NAMI SOUTH CAROLINA YOUTH-CENTERED AWARENESS & EDUCATION

NAMI (National Alliance on Mental Illness) SC has been starting the conversation about mental health with South Carolina youth since 2016. At NAMI SC we believe that we all have mental health, that we all struggle sometimes, and that tools and coping skills are available for everyone to help us deal with everyday stress or a mental health condition.

Programs

Ending the Silence

Ending the Silence (ETS) is a 50-60-minute evidence-based mental health awareness and suicide prevention presentation for students in grades 6 through 12 delivered by a trained two-person team. The presentation includes a slide show including information on warning signs, facts and statistics, and how to get help for themselves or a friend/family member. A young adult shares their personal story of lived experience to help raise awareness and change perceptions around mental health conditions. The presentation is followed by a Q&A session.

There is also a 60 minute Ending the Silence presentation designed specifically for school staff, and also an Ending the Silence for Families.

All three ETS programs are available in Spanish.

Go Lime Green: Mental Health Matters

Designed to engage entire school communities, **Go Lime Green: Mental Health Matters** works on multiple fronts to incorporate mental health education and student-led positive coping strategies and activities. A spirit week leads up to a mental health awareness night hosted at a middle or high school sporting event. At the event NAMI SC will provide a resource table along with giveaways, a banner for students and community members to sign symbolizing their commitment to promote mental health awareness.

Schools agree to host Ending the Silence presentations for a percentage of their students and training opportunities for their families and school staff.

Refresh & Reclaim

Refresh & Reclaim is a 45 to 60-minute interactive and introspective workshop that examines the importance of the relationship between values-based healthy boundaries and a comprehensive self-care regimen for adults. Each session covers:

- Identifying personal values and incorporating them into boundaries and self care
- Types of boundaries and how to create and maintain healthy ones
- Overcoming opposition to boundaries in personal and professional relationships
- A “redefinition” of self care
- Creating a list of self care methods tailored to an individual's various situations and barriers

Mental Health Facts
CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.

20% — 20% of youth ages 13-18 live with a mental health condition

11% — 11% of youth have a mood disorder

10% — 10% of youth have a behavior or conduct disorder

8% — 8% of youth have an anxiety disorder

Impact

50% — 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.

10 yrs — The average delay between onset of symptoms and intervention is 8-10 years.

50% — Approximately 50% of students age 14 and older with a mental illness drop out of high school.

70% — 70% of youth in state and local juvenile justice systems have a mental illness.

Suicide

2nd — Suicide is the 2nd leading cause of death in youth ages 15 - 24.

90% — 90% of those who died by suicide had an underlying mental illness.

Warning Signs

- Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).
- Trying to harm or kill oneself or making plans to do so.
- Out-of-control, risk-taking behaviors that can cause harm to self or others.
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
- Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.
- Severe mood swings that cause problems in relationships.
- Repeated use of drugs or alcohol.
- Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
- Extreme difficulty in concentrating or staying still that can lead to failure in school.
- Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

4 Things Parents Can Do

- Talk with your pediatrician
- Get a referral to a mental health specialist
- Work with the school
- Connect with other families

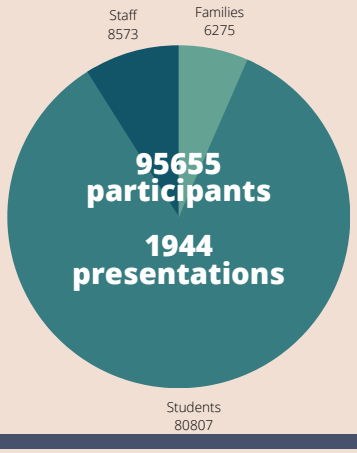
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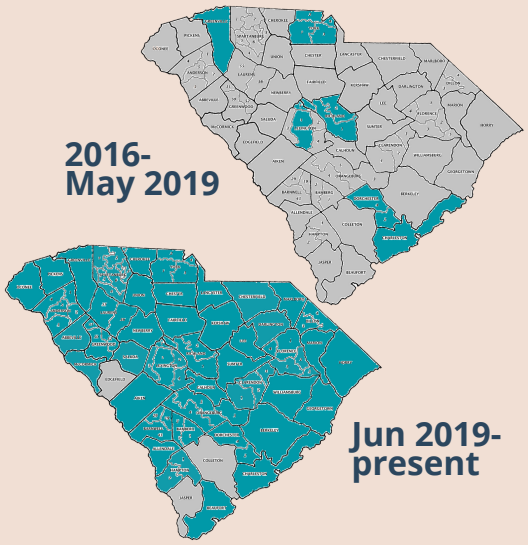
NAMI National Alliance on Mental Illness
www.nami.org

NAMI South Carolina
National Alliance on Mental Illness
Youth-Centered Awareness & Education

Impact*



Reach*



Outcomes *

369 — evaluation red flags given to school counselors

259 — students given warm hand off to school counselors

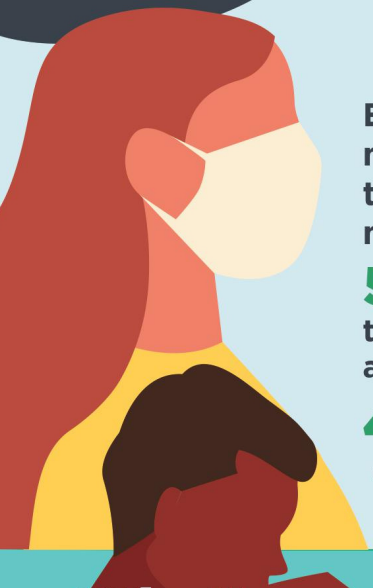
85% — participants identified a trusted adult

61% — participants intend to speak with a trusted adult

namisc.org *NAMI SC data 2016-present

Mental health is a significant issue for young people in the U.S. with 7 in 10 teens experiencing struggles.

64% of teens believe that COVID-19 will have a lasting impact on their generation's mental health.





Even before COVID-19, **81%** of teens viewed mental health as a significant issue for youth in the U.S. The current crisis has only further magnified the issue.

55% of teens say they've experienced anxiety in their life

45% have experienced excessive stress

43% have experienced depression in their life

61% of teens said the COVID-19 pandemic has increased their feeling of loneliness

What's making teens feel stressed?

71% say schoolwork

67% feel pressure to keep feelings to themselves

65% say uncertainty about the future makes them feel anxious or depressed

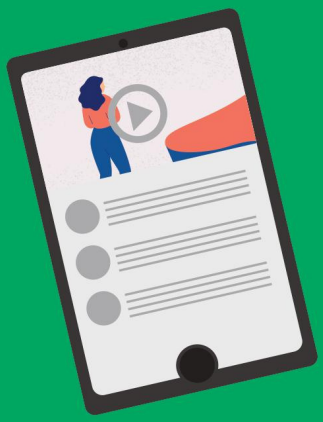
How are teens are coping?

67% pretend to feel better to not worry anyone

65% deal with feelings on their own

45% try to ignore their feelings or spend more time alone

Teens are spending **75%** of their waking hours on screens during COVID-19



Where do teens see opportunity?

82% of teens are calling on America to talk more openly and honestly about mental health issues

70% wish their school taught them more about mental health and coping mechanisms



79% of teens wish there was an inclusive environment or safe space for people in school to talk about mental health

The survey, which polled over 1,500 youth between the ages of 13-19 nationwide, was commissioned by National 4-H Council and conducted by The Harris Poll. 4-H, the nation's largest youth development organization, grows confident young people who are empowered for life today and prepared for career tomorrow.

Fighting Stigma in Schools: Testing the Effectiveness of NAMI's Ending the Silence Presentation in High Schools

NAMI Ending the Silence (ETS) is a 50-minute presentation for middle and high school students that helps raise awareness and change perceptions around mental health conditions. The presentation includes:

- Warning signs
- Facts and statistics
- How to get help for themselves or a friend

The goal of NAMI ETS is to create a generation of students who are well-positioned to end the silence and stigma surrounding mental illness.

Do NAMI ETS presentations result in improvements in knowledge, attitudes, and help-seeking preparedness related to mental health conditions? The purpose of the present research was to address this question.

METHODS

- 10 schools from 5 different areas of the United States
- Completion of a 12-item research questionnaire measuring knowledge and attitudes related to mental health conditions and help-seeking attitudes.
- For each school
    - Three classes received the ETS presentation and three comparable classes did not
    - The three ETS classes completed a 12-item research questionnaire before the ETS presentation, immediately after and 4-6 weeks following the presentation
    - The three non-ETS (Control) classes completed the same questionnaire on the same schedule as ETS classes

RESULTS

- 932 students: 530 from ETS classes, 402 from Control classes
    - 55% were female and 42% male
    - Less than half (47.5%) were White. 35% were Hispanic, 14% African-American, and 7% Asian
- Knowledge and attitudes changed for ETS classes but not for Control classes
    - Scores increased significantly following the ETS presentation and remained elevated over pre-ETS scores at the 4-6 week follow-up
    - Scores for the Control group students remained the same across all three administrations
    - The pattern (change for ETS classes, no change for Control classes) was similar for each of the 12 individual items and for each of the 10 schools

CONCLUSIONS

- NAMI Ending the Silence is effective in changing high school students' knowledge and attitudes toward mental health conditions and toward help-seeking
- The effect is a robust one, occurring across different presenters, across different study schools, and across the diverse populations within those schools

Fighting Stigma in Schools: Testing the Effectiveness of NAMI's Ending the Silence Presentation in Middle Schools

NAMI Ending the Silence (ETS) is a 50-minute presentation for middle and high school students that helps raise awareness and change perceptions around mental health conditions. The presentation includes:

- Warning signs
- Facts and statistics
- How to get help for themselves or a friend

The goal of NAMI ETS is to create a generation of students who are well-positioned to end the silence and stigma surrounding mental illness.

Do NAMI ETS presentations result in improvements in knowledge, attitudes, and help-seeking preparedness related to mental health conditions in middle school students?

METHODS

- 4 schools from 4 different areas of the United States
- Completion of a 12-item research questionnaire measuring knowledge and attitudes related to mental health conditions and help-seeking attitudes.
- For each school
    - Two classes received the ETS presentation and two comparable classes did not
    - The two ETS classes completed a 12-item research questionnaire before the ETS presentation, immediately after and 4-6 weeks following the presentation
    - The two non-ETS (Control) classes completed the same questionnaire on the same schedule as ETS classes

RESULTS

- 252 students: 119 from ETS classes, 133 from Control classes
    - 98% were ages 12-13
    - 50.4% were male and 48% female
    - Less than half (49%) were White. 31% were Hispanic, 5 % multiracial, 4% African-American, 3% Asian. 15% of respondents chose "Other" for race.
- Knowledge and attitudes changed for ETS classes but not for Control classes
    - Scores increased following the ETS presentation and remained elevated over pre-ETS scores at the 4-6-week follow-up
    - Scores for the Control group students remained the same across all three administrations
    - The pattern (change for ETS classes, no change for Control classes) was similar for each of the 12 individual items and for each of the 4 schools

CONCLUSIONS

- NAMI Ending the Silence is effective in changing middle school students' knowledge and attitudes toward mental health conditions and toward help-seeking
- The effect is a robust one, occurring across different presenters, across different study schools, and across the diverse populations within those schools

Middle School Standards for Health and Safety Education Covered

Grade 6
M-6.1.5 Identify the risk of self-harm.
M-6.3.1 Demonstrate the ability to locate appropriate health information and services for dealing with mental health issues within the community.
M-6.4.1 Discuss healthy ways to express feelings and relieve stress.

M-6.5.1 Discuss when it is important to seek information, support, and assistance regarding mental, emotional, and social health.

G-6.7.1 Identify coping strategies to address the physical, emotional, and social changes that occur during adolescence.

M-6.7.1 Discuss strategies to maintain or improve mental, emotional, and social health.

Grade 7
M-7.3.1 Identify situations that may require professional mental, emotional, and social health services.

P-7.4.1 Demonstrate how to ask for assistance to enhance the health of self and others.*

M-7.7.1 Discuss coping strategies for managing stress, anger, and other feelings, including depression, and thoughts of self-harm or suicide.

Grade 8
M-8.7.1 Implement strategies to maintain or improve mental, emotional, and social health.

M-8.7.3 Discuss coping strategies to increase resiliency.

P-8.8.1 Demonstrate ways to encourage others to avoid risk behaviors.

High School Standards for Health and Safety Education Covered

M-HS.1.1 Define the term crisis, including the stages of loss and grief, signs and risks of depression and anxiety, self-destructive behaviors, and suicide.

M-HS.1.2 Identify resiliency, including stress-reduction skills and positive coping strategies.
M-HS.2.2 Analyze how resiliency impacts depression, anxiety, suicidal behavior, and crises.

M-HS.3.1 Access valid mental, emotional, and social health information and services for self and others.

M-HS.3.2 Explore valid resources for crisis-management and resiliency, including suicide intervention and prevention for self and others (e.g., hotlines, therapists).

M-HS.4.2 Model skills for assisting someone who is in crisis or is exhibiting suicidal attitudes or behaviors.
M-HS.5.1 Recognize the warning signs of anxiety, depression, and suicidal behavior.

M-HS.5.2 Discuss situations that may require professional mental, emotional, and social health services.
M-HS.8.2 Promote intervention and outreach for those dealing with suicidal intentions or behavioral health problems (e.g., peers, family members).