# MT HOSA Mental Health Promotion

**Event Category: Emergency Preparedness**

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| **Dress Code:** Official HOSA uniform or business professional attire | **Round One:** Digital Social Media Campaign | **Digital Upload:** YES, reference pages, consultant form, digital files, and link to social media campaign |
| **Team Event:** 2-6 competitors per team | **Round Two:** Presentation (5 minutes) | **Presentation Materials:** Device to show social media campaign components. Notecards (optional). |

## Event Summary

The Mental Health Promotion event provides HOSA members with an introduction to mental health topics with a grounding in prevention. The event is built on the understanding that "mental health IS health" and that we must think about taking care of our mental health just as we do our physical health. This competitive event consists of a team of 2 to 6 members. Teams will create and publish a social media campaign for their peers centered on building and promoting protective factors around a selected mental health topic. This social media campaign will be pre-judged digitally prior to SLC. Teams will present their social media campaign and process to a panel of judges at SLC. This event aims to provide information on how to support someone struggling with their mental health and to inspire future health professionals to promote the importance of mental health in their schools and communities.

## General Event Information

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| **Official References** | The following are suggested event resources:<br>• CVS Health Mental Health and Well-being<br>• Substance Abuse and Mental Health Services Administration website i. Risk Factors<br>• Jed Foundation<br>• Surgeon General's Advisory: Protecting Youth Mental Health<br>• Mental Health.gov<br>• Be There Certification<br>• School and Campus Health |

## Identify a Mental Health Consultant

1. Teams will identify a Mental Health Consultant who will support their participation in this Mental Health Promotion event. Consultants could include a school mental health professional (i.e.: counselor, nurse, psychologist, etc.), or community mental health professional. If none of these consultants are available, the local HOSA advisor can serve in this role.
2. The purpose of the Mental Health Consultant is to provide competitors oversight of project content and to offer support and guidance.
3. **The Mental Health Consultation form found in the guidelines and must be included as part of the digital upload as described below.**
4. The number of meetings the team has with the Mental Health Consultant is a team decision. Additionally, a team may choose to identify more than one consultant. This is acceptable but certainly not required. If so, upload multiple copies of the Mental Health Consultation Form.



The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

## Identify Risk and/or Protective Factors for Mental Health within Social Media Campaign

1. Teams will focus on risk and/or protective factors for youth. Learn more about risk and protective factors.
2. The risk and/or protective factors can be selected based on the team's interest and/or on a needs assessment/ evaluation of their school/community and the desire to address a particular topic with their peers.
3. Teams should work with their Mental Health Consultant to identify an appropriate youth topic and risk and/or protective factors related to the topic. As **EXAMPLES,** see below two example scenarios:
   a. *Working with the Mental Health Consultant, your team discovers that there are a large number of "people who are cutting for self-harm" in your school. Some risk factors of self-harm are identified as bullying, peer conflict, and witnessing violence in the home. The team decides to focus the social media campaign on ways to navigate bullying and solve peer conflicts.*
   b. *Your team is interested in the impact social isolation has had on teens at your school. Working with the Mental Health Consultant, you discover that many teens are showing signs of depression. Your team decides to focus your social media campaign on engagement and connections with others through school extracurricular activities, as this has been identified as a protective factor for depression.*

## ROUND ONE- Digital Social Media Campaign (Pre-judged virtually)

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| **Social Media Campaign** | 1. Using the team's chosen topic and identified risk and/or protective factors, teams will develop a social media campaign to educate their peers on this topic, as well as a summary presentation of this campaign for judges.<br>2. The social media campaign may include photos, videos, interviews, graphics, animations, cartoons, audio, blogs, tweets, or any other appropriate form of original social media. Teams may create original content or enhance something existing to convey the educational message desired by the team. Please see GRR regarding disabling social media comments. .<br>3. Teams will establish the timeline and method for implementing the social media campaign. Materials may be shared on Facebook, Instagram, YouTube, TikTok, Snapchat, Vimeo, websites, etc. The timeline and methods will be shared as part of the round two presentation.<br>4. Summary presentation will be created to summarize the social media campaign. This can be created on any digital platform such as Canva, PPT, Google Slides, or a digital platform of the team's choice to showcase this campaign for judges. The summary presentation slides will include:<br>a. **Title Slide** including Event Name, Team Member Names, HOSA Division, HOSA Chapter #, School Name, Chartered Association (1 slide only)<br>b. **Completed Mental Health Consultant Form**, in guidelines (inserted as image in the summary presentation)<br>c. **Reference Page(s)** (inserted as image in the summary presentation)<br>■ Teams will compile a Reference Page(s) citing all literature used in the development of the Social Media Campaign. American Psychological Association (APA) is the preferred resource in Health Science. *Points will be awarded for compiling a clean, legible reference page(s), but the formatting of the reference page(s) is not judged.* The Reference Page(s) will be included as part of the digital upload as described below.<br>d. **Examples of the social media campaign,** along with direct links to their respective social media platforms.<br>■ For links, type or copy/paste the URL link **INTO THE PDF FILE** and ensure all links are set to **PUBLIC** permissions so judges can view them. Links without public permission will result in the entire project being given a zero score. If you use Instagram or another social media platform, ensure all content submitted for judging is publicly viewable **without requiring judges to login** |

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| | **to an account. DO NOT post project materials on your personal social media accounts,** as judges should not be viewing your personal accounts. Best practice is to create unique accounts specifically for your content, or to share the content on applicable local chapter HOSA accounts. There is no limit to the number of pages the summary presentation can be. Include all links that were used as part of the Social Media Campaign. The summary presentation will need to be converted to PDF FILE format prior to uploading. |
| **REQUIRED Digital Upload** | 5. Required Item(s) **MUST** be uploaded as **ONE COMBINED PDF FILE** by ONE member of the team to the HOSA Digital Upload System by March 19th.<br><br>**If the upload is not submitted as a single PDF document, the judge will NOT view it and NO points will be awarded. In addition, any links or documents that are not accessible to the judge for viewing, no points will be awarded.**<br><br>6. **March 19** at midnight MST is the **final deadline** and there will be **NO EXCEPTIONS** to receipt of the required materials after the deadline. We STRONGLY suggest not waiting until the last minute to upload online to avoid user challenges with the system.<br>7. Detailed instructions for uploading materials can be found at: https://hosa.org/competitive-event-digital-uploads/<br>8. For SLC, the digital materials uploaded by March 19 will be PRE-JUDGED. Competitors who do not upload materials are NOT eligible for the Round Two presentation portion of the competition and **will NOT be given a competition appointment time at SLC**.<br>9. It is important to note that judges will have seven (7) minutes to review the pre-judged digital submissions. The team determines the number of items (photos, videos, etc.) to include in the social media campaign, but the team should be aware of this seven (7) minute review time to ensure there is not too much (or too little) content for the judges to effectively review. |

## Round Two: Presentation to the Judges

1. The top competitors from Round One in each division will advance to Round Two, the full presentation. The number of advancing competitors will be determined by criteria met in Round One, as well as space and time available for Round Two. Competitors shall report to the event site 10 minutes before their appointment time.
2. Teams will have a maximum of five (5) minutes to present to the panel of judges.
3. The timekeeper will announce the time when there is one (1) minute remaining in the presentation. The timekeeper will stop the presentation after five (5) total minutes.
4. The presentation will:
    a. Share key points that the team learned from reading the recommended resources.
    b. Explain the risk and/or protective factors the social media campaign addressed.
    c. Summarize "why" the selected topic was chosen (the needs assessment/evaluation of the school/community and/or the interest by the team).
    d. Outline the timeline and methods used in the campaign
    e. Share how the Mental Health Consultant was utilized in the learning process.
    f. Describe potential next steps and how the team could implement additional projects and further make a difference regarding the identified target topic.
5. Using a personal electronic device (computer/tablet, etc.) is acceptable to incorporate pieces of the social media campaign during the team's presentation. **The presentation is a VERBAL presentation, the device is only used to show pieces of the social media campaign. Teams should not create a PowerPoint/Prezi presentation or any other visual aids.** Only selected parts of the social media campaign may be shown to the judges during the presentation and will be counted in the five-minute time limit.
6. Teams will bring their own electronic device operating on battery power to show parts of the social media campaign. The information should be visible to judges sitting up to five feet from the screen. (HOSA will NOT provide any other equipment/wifi/AV).
7. Use of index card notes during the presentation is permitted. Electronic notecards (on a tablet, smartphone, laptop, etc.) are permitted but may not be shown to judges. This device must be different from the device that is shown to judges. No other props or visual aids (including PowerPoints/Prezi, etc) are permitted. Please refer to GRRs.

## Final Scoring

1. The pre-judged video scores will be added to the presentation score to determine the final results.

2. In the event of a tie, a tiebreaker will be determined by the areas on the rating sheet section(s) with the highest point value in descending order.

## Future Opportunities

The HOSA Scholarship program has funding available for HOSA members who have an interest in various health careers! The application process begins January 1, 2027, and can be found here: https://hosa.org/scholarships/.

Graduating from high school or completing your postsecondary/collegiate program does not mean your HOSA journey has to end. As a HOSA member, you are eligible to become a HOSA Lifetime Alumni Member- a free and valuable opportunity to remain connected, give back, and help to shape the future of the organization. Learn more and sign up at hosa.org/alumni.

# Mental Health Promotion
## Mental Health Consultation Form

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| **Competitors' Names:** | **School:** |
| | **HOSA Advisor Name:** |
| ***Mental Health Consultant:*** | ***Title:*** |

| Date(s) of Consultation | Total Time Spent Meeting with Consultant | Topic(s) Discussed | Consultant Signature |
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**Thank you for taking this time to consult with HOSA-Future Health Professionals Competitors! Please help them improve by providing the following feedback. HOSA members are responsible for this form as part of their event requirements, so please return it to them at the end of their learning experience.**

| Objectives to Evaluate | Exceeds Expectation | Met Expectation | Needs Improvement |
|---|---|---|---|
| Competitors effectively explained HOSA to Mental Health Consultant | | | |
| The team exhibited sufficient background knowledge of their school/community needs to support engaging conversations | | | |
| The team exhibited sufficient background knowledge of mental health to support engaging conversations | | | |
| Competitors contributed effective ideas and were receptive to suggestions regarding how, when and where to seek additional help | | | |
| Competitor conducted themselves professionally at all times | | | |
| Additional Information (*optional advice for these future health professionals*) | | | |


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# Mental Health Promotion

## Round One Social Media Campaign Digital Submission

**Team #:**_____ **Division:** _____SS_____PS/C **Judge's Signature:**_____

*One PDF file for Social Media Campaign Summary, Completed Mental Health Consultant Form, Reference Page, Examples of Social Media Campaign YES ____ NO _____*

**If the submission is NOT uploaded as a PDF file, judges will not score the submission.**

| A. Social Media Campaign Submission | EXCELLENT 10 points | GOOD 8 points | AVERAGE 6 points | FAIR 4 points | POOR 0 points | JUDGE SCORE |
|---|---|---|---|---|---|---|
| **1. Mental Health Consultation Form** | The Mental Health Consultation form is submitted and complete. | N/A | N/A | N/A | The Mental Health Consultation Form is incomplete OR was not submitted. | |
| **2. Summary Presentation** | Summary presentation is included in the digital submission. | N/A | N/A | N/A | Summary presentation is not included in the digital submission. | |
| **A. Social Media Campaign Submission** | **EXCELLENT 5 points** | **GOOD 4 points** | **AVERAGE 3 points** | **FAIR 2 points** | **POOR 0 points** | **JUDGE SCORE** |
| **3. Title Page** | Title page contains ALL requirements: Event Name, Team Member Names, HOSA Division, HOSA Chapter #, School Name, Chartered Assoc | N/A | N/A | N/A | All requirements are not met or portfolio not submitted. | |
| **4. Reference Page(s)** | The reference page(s) included in the digital submission | N/A | N/A | N/A | Reference page(s) not included in the digital submission. | |
| **B. Social Media Campaign Content** | **EXCELLENT 15 points** | **GOOD 12 points** | **AVERAGE 9 points** | **FAIR 6 points** | **POOR 0 points** | **JUDGE SCORE** |
| **1. Risk and/or protective factors** | The risk and/or protective factors identified by the team are exceptionally clear and are centered as the focus of the campaign. | A description of the risk and/or protective factors are provided but some small details are lacking. | The understanding of the risk and/or protective factors are average and not fully threaded into the campaign. | The risk and/or protective factors are not clearly communicated throughout the campaign | No evidence of understanding of the risk and/or protective factors. | |
| **2. Understanding of chosen issue/topic** | The team's understanding of the Mental Health topic is clearly shown through the social media campaign materials. There is no doubt the team has a mastery of the content. | The team's understanding of the Mental Health topic is mostly evident but some aspects could be more clearly defined. | The team's understanding of the Mental Health topic is average and could be more fully developed. | The team's understanding of the Mental Health topic is unclear and does not share adequate knowledge on the topic. | There is no evidence of an understanding of the Mental Health topic. | |
| **3. Effectiveness and Impact** | The materials submitted were extremely effective and convincing. Judges absolutely want to hear the team's round two presentation. | The materials submitted were effective and appealing to judges. The judges are interested in hearing the team's round two presentation. | The social media campaign was somewhat effective and appealing. The judges might be interested in hearing more but are having a hard time making up their mind. | Some of the materials submitted lacked effectiveness and did not leave a strong impact on the judges. | The judges felt the presentation was lacking in numerous aspects. | |



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| B. Social Media Campaign Content | EXCELLENT 15 points | GOOD 12 points | AVERAGE 9 points | FAIR 6 points | POOR 0 points | JUDGE SCORE |
|---|---|---|---|---|---|---|
| **4. Peer Education** | The social media campaign is clearly designed for an audience of the team's peers. The content does an exceptional job of educating this audience on the chosen topic. | The social media campaign was unique and offered a fresh approach to the topic; however, it was missing the "wow" factor that would appeal to this audience. | The social media campaign was adequate. It may or may not be an effective education tool for this audience. | The social media campaign was limited and missing some key points to make it desirable for peers to view. | The social media campaign did not appeal to peers and information shared was insufficient. | |
| **C. Social Media Campaign Design** | **EXCELLENT 10 points** | **GOOD 8 points** | **AVERAGE 6 points** | **FAIR 4 points** | **POOR 0 points** | **JUDGE SCORE** |
| **1. Appearance / Organization** | The social media campaign is exceptionally neat, organized, and error-free. Information is clear and easy to understand and follow. | Social media campaign is neat and organized. The content has a logical flow with only minimal errors. | The social media campaign was basic and could use more organization, editing and thought to be fully understood. | The social media campaign lacked organization and/or contained several spelling errors. The flow of information seemed to create more questions than answers. | Social media campaign not submitted OR the display is either too busy or lacks enough detail to support the content. | |
| **C. Social Media Campaign Design** | **EXCELLENT 15 points** | **GOOD 12 points** | **AVERAGE 8 points** | **FAIR 4 points** | **POOR 0 points** | **JUDGE SCORE** |
| **2. Creativity and Originality** | The social media campaign incorporates creativity and innovation that make it unique. It has the "wow-factor" and stands out. | The social media campaign is innovative and creative. It offers something unique but is missing the wow-factor. | The social media campaign has moderate levels of creativity and originality. | Basic elements of creativity and innovation were captured in this social media campaign. It may be soon forgotten. | Social media campaign not submitted OR little creativity or originality was captured in the campaign. More effort needed. | |
| **Subtotal Points for Pre-Judging Social Media Campaign (115)** | | | | | | |



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# Mental Health Promotion
## Round Two Presentation Rubric

**Team #:**_____ **Division:** _____SS_____PS/C **Judge's Signature:**_____

| A. Presentation Content | EXCELLENT 10 points | GOOD 8 points | AVERAGE 6 points | FAIR 4 points | POOR 0 points | JUDGE SCORE |
|---|---|---|---|---|---|---|
| **1. Learning Points from suggested resources.** | The team did an exceptional job of sharing what they learned from the suggested resources. It was evident they greatly benefited from the course and were able to incorporate what they learned into the event process. | The team did a good job of sharing what they learned from the suggested resources**.** More details would have been beneficial to show they were able to incorporate what they learned. | It was fairly evident that the team had researched the suggested resources but the information was limited in the presentation. | The team member's inclusion of information gained from the suggested resources was minimal. | It was not evident that all team members had completed the review of the suggested resources. | |
| **2. Mental Health Consultant Incorporation** | The team effectively shared how the Mental Health Consultant was utilized in the learning process. | NA | It was evident that the team worked with a Mental Health Consultant but how that work impacted their campaign was incomplete. | NA | Evidence of the Mental Health Consultant being utilized in the learning process was not evident. | |
| **3. Timeline and Method** | The team clearly explained the timeline for implementing their social media campaign and the methods for sharing the content with their peers. | NA | The team explained the timeline for implementation of the social media campaign but questions remain regarding sharing the information. | NA | The team failed to describe a timeline and method for sharing the social media campaign. | |
| **4. Incorporation of Social Media Campaign during Presentation** | The use of the social media campaign greatly enhanced the presentation. The incorporation was very smooth and thoughtful. | The use of the social media campaign during the presentation helped explain the campaign. It complemented the presentation effectively. | The competitors did an adequate job of using the social media campaign during the presentation. | The use of the social media campaign only somewhat enhanced the presentation and seemed to miss key points of emphasis. | The use of the social media campaign seemed to be an "afterthought" to the presentation. There was a definite disconnect. | |
| **A. Presentation Content** | **EXCELLENT 15 points** | **GOOD 12 points** | **AVERAGE 9 points** | **FAIR 6 points** | **POOR 0 points** | **JUDGE SCORE** |
| **5. Summarize "why" the selected topic is chosen** | The team included details of the needs assessment of the school/community and/or clearly summarized why they selected the topic they did– the reason for selecting the topic is appealing. | The team did a good job of sharing the "why" of the selected topic and/or incorporating the needs assessment information. | Summary of "why" and/or needs assessment are sufficient but could have been developed further. | Reasoning behind the "why" is lackluster and/or needs assessment misses the mark. | The "why" / needs assessment of the topic selection was missing. | |



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| A. Presentation Content | EXCELLENT 15 points | GOOD 12 points | AVERAGE 9 points | FAIR 6 points | POOR 0 points | JUDGE SCORE |
|---|---|---|---|---|---|---|
| **6. Risk and/or protective factors** | The risk and/or protective factors identified by the team are well researched and it is evident the team has a command of the topic selected. | A description of the risk and/or protective factors are provided but some small details are lacking. | The understanding of the risk and/or protective factors are average and not fully threaded into the presentation. | The risk and/or protective factors are not clearly communicated throughout the presentation. | No evidence of understanding of the risk and/or protective factors was shared in the presentation. | |
| **7. Next Steps** | The team clearly defined potential next steps for their selected topic and how they could further expand and make a difference. | N/A | The team included some potential steps for what comes next, but additional development is needed. | N/A | The team did not define potential next steps for their selected topic. | |
| **B. Presentation Delivery** | **EXCELLENT 5 points** | **GOOD 4 points** | **AVERAGE 3 points** | **FAIR 2 points** | **POOR 0 points** | **JUDGE SCORE** |
| **1. Voice** Pitch, tempo, volume, quality | The team's voice was loud enough to hear. They varied rate & volume to enhance the speech. Appropriate pausing was employed. | The team spoke loudly and clearly enough to be understood. They varied rate OR volume to enhance the speech. Pauses were attempted. | The team could be heard most of the time. They attempted to use some variety in vocal quality, but not always successfully. | The team's voice is low. Judges have difficulty hearing the presentation. | Judge had difficulty hearing and/or understanding much of the speech due to low volume. Little variety in rate or volume. | |
| **2. Stage Presence** Poise, posture, eye contact, and enthusiasm | Movements and gestures were purposeful, enhanced the delivery of the speech, and did not distract. Body language reflects comfort in interacting with the audience. Facial expressions and body language consistently generated a strong interest and enthusiasm for the topic. | The competitor maintained adequate posture and non-distracting movement during the speech. Some gestures were used. Facial expressions and body language sometimes generated an interest and enthusiasm for the topic. | Stiff or unnatural use of nonverbal behaviors. Body language reflects some discomfort in interacting with the audience—limited use of gestures to reinforce verbal messages. Facial expressions and body language are used to generate enthusiasm but seem forced. | The competitor's posture, body language, and facial expressions indicated a lack of enthusiasm for the topic. Movements were distracting. | No attempt was made to use body movement or gestures to enhance the message. No interest or enthusiasm for the topic came through in presentation. | |
| **3. Diction, Pronunciation, and Grammar** **Diction:** choice of words, especially with regard to correctness, clearness, and effectiveness. **Pronunciation:** Act or manner of uttering officially. | Delivery emphasizes and enhances the message. Clear enunciation and pronunciation. No vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). The tone heightened interest and complemented the verbal message. | Delivery helps to enhance the message. Clear enunciation and pronunciation. Minimal vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone complimented the verbal message. | Delivery was adequate, and enunciation and pronunciation were suitable. However, noticeable verbal fillers (e.g., "ahs," "uh/us," or "you-knows") were present, and the tone seemed inconsistent at times. | Delivery quality was minimal. Regular verbal fillers (ex: "ahs," "uh/ums," or "you-knows") are present. Delivery problems disrupt messages. | Many distracting errors in pronunciation and/or articulation. Monotone or inappropriate variation of vocal characteristics. Inconsistent with verbal message. | |
| **4. Team Participation** | Excellent example of shared collaboration in the presentation of the campaign. Each team member spoke and carried equal parts of the presentation. | Most of the team was actively engaged in the presentation. | The team worked together relatively well. Some of the team members had little participation. | The team did not work effectively together to present their campaign. | One team member dominated the presentation. | |
| **Subtotal Points for Presentation (105)** | | | | | | |
| **Total Points (Pre-judged social media campaign & presentation) (220)** | | | | | | |



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