



Holistic, innovative, culturally-rooted healthcare

Idea 23	Equal valuing of and access to mental/emotional health resources
Proposal 23a	Education regarding the intertwined nature of mental/physical/emotional whole-person health
Description	Secure resources for early education and a new narrative so that people can learn about mental health, how to talk about it, learn that it's just part of overall well-being (e.g., "R U OK" program in Australia, citizenship education). Test on a hyper-local level with community teaching values and compassion, parenting skills, communal practices, and engaging communal caretaking.
How will the proposed action advance equitable health and well-being?	
Is there work we can build on?	<p>"R U OK" program in Australia</p> <p>The Good Behavior Game (elementary curriculum):</p> <p>Citizenship education models could offer a starting point for how we might teach health in a similar way.</p> <p>Coping, Caring, Connecting (CitiesRise programs for the educational system), which includes teaching hope/resilience at an early age, teaching peer support and speaking to one another about mental health, creating healthy ecosystems (parents, school, after-school, etc. learning mental health literacy and identifying concerns in young people)</p> <p>Social emotional learning</p> <p>NalandaWay Foundation offers a curriculum using arts for primary school students in India</p> <p>JED Foundation</p> <p>YMCA and community lead programs</p> <p>Youth Mental Health First Aid programming is currently designed for adolescents, but could be reimaged for younger audiences and needs</p>



	<p>Centering Pregnancy/Centering Parenting model</p>
<p>Who would have to act? Who would be key partners?</p>	<p>Formal/informal caregivers, childcare regulators, HeadStart, school systems, teachers, etc.: How to make this process exciting/interesting for caregivers/parents?</p> <p>Higher education: How to what training do teachers/educators receive in order to provide this?</p> <p>Local policymakers, school system elected officials, city council</p> <p>Faith communities, faith leaders</p> <p>Healthcare systems, particularly pediatric care: how can group session visits, community models, anticipatory guidance for the next phases of development be built into the model? How might mental health learning be incorporated into these pediatric care and practices?</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Informed by the “work we’re drawing on” above, develop curriculum/program to be tested in a particular school system, faith-based community, or locality. Co-develop with community (parents/caregivers, pediatricians, educators, etc. 2. Connect with new models of education for K-2 or K-5; see if there are some that already have something like this at their heart (that could be supported, scaled, etc.) and/or use those as testing grounds 3. Explore “Pay for Success” models. These have been a way to protect government from major losses, since they’re underwritten by philanthropy/private sector investors.
<p>Other comments or guidance</p>	<p>Ensure that the programming isn’t advancing “one and done” conversations but that concepts are threaded throughout a holistic approach.</p> <p>Focus on holistic campaigns, ensuring the same messages are present at home, faith-based spaces, school, etc.</p>