

HEALTHY YOUNG MINDS

A publication of MHANYS' School Mental Health Resource & Training Center

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This newsletter is for educators, parents, and students about mental health in schools.

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Imagine a World Without Stigma

The word stigma is derived from the Latin term 'stigmata,' meaning a mark of shame. Throughout history, stigmas were imposed on individuals who exhibited unfavorable characteristics or engaged in behaviors that were not typical. When stigma associated with a specific condition becomes rooted in societal norms, it manifests in attitudes and behaviors that are difficult to change. For centuries, society did not possess the skills or knowledge to identify and treat mental health problems. Thus, the gap in understanding was filled with misinformation and fear. Like most disorders, mental health disorders can be prevented and treated. Unfortunately, people experiencing a mental health problem often feel embarrassed and fearful due to persistent stigma. In the case of youth, they may dismiss signs and symptoms as typical adolescent development and may delay getting help or not reach out for help at all. In fact, the median age of onset between the time when symptoms first appear and when a person gets appropriate professional help is 10 years. In the case of a young person, the age of onset for anxiety disorder is as young as eight years old. Imagine if you would, that a child begins to exhibit symptoms in third grade but doesn't get help until around the time they graduate high school. Now think about the growth that typically occurs between those years – the development of social skills, learning and career exploration, and psychological maturation. When mental illness goes undiagnosed or treatment is delayed, the results are lower academic achievement, higher rates of absenteeism and discipline problems, lower graduation rates, and less engagement in higher education, employment, or other gainful activities. Most alarming, unrecognized, or untreated mental health problems can lead to suicidal thoughts or behaviors and non-suicidal self-injury.

New York State's Mental Health Education in Schools Law: This past July, a law took effect in New York State requiring schools to teach about mental health as part of the health curricula. The Mental Health Association in New York State, Inc. (MHANYS) led the advocacy efforts, making New York the first state in the US to legislate mental health education for all students from kindergarten to twelfth grade.

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Imagine a World Without Stigma Continued from page 1

Consistent with research in mental health literacy, MHANYS believes that a systematic approach to promoting youth understanding of prevention and recognition, as well the development of coping strategies and help-seeking behaviors, can reduce stigma now and for future generations. MHANYS recommends a public health approach to mental health education – one that would provide the entire school community with the knowledge and life-long skills to promote mental health and wellness for students, families, educators, and other school personnel. Furthermore, mental health instruction should include:

- The concept of wellness including self-care and personal responsibility for one’s own mental wellness.
- The concept of mental health as an integral part of health.
- The recognition of signs and symptoms of developing mental health problems.
- Instruction in the awareness and management of mental health crises, such as the risk of suicide, self-harm, and other mental health crises.
- The relationship between mental health, substance use, and other negative coping behaviors.
- The negative impact of stigma and cultural attitudes toward mental illness on treatment-seeking behavior and as a contributing factor in discrimination against people with mental illnesses.
- The concept of recovery from mental illness.
- The implications of risk factors, protective factors, and resiliency on wellness, mental health, and recovery.
- Instruction in identifying appropriate helping professionals, services, and family/social supports.

A Comprehensive Approach to Implementation: The law only applies to instruction in health education (a K-12 requirement in NYS) but many schools are using this opportunity to develop a plan to support and promote the mental health and wellness of the entire school community. The focus is not on instruction but rather on creating a climate of well-being and social connectedness in which the mental health of everyone is valued and supported, including students, families, and staff.

At the Elementary level, school-wide social emotional learning (SEL) initiatives are quickly becoming a preferred approach to affecting school climate and building the foundation for mental health instruction. Applying the core components of SEL programs to concepts related to mental health, schools are taking a skills-based approach to mental health instructions, using:

- self-awareness skills to support the identification and express of feelings,
- self-management strategies to promote the development of positive coping skills,
- social awareness to build empathy and social connections,
- relationship skills to encourage social connectedness and supportive relationships, and
- responsible decision-making to promote healthy lifestyle choices.

The general consensus is that teaching about mental health as part of the health education curriculum is simply not enough and that learning is best accomplished when we support the whole child, not just their academic development. In New York State, students typically receive one-half year of health education in either 7th or 8th grade, and one-half year in high school. Consider this: a student learns about mental health in the fall of 7th grade and then not again until the spring of 11th grade. Given what we know about untreated mental health problems, the years in between are critical for recognition and prevention of mental health problems. What value do we apply to mental health if we are limiting our discussions to a few classes in middle school and a few classes in high school?

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Innovations in Mental Health Education

A regular feature of Healthy Young Minds

Canadian Mental Health Literacy Curriculum

A Canadian-based Mental Health and High School Curriculum Guide that can be found at TeenMentalHealth.org is available to all as a free resource. This evidence-based classroom resource is aimed at improving mental health literacy across Canada and beyond. Led by Dr. Stan Kutcher, TeenMentalHealth.Org developed the mental health literacy curriculum to foster and enhance the mental health literacy of students in grades 9 through 12. When embedded into existing school curriculums, it enables better understanding of mental health problems and mental illnesses, helps decrease stigma surrounding mental illnesses, aids in the understanding of best practices for support and treatment, and encourages the development of positive mental health strategies. It also gives teachers the necessary literacy to foster positive mental health initiatives in schools, help create safe and supportive environments for their students, and aid in mental health promotion and prevention, ultimately transitioning the school setting to be part of a comprehensive pathway to mental health care access and support for youth.



According to the TeenMentalHealth.org web page “caring about and maintaining our mental health is as important as our physical health. We only have one brain and one body, so it’s our job to keep it running in the best way we can by paying attention to and working to improve our mental and physical health.”

Studies conducted by Dr. Stan Kutcher, ONS, MD, FRCPC, FCAHS in 2014 and 2015 demonstrated that the curriculum is an effective approach to improving mental health literacy in young people by embedding a classroom resource, delivered by usual classroom teachers in usual school settings. The first study (2014) demonstrated increased knowledge about mental health in 265 students who completed surveys. In the 2015 follow-up study, 114 students’ knowledge significantly improved over pre-intervention, post-intervention, and 2-month follow-up time periods. The study concluded that following classroom exposure to the curriculum resource, students’ knowledge scores increased significantly and substantively.

The findings are encouraging for schools in New York that will begin teaching mental health this fall in accordance with the new state mandate to teach mental health as part of the school health curriculum. Interestingly, the findings also support research on mental health literacy conducted by Australian researchers who are the founders of today’s mental health literacy movement. First published in in the late 1990s and early 2000s, Jorm’s research subsequently led to the creation of Mental Health First Aid. In 2008, the National Council for Behavioral Health brought Mental Health First Aid to the U.S. To date, more than one million people in communities across the country have been trained in Mental Health First Aid through a network of more than 12,000 certified Instructors.

How Mental Health Impacts Teen Friendship Longevity

It may come as no surprise that as many as half of all middle school friendships dissolve within an academic year. And in one recent study only about one out of four friendships were maintained between the seventh and the eighth grade. So called 'friendship dissolution' is a complex reality of adolescence, but researchers from Florida Atlantic University are shedding light on how important variables associated with mental health impact teen friendships.

A new study on adolescent friendships examined the degree to which internalizing symptoms such as anxiety, depression, social withdrawal, and submissiveness, predicted the dissolution of teen friendships.

The study sample followed 397 adolescent boys and girls (roughly equal numbers) from grade seven (median age 13), through to the end of high school in grade 12.

The researchers found that the more friends differed on anxiety symptoms and depressive symptoms, the greater the incidence of friendship instability. Therefore, youth who resembled one another were more likely to remain friends from one year to the next. One researcher in the study explained that "Behavioral similarity is tremendously important to a friendship," and "shared feelings and shared experiences are the glue that holds a friendship together."



Mental Health America's Back to School Toolkit

Half of all mental health conditions start by age 14. By increasing understanding of trauma and recognition of early warning signs of mental health conditions, we can get young people to seek help and support as soon as possible so that they can address issues before crisis, Before Stage 4.

MHA's 2018 Back to School Toolkit (<http://www.mentalhealthamerica.net/back-school>) provides young people with information to help them understand the effects of trauma, including the onset of mental health conditions like depression, anxiety, and psychosis.

This year's toolkit includes:

- Fact sheets on trauma, depression, anxiety, psychosis, and suicide prevention
- Poster for use in schools and youth centers
- Social media posts and images
- Sample article for use in school newsletters
- A worksheet with grounding techniques

While we can't completely shield young people from all the traumatic situations they may face, we can help them learn to manage their emotions and reactions in ways that cultivate resilience.

If you are concerned about your child and think they may be dealing with a mental health issue, reach out and start a conversation. Don't assume it's just 'kids being kids' when your gut tells you it may be something more. Consider taking the Parents Screen at mhascreening.org to check symptoms that you are witnessing.

Imagine a World Without Stigma Continued from page 2

We talk openly and often about the importance of sleep, hand-washing, good nutrition, and exercise because all of these things support physical health. Why wouldn't we do the same for mental health? MHANYS is encouraging schools to develop strategies for promoting mental health and wellness everyday by integrating the conversation into other subjects, such as English Language Arts, History, and Biology. In addition, school-wide initiatives can also provide opportunities to continue the conversation of mental health outside of the health classroom. For example, schools can select a week or a month to promote mental health through activities that raise awareness and encourage prevention strategies. Alternatively, schools might opt for a more regular approach by instituting 'Wellness Wednesdays' to promote wellness tips on morning announcements.

Finally, remember that a public health approach is best – so consider ways to educate families, communities, and school staff about mental health and wellness. Professional development for school staff is undoubtedly an important part of implementing mental health instruction.

MHANYS has received funding from the NYS Legislature and Executive to establish the School Mental Health Resource and Training Center; visit us at www.mentalhealthEDnys.org to learn more. The Resource Center provides technical assistance to schools to support implementation of the school mental health law, including lesson plans, resources, and professional development. In addition, information is available to promote mental health awareness for students, families, and communities. It is imperative that we strive to enhance a better understanding of mental health for the entire community, not just schools. If we are to imagine a world without stigma, it will require a systematic, comprehensive approach that involves all of us regardless of age, race, occupation, or the country we call home.

Parents of Treated Teens Get Better Themselves

Research presented at the annual convention of the American Psychological Association (APA) found that as a teen's depression improved through treatment, so did depression experienced by his or her parent. Researchers conducted a long-term study that looked at 325 teens diagnosed with depression and 325 of their parents or caregivers. The teens were randomly assigned to one of three groups: those who received cognitive behavioral therapy, those who took an antidepressant, or those who used a combination of both. The first treatment period ran for nearly one year, with an additional year of follow-up visits.

One-quarter of the parents who participated also reported moderate to severe levels of depression before the treatment period.

And although the treatment process was not family-based, the results showed a positive impact on the parents in the study who's symptoms lessened as the severity of their teen children's depression lessened. This finding held true regardless of the type of treatment that was used.

Kelsey R. Howard, MS, of Northwestern University, who presented the findings noted a relationship of the study findings to a familiar psychological construct of emotions being 'contagious' and spreading from person to person.

Researchers in the study believe that the findings could be useful for clinicians, as they may wish to assess a parent's level of depression when treating his or her child, or provide appropriate referrals.

Save the Date for MHANYS Legislative Day!

Join us for
Mental Health Matters Day!



March 13th, 2019 @ 8:00 a.m.
Meeting Room 6 in the Empire State Plaza

What is Mental Health Matters Day?

Mental Health Matters Day is an annual day-long legislative advocacy event sponsored by the Mental Health Association in New York State, Inc. (MHANYS) that is **free** for all participants.

We advocate for non-partisan issues related to mental health policy initiatives that impact our communities. While we encourage participants to advocate on behalf of the Association's legislative agenda, you are not required to promote any specific legislation.

Students will...

- ★ Meet local representatives
- ★ Actively engage in the legislative process
- ★ Gain an appreciation for the importance of advocacy
- ★ Learn about important policy issues related to mental health
- ★ Receive a Mental Health Matters t-shirt

Have students participated in the past?

Yes! Students in Participation in Government, Health, and Psychology classes, and School Wellness Clubs have attended. Their grassroots advocacy efforts were instrumental in the passage of laws, such as Mental Health Education in NYS schools, anti-stigma campaigns, Timothy's Law (Mental Health Parity), and funding for the implementation of the School Mental Health Resource and Training Center.

Tentative Schedule

8:00 - 9:00
Student check in;
free breakfast,
attendees receive t-shirt
and legislative materials

9:00 - 11:30
Information on relevant issues,
tips on how to advocate,
guest speakers (ie: government and
behavioral health advocates)

11:30 - about 2:00
Rally on steps of the Capitol,
lunch on your own,
visits with your local
legislative representatives

****MHANYS will schedule legislative appointments and arrange for bus parking****



To register, email schools@mhany.org
For questions, contact John Richter, Director of Public Policy at (518) 434-0439



Mental Health Matters Legislative Day: FAQ

Q: Does it cost anything?

A: No! The only cost associated is your time and transportation to the event.

Q: What types of issues does MHANYS advocate for?

A: We advocate for non-partisan issues related to the mental health policy initiatives. We provide participants with what we believe to be the most important issues that impact individuals and communities in NYS.

Q: Why should students get involved?

A: Students receive an enriching educational opportunity where they can engage with legislators from their district, be part of and become more familiar with the legislative process, and practice how to use their voice to advocate. In addition, with the passing of the Mental Health Education Law this July, students can use this opportunity to express how the law or mental health has impacted themselves or those in their lives.

Q: Will we be expected to take a stand for anything in particular?

A: Although MHANYS encourages participants to advocate on behalf of the Association's legislative agenda, they are not required to promote any specific legislation. We will never ask you to violate your or your student's convictions or political views. We only ask that during your meeting with your legislator, you mention that you are here today for Mental Health Matters Day.

Q: What type of activities/opportunities will the students be engaging in?

A: The day is broken up into 3 segments.

- 1- A conference in the morning.
- 2- Mental Health Matters Day rally at the State Capital.
- 3- Scheduled 10-15-minute meetings with Legislators from your district.

Q: What is discussed during the morning conference?

A: Speakers will bring attendees up to speed on the issue/arguments of mental health policy initiatives, including preparatory information regarding meeting with legislators such as the utility of 'talking points,' how to organize your scheduled meetings, and thank Legislators for their time. In addition, we will inform participants how to schedule meetings with Legislators for future advocacy.

Q: Do we schedule our own meetings with the legislators?

A: No. We will schedule the meetings for you.

Q: Is food provided?

A: Yes! During the morning conference there will be free Continental breakfast for attendees. However, lunch is not provided for the day.

Q: Are we provided with any informative materials in preparation for this event?

A: Yes! On the MHANYS and School Mental Health Resource & Training Center website there will be a Mental Health Matters Day link that will connect you with a description of the purpose of the event, webinars on the issues, and a link for registration.

Q: Are there any materials provided during the event?

A: Yes. We will provide two color-coded folders: one to be given to your legislators and another with general information regarding issues, maps, schedule, etc.

Q: Is there specific attire?

A: The morning of registration you will receive a t-shirt to wear during the day that is free and yours to keep.

Q: Have schools participated in the past?

A: Yes! In the past they have contributed to advocacy efforts for the passage of Mental Health Education Law in NYS schools, the implementation of the School Mental Health Resource and Training Center, and expressed why mental health matters to them.

Q: If a parent expresses concern, what can I do?

A: We understand that mental health can be a sensitive and highly personal subject for many people and we want to make certain parents feel comfortable about their children participating in this event. You can direct parents to the webinars and/or inform them they can contact John Richter, Director of Public Policy, at MHANYS. Contact information is provided below.

Mental Health Association in New York State, Inc. (MHANYS)

and its network of 26 local affiliates, serve New York State by offering innovative and effective programming that addresses a wide range of mental health challenges. MHAs fight stigma by increasing mental health knowledge in their communities and advocate for change in the mental health system ensuring access for all New Yorkers.



MENTAL HEALTH FIRST AID
New York State

Did you know?

Exercise and Mental Health

A recent study published in *Lancet Psychiatry* of the exercise habits of 1.2 million U.S. adults and its impact on mental health found that...

- Those who exercise between 30- and 60-minutes, three to five times a week, had the best mental health, with 45-minutes the optimal duration.
- More exercise wasn't always better. Over 90-minutes of exercise added no extra benefit.
- Overall, people who exercised had a 43% improvement in mental health.
- The effects were more pronounced for people who reported a previous diagnosis of depression.
- Physical activity typically performed in groups, such as team sports and gym classes, provided greater benefits than running or walking.
- People who played team sports like soccer and basketball reported 22.3% fewer poor mental-health days than those who didn't exercise. Those who ran or jogged fared 19% better, while those who did household chores 11.8% better.
- Research found better reports of mental health from those who participated in various physical activities.



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Twitter [@MHAacrossNYS](https://twitter.com/MHAacrossNYS)

Contact Information

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NATIONAL
SUICIDE PREVENTION
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org

Resources

Youth in Transition — www.youthnys.org

YOUTHPOWER! — www.youthpowerny.org

National Institute of Mental Health — www.nimh.nih.gov

New York State Association of School Psychologists — www.nyasp.org

Alcoholic Anon/Alcoholic Teen Hotline — 1.800.344.2666

Disability Rights New York — 1.800.993.8982

Eating Disorders Awareness/Prevention — 1.800.931.2237

National Runaway Hotline— 1.800.621.4000

National Eating Disorders Association — www.nationaleatingdisorders.org

Substance Abuse Hotline — 1.800.662.4357



ASK FOR EITHER:

Mental Health Information Center
OR

Re-Entry Hotline

1-800-766-6177

Need community information and/or resources in NYS?

Call MHANYS