/ mental illness
- Ethical considerations in school-based prevention programs
- Mental health literacy modeled on health prevention strategies (school-based)
- Cognitive Behaviour Therapy as prevention and treatment
- Youth-led mental health literacy programs

The Problem of Anxiety in Children and Youth

The World Health Organization (W.H.O), according to the Child and Adolescent Mental Health Atlas (2005), suggests that “there is a worldwide prevalence of child and adolescent

mental disorders of approximately 20%” (World Health Organization (W.H.O.), 2005, p. 15), with half of these beginning before the age of fourteen. Of these psychiatric disorders, anxiety and ADHD are the most frequently diagnosed (W.H.O., 2005). This finding is supported by others in Canada and Australia (Jorm, 2012; Kutcher & McLuckie, 2009) and in British Columbia (Smith, Stewart, Poon, Peled, Saewyc, & McCreary Centre Society, 2014) with an estimation that approximately 20% of children and youth experience poor to fair mental health. According to this research, this group of children and youth primarily suffer from anxiety or depression (Smith et al., 2014). In examining data from twenty-eight developed and developing countries the W.H.O.’s World Health Initiative found that only a minority of children and youth received treatment for mood or anxiety disorders in the year of disorder onset; even in developed countries, delays in seeking help ranged from three to thirty years for anxiety disorders (Jorm, 2012). It is suggested that a delay in seeking treatment equates to a poorer lifelong outcome (Jorm, 2012). Proponents of mental health literacy, Kutcher, Wei and Morgan (2015) similarly state that if psychological distress is left unrecognized and untreated it can lead to “substantial negative outcomes in physical and mental health, academic and vocational achievement, interpersonal relationships and other important life domains” (p. 581). According to these proponents of mental health literacy, delays in help-seeking may be the result of people tending to use normalizing labels, such as *stress* to address anxiety disorders, making it more likely to attempt to deal with the problem of anxiety on one’s own (Jorm, 2012). They suggest that a delay in seeking help may also be related to a lack of knowledge or life experience; the median age onset for anxiety disorders is early adolescence (Jorm, 2012; Kutcher & McLuckie, 2009; Mental Health Commission of Canada, 2012; W.H.O, 2005). Another delay in seeking help, according to mental health literacy proponents, is stigma, which

according to the W. H.O (2005) is a more significant barrier in high income countries than in low income countries.

The question around the growing concern and identification of the problem of anxiety in children and youth often comes around to why. Collishaw (2015), Gergen (2015) and Kutcher and McLuckie (2009) offer the following explanations for why we are seeing more children and youth with anxiety:

- increased help-seeking by parents, teachers and youth
- improved screening and clinical recognition in schools
- a broadening of diagnostic classification of psychiatric disorders
- the medicalizing of feelings and behaviours previously considered normal

Burman (2012) raises concerns with explanations that point to the psychologized individual and urges us to consider other systems to explain the problem of anxiety. She suggests that schools for instance, as places of learning, inherently invite emotions such as fear, insecurity and anxiety. This is corroborated by Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith (1995) who suggest that we may be confusing anxiety with an attempt to cope with the unprecedented gaze of social media, the pressures of performing, becoming independent and being assessed at school. Ranahan (2009) agrees, stating that anxiety or depression may be more a function of social location rather than a disorder located in an individual. Wright's (2016) report supports the *sociogenic* aspects of anxiety presented by Burman (2012), Parker et al. (1995), and Ranahan (2009) in his review of a study of 30,000 British youth. *Sociogenic* aspects refer to anxiety being produced by social factors such as social media's unrelenting gaze in young people's lives. The study that Wright (2016) refers to points to rising trends in psychological distress of British youth for the following reasons:

- the proliferation of incessant social media
- pressures from affluent families
- pressures from parents with higher education
- global recession and low efficacy (educated parents without work lowers youth belief in self-determination)

These explanations emphasize socio-political contextual factors. Gergen (2015)

eloquently presents the debate as an emphasis on nature and the biological roots of human behaviour on the one hand, and on the other, a concern with the cultural constitution of human action. As he notes, there are very different approaches to mental illness depending on which side of the debate one stands. Gergen (2015) notes that the prevailing neurobiological turn in addressing mental illness encourages “rigorous diagnostic neurological research, managed care and pharmacology” (p. 2) with an aim to *cure the disease*. He refutes relying on this approach alone and suggests that there are “dangers...in ignoring the cultural process in which human suffering is embedded” (p.2) including the approaches we take to bring about change. The nature-nurture debate tends to fall on the side of nature in questioning what approaches the Ministry of Education has developed to address educating youth about anxiety, as will be discussed in detail later on (Province of BC, 2016). The term *prevention* and the requirement to name anxiety and depression symptoms as part of the school health education curriculum has a focus on improving the systems of biomedical diagnosis and classification, while disregarding *nurture* or the socially contextualized problems, such as poverty or racism that produce anxiety (Province of BC, 2016). This trend is seen in the delivery of mental health literacy and anxiety prevention education in schools with the intention to teach youth to regulate, cope and seek help to prevent problematic emotions from developing into a mental illness (Mental Health

Commission of Canada, 2010; Ministry of Children and Family Development & Ministry of Health, 2010; Province of British Columbia, 2016). The complex social context, as mentioned above, does not seem as readily or thoroughly addressed as the biomedical and psychological concerns in making sense of anxiety experienced by children and youth.

Schools and Mental Illness Prevention

If your only tool is a hammer, then all of your problems look like nails.

When the discourse reverberates in the public sphere that there is a widespread problem with children's mental health (see for example: Jorm, 2012; Kutcher & McLuckie, 2009; Smith et al., 2014; W.H.O, 2010; Wright, 2016), schools predictably respond with prevention programs, as they have done in the past (Gleason, 2001; Parker et al., 1995; Saraceno, 2012; Walton, 2010). Schools have long been identified universally as a primary site for government's efficient, cost-effective delivery of broad prevention education programs (Burman, 2010; Tonkin, 2007; White & Stoneman, 2012). Classrooms and schools are seen as a natural and important location to institute universal mental health literacy, to influence well-being, and promote early intervention and the prevention of anxiety (Kutcher, Wei & Morgan, 2015; Ng & Chan, 2002). These school-based risk-reduction programs emulate earlier health prevention strategies aimed at solving a range of problems among youth such as substance misuse, risky sexual behaviour, smoking, suicide and school dropout (Higgins, Begoray, & MacDonald, 2009; Ranahan, 2009; White & Stoneman, 2012). The hope in school-based mental illness prevention is to build resilience and coping strategies and to catch problems upstream, or early, before poor coping skills develop into a mental illness (Jorm, 2012; Kutcher, et al., 2015; Mental Health Commission of Canada, 2012; W.H.O, 2005). In 2010, the Ministry of Children and Family Development (MCFD) and the Ministry of Health presented

the *Healthy Minds, Healthy People 10-year Action Plan*, for delivery in 2010, with a focus on children and youths' mental illness prevention, mental health promotion, stigma-reduction and improving help-seeking. With the support of the Ministry of Education, they adopted and implemented emotion regulation programs in schools. These included FRIENDS (Barrett, 2005), as previously mentioned, and Mind Up (Healthy Schools, BC, n.d.), a mindfulness program for young children. These programs focus on individual asset-building approaches rather than social control (*do not* messages inherent in drug or sex education). The school-based programs teach individual coping skills based on cognitive behaviour techniques that enhance problem solving, decision-making, social interactions and self-regulation (Ministry of Health & Ministry of Children and Family Development, 2010, 2012). These programs are meant to protect and promote students' well-being (Barrett, 2005; Barrett, Fisk & Cooper, 2015, Fowler & Lebel, 2013). The Ministry of Children and Family Development's (MCFD) goal is that their proactive method will assist students in building coping strategies, social competencies and resiliency to manage difficult situations and stress. Their aim is to reach as many students as possible and provide them with life skills that will strengthen resiliency and reduce the risk of developing an anxiety problem, enabling "young people to manage anxiety now and later in life" (Ministry of Children and Family Development (MCFD), 2015, para. 1).

The evidence for reaching this goal is mixed (see for example, Fowler & Lebel, 2013; Maggin & Johnson, 2014; Miller, 2008; Miller, Short, Garland & Clark, 2010). The Mental Health Commission of Canada (2012) indicate that 86% of children showing signs of an anxiety disorder no longer demonstrated these symptoms after completing the school-based anxiety prevention program, FRIENDS for Life as compared to 31% of a control group. These

results, according to some studies, are sustained for one to six years (Barrett, et al., 2015; Jorm, 2012; Mental Health Commission of Canada, 2012;). Maggin and Johnson's (2014) meta-analysis of the FRIENDS program is not quite as favourable. Their meta-analysis shows mixed results, including a fade in stigma reduction and coping techniques after 12 months, no change in student help-seeking and no change in children with high levels of anxiety. (Maggin & Johnson, 2014). Miller, Short, Garland and Clark (2010) similarly found that clinical-setting CBT's efficacy is not easily translated to group programs that have been adapted for school-based intervention; they state that "the evidence of effectiveness is mixed" despite being widely implemented (p. 433). Miller et al. (2010) note that there is a clear desire for schools to "transport evidence-based psychological approaches" as a preventative measure in response to the increased mental health concerns, specifically anxiety disorders, in school-aged children and youth. Miller et al., (2010) point to the benefits of teachers facilitating these preventive psychological programs in the classroom, including sustainability, efficiency and cost, compared to delivery by school counsellors who have limited availability to reach each classroom. Additionally, classroom programs provide access to peer support, which may decrease a sense of isolation by normalizing and bringing to the fore emotions, such as fear, worry and anxiety, that tend to be internalized and therefore less visible Miller et al., 2010).

In an experimental study, Miller et al., (2010) trained teachers to facilitate a CBT clinical program (Taming the Worry Dragon) that uses physiological, cognitive and behavioural strategies to teach children (7-12 years old) how to cope with anxiety. They found a trend toward anxiety symptom reduction in students who received this classroom program facilitated by their teacher and hold hope, that like the hand-washing campaign for flu prevention, teaching anxiety coping strategies may prevent anxiety symptoms from developing into more

serious pathology (Miller et al., 2010). Japan, conducting a similar study with FRIENDS for life with Grade 4-6 students found no change in children's anxiety (Urao, Yoshinaga, Asano, Ishikawa, Tano, Sato & Shimizu, 2016). In a large (253 children) control randomized study in a Canadian public elementary school, anxiety self-report measures indicate no difference between a control group and a group receiving CBT, suggesting that more research is needed, including looking at the confounding variable of teacher's attention paid to students. It was clear from these studies that universal programs produce a greater understanding and awareness of anxiety disorders in children and youth, which has implications for increased clinician referrals and demands (Miller, 2008).

Despite the mixed results, attention has been placed on introducing mental health literacy in elementary schools. A similar comprehensive mental health literacy or prevention plan was not mandated in the BC high school curriculum until 2016 (Province of British Columbia, 2016); yet, high school is where onset of a mental illness is considered most likely (Jorm, 2012; W.H.O., 2005; Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013). In 2011 the BC Ministry of Health produced "Promoting Positive Mental Health Among BC Youth" based on the McCreary Society's 2008 Adolescent Health Survey. This report coupled with the Pan-Canadian Joint Consortium for School Health report (2013) and the Directorate of Agencies for School Health legislative report (2015) identified school-based mental health promotion as an effective way to reach and benefit British Columbian children and youth. Between 2016-2018 the draft BC School Curriculum will become mandatory and require high school students to learn the signs and symptoms of stress, anxiety and depression and explain strategies to promote mental well-being (Mental Health Commission of Canada, 2012; Province of British Columbia, 2016; Schonert-Reichl, 2016). Similar to elementary school-aged mental health

literacy programs, this high school curriculum aims to improve well-being by reducing stigma and increasing knowledge around mental illness and by increasing help-seeking (Jorm, 2012; Kutcher & McLuckie, 2009; Province of British Columbia, 2016; Schonert-Reichl, 2016). The most widely used prevention approach in schools is based on a prevailing psychological and neurobiological understanding of mental illness, specifically, a cognitive-behavioural approach.

The pros and cons of a universal prevention approach in schools. Universal programs refer to mental health programs aimed to improve the mental health of the whole population of children, not just those children at risk of mental health problems or those children already experiencing mental health problems. Reviewing several universal programs for mental health promotion and prevention, Wells, Barlow, and Stewart-Brown (2003) concluded that school-based programs could have a positive impact on children's mental health. The successful universal programs they reviewed promoted mental health by teaching positive interpersonal skills, was delivered continuously over a year or more and focused on emotional awareness and positive interpersonal behaviours as opposed to antisocial behaviours. Other considerations for successful implementation suggest that educators have equal or greater success in delivering a universal program compared to a researcher or mental health professional (Fowler & Lebel, 2013). Fowler and Lebel (2013) also indicate that peer delivery may also be effective and may have the additional benefit of engaging youth.

There is a gap, however, between mental health programs and students' experiencing positive mental health (Jorm, 2012; Smith et al., 2015) which raises questions about the universal school-based prevention model and the problem of anxiety. Burman (2012), corroborated by White and Stoneman (2012) suggest that current school approaches tend to rely on an approach that fixates on the child as a social problem, in need of social skills, which

neglects the social origins of the problem. Ohlman, Kwee, & Lees (2014) caution against an individual approach to resiliency, stressing that “well-being is complex and that youth, their caregivers and their communities travel on multiple pathways toward health” (p. 25). Boler (1999) shares a similar view; she cautions that it may be cost effective to universally teach students to regulate their emotions, but “this may also mask underlying youth crises and blame the individual for lacking self-control, which obscures system failures” (p. 86). Tonkin (2007) and Leitch (2008) agree and argue that delivering a standardized program assumes children are living uniform lives; similarly, they are concerned that the social context at play remains hidden. Poverty, cultural barriers or practices, and parental pressure or absence may be the origins of anxiety—a normal response to an abnormal situation (Leitch 2008; Luthar & Latendresse, 2005). This social complexity is missed by a universal, psychologized, individualistic approach to anxiety prevention and may inadvertently pathologize a child’s *normal* anxiousness to *problematic* living situations. The Mental Health Commission of Canada (2012) points to situational factors that may create anxiety in children, including poverty or living with a parent with mental illness, substance use problems or family violence. This obscuring of situational factors in mental health programs suggests that universal approaches do not take into account the multiplicity of children's lives. The inherent assumptions in a universal prevention program may, for instance, raise unrealistic and harmful expectations for those suffering within complex social conditions (Mental Health Commission of Canada, 2010).

This draws attention to the cautions that others point to in applying a universal psychologized approach to the problem of anxiety (see: Gergen, 2015; Leitch, 2008; Ranahan, 2009; Tonkin, 2007) The underlying assumption that mental health challenges are an individual

concern is described by Ranahan (2009) who found that adolescents believed that individuals should handle depression or anxiety on their own and that the inability to cope reflected a character flaw or personality weakness.

The persistence of stigma and anxiety. Although school-based mental health literacy programs have been in place in BC elementary schools for the past 7 years (BC Ministry of Health Services & MCFD, 2010, 2012) anxiety and depression remain a concern in student populations and stigma persists amongst children and youth suffering with the problem of anxiety (Jorm, 2012; Kutcher & McLuckie, 2009; Smith et al., 2014; W.H.O, 2010; Wright, 2016). Kutcher and Wei (2014) note the complexities of school mental health programs, and question the *program in a box*, or decontextualized universal application that they describe as being commonly applied to address mental health in school settings. They suggest that “the hopes for universal interventions leading to substantial positive mental health results have not yet been achieved” (Kutcher & Wei, 2014, para. 2).

There are many possible explanations for not yet having achieved more positive mental health results with universal school-based mental health programs; I present two: a psychological/ biomedical view and a sociogenic perspective. Those promoting a psychologized view of mental illness argue that “lack of knowledge, presence of stigma and limited access to care all serve as barriers to addressing mental disorders” (Kutcher, Wei & Morgan, 2015, p. 581). This view supports solutions that include providing more knowledge to identify anxiety and access coping strategies with a belief that this will reduce stigma and the problem of mental illness. Lam (2014) argues for promoting psychologized mental health literacy as a critical protective factor in reducing depression in youth. He found that moderate to severe depression in youth was correlated with an inadequate level of mental health

knowledge. Other studies indicate that knowledge, promoted by mental health literacy increases help-seeking by facilitators. Jorm (2012) also declares that people are more likely to seek professional help if someone else suggests it. Teachers, for instance, who take mental health literacy curriculum courses show increased knowledge about mental health and seek help for students of concern more often (Kutcher et al., 2015; Lam, 2014; Ng & Chung, 2002). This is supported by studies that indicate that seeking help early improves mental health outcomes over the lifespan (Jorm, 2012; Kutcher et al., 2015). These studies suggest that unilateral mental health literacy may change help-seeking behaviours on other's behalf. Although teachers trained in mental health literacy increase seeking help on behalf of students once they become more aware of mental health challenges, the same is not always true of youth who are provided with school-based mental health literacy programs (Kutcher & McLuckie, 2009). Kutcher and Wei (2014) suggest this may be due to the delivery of programs, which are often not designed to fit into students' course-based educational experiences, are designed in isolation from existing mental health organizations or services and often draw from examples that may not relate to the school experience.

The persistence of stigma, despite the availability of mental health literacy programs offered in some schools may also be explained through a social constructionist perspective. A social constructionist perspective suggests that anxiety may be socially constructed or produced. This perspective questions what happens when schools frame strategies for coping with normal life as *anxiety prevention* when these emotional responses may be due to social factors such as homophobia or bullying. Walton (2010) indicates that when there is pressure on schools to "do something" (p. 146) about student mental health, the result is often a unilateral approach based on the prevailing understanding of the problem. Walton, (2010) in his critique

of bullying prevention programs and White and Stoneman (2012) in their study on suicide prevention programs found similarly that didactic, scripted programs based on deficit models led to the potential for further marginalizing and stigmatizing of some students. The decontextualized delivery of these programs obscures underlying social practices, such as homophobia, racism or living in a culture that over-values autonomy and under-values relational aims. Gergen (2015) argues that “to the extent that personal problems are embedded within processes of cultural meaning, the emphasis of change should be placed on movement within these processes” (p. 7) rather than on changing individuals. For instance, a society that over-values autonomy may promote competition rather than connection in the classroom, making it difficult for the child with fears or worries to be at ease. Parker et al. (1995) make a similar suggestion, stating that when schools address social dilemmas by teaching self-regulation this implies that we must “learn to cope with the events of life rather than seek political change” (p. 47).

This draws attention to the ethical importance of examining prevailing unilateral, psychologized approaches that set context aside and may inadvertently foster human suffering. Gergen (1997, 2015) and Kleinman (1987) see it as imperative to question the diagnostic system that named *anxiety* and other suffering as *mental illnesses*. Gergen (2015), among others, suggests that the medicalization of social problems leads to blaming the person for having an emotional response to a normal problem of living, which, when decontextualized, causes further human suffering (Cassell, 2004; Gergen, 1997, 2015; Kleinman, 1987). Similarly, Priya (2012) corroborates this and suggests that identifying a problem with living as a mental illness reifies the problem within the person and creates the premise for a standard, reductive, universal approach. Saraceno (2012) argues that neo-liberal global capitalism

contributes to relegating responsibility for social problems onto individuals while at the same time ignoring socio-political contexts such as belonging to a “minoritized population” (p. 257). Cassell, (2004), Gergen, (2015), Newbury, (2010) and Saraceno, (2012) support a sociogenic view and propose to push and expand the problem of anxiety as more than an individual psychologized problem. White and Stoneman (2012) argue that this requires educators and practitioners to re-imagine prevention education in schools. Newbury (2010) suggests integrating an ethic of social justice in our discussion and work with youth by acknowledging social problems as “our problems” rather than “their problems” and being aware of and resisting hegemonic narratives. She proposes that to move beyond the confines of prevailing psychologized understandings of mental health problems requires active self-reflection (Newbury, 2010).

Youth as Competent

Here in the literature review, I venture away from reflecting on youth deficits in coping and turn to the capacities of youth to more than cope. In this section I explore the socially constructed category of youth and how this category may be used to promote prevailing views of anxiety or deepen understandings of youth perspectives. The subject of youth as collaborators is of particular interest, since youth have been the sole contributors of the data for this research, as will be described later.

Youth storytellers and peer educators. Since the year 2000 more than 70 nations from all regions of the world have focused on youth policies that increase youth civic engagement (Sukarieh & Tannock, 2015). The recognition to “support, prepare, engage youth as well as harness the energy and creativity of young people” (Sukarieh & Tannock, 2015, p. 14) is a shift from youth as a category seen as “in crisis” (Elman, 2014, p. 2), immature, dependent and

incompetent (Delgado & Staples, 2008). Sukarieh and Tannock (2015) posit that this shift from *youth in crisis* to empowered youth is partly because the social category of youth has become more useful, productive and sensible to institutions and organizations. Sukarieh and Tannock (2015) state that one sentiment that is touted is: “If we don’t expect much from youth, we won’t get much from them” (p. 21), which may have capitalist neoliberal underpinnings that challenge traditional adolescent development theories. Promoting youth capacities, according to Sukarieh and Tannock (2015) constructs claims of youth resilience that denies the multiplicity of youth experiences, including poverty or disability. According to Sukarieh and Tannock (2015) these social constructs of youth are influenced by historical contexts, including periods of war when youth are portrayed as competent, compared to times of economic crisis when youth are seen as in peril and in need of prolonged participation in the educational system. Sukarieh and Tannock (2015) argue that the act of promoting a positive view of youth demands careful, critical attention as this view can be driven by conflicting political agendas.

Bergnehr and Zetterqvist Nelson (2015) and Mason and Hood (2011), in studying the role of youth consultants draw attention to the prevailing practice of positioning *the child* as passive and formed by adults, despite a general shift of thinking of children as social actors. Research in this area of youth leadership tends to study *how often* youth participate as leaders, rather than *how* they are involved (Holland, Renold, Ross, & Hillman, 2010). Youth, for example, trained as FRIENDS for Life educators are not asked to design, shape or create a response to anxiety, but are asked to facilitate a scripted program. As 15 year olds, they may have experiences to draw from to add to the scripted program. Careful critique is needed to ensure youth, in the guise of leaders, are not being “used to package social change” (Sukarieh & Tannock, 2015, p. 24). Mason and Hood (2011) observe that youth participation can be understood as everything

from superficial, tokenistic or decorative involvement through to youth-initiated decision-making. Watson, Emery, Bayliss, Boushel, and McInnes (2012) concur and question if youth being taught to facilitate a program are in truth being molded to enact a prevailing discourse. Watson et al. (2012) argue that youths' personal agency is dynamically contingent on the social, economic, political and material context. Context, then, needs to be considered as we explore the meaning of youth leadership, whether as research collaborators or peer educators.

Youth as mental health facilitators. Developing health and mental health literacy occurs in relationships “between and among students” (Begoray, Wharf-Higgins, MacDonald, 2009, p. 351). Youth also report that they appreciate the opportunity to talk about their health and having access to accurate information (Begoray et al., 2009; Kutcher & Wei, 2014; Lam, 2014). In examining health literacy, such as sexual health, Begoray et al. (2009) found that besides robust implementation of school health education, adolescents also turn to each other to confirm accuracy of what is taught and to share intimate information about health related topics. It is evident that youth have a profound influence on one another, and their peers remain a frontline resource for mental health support and information (Begoray et al., 2009; Egbochuku & Aihie, 2009; Lam, 2014; Tonkin, 2007). Peer mentoring programs capitalize on “the potentially strong positive influence of peers in bringing about improvement in behaviour” (Egbochuku & Aihie, 2009, p. 9). It may be that youth, trained as peer counsellors, have certain advantages over adults in helping youth, including peers feeling freer to express themselves and more likely to model or believe the youth helper (Egbochuku & Aihie, 2009). This is corroborated by Bulanda, Bruhn, Byro-Johnson, and Zentmyer (2014) who found that a youth-led approach in addressing mental health stigma with their peers led to meaningful differences in the reduction of stigma between pre and post-tests. Youth leaders and the peers they taught

were more empathetic with each other and understood how to support their peers more effectively. This was considered by the researchers to be more durable than delivery by adult educators due to peers' long-standing influence on each other. Studies indicate that there are positive outcomes for youth leaders that include growth in their personal capacities and empathy and increased knowledge about mental health (Cooker & Cherchia, 1976; Wei et al., 2013). Youth leaders may also have a profound influence on their peers who may see youth leaders as a principle source of information and support (Begoray et al., 2009; Egbochuku & Aihi, 2009; Ranahan, 2009; Tonkin, 2007). Overall, proponents of mental health programs facilitated by youth to youth suggest that this benefits youth leaders and their social networks (Degado & Staples, 2008). As a result, youth-led mental health programs have grown dramatically in the past two decades (Alberta Health Services, 2014; Bulanda et al., 2014).

The research on youth-led mental health promotion or mental illness prevention is limited and the research on youth leader perspectives is scarce (Wei, et al., 2013; Bulanda, et al., 2014). Two recently launched youth-led mental health literacy programs, however, provide substantive research on the impacts of youth as leaders. The Alberta Health Services Community Helpers Program (2014) and the youth-led S. P. E. A. K anti-stigma program in the United States (Bulanda et al., 2014) both reported favourable outcomes that indicate youth leaders and their communities strengthened their capacities for empathy and interpersonal skills in communicating concern for themselves and their peers.

Growing youth capacities. Studies have demonstrated that peer helper training provides opportunities for significant personal growth for youth helpers, both in their competence and confidence (Alberta Health Services, 2013; Miller et al., 2010). This is substantiated by Alberta Health Services (2013) in their evaluation of a community helper program involving youth and

young adults. They found that mental health literacy training improved both the youth leaders' confidence and competence in several areas including awareness about mental health, knowledge about available services, skills to help others and improved ability to manage their own mental health. Youth trained in mental health literacy may not directly seek help for peers, but according to Jorm (2012) they may play a significant role in promoting and facilitating help-seeking, rather than inadvertently suggesting unhelpful strategies such as relaxing with alcohol, or ignoring their peer in mental distress. The proponents of mental health literacy indicate that training youth provides benefits both formally and informally. Formally, as peer educators, youth acquire skills that may have a unique influence on their peers; informally, youth benefit by mobilizing knowledge, attitudes and informed strategies amongst their social networks. Despite these benefits, detractors of unilateral mental health literacy would caution that youth, used in leadership roles to impart scripted programs, may restrict their personal agency and restrain other ways of youth imagining how to address the problem of anxiety or other mental health concerns (Mason & Hood, 2011; Sukarieh & Tannock, 2015; Watson et al., 2012; White & Stoneman, 2012). Therefore, the implication is that it is worthwhile to enlist youth to facilitate mental health programs while also exploring with them the context and meaning they make that may contribute to these programs.

The purpose of this review has been to explore the problem of anxiety, the delivery of school-based mental health literacy, and the role of youth in addressing the problem of anxiety. The literature reveals tensions between the prevailing psychologized view and a sociogenic view of anxiety. The literature also suggests that there are both strengths and limitations in the dominant approach to school-based prevention programs that have implications for reducing stigma and increasing help-seeking or changes in social practices. Similarly, the literature

exploring youth leadership indicates benefits and consequences depending on how youth participate in mental health literacy programs. What is limited in the literature are studies that explore the problem of anxiety and anxiety prevention from the perspective of youth. This qualitative study addresses this gap in the research.

Chapter Three: Methodology

In this chapter I focus on the rationale and purpose of the study, the methodology that underpins this research and the methods, including an explanation of data collection and analysis. Finally, I discuss the ethical considerations in a study involving youth, including strategies for maintaining the anonymity of the participants.

Purpose of the Study

This qualitative study draws from knowledge gained through my direct practice with youth and the questions I have as a result. It addresses the gap in certain kinds of research that tend to minimize or ignore the meaning that youth make of the problem of anxiety. This study explored the narratives of five high school youth, trained as peer helpers to facilitate a school-based anxiety prevention program that is promoted and delivered provincially through the Ministry of Children and Family Development (Mental Health Commission of Canada, 2012). Specifically, this research asked: (a) what narratives do youth, trained in an anxiety prevention program draw on to describe their understandings about anxiety and prevention and (b) where do their narratives lead us. Intentions of anxiety-prevention training programs, such as FRIENDS, are to reduce stigma, increase help-seeking and provide coping skills to teach to school-aged children (Barrett, Fisk & Cooper, 2015). For this research I used transcripts from a semi-structured focus group that I conducted with five youth following their training in an anxiety prevention program (see Appendix A). This study falls within narrative methodologies, that highlights the narratives youth tell to describe the meaning they make of anxiety and prevention. It is hoped that this study will offer an alternative to current programs that may minimize the context in which these problems arise. It responds to the question of: what else can be imagined in the field of anxiety prevention strategies offered in schools?

A Narrative Methodology

In the literature review that I conducted to understand youth's experience of anxiety and anxiety prevention education I found that most studies reflected on data collected from proxy reporters such as parents or teachers (Alberta Health Services, 2013; Higgins et al., 2009; Kutcher et al., 2015; Wei et al., 2013). Although this research is informative, it provides research *on* youth rather than *with* them, and may misrepresent their experiences, and weaken the validity of this kind of qualitative research (Schelbe et al., 2014). Rich and Ginsburg (1999) suggest that youth have expertise that can guide research for programs on how youth make health-related decisions, making it essential to include youth's own voices and accounts. Mason and Hood (2011), drawing on the socially constructed nature of childhood, theorize that children and youth, as social actors, are capable of shaping the world around them. In keeping with this epistemological approach that youth are active social actors, this study highlights youths' perceptions and meaning-making of anxiety and anxiety prevention education. Qualitative research guided by a narrative methodology seems to be an ideal approach for understanding and representing youths' experiences, privileging their perspective.

A narrative approach. It is easy, according to Bruner (1991) to overlook narratives as a way of making meaning, since they are "so familiar and ubiquitous" (p. 4); yet, narratives are a form of representation of the world, a way of telling about our experience of human happenings. Bruner (1991) suggests that narrative, as a form, not only represents, but forms reality. Gergen and Gergen (2008) state this similarly: "everything we consider real is socially constructed, or.... nothing is real unless people agree that it is" (p. 10). With this in mind, the social world and the stories we tell about it are constantly in the making and constantly making sense out of the events in our lives. The narrative approach is both a research methodology, a

method and a phenomenon (Frank, 2010; Polkinghorne, 1988). A narrative methodology is used to reflect on the meaning of stories or a series of events. Although there are many approaches to organizing and reflecting on life events, narrative researchers gather these stories and, in a reflexive process, organize them in a meaningful way to create narratives. In the narrative approach, the narrative can gain an importance that goes beyond the original telling and become applicable in other ways, where it might take on new meanings, unintended by the original story teller. Consequently, a narrative has the power to grow and be re-interpreted differently with each person it connects with (Clandinin & Connelly, 2000; Frank, 2010; Polkinghorne, 1988).

It is important to note that inconsistency, contradictions and re-interpretations are expected as part of the effort of vital meaning-making and the construction of storied lives. This research project views identity as relational, contextual, communal, discursive, multistoried and “counters psychology’s idea of the skin-bound individual self” (Madigan, 2015, p. 4). Further, it examines the ways in which power, knowledge and discourse become taken-for-granted realities.

Although there are many variations in the procedures for conducting narrative research, there are philosophical principles that ground certain kinds of narrative methodologies (see: Bruner, 1991; Clandinin and Connelly, 2000; Frank, 2010; Polkinghorne, 1988). Particularly relevant for this current study is the emphasis on principles such as: temporality, canons or grand narratives, context and hermeneutics (meaning-making). These principles, described below, are drawn from narrative thinkers who reflect these ideas in their work (see: Bruner ,1991; Clandinin and Connelly, 2000; Frank, 2010; and Polkinghorne ,1988).

The principle of temporality. Temporality as a philosophical principle is that life happens on a continuum, sliding back and forth in time, embedding lives in a larger narrative, which changes as time passes. Bruner (1991) referred to this as *narrative diachronicity* and stressed the importance of preserving the sequence of *human* time rather than *clock* time. Human time works in the present, flashing both forwards and backwards. Research captures something ‘in passing’ telling the stories of events that happen over time. In this way stories have a past, present and implied future and are always in progress (Frank, 2010). The principle of temporality cautions the researcher to not use a story to foreclose a person’s imagined possibilities through a reductionist or formalistic approach. In this study, for example, participants tell stories of care-free childhoods that represent their current remembered experiences, while at the same time reflecting on their childhoods and imagined futures.

The principle of canons. Canons or grand narratives are understood as familiar scripts that are often unseen, ubiquitously shaping meaning-making. These may be accrued histories of individuals, families or institutions that gain a privileged status and shape future stories (Bruner, 1991). These grand narratives often go unnoticed because we live within them, “much the same way as we suppose the fish will be the last to discover water” (Bruner, 1991, p. 11). The words *mental illness* is such a canon, which embodies the idea that emotional problems represent an abnormal psychologized mind rather than societal oppression. This canon shapes a particular approach to emotional problems, including providing certain kinds of prevention education in schools. At times a canon is breached, violated or deviates from the dominant script, challenging familiar scripts and creating new possibilities for understanding (Bruner, 1991). *Normal problems of living* (Gergen, 2015) for example disrupts the canon of *mental illness*. A narrative methodology, according to Clandinin and Connelly (2000), provides an

inquiry framework that takes into account and challenges taken-for-granted paradigms and juxtaposes them to alternative frames of reference. With the luxury of research time, researchers can bring forth what these narratives *do* (Frank, 2010), making apparent the cultural toolkit used to construct familiar storylines that may otherwise be overlooked.

The principle of context. Narratives are performative, which means they both construct and perform the social reality or context they describe. They do this by enacting emotions, behaviours and points of view (Frank, 2010). According to Bjoroy, Madigan and Nylund (2015) the performance or enactment of the narratives we tell and do not tell are shaped by the surrounding cultural and discursive context; these both constrain and liberate our lives. A narrative approach as methodology brings this performative context to the foreground. In this research, narratives are conceived as not operating inside youths' "own skin in a cultural vacuum" (Bruner, 1991, p. 6); rather, their stories capture larger social beliefs and procedures that may be useful for understanding how youth behave with, think about and construct organizations such as prevention education systems or anxiety as *mental illness*. Understanding narratives as shared, contextualized, and performative resources helps reveal participants' social location and the significance they place on specific stories heard or seen. Embedded in this notion is the idea that an individual's story is never original and that we must be cautious of what Gergen (2015) calls *cultural myopia* or washing away context from a narrative. Our understanding of the world is coloured by the surrounding stories, language and culture, suggesting that a blank, original slate is impossible. What an individual authors is a reflection of this cultural collage and gives insight to larger social beliefs.

The principle of hermeneutics. A narrative methodology is based on dialogical traditions of interpretation and aspires to produce an ongoing dialogue with a story (Clandinin &

Connelly, 2000; Frank, 2010). Also known as *hermeneutics*, this expands the listener's openness to how much the story is saying and is a measure against reductionist tendencies.

Frank (2010) considers it an ethical task to be available to another's meaning-making.

Hermeneutics is based on seeing the variations and possibilities within a story, including noticing linkages, discontinuities and imagining what might be unsaid (Bruner, 1991; Clandinin and Connelly, 2000; Frank, 2010; Polkinghorne, 1988). As I research, question, code and re-

code transcripts and field texts my understanding deepens and the possibilities of what may be known expands. This includes acknowledging my own stories that I am caught up in, and

questioning how another's story calls on me to shift my understanding (Clandinin & Connelly, 2000; Frank, 2010). Clandinin and Connelly (2000) strongly uphold becoming

"autobiographically conscious" (p.46) as researchers by acknowledging and making transparent our own views and reactions in our research, especially as graduate students who may have been previously trained in formalistic and reductionist methodologies. Frank (2010) asks researchers to consider that "no one's meaning is final and no one meaning is final" (p. 99).

Conflicting stories have a place in this approach, without ruling one or the other out.

Hermeneutics deepens and expands understanding of human phenomena rather than attempting to predict and control human experience (Polkinghorne, 1988). Ideally, interpreting stories with the storyteller would substantiate this idea that I claim no privilege of interpretive authority.

Unfortunately, I had limited access to review and interpret stories with participants, since I only had approval to contact them during the focus group and individual phone interviews. As an alternative, I discussed my interpretations with peers, family members and my academic advisors to validate my findings and the types of narratives that emerged. There are limitations to this method of re-interpretation due to the developmental differences and differing contextual

viewpoints (adult-youth; professor-high-school student) between adult academic advisors and high school students.

Validity and reliability. Bruner (1991) proposes that narratives establish verisimilitude rather than truth. Narrative truth, based on verisimilitude is judged by its likeliness or appearance of truth rather than on verifiable facts. Verisimilitude may be described as knowing life through the storying of lived experience (Bruner, 1986; Geertz & American Council of Learned Societies, 1973, 2000). According to Polkinghorne (1988) narrative inquiry produces results that are “believable and verisimilar, not only mathematical and logical” (p. 161). Validity would be based on robust verisimilitude. Frank (2010) suggests that validation risks imposing somebody else’s rules of worth. He cautions that researchers need to be responsible with their interpretations, including exploring tensions or complications rather than resolving or controlling them. The ethical intention is not to resolve differing perspectives, but to open up dialogue and possibly create links to more life-affirming stories. Frank (2010) also cautions researchers to resist relativism and binary logic by pitting one story against another or making generalizations. Polkinghorne (1988) acknowledges that validity is achieved when there is evidence to support the conclusions that could resist challenge, but do not produce certainty. He emphasizes that validity in this methodology is not truth seeking and conclusions remain open.

Clandinin and Connelly (2000) propose that in a narrative approach reliability requires the researcher to use reflexivity between “living a life story, telling a life story, re-telling a life story and reliving a life story” (p. 71). This demands that the researcher enlists the relational practice of being with participants in their story telling while at the same time being able to step back to see the larger landscape. Reliability also requires the researcher to acknowledge that the nuances and complexity of the landscape is but one version of events. The research must be

placed as a becoming, or a developing story that captures the movement of thought (Frank, 2010).

Strengths and limitations. Narrative inquiry as a methodology is based on the premise that narratives lend themselves to understanding the meaning people make of experiences and that narratives shape experience, not simply reflect meaning-making (Frank, 2010). This rich understanding of what people ascribe meaning to would be considered a research strength. Narrative inquiry cultivates imagination and possibilities offering a detour to the psychologized, diagnostic discourses that tend to pathologize human experience.

My own stories, education and meaning that I bring to research influence how I encounter narratives. I acknowledge these subjectivities and abandon the assumption that the data's interpretation is independent of me (Rhodes & Wray-Bliss, 2011). Accounting for my subjectivity requires reflexivity.

Reflexivity. Reflexivity, as mentioned above, brings me to acknowledge that I am in the midst of stories-mine and theirs. As a researcher, newly immersed in social constructionist theory and narrative approaches, I stumble occasionally into creating binaries or searching for *the truth*, when my intention is to remain open. This requires a reflexive practice of "turning inward and watching outward" (Clandinin & Connelly, 2000, p. 85). I account for reflexivity by positioning myself in the midst of the research, making my biases and tendencies toward questioning individualizing practices known as well as my inclination to find *the right answer* (Clandinin & Connelly, 2000; Frank, 2010; Polkinghorne, 1988). I need to account for these untidy tensions as a researcher. While acknowledging that this research will reflect these biases, I also enter the research process with the intention to honor a narrative approach and leave room for other possibilities that "let stories breathe" (Frank, 2010, p. 141).

Methods

There are varied approaches to narrative research and variation between individual narrative studies (Bruner, 1991; Clandinin & Connelly, 2000; Frank, 2010; Polkinghorne, 1988). Each researcher finds their own distinct method. The only proviso, according to Frank (2010), is to stay true to the stories themselves. Semi-structured focus groups encourage a dialogical approach that is conducive to telling stories. This kind of story-telling has movement, between speakers. People who hear a story in a group are affected by this which prompts emphasis, retractions or changes as they tell their story. Pertaining to temporality, mentioned above, stories also move through time; they reflect backward to childhood, forward to imagined futures and hover in the present moment. The narrative method lends itself to hear multiple truths and meaning-making, in particular, related to the problem of anxiety.

This research was part of a Ministry of Children and Family Development (MCFD) pilot project which examined the impact of anxiety-prevention facilitator training on Grade 10 peer facilitators (see Appendix A). This MCFD project involved conducting semi-structured individual interviews and a focus group with five Grade 10 youth who had just completed training to facilitate FRIENDS for Life. This training, normally delivered over two days, was carried out in a one day, eight-hour workshop, preparing those in attendance to facilitate the program with grade four and five students. The program covered understanding anxiety through cognitive behavioural principles, specifically a triangle model of action-behaviour-thought. The program normalizes the idea that people of all ages, including young children, experience anxiety and that anxiety can be managed and prevented by learning specific skills that build resilience and challenge pessimistic or catastrophic thinking. FRIENDS is an acronym that helps children and facilitators recall the coping and problem solving skills taught in the

program (F=Feeling worried; R= Relax and feel good; I=inner thoughts; E=Explore plans of action; N=Nice work; D=Don't forget to practice these skills; S=Smile, stay cool and calm). The 10 teaching modules were presented didactically and experientially and included: recognizing negative thinking, referred to as “red-light thinking” and positive thinking, referred to as green-light thinking; problem solving strategies such as breaking bigger problems down into smaller steps; setting realistic goals; calming practices, such as calm, belly breathing; building social connections and empathy. FRIENDS for Life is one of four developmentally designed evidence-based programs to treat and prevent anxiety and depression in children. It is endorsed by the World Health Organization (Barrett, 2006; W.H.O., 2005) who identify FRIENDS as “the only school-based anxiety program with sufficient empirical support to warrant classification as an evidence-based practice” (Maggin & Johnson, 2014, p. 279). Initially designed as a therapeutic counselling program, the program has been adapted for universal classroom delivery and has been taken up as a primary prevention strategy by the MCFD since 2003. Their aim was “to reach as many students as possible and provide them with life skills that will strengthen resiliency and reduce the risk of developing an anxiety problem” (MCFD, 2003). The MCFD has trained over 8000 teachers in all 90% of the BC school districts to deliver this program (Miller, 2008).

Specifically, the purpose of this study was to examine the youths' experiences of this training, including how the training changed their knowledge or attitudes about mental health; how the training impacted them personally; and what this meant for the future implementation of youth-led mental health literacy. The questions were derived from discussions with the MCFD project director, who was hoping to gain insight in to the youths' phenomenological experience of attending this training. The questions asked in the focus group included: *what*

stood out for you in today's training; what made it important for you to be part of this training; what personal relevance could this training have to you; how else do you see applying some of the things that you learned today; what do you know about anxiety now that you maybe didn't know before the training; write a question that you feel we didn't touch on that you would like to see brought out in this focus group. The data used in this research were obtained as part of the research project I conducted in February, 2016 for the MCFD. For the purposes of this study, I have only used data from the one-hour focus group and not from the individual phone interviews, enabling me to study these in depth. The youth, making sense of anxiety together, in a controlled setting, allowed for opportunities to think collectively about the kinds of questions stated above. It was assumed that by having a group dialogue, some of the dominant narratives would emerge.

Permissions, confidentiality, considerations and reciprocity. Permissions were obtained in 2016 through letters of consent and permission from parents, the school principal, the school board and the Ministry of Children and Family Development (MCFD). These were sent and received via a third neutral party who was on location, working with the students and providing mentorship through their organization. These permissions included using the data as the source of my material for this study as well as a proviso that made clear that the youth could drop out of the study at any time. To maintain confidentiality, names have not been identified, including the name of the school where the students attend. The transcripts, as indicated in letters to students and parents outlining the study will be destroyed upon publication of this study.

In this narrative method, the relational landscape bears mentioning. As a mature student, and in the role of researcher, I am aware that facilitating a dialogue with youth may impose a

power imbalance which may inhibit or promote certain stories (Madigan, 2015). To counter this possibility, I encouraged the youth to use a popcorn style of participation, which allows people to interject and contribute ad hoc. This seemed a more natural way to tell stories than the more structured, turn-taking approach where my presence as elder and facilitator may take on more significance. Although popcorn style was encouraged, youth that were quiet were always afforded a chance to contribute before we moved on to a new topic. A circle formation was also used to promote sharing and equal opportunity. Respectful of the time and stories youth shared with me during the focus group and interviews, I offered home-made cookies which were heartily enjoyed throughout our time together.

Participants. Five youth participated in a one-hour focus group with me, following, as previously mentioned, an eight-hour training in the anxiety-prevention program, FRIENDS, which we all attended. The youth were Grade 10 students (two males and three females) enrolled in a Human Service course in their high school, which included attendance at various school-based mental health training sessions, including Mind Up and FRIENDS, with the intention that they would facilitate these programs as a pilot project in nearby elementary schools in the 2016-2017 school year. The youth participants were of interest to me because they were of similar age (15-16 year olds), with similar interests in peer counselling to the students that I work with. The recruitment process involved contacting the students attending the FRIENDS for Life training, the program lead, Dr. Robert Lee (Ministry of Children and Family Development) and the third party from Big Brothers-Big Sisters who was providing mentorship to the students and who could act as a recruiter on my behalf. Contact was made with the youth through letters which outlined the study and described what participation in the study would entail. These were delivered by the third neutral party on my behalf. Youth that

indicated they were interested in participating received letters of permission and consent for themselves and their parents, once again, via the third neutral party. The original intention was to have four youth participate in the study. If there were more than four, participants were going to be randomly selected for the focus group. Five youth indicated they wanted to participate in the study. Since youth self-selected to participate, I elected to include all five youth, rather than leave one out.

Ethical considerations. Ethical standards and safeguards to ensure participants would be protected from harm, included the following considerations:

- Transparency through informed parent and youth participant consent for participation and use of photos
- Transparency in how data would be used, protected, destroyed
- Transparency in the process for maintaining and protecting confidentiality (within my limits since the cohort was small and even with a request for the group to keep confidentiality, they may not keep their commitment)
- Respect through emphasis that participation in the study was voluntary and there was no penalty for leaving at any point in the study. This was reinforced prior to beginning the focus group and prior to the individual phone interviews.
- Making supports available as needed with consideration that talking about mental health concerns may provoke strong emotional responses-support staff were made available if needed
- Respect for making the research helpful to youth and schools, by providing a report to the Ministry of Children and Family Development

Ethical considerations were applied to interpretation of data. This was accomplished with the application of hermeneutics which hold me accountable to pushing beyond my horizon of interpretation and “making myself available to another’s way of seeing” (Frank, 2010, p. 96). Applying hermeneutics pushes me away from imposing my coding on a story, while pulling me to hook stories up with other stories that may reflect sameness and difference (Frank, 2010). Frank (2010) states that there is an ethical imperative to never aspire to control or foreclose stories through interpretation, but rather researchers should aim to open stories up. For example, by interpreting stories as psychologized, this limits how else they may be interpreted or developed.

Data collection. Immediately following the eight hour FRIENDS training, the study participants met with me in a comfortable, private seating area where we began with snacks. After 20 minutes of restoration the semi-structured one-hour focus group began and was audio-taped with their consent.

Narrative Analysis

A critical discourse analysis could be used to interpret the data, which views language as a form of social practice (Berg & Lune, 2012; Fairclough, Mulderrig, & Wodak, 2011). Although this type of analysis makes explicit how discourse serves other purposes, such as how power is exercised, it can decontextualize the deeper meaning-making processes or phenomenological experience that a narrative approach aims to reveal. Thematic analysis (Berg & Lune, 2012; Braun & Clarke, 2006) could also be used in data analysis, as it codes data thematically, drawing out meaningful patterns. Carving out themes can also decontextualize the data; in thematic analysis little or no attention is paid to *temporality*, or how participants make sense of their lives in the present by drawing from the past and future. A narrative analysis was

my preferred choice to capture youths' meaning-making, context and temporality. The aim of narrative analysis is to reveal the underlying *subjective meaning structures* that shape how people make sense of their experiences. *Subjective meaning structures* are the individual interpretations that compose social structure; people's meaning-making processes affect social reality (Norton, 2014). This method lends itself to illuminating how the youth in this study make sense of the problem of anxiety and prevention and what their stories do. Although there are many approaches to narrative analysis Frank (2010) describes narrative analysis as examining the way a story is told, including elements such as the plot, the temporality and the position of the characters; this contextualizes the data.

Many studies that employ narrative analysis draw on individual interview data. In this study, I drew data from focus group transcripts where stories took shape collectively amongst five narrators. Although less tidy than individual interview data, there is no epistemological reason for not being able to use a narrative analysis with focus group data. Individual interview data and focus group data are relationally storied; they can reveal recognizable plots, character types, and conventional tropes that enable the researcher and participants to make sense of their experiences. Whether in individual interview data or focus group data, differing perspectives are expected. Frank (2010) posits that the aim is not to resolve differing perspectives, but to open up dialogue. Another expectation is, regardless if stories are shared in an individual interview or in a relational focus group, stories are influenced by the narrative resources at hand; "individuals do not make up stories by themselves" (Frank, 2010, p. 117).

My interest in conceptualizing what youth narratives do, led me to the development of a typology of narratives. Frank (2010) describes the concept of *typology* as a way of organizing narratives that reflect what types of work a story does and how it does it. For instance, there are

stories that authorize and even require action, such as the story that there is a *rising trend in mental illness in youth*; there are also stories that silence other stories, such as the story that we should *be happy*. Frank (2010) suggests that naming types of narratives can authorize the telling or silencing of a story which may change people's sense of what is possible. "Humans live their lives getting themselves into stories. Typologies help to discover what kinds of stories they are getting themselves into" (Frank, 2010, p. 124). Constructing a typology entails recognizing links and dissimilarities between stories, while keeping hermeneutic openness (being flexible in meaning-making). This requires sorting and re-sorting, and naming and re-naming until "the types express something significant about the stories they describe" (Frank, 2010, p. 121). Examples of types or archetypes include *genesis* stories, *overcoming obstacles* stories and *questing* stories. Narrative analysis and the construction of typologies to explore human phenomena has been an important method in qualitative analysis within a range of disciplines including education and nursing science (Clandinin & Connelly, 2000; Frank, 2010; Kluge, 2000; Polkinghorn, 1988).

Constructing a typology of narratives requires systematically looking for similarities and dissimilarities in larger data fragments that make up a meaning structure, along with sharing a defined set of properties: *Mental health in schools has been forgotten about* is similar in some ways and dissimilar in others to *kids do not have real problems*. The shared set of properties in these statements affect action in a push-pull way that makes the problem of anxiety seem invisible in the lives of youth. This type may be constructed as a quest narrative, searching for the *problem-free child*. This type provides an understanding of the work this narrative does and how it does it. Quest narratives are represented as being in search of something that must be

obtained against formidable odds, and eventually, overcome. The narrative may continue with what happens when the coveted object, or *holy grail* is found.

Constructing a typology of narratives considers a landscape of literature and verisimilitude, (the likeliness of a story) making it empirically rigorous. Ideally, these constructed typologies are corrected when observations are made that do not fit into the typology. As Frank (2010) says, “the typology is always listening for another type” (p.121). Eventually, the types express something significant about the stories they describe (Frank, 2010). As the quest narrative took shape in this research, it was re-named “problem-free childhoods” reflecting both the youths’ statements and the literature that describes the search for the romanticized, unblemished, problem-free child and the implications that this narrative has on children and youth living life imperfectly.

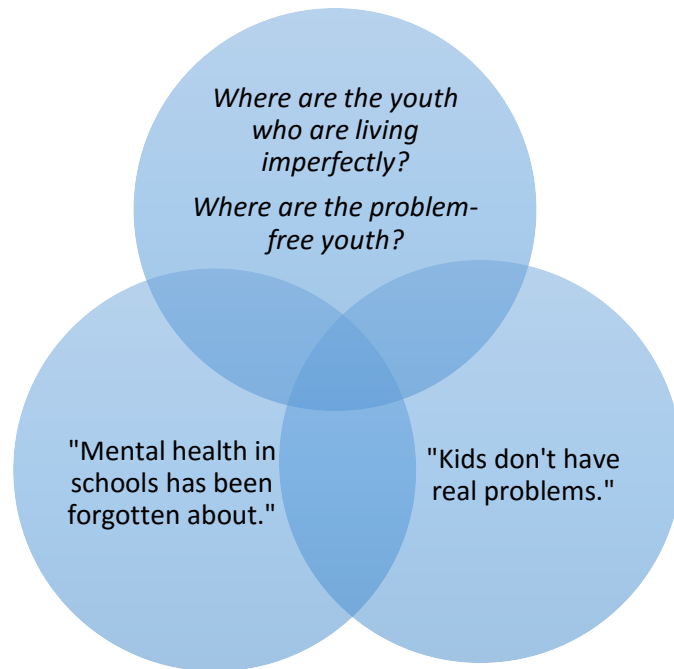


Figure 1: Constructing a typology of narratives: Problem-free childhoods.

Drawing from Kluge (2000) and Polkinghorne (1988), a method of sorting and re-sorting was used to construct a typology of narratives, while also scanning story archetypes to

lend a structure to types of narratives (Frank, 2010). The analysis can be broken into six steps, that can be separated analytically, but in practice took place iteratively.

1. First, *theoretically informed questions* were considered against the data. In this study the aim was to explore the meaning youth made of the problem of anxiety, in particular, those trained in the FRIENDS facilitator program. Studies, such as Alberta Health Services (2013), that explored the impact on youth trained to lead mental health literacy programs, helped to shape my questions, such as: (a) have youth gained mental health knowledge that is new to them? (b) how do they see themselves as facilitators? (c) where do they imagine using these skills? (d) what role does stigma play in expressing anxiety? (Bulanda et al., 2014; Alberta Health Services, 2013). In this early phase, there was no attachment to exactly how youth would interpret the problem of anxiety or the impact the training had on them or what types of narratives I would find.
2. The second step in the analysis involved *searching for observations* that might loosely be relevant to types of narratives and the problem of anxiety. I immersed myself in the transcript by writing out each line and numbering these for future use and reference. I then re-read the transcripts and highlighted with a marker fragments and words that seemed to fit these questions. With each re-read, I added more highlights and circles as well as made notes in the margins. For instance, ‘knowledge’ or words that related to this were highlighted in the first read, while statements such as ‘beacon for information’ were highlighted in the second read. In the margins I included my own notes, such as ‘teach it’ that seemed related to these fragments. Lewins, Taylor and Gibbs (2005) refer to this process of sweeping through the data,

while circling and highlighting words as *open coding* that ideally “opens inquiry widely” (Berg & Lune, 2012, p. 364).

3. The third phase consisted of a *comparison of data fragments* with one another. Whole statements and extracts of statements were compared in order to find similarities and differences. For instance, some statements described *not knowing I had anxiety*, which suggests uncertainty about the meaning of anxiety, while other statements reflected confidence and certainty in have a new understanding of the problem of anxiety: *we are beacons for information*. Other statements had no relationship with the certainty or uncertainty of knowledge, such as the statement *kids do not have real problems*. These data fragments were collected in a separate book. This process of comparing data fragments forced me to construct the dimensions in which data differed from one another. The result of this were groups of data fragments that shared important properties. Drawing from the examples above, data fragments about *knowledge* differed from data fragments about *being care-free*.
4. The fourth step involved looking for *meaningful relationships* among the shared properties in the grouped statements. My focus shifted to analyzing how these were related. I questioned what “recognizable plots, conventional tropes, genre-specific cues, character types or other narrative resources” (Frank, 2010, p. 117) were present and how were they presented. One conventional trope observed in the analysis was, *children and youth do not have real problems*. This was enacted by stating that *it is hard for our generation to get help...because of the stigma*. Suffering, in this example, is present as a shared property in these grouped statements, as is an assumption of a preferred way that one should be. There was a recognizable plot in the grouped

statements that suggested children should be living problem-free. This required sifting through the data several times.

5. The fifth step involves *comparing the types* of narratives that were identified in step four. Questioning how the properties of different types of narrative vary from one another helps answer how to construct the typology. Drawing from familiar story archetypes helped make these variations distinct. For instance, in *the quest* type of story, there is a search, with others, of something valued that can only be claimed through overcoming powerful odds. This resonates with a search to be problem-free or live a problem-free childhood and the difficulties in achieving this, as reflected in the data. This type of story differs from the properties of a genesis type of story, where there is almost always a threatening shadow, until something presents itself that leads to the restoration of a happier life. The properties of a genesis story are mirrored in the data when the youth in the study describe mobilizing new knowledge to address the problem of anxiety:

“You are kind of like a beacon for information for those other people.”

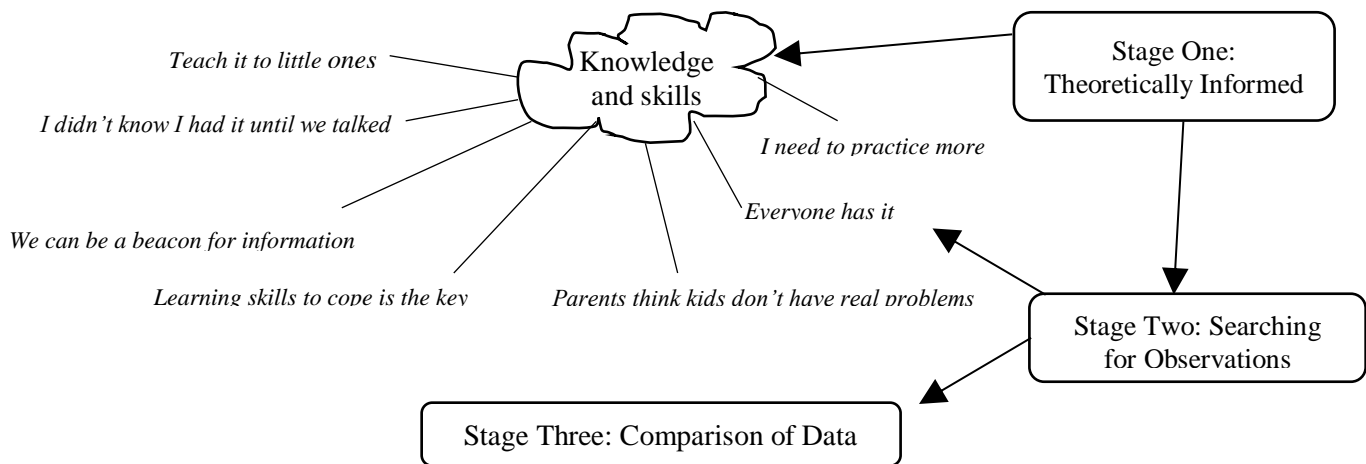
“...you could teach it to the other people and they could go on to help.”

A third type of narrative, *overcoming the monster* has the properties of a protagonist destroying a monster to restore balance to the world, mirrored in the data by youth narratives of overcoming stigma. Applying a literary device helped me to sort and analyze the distinct properties of the data and start the process of revealing youths’ narratives amidst statements or data fragments.

6. The sixth step requires me to *theorize* the typology. This requires me to step back from the close readings and observations of the data and endeavor to detect the

meaning youth make with their stories and discern what their stories do. In this stepping back, I am able to see the stories amidst the landscape of literature and theoretical frameworks that help me contextualize youth narratives. Drawing from the examples above, I was able to create three distinct types that are also reflected in the literature: *The quest for the problem-free child* (Gleason, 1999; Taylor, 2011); *the genesis of knowledge* (Alberta Health Services, 2013; Jorm, 2012; Kutcher et al., 2015; Wei et al., 2013); *overcoming giant stigma by connecting* (Smith, Stewart, Poon, Peled, Saewyc, & McCreary Centre Society, 2014; Twenge, 2000). How these three types of narratives connect to the literature and what these types of narratives do will be explored in chapter four, examining and discussing the findings.

Figures 2 and 3 show the stages of the six stage concept map for constructing a typology of a narrative, using a *genesis of knowledge* as an example of a type of narrative that emerged.



Learning skills to cope is the key to getting through life v Parents don't think kids have real problem
We can be a beacon for information v I need to practice it more v Everyone has it

Figure 2. Stages one to three of the six stage concept map illustrated with reference to constructing a narrative typology: the genesis of knowledge.

Figure Three (3) shows the continued progression through the six stage concept map to construct a typology of a narrative.

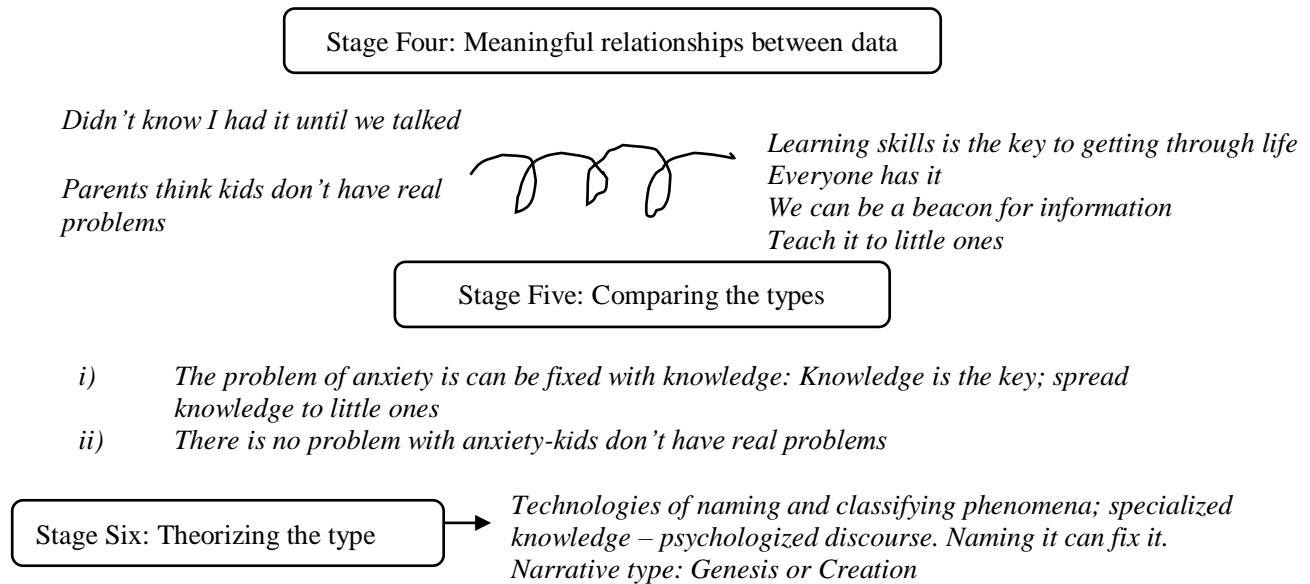


Figure 3. An example of moving through stages four to six in the six stage concept map, illustrated with reference to constructing a narrative typology: the genesis of knowledge.

Strengths and limitations. The strength of this method is in the interpretive choices I made in constructing the types of narratives; these choices are underpinned by a rigorous, saturated literature review and juxtaposed with a social constructionist framework. The intention and strength of a carefully selected narrative typology is that it can “authorize the telling of particular stories and liberate people from stories they no longer want to tell” (Frank, 2010, p. 119). The premise of constructing and reconstructing fragments of the story into a narrative is that it organizes people’s temporal experiences into a meaningful whole and “unites the events of their lives into unfolding themes” (Polkinghorne, 1988, p. 163). This descriptive

method lends itself to gaining insight into the multiple ways youth may understand complex phenomena, such as anxiety and prevention education (Berg & Lune, 2012).

Similar to discourse analysis, variability, is expected and has the potential to provide multiple versions of a phenomena (Wood & Kroger, 2000). Variability refers to the conditions under which one statement prevails over, agrees with or conflicts with another, without seeking to resolve these differences. Variance helps me question and explore the many possibilities for how knowledge, specifically around the problem of anxiety, is constructed, enacted and circulated (Polkinghorne, 1988).

Youths' statements may not be representative or generalizable, but are vivid and unique, and present a *narrative truth* that specifically looks for how narratives work, what prevents a narrative from working and how a narrative can change people's sense of what is possible or permitted. This would be considered a strength in a narrative method. The intention in a narrative approach is to enhance dialogue, by welcoming a "proliferation of possibilities through the listening, and telling" (Frank, 2010, p. 110).

There are some tensions in applying this method from a one-hour focus group, since I am extrapolating data fragments and statements as stories, which may be considered a stretch; yet the statements, culled together through this narrative analysis do tell stories and can be organized meaningfully into narratives.

Chapter Four: Findings and Discussion

In this chapter I present three types of narratives, derived from the data analysis and integrated with the literature. The typologies include: *The quest for problem-free childhoods*; *The genesis of knowledge*; and *Overcoming giant stigma by connecting*. A typology of narratives recognizes that stories are distinctive and performative; they are enacted by what one says and what one does and also, depending on the type of narrative, how the narrative performs on what one says and does.

I present the findings along with a discussion of the types of narratives as they pertain to the literature and to a social constructionist framework. The statements in this chapter are the participants' own unedited and vivid words. The discussion looks at how this narrative circulates, is disrupted and what this narrative does. The findings and discussion, like stories, are living, dynamic entities that change as threads are added, removed or revealed. Following the findings and discussion will be a section on implications and consideration of the findings.

The Quest for Problem-free Childhoods

This type of narrative is about searching for something valued, and ends when this is found. In this narrative, we have arrived at the end of the story, when it seems that the obstacles have been overcome and children now lead happy, problem-free lives, perhaps as a testament to having discovered the *holy grail*. The *holy grail* in this narrative may be neoliberal society that has imbued people with freedom and happiness, as represented by our children. This narrative delegitimizes youth living problematic lives, including experiencing anxiety.

This narrative is both circulated and disrupted by the youth in this study. They describe problematic experiences alongside a narrative that holds up *childhood* as being lived *problem-*

free. The contradictions and consistencies in participants' statements, express the multiple ways a *problem-free childhoods* narrative is enacted.

The youth in this study use words such as “always” and “a lot of” to describe “friends that freak out,” whereas they use words such as “kind of” and “like” to portray their own experiences of anxiety. While tentatively disrupting this narrative, it seems easier to point to others who are not living problem-free lives than to claim this for oneself, as seen in the statements below:

“Oh, I have a lot of friends that always freak out.” “Well, I was kind of coming in with a bit of anxiety, coming into this training.” “In exams, like, I freak out.”

Although “kind of” and “like” is common 15-year old vernacular, these hesitations are not consistently present and do seem to represent a tentativeness that is not present when the youth in the study confidently describe how cognitive coping skills should be “placed smack in the middle of the curriculum.” Similarly, the vocabulary that describes friends as “freaking out” is developmentally unsurprising, however, the word choice bears mentioning as it does provide a window into the meaning youth make of what it means to be emotionally expressive as an adolescent.

The weight of the predominant narrative that children and youth are living problem-free lives, make participants seem tentative in their personal claims of experiencing “a bit of anxiety,” indicated by the hesitations, pauses and the prevalence of the use of “um” in their statements. This reveals what this type of narrative does; it shakes youths' confidence by living imperfectly. According to Foucault (1965,1977) this could be described as a *totalizing technique*, a constructionist concept that describes how power is used to objectify a subject and

specify what constitutes *normal*. This practice of classifying subjects (people) into objects (things) tends to rule out or dismiss other ways of being. This concept of a *totalizing technique* will be expanded in the discussion of *a genesis of knowledge*.

Participants, when they reflect on their parents' discourse, indicate that they report their parents are perplexed by youth having problems. According to participants, their parents believe youth are "overreacting" about their problems.

"My parents are always like, 'yeah when I was a little kid there was no anxiety-why do you say you have all these problems?', and it's like you may think I'm overreacting."

"You can't automatically like, 'oh they're [kids]- fine', like 'you don't have any real worries' or kind of thing, 'cause, I feel like my mom does that a lot with little kids."

The youth in this study present their parents' views as circulating a *problem-free childhoods* narrative, while they push against this, arguing that their problems are legitimate and not an overreaction; yet, when participants reflect backwards to their own childhoods or when imagining the present lives of children, they too circulate the same narrative as their parents. They imagine that children have found a way to live problem-free lives. They apply the label "care-free" as they reflect on their remembered and imagined childhoods. This is another example of a totalizing technique, that precludes any other way of being, except *problem-free in childhood*, and exceptions to this are difficult to imagine, or considered *abnormal*. Participants' utterances of "I didn't know," "so strange," "really interesting to know" suggests surprise to discover that children may not be living care-free lives, as seen in these statements:

"I always kind of associated it [anxiety] with the idea of a younger person or a child kind of able to dissociate with that discomfort."

“I didn’t really know that people that young and children that young can actually experience anxiety because my idea of childhood was you’re going outside and you’re playing with your dog and you’re happy.”

“I didn’t know that children that small can actually um go through the same feelings that I do at this age.”

“I thought it was really interesting knowing that kids so young can experience it [anxiety].

“That’s like so strange because of how we remember our childhood ...like carefree.”

It bears examining how this type of quest narrative is constructed and how this type of narrative sheds light on the participants’ understanding of *childhood anxiety* or their own experiences of *overreacting*.

It would seem that the primary function of a narrative suggesting that children and youth have no real problems serves to regulate the problem of anxiety and the objectified childhood (Gergen, 1997). Children and youth, constructed as “not having real problems,” may be considered a political, reductive discourse that allow children and youth only one way to perform their lives: *care-free*. Youth, caught in this performance, state “that’s like so strange [that children experience anxiety] because of how we remember our childhood ...like carefree.”

Taylor (2011) substantiates that these circulating narratives regulate a particular popular representation of children which is imbued with nostalgia for a romanticized past of freedom and play. In unravelling the nature-nurture tropes that shroud childhood development literature, Taylor (2011) exposes the nostalgic appeal of the discourse of childhood innocence, unmarred by the problem of anxiety. Taylor (2011) cautions the reader that this leads us “to a seductive promise to absent all imperfections and impurities in children’s lives” (p. 430). This promise collides with children experiencing anxiety and provides a window into how the youth in the

study find the idea “so strange” that children “can actually, um, go through the same feelings that I do at this age.”

The findings in this study reflects how this *seductive promise* circulates in youth narratives: “I didn’t know that a child so small could have the same feelings as me at this age.” Parents, as mentioned above, circulate the same narrative: “when I was a kid there was no anxiety-why do you say you have all these problems?” Each imagining that the younger generation is problem-free is a concept of childhood that Taylor (2011) suggests reflects political and moral agendas. To imagine that society has overcome obstacles and now has pure, problem-free, happy children is to suggest, as previously alluded to, that our neo-liberal system is working well, despite the troubles that adults might be burdened by. These circulating narratives demonstrate how lives are relationally co-constructed, and in this case, leave little room for the conceptualization of children and youth suffering from anxiety (Watson et al., 2012).

Lyons (2017) and Burman (1995) examine how parenting is performed in this narrative that portrays the achievement of children living unblemished childhoods. Burman (1995) postulates that there is an underlying narrative that presents children as “mere becomings” formed by adults (p. 187). Mason and Hood (2011) refer to this narrative as children’s *well-becoming* as opposed to mental well-being. This requires parents and teachers to carefully shape children’s lives and also explains the investment in maintaining the narrative of *problem-free childhoods*. Lyons (2017) suggests parents have attempted to construct and preserve childhood innocence by eliminating the possibility of failure or worry in their children’s lives. In this *problem-free childhood* narrative, where children are *mere becomings* formed by adults, parents strive for and create environments for their children to be happy and confident. This

type of narrative, viewed alongside a social constructionist framework reveals what this story does. Foucault (1965, 1977) may describe this child-formation as *subjectification through self-formation*, or the ways people perform self-control and self-surveillance, shaped by the prevailing cultural discourse (Madigan, 2015). For parents, their vigilance in child-formation is influenced by a concept of an objectified care-free, happy child, making it difficult to imagine why children and youth say they have so many problems.

There is a rupture in youths' *care-free* narrative that is presented by participants' storied recollections of being "shut down" or not having their needs understood as children, as seen in these statements:

"When I was younger I could really have benefitted from people that understood my needs a bit better."

"If you get shut down at an early age, you learn that's what you're supposed to do."

This temporal shift to reflecting what this story of *problem-free childhoods* has done for them as children, opens up the story to what it may mean to participants now. The youth in this study point to the idea that there is a cost to circulating this narrative that shuts people down and makes them misunderstood. The narrative that constructs children as problem-free is not theirs alone; it is shaped by socio-political contexts that influence parenting, school and government practices; yet, as the participants know, children and youth do suffer. The turn in this narrative is enacted by the participants as a moral stand, indicated by the word "should," as seen in this statement:

"A lot of times parents get mad at their kids for being angry and it's like, you shouldn't because being angry is a normal emotion."

Participants not only see a cost in circulating a narrative that presumes children are now living a *problem-free childhood*, but they go on to legitimize *problematic* emotions, such as anger, as

being *normal*. This points to the concept that narratives contain ruptures, small openings that offer an alternative story. A contrary plot develops in the participants' narrative, that *the quest* is about living real childhoods, problems and all. Their use of the word "should," as mentioned above, suggests that their narrative has a moral, as seen in these statements:

"You shouldn't be disappointed for feeling emotions because we all do it."

"You should be safe to share to anyone and be accepted"

Evidence is found by the participants to support this narrative of *living real childhoods*, in a children's movie, titled "Inside Out." They describe the plot as follows:

"The whole plot is that you have to feel joy like... all the time. Then you come to the premise that it's okay to be sad and it's important to feel sad..."

Inside Out, as a narrative resource, provided an alternate for the youth in this study to consider and opened up other ways of considering the emotional lives of children and youth. The movie, the participants say, resonates with them. They describe the plot of the movie as unpacking the myth that children and youth should only experience joy. The movie's moral is that all emotions, including sadness, worry and anger are normal and serve an important purpose in understanding ourselves and others.

This rupture in the story that acknowledges that children and youth experience distressing emotions is also seen in the literature. According to Gottlieb (2011), protecting children and youth from the discomfort of failure, sadness and struggle deprives them of developing psychological immunity. Lyons (2017) suggests, that while striving for this myth of the romanticized, worry-free child, "rates of depression and anxiety have reached an all-time high and continue to grow, particularly among teens and young adults" (p. 1). Twenge (2000), in a meta-analytic study, notes that anxiety in children has increased substantially since the 1950's

and “typical schoolchildren during the 1980’s reported more anxiety than child psychiatric patients in the 1950’s” (p. 1007). It is interesting to note that this type of *tragic* narrative of *rising trends in anxiety in children and youth* is not reflected in youth narratives in this study and is refuted by McMartin, Kingsbury, Dykxhoom and Colman (2014) who indicate mental illness in children and youth has remained relatively stable between 1996-2006. Alternatively, youth may not notice “rising trends” of mental illness due to what Bruner (1991) refers to as people overlooking their realities, “in the way a fish will be the last to discover water” (p.11).

Stories develop with the narrative resources available. The *quest for the problem-free childhood* narrative, embodied by preserving the idea that *children are now living care-free lives*, is not new; nor is the idea of shaping children’s lives to achieve this end. Gleason (1999), suggests that schools, historically, also participated in protecting children from the discomfort of failure. Postwar teachers were discouraged from failing students since this “tends to bring forth feelings of shame, inferiority and insecurity” (Gleason, 1999, p. 126), a practice that continues (Province of BC, 2016).

There are costs in adults maintaining and circulating this narrative that children must now be living their lives problem-free. There is also heft to a narrative that is carried historically and politically, maintaining that children are happy, and care-free now that the quest for successful living has been achieved. Parents and teachers, responsible for child formation, are required to ensure, through surveillance and control, that children do live problem-free lives. Under this substantial narrative, and objectifying gaze that it produces, it is easy to understand youths’ performance of suffering in silence when faced with problematic emotions. The statements that youth in this study share, reveals an element of shame in experiencing problems. They imagine how they would disguise their suffering if facing an adult. They state

that if offered help by an adult, they would say “I’m fine,” as if they are not meant to have these problems. They would rather “blow off” learning about ways to cope with anxiety than receive coping skills delivered to them by adults. Strategies that participants in this study shared, such as disguising fear, worry and stress with statements of “I’m fine” points to the pain, shame and suffering imbued by this narrative that delegitimizes living imperfectly or experiencing anxiety (Cassell, 2004; Kleinman, 1988; Radley, 2004).

“Being told by an adult all these coping skills, we’d just walk out, being like, ‘Yeah-I’m fine.’”

The problem of anxiety and the anguish related to it may be more about the value placed on a narrative that children and youth have *no real problems* rather than on the experience of anxiety itself. Gergen (1985) substantiates this concept, that suffering and distress may be more related to cultural norms than to the experience of anxiety. He also contends that the origins of most human suffering “are lodged within traditions of cultural meaning” (Gergen, 2015, p. 7). For instance, he suggests that personal failure, does not in itself insist on anguish. The shame of failure is only due to the value placed on success by the surrounding culture. This narrative where children and youth silently suffer and claim “I’m fine” also circulates the explanation that problematic emotion are individualized psychologies. If a child or youth does suffer from worry, stress, or fears, the problem must reside within them and their psychological flaws; this protects the romanticized story that society has found the holy grail that has made childhoods problem-free.

Maintaining the illusion that society has found the solution to children living problem-free lives is also circulated by what is missing in the participants’ lives. The youth in this study reflect on their training experience that is preparing them to deliver anxiety prevention

strategies to elementary school children. They are surprised to learn that there are so many schools offering this kind of program, when these seem absent in their lives.

“I thought [“fixing mental health in students”] was something that was kind of neglected and forgot about [in elementary and high school].”

The story that participants tell maintains the idea that they are not meant to have worries or fears, which explains why they are surprised to learn these programs are offered in many schools.

They reflect on their own early school experiences where programs, such as *circles*, were offered to talk about thoughts and feelings.

“I had like circles everyday...and we’d all share our thoughts and feelings.”
 “Um, I think I took something like that in Grade 6.” “I had it in Grade 4.”

This underlying narrative, circulated by participants, that mental health programs and resources seem “forgot[ten] about” is all too familiar in the Canadian landscape. Awareness that children and youth do have problematic lives may seem obscured when mental health services for Canadian children and youth appear hidden, despite anxiety disorders being the most common health concern for youth in Canada (Goldbloom, n.d.). *The Current* (Tremonte, 2016) reports that mental health resources for children and youth are poorly advertised and few are publicly funded (Tremonte, 2016). Goldbloom (2016, as cited in Tremonte, 2016), a senior medical advisor at the Centre for Addictions and Mental Health (CAMH) states that the barriers encountered for young people with anxiety would be considered unacceptable for any other form of illness or suffering in our society. Cohen (as documented by Tremonte, 2016), chief executive officer of the Canadian Psychological Association, agrees that treatments are not accessible to the people that need them, especially young people. When mental health services

for children and youth seem hidden, it strengthens the narrative that children and youth must be problem-free.

While this narrative partly reflects on what seems forgotten about or absent in this *problem-free* story, it is important to note that youth in this study made no mention of social media campaigns, such as Bell, Let's Talk or other programs that promote mental health strategies that acknowledge the problems youth may be contending with.

The Genesis of Knowledge

I present my interpretation of this narrative as an introduction. A genesis type of narrative always has a threatening shadow that seems ready to darken the world, until a miraculous event occurs and restores the world to a happier place. The youths' narrative in this study describes the threatening shadow as pessimism, stigma and anxiety amongst their peer group, threatening to take over, until their FRIENDS for Life training in cognitive-behaviour anxiety-prevention, introduces them to enlightening knowledge (the miracle) that promises to restore society to a happier, more positive place. In this type of narrative there is an underlying story that this knowledge should be shared widely and universally to enlighten others. There is also an embedded cautionary tale: without knowledge, pessimism and anxiety will worsen. How this type of narrative circulates and what it does is revealed by juxtaposing this alongside a social constructionist framework. Social constructionism looks at the way culture and social structures construct a reality which individuals have to operate within, calling into question how knowledge comes to be. This type of genesis narrative that presents *knowledge* as the key to *unsuffering*, can be set against Foucault's (1965, 1977) extensive poststructural writing, which is an aspect of a social constructionist framework. Foucault brings into focus how institutional discourse (knowledge) exerts social control, and regulates or initiates social action.

The type of knowledge that the youth in this study allude to is cognitive-behavioural theory, which takes up a prevailing *individual, psychologized discourse*. This is explained as the practice of systematizing and universalizing certain psychological theories that turns people (subjects) into things (objectification) (Madigan, 1996; Parker et al., 1995). In this discussion I will draw on Foucault's description of three types of *objectification of the subject*, or the concept of turning people into objects (Foucault, 1965,1977; Madigan, 2015). The three types include: i) *a dividing practice* based on the power the social group gives to knowledge claims (uncritically accepting certain knowledge as *the truth*, while devaluing other knowledge); ii) *totalizing techniques* through, for instance, technology that specifies what constitutes *normal*, such as that used in the Diagnostic Statistical Manual (DSM); iii) *subjectification through self-formation* or the ways people perform self-control and self-surveillance shaped by the prevailing cultural discourse (Madigan, 2015). By setting youth narratives alongside this framework, I assume, as a premise, that understanding human experiences may be co-constructed through a dialogical partnership between researcher and participants.

A dividing practice. Neurobiological and psychological explanations seem to have a monopoly in making sense of the problem of anxiety, making other knowledge claims seem less valued (Gergen, 2015; Greenberg, 2013; Harrist & Richardson, 2014; Kleinman, 1987) . Society's performance of dividing the relevance of knowledge into useful and less useful claims constructs a hegemonic discourse rather than opening up multiple explanations for complex phenomenon, such as the problem of anxiety. By viewing the problem of anxiety through a singular cognitive, psychological lens, there appears to be only one true explanation and solution: a psychologized one, which submerges any socio-cultural contextualization. Gergen (2015) calls this *cultural myopia*.

Youth in this study, for instance, explain that a “negative child” could be “fixed” with “green-light thinking” or positive cognition. The fact that the child is in a Big Brother/ Big Sister program, indicating this picture includes social determinants, such as limited family resources and supports, is not considered by the youth in this study to explain the child’s disposition. This is seen in another example, where a participant imagines providing a younger cousin “green-light thinking” to cope with the younger cousin’s “negative thinking” when “my sister and her boyfriend are yelling and fighting all the time.” These statements may reflect the limited life experience of 15-year old participants; this may also reflect a less prevalent or available sociogenic discourse to explain or discuss anxiety.

A dividing practice is also performed by exerting social control and initiating social action, while a genesis narrative inspires hope and a moral and ethical obligation to “spread the word.” As mentioned earlier, this type of narrative inspires hope that “anxiety can be majorly decreased” and the dividing practice may be performed as social control by implementing this knowledge in schools, as seen in the findings below:

“It makes me hopeful with programs like this where people feel like they can kind of learn to cope or at least kind of get through.”

“If coping skills are implemented in schools, anxiety can be majorly decreased.”

The narrative takes flight in an almost evangelical way in youths’ imaginings and follows the script of a genesis story, that things will be even more positive than before, as seen in these findings:

“Especially if you like um share it [skills] with the people you hang with every day, then the atmosphere will change and get more positive, I think.”

“And then everyone will be more positive.”

There is a moral and ethical imperative embedded in this type of genesis narrative, reflected in the participants' story and in their choice of emphatic, energizing words, such as "beacon" and "reflecting" and "go on." A dividing practice may also be seen in the assumption that one type of knowledge is good for everyone, which exerts social control by giving the power of this knowledge to everyone, but in practice may marginalize those that cannot access it or benefit from it. This is exemplified in the narrative as participants imagining everyone having the power to use this knowledge. Applying knowledge universally which, as described in the narrative, will change society for the better, as seen in the findings below:

"You are kind of like a beacon for information for those other people."

"Or you could teach it to the other people and they could go on to help."

"Once you reflect these skills they'll just keep reflecting and reflecting and reflecting."

"There's no negative to learning new skills"

"They'll become more positive because these skills will become more known to everyone and everyone will have the power to use them."

Participants imagine how they might be able to identify those suffering with anxiety with their newly acquired cognitive techniques, as seen in the statements below:

"I think that um, since we are aware of anxiety we might be able to see it more on people."

A dividing practice may also be viewed as hierarchical, where importance is given to those that have certain knowledge over others that do not. The youth in this study seem to endorse this power discourse imagining that their expert knowledge makes them *a beacon for those other people*. This aligns with the social constructionist idea that when knowledge is afforded "truth status" it becomes internalized and is re-produced in social interactions, granting power to this global knowledge (Madigan, 2015, p. 48). These discursive practices,

according to Madigan (2015) are the embedded expressions of the ways a culture creates social and psychological realities. One expression of having status, even among young people, is holding inherent responsibilities, including the practice of universalizing and mobilizing these certain knowledge claims. The youth in this study take up their role as *expert* imagining that they need to “reflect this knowledge to others” so that it will keep “reflecting and reflecting and reflecting until everyone has the power to use these skills.” They also bear responsibility in this hierarchical divide to, as they state: “share it [cognitive coping skills] with the people you hang with every day.” Spreading the power by *spreading the word* exemplifies the movement and formation of a prevailing or hegemonic discourse. A hegemonic discourse singularly envisions widely applying the prevailing prevention strategies, without pause to consider if anxiety is, indeed, a problem that can be eliminated through the use of cognitive psychology.

Spreading the word is how this genesis type of narrative circulates; this also exemplifies the social control of a dividing practice. Participants are fervent in their desire to mobilize this knowledge widely, as seen in their use of global language: “it’s good for everyone.” This narrative is enacted by how participants imagine spreading skills to younger children in their care, and sharing it with their peers and family members, as seen in these statements:

“I think that um, since we are aware of anxiety we might be able to see it more on people.”

“I feel it’s [these skills] good for everyone ‘cause it doesn’t have an age limit” “If you have, like, someone stressing out that’s older, you can apply it to them as well.”

“My buddy [Big Sister program] is a bit of a negative child so I think if I brought this red-green thinking into it that would really help her.”

“Babysitting, like if they have a temper tantrum it would be a really good thing to incorporate into what you’re doing.”

What this narrative also does is enact participants' contemplation of the ethical and moral responsibilities of being "beacons for information" and the contemplation of how to spread this knowledge to others. They use the word *should* in their statements to indicate this moral stand, and there is an urgency in their statements, in words such as, "I just feel," "smack" and "forever." Juxtaposing this alongside a dividing practice, it is clear to see how knowledge can gain power by a social group.

"This program should be as important as science-it's a life skill."

"It's something you're always going to use no matter what you do in life."

"If we add this program into schools at a young age, there will be less anxiety with people. I just feel that if you learn these skills then anxiety will go down."

"I think coping skills should just be put smack down right in the curriculum. From Grade 1 to like forever. It should really be there forever and something that's mandatory."

A genesis story, that *knowledge is the key to unsuffering*, besides instilling hope, also seems to rattle participants' confidence in their local knowledges to help each other. This is seen in utterances of "um" and "why me?" which suggest that they wonder if they have enough knowledge to help their friends:

"I think it's really good to, um, like help, because, um, like, when people are upset, a lot of the time they come to me. Most of the time I don't know what to do. I'm, like, 'why me?'"

This is not surprising that participants express a lack of confidence *to know* how to help a friend, both as 15 year olds with limited life experience and when juxtaposed with a dividing practice. Local knowledges that offer other ways of preventing anxiety are likely to be discounted or de-valued. In the context of this study, there are implications for participants trained as peer helpers to draw on their local knowledges that results in people coming to them

when they are upset. Gergen (1994) urges us to question “the hegemonic pulsations of the cognitive movement” (p. 5) which may limit our conception of knowledge and our way of making sense of phenomenon such as the emotions of worry, fear and distress. It seems important to note that there is no indication in the youths’ narrative that criticizes or questions the knowledge they plan to carry far and wide. This may be explained by further examining a dividing practice, which requires one knowledge to prevail over another. When this happens the prevailing knowledge becomes so familiar or pervasive, people tend to take it up as common sense, rather than question it (Foucault, 1977).

Totalizing techniques. Totalizing techniques use technology, such as labels, classification systems and categories to constitute what is considered *normal*. This practice of naming, labeling and classifying subjects tends to rule out or dismiss other ways of being. This is considered a totalizing technique, since other aspects of a person fade in comparison to the label. In the participants’ narrative, the totalizing technique works to normalize anxiety so that it could be “almost anything” and as “common as a cold.” Participants in this study make sense of statistics such as *one in five people have anxiety* as “cool” and comforting to “know you’re not so alone.” It is unclear how participants view problematic anxiety. These findings are reflected in the youths’ statements below:

“I think the biggest tool for us to fight the stigma with mental health is just the idea of creating awareness and just normalizing the idea that anxiety can be as common as a cold.”

“It was really cool to know that 1 in 5 people have anxiety. Like I think like that it kinda helps to know you’re not so alone.”

“Anxiety doesn’t have to be something big, cause I always looked at it as it had to be a really big problem. When they said it can be something small, I kind of opened my eyes that it can be really anything-it depends on the person.”

Gergen (1994) cautions that classifying and naming what he coins *normal problems of living a mental illness* reifies the problem within the person without critiquing the systems that named the problem. Gergen (1994) is referring to technologies, such as the Diagnostic Statistical Manual (DSM) that classify and name anxiety, for instance, as *illness* or *disorder*. This statement, from one of the participants, exposes a totalizing technique that specifies what constitutes (ab)normal:

“I didn’t know that I was anxious or that I got anxiety, cause like, little things that I worried about a lot, I didn’t know could be me having anxiety.”

A totalizing technique, that classifies what is normal and abnormal, uncritically forecloses on other knowledge claims, including self-knowledge and *sociogenic factors* (Gergen, 2015). In the finding above, these social forces and prevailing knowledge leads to a participant making sense of their previously considered unexceptional experiences as *having anxiety* (Gergen, 2015). Gergen (1994) cautions that hegemonic knowledge and a psychologized discourse of naming and categorizing phenomena can mislead us toward correctly making diagnostic claims that may be reliable but invalid.

Totalizing techniques exert social action and control by subjecting all behaviours to the same system of classification; this is currently enacted by the recent expansion of psychiatric diagnostic criteria as seen in the latest revision of the DSM. Specifically, this frames the phenomena of experiencing fear, worry or stress as potentially developing a mental illness or having a mental health problem, rather than as a normal performance of being human. This narrative, under the weight of a totalizing technique, normalizes the problem of anxiety as a diagnostic psychologized category, as seen in this finding:

“Anxiety doesn’t have to be something big, ‘cause I always looked at it as it had to be a really big problem. When they said it can be something small, I

kind of opened my eyes that it can be really anything-it depends on the person.”

The participants astutely observe that the scope of what they constituted as *anxiety* before their prevention training had expanded into being “really, anything.” Frances (2013) similarly cautions that the newly revised DSM, which, as previously mentioned, expands psychiatric diagnostic criteria may now capture behaviors which may simply be part of the human condition. What this narrative does in *spreading the word*, is make it seem to the participants in this study that “anxiety can be as common as a cold” and, as mentioned previously, they find it cool and comforting to know they’re not, as their parents describe, *overreacting*:

“it was really cool to know that one in five people have anxiety. Like I think like that it kinda helps to know you’re not so alone.”

This categorization provides trusted knowledge that helps participants in the study explain their own behaviours.

Totalizing techniques explicate how this type of genesis narrative becomes pervasive, since stories are not produced in a vacuum. The youth in this study circulate the *genesis of knowledge* narrative alongside a public discourse that *anxiety is on the rise*. This discourse is taken up by popular media and health professionals alike and demonstrates the social control of a totalizing technique. It is important in this discussion of totalizing techniques to open up this discourse by examining more closely how *anxiety is on the rise*.

Studies, looking at the prevalence rates of mental illness show both rising trends and stability. For instance, for over ten years (1996-2006) there has been a three-fold increase in prevalence rates of Canadian children and youth who experience depression (McMartin, Kingsbury, Dylkxhoom, & Colman, 2014). When this increase is further explored, it is attributed to many factors *except* more people developing mental illness, which has, according

to a meta-analysis of longitudinal surveys of Canadian children and youth, remained stable (McMartin et al., 2014). McMartin, Kingsbury, Dylkxhoom, and Colman (2014) argue that the increases in prevalence rates are likely attributable to increased awareness of mental illness, changes in help-seeking, and changes by health professionals in their diagnostic, clinical practice, rather than more people experiencing mental illness. The revisions in the DSM that expand the scope of diagnostic classifications has also increased the number of behaviours that fit a psychologized category of *abnormality*, which contributes to the perception of an increasing prevalence of mental illness due to increased reporting (Frances, 2013; Harrist & Richardson, 2014).

Anxiety is on the rise may be seen as the *threatening shadow* in a genesis type of narrative and psychological *knowledge the promise of a better life*. This type of narrative juxtaposed with a totalizing technique has a pervasive influence in framing anxiety as a psychologized problem, which is endorsed as much by health professionals and the general public. It is interesting to note the word choices used by youth participants in this genesis narrative that relate to *illness*, such as anxiety is *as common as a cold*, anxiety can be *prevented*, and anxiety can be *contagious*. The totalizing technique tends to preclude other ways of knowing.

This type of genesis narrative embodies the idea of following *scripture* to spread knowledge that endorses the idea that other ways of knowing or addressing the problem hold less value. The FRIENDS training that the youth in this study completed required them to follow a scripted program and workbook to teach cognitive behavioural coping skills to younger children. There is an important rupture in this narrative when participants consider other ways of presenting knowledge to their troubled peers or small children that includes

imagining the creative process of “tweaking the material” and scripted program and making it their own, as seen in the findings below:

“It’s not me telling them exactly what to do--it’s like me giving them an idea and they can choose themselves how to deal with it.”

This is a rupture in the narrative and in totalizing techniques that opens up other ways to imagine both the problem of anxiety and how to approach it that may include more than one way of knowing.

Subjectification through self-formation. This method of objectifying the subject, as mentioned previously, is seen in the ways people perform self-control and self-surveillance, shaped by the prevailing cultural discourse. Alongside this concept are the performative aspects of the genesis narrative, which, as previously stated, has a cautionary tale: not using the knowledge will make the problem persist or get worse.

Examining the cautionary tale embedded in this narrative reveals how subjectification through self-formation is performed. Participants state that cognitive-behavioural coping skills are “the key to getting through life” and not applying these skills means “you’re not going to make it anywhere.” They caution, as predicted in this type of narrative, that things will worsen without using the coping skills, as seen in the statements below:

“Saying ‘I’m fine. Don’t worry about it’-like, now you’re just burying it and now it’s going to be a problem...and it will bounce back on you if you don’t do anything about it.”

“Yeah-it will re-occur. It’s never going to go away if you don’t do anything about it. Or learn how to cope with it.” “It just gets worse.”

“You’re not going to make it anywhere if you don’t have a level head. This [coping skills] is the key to getting through life.”

Using the knowledge to improve oneself, or to self-regulate is a characteristic of both the genesis narrative and the subjectification through self-formation. Participants in this study claim the following about being able to name and categorize anxiety:

“So now that I know what it is, I have like all these skills now that can help me fix it.”

Their understanding that they possess skills that can be applied to fixing one’s own personal suffering may be interpreted as the push toward self-regulating or self-soothing or being self-sufficient (Harrist & Richardson, 2014). This kind of individualism has implications that can make it seem that people should function in highly autonomous, isolated ways, devoid of relationships, history or cultural values (Harrist & Richardson, 2014).

Foucault (1977), in his explanation of subjectification through self-formation refers to the *panopticon* as a symbol for the power of surveillance and self-surveillance. The panopticon is a self-surveillance model, (initially used in prisons), used to modify an individual’s behaviour in order to meet the social-moral expectations of society by internalizing these expectations or cultural norms. The ways people perform self-control and self-surveillance, is a type of objectification of the subject and, is shaped by the prevailing psychologized discourse. This is reflected in the meaning participants make of anxiety and cognitive behaviour techniques; they describe learning these skills as a self-improvement strategy, stating: “we could apply the skills to ourselves” in combating test anxiety. There is a rupture in this narrative, which will be discussed in “*overcoming giant stigma by connecting*,” suggesting that school staff show “appreciation” for the anxiety and distress that youth experience; however, this does not disrupt the discourse that characterizes anxiety as an individualized, psychological experience requiring self-improvement.

A poignant statement from one participant that embodies the power of self-surveillance and self-formation is captured here:

“people should learn how to control their anxiety so they won’t always be alone in the world, so they’ll have friends and people who really care about them.”

There is an urgency in this narrative performance of the cautionary tale suggesting that if they cannot self-formulate by improving their imperfections and flaws, they will be isolated. The discourse that is imbued by subjectification through self-formation precludes the consideration of examining or changing social conditions or institutions that may produce anxiety, and keeps the spotlight on improving the psychologized self. This type of narrative disqualifies or dislodges other knowledge.

The genesis of knowledge as a youth narrative, demonstrates how this type of narrative evangelically circulates a psychologized discourse to normalize anxiety and improve positivity in society, while simultaneously imposing self-regulation techniques to ensure “they won’t always be alone in the world.”

Overcoming Giant Stigma by Connecting

“I think there’s definitely a giant stigma, not that there should be.”

This type of narrative is depicted by a protagonist needing to destroy a monster (“*giant stigma*”) in order to restore balance. Character types, the relationships between characters and the agency afforded a character within these relationships are critical elements in this type of narrative. Relationships and character types are fluid in the stories that youth tell in this study, making the characters messy and fraught with contradictions. For instance, the institution of school, as represented by the material and relational context (the building, and school practitioners, as agents of the institution), is seen as both a safe haven and anxiety-provoking.

Teachers are both caring and unobservant. Peers are supportive and judgmental. The inherent plurality in this narrative is a testament to the nature of stories in the making.

Participants imagine that strengthening connections with peers, their teachers and school administrators would fix the *giant stigma* that interferes with their peers seeking help for anxiety and other mental health problems. The notion that the youth in this study are being trained to facilitate a mental health program for younger children suggests that adults believe youth connect well with youth. Variations aside, the consistent thread in this narrative is that overcoming *giant stigma* is relationally and contextually embedded.

This focus on the importance of connections and mental health parallels the literature. Watson et al. (2012) postulate that mental well-being and stigma are formed in relationship with others and are dynamically contingent on the social, economic, political and material context (Watson et al., 2012). This is captured by Twenge's (2000) meta-analysis, which, as previously mentioned, examines trends in the prevalence of anxiety in children and youth. She found that the prevalence of anxiety was related to *social connectedness*. Twenge (2000) proposes that a society that highly values achieving greater autonomy results in disconnection; she found disconnection to be positively correlated with anxiety. This is a subject we will come back to later in this discussion.

I will present this narrative, as with the other narratives, alongside a social constructionist theoretical explanation. An assumption of social constructionism is that the primary function of social interaction (with peers, school and teachers) is to initiate and regulate some social action and social control. For instance, if the value of society, as Twenge (2000) suggests, is to develop independent, autonomous children and youth, then initiating the social action of teaching them to regulate their own emotions, would be instituted, rather than encouraging

strengthening their community connections to improve their mental well-being. As well, in discussing a relational narrative there is room to think with the social constructionist assumption that reality is constructed through socio-cultural contextualized interchanges among people. For example, an underlying societal belief that children live problem-free lives, as previously explored, would make problematic lives abhorrent and unwanted. This social belief, generating *giant stigma* would make accessing school counsellors difficult despite their availability. Additionally, psychiatric and psychologized discourse, that locates the problem of anxiety in an individuals' autonomous, psychologized self, maintains stigma in a socio-political practice (neoliberalism) that over-values autonomy, and under-emphasizes the social origins of problems, like living isolated lives.

The complex socio-political factors that embed relational practices, make it difficult to discern who has agency to initiate social action, such as overcoming mental illness stigma. The youth in this study describe “judgy peers” that interfere with students seeking help from school counsellors. They also describe “school having a stigma” toward mental illness, and classrooms teachers ignoring “table cliques” that prevent students from getting to know each other and which, they state, exacerbates judgmental attitudes in the classroom. Gergen (2015), considering ways to overcome stigma, encourages opening up dialogue that considers “the social conditions in which we live our lives” (p. 7).

I present the findings and discussion on these complex, relationally embedded narratives below. Although these relational practices intersect between groups, I have taken them apart to allow themes to materialize and be able to see what this narrative does in each relational context. Relational contexts are divided as follows: *School Connections*; *Teacher Connections*; *Peers Connect Best with Peers*.

School connections. In this section the findings and discussion pertain to the socio-political, material and relationally embedded stories of youth and their school. *School(s)* refers to the material place, the institutional representation, and school administrators, teachers and youth practitioners as agents of the institution. The focus on characters and character types in this type of narrative is central to contextualizing this narrative. Participants in the study imagine *school* both producing stigma and eradicating it. In this narrative *schools* are cast as one of the characters responsible for solving the mental health challenges, including *giant stigma*, that youth face. They are assigned social agency by the participants in this study to *fix mental health in students*. As mentioned, contradictions and inconsistencies imbue this narrative as seen in how youth view schools' role in anxiety prevention programs. Although participants claim their school has "forgotten about" mental health programs, they are congratulatory of schools that do participate in anxiety prevention programs, as seen in these statements:

"Schools are participating in fixing mental health in students. I think that's awesome."

Although participants in this study endorse the idea that schools are a place to *fix mental health in youth*, Harrist and Richardson (2014) suggest that *institutionalized psychologism* may *appear to* be an admirable response to socio-cultural situations, such as addressing rising trends in anxiety; however, they suggest that the interpretation of schools facilitating this role bears some review. In keeping with this type of narrative that conflates character types, the institution of school may and may not be *fixing* mental health in youth. Gleason (1999) provides some historical context of the psychologized school and the embedded political push to use schools as a place for developing autonomous citizens by addressing emotional *habits*. She notes that the first president of the Canadian Mental Health Association saw the opportunity for

psychologists, with their specialized knowledge, to guide educators in building “sound emotional habits and attitudes” in school children (Griffin, 1938, as cited in Gleason, 1999, p.119). Harrist and Richardson (2014) suggest that these prevention services that “construct, maintain and repair identities” (p. 202) are non-violent techniques of social control. This kind of social interaction that is both initiating and regulating social action and control demonstrates social agency, but it is unclear if this kind of agency helps overcome the stigma associated with anxiety and depression. It seems to initiate a system that covertly suppresses *unsound emotional habits*, which would strengthen stigma. Participants in this study also present statements that resonate with the idea that some school practices that *appear* helpful may be used as a technique for social control. It is a surprise to envision that youth in this 2017 study imagine a school practice that Gleason (1999) describes from the 1930’s; yet, here it is:

“The classroom can be filled with many anxious people and you try and deal with anxiety as a group problem, it doesn’t work-you can’t tell everyone to calm down.”

They express concern that school administrators and teachers may use techniques, such as anxiety coping strategies or mindfulness, as a means of group or class management and they doubt that this technique would be effective if used in this way. Gleason (1999) notes that in postwar schooling, psychologists claimed that schools, with psychologized knowledge would develop “conforming, obedient, industrious and happy” children (p. 120). The story has altered slightly in the 21st century as seen both in the participants’ statement above and in the description that Watson et al. (2012) paint: school is seen as a place to promote mental health, while expecting youth to acquire a range of emotional regulation abilities. School, in this 21st century narrative is seen as a place that relies on students learning, then applying self-regulating technologies to oneself to manage emotions such as anxiety. Connections and social

interactions between school and youth in this context initiate *subjectification of self-formation*, as discussed in *a genesis of knowledge*. Self-regulation techniques initiated by schools to promote good mental health in students locate the problem of anxiety in the student, which seems to initiate *giant stigma*. Social origins of anxiety are not considered in this context. In the statements that youth in this study relay, they too, as agents of the school, preparing to teach young children, do not consider social factors when they consider teaching these children methods to self-regulate with “green-light thinking.” This may be due to their developmental experience as 15 year olds, as well. How social agency is performed in this narrative points to the influence of a neoliberal discourse that decontextualizes emotional responses and disregards social factors such as family violence, poverty, bullying or other social conditions when considering emotional *habits*. A neoliberal discourse looks to the individualized, autonomous subject, whether in class groups or separately, to monitor and regulate themselves with the skills provided. In the statement below the participants highlight social factors, while also endorsing the discourse that coping with life problems requires psychological solutions that *schools*, or representatives of schools, should deliver:

“I think it’s so great that they’re teaching it, like in school, because there are so many kids now that have parents splitting up, and uh, losing a parent or pets.”

In the statement above, youth endorse emotion-regulation skills being taught to manage normal problems of living, and they are bringing to the fore social factors. The youth in the study also present a way of overcoming stigma by suggesting:

“you shouldn’t be disappointed for feeling emotions because we all do it.”

The youth in the study are disrupting the discourses that prompt schools to promote *sound emotional habits* that may make youth and children “disappointed for feeling emotions.”

The perspective by the youth in this study is that even though they are being trained to help other schools with mental health programs, they believe there is a lack of programs in their high school to address anxiety for their students. This has implications for how *high schools*, as a character in the narrative, is considered. They use words such as “disappointed” and “allowed” which considers the perceived relational power that school administrators and teachers have in youths’ social interactions. In a narrative that considers social interactions in regulating or controlling social problems such as *giant stigma*, the youth in this study *expect* schools to take social action by *fixing mental health in students*; yet the participants in this study exert their own agency when they express reservations about *how* school administrators and teachers do this. The contradictions and socio-political context embedded in this student-school relational narrative is enacted by participants’ statements that express resistance to being told what to do and how to do it by teachers or school administrators. *Being lectured at* is not well-received by some participants in this study as seen in the statement below:

“If you’re sitting in a class where they’re lecturing you about how you should be coping, you’ll blow it off.”

Youth in this study say that they would “blow off” being lectured at by an adult about emotional coping strategies. They also imagine asserting their social agency by revolting against being told by adults, “this is how you do it.” As the literature suggests, (see for example, Alberta Health Services, 2015; Bergnehr & Zetterqvist Nelson, 2015; Mason & Hood, 2011) school administrators know that youth resist information delivered by adults in a lecture format, and they know that *peers connect best with peers*. This may explain how peer educators, as exemplified by the participants in this study, come to be endorsed by *schools* to be in the business of teaching *sound emotional habits* to their peers. According to the participants in this study, the FRIENDS for Life training was considered

“less boring” than regular class lectures, and they admitted to being more attentive to the material because they knew they would be responsible for teaching it to younger students and peers in their grade later on. How the youth imagine teaching it to others, however, is less didactic than the lectures they received; they use the word ‘should’, suggesting there is a moral imperative to be “off script” and “make it your own kind of way.” This suggests that their imagined social interaction with peers is less about social control than how they perceive being managed and controlled by *schools*. Perhaps this also explains why peers delivering coping strategies to peers is perceived as better received, since this youth-youth social interaction, as they describe it is less about regulating or controlling a social action by “telling” them what to do. As social actors and agents, they see themselves as active participants and collaborators with the schools’ anxiety prevention program, as seen in this statement:

“You should get to make it your own kind of way-making it work for you-not someone just telling you ‘this is how you do it’.”

How youth are conceptualized by schools, depicts the agency afforded youth leaders. As social subjects, this continually changes in relation to the social, historical and political context (see for example: Bergnehr & Zetterqvist Nelson, 2015; Ellman, 2014; Sukarieh & Tannock, 2015). In keeping with this narrative where social agency shifts with the roles one plays, youth as a social subject in school, are alternatively mature-immature; strong-weak; competent-incompetent; stable-unstable, depending on the context (Ellman, 2014; Sukarieh & Tannock, 2015). How schools view youth leaders, or peer facilitator, is also contextualized. Bergnehr and Zetterqvist Nelson (2015) question *how* young people’s participation is enacted rather than *how much* they participate. The youth in this study seem to want to press the bounds of their agency by adapting the program they are meant to facilitate; this speaks to *how* they are being asked to

participate rather than *how much* are they participating. The youth participants are being asked to deliver a scripted program that they want to adapt with their own ideas. Having attended the training with participants, I can attest that at no time were their opinions, thoughts or ideas on anxiety or program facilitation sought. This makes me question if schools are conceptualizing “youth as active subjects, or as subjects to package social change” (Sukarieh & Tannock, 2015, p. 24). Sukarieh and Tannock (2015) caution that youth leadership programs often work as spaces of social control and containment “seeking to inculcate in their young participants a narrowly prescribed set of practices and viewpoints” (p. 30). In this study, participants are being trained to deliver an evidence-based, scripted program for school children that frames emotions as a psychologized problem, which seems to speak to Sukarieh and Tannock’s (2015) concerns regarding how schools are conceptualizing youth. *School’s* intentions, when viewed through this deconstructionist lens, may be using youth to continue the postwar political agenda of developing “conforming, obedient, industrious and happy” autonomous children (Gleason, 1999, p.120). The current agenda, according to Taylor (2011), Lyons (2016) and the BC Ministry of Education (Province of BC, 2016) seems to be in part to develop critical, independent, global thinkers who are resilient, industrious and happy.

This type of narrative considers how the social interaction of school, as a socio-political institution enacts the provision of creating a safe haven for students, seen as a way to overcome stigma. The youth in this study contemplate the disassembly of families, family violence and inaccessible parents and imagine the materiality of schools as safe environments and places of stability and continuity in their lives. It seems that they imagine school playing a maternal role in their lives. Schools, according to the youth in this study are obliged to create safe, stable environments for their students. This provides continuity with the narrative that school-student

connections are a way to overcome stigma, and school as a social agent has a key socio-political role to play in providing material environments that counter the stress of disrupted family life as seen in these participants' statements:

“It’s like when the people that can give you advice are fighting all the time, it’s like, where do you go then?”

“Some kids with, like, their families, like, they’re trying to get away from that and it’s like coming to school when you have a better environment.”

“I just wanted to go to school because it’s away from the house.”

As much as school is relationally embedded in alleviating anxiety by creating safe places for students, school, also elicits anxiety through its practices of over-crowded classrooms and hallways and assessing students through tests. The following statements by the participants in this study exemplify these factors:

“Being around a lot of people that I don’t know is hard for me, so even just walking down the school hallways in the school, cause it’s like super crowded-it makes me feel really nervous.”

“In exams, like, I freak out. I have, like, test anxiety.”

It is unclear from this study if the factors above are considered by schools in helping children and youth with their happiness and emotional habits. What the youth in this study do consider is that school does not seem to appreciate that they experience distress; they imagine that the *giant stigma* could be alleviated by schools *appreciating* that “their friends and ourselves freak out.” The social agency that the youth afford schools in simply *appreciating* them as a way of connecting and overcoming stigma, speaks to the power of social interactions in initiating social action. The complexity of overcoming *giant stigma* within school-youth connections is also embedded in prevailing psychologized and neoliberal discourses that construct what

schools are meant to do and how youth are meant to act; these complexities and socially constructed interactions become apparent in this type of narrative.

Teacher connections. Teachers, as characters in this narrative have a social role to play as both trusted adults and supports in students' lives, as well as representatives of schools that both produce and alleviate anxiety and stigma through the environments and relationships they create. The youth in this study contemplate how their relationships with teachers influences their level of anxiety. This student-teacher relationship is reflected in participants' statements that trusted teachers can foster a sense of safety for students. Teachers as subjects have been constructed over time as more than educators. This is expressed by the participants in the study as:

“it's so much better, when your parents are fighting all the time, to have teachers that you trust.”

The youth in this study also consider the teachers' responsibility for creating safe, collaborative classroom environments that disrupt the formation of cliques. Youth in this study indicate that cliques provoke “awkwardness.” They suggest that there is an obligation for teachers to be aware of these situations and address them, suggesting that in this relationship, the youth in this study acquiesce social agency to their teacher. They understand that teachers have influence over their environments which can provoke or reduce anxiety by their response to situations. The youth in this study express the local knowledge that teachers may overlook classroom situations that foster judgmental atmospheres or unsafe learning environments, such as the formation of *table cliques* in the classroom. Table cliques describe a situation where peers sit consistently at the same tables, without getting to know others in their class. They believe teachers have the socio-political agency to get students talking with each other by “pushing” students to form groups with less familiar classmates. The use of the word “push” suggests the

power structure that the youth in this study conjure when thinking of the relational context of student-teacher relationships, which is differentiated from how they describe their peer to peer relationships, which will be discussed later. The participants' statements below describe how they imagine a teacher being responsible for *pushing* them to connect with their peers:

“Everyone just sticks with their friends-we should be pushed into other groups that we haven't talked to.”

“Mr. A doesn't notice, like we're two totally different groups-like, table cliques and it's really awkward.”

In examining the teacher as a character in this narrative, I turn, once again, to Gleason (1999) to gain some historical insight. Historically, Gleason (1999) suggests that in the postwar psychologized classroom, teachers were encouraged to observe and meet the psychological needs of their students, which when compared to the statements by youth in this study, has remained unchanged in the participants' hopes that their teacher will meet their psychological needs. Participants expect teachers to notice tensions in the classroom that foster stigma, and they look to their teachers to solve the social problem. Similarly, the expectations of teachers in the postwar classroom was to ensure they had *sensitivity* to meet their students' psychological needs. In the postwar classroom this psychological availability was monitored through self-surveillance questionnaires in the *Laycock Mental Hygiene Self-Rating Scale for Teachers*. This scale tested the postwar teacher's psychological sensitivity to students and included items such as: “I am free from such characteristics as fussiness, fastidiousness, over sensitiveness, being too-too efficient, gushing and coddling pupils; I look upon behavior difficulty as being a symptom of some underlying maladjustment and I try to discover the cause and to remedy it” (Gleason, 1999, p. 127). Teachers who scored low on these tests were encouraged to seek *mental hygiene* counselling for themselves. Their relationship with their students was based on

“teachers needing to formulate psychological answers to children’s problems;” social factors that children faced, such as race or economic hardship, were ignored (Gleason, 1999, p.127). It seems, from the statements of my 21st century participants that the postwar expectations of teachers, to provide psychological answers to students’ problems, remains an expectation.

Peers connect best with peers. Peers, in this relational narrative are characterized as socio-political characters who produce judgment and stigma on one hand and acceptance and support on the other. *Peers connecting best with peers* as a concept has had schools place some youth in the position of educating their fellow peers in programs such as mental health literacy, or in the case of this study, as FRIENDS for Life educators (see for example: Alberta Health Services, 2013; Begoray et al., 2009; Bergnehr et al., 2015; Bulanda et al., 2014). In the literature peer to peer connections have potential for overcoming stigma and spreading mental health information; perhaps this explains a proliferation of peer to peer education programs over the last 20 years (see for example, Alberta Health Services, 2013; Begoray et al., 2009; Bergnehr & Zetterqvist Nelson, 2015; Bulanda et al., 2014; Egbochuku & Aihie, 2009; Mason & Hood, 2011). Peer to peer relationships also reinforce stigma. Participants in the study state that they worry about “people [peers] judging you and feeling stupid or something.” They also describe how their peers’ attitude and mood can have a contagion effect within their peer group. They explain that one youth’s attitude can either provoke calmness and a positive, upbeat atmosphere or promote anxiousness and a pessimistic attitude. They imagine the power of this influence as “mind-blowing.” It would seem that the youth in this study also acknowledge the tremendous power that peer connections have in either overcoming or producing *giant stigma*.

“It was kind of mind blowing that anxiety can be caught and it can like rub off on people-so if I’m anxious and then a friend of mind they could also

become really worked up or if I'm really calm they're going to be really calm.”

This *mind-blowing*, influential relationship between peers is enacted by participants in this study wondering if their worry about being judged by their peers is related to feeling disconnected with them. They have solutions, including smaller classes, smaller schools and structures embedded in the program that gets them moving outside of their “table cliques” and mixing with each other to get to know each other better. They express a desire to get to know their fellow students, as seen in the statements below:

“If it’s not a big group, you don’t have to be so worried about like more people judging you and, feeling stupid or something.”

“It would make our relationship a bit tighter, so we can both share and help each other.”

Local knowledges steer the youth in this study toward connecting with their peers, to break down stigma and judgment and move toward sharing and listening to each other. The youth in this study, as previously mentioned, use powerful words, such as *mind-blowing* to describe peer to peer connections; yet, as 15 year olds, they remain tentative in their agency to make change with each other, as seen in these statements:

“I feel like we need more time to get to know each other-like you know the people at your table, but I don’t really know anybody at the other table.”

As tentative as this gesture to join with their peers to overcome stigma is, this is a departure from the prevailing socio-political discourse that encourages autonomy and independence.

Gergen (2015) also questions this neoliberal discourse and notes that “in previous times ... we relied on each other” (p. 6) to get through difficult days. Kleinman (1987) and Radley (2004) as alluded to earlier, concur that connecting with others is healing, even if it is a matter of simply being present with someone who is suffering. Twenge (2000), as mentioned previously, also concludes that connection and “social support is correlated with lower self-reports of anxiety

and depression” (p. 1009). Conversely, she states that individualism and over-valuing autonomy creates lower social connectedness, which leads to greater social isolation and lowered trust in others. She predicts that until people feel *safe* and *connected*, the number of people experiencing anxiety is likely to remain high (Twenge, 2000). The youth in this study allude to safety and trust as a concern when they describe the presence of stigma as “giant,” which suggests that as much as they desire connection, they are living amidst a neoliberal discourse that over-values autonomy, and pushes them to disconnect from others as seen in the statements below:

“I think there’s definitely a giant stigma, not that there should be.”

“People feel like, ‘oh, I’m going to get judged.’ I’m just going to keep this to myself.”

“I think it’s really hard for our generation to get help and go see a counsellor because of the stigma.”

To understand how over-valuing autonomy circulates in a youth narrative that speaks of connection, I turn to the literature. The development of over-valuing autonomy, according to Gleason (1999) had its’ inception in the 1950’s in order to indoctrinate democratic ideals of individualism through socialization in school children. Schools and parents promoted the development of a knowable, autonomous subjectivity in youth through self-expression, independent, critical thinking and problem-solving skills. There is an assumption in this, that if you are worried or unhappy you should be able to resolve it yourself, otherwise you are abnormal. Kelly and Kamp (2005) and Twenge (2000) postulate similar theories, and similarly caution that the construction of autonomous subjectivity isolates people. The formation of the autonomous self contributes to the prevailing psychiatric discourse that problems with the self are located in individualized psychologies; this bypasses scrutiny of societal norms and values.

Mental illness, in this prevailing discourse of the autonomous subject, is perceived as shameful, or abnormal, since the individual is not upholding the democratic ideals of the independent, self-formed citizen. Priya (2012) explains this as mental illness existing both in the interior self, and at several social levels, which leads society to blame the person for having anxiety. Perhaps because children are still forming their autonomous subjectivity, and perhaps because the youth in this study are still forming their own subjectivity, participants in this study imagine that children are less judgmental and therefore more open to learning coping skills for anxiety.

“The little ones aren’t as judgy as us, and more accepting of like your fears and stuff.”

“Teaching it [anxiety prevention coping skills] in lower grades gets rid of the problem of stigma.”

Understanding how autonomy has been inculcated in schools and in youth helps to make sense of how a youth narrative that promotes overcoming stigma through peer connection is fraught with contradictions, including the idea of giving up on their generation and turning to “the little ones [who] aren’t as judgy.” Despite this idea of giving up on their generation to be able to overcome “giant stigma,” the youth in this study express a belief that helping their peers is a good thing to do, as seen in these statements:

“I think it’s really good to, um, like help, because, um, like, when people are upset, a lot of the time they come to me. Most of the time I don’t know what to do. I’m, like, ‘why me?’”

“I think the red and green thinking would really help her. It would make our relationship bit tighter, so we can both share and help each other.”

The idea of helping each other returns *connection* and *agency* to the foreground of this narrative. As peers with social agency, the youth in this study imagine overcoming stigma by “listening to each other” and teaching peers about mental health “their own way” without “telling them what to do.” They imagine that they will be able to change the mood and outlook

of their peers by sharing what they know. They imagine that being more connected to each other is the best way to reduce stigma and judgmental attitudes about mental illness; yet, despite their social competence they look to teachers and school administrators to set the stage for peers to get to know each other, as previously mentioned. The youth in this study contemplate the school's role in helping overcome stigma for "themselves and their friends" by being appreciated and acknowledged by school faculty for their distress, as mentioned previously and as seen in this participant's statement:

"I'm seeing so much of my friends and myself, like noticing some things that could be um fixed [in high school] with the help of um being appreciated [about mental health] and not having a stigma towards it."

As much as *peers connect best with peers*, overcoming stigma, according to the youth in this study is a collaborative, community effort, that relies on teachers "pushing" peer connections in the classroom, school's "appreciating" the difficulties students face and youth harnessing the *mind-blowing* contagion effect they have with each other. When youth are conceptualized as active social agents by schools they are given the stage, with a supporting cast, to enact this hopeful, empowering narrative of overcoming "giant" stigma by connecting better with their peers; this type of narrative speaks to perseverance and collaboration which is what is required in disrupting a prevailing neoliberal discourse in circulation, and actively enacted, since the 1930's postwar classroom (Gleason, 1999).

Implications and Considerations

In the *Findings and Discussion* section I discuss the implications of what the types of narratives and prevailing discourses do in the lives of the five youth in this study. For instance, the *Quest Narrative* is a reductive narrative that presumes childhood to be lived care-free; this delegitimizes children and youth having problems and has implications for producing shame

and stigma. The *Genesis Narrative* imbues action and has implications for spreading knowledge widely and enthusiastically. The implications of this narrative is that over-valuing one knowledge may dislodge the value of other knowledges. *Overcoming Giant Stigma* is a narrative that is relational and has implications for collaboration but is also fraught with contradictions. The youth in this study disrupt these narratives which also has implications, such as legitimizing living a problematic life as a child or youth and working within the tensions of their relationships with school to overcome stigma. In this section I focus on where these narratives bring us in considering the many ways to implement mental health literacy curriculum in British Columbian (BC) high schools. Frank (2001) reminds me that in bringing forth these considerations I hold tension between the imperative to speak while at the same time remaining silent. These are not my stories; they are the youth participants' stories. The narratives are co-constructed through my questions and interpretations of how these stories, with their embedded meaning and knowledge came to be; I understand how individuals do not make up stories by themselves. I am also cautioned not to reify any particular approach, such as a neoliberal or psychologized discourse or any particular narrative as the only way to understand the problem of anxiety and anxiety prevention. There may be other meaningful interpretations and methodologies that reveal not yet imagined understandings (Frank, 2001). Gergen (1994; 1997; 2015) also reminds me of the inherent dangers in reifying co-constructed research; he cautions researchers not to present findings as if they are the reflection of the true reality out there. My hope is to leave room in these narratives for alterations, iterations, additions, removals and not yet imagined formations. With these provisos, I consider the implementation of a high school curriculum that mandates the naming and recognition of the signs and symptoms of anxiety, depression and stress juxtaposed with the three youth narratives

that emerged in this study: *the quest for problem-free childhoods; the genesis of knowledge and overcoming giant stigma by connecting.*

The BC Ministry of Education, as it prepares to implement a high school curriculum for mental health literacy, may consider the vivid words from the five youth in this study that have formed these rich narratives. In the type of narrative that describes a quest for problem-free childhoods. I interpreted that that youth in this study make sense of events in their lives within a prevailing neoliberal discourse that imagines children and youth living problem-free lives and places youth as *mere becomings* in need of formation, either by parents, teachers or themselves. Disrupting this hegemonic, reductive discourse helped the youth in this study to express other ways of living childhoods, particularly considering being able to show a wide range of emotions, including anxiety, stress and sadness. The meaning that they make within a prevailing reductive problem-free narrative is that stigma prevails with the shame of not being problem-free. The implication is that stigma, “in their generation,” is enacted as reluctance to adults teaching them coping skills, *judgy* peers, reluctance to seek help from a counsellor, and internalizing distress and worry while saying, “I’m fine.” When their parents and others claim that youths’ stress, worries, sadness and fears are perplexing and problematic, the implication is that youths’ suffering and isolation may increase (see for example, Cassell, 2004; Kleinman, 1988; Radley, 2004). Stigma, according to the participants, is also perpetuated by school faculty when they do not “appreciate” that youth experience distress due to the normal problems of living, which, “just kind of pops up in your life here and there, relative to what’s going on;” yet, school faculty also alleviate anxiety by providing trusted relationships and safe classroom spaces. Paying attention to the rupture in the narrative that questions children and youth living problem-free lives opens up imagining youth experiencing normal problems of

living. This rupture is a key consideration for high schools when imagining how to implement mental health programs; simply, acknowledging and appreciating youth for having worries, fears and stress associated with the normal problems of living opens up the discourse and allows for new narratives. I suspect that this happens in schools and it is curious that the participants in this study do not feel “appreciated.” Further research would open up this area of what youth perceive as *being appreciated* and how they imagine this alleviating stigma, as well as what this would mean for seeking help with problems such as anxiety.

In considering a BC schools’ mental health curriculum there are implications in emphasizing the naming of the signs and symptoms of depression, stress and anxiety, which circulates a prevailing psychologized discourse and may not attend to sociogenic factors. Similar to framing youth as *problem-free*, viewing anxiety, for example, singularly as *a disorder to fix* or *an illness to treat* is a reductive discourse that excludes anxiety from being enacted as a normal problem of living or a response to socio-political contexts. A reductive discourse narrows the possibilities in which to imagine events in life and may limit how children or youth make meaning of their worries and fears, locating what may be a social problem, inward. The implications of these intersecting discourses similarly lead to stigma and silent suffering and a belief that there is something flawed *in* them that needs to be *fixed*. *Normalizing* anxiety, to make it seem as *common as a cold* may move toward a place where society can appreciate that children and youth do experience normal problems of living and where this experience is both legitimized and spoken about openly, without judgment and without the bracketing of social factors that may have produced these problems and emotional experiences. This leaves me with questions about how children and youth cope with more complex and contextual problems that are not easily addressed with classroom Friends for Life

programs or naming the signs and symptoms of stress, anxiety and depression. Curriculum that reflects a contextualized approach and is willing to collaborate with youth on the meaning of the events in one's life, opens up the discourse on the problem of anxiety as more than a psychologized, individual problem. This may be as simple as changing the words *mental illness* to *normal problems of living* and *anxiety-prevention strategies* to *life skills*.

In the type of narrative where the genesis of knowledge unfolds, youth in this study see themselves as active social agents, expressing evangelical enthusiasm to be “beacons for information” for their peers, and to *spread the word*, as long as they can tweak the knowledge to make it their own and offer it as a *suggestion* rather than *the solution*. They also see schools as a place to “fix mental health” which seems solution-focused and they imagine playing an active collaborative role in this. There are implications for youth to teach programs that circulate one type of knowledge, which may dislodge other knowledges; this includes the youths' own ways of connecting to their peers as helpers and friends by offering suggestions, rather than telling friends what to do. There are cautions in youth engaging in peer to peer education, including examining how youth are being conceived as peer facilitators, and the scope youth are given in this role to question prevailing narratives or delivery approaches as well as in receiving support by adults. While youth in this study may desire social agency to spread knowledge and help their friends, they also rely on the social agency of teachers, school administrators and parents in *pushing* them to make connections in a context that over emphasizes autonomy. They also yearn to be appreciated by parents and school staff for experiencing normal problems of living, including anxiety. What is missing in the genesis narrative is scrutiny of the social factors that may provoke anxiety, including a prevailing psychologized discourse that promotes self-formation and totalizing techniques. Examining

social conditions, such as family violence, racism and poverty would also open up a reductive genesis narrative. The implications for high schools in disrupting a genesis narrative, is to open up other knowledges that encourages a dialogical rather than didactic approach with youth, and instills, rather than undermines self-confidence. This prompts imagining what education about anxiety could look like when it is not only about naming symptoms, preventing illness or making self-improvements.

In considering a type of narrative that overcomes “giant stigma” by connecting, especially with peers, the implications for school educators and practitioners is to pay particular attention to power in relation to the socio-political context. Set alongside a social constructionist paradigm, considerations include examining the primary function of these social interactions and how they initiate and regulate social action and control, which may either overcome or produce stigma. The narrative becomes reductive under a prevailing neoliberal discourse that places too much value on autonomy and may disguise or tokenize youth leadership as a means to *package social change*. The youth in this study disrupt the discourse that places autonomy above community. This opens up opportunities to imagine how to support youth to connect more closely with each other as a way of overcoming stigma and judgmental attitudes. Agency, in this narrative shifts in relationships that are socio-politically contextualized. This requires high school practitioners to provide opportunities for youth to be active social agents, while also acting as social agents that “push” youth toward connecting with their peers. The youth in this study, trained as FRIENDS for Life facilitators indicate that they also require supervision, and further training to confidently deliver this program. They want to remain connected to the adults in their life, while at the same time exerting their own social agency. Further research with youth FRIENDS for Life facilitators would be helpful in

evaluating the training, the implementation and follow up support for youth, which was beyond the scope of this study. It would be helpful to know how this training and delivery of the program continued to impact their peer to peer relationships and personal understanding of anxiety and anxiety prevention.

As “beacons for information,” the youth narratives that help make sense of the problem of anxiety and prevention may be summed up as a yearning for *appreciation* and *connection*. The youth in this study desire to be appreciated for the distressing emotions and problems they experience as well as acknowledged for their capacity to share knowledge. They imagine connecting with others, especially their peers, as a way to prevent the stigma associated with anxiety, depression and overstress. There are policy implications in this finding for safely pushing peers to connect with other peers in school, as well as in formally showing appreciation for youth who experience mental health problems, test anxiety or who “freak out.” Schools affording youth opportunities to exert their social agency as “beacons for information” comes with the implication of providing youth time to reflect on and discuss their learning with each other and with their adult mentors, contextualizing their knowledge, as well as to provide continued support as they implement programs, in their way, to peers or younger children.

These considerations are meant to open up other possibilities and are not understood as *the truth* or *the solution*, but ideas to think with in addressing the problem of anxiety and in preparing to deliver curriculum in high school that addresses depression, anxiety and stress. The hope is to generate other stories and continue the dialogue around the problem of anxiety and school-based prevention programs.

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Appendix A

Youth as FRIENDS Educators:
A Qualitative Study of the Impacts and Implications

A Report for the Ministry of Children and Family Development(MCFD)

Researcher: Andrea Felix (School of Child and Youth Care, University of Victoria)

Project Sponsor: Dr. Robert Lees (MCFD)

Academic Supervisors: Dr. Gord Miller and Dr. Wayne Mitic

April 2016

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April 2016

Executive Summary

FRIENDS is an evidence-based anxiety-prevention program for elementary school children, usually delivered by classroom teachers and facilitated by the Ministry of Children and Family Development (MCFD). This report summarizes a qualitative study that explores the impact of youth being trained as FRIENDS educators. The study adds to the literature that “if given the appropriate resources and tools, [youth] have the potential to create lasting change for themselves and their communities” (Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014, p. 74). The findings in this study corroborate the positive outcomes of other mental health literacy training programs which include strengthening youth leaders’ competence, confidence, knowledge and empathy.

This report may re-conceptualize who delivers the FRIENDS school-based program, shifting the focus from youth as incompetent, dependent and immature, to a strengths-based model of youth who have the capacity, competence and confidence to (Delgado & Staples, 2008):

- Imagine delivering an anxiety prevention program
- Improve their own coping strategies and empathy
- Mobilize their knowledge to peers, families and the broader community.

Considerations include:

- Time and practice for youth leaders to build competence and confidence with the knowledge and skills
- Expanding the discourse about anxiety prevention and coping skills into high school
- Including social origins of anxiety into the mental distress discourse.

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Introduction

Youth-led mental health literacy (MHL) is a relatively recent response to addressing children and youths' mental health difficulties; consequently there is scant research in this area (W.H.O., 2005; Smith, Stewart, Poon, Peled, Saewyc & McCreary Society, 2014; Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014). The subjects of youth leadership and mental health literacy present many areas for consideration. The essential question in this study is: what is the impact of training as a FRIENDS educator on youth? Specifically, does MHL training change youths' knowledge and attitude about mental health, does MHL training impact their personal lives and what does this mean for the future implementation of MHL?

This report is organized in four parts. First, I provide background on school-based MHL, the FRIENDS program, and youth-led MHL. A literature review in this section will deepen the background and provide a foundation to underpin the findings of this report. The second part of this report will provide the study rationale, methodology, methods, data analysis techniques and ethical considerations that were utilized to explore the research questions. The third part of this report will provide a discussion of the findings and present considerations for future implementation of youth-led and school-based MHL programs. The fourth part of this report will provide a discussion of the implications of the findings and the conclusion. It is hoped that this qualitative study will contribute to the body of knowledge that informs school-based mental health prevention policies developed by the Ministry of Children and Family Development (MCFD).

Part One (1): Background

Literature Review

In 2005 the World Health Organization (W. H.O.) reported that 20% of youth experience mental illness, primarily anxiety or depression, with a median age onset of 11 years old (Jorm, 2012; Svensson, Hansson & Stjernsward, 2015). This was corroborated in the B.C. 2013 McCreary Society Report (Smith, Stewart, Poon C., Peled, M. Saewyc, E., & McCreary Centre Society, 2014). Complex bureaucracy, including provincial and federal ministries and mental health consortiums makes it complicated to arrive at a comprehensive mental health plan to address these concerns (Wei, Hayden, Kutcher, Zygmunt & McGrath, 2013). The Ministry of Children and Family Development (MCFD) turned to the familiar health literacy paradigm, which utilizes school-based prevention programs to improve students access to and interpretation of health information, to address the mental health concerns (Higgins, Begoray, & MacDonald, 2009). In 2003 MCFD launched FRIENDS, an elementary school universal anxiety prevention program (Barrett, Farrell, Ollendick, & Dadds, 2006). Their aim was “to reach as many students as possible and provide them with life skills that will strengthen resiliency and reduce the risk of developing an anxiety problem” (MCFD, 2003). To further their mission, MCFD trained over 8000 teachers in all 60 school districts to support delivery by teachers in classrooms. MCFD’s advancement of FRIENDS was endorsed by the W.H.O (2004) identifying this program as “the only school-based anxiety program with sufficient empirical support to warrant classification as an evidence-based practice” (Maggin & Johnson, 2014, p. 279). Jorm (2012), who coined the term *mental health literacy* (MHL), is a strong advocate of providing children and youth with “knowledge, and beliefs about mental disorders which aid their recognition, management or prevention as well as appropriate help-seeking” (Ranahan, 2009, p. 12). He emphasizes the

ripple effect of school-based MHL, stating that by teaching children mental health information, this gets passed on to their parents, friends, neighbours and the broader community.

In a recent meta-analysis, however, the school-based version of FRIENDS showed mixed results in preventing anxiety (Maggin et al., 2014). This may point to variations in how FRIENDS is delivered (universally or targeted to a specific anxious child) and who delivers it (school counsellor or teaching assistant) since participation by schools is voluntary (Lees, 2016). This meta-analysis unsettles confidence in utilizing FRIENDS universal, school-based approach to address the mental health challenges that children and youth face. Wei et al. (2013) suggest that research into school-based mental health literacy is still in its infancy, and that there is insufficient evidence to claim that school programs impact mental health knowledge, attitude changes or help-seeking. Ng and Chan (2002) also found that there is little substantive evidence for the effectiveness of school-based MHL programs. White and Stoneman (2012), looking at school-based suicide prevention education suggest that these initiatives lack definitive conclusions. The lack of evidence supporting school-based MHL points to the need for more rigorous studies and a critical review of a universal approach.

The critique of school-based initiatives provides an opportunity to re-conceptualize how MHL is mobilized. Youth-led MHL has grown dramatically in the past two decades (see for example, Alberta Health Services, 2014; Bulanda et al., 2014), benefitting youth leaders and their social networks (Degado & Staples, 2008). There are positive outcomes for youth leaders that include growth in their personal capacities, empathy and knowledge about mental health (Cooker & Cherchia, 1976; Wei et al., 2013). Youth leaders may also have a profound influence on their peers who may see them as a principle source of information and support

(Egbochuku & Aihi, 2009; Higgins et al., 2009; Tonkin, 2007). The research on youth-led MHL promotion or prevention, however, is scarce (Wei, et al., 2013; Bulanda, et al., 2014).

School-based mental illness prevention approaches provide a way for governments to reach children and youth upstream, building resilience, coping strategies and identifying difficulties early. Prevention approaches offer an alternative and adjunct to treatment and have become a priority for governments, offering a cost effective and efficient means of providing services to children and youth (Tonkin, 2007; White, 2012; Burman, 2010). There are challenges in delivering a universal prevention approach in schools. These include time, resources and standardization that assumes uniformity of children's lives. There has also been a focus primarily on childhood mental health programs and less emphasis on school-based prevention programs for youth. A recent response is to train youth (high school students) as leaders in children's mental health literacy. This literature review examines the premise of a universal prevention approach, as well as the impacts and implication of youth as mental health literacy educators.

A universal prevention model. Universal mental health prevention in schools may take the form of classroom-based promotion or whole-school approaches. Classrooms and schools are seen as a natural and important location to institute universal mental health literacy, to influence wellbeing, and promote early intervention and the prevention of anxiety (Ng et al., 2002; Kutcher, Wei & Morgan, 2015). FRIENDS provides classroom-based promotion that focuses on individual asset-building approaches rather than social control (“do not” messages inherent in drug or sex education). Providing coping skills and cognitive behaviour techniques that enhance problem solving, decision-making, social interactions and self-regulation are meant to protect and promote students’ well-being (Fowler & Lebel, 2013). Reviewing

several universal programs for mental health promotion and prevention, Wells, Barlow, and Stewart-Brown (2003) concluded that school-based programs could have a positive impact on children's mental health. The successful universal programs they reviewed promoted mental health rather than mental illness prevention, provided the program continuously over a year or more and focused on emotional awareness and positive interpersonal behaviours as opposed to antisocial behaviours. Other considerations for successful implementation include suggestions that educators have equal or greater success in delivering a universal program compared to a researcher or mental health professional (Fowler et al., 2013). They also indicate that peer delivery may also be effective and may have the additional benefit of engaging youth (Fowler et al., 2013).

FRIENDS as a universal, classroom-based program has had mixed results in a meta-analysis, pointing to its strengths and limitations (Maggin et al., 2014). It aims to prevent anxiety and build resiliency (Barrett et al., 2015), engage both educators and parents and deliver the program in 10-12 one-hour sessions. Anecdotally there are unanimous favourable reviews by educators and students alike and it does seem to improve coping skills up to 12 months after delivery (Maggin et al., 2014). Sustained wellbeing is the aim of universal mental health promotion in schools. The therapeutic version of FRIENDS shows this sustainability lasts 6 years after the completion of a program. The same is not true for the school-based version of the program.

A meta-analysis, utilizing the Cochrane approach revealed that 6 months after program delivery stigma about mental illness re-emerged and 12 months after deliver the learned coping skills faded (Maggin et al., 2014). Maggin et al., (2014) suggest booster sessions would help with sustainability, which corroborates Wells' et al., (2003) findings on successful

programs that run continuously for a full year. There appeared to be no difference in students' help-seeking behaviour after FRIENDS training. This suggests that a whole-school approach that changes school culture may offer more success than a classroom-based model.

Reluctance to seek help may point to the limitations of a universal approach. A universal anxiety prevention program with a focus on individual asset building has at its core a singular truth about anxiety. Burman (2010) critiques this singular truth and argues that focusing on teaching universal emotional literacy fixates on the child as a social problem, which neglects the social origins of problems. Similarly, White and Stoneman (2012) argue that universal evidence-based programs privilege a "unitary and individualistic understanding" (p. 346) that "obscures the complexity and dynamic nature of social learning" (p. 346). Unger (2005) also cautions against an individual approach to resiliency, stressing that "it is complex and that youth, their caregivers and their communities travel on multiple pathways toward health" (Ohlman, Kwee, & Lees, 2014, p. 25).

Universal approaches do not take into account the multiplicity of childrens' lives. The inherent assumptions in a universal prevention program may, for instance, raise unrealistic and harmful expectations for those suffering from high levels of anxiety (Mental Health Commission of Canada, 2010). This limitation is substantiated in Maggin's et al. (2014) finding that FRIENDS school-based program showed no sustained improvements in students with high levels of anxiety. *The home* presents other inherent assumptions in a universal approach that may not consider social determinants such as poverty, culture or absent parents (Leitch, 2007). The child who lives in a non-conforming situation may believe that there is something intrinsically wrong with them rather than look to the social conditions that they live in. Ranahan (2007) agrees, stating that anxiety or depression may be more a function of

social location rather than a disorder located in an individual. For example, schools as standardized institutions invite anxiety, fear and insecurity in children (Burman, 2010). It may also be that poverty, cultural barriers, parental pressure or parental absence are the origins of anxiety, a normal response to an abnormal situation (Leitch 2007; Luthar & Latendresse, 2005). This social complexity is missed by a universal, individualistic approach to anxiety prevention and may inadvertently pathologize a child's normal anxiousness.

The underlying assumption that mental health challenges are an individual concern is described by Ranahan (2007) who found that adolescents believed that individuals should handle depression or anxiety on their own and that the inability to cope reflected a character flaw or personality weakness. These beliefs promote self-isolation, which may lead to suicidality. This speaks to the benefits of a broad-reaching mental health literacy program. Kutcher, Wei, and Morgan (2015) add that "lack of knowledge, presence of stigma and limited access to care all serve as barriers to addressing mental disorders" (p. 581). This suggests that MHL is a critical protective factor and is supported by Lam's (2014) study. He found that youth with moderate to severe depression also had an inadequate level of mental health literacy (MHL), suggesting that improving youth MHL may promote early intervention and prevention. Studies also indicate that seeking help early improves mental health outcomes over the lifespan (Jorm, 2012; Kutcher et al., 2015). Substantiating the impact of MHL, Jorm (2012) relayed that a mental health community campaign in Nuremberg, Germany decreased a belief that depression was due to a lack of self-discipline. Subsequently there was a reduction in suicide attempts during this campaign. Being trained in mental health literacy may also have unintended positive outcomes. Teachers who take MHL curriculum courses show increased knowledge about mental health and seek help for students of concern more

often (Lam, 2014; Kutcher et al., 2015; Ng & Chung, 2002). These studies suggest that mental health literacy does change self-stigmatizing attitudes and improves help-seeking behaviours.

Youth as educators. Since 2000 more than 70 nations have focused on youth policies that increase youth civic engagement (Sukarieh & Tannock, 2015). The recognition to “support, prepare, engage youth as well as harness the energy and creativity of young people” (Sukarieh et al., 2015, p. 14) is a shift from youth as a category seen as “in crisis” (Elman, 2014, p. 2), “immature, dependent and incompetent” (Degado & Staples, 2008 as cited in Belanda et al., 2014). Sukarieh et al. (2015) posit that this shift from pathologized to empowered youth is partly because the social category of youth has become more useful, productive and sensible to institutions and organizations. “If we don’t expect much from youth, we won’t get much from them” (Sukarieh et al., 2015, p. 21). This may have capitalist neoliberal underpinnings that disrupt traditional adolescent development theories and make claims of youth resilience that negates the multiplicity of youth experiences, including poverty or disability (Sukarieh et al., 2015). According to Sukarieh et al. (2015) these social constructs of youth have historical context, including periods of war when youth are portrayed as competent, compared to times of economic crisis when youth are seen as in peril and in need of prolonged participation in the educational system (Sukarieh et al., 2015, p. 24). The act of promoting a positive view of youth demands careful, critical attention as this can be driven by conflicting political agendas. For instance, youth as FRIENDS educators may be seen as delivering a universal, commercialized, packaged program where there is little room for collaborative, creative input. Careful critique then is needed to ensure youth are not being “used to package social change” (Sukarieh et al., 2015, p. 24). That is not to say that there

are benefits for mobilizing youth as MHL educators. Developing health and mental health literacy occurs in relationships “between and among students” (Higgins et al., 2009, p. 351). Youth also report that they appreciate the opportunity to talk about their health and having access to accurate information (Higgins, et al., 2009; Kutcher & Wei, 2014; Lam, 2014;). In examining health literacy such as sexual health, Higgins, et al. (2009) found that despite robust implementation of school health education, adolescents turn to each other to confirm accuracy of what is taught and to share intimate information about health related topics. It is evident that youth have a profound influence on one another, and their peers remain a frontline resource for mental health support and information (Egbochuku & Aihie, 2009; Tonkin, 2007). Peer mentoring programs capitalise on “the potentially strong positive influence of peers in bringing about improvement in behaviour” (Egbochuku & Aihie, 2009, p. 9). It may be that youth trained as paraprofessionals have certain advantages over adults in helping youth, including peers feeling more free to express themselves and more likely to model or believe the youth helper (Egbochuku et al., 2009). This is corroborated by Bulanda et al., (2014) who found that a youth-led approach in addressing mental health stigma led to meaningful differences in the reduction of stigma between pre and post-tests. This was considered by the researchers to be more durable than delivery by educators due to peers’ long-standing influence on each other.

Two recently launched youth-led MHL programs provided comparisons for me in my study of the impact on youth being trained as FRIENDS educators. These include the Alberta Health Services Community Helpers Program (2014) and the youth-led S. P. E. A. K anti-stigma program in the United States (Bulanda et al., 2014). These programs both had favourable outcomes that strengthened the capacities of the leaders and their communities.

Sustainability of these programs required resources and appropriate adult supports. Peer helper training provides opportunities for significant personal growth for youth helpers both in their competence and confidence (Cooker & Cherchia, 1976). This is substantiated by Alberta Health Services (2013) in their evaluation of a community helper program involving youth and young adults. They found that MHL training improved both confidence and competence in several areas including awareness about mental health, knowledge about available services, skills to help others and improved ability to manage their own mental health.

Jorm (2012) suggests that people are more likely to seek professional help if someone else suggests it. Although teachers trained in MHL increase seeking help on behalf of students once they become more aware of mental health challenges, the same is not true of youth helpers (Kutcher et al., 2009). This is of some concern since early intervention is particularly important during adolescence, when the onset of a mental illness is more likely (W.H.O., 2005). Youth trained in MHL may not directly seek help for peers, but according to Jorm (2012) they may play a significant role in promoting and facilitating help-seeking, rather than inadvertently suggesting unhelpful strategies such as relaxing with alcohol, or ignoring the person in mental distress. Training youth provides benefits both formally as peer educators with a unique influence on children and informally as they mobilize knowledge, attitudes and informed strategies amongst their social networks.

The purpose of this review has been to explore the delivery of school-based mental health literacy, in particular the FRIENDS for Life (FRIENDS) anxiety prevention program. The literature reveals that a universal, evidence-based mental health prevention program has strengths and limitations. An unexpected strength is that educators and youth who are trained

to deliver mental health programs increase their knowledge and improve their attitude toward mental health. This has implications for prevention, early intervention and help-seeking for mental health challenges. Limitations, viewed through a poststructural lens, include critique of a universal approach that situates an individual as a social problem, obscuring the social origins of problems, and potentially limiting help-seeking behaviours or stigma reduction.

Part Two (2): Methodology and Method

Rationale

The MCFD pilot project consisting of training high school students as FRIENDS educators, supported by university mentors has no precedence. Similar youth-led MHL initiatives are a recent practice; consequently, the research in this area is scarce (Wei, Hayden, Kutcher, Zygmunt & McGrath, 2013; Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014). The rationale for this study is to add to the body of work on youth-led MHL as well as to consider the outcomes in the training phase. These may lead to recommendations that can support youth in the delivery phase of this project. The purpose of this qualitative study is to explore the implications and impact of FRIENDS training on the Grade 10 youth and the university mentors who are preparing to deliver this program as well as to unsettle current practices of MHL implementation. Specifically, this study will explore these questions: does the training change their knowledge or attitude about mental health; does the training impact them personally; and what does this mean for the future implementation for MHL.

Methodology

In order to explore the detail and richness of the youths' training experience I turn to qualitative research, which rather than looking for evidence or the truth, is focused on multiple meaning-making and youths' personal experience (Berg & Lune, 2012). I draw from a constructivist methodology to help me pay attention to underlying assumptions of mental health literacy, anxiety, stigma and universal prevention that seems to privilege a psychological explanation and shape current approaches to MHL implementation (White & Stoneman, 2012). These post epistemologies and relativist ontologies help me to think critically, to make visible taken-for-granted truths that inform social practice and prevention science as well as open up

possibilities for multiple truths through meaningful dialogue with the youth. (Fairclough, et al., 2011).

Method

Participants. 50 youth participated in the FRIENDS training program. Of these five Grade 10 youth self-selected to participate in this study. Recruitment was done through letters of intent delivered by a third neutral party to the previously identified students that would be participating in the MCFD pilot project. Once these recruits self-identified, letters of informed consent were delivered and collected by the third neutral party.

Data collection. Immediately following the FRIENDS training the study participants met with me in a comfortable, private seating area where I conducted a semi-structured focus group that was audio-taped with their consent. To strengthen the data I followed this up one month later with individual, semi-structured, in-depth phone interviews with the five youth. These were also audio-taped with their consent.

Data analysis. Thematic discourse analysis and a constructivist methodology call for a collaborative approach that looks for multiple truths; this invites a re-interpretation of my findings by the participants. The scope of this study limited my ability to complete the collaborative aspect of the data analysis. The primary aim for data collection was to represent the subjective perspective of the youth who shared their experiences and thoughts. In the first stage of analysis, after the audio-taped interviews were transcribed, I began with open coding (Lewins & Gibbs, 2005), sweeping through the data, circling and highlighting words and phrases that would “open inquiry widely” (Berg & Lune, 2012, p. 364). After several re-reads I used axial, deductive coding (Lewins et al., 2005), developing a master list of a priori codes guided by Crabtree and Miller (1999, as cited in Fereday & Muir-Cochrane, 2006). This

master code, or template, was determined from a similar study on preparing youth as MHL community helpers (Alberta Health Services, 2013). The template included: Protective Factors Strengthened, including reduced stigma, increased support, increased access to prevention and intervention strategies; Increased Knowledge and Skills, including awareness about mental health and improved knowledge of services; Personal Capacity, including awareness of limits, confidence to support peers, able to manage own stress better, able to cope with overwhelming situations with more optimism, able to practice self-care more, improved listening, improved responding rather than reacting, more caring; and Strengthening Community.

Listening to the data (Berg & Lune, 2012) also required opening up the a priori coding. Inductive coding based on Schutz's (n.d.) *postulates of subjective interpretation* (as cited in Fereday et al., 2006) guided me in this process of preserving the participants' subjective viewpoints and words, while at the same time recognizing that discourse may invoke meaning that reflects taken-for-granted assumptions or implicit meaning. This required a reflexive and iterative process. The second stage of data analysis involved formulating the raw data into a chart that grouped together phrases and statements, ensuring to include anomalies. The chart included: Column 1: the code; Column 2: memo (explanation); Column 3: the phrase, word or statement; Column 4: Developing Theme. Linking common themes and codes was the process in the third stage, and refined in a final stage to identify three key themes. "A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p.82).

Ethical considerations. Planning ahead I considered ethical standards and safeguards to ensure participants would be protected from harm, as well as respected and informed through a transparent process. The following considerations were in place:

- Informed parent/ youth/participant consent for participation and use of photos and journals
- Emphasis that participation in the study was voluntary and there was no penalty for leaving at any point in the study.
- Transparency re: how data will be used, protected, destroyed
- Transparency in the process for maintaining and protecting confidentiality (within my limits since the cohort was small and a focus group, even with a commitment to confidentiality, may not keep it)
- Making supports available as needed (talking about MH may provoke strong emotional responses)-MCFD staff were available if needed
- Respectful of making the research helpful to youth and schools, providing an opportunity for youth's re-interpretation of my findings
- Appreciation through compensation (reciprocity)-in this case, cookies

Strengths and limitations. The strengths of this research is in the interpretive choices made in coding by using both inductive and deductive analysis and being able to support these choices through my location as a health and wellness youth counsellor, through conversations with the sponsor of this study and through similar studies in the literature. The persuasive arguments presented in the study were underpinned by a constructivist epistemology and a rigorous, saturated literature review.

Limitations were encountered due to the scope of this research included the inability to have participants re-interpret my findings, curtailing the collaborative process of analysing the data. Including my sponsor late in the data analysis limited the dyadic possibilities for coding. Triangulating the data with the youths' journal reflections on their training experience was not

followed through by the third neutral party, which placed limits on my proposed method for strengthening the data. There may also be limitations in the youth self-selecting to participate in the study, as this may narrow the viewpoints presented.

Part Three (3): Findings and Discussion

Findings

The findings presented are based on the themes that emerged from the analysis, including: stigma, social determinants, competency and value-added outcomes. I have used youth voices in context as much as possible, to honour the contributions they made in sharing their thoughts and experiences, while also applying interpretations based on the literature and my own location as a health and wellness youth educator.

Mental illness stigma. Mental illness stigma is one of the biggest obstacles in youth help-seeking, often resulting in isolation (Jorm 2012; Bulanda et al., 2014) and profoundly affecting self-esteem (Corrigan, 2005). Reducing stigma acts as a mental health protective factor. Stigma came up in many forms during the focus group -- either troubling it, realizing it or changing it. The youth, for instance troubled their parents' views that "kids do not have real worries." They questioned "why do parents have to be disappointed in us for feeling emotions" and reflected their parents puzzlement with this statement, "my parents say, why do you have all these worries?" The youth confirm the social narrative that "as a society, there have been more problems." At the same time the youth challenge their own underlying assumptions about "childhood being care-free."

The FRIENDS training presented examples of children with anxiety, which shifted these youths' thinking, as seen in this statement:

"I didn't know children that small could go through the same feelings I do at this age."

They shifted from judging anxiety in a child as a big problem to seeing that, as one youth said, "anxiety can be as common as a cold." This normalized view, they said, "kinda helps me too." Immersion in the FRIENDS training resulted in the youth reflecting on their current high

school experience. It seemed to them that the mental health discussions had been neglected or forgotten about in high school. This perceived silence around mental distress creates, they say, “a judgy attitude” with worries about cliques, and a need to internalize distress and not seek help. They also see “school as a place for *fixing* mental health *in* youth.” They suggest that having high school conversations that acknowledge that mental distress exists in youth would help “to know you’re not so alone.”

Social determinants. There is a dominant discourse in the conversations with my participants that locates problems, including mental distress, in youth. There is also a collage of statements from this group that trouble this idea and brings to the fore, at times, external factors or social origins of distress. Here is a collage of statements:

“people pushing their problems on to their kids”, “parents splitting up” “parents fighting all the time”, “toxic relationship with my boyfriend” “exams stress me out” “some children are dealing with a lot of issues with their families and stuff”

Competence. Youth as FRIENDS educators is founded on a strengths based model emphasizing competence and shifting from youth being seen as dependent immature and incompetent (Delgado and Staples, 2008). Appendix A provides an outcome based logic model displaying changes in competency in four areas: knowledge, attitudes, awareness and skills. This is split in three time elements: short-term outcomes reflect the focus group discussion immediately following the training; medium outcomes reflect the individual interviews one month after training; and long term outcomes are limited by the scope of this study.

Knowledge. Knowledge competency was discerned by statements of confidence about terms or ideas that were previously unfamiliar and were introduced during the FRIENDS training. In the focus group or short-term outcome the youth spoke confidently about the

causes and extent of stress in children, recognized emotional states in children and acquired new knowledge about effective methods of facilitating groups, specifically recognizing that activities were more effective than commands in order to lower the groups' energy. In the follow-up phone interview or medium term outcomes, the youth were less confident in their knowledge. Each of the youth mentioned statements related to "I only remember a few of the ideas", which they related to the "day being too long" and "packing too much material into one day."

Attitude. Attitude changes were indicated with statements such as "I didn't know" or "I used to think" or "before I would." One finding relates to the youths' attitude toward learning about mental health. A few of the youth talked about "paying close attention" in the FRIENDS training, "more than they would in school" they said because they knew they had to pass what they were learning on to others. Besides empathy being created, the youth developed a hopeful attitude about eradicating stigma by teaching MHL to such young children.

Awareness. Competency was developed in improved awareness about anxiety and anxiety prevention. For instance they expressed that before the training they were not aware that some of the stress and worries that they experience would be considered 'anxiety'. They expressed that the training made them aware that anxiety was something that could be overcome and that 1 in 5 people experience anxiety. The youth stated that becoming aware of how common anxiety was and aware that there were skills to help cope with or prevent anxiety, helped them. They also expressed that they wished they had this awareness earlier. The other area of awareness that the youth discovered was that anxiety prevention is a life span skill, captured enthusiastically in this statement which resonated with all of the youth: "This should be in the curriculum from Grade 1 to forever!"

Skill competency. Skill competency was indicated in the thematic analysis by statements that made reference to the techniques practiced or taught in the training session. In the focus group or short-term outcome, the youth spoke confidently about how they imagined applying specific newly learned skills. The skills they spoke about most were those that they practiced during the training session. They also expressed frustration that many of these practice moments in the training session had to be cut short, before they completed the activity. These skills included: belly breathing, red-light-green-light thinking, and coping skill steps. In the medium term outcome or one month follow up, the youth had retained and applied at least one of these three skills, but couldn't recall the other skills learned. Overconfidence in their skills and readiness to teach FRIENDS was seen in the short-term outcome with the following phrases: "I can tweak it a bit"; "We've got the workbooks"; "We can just adapt it and make it our own style." Tentative statements such as "I'm not 100% ready to teach it"; "I can't really do it unless I know the skills"; and "I need more time to practice", suggest that this overconfidence was not sustained in the one-month follow up.

Value-added outcomes. Value-added outcomes are the unintended, but positive outcomes of mental health literacy training. Degado and Staples, 2008 (as cited in Belunda et al., 2014) and Ranahan (2009) suggest that these value-added outcomes may result in youth creating positive change for themselves, as well as impacting their communities.

Personal capacity. In this study the mid-term outcomes indicate changes in personal capacity that was noted by the stories the youth told about how the training had impacted them personally. Stories included: applying the coping skills to overwhelming French assignments; learning complex skateboard tricks; and managing difficult peer or family problems. One youth had not yet applied any coping skills, but had ideas about where in his life he would like

to implement these. The skills they applied in their personal lives were the same skills they had practiced in the training sessions, including: belly breathing, red-light-green-light thinking, and coping skill steps. Many of the youth also shared stories about confidently teaching these skills to a friend or family member to help them overcome personal difficulties. One youth made this statement about these value-added outcomes: “ I thought we were just going to learn stuff for the kids-not for myself. That’s cool.”

Strengthening community. The scope of this study limits the ability to see the long term outcomes of the youth strengthening their social networks or wider communities; however, short-term outcomes revealed in the focus group show how the youth imagine mobilizing their new found awareness, knowledge and skills. Their intentions are captured in this collage of statements: “It’s good for everyone”; “anxiety doesn’t have an age limit!”; “You can teach it to other people and they could go on to help”; “These skills will just keep reflecting and reflecting and reflecting!”

Discussion and Considerations

I begin the discussion by locating myself as a woman of privilege, as a university student and school counsellor. The youth in this study were self-selected and members of a privileged group of students taking a Human Services high school class, or participating in a Big Brother, Big Sister mentor program indicating their proclivity toward helping others and self-awareness. The youth who shared their stories and experiences with me were generous in their time and transparency, especially considering that I had never met them. The findings reflect my inherent biases and their experiences, as much as they were willing to share them with a relative stranger. As a student studying poststructural and critical theories, I question how universal evidence-based programs, like FRIENDS, address the diversity of children and youth

as well as the meaning and power of a universal discourse on anxiety and anxiety prevention that seems to privilege science and individuation. I question the ethics of youth delivering a pre-packaged commercially marketed program, where there is little collaboration or reflexivity. I question emotional literacy programs that “inspire an individual, linear progressive journey” (Burman, 2010, p. 276) and where “the self-help industry profits from information commoditized and consumed by our own obsession with ourselves” (Burman, 2010, p. 274). My interpretation of the findings, as well as my methods of coding reflects these biases.

The youth that participated in this study stated that they appreciated the time in the focus group to reflect on what they had gleaned from the FRIENDS training, and felt the experience was valuable enough that others in their Human Services class should experience a small focus group too. They said it helped them to make connections to their personal lives, imagine how they might apply the training, and solidify what was meaningful to them from the full day of training. Their reflexivity in this process provided insights beyond the training, including unpacking stigma in their high school experience.

On stigma. In unpacking stigma, the youth considered the socially constructed worry-free child that problematizes anxiousness as well as the neglected discourse in their high school that does not acknowledge that youth experience distress. As Burman (2010) states: “If we are really to become interested in children’s emotional experiences rather than in trying to manage them or make uncomfortable emotions disappear, then we have to engage with them and with our own responses to them” (p. 277). The youth in many ways refer to “schools fixing mental health in youth” which from a Foucauldian perspective suggests that this narrative both of school’s culpability and the location of mental distress is maintained and circulated as common sense and a taken-for-granted-truth (Fairclough, Mulderrig & Wodak, 2011). At the same time

tensions exist between schools' fixing and neglected mental health challenges. One of the youth stated " I think it's really hard for our generation to go and see a counsellor because of the stigma." The psychologisation of anxiety that requires prevention in children and youth also strips away the context in which anxiety exists. The youth, in a side conversation, spotlight the systemic and social origins of distress, resisting for a moment locating problems in children and turning to the social, economic and political forces that underlie the distress that children and youth experience (Burman, 2010, p. 277). This distinction between the child as a social problem and the social origin of a problem may be an important part of the discourse in reducing stigma.

On competency. In discussing the findings on competency, help-seeking is omitted in the training and only peripherally referenced in the youth's discourse. According to Jorm (2012) this is a key element to the delivery of MHL as it leads to early intervention associated with full recovery. Kutcher et al. (2015) note that although teachers who take MHL training become more vigilant in seeking help for distressed children, youth help-seeking remains low. What are the tensions for these youth FRIENDS educators who are both wanting to help and reluctant to seek help? The girls in the group spoke frequently about friends coming to them for help with their problems. How does the provision of a mental health worker in schools or being a FRIENDS educator impact this peer helping network? It is unclear what the implication is for trained youth who help distressed friends while being reluctant to seek professional help.

The findings on competency and value-added outcomes add to the literature on the positive impact of youth-led MHL training, as described in the Community Helpers program in Alberta (Alberta Health Services, 2014) and in the youth-led S.P.E.A.K anti-stigma program in the United States (Bulanda et al., 2014). Personal capacity in improved competence and

confidence mirrors changes reported in the community helpers program, including: competently coping with their own distress by applying their new skills and confidently sharing newly acquired skills to help others. Empathy was also created and stigma reduced reflecting changes seen in similar programs that teach MHL training to adults or youth (Bulanda, et al., 2014). These changes in empathy impacted the youth personally, normalizing their own anxious experiences: “That was cool to learn that 1 in 5 people have anxiety; like that kinda helps.”

Part Four (4): Implications and Conclusion

Implications

Topics that require consideration that may not be reported in the youth-led MHL literature include: process of training, social determinants, hopeful attitudes and age-limits. The process of training includes both strengths and limitations. Limitations to consider based on the experience of these study participants is that one-day training experiences may overwhelm youth leaders with too much material resulting in low retention and feeling rushed and tired. Instructors, the youth said, rushed through important experiential learning activities in order to cover their teaching agenda. Strengths in the process include opportunities to model effective facilitation skills and provide experiential learning experiences; these were the skills most remembered in the one-month follow-up interview. Considerations include breaking up the training over two days. The findings also point to a drop in confidence to competently teach the program in the one-month follow up, based on not feeling skilled or ready. To ensure the youth leaders are supported in delivering the program, they clearly need ongoing support from adults and material resources to review the workbooks and practice the skills; this seems to be the most sustainable way for the skills to stick for knowledge mobilization. As discussed in the literature review, careful critique of the reasons for engaging youth as FRIENDS educators is recommended, troubling any tensions between their self-efficacy (agency to tweak the program) and efficacy of the program.

Consideration of the social determinants and the multiplicity of children and youth experience suggest the need to broaden our approaches in anxiety prevention strategies, including training and education (Burman, 2010; White & Stoneman, 2012). One of the demands of the FRIENDS program is for children to bring their workbook home to complete

questions or activities with their parents. This does not take into account the multiple family configurations or situations that children may live in. Re-conceptualizing anxiety prevention and the approach and discourse that surround this topic may benefit from youth voices that recognize the existence of these external factors, (“parents pushing their problems onto their kids”); there are vague, fragmented connections in the thematic analysis between social origins (external factors) and preventative coping skills related to anxiety.

Hopeful attitudes that evolved in the FRIENDS training energized the youth; they believed their knowledge mobilization would make a difference to others. This may have additional positive implications for these youths’ self-efficacy and personal confidence not previously discussed in the literature.

In this study youth became aware that anxiety has no age limit and that coping skills can be applied throughout the lifespan, including high school. Their reflexivity revealed a discrepancy between the mental health conversations and coping skills being offered in elementary school and the apparent absence of dialogue about mental health in high school. They say this constructs a “judgy attitude” that promotes internalizing distress and prevents people from seeking help or going to a counsellor. They want acknowledgment that anxiety affects people across the lifespan, including high school students -- they want to be part of the dialogue, and not forgotten.

Conclusion

The findings and considerations from this study may not be generalized to all youth being trained as FRIENDS or MHL educators as they are drawn from the experiences of a small group of youth. Many of these narratives and findings, however, are reflected in the literature and may add to this body of work and provide guidance for future implementation of

youth-led mental health programs. Many positive outcomes were realized; however, there are considerations for critique that suggest improvements, inclusions, and changes, some of which are summarized in the logic model (see Appendix A). Four areas warrant further inquiry: a) exploring the tensions between peer helping and low help-seeking by youth; b) exploring youth self-efficacy and program efficacy as youth embark on delivering a universal prevention program; c) unpacking the implications and impact of the perceived omitted and fragmented discourse on mental illness in high school; and d) collaborating with youth to re-conceptualize anxiety prevention that includes the social determinants of mental health.

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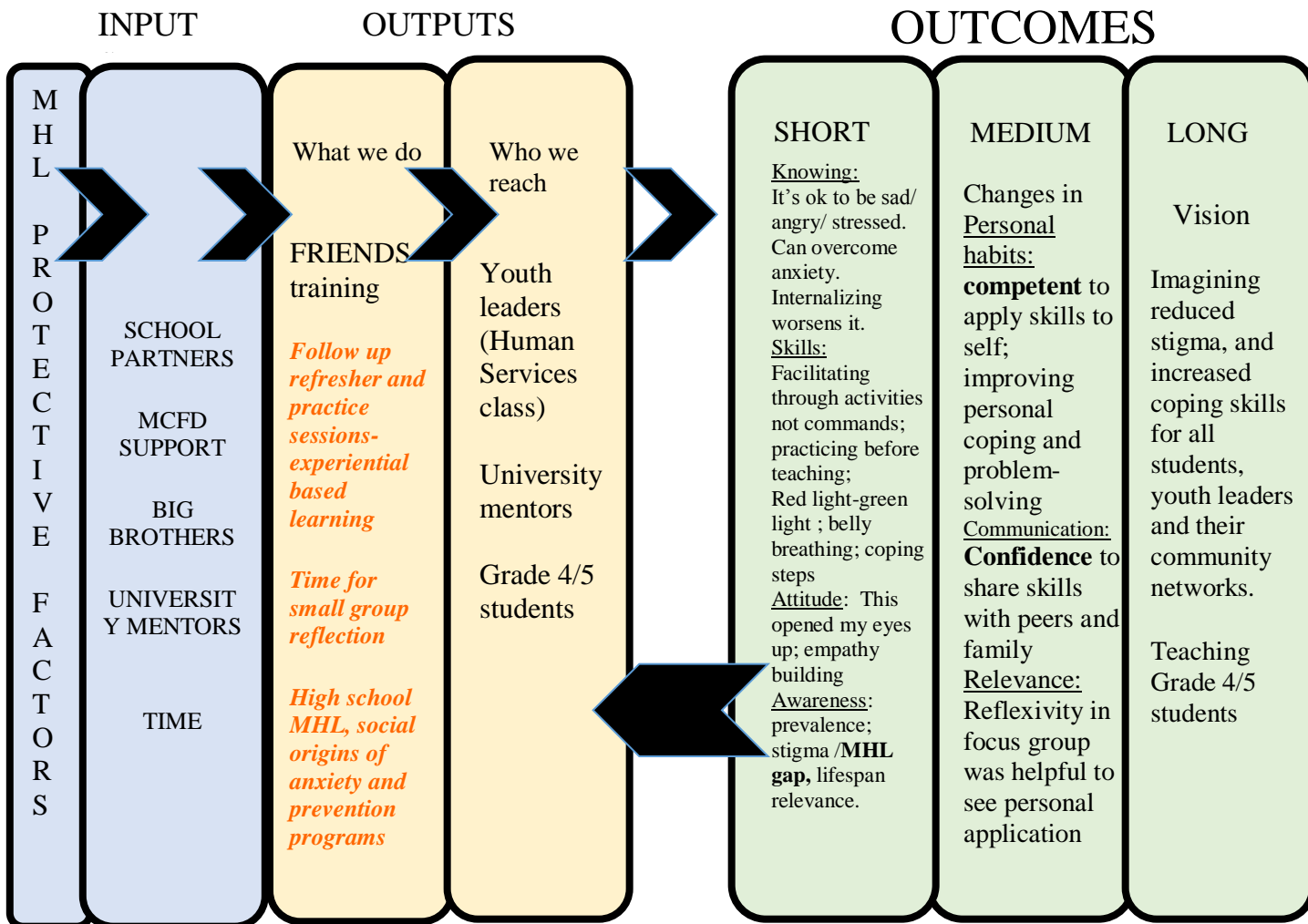
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Appendix A: Logic Model: Youth Training as FRIENDS Educators



- Short term outcomes were elicited in the focus group immediately following the FRIENDS training. Medium/Mid term outcomes are based on the one month follow up interview, while Long term outcomes are limited by the scope of this study. The orange writing indicates considerations for input based on the outcomes.

FRIENDS: F - Feelings R - Remember to Relax. Have quiet time I - I can do it! I can try my best!
E - Explore Solutions and Coping Step Plans N - Now reward yourself! You've done your best! D
- Don't forget to practice S - Smile! Stay calm and talk to your support networks!)