

2010

# Evaluation Report



**mindyourmind**

Prepared for  
The Provincial Centre of Excellence  
in Child and Youth Mental Health  
at CHEO

Prepared by  
**mindyourmind**  
a program of Family Service Thames Valley

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## *Executive Summary*

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### *Introduction*

**mindyourmind** has completed a significant evaluation of the impact of its services on youth mental health outcomes. This evaluation shows a 160% improvement in youth accessing formal and informal supports as a result of utilizing **mindyourmind** web-based resources. Youth who need information and assistance find it using the web-based resources. The **mindyourmind** face-to-face engagement process helps develop young people's working knowledge of mental illness and has a positive impact on negative attitudes towards mental illness.

### *Background*

It has been established that 80% of all psychiatric disorders emerge during adolescence and are the most common of all the illnesses that present during this part of a person's life. Approximately 15% of Canadian young people have diagnosed mental illnesses. Only 25% of Canadian youth between the ages of 15 to 24 access formal or informal supports of self-reported mental health problems. Stigma has been identified as one of the major barriers to accessing help. **mindyourmind** aims to reduce the stigma around mental illness and increase the use of mental health services and supports by youth. **mindyourmind** employs a multi modal youth engagement approach, providing prevention and early intervention opportunities that enhance the positive development of Canadian youth. Informed by principles of youth and civic engagement, mental health promotion, social marketing, and stigma reduction, **mindyourmind** applies information technology and youth engagement strategies to accomplish these goals.

This evaluation examined the following elements of the **mindyourmind** service delivery model:

- Youth Volunteer Program: The program component of youth engagement brings youth together to work on mental health promotion initiatives, such as anti-stigma projects. In a group format that occurs both online and in person, staff work with Youth Advisors and Street Team volunteers to co-develop tools and resources that are utilized in outreach presentations, health promotion products and website material.
- **mindyourmind.ca** the website is an award-winning innovative service that incorporates pillars of youth culture such as music, celebrity profiles, storytelling, interactive gaming and video to engage youth in developing help-seeking behaviour, disseminate accurate mental health information, provide crisis referral information, and early intervention in the form of strategies and tools for coping and accessing support and services.

The main evaluation questions included:

1. Do website visitors report they have accessed needed services because of information gained from **mindyourmind**?
2. What is the reach of **mindyourmind** programs?
3. Is our mental health promotion and social marketing strategy effective in communicating our message to the community?
4. Are young people involved with **mindyourmind** learning about mental illness, mental wellness and because of this learning is there stigma reduction?
5. Are youth engaged in **mindyourmind** programs?
6. What do stakeholders think of **mindyourmind** programs and its process of engaging youth?

## *Key Findings*

- The **mindyourmind** web survey results demonstrate that 65% of repeat users with self-reported mental health issues access either formal services or informal supports as a result of their use of the tools and resources on **mindyourmind.ca**.
- Website usage statistics indicate that between January, 2009 and December, 2009 the website received 401,180 visits resulting in 752,656 page views.
- 66% of Canadian visitors to the website were from Ontario.
- A total of 65% of online survey respondents reported having had or currently having a mental health or emotional health issue.
- The evaluation demonstrated significant correlations between the length time youth have used the website and youth reports of going through tough times, using the tools, games and resources to get through that tough time, recommending the use of tools and resources to friends and family, and helping friends and family with mental health concerns because of what they have learned on the site.
- Feedback from youth participants in web-based and face-to-face youth volunteer programs showed a significantly high level of involvement that increased over time. Many reported that being involved in the project gave their life meaning, and reported it would be very difficult to give up their involvement.
- On measures of knowledge acquisition, youth volunteer project participants reported significant improvement in knowledge of mental illness and how to help others with mental health concerns.

## *Discussion*

The evaluation shows that significant gains can be made in engaging youth in addressing mental health issues for themselves, their friends and family. This evaluation shows a 160% improvement in youth accessing formal and informal supports as a result of utilizing **mindyourmind** web-based resources as compared to Statistics

Canada Canadian Community Health Survey of help-seeking behaviour in youth with mental health issues. The high utilization rate of the website reflects **mindyourmind**'s significance as an online resource for young people looking for support. This evaluation has the limitations you would normally expect from a pilot research project including the short 7-month time frame, number of groups evaluated, working through methodological issues and developing capacity within the program for this work. The success in changing help-seeking behaviour has huge potential impact on Ontario and Canadian youth. Ongoing programming will ensure that **mindyourmind** will continue to positively affect the rate of young people accessing critical mental health services.

## *Acknowledgements*

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We would like to acknowledge the youth and young adults who not only informed this project but who took a chance and revealed themselves to us in the hope that others could benefit from their stories. They have shared the wisdom of their experience with other youth who reach out to **mindyourmind** seeking support and hope and to all of us who commit and aspire to “get it right”. Thank you.

Thank you to the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO and the Ontario Ministry of Children and Youth Services for their support in ensuring this evaluation project happened. A special thank you to Tanya Halsall, Research Associate, Provincial Centre of Excellence, who provided consultation throughout the evaluation process.

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*Contributions, large and small have not gone unnoticed. This process has been truly a community project in that we drew upon the expertise and experience of many.*

## *Introduction*

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Adolescence and young adulthood are times of critical development when biologic, social and psychological development is under construction<sup>1</sup>. 80% of all psychiatric disorders emerge during adolescence and are the most common of all the illnesses that present during this life stage. It is estimated that 1.2 million or 15 % of Canadian young people suffer from a range of diagnosed mental illnesses<sup>2</sup>. Anxiety in youth is the most common problem at a prevalence of 6.5%. The highest rate of symptoms of clinical depression occurs in young people under 20 years<sup>3</sup>. Symptoms of mental illnesses can be pervasive and persistent. Left untreated, mental illnesses can adversely affect all activities of daily life and for young people, an interruption or chronic diversion from essential growth and development. 20% of teens aged 15 to 18 years report seriously considering suicide<sup>4</sup>. Completed suicide accounts for 24% of deaths of Canadian young people ages 15 to 24 making it the second leading cause of death after accidents<sup>5</sup>. It is predicted that by 2020, mental health problems of the young will have increased by 50%<sup>6</sup>. The federal government Advisor for Healthy Children and Youth made recommendations to Health Canada indicating that a 50% reduction in the youth suicide rate by 2015 is a crucial health outcome and is one of the Advisor's key recommendations.

In Ontario, 31% of students in grades 7 to 12 scored positively for elevated psychological distress, including feelings of constant stress and losing sleep due to worry. This is a higher percentage than the national estimate of mental illness. As opposed to the national prevalence these percentages reflect self-reported mental health issues rather than diagnosed illness. 11% report "poor mental health". 5% of Ontario teens answered survey questions that placed them at risk for clinical depression with about 10% reporting that they had seriously considered suicide during the past year (2007). This represented about 103,000 Ontario students. About 3% of

students report attempting suicide in the past year (2007). This represented about 35,000 students.

20% of Canadian youth who need mental health services receive them<sup>7</sup>. Only half of Canadian adolescents and young adults who have seriously considered suicide or have acted on those thoughts access or use mental health services<sup>8</sup>. A survey by Statistics Canada indicates that 25% of 15 to 24 year olds access informal or formal supports for self-reported mental health problems<sup>9</sup>. When young people do access support it is most often from informal sources such as friends or family. Many Canadians lack knowledge about options available for help about mental health concerns other than medical help<sup>10</sup>. Self stigma, public stigma and label avoidance are identified kinds of stigma that act as barriers to seeking help<sup>11</sup>. Not accessing help translates to lost opportunity and when illnesses or dysfunction persist, personal demoralization<sup>12</sup>. It is a critical time to address the complex issues of Canadian child and youth mental health issues and the costs.

At the same time, information technology has made its way into daily lives. On the Internet, youth play games, get news, shop and get health information.

Communicating with each other by social networking is popular, with texting and instant messaging as primary ways to make new connections and maintain others<sup>13</sup>. By harnessing information technology **mindyourmind** responded to a need for unique and accessible, youth-positive programming. **mindyourmind** began in 2004 with a small group of youth and adults delivering in-person outreach programming for the London Mental Crisis Service in Ontario and has since grown into a multi-faceted, in-person and web-based program.

**mindyourmind** aims to reduce the stigma around mental illnesses and increase access and use of services and support through a multi modal youth engagement approach, providing prevention and early intervention opportunities that enhance the positive development of Canadian youth. Using information technology and with principles of

youth and civic engagement,<sup>14, 15</sup> mental health promotion,<sup>16</sup> social marketing<sup>17</sup> and the use of current evidence around stigma reduction<sup>18</sup> **mindyourmind** delivers programs to meet its aim through three main components: Youth Engagement, Product Development and Service Provider Support.

### *Youth Engagement*

In the literature, youth engagement is defined as “the meaningful participation and sustained involvement of a young person in an activity which has a focus outside him or herself”<sup>19</sup>.

#### 1. Youth Volunteer Program

This Program component of youth engagement brings youth together to work on mental health promotion initiatives, such as anti-stigma projects. In a group format that is both web-based and in person, staff work with Youth Advisors and Street Team volunteers to co-create tools and resources that are used in outreach presentations, health promotion products and website material. Youth and staff co-develop custom groups or channels on online social networking sites: Facebook, YouTube, Twitter and MySpace, as well as co-develop web-based coping tools and mental health information games, fact sheets and print materials. Social marketing principles are used to disseminate developments and creations, to influence behaviour and activate people towards social change, and improve mental health<sup>20</sup>.

#### 2. **mindyourmind.ca**

This website is an award-winning innovative service that incorporates pillars of youth culture such as music, celebrity profiles, story-telling, interactive gaming and video to engage youth in developing help-seeking behaviour, disseminate accurate mental health information, provide crisis referral information, and early intervention in the form of strategies and tools for coping and accessing support and services. The web-based and face to face programs do not offer specific treatment of mental illnesses or emotional problems.

### 3. Youth Outreach Program (Interactive Community Presentations)

Volunteers and staff co-facilitate community outreach presentations and participate in knowledge exchange activities with students in schools, youth groups, inpatient and outpatient settings, health fairs and orientation week activities. In response to increased demand and limited staff and travel resources staff and youth volunteers created an online virtual “Mini Tour” that can be accessed by distance by professionals and youth groups.

### *Resource/Product Development*

**mindyourmind** develops specialized materials, services and resources by partnering with both youth and experts in the field of child and youth mental health. These products are used on the **mindyourmind** website and by partnering organizations in their face-to-face and online programming. The Product Development component includes the research and production of specific innovations, services and products. Part of product development includes incorporating social marketing strategies in promoting such innovations and evaluation processes.

### *Service Provider Support*

**mindyourmind** provides training and consultation to service providers on youth engagement practices and assistance in developing web based tools to engage youth in sustained and meaningful ways. **mindyourmind** mobilizes youth volunteers to bring their message to service providers and policy makers through speaking engagements, conference participation and online feedback strategies. **mindyourmind** provides customized consultation to service providers to enhance their youth engagement practices and web presence.

This document presents an evaluation of aspects of these components of **mindyourmind**, a program of Family Service Thames Valley in London, Ontario. This evaluation was made possible through a grant from the Provincial Centre of

Excellence for Child and Youth Mental Health at CHEO. The program evaluation took place between July 2009 and March 2010.

The main evaluation questions included:

1. Do website visitors report they have accessed needed services because of information gained from the website?
2. What is the reach of **mindyourmind** programs?
3. Is our mental health promotion and social marketing effective in communicating our message to the community?
4. Are young people involved with **mindyourmind** learning about mental illness, mental wellness and because of this learning, is there stigma reduction?
5. Are youth engaged in **mindyourmind** programs?
6. What do stakeholders think of **mindyourmind** programs and its process of engaging youth?

We have also examined ongoing program development and implementation with a view to program improvement and accountability.

A search of the literature revealed that **mindyourmind** is a unique program in its mix of program foundations and methods. **mindyourmind** uses the Internet as one of the key means of program implementation. Specific to health-related issues, the Internet is used widely with promising and significant results: as a self-screening tool<sup>21, 22</sup> as a first point of entry into a mental health system<sup>23</sup>, for health promotion and education<sup>24, 25, 26</sup> for early identification of emotional difficulties<sup>27</sup>, to reduce stigma<sup>28</sup>, and for treatment<sup>29</sup>. Potential negative effects of the Internet noted in the literature are Internet addiction<sup>30</sup>, cyber bullying and social isolation. Conversely, it was noted that the Internet is evaluated to afford people communication with diverse networks of people they wouldn't otherwise access, by way of blogging, discussion groups, sharing photos, and videos<sup>31, 32</sup>. **mindyourmind** offers opportunities for positive use of the Internet. Communicating with young people is critical to **mindyourmind**. Communication is direct, as in the case of working with youth volunteers and

participants, both in-person and via the Internet. Indirect communication occurs in various ways, for example through the sharing of personal stories of celebrities and everyday individuals, and through the various web-based, health promotion messages. There is evidence indicating that reading and writing web-based personal stories offers connection, is a way of extending relationships,<sup>33</sup> and offers coping strategies to those dealing with mental illnesses<sup>34</sup>.

**mindyourmind** programs are built on the notion that creativity and art can influence health, specifically mental health. Creativity as a therapeutic outlet is seen in other community based initiatives<sup>35</sup> as well as used as a tool to build social responsibility<sup>36</sup>. In person and on the website, **mindyourmind** participants express themselves in multiple creative ways enabling stories to emerge in ways other than verbal and linear. Narratives emerge through poetry, blogs, mixed media art, music, photography and video and are shared as website content. Enhancing social responsibility means that **mindyourmind** programs are built on the belief that peers have influence on peers. This belief directs the way in which adults and youth interact in program implementation. Programs that are youth friendly and engaging clearly delineate the roles of adults and youth with positive results<sup>37, 38, 39, 40</sup>.

Social marketing principles have informed **mindyourmind**'s methods<sup>41</sup>. In each project the process includes: problem and audience definition, analysis of the audience to understand their needs, and discuss principles of product, price, place, promotion and politics<sup>42</sup>. Commercial marketing has highlighted the importance of concepts around content and program relevance and permission as necessary considerations in program planning<sup>43</sup>.

Research into stigma reduction methods indicate that the most effective ways to decrease discriminatory attitudes includes not only education but ensuring participants have contact with those who have lived experience with mental illnesses<sup>44, 45</sup>.

A program combining the use of technology, creativity, youth engagement, marketing principles and stigma reduction evidence reaches youth, and at the same time, encourages youth to reach out to others to give and receive help and support when it's needed.

## *Methodology*

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### *Procedure*

The in-house component of the Evaluation Team included a lead evaluator, with collaboration from the Program Director, the Youth Projects and Volunteer Coordinator, the Administrative Officer, and the Computer Graphics and Web Designer. Evaluation team members included youth advisors and volunteer research assistants. Evaluation consultation was provided from the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. Support from qualified research students was sought via posting the position at the local university and a suitable candidate was found.

Stakeholders provided critical feedback and direction for the evaluation. Since the work of **mindyourmind** impacts young people directly, a participatory approach to evaluation was implemented. Young people were engaged in the phase of evaluation design, as advisors to the development of the program logic model, review of evaluation questions, and in survey design. Youth were involved as respondents in evaluation implementation and it is intended they will play a key role in knowledge translation and dissemination. Other stakeholders included funders, professional colleagues, **mindyourmind** staff members and members of the board of directors of Family Service Thames Valley.

By completion of Phase One, the evaluation strategy was conceived, as were key evaluation questions (see Appendix B). To develop the strategy and key questions, stakeholders were identified and invited to consult. Initially this involved 4 young adult **mindyourmind** volunteers and 3 community partners, 3 **mindyourmind** staff members and the evaluation consultant. Topics addressed included **mindyourmind**'s relevance and rationale for programming, its program reach and its strengths, challenges and various impacts. Individuals discussed perceptions of gaps in community services targeted at youth and in the modes of service delivery, and noted

general funding and fiscal challenges affecting services and grant-giving. One other community partner and one young adult participated by emailing their reflections. Stakeholders shaped and informed the program evaluation framework.

During Phase One, the Logic Model was reviewed by stakeholders and the evaluation team and further developed. The Logic Model framework from the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO guided the process<sup>46</sup> (see Appendix A). Three main program components of **mindyourmind** were identified. Intended results (i.e. direct products and services and desired change of participants as result of **mindyourmind**) were identified in the short-term and immediate time frame. Youth advisors and professional colleagues reviewed 5 drafts of the Logic Model. During this phase the evaluation team communication procedure was established and a literature search was undertaken. Peer-reviewed scholarly journals from disciplines of public health, social work, psychology, nursing, psychiatry, information technology and marketing were accessed and reviewed.

Phase Two saw the development of the Ethics Protocol for the evaluation. A guideline for ethics considerations was followed and developed in July 2009 from the Alberta Research Ethics Community Consensus Initiative through the Ethics Screening Tool<sup>47</sup>. Risk to evaluation participants was deemed as “minimal risk” and as such accessing a Review Ethics Board was not necessary. Methodology design and data collection was established based on Logic Model indicators. Measurement tools were selected based on fit and availability, and where tools did not exist to answer evaluation questions, new ones were adapted or designed by the team and with stakeholder consultation. Details about measures are discussed in the following section.

During Phases Three and Four, the Street Team volunteers were recruited and the project was underway. Pre-test data was collected from the youth participants. Data was collected from web site visitors. Changes were made to the web-based surveys

after one month in order to better filter responses during collection. Web-based surveys popped-up to the site visitor on web pages that received high traffic. Analysis of the Get Real NationWide qualitative data began during these phases and surveys were both emailed and mailed to professionals.

The final evaluation phase saw the completion of all data collection and data analysis. As the research student contract was completed in Dec 2009, expertise was sought from Family Services Thames Valley and the University of Western Ontario. Throughout the process, the Canadian Evaluation Society Standards were used for guidance<sup>48</sup>.

### *Information Sources and Measures*

In all, data was collected from January 2008 to February 2010. These dates were chosen in order to capture data from two time-limited youth projects, as well as provide a view of program development, challenges and outcomes and to assess web usage. From May 1, 2009 until June 23, 2009 the operations of **mindyourmind** ceased due to a loss of funding. The population of interest for the evaluation was 14 to 24 year olds. Survey samples include:

#### **Website User Evaluation**

Data came from two online surveys, measuring self-reported service uptake of a segment of **mindyourmind.ca** visitors. This survey was adapted from Statistics Canada (2008) Canadian Community Health Survey. The second survey measured use of tools and resources on the website and was developed by the evaluation team. Youth advisors wrote an introduction to the web-based pop-up survey.

Online survey 2009/2010

- Convenience sample

## **Youth Volunteer Program Evaluations**

Two pre/post test surveys were administered. One was given to in-person volunteers of the Street Team and the Kids Help Phone collaborative project, quantifying the experience of engagement in **mindyourmind** programs. This measure was developed by researchers from Brock University. 2 youth advisors reviewed this survey and provided feedback on its design. The other pre/post survey was given to both online and in-person participants, from Get Real NationWide and the Street Team to measure changes in attitudes, knowledge of mental illnesses and behavioural intention. The measure was adapted from the curriculum questionnaire “Talking about Mental Illness” by the Centre for Addiction and Mental Health. An open-ended questionnaire was created by the evaluation team and given to professionals who worked along with or observed **mindyourmind**’s youth programs. Web log analytics and site usage data was collected using the software Smarter Tools, Web Control Centre<sup>49</sup>.

### **Get Real NationWide 2008 Sample**

- 15 - 24 year olds.
- Recruited via email and telephone.
- Inclusion criteria: availability, interest in the project, diversity considerations, with regards to age, disability if disclosed, gender, cultural background if disclosed and geographical locations.
- Mental illness not an inclusion criterion, only an interest in mental illnesses or general mental health issues.

### **Street Team 2009/2010 Sample**

- 13 - 23 year olds.
- Recruited via email, telephone, social networking site, and face to face interviews.

- Inclusion criteria: availability, interest in the project, diversity considerations with regards to age, disability if disclosed, gender, cultural background if disclosed
- Mental illness not an inclusion criterion, only an interest in mental illnesses or general mental health issues.

### **Kids Help Phone Group 2009**

- 12 - 16 year olds.
- Recruited via email, telephone, social networking site, and face to face interviews.
- Inclusion criteria: availability, interest in the project, diversity considerations, with regards to age, disability if disclosed, gender, cultural background if disclosed.
- Mental illness not an inclusion criterion, only an interest in mental illnesses or general mental health issues.

### **Feedback from Professionals 2008/2009**

**mindyourmind** solicited feedback from health and mental health professionals who participated in or observed **mindyourmind** youth engagement sessions and outreach presentations

- Professionals who worked with or observed **mindyourmind**'s direct work with youth projects.
- Web-based anonymous survey
- Open ended questions

### **Qualitative data, Get Real NationWide 2008**

- Artefacts of Get Real NationWide 2008
- Activity logs
- Blogs
- Creative writing and personal stories

- Visual art
- Posts on the Guest Book page of [mindyourmind.ca](http://mindyourmind.ca)
- Email communication

### *Data Analysis*

Both qualitative and quantitative analysis was used to better understand the data. Using descriptive statistics we examined population data using frequencies. Web site user trends were assessed using averages. Inferential statistics were used to draw conclusions from other data. Chi-squared tests were completed to examine factors associated with recent versus longer term use of the website tools and resources. Confidence levels were assessed to determine a meaningful change in the participants' knowledge, attitude or behavioural intention around mental illnesses. Qualitative data around the experience of engagement in **mindyourmind** projects was categorized using both preset and emerging themes. Themes from professional feedback surveys were analyzed.

### **Limitations**

This evaluation was conceived, constructed and implemented within a very short 7-month time frame. Although widely used in program evaluation, we acknowledge that convenience sampling design weakens the results of the survey. We have not determined that the respondents are representative of the population. We were unable to learn anything about those who refused to do the survey and about those who exited the survey before completion. Expense and the demands of other methods of sampling were barriers to conducting a wider or more detailed evaluation. Matching individual responses for the surveys during the data collection procedure would have ensured a stronger result. As a result of our analysis, we were able to identify areas where survey construction and the sensitivity of the tools used to test the change in knowledge, attitude and behavioural intention could be refined to better understand the impact of our program. Sample sizes for these surveys were

small. Increasing the sample sizes would increase our ability to assess the significance of the impact of the program over a wider set of domains.

## *Findings*

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### *What is our reach?*

#### **Online survey sample 2009/2010 - Getting Help Web Use Survey (See Appendix C 1.1)**

- Majority are ages 15 - 17
- N = 330
- 17% male
- 83% female
- Majority living in Ontario, then British Columbia and Alberta
- Respondents from 11 foreign countries
- 65% of respondents self-reported having had or currently having a mental health or emotional health issue
- 30% of those respondents were repeat users of the website

#### **Online survey sample 2009/2010 - How Do You Use This Site Survey (See Appendix C 1.2)**

- Majority are ages 15 - 17
- N = 65
- 9% male
- 88% female
- Majority living in Ontario, then Manitoba, then equally British Columbia, Alberta, Quebec

#### **Get Real NationWide 2008 sample (See Appendix C 1.3 & C 1.4)**

- Ages 15 - 24
- N = 10
- Males 2, Females 8
- Living in all Canadian provinces except Nunavut, Newfoundland, Saskatchewan

**Street Team 2009/2010** (See Appendix C 1.5 & C 1.6)

- Ages 13 - 23
- N = 9, 8 completed surveys
- Males 2, Females 7
- Living in London, Ontario

**Kids Help Phone Group 2009** (See Appendix C 1.7)

- Ages 12 - 16
- N = 8
- Males 4, Females 3
- Living in London, Ontario

*Do youth with mental health concerns access services as a result of using mindyourmind resources and tools? (See Appendix C 1.1)*

- 34% of repeat users who reported having or having had a mental health or emotional concern indicated they had seen or talked to a health professional about their emotional or mental health in the past 12 months as a result of using **mindyourmind.ca**
- An additional 31% of those who reported having had or currently having a mental health or emotional health issue and were repeat users of the website responded that they accessed other types of informal support for emotional or mental health such as family and friends as a result of **mindyourmind.ca**
- These results indicate that a total of 65% of repeat users of **mindyourmind.ca** accessed either formal (health professional) or informal (family and friends) supports as a result of using **mindyourmind.ca**

*Survey results indicate a significant positive correlation between length of mindyourmind.ca use and the following (See Appendix C 1.2):*

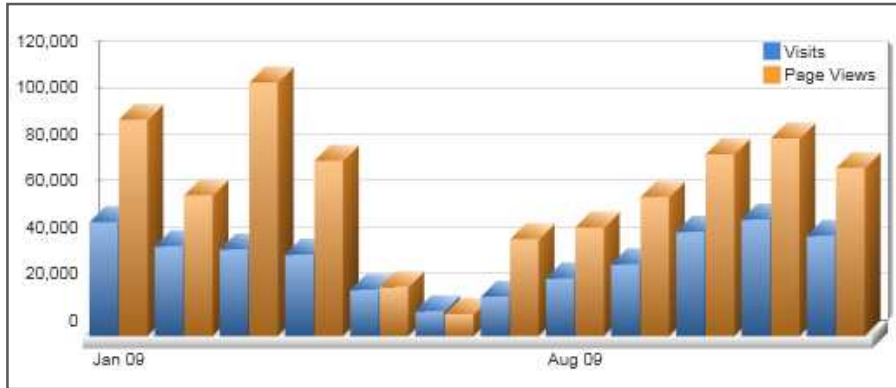
- More likely to have gone through a tough time ( $p < 0.05$ )
- More likely to use the tools, games or resources to help get through that tough time ( $p < 0.05$ )
- More likely to recommend the tools and resources to friends or family who needed help ( $p < 0.01$ )
- More likely to help friends or family who needed it because of what was learned on the site ( $p < 0.05$ )

*How successful are our social marketing strategies in increasing use of tools and resources?*

Between January, 2009 and December, 2009 the website had 401,180 visits resulting in 752,656 page views (See Figure 1). During this reporting period, the website was unavailable for a 9 week period due to loss of funding. New website content and programming was limited for 4 months prior to the website being unavailable. Website traffic was diminished for the year 2009 compared to total annual visits in 2008 at 543,290. Figure 1 shows that upon reopening of the website in July 2009, traffic returned to pre-closure numbers with a monthly high in November.

Figure 1:

*Website traffic January 1 to December 31, 2009*



Month	Page Views	Visits
January, 2009	93,040	48,937
February, 2009	60,529	38,569
March, 2009	109,114	37,282
April, 2009	75,501	35,006
May, 2009	21,133	19,796
June, 2009	9,533	10,686
July, 2009	41,635	16,880
August, 2009	46,795	24,851
September, 2009	59,785	30,892
October, 2009	78,240	44,883
November, 2009	85,023	50,204
December, 2009	72,328	43,194

### *The most popular tools accessed during 2009*

1. Help pages: Audio file: I need immediate help
2. Celebrity Gallery: Blue October band interview
3. Thames Valley District School Board grade 11 curriculum
4. Help Pages: Audio file: How to Help a Friend
5. Mind Tools: Panic Dude
6. Mind Tools: Squish 'Em Anxiety Buster
7. Coping Kit
8. Life Journal
9. Street Life game
10. Tree of Lights

Figure 2:

***Canadian Website Usage and Geographic Distribution***

Web usage data from 2009 provided a picture of the significant geographic reach across Canada with a large proportion of users from Ontario.

Figure 2 shows geographic data for Canada and Ontario.

*January 1 to December 31, 2009*



***Canadian Visitors to mindyourmind.ca in 2009***

- 66% Ontario
- 8% British Columbia
- 7% Alberta
- 3% Quebec
- 3% Nova Scotia

Figure 3:

*Top 20 Ontario Cities January 1 to December 31, 2009*

The table below indicates that although the website to date has been accessed primarily by youth in southern Ontario, northern and rural youth have begun to access the *mindyourmind* online resource.

Rank	Region	City	Page Views
1	Ontario	London	109,374
2	Ontario	Toronto	39,490
3	Unknown location	Unknown location	12,635
4	Ontario	Ottawa	8,034
5	Ontario	Chatham	6,313
6	Ontario	Kitchener	4,527
7	Ontario	Sarnia	3,437
8	Ontario	Hamilton	3,287
9	Ontario	St. Thomas	3,286
10	Ontario	Waterloo	2,994
11	Ontario	Windsor	2,973
12	Ontario	Woodstock	2,964
13	Ontario	Mississauga	2,859
14	Ontario	Thunder Bay	2,750
15	Ontario	Barrie	2,748
16	Ontario	Brampton	2,321
17	Ontario	Thornhill	2,066
18	Ontario	St. Catherines	2,015
19	Ontario	Tillsonburg	1,949
20	Ontario	Oshawa	1,775

Figure 4:

mindyourmind broadcasted its social marketing messages and its programs through these innovations in 2008/2009:

2008	2009
7 Poster designs - 3,000 distributed	1 Flash based website mini-tour
1 brochure design - 10,000 printed	1 psycho-educational Flash tool
2 Pocket cards design - 600 distributed	1 psycho-educational Flash game
3 psycho-educational Flash tools	5 videos
4 psycho-educational Flash games	1 audio recording
21 videos on mindyourmind.ca	9 Lip Service e-newsletters sent to 927 subscribers
1 Audio recording on mindyourmind.ca	9 printable e-calendars
1 Write 'n' Wipe Board Design 800 distributed to university on-campus residences	
1 Door hanger design 500 distributed by US partner	
2 Printable tools on mindyourmind.ca	
7 printable guides on mindyourmindpro.ca	
3 high school online modules with 4 units each	
2 Teachers manuals with printable guides	
12 Lip Service e-newsletters emailed monthly to approximately 927 subscribers	
12 printable e-calendars	

From January 2008 to December 2009 mindyourmind communicated with young adults and service providers through social networking sites. mindyourmind's YouTube channel had 560,011 views of 87 mindyourmind videos. The most frequently viewed video was a personal story about one young woman's experience with schizophrenia with 323,394 uploads and 646 comments written by You Tube registrants. mindyourmind's two Facebook groups have a total of 942 members. Other social networking sites include MySpace and Twitter. As with the website, consistent

updating of these sites ensures that new visitors participate and regular visitors revisit.

### *What is the Engagement Experience of Youth Participants?*

The youth volunteer program at mindyourmind involves working directly with youth in either in-person or web-based formats. Three projects that took place between 2008 and 2010 were included in this evaluation.

#### **Get Real NationWide, 2008: Web-based group project**

To answer the question “are youth engaged with the program?” we looked at artefacts of Get Real NationWide 2008 project: activity logs, blogs, creative writing, and visual art. Initially the evaluation team found the following themes:

Self, hobbies, creativity, lifestyle, education, self management, mental health concerns, goals related to the project, social work, professional activities, beliefs, expectations, recognition and appreciation.

Reorganization and refinement of the categories led to the emergence of these themes:

1. **Meaningfulness.** For the youth, meaningful meant that they had an awareness of the need to be involved in the project and seeing the social problem. Participants spoke of the prejudice and discrimination they witnessed against people with mental illness. Adding to the value of the project was that many shared goals, wanting a new youth movement, were looking for an increased prosocial community, and had clarity about the goals of the project.

*“One of my goals for this project is to wake people up, people with mental illnesses aren't regarded by the professional or scientific communities as they were in the past, but the general population still finds it hard to deal with, we need to shake that way of thinking.”*

*“My goal for this project is to create a space for diagnoses and malaise to exist outside the therapist’s office, because our life experiences in the land of malaise effect our everyday emotions, self-expression, and personalities.”*

2. **Positive Group Dynamics.** Comments reflected a cooperative, peaceful and collaborative group, the ability to disagree yet show respect and acceptance, psychological safety, expressions of trust and appreciation of the adults in the project, fun and enjoyment, sharing personal information, and defining a group identity.

*“I think the most inspiring part of the project was getting to meet some of the amazing people.”*

*“I am so proud of us all.”*

3. **Feelings related to the project.** There were many noted positive expressions about the project and its mission, appreciation for being part of the group, regret when having missed a session, feeling proud of the project, excitement and anticipation for what else is to come and curiosity. Fun was an important aspect of the group despite its serious intention to attain goals of reducing stigma.

*“It is great that all of us can come together for a common interest, to learn more about mental illness and helps alleviate stigma. I feel very privileged to have been chosen for this project along with so many other talented youth and look forward to future sessions.”*

*“This was a process of truly collective efforts that I am so proud to have been part of. I am certainly going to miss meeting with this wonderful group of people every week to brainstorm, share stories, and more generally converse.”*

4. **Artefacts produced during the project.** There was creation or sharing of relevant written articles/videos links/online quizzes/photos/web links, creation of mock-ups of posters, group drawing of a mascot, individual art creations on canvas expressing personal strengths related to the project, 1 written media release, 3 posters, 6 E-cards, 1 Flash tool, 1 video media release.

During the group's 20 web-based sessions, the Get Real NationWide group spent approximately half of the time developing and brain-storming anti-stigma messages and ways in which the project could broadcast their goals. As well, many content ideas for [mindyourmind.ca](http://mindyourmind.ca) the website were generated. The Get Real NationWide participants were engaged coming in to the project; during the project they sustained and increased their involvement.

**Street Team and Kid's Help Phone 2009/2010: Face-to-face youth volunteer projects:**

Quantitatively, the experience of engagement was studied during two other in-person youth projects: **mindyourmind** recruited youth for a partnership project with Kid's Help Phone in 2009 to co-develop an online anti-bullying tool and **mindyourmind** recruited youth for a Street Team, a mental health promotion team in 2009.

As with the Get Real NationWide program, on the whole, these participants came into the projects feeling focused, interested and arrived expressing high enjoyment. One significant change noted was that participants experienced "flow" while involved with the projects, where one loses track of time when keenly engaged in an activity. Youth participants reported a statistically significant change over the life of the project in two main areas: increased sense of meaning in their lives; and increased commitment to the project expressed as "it would be very difficult to give up their involvement in this activity". Overall, youth reported feeling more attached to the projects at their completion.

## *What do professionals think of about mindyourmind's work with youth?*

Answering a brief open ended survey, professionals who worked directly with **mindyourmind** or had the opportunity to observe **mindyourmind**'s work with youth, shared their reflections. Professionals either co-facilitated weekly projects with **mindyourmind** or observed interactive outreach presentations.

The following themes were noted:

1. Mutually respectful youth-adult interactions
2. Valuing and appreciation of the youth participants
3. Mutual sharing of ideas and collaboration.
4. Adult facilitators had a relaxed, easy-going style of communicating with youth participants.
5. Facilitators' demonstrated proficient communication skills, management of timelines and the ability to balance the structure of the group between relaxed and actively collaboration about ideas.

Lasting impacts on professionals who worked with or observed **mindyourmind**'s work with youth included the idea that getting information to youth in the right way is important, and that innovation is an effective and important way to reach youth. Other professionals commented on their intention to model **mindyourmind**'s strategies in engaging youth in their workplace. All professionals reported that community agencies need to ensure they have an internet or technology-based presence in order to appeal to youth. With regards to knowledge transfer, professionals indicated that they shared what they learned from **mindyourmind** with colleagues via emails, in formal presentations as well as verbally recommending **mindyourmind** tools and resources for use with clients.

*“Very complementary, easy-going...very informed adults filled in gaps when necessary...”*

*“Adults were able to use youths’ strengths to enhance and stimulate their participation*

*“I would definitely borrow from MYM’s model for youth engagement in future.”*

*Are participants gaining knowledge, showing a change in attitudes and even intent to change their behaviour after a mindyourmind program?*

**Get Real Nationwide participants scored high on pre-testing in the area of:**

- Recovery is possible

**Demonstrated statistically significant changes in the following areas:**

- Knowing about the causes of mental illness
- Knowing how to help a person with a mental illness or someone having suicidal thoughts
- Knowing how to recognize signs and symptoms of a mental illness
- Increased attitude of social acceptance of people with mental illness
- Decreased endorsement of the danger myth of people with mental illness
- Decreased endorsement of the character flaw or responsibility myth for having a mental illness

**Street Team participants scored high on pre-testing in these areas:**

- Recovery is possible
- Professional help is needed sometimes
- Social acceptance of people with mental illness

**Meaningful changes included:**

- Improved attitude about social inclusion
- Understanding that depression is not related to strength of character
- Increased endorsement of a fear around people with schizophrenia
- Understanding that community recovery is beneficial

*What are the impressions of key stakeholders on program/product impacts?*

**Youth Comments:**

*"...as one of first youth group Youth Ambassadors to create content for the first version of the website it (the experience) changed my whole life..."*

*"I became a resource in my school for students and teachers, especially after a student committed suicide."*

*"...I would almost say the project could have used a little more accountability at the end. Perhaps I wasn't effective enough, but I am not sure that the materials were distributed at strategic enough locations."*

*"Great Website! My 16 year old sister committed suicide last year and I am glad to see something out there for the teens who need help. Great Job!"*

*"This is a great site, helpful to the extreme, thank you ms. King for giving me this site to look at..."*

*"I wish I had found this website before, it took me years to get help for my depression, and I would have loved to have someone there..."*

*"this site makes me realize that im not the only one, thank you"*

***Service Providers' Comments:***

*"I am an administrator in a high school in Ontario. I am so impressed by what I am seeing on your website--will be sure to be passing this along. thks"*

*"I now realize that if given the opportunity youth will come together even if they don't know each other at all and will provide amazing outcomes. Their creativity is just amazing."*

*"...thank you for providing such a viable important service"*

*"We've gotten so much in return for the money...really truly engaging youth..."*

## *Discussion*

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The results of the evaluation are encouraging and promising. Each of the components evaluated by **mindyourmind** has demonstrated significant benefits for Canadian youth.

### *Web-based Resources*

**mindyourmind.ca** web survey results demonstrate that 65% of repeat users with self-reported mental health issues access either formal services or informal supports as a result of their use of the tools and resources on **mindyourmind.ca**. National statistics indicate that only 25% of youth with self-reported mental health concerns access formal or informal mental health supports. Compared to this national statistic, the **mindyourmind** web-based intervention increases the likelihood that youth visitors will seek help by 160%. While it is recognized that there were differences in sampling procedures in this comparison, we also recognize the value and promise in this result.

The evaluation team hypothesized that the longer someone uses the website **mindyourmind.ca** the more likely they are to benefit from the tools and resources.

Survey results indicate that those who have been visiting **mindyourmind.ca** over a longer period of time are significantly more likely to have gone through a tough time, significantly more likely to use the tools, games or resources to help get through that tough time, significantly more likely to recommend the tools and resources to friends or family and are significantly more likely to help those friends or family because of what they learned from the site.

These results indicate that **mindyourmind** is successful in the unique way tools are developed and presented online. **mindyourmind** website resources are designed and created using relevant youth cultural pillars. Frequent and consistent updating of youth-created and youth-inspired website content and cross-linking with other

relevant web-based resources attracts new users and ensures regular users revisit. In February, 2010, **mindyourmind** launched a preview of its redesigned web site and in March the new site was fully launched. The new site includes redesigned features as well as additions to content and improvements based on user preferences. Young people who revisit the website tools and resources are involved in an intervention and as a result significant behaviour changes take place. Ensuring program resources are focused on updating the website is critical for **mindyourmind**'s continued growth and reach.

Information and support is immediately available on **mindyourmind.ca**. Young people who are looking for information and support find it on the website. An example of this is the most downloaded tool on the website, "I Need Immediate Help". This suggests that **mindyourmind.ca** is part of the equation of young people involved in their own self care, including seeking help when it's needed.

### ***mindyourmind's Model of Youth Engagement***

**mindyourmind**'s evaluation results demonstrate that youth participants are actively engaged in groups and projects and the overall levels of involvement were sustained and increased throughout the projects in a statistically significant way. Youth came into the projects with a pre-existing level of engagement. This could speak to the fact that they knew about **mindyourmind** by having visited the website or other prior knowledge which could have raised their expectation or anticipation to have a positive experience.

**mindyourmind**'s youth participants reported that being involved in the project gave their life meaning, and in both projects reported it would be very difficult to give it up, which speaks to their intention to stay involved. Time-limited projects produce long-term volunteers who are invested in their mental health as well as the mental health of their community at large. As a result of **mindyourmind** programs young

people are changed in a positive way. In future to further understand the engagement experience of **mindyourmind** participants custom measures could be developed.

The evaluation results show that the **mindyourmind** engagement process helps young people develop working knowledge about mental illnesses. It was interesting that the longer group (20 x 3 hour weekly sessions) had the same level of engagement as the shorter group (16 x 2 hour weekly sessions), but experienced a significantly greater impact on knowledge and attitude. The longer group showed significantly greater gains in knowledge and attitude. There were significantly greater gains in understanding what causes mental illness and how to help people who are faced with mental illness. There were also significant positive changes in attitudes, related to social acceptance of people with mental illness, in the longer group. The one negative attitudinal outcome revealed in the shorter group was a report of a small increase in participants' fear of people with schizophrenia while at the same time reporting no significant change in the fear of mental illness overall. This difference in attitude change may be due to the fact that during the longer group, individual youth shared their own experiences related to mental health concerns. This is consistent with research on stigma reduction that indicates contact with a person who has lived experience with mental illness yields the most positive results towards stigma change<sup>50</sup>. Anti-stigma work and evaluating subsequent behaviour change is complex and partnering with research experts in this area is a program goal for the year 2010 to ensure **mindyourmind** continues to build capacity.

For future evaluation of engagement **mindyourmind** should focus on recruitment techniques, ensuring an early understanding of what young people know about **mindyourmind** and what they expect from their involvement. As well continued close attention to group dynamics and processes will facilitate the most meaningful experiences of group and individual engagement.

Meaningful engagement matters. **mindyourmind** understands that consumers who fully participate and become co-creators are more loyal and invested and will be

more likely to talk to peers about their involvement. Inviting young people to be co-creators facilitates viral marketing within the online environment and produces more powerful messages more quickly than traditional marketing methods<sup>51</sup>. The notion of permission marketing as a fundamental element of the relationship between the youth and adults involved in **mindyourmind** projects is critical. Permission is a process that ensures that youth may opt in or out of the program at any time, without judgement. Messages around mental wellness are relevant and anticipated<sup>52</sup>. Permission-based elements of the program mean that interactions and communications are delivered in a manner that reflects a young person's world view and incorporates pillars of youth culture in the delivery and presentation.

This approach is validated by the popularity of website content revolving around these pillars including music, sports, entertainment, technology and social activism. This may suggest that diligence in **mindyourmind**'s brand development and maintenance, and the way in which it is marketed makes a difference to its users. The high utilization rate of the website reflects **mindyourmind**'s significance as an online resource, for both new and repeat users of the site. It is realistic to assert that meaningful attachment to programs and the website will grow with continued focus on social marketing and clear brand identity.

**mindyourmind** is sensitive to the importance of its relationship with its audience and has built its practice of engagement from several theories. Review of the literature indicated that when working alongside youth, adults' roles need to be specific in regards to how they manage power roles, consistency, transparency, and intentionality<sup>53, 54</sup>. The result is psychological involvement and significant youth engagement. Young people who are engaged in an activity are occupied affectively, cognitively and behaviourally<sup>55</sup>.

## *Culture of Collaboration*

Professionals surveyed during this evaluation reported that they observed a mutual and collaborative approach by **mindyourmind** facilitators. This approach is evident in partnerships with community groups as well. It is a mutually beneficial approach that will ensure continued growth and strength of **mindyourmind** programs.

Partnering with the Mental Health Commission of Canada (MHCC), Opening Minds Project, **mindyourmind** is one of 20 demonstration sites (selected from 103 submissions) that will identify, document and disseminate best practices in stigma reduction aimed at youth. Partnering with a network of existing programs means that evaluation results are stronger and are more accurately informing best practices in the area of stigma reduction. We recognize that scientific analysis requires expertise and resources. In this partnership **mindyourmind** is the only Canadian program delivering web-based anti-stigma practices. As such **mindyourmind** is working closely with MHCC researchers to develop and administer a custom measurement.

**mindyourmind** is a community partner with Mobilizing Minds, a 5 year project that is researching, developing and evaluating products designed to get relevant information to young adults and those who support them. This project is an initiative between York University, McMaster University, Brock University, Brandon University and University of Manitoba and is co-funded by Canadian Institutes of Health Research and the MHCC.

In 2009 **mindyourmind** partnered with the Middlesex-London Health Unit, Sexual Health Team to co-develop a web-based game aimed at reducing the frequency of Sexually Transmitted Infections. Since the fact-based game “Adventures in Sex City” was launched in February 2010 it has been reviewed online by hundreds of national and international media and industry sources including Internet news, television, radio, newspaper and other print, such as internet technology industry. Other recent community partners (not an exhaustive list)

- Mental Health Commission of Canada, Evergreen Project
- National Aboriginal Health Organization, Ottawa, Ontario
- Canadian Mental Health Association, National Conference Planning Committee
- Ontario Trillium Foundation
- Ministry of Training, Colleges and Universities, Job Creation Partnership Program
- Addiction Services of Thames Valley, London, Ontario
- Fanshawe College-University of Western Ontario, School of Nursing, London, Ontario
- Thames Valley District School Board

### *Lessons Learned*

**mindyourmind** learned about program evaluation as a result of this project. Capacity building within the project meant that there was a shift in knowledge and philosophy around program evaluation. The process of evaluation helped clarify program components, its strengths and areas for growth. Evidence-based practice means that **mindyourmind** contributes to a growing body of promising and best practice in youth mental health.

We learned that having resources for data collection and analysis are essential. We learned that we need to refine the development of survey questions for both qualitative and quantitative evaluation. We learned that quantifiable measures can overlook the contextual richness of innovative community programs and hard-to-measure impacts of **mindyourmind** should be addressed in the future with more in-depth qualitative research. Because the program evaluation team was made up of internal staff, these internal evaluators had to work carefully to suspend bias. External consultation and stakeholders were used to protect the data from internal bias. It would be valuable in future to have the resources to use external evaluators. We also learned that while the use of the internet for surveying provided an efficient way to study website user changes, the existing tools presented ethical challenges.

True privacy of users was not possible with the use of American-based survey software. **mindyourmind** made changes to its privacy policy in light of this discovery. **mindyourmind**'s web developer has sought out and now uses a Canadian-based web host.

In future evaluation we want to understand website users who accessed help, explore which specific tools or resources impacted them to access help, and the frequency with which they use the site and the tools. This will provide us with direction for further content development and further strengthen correlations between use of the resources and reaching out for professional help. With an emphasis on systematic documentation, we will be able to share more readily the knowledge we have gained. We also know that for social marketing to truly impact social change, technical and financial resources are necessary<sup>56</sup>.

## *Conclusions*

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This evaluation has clearly demonstrated that **mindyourmind** has developed and delivers several effective ways to positively engage youth in their own mental health care.

The evaluation and the evaluation process has lead to a greater understanding of the importance of both face to face youth engagement practices and the website as an easily accessible resource and public utility. Both have significant impact on the program and our communities and the impact is synergistic.

Future focus will continue on meaningful youth engagement and close attention to group and individual involvement and dynamics. Social marketing practices are paramount as well adhering to program standards around brand integrity. Updating relevant, culturally appropriate content for the web-based programs is essential to ensuring new visitors are attracted and repeat visitors are retained. Staying current with new technologies and new research is also key for maintaining programming that is successful.

Continuation of the culture of collaboration is essential. Collaboration and innovation boost creativity, and bring excitement, enthusiasm and expertise to the programs. This work culture is an important key to **mindyourmind**'s success. At the same time, these outcomes point to ways **mindyourmind** could expand its outreach to not only improve outcomes but successfully engage a wider circle of Canadian youth in their own mental health care.

# Appendix A

## mindyourmind Logic Model

**Objective:** To reduce the stigma of mental illness and increase access and use of services and support through a multi modal youth engagement approach, providing prevention and early intervention opportunities thereby increasing the positive development of Canadian youth.

**Inputs:** Human Resources, Partners and Stakeholders, Financial Resources, Information and Technology Resources

Components	Activities	Target Population	Outcomes	
			Short – Term	Intermediate – Term
Youth Engagement	Mental Health Promotion Initiatives <ul style="list-style-type: none"> <li>Anti-Stigma Campaigns</li> <li>Get Real NationWide</li> </ul> Youth Advisory Program Street Team Program	Youth	Increased <ul style="list-style-type: none"> <li>engagement of youth</li> <li>youth knowledge of mental health</li> <li>youth knowledge of mental health services</li> <li>job skills</li> <li>peer support capacity in youth volunteers</li> <li>opportunity to recruit new mindyourmind volunteers through existing volunteers</li> </ul> Decreased <ul style="list-style-type: none"> <li>negative attitudes, beliefs and behaviours about mental health disorders</li> <li>barriers to seeking help</li> </ul>	Increased <ul style="list-style-type: none"> <li>quality of life of youth</li> <li>mental wellness of youth volunteers</li> <li>life skills</li> <li>empowerment, advocacy skills, civic engagement and activism</li> <li>social network, social skills</li> <li>self esteem, coping</li> <li>leadership</li> <li>critical thinking</li> </ul> Decreased <ul style="list-style-type: none"> <li>stigma of mental illness</li> </ul>
	Online Resources <ul style="list-style-type: none"> <li>mindyourmind website</li> <li>Online service referrals</li> <li>Online social networking sites: Facebook, YouTube, etc.</li> <li>Coping tools and online mental health information</li> <li>Tools, games, fact sheets</li> <li>Interactive community presentations</li> <li>Dissemination and knowledge exchange activities</li> </ul>	Youth and their Peers Families of Youth Educators, Health Care Professionals, Service Providers	Increased <ul style="list-style-type: none"> <li>use of resources and tools</li> <li>engagement of youth</li> <li>youth knowledge of mental health services</li> <li>awareness of warning signs and triggers precipitating a crisis</li> <li>peer support capacity in youth volunteers</li> <li>opportunity to recruit new mindyourmind volunteers through existing volunteers</li> </ul> Decreased perceived barriers to seeking help	Ongoing engagement of youth Increased <ul style="list-style-type: none"> <li>coping</li> <li>awareness of triggers precipitating a crisis</li> <li>use of mental health services</li> </ul> Decreased <ul style="list-style-type: none"> <li>crisis</li> <li>negative attitudes, beliefs and behaviours about mental health disorders</li> <li>stigma of mental illness</li> </ul>
Product Development Component	Research and Product Development Production Social Marketing and Communications Information Systems and Evaluation Processes	Website Youth Volunteers Funders and Partners	Innovative Products Increased profile of mindyourmind	High quality, innovative and widely used products, services and programs Strong and stable program infrastructure Increased supportive government, health/school community and corporate partners
Service Provider Support Component	Education and Curriculum Development	Youth and their Peers Educators Health Care Professionals Service Providers	Increased <ul style="list-style-type: none"> <li>number of professionals hearing and implementing recommendations from youth</li> <li>knowledge of youth engagement</li> <li>use of online resources by professionals</li> </ul>	Increased <ul style="list-style-type: none"> <li>practice of youth engagement</li> <li>youth friendly environment and agencies</li> <li>quality of life of youth</li> <li>mental wellness of youth volunteers</li> <li>therapeutic alliance</li> <li>collaboration</li> </ul>
	Community Outreach Program mindyourmindpro website	Educators Health Care Professionals Service Providers	Increased <ul style="list-style-type: none"> <li>number of professionals hearing and implementing recommendations from youth</li> <li>knowledge of youth engagement</li> <li>use of online resources by professionals</li> <li>knowledge exchange by professionals</li> </ul>	

## Appendix B

### mindyourmind Evaluation Matrix

Evaluation Questions	Short-Term Outcomes	Indicator(s)	Source of Data	Data Collection			Analysis
				Method and Frequency	By Who	When (specify month/year)	
Are participants in the face-to-face anti-stigma program and online "get real" program engaged with the program?	Engagement of youth	Scores on questionnaire from Centre of Excellence in YE (Rose-Krasnor). Change in pre and post-test scores in knowledge, attitudes and behaviour (head, heart, hands, spirit)	Rose-Krasnor Portrait Measure Previous Quantitative Data Previous Qualitative Data	Online survey Data collected previously	Online Program staff	Pre-test: at start of program Post-test: end of program	Theme Analysis Frequencies
Do participants in the face-to-face anti-stigma program and online "get real" program improve their knowledge of mental health?	Youth knowledge of mental health	Improved scores on knowledge of MH items	Youth who participated in Get Real NationWide 2008 and Street Teams	Online survey (Get Real NationWide 2008 and Street Teams)	Online	Pre-test: at start of program Post-test: at end of program	Pre-test and Post-test Comparison
How successful are our social marketing strategies in increasing use of tools and resources?	Use of resources and tools	Increased number of hits per month, by gender and geographic region Increased number of hits to links (exit statistics) per month, number of provinces, states, countries Increased amount of time spent on online resources and tools, by gender	Administrative data Web site users	Data from Web Usage Online Survey	Program / project lead from Web Control Centre Online	At the end of each month, from September 2008 to March 2009.	Frequencies of Moving Averages (2007-2008) Frequencies

Evaluation Questions	Intermediate-Term Outcomes	Indicator(s)	Source of Data	Data Collection			Analysis
				Method and Frequency	By Who	When (specify month/year)	
Do youth with mental health concerns access mental health services as a result of using mindyourmind resources and tools?	Use of mental health services	Scores in items adapted from CCHS on mental health consultations	Online self report survey	Online Survey	Online	Random Self Reports Collected Monthly	Frequencies
What are the impressions of key stakeholders on program and product impacts?	Various	Themes from content analysis of interviews or responses to open-ended questions on key contributions and impact areas; identify those which map on to identified intermediate outcomes and those which are emergent	Open ended questions	Online questionnaire emailed to key stakeholders	Project leads	Ongoing	Themes from Content Analysis

### mindyourmind Process Evaluation Matrix

Evaluation Questions	Inputs/ Activities/ Outputs/ Target	Indicator(s)	Source of Data	Data collection			Analysis
				Method and Frequency	By Who	When (specify month/year)	
Do youth report feeling engaged in mindyourmind programs?	Youth participants	Themes	Youth participants	Data extracted from the web	Research volunteer and program staff	2008	Themes from content analysis
What are the characteristics of youth who access mindyourmind resources?	Youth participants	Themes on mental health concerns submitted through comments or feedback	Youth participants	Data extracted from the web and on paper	Data already collected	n/a	Themes from content analysis
Are online resources and tools used by youth with mental health concerns/ crises?	Target population (consumers)	Online survey (same one used for testing if youth access services)	Online youth	Data extracted from the web	Online	Ongoing	Random sample of self-reports
What are service providers' impressions of the program?	Key stakeholders	Online questionnaire (use appreciative inquiry approach)	Service providers	Online questionnaire emailed to key stakeholders	Program staff	Ongoing	Themes from content analysis
What program improvements are made?	Outputs (innovations, changes in protocol)	Track innovations made, responsiveness to feedback and lessons learned (use of developmental evaluation approach)	Administrative data	File review	Program staff	n/a	Frequencies and descriptions

## Appendix C 1.1

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### Getting Help Web Use Summary

October, 2009

N = 330

Most respondents are female, over 50% from Ontario, most are 15-17

Question	Answer Options	Response Count	Response %
Are you experiencing or have you experienced an emotional or mental health issue?	Yes	214	64.8%
	No	71	21.5 %
	Don't Know	45	13.6%
	Skipped	0	0%
When did you start using <b>mindyourmind.ca</b> ?	This is my first time	239	72.4%
	In the past 3 months	21	6.4%
	3-6 months ago	13	3.9%
	6-12 months ago	18	5.5%
	More than 1 year ago	39	11.8%
	Skipped	0	0%
As a result of using <b>mindyourmind.ca</b> have you seen or talked to a health professional about your emotional or mental health in past 12 months?	Yes	24	7.3 %
	No	57	17.3%
	Don't Know	4	1.2%
	Skipped	245	74.2%
How many times (in the past 12 months) have you talked to someone about your emotional or mental health?	I haven't talked to anyone	66	20.0%
	One time	39	11.8%
	2-10 times	110	33.3%
	10+ times	80	24.2%
	Skipped	35	10.6%

Whom did you see or talk to?	Family Doctor	24	7.3%
	Psychiatrist	38	11.5%
	Psychologist	17	5.2%
	Nurse	3	0.9%
	Social Worker	51	15.5%
	Other - no one	26	7.9%
	Other - Friend	67	20.3%
	Other - Significant other/partner/ boyfriend/girlfriend	10	3.0%
	Other - Parents	12	3.6%
	Other - Sibling	2	0.6%
	Other - Teacher	1	0.3%
	Other - Colleagues/co-workers of fellow students	5	1.5%
	Other - Facebook group	1	0.3%
	Other - Family unspecified	10	3.0%
	Skipped	142	43.0%
How old are you?	Under 14	32	9.7%
	15 - 17	91	27.6%
	18 - 20	38	11.5%
	21 - 24	25	7.6%
	25 - 30	24	7.3%
	30+	71	21.5%
	Skipped	49	14.8%
What is your gender?	Male	48	14.5%
	Female	231	70.0%
	Transgendered	2	0.6%
	Skipped	49	14.8%

Where do you live?	Other country	21	6.4%
	Ontario	158	47.9%
	Quebec	6	1.8%
	British Columbia	20	6.1%
	Alberta	19	5.8%
	Manitoba	6	1.8%
	Saskatchewan	5	1.5%
	Nova Scotia	8	2.4%
	New Brunswick	5	1.5%
	Newfoundland & Labrador	0	0%
	Prince Edward Island	0	0%
	North West Territories	1	0.3%
	Yukon	0	0%
	Nunavut	0	0%
	United States	32	9.7%
	Skipped	49	14.8%

The Skip Logic function was applied in the survey to respondents who answered “this is my first time” in order to filter out first time site visitors from the survey. This appears in the data table as “skipped”.

## Appendix C 1.2

### How Do You Use This Site Survey3

N = 65

61% Ontario Residents

9% Male, 88% Female, 4% Transgendered

Question	Answer Options	Recent	1 month or longer	Statistical Analysis
Since I started to use mindyourmind.ca I have gone through a tough time	Yes	<b>18</b>	<b>17</b>	<b><math>X^2 = 4.04</math> df = -1 p &lt; .05</b>
	No/unsure	22	7	
I've used mindyourmind.ca tools, games and resources to help me during that tough time.	Yes	12	14	<b><math>X^2 = 4.992</math> df = 1 p &lt; .05</b>
	No/unsure	28	10	
I've looked for help because of the info I learned from the mindyourmind website	Yes	10	11	$X^2 = 2.95$ df = 1 p = .08
	No/unsure	30	13	
Since starting to use mindyourmind.ca I've noticed a friend or family member who needed help because of a mental health issues.	Yes	11	12	$X^2 = 3.3$ df = 1 p = .07
	No/unsure	29	12	
I recommended the tools and resources on mindyourmind.ca to friends or family who needed help.	Yes	15	<b>19</b>	<b><math>X^2 = 10.46</math> df = -1 p &lt; .01</b>
	No/unsure	25	5	
Because of what I learned from mindyourmind.ca I've been able to help friends or family who needed it.	Yes	14	<b>16</b>	<b><math>X^2 = 6.04</math> df = -1 p &lt; .05</b>
	No/unsure	26	8	

Significant results are bold.

## Appendix C 1.3

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### Get Real NationWide Team Knowledge Survey Summary

N = 15 pre, 10 post, non-paired data

Average Age = 20

All questions are "Please indicate how you feel about the following"	Average Pre Score	% Change Pre to Post
Mental illness in general	2 out of 3	<b>25%</b>
How people cope with mental illness	2 out of 3	<b>20%</b>
Different approaches to help persons with mental illness	1.8 out of 3	<b>44%</b>
What it is like to have a mental illness	1.9 out of 3	13%
What it is like to have a family member with mental illness	2.1 out of 3	16%
The causes of different forms of mental illness	1.5 out of 3	<b>57%</b>
How to recognize signs of mental illness	1.6 out of 3	<b>38%</b>
How to help someone who is having suicidal thoughts	2.1 out of 3	<b>26%</b>
Where to get help for mental health problems	2.3 out of 3	19%
How to recognize signs of suicide	2.1 out of 3	17%

All above questions are scored: A Lot of Knowledge (3) to No Knowledge (0).

% Change in Bold indicates that the percentage change was significant at the 80% confidence level based on the sample size assuming a normal distribution of variance.

## Appendix C 1.4

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### Get Real Team Attitude Survey Summary

N = 15 pre, 10 post, non-paired data

Average Age = 20

All questions are "Please indicate how you feel about the following:"	Average Pre Score	% Change Pre to Post
Most people with a serious mental illness can, with treatment, get well and return to productive lives.	3.3 out of 4	11%
In most cases, keeping up a normal life in the community helps a person with mental illness get better.	2.7 out of 4	16%
People with mental illness are far less of a danger than most people believe.	3.3 out of 4	19%
I am comfortable talking about suicide.	3.8 out of 4	3%
I know enough information to help a friend who is struggling through a tough time.	3.3 out of 4	14%
Strong people do not get depressed.	1.5 out of 4	-25%
People with mental illness are more dangerous than the general population.	1.8 out of 4	-28%
I feel comfortable talking to my friends about things that worry me.	3.1 out of 4	4%
Sometimes people need help from a professional to deal with mental health challenges.	3.3 out of 4	10%
Even if they seem OK, people with schizophrenia are frightening.	1.5 out of 4	9%
It is easy to recognize someone who once had a serious mental illness.	1.8 out of 4	-11%
I would be comfortable making friends with someone who has a mental illness.	3.4 out of 4	18%
Media campaigns can change social attitudes.	3.2 out of 4	19%

Media campaigns can help change behaviour.	2.9 out of 4	26%
Using real life stories in the media can help young people understand mental illness.	3.7 out of 4	-1%

All above questions are scored: Strongly Agree (4) to Don't Know (0).

% Change in **Bold** indicates that the percentage change was significant at the 80% confidence level based on the sample size assuming a normal distribution of variance.

## Appendix C 1.5

### Street Team 2009 Youth Engagement Survey Summary

N = 9 pre, 8 post, non-paired data

Average Age = 16

The following questions are "Please indicate how you feel about the following:" These questions are scored: A lot (4) to Not at all (0)	Average Pre Score	% Change Pre to Post
I really focus on this activity when I'm doing it.	3.7 out of 4	-8%
I am interested in learning more about this activity	3.9 out of 4	-4%
I lose track of time when I am doing this activity	2.4 out of 4	<b>33%</b>
I enjoy doing this activity	3.4 out of 4	13%
This activity is an important part of who I am	2.8 out of 4	13%
It would be very hard for me to give up this activity	2.2 out of 4	<b>29%</b>
This activity gives my life meaning	2.6 out of 4	8%
This activity connects me other people	3.3 out of 4	-6%
This activity helps me connect to something greater than myself	3.7 out of 4	-1%
I help other people when I do this activity	3.1 out of 4	13%
The following question was scored: Strongly Agree (4) to Don't Know (0)		
Overall, I think this activity is very engaging	3.3 out of 4	9%

% Change in **Bold** indicates that the percentage change was significant at the 80% confidence level based on the sample size assuming a normal distribution of variance.

## Appendix C 1.6

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### Street Team 2009 Attitude Survey Summary

Group 2, N = 9 pre, 9 post, non-paired data

Average Age = 16

All questions are "Please indicate how you feel about the following:"	Average Pre Score	% Change Pre to Post
It is easy to recognize someone who once had a serious mental illness	1.9 out of 4	0%
Most people with a serious mental illness can, with treatment, get well and return to productive lives.	3.4 out of 4	-6%
In most cases, keeping up a normal life in the community helps a person with mental illness get better.	2.7 out of 4	17%
Sometimes people need help from a professional to deal with mental health challenges.	3.6 out of 4	-3%
People with mental illness are far less of a danger than most people believe.	3.2 out of 4	-3%
Strong people do not get depressed	1.2 out of 4	-18%
People with mental illness are more dangerous than the general population	1.7 out of 4	16%
Even if they seem OK, people with schizophrenia are frightening	1.2 out of 4	<b>36%</b>
I would be friends with someone if I knew they had a mental illness.	3.2 out of 4	3%
I wouldn't choose someone who I knew had a mental illness to be my partner for a school/work project.	1.7 out of 4	<b>-20%</b>
I would date someone who once had a mental illness.	3.3 out of 4	-12%

All questions are scored: Strongly Agree (4) to Don't Know (0).

% Change in Bold indicates that the percentage change was significant at the 80% confidence level based on the sample size assuming a normal distribution of variance.

## Appendix C 1.7

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### *Kids Help Phone Engagement Survey Summary*

Group 1, N = 8 pre, post non-paired data

Average Age = 15

All questions are "Please indicate how you feel about the following:"	Average Pre Score	% Change Pre to Post
How often do you do this activity?	2.8 out of 6	<b>36%</b>
How long have you been doing it?	1 out of 6	<b>88%</b>
How much longer do you think you will stay involved?	1.6 out of 5	<b>-46%</b>
I really focus on this activity when I'm doing it.	1 out of 5	7%
I am interested in learning more about this activity.	3.5 out of 4	-3%
I lose track of time when I'm doing this activity.	2.3 out of 4	11%
I enjoy doing this activity.	3.5 out of 4	7%
This activity is an important part of who I am.	3 out of 4	8%
It would be very hard for me to give up this activity.	2.5 out of 4	21%
This activity helps gives my life meaning.	2.5 out of 4	21%
This activity connects me to other people.	2.9 out of 4	13%
This activity helps me connect to something greater than myself.	3.1 out of 4	4%
I help other people when I do this activity.	3.4 out of 4	-4%
Overall, I think this activity is very engaging.	4.5 out of 5	0%

All questions are scored: Strongly Agree (4) to Don't Know (0).

% Change in Bold indicates that the percentage change was significant at the 80% confidence level based on the sample size assuming a normal distribution of variance.



## Street Team Research Information Sheet

Title of Study: Evaluation of Youth Engagement

Project Coordinator: Christine Garinger, RN, BN

Sponsor: Provincial Centre of Excellence in Child and Youth Mental Health at CHEO

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We would like to invite you to complete a survey as part of an evaluation research project. We are asking you to participate because of your participation in **mindyourmind**'s Street Team. Details about what is involved and the potential risks and benefits are outlined below.

**mindyourmind** has received financial support from the Provincial Centre of Excellence in Child and Youth Mental Health at CHEO to do a program evaluation. There is no conflict of interest that exists in relation to any of the researchers in this study. A conflict of interest exists if there is potential benefit to the investigator(s) beyond the professional benefit from academic achievement or presentation of the results.

### WHY IS THIS RESEARCH BEING DONE?

The evaluation will be used to improve our understanding of youth and their needs as well as to improve our programming.

### WHAT IS THE PURPOSE OF THIS STUDY?

This study aims to explore the experience youth have while volunteering with **mindyourmind**. The results will help identify what works well and what doesn't so that improvements can be made to better meet the needs of youth involved with our program and to even share our results with others interested in doing similar work.

### WHAT WILL MY RESPONSIBILITIES BE IF I TAKE PART IN THE STUDY?

If you agree to participate, you will be asked to complete a brief survey at the start and at the end of the Street Team project. All responses you make in this survey are completely anonymous and confidential.

### WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no identified risks associated with completing the surveys, however you may feel uncomfortable about answering some of the questions.

### HOW MANY PEOPLE WILL BE IN THIS STUDY?

All Street Team members are invited to complete the survey.

WHAT ARE THE POSSIBLE BENEFITS FOR ME AND/OR FOR SOCIETY?

We cannot promise any personal benefits to you from your participation in this study. However, possible benefits include an increased sense of support, increased sense of your community, increased awareness about youth friendly activities within community organizations. Your participation will help to improve the program for future participants and it may help others who want to build youth friendly organizations in the future.

WHAT IF I DO NOT WANT TO TAKE PART IN THE STUDY?

It is important for you to know that you can choose not to take part in this study. You may also choose to stop at any time. Choosing not to participate in the evaluation will not affect your work in the Street Team.

WHAT INFORMATION WILL BE KEPT PRIVATE?

All identifying information will be removed from the survey you give us. The results of the survey are kept on a password protected computer and on a password protected on-line database. The results of the study will be shared in a combined format and you will not be identified in any way.

IF I HAVE ANY QUESTIONS OR PROBLEMS, WHOM CAN I CALL?

If you have any questions about the research now or later, please contact Maria Luisa Contursi, Program Director **mindyourmind** at [mlc@mindyourmind.ca](mailto:mlc@mindyourmind.ca) or Christine Garinger at [christine@mindyourmind.ca](mailto:christine@mindyourmind.ca). Both can be reached at 519-858-3502.

CONSENT STATEMENT

I have read the information about this study and I have had the opportunity to ask questions. I understand and agree to participate in this study.

\_\_\_\_\_

Participant or Legal Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

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