



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

RESOURCE

School Mental Health Improvement Guide: Mental Health Literacy

Introduction to Health and Mental Health Literacy

Health Literacy

Everyone has health and mental health; managing health is part of everyday life. People make many health decisions every day, like what to eat, when to exercise, to take medications as prescribed, to engage in preventative care, etc. And at some point in their life, every person will need to know how to access and use information and services to address a health concern. A person's ability to do this is impacted by their health literacy. **Individual health literacy** is how well a person can find, understand, and use information and services when making decisions about and taking action to support their health and the health of others (CDC 2023).

Unfortunately, levels of individual health literacy are fairly low in the US. Research shows that about 9 out of 10 adults have limited health literacy (USDHHS 2011). Limited health literacy makes it difficult for everyone to navigate health care systems, but disproportionately impacts people who are over age 65, have low income or education levels, who identify as Latino, Black, or American Indian/Alaska Native, who have limited English proficiency, or are insured by Medicare or Medicaid or have no health insurance (Paasche-Orlow et al. 2006). Low levels of health literacy leads to health disparities, including: more hospital stays and emergency room visits, trouble managing chronic diseases, and a higher likelihood of skipping preventive services (NNLM 2024). Given the relationship between health outcomes and educational attainment (Zajacova et al. 2018), Wisconsin schools must attend to the individual health literacy of students and staff in order to close the opportunity gap.

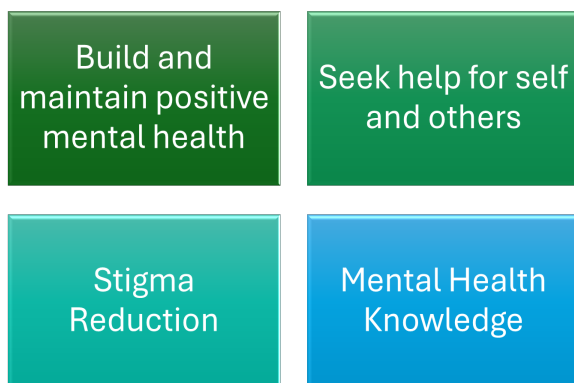
Besides promoting the health literacy of individuals, schools have an opportunity to be health literate as organizations, since individual health outcomes are also impacted by the systems they interact with. **Organizational health literacy** is the ability of an organization, like a school, to equitably enable people to find, understand, and use information and services when making decisions about and taking action to support their health and the health of others (CDC 2023). The idea of organizational health literacy has primarily been applied to healthcare settings; however, given the integral role that schools play in educating students about health and connecting students to and providing health and mental health services, it follows that organizational health literacy is an important characteristic of healthy schools (Kirchhoff et al. 2022). This approach acknowledges that to strengthen health literacy, schools need to address environmental factors that impact competence, behavior, and health (Okan et al. 2020).

Together, both individual and organizational health literacy highlight people’s ability to use health information to make well-informed decisions versus simply understanding it, acknowledge the responsibility organizations have to address health literacy, and connect health literacy to health equity. **Health equity** is when everyone has the opportunity to be as healthy as possible. When health literacy is viewed as an individual and organizational asset and vehicle for greater health equity, it empowers individuals and communities to exert greater control over their health (Aljassim 2020). In fact, health literacy is one of the most impactful **social determinants of health**. Social determinants of health are the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes (USDHHS 2023). The World Health Organization explains that health literacy is “a stronger predictor of an individual’s health status than income, employment status, education and racial or ethnic group” (WHO 2013). When schools invest in improving health literacy, they invest in the health, well-being, and future prosperity of their community.

Mental Health Literacy

Although the primary focus of health literacy has traditionally been physical health, given the connection between physical health and mental health, the concept now includes mental health. Initially, **mental health literacy** focused on people’s knowledge and beliefs related to recognizing, managing, and preventing mental illness (Jorm et. al 1997). However, as the field’s understanding of mental health evolved to include a focus on positive mental health and well-being, so did the definition of mental health literacy (Kutcher et. al, 2016). Today, the initial focus on identification and prevention of mental illness has expanded to include obtaining and applying knowledge and skills that promote positive mental health. *Figure 1* shows the four components of **individual mental health literacy**, including skills to build and maintain positive mental health, ability to seek help and provide support to others who may be struggling, mental health stigma reduction, and mental health knowledge.

Figure 1: Components of Individual Mental Health Literacy



Like health literacy, mental health literacy impacts many aspects of health and mental health. Low levels of mental health literacy can negatively impact mental health, perpetuate mental health stigma, and contribute to disparities in utilization of mental health services. Research shows that adults who report poor mental health literacy also report higher rates of depression, anxiety, stress, internalized stigma, and caregiver burden (Tambling et al. 2021). Poor mental health literacy is also associated with negative attitudes about

seeking help to support mental health, which can delay or prevent people from receiving the support they need (Jung et al. 2017). In adolescents, low levels of mental health literacy is associated with more psychological distress and less psychological resilience (Bjornsen 2019).

Given the many negative outcomes associated with low mental health literacy, schools have an opportunity to embrace mental health literacy as an asset to building a healthy school-community.

The Opportunity: Increasing Individual and Organizational Mental Health Literacy

In Wisconsin, schools promote student and staff mental health and well-being using the [Wisconsin School Mental Health Framework](#). This framework outlines a vision for well-being in Wisconsin schools using six components of high quality school mental health systems. A central component of this framework is a full continuum of mental health promotion, early intervention, and treatment supports that proactively provide culturally responsive mental health services to all students (WI DPI 2021). *Figure 2* shows the continuum of mental health supports in schools.

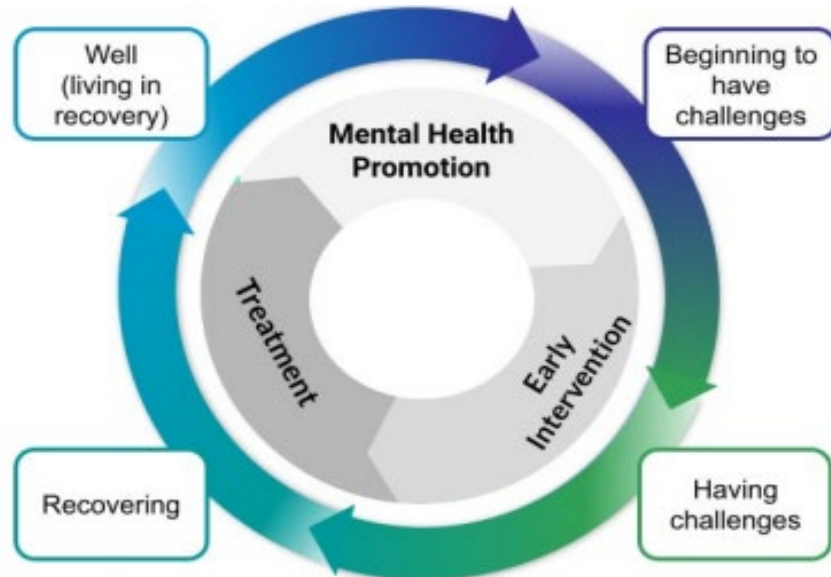
The continuum of supports is anchored in strong universal mental health promotion policies and practices, which provide a robust foundation of positive mental health for all students and staff.

Universal mental health promotion activities proactively promote developmental, academic, behavioral, social, and emotional well-being for all students, including those at risk for or experiencing a mental health challenge (NCSMH 2020c). Mental health promotion activities are implemented across whole districts, schools, classrooms, grade levels, and school-sponsored programs. When schools provide a strong universal

level of mental health promotion policies and practices, the need for early intervention and treatment supports is reduced. Mental health literacy education for students is a key aspect of mental health promotion, as it encourages the development of knowledge and skills that help students live healthy lives.

Additionally, school staff's mental health literacy is another important aspect of mental health promotion. School staff are in a unique position to support and promote the mental health and well-being of students. Mental health literacy is not about asking educators to be therapists; the purpose is to equip them with the knowledge and skills necessary to support their own well-being and that of their students.

Figure 2: Continuum of Mental Health Supports



Mental health literacy provides knowledge and skills that empower educators to increase the effectiveness of everything they already do to support student well-being, including:

- building relationships with students;
- creating safe, supportive, and welcoming classroom environments;
- promoting positive behavior;
- teaching social and emotional skills;
- identifying and referring students in need of mental health supports;
- using strategies to help support students with mental health needs in the classroom; and
- collaborating with school and community mental health professionals (MHTTC 2020).

For educators, having high levels of mental health literacy goes beyond having individual mental health literacy; it requires competence in navigating school mental health systems and promoting a culture of inclusivity, openness, and wellness in the classroom and school environment (MHTTC 2020). This could include knowledge and skills such as understanding how mental health impacts learning, knowing how to access the mental health referral pathway, promoting mental health in the classroom, and creating a classroom culture that destigmatizes mental health. When everyone in a school building has high mental health literacy, it can lessen the strain caused by student services and community mental health provider shortages and reduce the need for more intensive supports. High mental health literacy also positively impacts an educator's ability to live a healthy life while succeeding in an emotionally demanding field, promotes students' social, emotional, and mental well-being, positive educational outcomes and contributes to the cultivation of resilient, thriving communities. School and district leaders can reference DPI's [Mental Health Literacy Talking Points for School Leaders](#) for more information about communicating the importance of mental health literacy to staff.

While increasing individual mental health literacy is an important opportunity for school leaders to promote staff and student well-being, it's equally critical to consider how school policies, practices, and culture contribute to the well-being of students, caregivers, and staff. Focusing on organizational mental health literacy of the school means using a settings-based approach to increasing well-being by considering how organizational conditions impact the mental health literacy of individuals that are part of the school system (Kirchhoff, 2022). School leaders can build their organizational mental health literacy by implementing policies and practices that increase student, staff, and caregivers' ability to find, understand, and use information and services to inform mental health-related decisions and actions. This could include things such as developing and communicating how to use the school mental health referral pathway, engaging in resource mapping and effectively communicating available mental health resources with the school-community, making sure school staff understand how to access the mental health resources available to them as employees, talking openly about mental health, etc. For more information on what is included in organizational mental health literacy, reference Appendix A: Crosswalk of

Mental Health Literacy components. School leaders can use DPI's [Organizational Mental Health Literacy Reflection Tool](#) to identify entry points into improving their organizational mental health literacy.

Next Steps: Using The Roadmap for School Mental Health Improvement to Build Mental Health Literacy

The [Roadmap for School Mental Health Improvement](#) outlines a continuous improvement process that helps school mental health teams move from understanding best practices in school mental health to taking action to improve their current system. The roadmap helps schools and districts intentionally build systems that support Wisconsin's most marginalized students rather than recreating the inequitable policies, practices, etc. that produce current outcomes. The Roadmap is based on [Improvement Science](#), which is an approach to solving problems that involves learning by doing. This is a proven way to address problems of practice by understanding their root causes and testing ideas for solving them.

Teams wishing to improve mental health literacy can work through the five stages in the roadmap for improvement. The following checklist describes each stage and includes potential next steps that apply specifically to mental health literacy. It is important to note that schools or districts may not need to check each box in the process, and some steps may occur simultaneously; how a team moves through this process is dependent upon resources, existing structures, supports, and priorities. This roadmap is meant to guide a cyclical, multi-year change process, focusing on the small steps that lead to big improvements.



Stage 1: Commitment

Teams work to build ownership of the improvement process and a ready pool of fiscal and human resources to support policy, systems, and environmental change strategies. The following action steps can be used to build commitment for mental health literacy improvement:

- Build support in the school-community: identify champions that recognize student and school staff mental health literacy as central to a healthy community. Champions reflect the demographics of the community and include students and caregivers.
- Assemble a representative team or coalition: Gather a group that will address key issues and establish relationships with key community partners that can support work to increase mental health literacy. This could include local and county public health offices, health and mental health providers, community mental health coalitions, etc.

- Increase awareness of mental health literacy as a key mental health promotion strategy: Assess the school-community's current awareness of mental health literacy and work to spread an accurate understanding of the importance of mental health literacy.
- Establish and communicate a shared mission and vision: Anchor all improvement work in a shared mission and vision of well-being for all students and staff that approaches mental health as an asset and mental health literacy as an opportunity to build a healthier community.

EQUITY CHECK ✓

Throughout the commitment stage, teams should consider:

- Are we talking about mental health in a way that is strengths-based, decreases stigma, and empowers those who have experienced mental health challenges?
- Do champions, coalitions, and planning teams represent the diversity of thought needed to develop the best improvements? Whose voice is missing?
- Will accomplishing our articulated mission and vision related to well-being lead to more equitable outcomes? (Hinnant-Crawford 2020)

Stage 2: Assessment

Teams use the assessment process to better understand what the community needs, and allows for the community's voice to be heard. Strategies used by schools to make improvements to their mental health systems must reflect the needs of the community to have the intended impact. The following action steps can be used to assess needs and gaps in mental health literacy:

- Gather existing data: Identify any existing process and outcome data that can provide a full picture of mental health literacy and that center student and family voice.
- Identify gaps: Identify what the team does not know about mental health literacy in the school-community and how they might gain that information.
- Engage in System Assessment: This could include assessing current mental health literacy of specific members of the school-community, such as school staff, using the [Wisconsin School Mental Health Literacy Survey for Educators \(WI-MHLSE\)](#) or [DPI's Organizational Mental Health Literacy Reflection Tool](#). This could also include gathering input on the needs and resources of the community related to mental health literacy, including current programming for students and professional development opportunities for staff to gain mental health literacy, community attitudes about mental health, community resources that promote mental health literacy, etc. using tools such as [empathy interviews](#), focus groups, or surveys.

EQUITY CHECK ✓

Throughout the assessment stage, teams should consider:

- Whose voices do we need at the table to have a clear understand of the system producing our current outcomes? (Hinnant-Crawford 2020)
- How can we disaggregate our data to better understand what is working and for whom?
- How are we collecting and considering data this is strengths-based and highlights the assets of students, staff, caregivers, and the community?

Stage 3: Planning

Teams interpret mental health literacy assessment data to better understand areas of strength and need, and engage in root cause analysis to define the problem and better understand the system creating the problem, develop improvement goals, and identify possible changes that will lead to improvement. Together, these pieces make up a theory of improvement. The following action steps can be used to develop a theory of improvement for mental health literacy:

- Identify a problem of practice: Use information gathered in the assessment step to identify a problem of practice related to mental health literacy. Use strategies such as [Root Cause Analysis](#) and [Empathy Interviews](#) to fully understand the problem.
- Develop a theory of improvement: Articulate an aim, drivers, and change ideas using a [driver diagram](#). [Appendix B](#) includes an example driver diagram and [Appendix C](#) includes a list of possible change ideas related to mental health literacy.
- Identify measures: The [measurement plan](#) should include data that help the team understand how the changes are being implemented, the impact on the system, and student or staff outcomes.
- Select a change idea: As a team, decide on one primary and secondary driver of focus and select a change idea to test. [Appendix A](#) includes a list of potential change ideas for improving mental health literacy.
- Plan a test of change ([PDSA cycle](#)): Determine a method for testing the change idea. Testing a change requires the team to make an actual change to day to day programs, practices, policies, or procedures and observe the impact. Assign roles and tasks and [document the plan](#).

EQUITY CHECK ✓

Throughout the planning stage, teams should consider:

- Whose voices have we included as we defined our problem of practice? Whose voices have we left out?
- Will addressing this problem of practice lead to greater opportunities to learn for all students? For traditionally marginalized or underserved students?
- Are our identified root causes based on deficit understandings of the populations we serve? (Hinnant-Crawford 2020)

Stage 4: Implementation

Teams execute the chosen change idea in collaboration with frontline staff to test their theory of improvement. Teams implement PDSA cycles to test small changes and monitor the impact of the changes being made with data collection. The following action steps can be used to implement tests of change related to mental health literacy:

- Implement a change idea: Perform a PDSA cycle by testing the team’s chosen change idea, observing the impacts of the test, and documenting the results.
- Study the results: After each cycle, consider whether to abandon, adapt, or fully adopt the change based on the observed impact of the test.
- Incorporate learning: Update driver diagrams, root cause analysis tools, system maps, etc. to reflect new learning.
- Run more tests: Continue to implement PDSA cycles until the team’s confidence in the change has increased and the change has been tested in a variety of conditions.
- Scale up: Integrate successful changes into school or district processes and make a plan to evaluate the changes over time. Plan for professional development, which supports the integration of system improvements.

EQUITY CHECK ✓

Throughout the implementation stage, teams should consider:

- How has the PDSA process been communicated to those involved in testing changes?
- Is our documentation in the “do” phase reflective of everyone involved in the change? Whose voices are missing?
- Whose perspectives and suggestions were considered in deciding next steps in the “act” phase? Whose were overlooked or ignored? (Hinnant-Crawford 2020)

Stage 5: Reflection

Teams intentionally gather and consider lessons learned throughout the improvement process to understand how the changes have moved the team towards its goal and to inform future planning. The following action steps can be used to reflect on how improvement efforts have impacted mental health literacy:

- Evaluate data: Evaluate both implementation and impact data to determine the extent to which the improvement cycles have met established goals. When evaluating these data, consider unintended consequences and impacts on historically marginalized communities.
- Plan for sustainability: Anticipate policies, practices, and resources needed to sustain changes as more staff members participate, turnover occurs, and improvement cycles continue.
- Celebrate: Take time to celebrate successes, appreciate champions, and communicate improvements in mental health literacy to the school-community.

EQUITY CHECK ✓

Throughout the reflection stage, teams should consider:

- Are the improvements we are making producing similar outcomes across student groups? Schools? The district?
- Who has been impacted by our improvement work? How ?
- How have we communicated improvement work to shareholders? (Hinnant-Crawford 2020)

Appendix A: Components of Mental Health Literacy Crosswalk

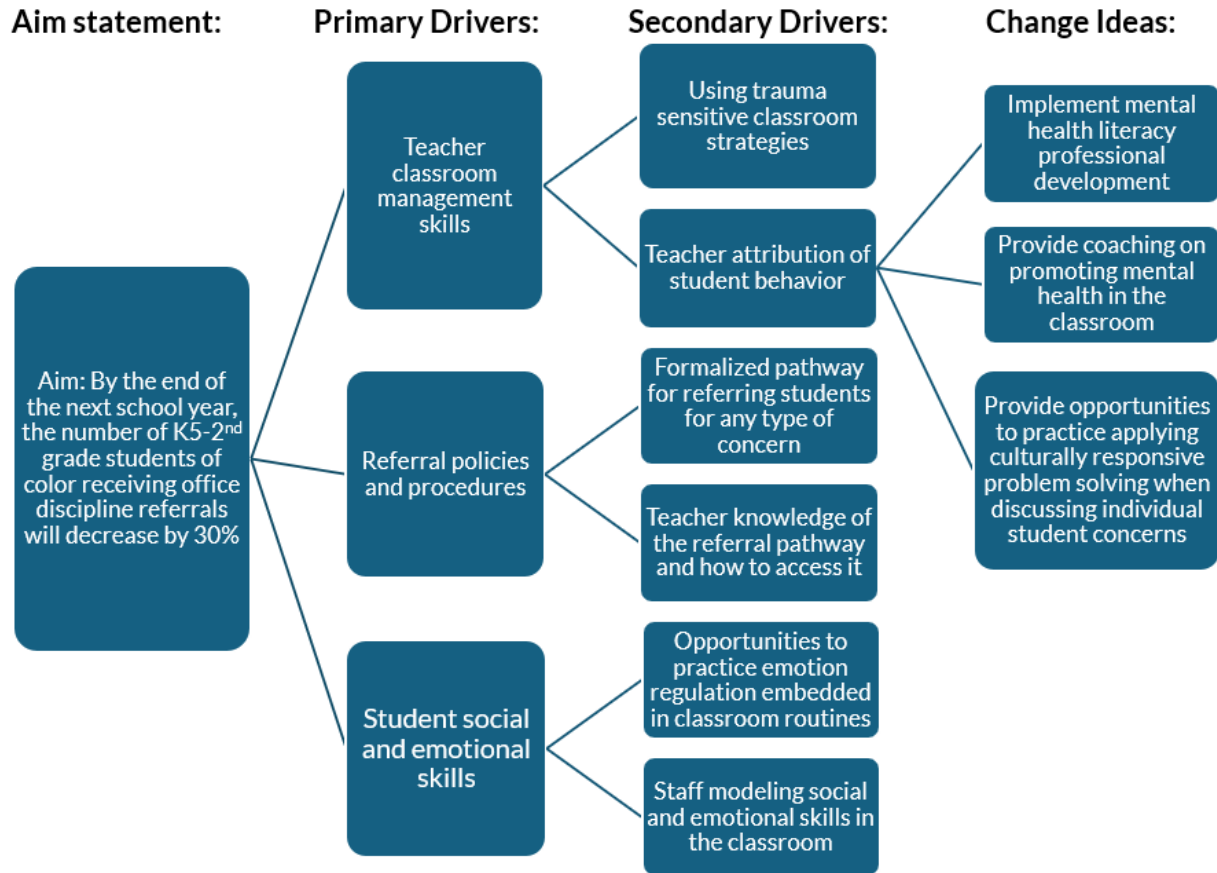
Component of Mental Health Literacy	Type of Mental Health Literacy		
	Individual Mental Health Literacy	Educator Mental Health Literacy	Organizational (School/District) Mental Health Literacy
Ability to Build and Maintain Positive Mental Health	<ul style="list-style-type: none"> • Knowledge of how to promote positive mental health. • Ability to identify activities and habits that are personally helpful for promoting well-being, consistently doing those activities, and building those habits. • Ability to assess personal well-being and take action to maintain positive mental health. 	<ul style="list-style-type: none"> • Understanding compassion fatigue and using strategies to promote compassion resilience in themselves and colleagues. • Engaging in mental health promotion, including policies, programs, and practices that encourage the social, emotional, and behavioral health and well-being of students before they are at risk for developing a mental health challenge. 	<ul style="list-style-type: none"> • School and district leaders prioritize a strong universal level of mental health promotion through policy, staffing, and funding. • School and district leaders understand mental health and feel comfortable talking about topics such stress, burnout, self-care, and compassion resilience. • School and district leaders model how to prioritize well-being for staff. • Leaders center student and caregiver voice in decisions about what is included in the continuum of school mental health supports and in individual student planning.
Mental Health Knowledge	<ul style="list-style-type: none"> • A basic understanding of mental health, including: <ul style="list-style-type: none"> • a general understanding of how healthy minds and bodies function; • what impacts mental health; • how mental health can change over time; • signs and symptoms of mental health disorders; and • treatments for common mental health disorders. 	<ul style="list-style-type: none"> • Knowledge of the prevalence and impact of chronic stress, marginalization, and trauma on student’s development. • Knowledge of how mental health impacts classroom behavior and learning. • Knowledge of how mental health challenges show up at school. 	<ul style="list-style-type: none"> • The district integrates mental health literacy education for all students. • The district regularly assesses staff mental health literacy and provides professional development to all staff.
Ability to Seek Help and Provide Support	<ul style="list-style-type: none"> • Ability to communicate about mental health concerns to trusted individuals 	<ul style="list-style-type: none"> • Knowledge of available resources for supporting employee mental health. • Ability to implement trauma-sensitive classroom strategies 	<ul style="list-style-type: none"> • District has established procedures for sharing information related to mental health offerings included in employee benefits packages, how to use them, and the flexible ways staff can access care.

	<ul style="list-style-type: none"> • Ability to identify and connect to community mental health resources • Ability to have supportive conversations with someone else who may be struggling with their mental health • Ability to use self-help strategies when experiencing a mental health challenge 	<p>that support students experiencing a mental health challenge.</p> <ul style="list-style-type: none"> • Knowledge of the school mental health referral pathway. • Ability to reinforce skills that students learn in therapy in the classroom . • Ability to build caring relationships and safe classroom environments. • Ability to center student and family voice and choice when identifying and referring students to supports. 	<ul style="list-style-type: none"> • School staff have a process for sharing individual mental health information with students and caregivers with a variety of levels of health literacy, such as universal mental health screening results, student progress in early intervention and treatment supports, etc. • Staff provide information and support to students and caregivers with a variety of levels of mental health literacy when a student is referred for mental health services. • Engage in resource mapping to identify the mental health resources and supports available in the school and in the community and share it in a way that makes it accessible to all.
Stigma Reduction	<ul style="list-style-type: none"> • Knowledge of the types of mental health stigma. • Knowledge of the impact of mental health stigma. • Willingness to speak openly about mental health. • Ability to identify and use strategies to reduce stigmatizing attitudes, language, and actions. • Ability to reflect on how cultural norms, experiences, and exposure to people with mental health challenges has shaped person beliefs about mental health . 	<ul style="list-style-type: none"> • Maintain high expectations for students who have experienced a mental health challenge and treat them as strong and capable. • Create opportunities for students to speak openly about mental health and share stories of recovery and resilience. • Use person-first language when talking about students mental health challenges. 	<ul style="list-style-type: none"> • School staff feel comfortable talking about mental health with their students, caregivers, and colleagues. • Leaders model and reinforce environments that create a climate where talking about mental health is normalized and destigmatized. • District policy normalizes using sick time to attend to mental health and overall well-being.

Appendix B: Example Driver Diagram for Improving Mental Health Literacy

Problem:

In the past year, Cheddar Elementary had a 30 percent increase in office discipline referrals for students of color, especially in the younger grades. When the districts looked more closely at the data, they noticed that in most of the cases the students ended up being referred for mental health supports after they had received several office discipline referrals.



Appendix C: Example Change Ideas for Improving Mental Health Literacy

Mental Health Knowledge

- Integrate mental health literacy education to all students during health class, advisory periods, or classroom SEL time.
- Provide opportunities for new educators to increase their mental health literacy within the mentoring relationship.
- Partner with local health and public health agencies to provide opportunities for all members of the school community to build mental health knowledge.
- Create a health resource center within the school where students and staff can go to access accurate information about mental health.

Mental Health Promotion

- Provide opportunities for staff to increase their compassion resilience during already scheduled staff meetings.
- Establish a protocol for sharing mental health screening data with caregivers and students and guidance on how to use the information to improve their mental health.
- Create student affinity groups aimed at supporting historically marginalized students' mental health.
- Engage in asset mapping to identify community resources that can promote well-being.

Stigma Reduction

- Support a student-lead mental health stigma reduction campaign.
- Provide opportunities for students and staff to share stories of recovery and resilience.
- Implement professional learning for staff on the types of mental health stigma and their impact on those who have experienced a mental health challenge.

Providing Support to Someone Who May Be Struggling

- Improve communication related to the mental health referral pathway, including information on how to access it, and providing follow-up information to the referrer after a student has been referred.
- Create a resource map of mental health supports available both in the school and community and communicate it to staff, caregivers, and students.
- Train the school-community in a method for responding to students when they may be struggling.

- Increase student and caregiver awareness of student services staff and the supports they can provide.

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Wisconsin Department of Public Instruction
Student Services/Prevention & Wellness Team
Liz Krubsack, School Mental Health Consultant
201 West Washington Avenue
Madison, WI 53703
(608) 264-6719
Elizabeth.krubsack@dpi.wi.gov
<https://dpi.wi.gov/sspw/mental-health>

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