2013 UNC LEAP Summit
on Youth and Mental Health Issues
Raw Data Report

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with assistance from the staff and students of the CPD

This report includes all the data gathered during the mental health session at the UNC LEAP conference on November 2, 2013. The LEAP summit is a two-day leadership conference hosted by the University of Northern Colorado. Roughly 150 students from UNC and other nearby institutions participated in the conference. The CSU Center for Public Deliberation (CPD) was asked to run a two hour session at the conference as an example of a deliberative process, as it had in 2011 and 2012 as well. The CPD has been working with the Creating Community Solutions project tied to President Obama's National Conversation on Mental Health (http://www.creatingcommunitysolutions.org/), so working with the LEAP summit leadership, a process was designed to engage the students at the summit on mental health issues. Overall, the process was designed to have this group of college undergraduates to think back to their high school days, particularly in terms of how students discussed mental health issues and what could be done to improve mental health for that age range.

This report includes all the raw data from the event, which includes data from the keypad process (all participants were provided a wireless keypad and two sets of questions were asked, one at the beginning, and one at the end of the event), written notes from worksheets or surveys completed by the participants, and notes captured by facilitators and notetakers during the process.

A team is currently utilizing all this raw data to develop a follow up report that will highlight specific insights and learnings, and point toward potential next steps. For more information about this process, feel free to contact Martín Carcasson at cpd@colostate.edu.

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Keypad data from initial questions

1.) What year of college are you? (multiple choice)

	Responses (percent)	(count)
Freshman	49.26%	67
Sophomore	21.32%	29
Junior	10.29%	14
Senior	14.71%	20
Graduate student	2.21%	3
Other	2.21%	3
Totals	100%	136

2.) What is your race/ethnicity? (multiple choice)

	Responses (percent)	(count)
1. African-American	8.61%	13
2. Asian/Pacific Islander	4.64%	7
3. Caucasian	60.26%	91
4.Hispanic/Latina/o	13.25%	20
5. Native American	0.66%	1
6. Multi-ethnic	7.95%	12
7. Other	3.31%	5
8. Prefer not to answer	1.32%	2
Totals	100%	151

3.) Where did you go to high school? (multiple choice)

	Responses (percent)	(count)
Denver metro	35.51%	49
Northern Colorado	16.67%	23
Other Colorado	24.64%	34
Mountain states other than CO	2.17%	3
East coast	4.35%	6
South	1.45%	2
West Coast	3.62%	5
Mid-states	2.90%	4
Other	8.70%	12
Totals	100%	138

4.) What was the size of your high school? (multiple choice)

	Responses	
	(percent)	**(count)**
Large (500+ graduating class, 2000+ total)	34.78%	48
Medium (100-500 graduating class)	45.65%	63
Small (less than 100 in graduating class	19.57%	27
Totals	100%	138

5.) What type of high school did you attend? (multiple choice)

	Responses	
	(percent)	**(count)**
Public	86.86%	119
Charter	6.57%	9
Private	5.84%	8
Other	0.73%	1
Totals	100%	137

6.) What percent of Americans do you think will experience a mental health problem this year? (multiple choice)

	Responses	
	(percent)	**(count)**
2.5%	0.75%	1
5%	0.75%	1
10%	5.97%	8
15%	10.45%	14
20%	25.37%	34
30%	56.72%	76
Totals	100%	134

7.) Which are true for you? (answer all that apply) (multiple choice)

	Responses (percent)	(count)
I have dealt with mental health issues personally	51%	68
A family member of mine has dealt with mental health issues	71%	95
A close friend has dealt with mental health issues	59%	79
Someone I know has dealt with mental health issues	68%	91
Totals	100%	

Session 1: Word association with "mental health" Wordle

To begin the process and in order to get a sense of the stigma around mental health, the 138 students at the UNC LEAP conference mental health process were asked to think back to high school, and what they thought would come to mind to the typical high school student when they hear the term "mental health." The wordle to the right is a visual representation of their answers. The more often the word appeared, the larger the word.

Session 1: Notes from discussion regarding word association with "Mental health"

Facilitators were asked to reflect on the first session about the conversation about the word association exercise. The following comments were provided:

- Mental health as personal issue
- Few people understand mental health
- Many people pretend to be happy
- Afraid to talk about issues on community level as we may treat people differently
- We do not know the difference between true mental health and having a bad day/month
- We are obsessed with control in our lives and do not want to admit when we're not in control
- Middle school/high school students less likely to talk about mental health
- Middle school/HS students more affected by mental health
- The CPD should include middle school students in a mental health forum
- A common word that was shared was depression. We talked a lot about how mental health in teens can make students feel isolated and alone and how this can feed or create their depression. This can be a vicious swirl that teens get into and makes it increasingly more difficult for these students to reach out for or welcome an offer for help.
- I felt like the students also brought up a good point about over diagnosis, and how mental health can sometimes be confused with normal behavioral issues brought about by circumstances or hormones at this point in development. This can also contribute to the depression piece mentioned
- Teens might think they have a mental health issues that actually don't have. Mislabeling their issues might make them feel like a black sheep, and then give them a sense of shame or embarrassment that confuses them on why they are feeling and acting this way.
- Group noticed that words written were could be likely used in a negative or derogatory way towards others. Depression was a word that came up often, and the participants believed that depression should be identified on a spectrum.
- The words and phrases that were presented at my table generally had negative connotations to them. In our discussion, the words that really jumped out to our group were "retard" and "crazy." We talked about how strong the stigma produced from mental health can be—participants said that our society naturally tends to categorize mental health as something that is within one's control, and as if mental health issues just go away. One participant said, "What people don't realize is that not everyone can have an inner balance. Often it's a chemical issue, and entirely out of someone's control."
- We were able to identify very quickly that mental health is viewed mainly as negative and from the side of mental illness. Words included "psychology",

"inferior", "sickness", "no-help", "suffering", "understanding", "stigma", "weak", "messed up", problems". The words spurred a discussion about the lack of resources and help in high school, especially compared to what the participants have now encountered being at a university.

- Almost everyone wrote down the word "crazy". When I asked what they thought most high school students pictured or what expectations accompanied this word they all seemed to share that "crazy" meant the uncontrollable and unpredictable person that often results in violence like James Holmes.
- A lot of words were repeated on the pink sheets. The most common were: crazy, failure, disabled, suicide, and depression.
  - A lot of people perceived people with mental health as crazy and not as people that just need help
  - in the 80's people did not talk about mental health, there was a stigma to it that was very private and people did not admit it
  - There has been a shift in acceptability from in the past to now
- Individual control: the individual has a choice to get treatment, outside help/environment can help and improve the condition but the individual has to personally want to get better
  - Another responded there was a balance/spectrum of individual control ranging to outside of their control
  - Cyclical thinking: the condition/problem is stuck in own mind and not understand to get help so the individual becomes obsessive about one thing and does not get help: in this case the environment is important: if an individual has depression with no support or is in a bad environment -- it is very difficult to reduce the problem.
- 4-5 people in my group wrote the word "crazy" as what the typical high school student would think when they hear the words mental health, which I thought was interesting. I had 10 people at my table and every single person wrote something negative.
- Everyone wrote a negative word related to mental health. Why is that?
- Uneducated on mental health
- Media plays a big role
- Schools take a negative approach and don't discuss it
- Brought up only when it is a problem (labeled as a problem)
- It is hidden; people are embarrassed of it
- People are ashamed to admit to it
- Think of people with mental health issues as "others"
- People need to change their state of mind on the issue and know it affects everyone
- Victims do not want to say that they have a mental health issue, so it makes others not want to talk about it either
- We need to encourage others to be open with it and not afraid to say they have an issue
- Mental health needs to not be viewed as a problem but instead viewed as a way to increase your stability

- Focus on mental health as a way to increase your quality of life which is the best thing that you can do for yourself, rather than a problem
- Conferences like this get past the barriers and get at the well-being of the person
- Be positive about it but still know that it is an issue, so don't ignore it either. Make it clear and that it is culturally acceptable and positive to seek mental health solutions
- It is just like any other kind of health
- Mental health vs. physical health (why the distinction)
- We don't have a good understanding of chemical differences in the brain and see it as an abnormality. Society does not make the connection in the same way as with physical health
- Physical health associated with loss or lose vs. win mentality but you can't really have a clear win vs. lose with mental health issues
- Physical health has outside variables that impact your health whereas mental health is part of the person affected
- Mental health is a temporary thing and people think they have to do it by themselves
- Mental health is psychological and is a brain issue
- Without scientific evidence, people don't understand mental health as much as physical health. It affects others more than normal issues.
- Mental health defines a person while a medical issue is something you can overcome. We need to make society realize that mental health doesn't define you.
- Mental health is situational and you still need help to solve it
- Can help others and know what to do for those with a physical illness, but don't know how to help those with mental health issues.
- People don't understand how mental health works
- I got a lot of word association responses that said "special ed," which surprised me. The students said that as high schoolers, to them the people with mental illness were lumped in with people with mental disabilities although they are entirely different.

Session 2: Notes from discussion regarding "Why do you think it is so hard to talk about mental health?"

After the word association exercise and discussion, students were asked why they thought it was difficult to talk about mental health. The student facilitators provided these notes regarding those conversations.

- Schools isolate students with mental health issues and other students aren't told about the issue.
- Many of the students in my group believed that the issue was hard to discuss because mental health is more of an abstract issue. It is not something you can necessarily see, unlike a physical condition. Therefore, it's inability to be tangible makes it hard to understand. Not understanding mental health has made it a hard thing for those who don't have it, or who are in denial of having it, to want to

comprehend the idea, especially in teen years. Bullying is prevalent in teens for a myriad of issues, so stopping bullying at this age towards mental health may be tough because teens lack the capability for sympathy towards it. If simple biology of maturity keeps them from being able to understand mental health, despite education towards it, teens will not be capable of feeling sympathy towards it. This is especially so if the teens are not close to anyone who admittedly struggles with mental health, or if their parents don't believe mental health is a real thing. Participants focused on the negative stigma surrounding mental health. They emphasized the fact that kids are bullied if they seek help and are labeled "weird" or "crazy".

- The media often portrays mental illnesses as a joke and in a negative light.
- In society, in general, there is not a comfortable atmosphere for discussing mental health. The individuals with mental health problems are treated differently and it appears more difficult for people to empathize with the ones with disorders.
- It is difficult to tell who has a mental health issue and students don't know how to confront the issue. How can someone approach the topic without offending anybody and with the risk of a negative/violent reaction?
- Teachers are faulted for not bringing up the issue in school.
- Mostly they said it was caused by a lack of understanding and education, as well as a lack of empathy on a cultural scale.
- Students may not know how to express what they are feeling at the moment (symptoms, thoughts, emotions, etc.)
- Students may not want to bring up their mental health issues because of pride or social status
- Perception is that there is a "quick fix" for mental health issues... so why talk about it? (quick fixes with prescription drugs, counseling, etc.)
- People do not understand much about mental health
- People are not educated on the different types of treatment for mental health issues
- Some of the responses that I heard in regards to why it is so hard to talk about mental health were that we are conditioned to see it as negative, it is deeply personal, oftentimes people feel judged and so it is overlooked, and life entails so many priorities that often it is simply put aside.
- Mental health is almost too complex- we fail to communicate it by trying to force it into oversimplified definitions.
- Moral issues- clashes between school/parents etc
- *Stigmas! We all want to be "normal" so we don't talk about it.
- A lot of responses focused on media and how the news played a role in feeding into a stigma regarding mental health. The conversation also involved a lot of responses regarding the stigma around mental health simply because schools did not provide enough information on it.
- A lot of people are afraid of it. Some people don't understand.
- People who have a mental health disorder don't want to believe they have a problem/ they don't want to fix it.
- It's scary to a lot of people. No one wants to be that.

- I'm an RA, so I have a lot of training in this area, and the average student isn't exposed to the awareness/ resources they need to understand the issue.
- A student committed suicide in my high school, and a school psychologist came in to talk to everyone afterwards. That kind of thing should happen before a tragedy occurs.
  - Did that lead to more conversations?
  - Yes.
  - That's great that people are having more conversations about it, though.
- I would say that this issue is more about what people are experiencing than what people are talking about
  - Regardless of how much we talk about it, we can't stop someone from committing suicide.
  - Are you saying that people talk a lot but don't know how to respond?
  - Yeah. It's easy for someone to talk about a situation without knowing how to act about it.
- We're afraid to talk about mental health problems because they take time to deal with- like a physical imbalance or an emotional trauma.
  - The problems should be addressed in middle school. I know people who were already struggling at a middle school age.
  - Hard to recognize that they need help
- First step is admitting it
  - Culture of shame: a lot of circles which is changing but still prevalent
  - Stigma: getting a job, get a degree/school; the participant was stating that mental health issues have real effects on one's opportunities in life.
  - Perceived as weakness: not give a one up, make you a target - the participant was saying that in high school showing any sign of mental health would show weakness that could make you a target, so you don't divulge any information
- Personally thought that the conditions were the same and he could be more empathetic by putting himself in someone else's shoes and relates more with personal mental health personally
  - Would rather have had parents with mental health than cancer; cancer that is so final
  - Hope that mental health can be better: feel that can participant can help --> I can do these things to help with daily lives: I believe she lost parents/grandparents to cancer and saw the finality in the medical diagnoses and wished that they could have had a mental health issue because she could help daily to improve their issue.
  - In the case of a bipolar diagnosis: the condition can be mild and people automatically think the worse of the illness, when just having mild depression à hard to identify when others assume the worst.
- Personal thing and is all about the individual (how they are, they are defined by it, how they act)
- It isn't as widely seen in society
- People are afraid to admit to it because it makes you vulnerable to others' judgment and treatment of you

- Different for each person as far as treatment goes (what works for one, won't work for all). Gets better over a long time period. It is hard to discuss
- Must have a lot of trust with it when telling others. Society doesn't accept it as normal.
- Participant's focused on outside, negative factors.
- Stress
- Doubt
- Depression
- Bullying
- Confusion
- HS students lack education and don't know what mental health is defined as.
- "Normal" students not exposed to the mentally ill students b/c they are isolated in "special-ed."
- Right now, we think it is an individual problem and that mental illness is something you can turn on and off and is just used to get attention. However, we need to treat the issue as a society
- Embarrassing
  - Labeled as broken
  - People don't acknowledge it as a problem, noting that there might be fear that acknowledging it might enable it.
- **People don't see mental health issues as a legitimate illness."**
- People with mental health problems have historically been stigmatized and looked at negatively. When people know you have mental health problems it can change their perception of you. Mental health problems seem like a weakness because the mind is viewed as controllable. People with mental health problems may not even realize they are abnormal/sick. This could be because mental health is a personal issue that most people don't talk about.
- I think, personally, it is so hard to talk about mental health because there is little information about it. Our society becomes very uncomfortable about things that we don't understand. I think the reason there is little information about is that it is not visible. We are very much a society that only addresses things that are visible and present, sometimes only if they are in our face. It is easy to talk about a broken arm, there is a cast, we understand what the cast is doing, and there is not too much complicated about "I broke my bone", "I tore a ligament", "I fractured the bone in three places." etc. So once you take away the visibility of something, the only way you can talk about it by assuming or accusing in some respects. This, our society is told, is the worse possible thing. If we were more educated about mental health disorders we would be able to understand that it is more common and it could become just as normalized as a broken arm. Then when it is normalized, people will talk about it, people will seek help, it will become apart of life just as breaking an arm is.
- The reasons that I heard were about the same. That no one knows about it so they don't want to offend anyone by talking about it. They also talked about all the personal experiences they had but never about themselves.
- How do you get past the stigma?

- Counselors for a prolonged period
- Build trusting relationships
- Knowledge—less scared, desensitized, make the unknown feel more relatable, framing the numbers right way
- Assemblies that create no judgment
- Start when young
- Mental health as a fact of life-- ordinary
- I don't think many people have had the opportunity to talk about, and also i don't feel like many people even know what to say if they get a chance to speak about it unless they have had personal experience.
- It was the same as session 1 really for the answers. This is I surprised about.

Session 3: Responding to Facts about Youth Mental Health

To begin Session 3, the facilitators passed out a handout with a list of facts about mental health developed from the information brief tied to the national conversation on mental health (the full information brief is available at http://col.st/JYPhCC). The sixteen facts were primarily pulled from p. 10 and 13-15. Facilitators took notes as students responded to the specific facts. In the notes below, notes were organized per the specific facts, plus additional notes were taken based on conversation not tied directly to one of the facts.

Responding to Facts about Youth Mental Health
Fact #1. The research supports the need for prevention and early intervention strategies to address the mental, emotional and behavioral problems that can occur throughout a young person's life.
- Good to educate children of history to recognize signs of history
  - speaker's high school did a good job of talking about that about alcohol

Fact #2. More than half of adolescents in the United States who fail to complete high school have a diagnosable psychiatric disorder.
- One student was a part of student council, which had a goal to decrease dropout rates. However, they never knew about the mental illness side to high school graduation.
- It is important to make the school atmosphere feel more accepting for all students.
- Is a really high rate. If they had gotten help would they have finished? (Had a personal experience shared here)
- Feel this was an issue in a lot of HS, principals forces ways to do HW by giving detention such as lunch duty
- Speaker felt that if the principal and school had looked at the reason the students weren't doing their homework instead of just punishing them for it there would be lots of evidence of MHI (Mental Health Issues).
- KEY WORD: Diagnosable, half the battle is knowing, drop out rate would decrease if people knew about mental health issues
- Need to focus less on "getting the grade" and see WHY bad grades are happening

(+) Focus should be taken off tests, should be about contributing to society/being a member of society.
(-) Schools rely on funding which rely on tests to measure success, great theory but not going to happen

- (+) Counselors available at HS- push to get students tested for MHI
- (-) Issue is that students don't know the resources are there.
- (+) Needs to be a specific counselor (psychiatric) for specifically HS students
- (+) Elective class on mental health (mandatory?)—Not everyone is getting the same education.

Fact #3. Bullying can have significant mental health consequences for both victims and bullies. Compared to individuals who were not bullied, victims of bullying were nearly three times as likely to have issues with generalized anxiety as those who were not bullied and 4.6 times as likely to suffer from panic attacks or agoraphobia.

- Bullies should also be seen as victims to mental health.
- What is causing the bully to act out?
- Bullying and mental health - chicken or the egg: why bullied issues at home or was it random; were they having home issues
  - Agree: bad experience when bullied adds to mental health
  - More sexual abuse: people sense they were a victim and add to the problem à young people through traumatic situations sense that and sense vulnerability and go after them
  - Counselors say give off vibe -- same abusive relationships -- attracted to vulnerability

Fact #4. Children who reported being both bullies and victims showed a nearly five times greater risk of depression as young adults compared to those who had only experienced being a bully or only experienced being a victim.

- With the development of technology, cyber-bullying has become a big issue. Many schools don't necessarily know how to respond to cyber bullying. Because it is not face-to-face and rather over the Internet, sometimes bullying is not taken seriously.
- The media does not always reveal the negative impacts of bullying; in fact, sometimes they make fun of bullying incidents.
- It is important for teachers and schools to have zero tolerance bullying programs.
- Anti-bullying programs focus too much on the victim and don't consider that the bully often is triggered by some situation at home or mental illness. These programs also don't explore the root causes of bullying (reactive, not proactive).
- Bullies should also be seen as victims to mental health.
- What is causing the bully to act out?
- There was surprise about this fact and that it showed the complexity of the issue.
- We tend to forget the two (bully and victim) are correlated.
- Is this an even bigger sign that mental health isn't being dealt with properly?
- This cycle feeds itself.

- This is the key to mental health. Bullying is where the conversations about mental health need to start. Kids don't know the line between joking and hurtful and becoming a bully.
- The impact that labels have can be harsh. The bully automatically means villain and the victim automatically means the person is helpless. This tends to isolate the problem even further.
- This problem may start in schools but does not end at schools. It applies to all diverse communities.
- Surprised bullies also had mental health issues; most of the time thought is given to the victim.
  - Related to suicide and would be a good way to push anti-bullying campaigns.
- Being a victim of bullying operates as being a soon to be bully—your perception of right and wrong changes.
- (+) Pent up anger from victim's leads them to retaliate.
- (-) It's surprising that bullies and victims are more likely to be depressed than just victims.
- Interesting that being both a bully and a victim creates the most stressful situation, perhaps something about being in the different positions makes one more prone to mental health problems.

Fact #5. Adverse Childhood Experiences, or ACEs, is a term that describes all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. These can have a profound impact on that child's future health. In fact, a person who experiences four or more ACEs were 7.4 times more likely to consider themselves alcoholics, 3.9 times more likely to have chronic bronchitis or emphysema, 4.6 times more likely to report being depressed, and 1.9 times more likely to develop cancer.
- Surprise at how huge of an effect something earlier in life can have.
- Surprised by the physical effects
- How? (They wanted to know more about this)
- Treating the symptom and not the real problem. (Treating the physical ailment, but not the actual psychological cause.)
- 1.9% increase in people with mental health problems having cancer – thus mental health problems affects the body.
- Good that people are recognizing that & how you look at the world

Fact #6. The negative impacts of these early experiences (sometimes referred to as "toxic stress") can be prevented or reversed when a child has a relationship with a supportive, responsive, and caring adult at an early age.
- Some speakers disagreed with the fact because they believed that certain situations are all situational, and that they are not all addressed in the same way.
- Exposure is the first step to acceptance and understanding. Few children are even exposed at all.
- Need a strong adult to look to that maybe struggled with a mental health issue, too. Maybe more active counseling needed

- Should require every student to meet with counseling department so it isn't an awkward thing. Have student counseling as well so they have friends to talk to. Reduces bullying.
- Have it be less of a school responsibility. Have more parent involvement. Schools are limited in what they can and cannot teach in health classes, which is a major issue.
- Society labels counseling as you have a problem or you have to "go talk about your feelings" which is especially negative and a deterrent for males.
- Have someone for the kids with mental health issues to hang out with like a student volunteer so kids have someone to look up to, even if they are the same age.
- Would kids be as open with their peers? Kids tend to spread rumors. They may not open up with their feelings.
- Kids would like it better to talk to kids because there would be rules of confidentiality surrounding who they talked to about these issues. It would be situational who they would prefer to talk to.
- Would be even better if college students who were studying in mental health fields came to mentor or counsel high school students. Good middle ground between an adult that is like a parent and a peer that is at the same school.
- Would be good to have college students help as long as the high school students don't simply feel as if they are the college student's project.
- Good to have college student volunteers because you wouldn't have to pay for it.
- The college program would be beneficial to both college students who gain experience as well as the high school students who will have someone to talk to.
- Make sure to have different counselors for different things. A lot of the career or advising counselors were also supposed to be the mental health or psychological counselors, but it made you not trust them. Have specific counselors who do psychological counseling at the high schools.

Fact #7. Schools play a critical role in ensuring that behavioral problems are identified early so that young people can grow and thrive in a healthy environment. Schools can lead coordination efforts in bringing youth-serving agencies together to guarantee that children, youth, and families can easily access services that are community based, child centered, family focused, and culturally and linguistically competent.
- Some shared personal stories about how there are signs that a student needs help, but the administrators and teachers do not respond. This is sometimes due to the lack of funding for such programs.
- Teacher should have the obligation and duty of serving their students and helping out in such situations, but some of them don't care about getting students the necessary resources.
- Sometimes, the teacher realizes that a student is having problems, but doesn't know what to do. Teacher cannot diagnose children, so they can suggest that something needs to be done but they can't make any firm recommendations or decisions.
- Parents often underestimate their power and influence in schools. This means that parents sometimes don't speak up to the teachers and administrators about problems with a child because they don't realize they can make a difference.

- Budget cuts force schools to cut classes, and add more kids to a single classroom.
- Makes it harder to notice symptoms or potential issues in classrooms
- There are no specialized people to identify problems in the schools
- Budget cuts downplay the role that schools should have.
- Teachers aren't educated enough to know/identify problems
- How do teachers address students' parents on the issue without them being offended or hurt?
- Need better communication
- Training should be the same across the board, not different when it comes to communication and identification of problems
- Example... People going to school for their teaching credential are only required to take one children's psychology class
- Mental health issues affect you academically. Not having "special needs" people in all classes/actions increases the stigma, causing a negative effect. People with mental health issues could actually teach those without them a lot.
- Schools play a huge role in mental health so it is important to have programs that work with parents and teachers.
- Number 7 is really critical. When I volunteered abroad, we created a mentoring scheme for at-risk youth. Giving people other people who care about them is necessary.
- At my school, everyone booed the freshmen on the first day. We need to be more kind and welcoming.
  - You never know what someone is going through.
- How much does SES have to do with this?
  - We encountered a lot of behavioral issues abroad with the low SES students. They felt like they had a lack of agency and ended up acting out.
  - How could a low SES affect mental health?
  - Affordability
  - Lack of confidence
  - If the people in your community model bad behavior (substance abuse), you are more likely to behave that way.
  - Family dynamic
- Schools play a critical role, but schools are not involved enough unless they see a problem (ex. schools diagnosing students with ADHD). Schools don't actually help the students.
- Lower income households find it difficult to seek help because they cannot afford a psychological counselor. Schools cannot properly diagnose students, but usually those students cannot be diagnosed anywhere else due to cost restrictions.
- There was a counseling center at the high school, but it was not used as much as it should have been due to the stigma and negativity that surrounded going there. Labeled as having a problem.
- Negative stigma with "counseling" or seeking help.
  - Kids don't notice all the people around them actually trying to help (Students mother is a teacher)
  - Does not think schools are focused

- o Teachers don't pay attention
- o School played a significant role in a friends life dealing with mental health
- o Another says, that their counselor was not effective

Fact #8. Without adequate treatment, young adults in college with a mental illness are more likely to receive lower GPAs, drop out of college, or be unemployed than their peers who do not have a mental health challenge. Thirty-one percent of college students have found it difficult to function due to depression in the past year, while more than 50 percent have felt overwhelming anxiety, making it hard to succeed academically.

- UNC has good facilities for people who need any type of assistance. It is unfortunate that many high schools do not have similar services.
- Some have a choice
- Some don't know they need help
- Good grades don't necessarily mean good mental health

Fact #9. Approximately 50 percent of students' age 14 and older with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

- Needs to be more help. There is a lack of resources.
- The dropout rate shows that it gets harder and harder to find resources after a student drops out. A lot of the services in schools are paid for by taxes so it is easier to receive help here, which makes sense why it is the main target.
- Maybe most of them don't know they have a problem.
  - o That could have to do with SES.
- Higher statistic than I thought it would be. Crazy that so many will drop out of high school due to mental illness issues. They have the ability to get help, but schools are not working hard enough to get them the proper help that they need.
- Not surprised by the statistic because it is financially difficult for those who need help to get help because counseling outside of school is expensive. School counselors are not as effective as they should be. There is a lack of help and this needs to be addressed.
- Public help for other disabilities, not so for mental health, perhaps because it is a hidden feature.
- What other disability groups?
- Individual Education Plan—has recently put emotional disabilities on the plan in additional to physical disabilities—good that classifying as a disability group

Fact #10. Half of adult mental health problems begin before age 14, and three-quarters begin before age 24.

- People can have good lives and still develop mental health issues. Also, in high school people are at the age where they are starting to choose their futures. Maybe there is a link – maybe a lot of mental health issues stem from this stressful time in one's life.

- Crazy it is the younger groups who have yet to experience the "real world" that are being impacted so much.
- Schools need to not label children as having a "conduct disorder" because if they are labeled in this way, they tend to fulfill their label. It needs to be kept confidential because otherwise it becomes a self-fulfilling prophecy.
- How can we deal with those in the classroom that are disruptive or cause issues? Some issues are due to hard to manage overactive children, but it ends up affecting the entire classroom, which becomes an issue.
- Hard for schools to separate children. Being in "normal" schools helps kids with mental health issues. They are required to be put in standard classes with everyone else. Hard for the parents with children who do not have mental health issues, especially if a kid with an issue starts throwing chairs. Then it becomes a safety issue. At that point, I would care more about my kid and their safety over the kid with a mental health issue that the schools feel should be put in a "normal" classroom. Schools and the government agencies in charge of that have a huge challenge in balancing that type of stuff.
- There needs to be more training for teachers on how to have a kid like that in their classroom with a more positive outcome versus having to physically restrain them.
- Extends to society where we consider physical health to be more of a broken and fixed thing, but not the same with mental health.
- People are not seeking help due to the stigma that makes the problem grow and the stigmas perpetuate.
- Transition time for the young where depression and anxiety are common. These students would not need to be separated from normal classrooms because separating them would likely increase their issues. This ties into the factor of bullying and out casting students with issues, which increases their mental health issues.

Fact #11. In 2007, 8.2 percent of adolescents, an estimated 2.0 million youths aged 12 to 17, experienced at least one major depressive episode.
- Important to remember that the number represented here is just what is actually reported.

Fact #12. Among all adolescents with major depressive episodes in the past year, nearly two thirds (62.3 percent) did not receive treatment for their depression. 8.4 percent of full-time college students aged 18 to 22 experienced major depression in the past year.
- *No Responses*

Fact #13. Of children and youth in need of mental health services, 75-80 percent of these youth do not receive services.
- Lack of treatment came as a surprise
- Surprised people aren't receiving help. Is this because people don't realize they have a problem? 75-80% of people not receiving services is a huge number.
- Has it grown or has it always been that large?

- This point to staff in the school not coordinating and that the conversation is not open because of the stigma.
- This could also mean teachers are uncomfortable approaching parents. A teacher might have a hard time telling a parent that their kid has a problem. And what if the parent doesn't accept it and lashes out at the teacher?
- This could mean that teachers are in need of more resources to deal with these issues.
- Kids need a mental health role model. A celebrity or well-known figure that has been known to have a mental health issue and comes out and says "I am dealing with it, and that's okay." There needs to be positives shown and that it is a real problem. This shows that there is hope and means a kid with a mental illness doesn't always have to be an outsider.
- Surprising how high # is
  - Reminds of need of health care
- Scares and makes aware for those youth in classrooms but what about after HS?
  - If not treated in MS (Middle School) or HS: what are chances they'll get help after?
- This makes sense

Fact #14. Suicide is the third leading cause of death among youth ages 15-24.
- We do a lot of work to protect people, like treating diabetes, flu shots, etc. – it seems a little off balance that we wouldn't be doing the same for mental health.
- Some showed surprised that some statistics so low
- Their experience in school showed that most people thought about suicide -- at least once for depression or anxiety, " everyone at school goes through this"
- Some believed that statistics would continue to increase because both parents have to work to make ends meet -- double income parents, daycare centers decreasing support base at home can increase
- Mental health: essential issue: society not set up for healthy children: need for parent to be there to recognize warning signs -->more parental training?
- No parents at home to monitor warning signs of children; too much technology
- 2 older adults – family issues need to be stronger
- Ties into bullying itself: parents not home because they are working to get nice things for the kids
- Parents do stay home: kids get bullied because they don't have expensive things
- Bullies are hurting from lack of parental/support groups and have displacement to inflict pain on others
- Surprised by the statistics
- Suicide = biggest preventable cause of death
  - Early diagnosis is key
- Should have mental health talks like alcohol talks

Fact #15. One survey found that in a 12-month period, almost 13.8 percent of high school students had seriously considered suicide, 10.9 percent of high school students had made a suicide plan, and 6.3 percent of high school students attempted suicide at least once.
- Suicide was a prevalent topic in my life in high school.
- A lot of my friends who talked about suicide had good lives and came from wealthy families, but they had anxiety problems.
- Suicide is problematic in high school, because so many people feel alone.
- It's easy to ignore high SES and involved students, but that's where a lot of the problems are happening. Money equates to pressure.
- People with money want to ignore that they have problems.
- Surprised by the statistics
- Link to not believing #7
- -Where are the stats coming from?
- Bad teachers equal more suicides?
- There is a lack of knowledge on where students should go for help high number who consider suicide

Fact #16. One out of every 53 high school students (1.9 percent) report having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- People don't think of it as more than a cry for attention.
- One group member calculated this statistic for their school and found it to be 40 people, which was shocking to them.
- Surprised by the statistics
- High number don't receive treatment

Additional comments from notetakers not tied specifically to one of the provided facts.
- Bullying contributes to mental health
- We go through a critical period when we are young that has a huge impact on our lives
- Children do not have control of their surroundings, this may be contributing factor
- Suicide rates are difficult to estimate margin of error
- Would like to know if suicide rates are higher/lower in other countries
- Interesting that children who report bullying have higher risk of depression
- Bullying, suicide, and depression are three most startling takeaways from fact sheet
- 1% is low for suicide rates nationwide—thought it was higher
- Interested in #11, curious to know who is depressed and who is just going through puberty
- Regarding suicide, thinking about suicide is part of understanding the value of life and does not necessarily have to be problematic
- Hard line between real help for suicide prevention and helping those who just want attention

- I tried to have my group talk about specific facts off of the paper, but I found my group bunching them into certain topics. They didn't want to talk about the stats because they didn't seem too surprised. They leaned more towards a discussion of whether or not mental health was the key factor behind them. For example, suicide and substance abuse was discussed a lot. They played with the idea of whether or not these are true, mental health issues, or if the secondary issue of addiction was the primary contributor. Not a whole lot of talk about the facts, but mores the reasons behind them. Bullying was brought up again and they went back to the discussion on whether those struggling with mental health are so isolated from those understanding it, that they resort to suicide and substance abuse. Since substance abuse may be more appealing to someone feeling alone or wanting to escape a mental issue they themselves don't understand, it makes sense they would resort to this more than a mentally "healthy" individual.
- Diagnosing students is often difficult and expensive. The medication also is expensive and not within financial limits of many families.
- We had a discussion over substance abuse and its ties to mental health although it had been removed from their placemats. In general they agreed that finding better approaches to reducing teen drug abuse would also be beneficial for mental health issues.
- One the participants at my table noted the trend of bullying. He said that people who don't take it offensively are less likely to go down a path of mental illness like depression or suicide. He and several others at the table agreed that younger people simply aren't as resilient, and the best way to prevent mental illness in correlation with bullying is to increase resiliency among youth. I found this very interesting.
- A fact that my table was interested to know and wanted to see added to the list was what the rate of employment is for people with diagnosed mental health illnesses. They wanted to see how graduation rates and facts regarding grades manifested into actual employment after graduation.
- I'm surprised eating disorders aren't more prevalent on this list.
- It's becoming more important. I can already see the pressure put on my middle school sisters.
- Eating disorders are as impactful as depression. Weight is a form of control for a lot of people.
- There's not a lot of help for it in high school. I never heard anyone talk about it.
- It's hard to pin down who has one. People are less likely to talk about it, because they don't feel like anything is wrong.
- It's also hard to confront, because it's a vanity issue and people will get offended easily.
- Overall, the group did not focus that much on the green sheet. They were not particularly surprised at the prevalence and some even believed it was under represented because of how private mental health issues are. They said that it presented a series of problems that were symptoms where the actual problems were societal and one thought that political leadership was unable to solve it.

- Parental involvement in regards to bullying, cyber bullying, lack of teacher support culminated in those that are bullied are alone which adds to the mental health problems.
- Technology offers false communication: feel like communicating:
- Disagreement: have some connection
- Get away from technology: more community: isolates people even more:
- Personal interaction with others is key to mental health stability and there is no consequence to being a jerk online
- Can make it difficult to interact in a normal society
- Individuals do not see destruction that is causing others to feel: there is no facial interaction/ empathetic response
- Technology: increase mental health problems (Yes and no),
- Wealth of information, but can add to stress adds stress
- One participant has family in Thailand and social media helps connect with her family so it is a positive impact
- A lot leads to suicide and depression; it is THOSE things that aren't discussed on this sheet

Session 4: Discussion on types of Mental Health Illnesses

Participants were provided a worksheet pulled from page 4 of the Creating Community Conversation's Information Brief regarding the types of mental health illnesses, as well as a survey which asked them their level of knowledge on those various types. The survey also asked them where they learned about each of the topics. After completing the surveys, groups had some time to discuss the topics.

Survey data from Session 4: Knowledge regarding Types of Mental Illness

Did you receive information from your high school about this topic?				
	Yes	A limited amount	I'm not sure	No
Anxiety disorders	7%	36%	7%	50%
Attention deficit-hyperactivity disorder	11%	33%	10%	46%
Eating disorders	42%	34%	1%	23%
Mood disorders	13%	33%	9%	45%
Personality disorders	12%	22%	10%	56%
Psychotic disorders	16%	24%	8%	52%
Substance use disorders?	58%	27%	2%	14%
Suicidal behavior	48%	32%	4%	15%

Do you have experience with this issue (personally or through a family or friend)				
	Yes, significant	Yes, some	Not sure	No
Anxiety disorders	34%	43%	9%	15%
Attention deficit-hyperactivity disorder	23%	44%	10%	23%
Eating disorders	19%	39%	9%	33%
Mood disorders	38%	35%	11%	17%
Personality disorders	8%	23%	28%	41%
Psychotic disorders	12%	18%	15%	56%
Substance use disorders	38%	36%	6%	20%
Suicidal behavior	34%	44%	5%	17%

How knowledgeable are you on this issue?				
	Very	Somewhat	Minimal	Not at all
Anxiety disorders	19%	50%	29%	2%
Attention deficit-hyperactivity disorder	12%	43%	38%	6%
Eating disorders	22%	51%	20%	6%
Mood disorders	22%	30%	37%	11%
Personality disorders	7%	24%	50%	19%
Psychotic disorders	8%	29%	39%	24%
Substance use disorders	32%	46%	14%	8%
Suicidal behavior	30%	49%	18%	3%

Where did you learn about these topics?

On the survey asking about their knowledge regarding the various types of mental illness, participants were asked where they learned about each with an open ended question. The compilation of the answers are below.

Original answer	Anxiety disorders	Attention deficit-hyperactivity disorder	Eating disorders	Mood disorders	Personality disorders	Psychotic disorders	Substance use disorders	Suicidal behavior	Total
Psychology class	12	10	12	12	18	18	10	9	101
Family	16	13	3	24	2	7	22	12	99
Health class	8	6	21	8	9	7	17	11	87
Friend(s)/Peers	5	17	19	4	4	3	11	10	73
Personal Experience	14	7	2	13	3	1	6	14	60
School/class	4	4	11	6	7	4	31	27	94
Media/Television	6	5	6	1	5	10	5	1	39
College	4	7	3	6	5	4	3	5	37
Own research	8	7	4	4	2	6		4	35
Home	4	1	2	5	2	0	2	2	18
Life experience	10	2					4	2	18
Internet	7		2		1	4			14
Counseling	4	2	2	5					13
Doctor	4	2		2			1	2	11
People/Others	1	5	2	2				1	11
Mom	3	1		4		2			10
Assembly							2	3	5
Therapist	1	2		1				1	5
AP Psych				2	2				4
RA Training							2	2	4

	Anxiety disorders	Attention deficit-hyperactivity disorder	Eating disorders	Mood disorders	Personality disorders	Psychotic disorders	Substance use disorders	Suicidal behavior	Total
Books	1		1					1	3
DARE							3		3
Health internship	2	1							3
Here (this meeting)	3								3
Teacher				2	1				3
Word of mouth	2				1				3
Cadet Class		2							2
Everywhere		2							2
Have it		2							2
Nursing home					1	1			2
Sports							2		2
Teacher cadet					1	1			2
A Beautiful Mind						1			1
Community suicide prevention								1	1
Dad						1			1
Diagnosis		1							1
Documentaries						1			1
Drug programs							1		1
English project					1				1
Father								1	1
Over time		1							1
Parents		1							1
Psychiatrist		1							1
Psychologist						1			1
Real World				1					1
Seminars			1						1
Sociology class					1				1
Special education volunteer					1				1
Wife						1			1
	119	102	91	102	67	72	122	109	784

Notes from table discussions concerning the types of mental illnesses
- We know the most about anxiety, mood disorders
- The purple sheet was helpful in understanding the disorders, we had not heard of them prior to the event
- Know most about ADHD, eating disorders, depression, and suicide since those are covered in school
- High school did not do much until after a person committed suicide
- Participants wanted more information about: Attention/mood disorders
- Participants said they had acquired most of their knowledge through school and personal relationships.
- Students are sometimes misdiagnosed with a mental health issue; this is most prevalent with ADHD. (Facilitator note: The participants also said that the misdiagnosis is most evident in people of color, but I just wanted to point out that my table had most of the African American students in the room.)
- A diagnosis of ADHD is usually a result of teacher comments and observation of the student at school. However, this does not take into consideration the influence of other factors, such as diet and home life. Children often need an outlet and are easily distracted, and don't necessarily have ADHD for those reasons.
- Most participants did not even learn about the terms and types of mental health illnesses until college.
- The students had a really shockingly minimal education on the types of mental illnesses, it seemed largely because there was very little incorporated into their high school curriculum.
- Areas participants felt they knew most about:
  - Anxiety (3)
  - Mood (4)
  - Suicidal (4)
  - Substance use (6)
  - Eating (2)
  - Personality (1)
- Want to know more about:
  - ADD & ADHD—what happens in the brain? What is really going on mentally? Since ADHD and ADD are so common in today's day and age, why do we not know more about them?
  - Mood and Anxiety
- More conversations need to take place about it. What does mood disorder actually mean? Education and discussion of them should be more amplified in High Schools
- Suicide
- What should someone do if you hear about someone contemplating suicide? Are they being serious? Or are they just joking? Looking for attention? How does one differentiate?
- Several participants at my table noted that awareness about mental health illnesses was heightened after tragedies like suicides. They also discussed that "ignorance is bliss" is the school system's mindset, when it really is not at all because we shouldn't

just suddenly start caring when something happens; rather, the school system should be greatly concerned and take preventative measures early on.

- When asked which mental health issues needed to be covered/payed attention to more, each group member had a different response. We had anxiety and mood disorders (chosen by multiple members), eating disorders and substance abuse, anything but substance abuse, and suicide from a preventive/how to help your friends approach. The discussion then focused on the "anything but substance abuse" comment. Many agreed that substance abuse is emphasized TOO much. Substance abuse is most likely a reaction to all of the other illnesses therefore undermining the effectiveness of substance abuse prevention/help.
- At this point in the conversation it became apparent that all my participants had some kind of personal experience with mental health either through their own experience or a family member. I thought this was interesting because this is how most of them learned and became more knowledgeable about different illnesses.
- A lot of the students had very similar assemblies, because all but the international student attended a public high school in CO.
- The student's only insights were personal connections:
- Psychology classes
- ADHD friend
- Anxiety and ADHD in family
- Mood Disorders- parents
- ADHD and Substance abuse in family
- Substance use- Friends in HS
- Substance use- personal
- Everyone had personal connections, not connections through programs or anything through school
- The notes we gathered from this are:
- Personality disorders
- Suicide awareness- just reactionary, needs to be preventative
- Location bases- suicide associated with a club is told not to talk about who caused as "a part of club/membership"
- Talk about is first
- Lack of knowledge
- Didn't get resources until after, American mindset: "Don't fix it until it's broken."
- Personal Responsibility
- Super hero complex
- Anxiety and Mood- never talked about, never seen

Session 5: Discussion of key activities and what worked and did not

After lunch, participants were asked to first brainstorm a list of what was done at their high schools to address mental health issues. Each table first brainstormed a list, with the facilitator capturing the list on a large piece of paper at the center of the room. Then each group spent around 30 minutes working through the list, focusing on what worked and didn't work at their high schools. Data from this section was organized into ?? main groups of activities.

Initial lists of what schools did to address mental health issues:

Topics repeated at different tables (number in parenthesis marks how many tables mentioned that topic specifically):

- Health class (14) (often mandatory)
- Counselors/Counseling (13) -
- Assemblies (10) – (day without hate, every 15 min, alive @ 25, Rachel's challenge, spread the word to end the word)
- Peer counseling / ambassadors/ mentor groups (8)
- Rachel's challenge (6)
- Suicide prevention/awareness events/week (6)
- Psychologists, therapists (5)
- Psychology classes (5)
- Awareness days , weeks (4)
- Clubs (3)
- Safe to tell program, anonymous hotlines (3)
- DARE (3)
- Day of silence (3)
- Anti-bullying (3)
- Challenge day (2)
- Guest speaker during home room and assemblies (2)
- SADD program (2)
- No place for hate (2)
- Nothing specific about mental health (2)
- Suicide hotline (2)
- Students against Drunk Driving/Destructive Decisions) (2)
- Social workers (2)

Additional items on list (each only appeared once)

- Safe zone
- 1st Year experience class
- Advocacy partners – professionals in field
- Alternative schools for those unsuccessful traditional schools
- At risk - required counseling and special class, but didn't focus on mental health
- Buddy system (help support)
- CARE hotline – "Report" people
- Class on relationships
- Voluntary after school awareness (suicide prevention, eating disorders, tragedy/grief)
- Community support
- Concerts
- Contracts
- Cops and kids
- Cross-connect PSA and sports
- Doctor w/ black lung
- DUI re-enactment
- Eating disorder week
- Encompassing material
- Fire within
- Fundraising
- Grief counseling
- Hire the right people
- Honor code – drugs/alcohol
- Improve health classes – provide more options
- Increased awareness of disorders
- Students about free resource
- Integrate special ed and special needs students with regular classes
- Intentional connection
- JROTC education
- Leadership retreat with safe zone
- Link leaders
- MADD
- Mental health survey/testing
- More connected communication lines between all faculty and staff
- More small groups
- Need problem-solving and communication skills, help kids identify "who they are"
- No memorial service for suicide
- Outdoor recreation
- Paper chains
- Pep rallies
- Positive thinking
- Post – event (awareness, counseling)
- Posters (anti-tobacco)
- Prioritize suicide memorial service
- Prompts/announcement given to teacher to read
- Protecting me protecting you
- Psychology club helped organize events
- Quit Smoke
- Reach out to parents
- Reenactment/skits, every 15 minutes
- Reference outside of school
- Remembrance days
- Scared Straight (visit prison)
- School announcement
- Security guards
- Separation ("normal" v. mental issues)
- Sex-ed programs (abstinence only)
- Shadowing program
- Silence Day
- Small counseling groups
- Speakers
- Sports support causes ("Kills for a

- Cure" for volleyball)
- Sports/other activities
- Spread word to end word campaign
- Student movement

- Students against Destructive Decisions
- Substance abuse programs
- Substance abuse/bullying awareness
- Support groups among peers, teachers, etc.

- Surveys
- Teachers
- Testing/surveys – during eye to ear exams (annuals)
- Trip to movie on bullying
- Yellow ribbons campaign
- Yoga during the day

Notes from the table discussions regarding what schools did to address mental health issues (organized by topic area).

School
- Television shows such as criminal minds teach us more about mental health than school does
- Educating children on mental health needs to be implemented at appropriate levels (introduce topics little by little in a continuous education program)
- Security guards were noticed as an outlet for some students in one participant's school. Other participants didn't notice this in their school environments, however.
- Need to promote resources already in place more (lots of resources in high school students had no idea or learned about them after graduation). Colleges do a really good job at promoting resources available.
- Anonymity needs to be a priority. Thinking back to their high school experience, if a teen had an appointment or was meeting with a school counselor, resource officer, etc. Their classmates knew about it because they were pulled from class or it was somehow publicly known. Maybe resources not affiliated with school would be a good idea.
- Need to teach children about mental health prior to high school. This is not already being done. A small introduction to the topic in easy terms from counselors is needed. Many participants agreed that the government needs to step in and reform the school system so that this is included in middle school.
- Some didn't have it at all in their schools. When they did it was positive because it brought of suicide as a topic of discussion but was ineffective in how it was discussed (large impersonal assemblies). Conversations were always in a negative light.
- Encompassing material: This would be material that would tie mental health to all classes to make it relevant. This would be learning about the history of mental health one week in a history class. In that same week you would read a book regarding a personal account of mental health (i.e. girl interrupted) in English class. In math class you would learn about the statistics of mental health. This would be a week that occurred every year and for each grade level the material would provide

more information and education. This way it would be continuous throughout high school.

- More communication between all faculty and staff needs to be a requirement at schools.
- Education teaches empathy and how more situational awareness to others feelings
- Class work with other students: get to know one on one à decrease bullying: see similarities and want to be heard/ be known
- More practical life skills and personal challenges/ not sort of academic and bullying occurs in the work place kids not prepared for that
- Need alternative schools for those unsuccessful at traditional schools
- Worked well for those with problems in traditional schools, but it was linked to the justice system and those who had issues with police. This resulted in lots of negative attitudes towards school. Some kids who could have benefited couldn't because the other students coming from the justice system were disruptive and didn't care about school. Others succeeded. These alternative schools should not be tied to the criminal system.
- Separation and division of kids is hard. There are benefits, but other things are lost. There must be balance so that individuals can decide where they would best fit (either in a specialized school setting or a public school). There is a different between the kid throwing a chair vs. not understanding as much so being vulnerable to being picked on.
- Only separate if genuinely dangerous with the more "normal" kids with mental illnesses being kept where they are.
- Combining subjects. Reading for English class tied to mental health issues
- Start awareness in middle school, start earlier
- Should be at the same time as sex ed.

Teachers
- Students who have a personal relationship with a teacher can often turn to the teacher for help, but many of the students who need help don't establish close connections to any teacher.
- After a crisis occurred teachers were always given short prompts to read in front of the class. This did nothing to address the issue but only to state there was help there if needed. It was never addressed as to why a suicide happened or why a student might seek help.
- Teachers are seen as effective because they have more contact with the students. However they do not have the resources and are not adequately trained. They need to be required to take a class.
- Teacher had to find why did they do what they did, reasons behind action à helpful in punishment --> the participant was meaning that by just punishing the student there was no interaction to find out why the action occurred which is important
- Some positive experiences with teachers: not teachers who were academic: Gym teacher help out more by teaching resiliency, gym teacher stood up for him against other teachers who came down on him

- Some teacher programs should be in place—Ability to positively critique teachers accountability for teacher
- Survey in class: teacher give student survey: which student is having problems and get them help and came from younger student
- Teachers who cared, more teachers to notice
  - Communication throughout school
- Teachers = best asset
- Teachers are a better judge of a student's mental health and should be more involved.
- Know teachers care and want to talk to the students, kids don't talk—too self reliant, need to just resources given

Health classes
- Health topics such as eating disorders were powerful because they gave me the tools to identify signs of an eating disorder. I was able to find out my friend had an eating disorder and would go to the bathroom all the time.
- Health and psychology classes were good because they gave students an in-depth look into various mental health issues.
- Almost did not take health class but found out I could not graduate without it so I took it online and it was worthless. Too bad that you have the online option.
- Possibility of making the issues seem too prominent—we become hypersensitive ands suddenly think everyone has an eating disorder
- Some research projects were cool, but we were more focused on the grade rather than the learning
- Some girls were pregnant in junior high, so there is a need to include some health topics at an earlier age such as 9 or 10
- The health classes were not successful, parents had to sign a waiver for students to take the class. The students generally would think about the impact of some of the topics at that moment, but there was no lasting impression. This also did not help HS students learn about different mental health problems. Some health classes had group projects to learn about a specific illness or drug; this was useful because students taught each other. Health classes should use students to be supportive.
- The doctor brought in a black lung as a fear factor approach to anti-tobacco. For some students, this presentation left a deep impression, for others, not so much.
- Some classes were ran by coaches and NOT taken seriously by teachers or students (coaches were only people available to teach)
- Teachers don't take jobs to be health teachers
- Some classes joked about funny topics like sex; but later became serious when talking about issues like mental health (worked effectively)
- Only "health" education received was from a 1-week unit in biology class, but only talked about sex education
- One participant who attended several high schools noted that it seems like Colorado has more variety of health classes. Different suggestions were longer health classes as a means to cover more material effectively and better methods to connect with students such as interactive activities.

- Not everyone had them. Those who did said they were ineffective. Covered physical health more.
  - When mental health was addressed it was in a negative, extreme, gruesome manner.
  - Teachers were the PE teachers, which was not effective.
  - Classes were considered a joke and were only required for one class over the span of high school.
- Health class doesn't work because not only does it not cover material on mental health but because it is an elective kids can get out of or can sub another class to fulfill.
- Health class was the most impersonal approaches to mental health. Psych class was more personal, and assemblies were the most personal.
- Health was mandatory, which forced the students to be exposed to it.
- It's very impersonal. It was uncomfortable.
- My class was just focused on worksheets and tests. It was boring and felt unnecessary.
- The first half should be about drugs/ sex/ alcohol, and the second half should be about how to function as an adult.
- My teacher showed us intervention videos, which ostracized people who struggled with those issues.
- It made mental health seem very scary. It makes you want to avoid it.
- Those videos are unrealistic.
- The classes don't make an effort to make sure students get to know each other; it is very awkward.
- Health teachers should know how to be inclusive and foster relationships to add to class learning.
- Mandatory health class
- Did not cover enough subjects
- A lot on drugs, alcohol and sex (but not the psychological effects of sex). Covered a little on eating disorders, but no cover of the effects of having a mental disorder.
- Not focused on mental health. Focused on physical health (sex, growth, how to get through high school socially) but it was not helpful.
- Health class was scary. Teaches that you can't get away with anything.
- There was a small video on suicide prevention, but it was not explained very well. There was only a slight section on mental health
- Should add mental health understanding to health class.
- Don't teach mental health in a textbook way, but open it up to interpretation.
- Should make sure to debunk myths and decrease the stigmas and lower the cultural barriers to mental health.
- Spend less time on drugs and alcohol. They are important, but should not be focused on quite so much.-People who do drugs and alcohol will do it no matter what they are taught.
- If you learn of the affects of alcohol and drugs, you will be less likely to do it. The more education, the better.

- There was an overkill of drug and alcohol abuse in health class
- The more you talk about those things, the more people will get curious and might want to try it.
- Less on alcohol and drugs and more on mental health
- Addiction as mental health issue, though.
- Mandatory Health Class
- Needs changed, but problem with health class is there are too many federal regulations that would pull funding because the money trickles down. They have a curriculum they must teach, so they don't get the choice in what they should or shouldn't teach on mental health.
- Change health class regulations so that schools can include more on mental health
- Most students do not want to attend these classes
- How the material is presented can be good or bad
- Small groups are better
- Lack of knowledge on how to apply lessons learned in the classroom
- Making it relatable
- There should be more talk about mental health in health class.
- There is a lot in education that could use more time, but that is the most limited resource.
- Reference outside of school
- Very helpful- more than school did but did learn of resources through school
- Did as well and school counselors referral was good because I trusted them

Special assemblies or events
- Too loud. Too crazy. Not everyone attends. General attitude is "I don't care". Is effective when they are very interactive and visually entertaining. Small groups is much more effective.
- Trip to movie to see film on anti-bullying
    o Movie was rewarding because it got us out of school. Not sure the content/discussion stuck with us
    o One participant said I like the idea of the movies; it would have been a good idea
- Speakers with personal experience would be more effective at sharing experiences and moving the audience
- When you have one person lecturing, it is not very meaningful
- Assemblies usually took place after an event, so it was good for awareness, but not good equipment for the long term.
    o However, those assemblies with a visual component (drama depicting a real-life care crash and student they know being taken away in ambulance) were easier for students to connect to.
    o Also, advice given at an assembly (how to help a suicidal friend) may be good to hear. Even if not relevant in their life now, it might come in handy if something comes up down the road.

- "Safe Zone" conferences were good because students chose to be there rather than an all-school assembly where they are forced to go.
- Participants classified "Safe to Tell" as highly effective. They told personal stories of students using this as an outlet for disclosure of struggles with mental health. They emphasized that the success of the program was due to allowing students to be anonymous.
- Guest speakers had the respect of the audience because they have experience first hand
- Speakers and Assemblies were blunt and straightforward
  - (i.e. Rachel's Challenge)
- Several students blew off assemblies; were not required to attend
- Challenge Day: activities with people who are affected by mental health issues
- Day W/out Hate: Everyone wears white
- Brought school together
- If you didn't participate or didn't take it seriously, people would be upset
- Assemblies and short-term programs such as "Fire Within" and "Challenge Day" were labeled ineffective. Participants said that most students were not willing to seriously participate and showed a lack of interest.
- Most of the programs were not proactive, only reactive (i.e. one school had presentations about suicide after the evidence of cutting became increasingly present). They also did not address mental health, but some of the well-known results of mental health (i.e. drugs, suicide, bullying). These HS programs were seen more as a "slap-on-the wrist" kind of thing rather than an actual, legitimate program.
- Participants recommended that the best type of programs would be presentations that incorporated personal connections and stories. Just presenting statistics or outdated videos does not create a reason for the student to pay attention and care about the topic. One mentioned how an ex-gang member came to present at a Denver HS, and that really left an impression.
- The SADD program and other anti-drug and alcohol resources focused on the actual use and never framed it as a mental health issue.
  - The reenactments often depicted a drunk driving accident and were placed near prom as a way to encourage safe decisions. Every 15 minutes was effective in that it was a personal influence and there were peer influences.
- Many schools did event days after the occurrence of something tragic
- Some schools are only allowed to have a limited number of assemblies during the year (due to time constraints; budget; etc.
- Student council would choose assemblies
- You get out of what you put into these types of events or "days." They also agreed that it is more difficult to reach students in larger groups versus smaller groups.
- A huge challenge about assemblies is that schools can't always get speakers they want to speak (such as professionals in the field) due to costs, so they are often not as effective as they could be.
- Viewed as effective by some and not effective by others.

- o Ineffective because the effects were short lived and never followed up on. Schools say help is there but not what the help is for.
  - o Effective for the opposite reason by another participant. He said the counselors made sure to follow up on any emotions, reactions or self-proclaimed problems that students expressed that day. Not only did the assembly make them vulnerable/ able to do so, but counselors were able to pick up on that and make an action plan going forward.
- Suicide prevention week coincided with spirit week before homecoming, so although kids were suppose to be wearing certain colors advocating for preventing suicide it was just an activity to participate in with no information behind it. School spirit also overshadowed it so it was not effective.
- Silence day was when kids did not speak for a day or taped their mouths for a day. This was more related to the GLBTQ community and showing support for the silence they faced in their personal lives. This was only open to members of the GLBTQ alliance and did not include the whole school so it was not effective.
- We had Day Without Hate. The effects from it were there, but they only lasted about a week.
  - o It brings attention to topics that are ignored.
  - o It's all at once. The whole school is talking about it, which makes it less stigmatizing.
  - o It's important to have a good speaker.
  - o For Day Without Hate, it's helping to make so many more schools more aware.
  - o They're good for making people evaluate their own lives.
  - o They grab the attention of students.
- Assemblies need to send positive messages.
- It connects people who experience similar issues.
- The kids who need the assemblies most don't end up going.
- Once the assembly is over, the schools don't maintain that culture and it goes away.
- Assemblies leave you feeling sad/ emotional. There's not enough time and space to debrief. Students need an opportunity to talk.
- Guidance class helped student a lot
- Assemblies that create no judgment
- Start when young
- Eating Disorders Week
  - o Took three years to implement
  - o Included panel, parents, art, body image, children's hospital
  - o Brought awareness
- Day without hate, every 15 min, alive @ 25, Rachel's challenge
- Rachel's Challenge
  - o Watch out for each other
  - o Not all schools had this
- Personal testimony worked well for relating and caring about the issue

- o Students are no longer talking about Columbine like it was a big scary things, students these days are desensitized to school shootings seeing them as stats not events, therefore programs like this don't resonate.
- If there isn't enough money for events or other extra services for mental health they could be combined at the district level perhaps.
- Speakers at assemblies promoting good mental health/personal experiences.
- Assemblies do not work and many times are not mandatory
  - o Not engaging
- "Rachel's Challenge"= Effective
  - o Short term effects
- Signing pledges do not do anything
  - o Could be enhanced through goal setting and be more relatable. Too often they're over sensationalized.
- DARE Program
  - o Not affective when you look at studies
  - o DARE is not working and was actually found to be counterproductive, but is still funded and utilized
- "Safe to tell" program
  - o Good program, but not advertised enough. Advertise it in schools and other places supported by the community (whether through flyers or posters) so that people can learn about it.
- Incorporate prevention using assemblies instead of health classes. Do this throughout the year on a number of different things to keep students thinking about it year-round.
- Students have to get to them, so they can be effective. This can be scary

Peer counselors or mentors
- Best method of awareness is through student ambassadors
  - o (+)Ambassadors better for freshman to connect with seniors
  - o (-)High school is too full of hormones for ambassadors to be a good idea
- Voluntary programs were not effective. Most students would ditch these opportunities and not take them seriously. These programs were utilized by older members of the community, not students.
- More testimonies would make it more powerful
- Mixed reviews.
  - o Some thought that they would make it easier to talk to these individuals because they were around the same age and maybe can relate- easier to approach/less fear associated to them.
  - o But some thought that the programs that paired individuals not based on any specific criteria might not be beneficial. Sometimes leadership programs involve accelerated or overachieving students wouldn't have gone through what a troubled student might go through, therefore, they don't understand. This would make it harder for a student to approach this individual, because they might fear being judgment or misinterpreted

- There were some "peer mentor" programs, but these were usually not effective and barely used.
- One mentor program that was more effective was when the teacher identified students who appeared to need help and asked another student to include those students.
- Those in sports generally were closer together and were more willing to talk about sensitive issues.
- Extremely effective. Upperclassmen would build trusting relationships with younger students (middleman to more effective services so that students felt comfortable).
  - Upperclassmen would take as a class, and receive training over a year or two
- As a whole schools need to have a higher ratio of counselors to students; it is unfair to point fingers at staff when they simply don't have the time in their day to reach out to students and have one-on-one interactions. They also suggested that all counselors at schools should be warm and welcoming and that when they do interact with students, they go more in depth to find out and pin point actual problems. This could entail more staff training.
- Peer support throughout high school worked best.
- Assemblies post-event (i.e. student committed suicide)- Positive in that traumatic events that affect the entire school need to be acknowledged and addressed. Need to be in a small group setting like in the classrooms with teachers- not large group assemblies.
- There is a need for preventive/pre-event discussion instead all the resources being brought in as a response to an event.
- Programs that bring statistics to life.
  - "Every 15 Minutes"- a DUI crash was reenacted for the student body to see (fire department and fellow classmates were involved). The dead "victims" then walked around school with painted faces all dressed in black to make a visual impact for how serious driving drunk is. Very effective- the visual impact of bring statistics to life makes them more impactful, meaningful and memorable.
- The group leaders were not trained and consisted of the "over-achievers". Peer groups would be effective if they were carefully selected peer leaders who receive training and are composed of students that can relate to the issues that they deal with.
- These peer groups need to be brought to all schools.
- It was a small group who participated, but they're great because of their inclusivity.
- Student movements make mental health seem less scary and more personal.
- It can be hard to get students on board. The movement needs to be cool. In my school, it just invited bullying.
- Tough to organize.
- Maybe all the student orgs could work together or they could promote the movement after an assembly.
- I agree about students who participate getting made fun of.
- If you get a lot more people on board, then bullying will be reduced.
- Teachers should participate too.

- Micro grants for crowd sourced ideas and come up with best ideas
  - Kids come up with idea à group votes on which ideas go to the top: give kids 100$
- Leadership opportunities make a difference within the community
  - Better potential than adults telling them what they need
- Little bit of everything such as adult counselors, college-aged counselors, and peer counselors. Level of comfort varies for students. Level of getting in trouble if the counselor tells or break confidentiality also varies.
- If had to choose one type of counselor, would have college students as counselor. They are close to the age and easy to talk to, but they aren't at the same school. Benefits the college student as well as the high school student. Win-win situation. But if possible, want to give as many options to students as possible.
- Hopefully not high cost to have student and college volunteers. Relatively simple solution.
- Peer ambassadors – relate to someone close in age, someone with comparable issues

Other classes or electives
- Usually rigorous AP classes which require a certain GPA, a string of prerequisites, money for the test and a lot of motivation. They are interesting and effective for educating about mental heath but are not accessible to all students.
- AP psychology is a course that students take their senior year. All of the information is great, but only if you have the right teacher teaching it. This is also too late to be aware of mental health problems. It is a step that you are learning about them but what can you do now that you are a senior and graduating? The way AP psychology classes will work is if it is taught by a teacher who is knowledgeable on the subject matter and it is offered earlier on in the high school curriculum,

Clubs or special groups
- Having participants sign a contract did not help, wrong motivation and not effective
- Rachel's challenge/no place for hate
  - Presentation did not improve the school
    - There were fights within that same week
  - Did not like the focus on just one victim—there are thousands of victims in the US
  - Liked the way to connect with, represent, and remember people like Rachel
- Rachel's Challenge was beneficial because it was relatable and it brought the idea close to home
- "Beautiful is Me" Club. This club indirectly helped decrease eating disorders by increasing self esteem and helped create relationships between students.
  - Participants recommend that high schooler's should be required to take a class that educates them on mental health issues (or perhaps it can be more thoroughly addressed in home room). They need to know the definition of mental health and understand that those with mental health issues aren't necessarily different.

- Need parental education program
    - General concerns about the amount of parents who work forty plus hours and the child's ability to feel connected and nurtured: parents can't identify what they are going through
- You could also reach out to the community and have people volunteering at that level. Moms are generally easier to talk to than Dads, so maybe have parent volunteers as well.
    - Elementary school has many parent volunteers, but need more at the high school level
    - Fewer parents are willing to volunteer at the high school level, but if there are some willing to be involved, could be good for those looking for help. Could be a good matchup
- My school had a Rachel's Challenge club, which continued the thoughts throughout the school year. It helped to keep it bully-free.

Hotlines, anonymous reporting programs
- Anonymity was good for those afraid to admit they had a mental health issues, so CARE hotlines and anonymous programs were good.
- Students were given cards that had information about suicide hotlines. They were then encouraged to give these cards to people who they thought needed it.
    - This process was not effective because giving a card to someone may be wrongly implying something.

Testing
- Requiring a mental health screening could normalize the process; being annually screened as one would screen eyes and ears. Once screened, everyone would receive counsel, further increasing normalization. Assuming the more normal something is the more it is accepted and viewed positively. The more positive people perceive it the more likely it will be helpful.
- Are there surveys out there that show what works and what doesn't work as far as mental health solutions? Should find out what there is and then build off of that.
- There are good tests to diagnose mental health problems.
    - Making these tests means we discern between normal and extreme.
    - Mostly labels create differences; differences are stigmatized.
    - Some labels are neutral and positive; one could change the language to refer to "mental illness" as "mental challenge" (mental health works too).

Counseling
- Mixed opinions on therapists. Some students found school therapists to be very helpful, but thought that each student should be assigned a specific counselor in order to prevent stigmatization. Other students found that their school therapists revealed confidential information and were not utilized by most students. Using a therapist outside of school was recommended through one participant's personal experience.

- Trained is good. Untrained is not good. Often times it was academic counselors who were expected to fill the gap. Other times the counselors were so overwhelmed with the number of students they advised that they were not seen as very approachable/effective.
- Teachers were chosen over counselors as the person the group members went to when they needed advice.
- Mixed review.
  - Ineffective because they were only advertised for academic resources and students had to request them, they did not seek students out which made counselors harder to approach.
  - Effective because they held support groups once a week lead by a few counselors/ psychologists and had 5-8 students participating. This was for anything from varying mental health issues to ESL students who are learning the English language. This can be a form of mental health too. Counselors need to provide more support for them. Counselors have the potential to be a valuable tool if they do monthly or even weekly check-ins with students that involve mental health and not just academic status.
- Psychologists need to make it known they are available and define what they are there for and how they differ from counselors. There need to be more than just one psychologist per district and they need to be available at individual schools more than just once month.
- Counseling groups lead by school psychologists or counselors with a group of students going through the same type of issues was found to be most effective. Although only one participant who went to school on the east coast experienced this, he expressed it to be the most valuable resource his school provided. It kept students in touch with their resources and gave them an environment once a week that provided clear support.
- Need to have Guidance counselors dedicated to emotional issues vs. career and schedule issues
- Not enough counselors who are trained adults. College students or grad students with some training would be good to address what they would need.
- College students could identify if they were able to help the student or not. If not able to help them, could direct them to someone else at professional level. Evaluation process is made better this way. They could see them if it is a little problem or something bigger.
  - Not every problem identifies a major disorder, which is why people don't want to go to counselors. Depression may be caused by being alone.
- Don't want the teenage label of being sensitive or overdramatic, which is why they are unable to talk to adult counselors. Discussing problems with an adult is hard because there is a weird age gap.
- Counselors for a prolonged period
- Build trusting relationships
- Make sure counselors are picking up on worrying signals.
- Make everyone do counseling—creates less of stigma, once a month, not forced, just talking

- Community should have help available
  - Kids make fun of kids who go to counselor
- Counselors can use email: technology could help with the stigma
- Cannot email counselor's at one student's school
- Based on community and how big school is: no one cared at speaker's school, depends on the mindset of community
- Need recognition of different situations
- You could include counseling or being a peer mentee as a requirement/option for court ordered community service.
- Counselors are unavailable
- Students lack of knowledge of the resources available to them
- Confidential appointments are good
- Some ideas included a cell phone to contact the counselors more quickly or utilizing other technologies to better facilitate meeting the schools counseling staff.
- Most schools don't have the resources to individually counsel every student. District 6 shares a counselor between a couple schools.
- Counseling is expensive, but with The Affordable Care Act it will be included in all insurance plans.
- We must normalize counseling.
- Should we be concerned about an increase in lawsuits against counselors or other mental health professionals over treatments?

Additional comments not specifically connected to one of the primary areas.
- Conversation needs to change from prevention to safety/consequences
- We need to normalize conversation on mental health
- Problem overcoming the idea that if you're tough, you should just get over your problems
- Students in special-ed are isolated from the others, which means that other students don't have chances to interact with them and understand better. There is a negative perception of people in special-ed.
- Society is a largely reactive group where we respond to problems rather than being proactive. We need to do more proactive work.
- Anti-bullying techniques should be taught in schools.
- Identify students who are being picked on and those who stand up for those students. The students who are helping stop bullying should be rewarded/ given an incentive. Focus on the positive rather than the negative.
- Bullying is a problem and correlates with mental health
- What we need is education on where to go for help, when to go for help, and how it can help.
- It should be normalized, change the expectations about mental health and make it more positive and preventive instead of negative and reactionary.
- It should be akin to going to the gym to tone your body. That could be one of the reasons yoga has caught on lately.

- One participant's school did NOTHING to address mental health in any sort of way (very small Private School in Kansas)
- Participant from Saudi Arabia said that mental awareness is not covered at all in schools
- Participant from Saudi Arabia said that in SA the teachers would physically punish or even beat you. They would tell you that if you told your parents you would fail their class. Idea that people feel threatened or ashamed to report abuse/struggles.

Closing keypad session

8.) My high school helped create a positive mental health environment (multiple choice)

	Responses	
	(percent)	**(count)**
Strongly Agree	4.76%	6
Agree	22.22%	28
Neutral	25.40%	32
Disagree	29.37%	37
Strongly Disagree	18.25%	23
Totals	100%	126

9.) If you or someone you knew had a mental health concern, who do you feel most comfortable talking to? (pick top 3 in order) (priority ranking)

	Responses	
	(percent)	**(count)**
Teacher	23.78%	170
School counselor	12.03%	86
Nurse	3.22%	23
SRO	0.70%	5
Principal or other administrator	2.24%	16
Your parent or guardian	33.99%	243
A friend's parent	8.25%	59
Clerical/Secretary	1.54%	11
Hotline/anonymous text	4.20%	30
(press 0) Other	10.07%	72
Totals	100%	715

10.) If you or someone you knew had a mental health concern, who do you feel least comfortable talking to? (pick 1) (multiple choice)

	Responses	
	(percent)	(count)
Teacher	1.64%	2
School counselor	7.38%	9
Nurse	6.56%	8
SRO	14.75%	18
Principal or other administrator	22.13%	27
Your parent or guardian	10.66%	13
A friend's parent	8.20%	10
Clerical/Secretary	9.84%	12
Hotline/anonymous text	15.57%	19
(Press 0) Other	3.28%	4
Totals	100%	122

13.) Which efforts were most successful to improve youth mental health at your schools? (choose your top 3 in order) (priority ranking)

	Responses	
	(percent)	(count)
Overall efforts to build a positive school culture	19.91%	139
Teachers	14.04%	98
Trained school counselors	12.61%	88
Special assemblies/events	11.75%	82
Content/activities in health classes	10.60%	74
Clubs or student groups	10.17%	71
Peer counselors/mentors	10.03%	70
Other classes/electives	8.31%	58
Other	2.01%	14
Hotlines	0.57%	4
Totals	100%	698

14.) Which efforts were least successful to improve youth mental health at your schools? (choose your bottom 3 in order) (priority ranking)

	Responses	
	(percent)	**(count)**
Hotlines	19.93%	117
Special assemblies/events	18.74%	110
Other classes/electives	12.78%	75
Content/activities in health classes	12.61%	74
Clubs or student groups	11.07%	65
Peer counselors/mentors	7.84%	46
Trained school counselors	6.98%	41
Other	5.11%	30
Teachers	2.56%	15
Overall efforts to build a positive school culture	2.39%	14
Totals	100%	587

11.) I believe my teachers were trained on how to respond to mental health issues (multiple choice)

	Responses	
	(percent)	**(count)**
Strongly Agree	2.48%	3
Agree	12.40%	15
Neutral	28.10%	34
Disagree	35.54%	43
Strongly Disagree	21.49%	26
Totals	100%	121

15.) Which of these matches your thoughts on assemblies and special events (multiple choice, choosing all that apply to them)

	Responses	
	(percent)	(count)
Useful, but effect short lived	51%	68
Not taken seriously by many	51%	68
Only effective for people that already care	37%	50
When done well, effective	27%	36
Often a waste of time	26%	35
Too often only reactive, not proactive	20%	27
Should be done more often	18%	24
Often strongly effective, I still remember some	17%	22
Not great, but necessary, good information	13%	18
Totals	100%	348

Closing survey data

At the end of the process, participants were asked to complete a short, open-ended survey with three questions. Those written comments were typed and are provided below.

What are three specific things you think should be done (or done more often) to improve youth mental health?

• Get Better ideas from actual students
• Make coaching available to students and families at no cost or low cost
• Positive thinking, think more, helping people
• Teachers getting more involved with parents and family • Guidance classes and more elective courses • Survey on youth mental health handed out to students as a way to target troubled students
• More information, integrate community, and mental classes
• Mental health awareness classes or groups • Education for parents on how to be more aware of the changes in children and what to look out for • Activities to relieve stress
• Having more trustworthy and caring educators
• Increase awareness! Teach us about what might be affecting our peers or us. We cannot address problems we don't know exist. • Give youth a small personal discussion setting in which they can relate to issues, be called to attention, and feel engaged rather than being just a face in a crowd. • Give youth accessible, applicable, concrete ways of making a difference or getting help.
• Provide people with ample opportunity and time to do something they love. • Increase awareness about mental health issues (more than just suicide and drugs/alcohol • Provide people with a clear path of how they can help or be helpful
• Raise awareness by making it relate to the audience. Use examples that are easy to relate to, When speaking to youth, bring someone that is the same age group. • Educate by giving students a solution. How we can solve/cope with a given problem • Small discussion on groups rather than one large assembly. More participation should be done within these groups
• More awareness of issues and their realities. Not just the stereotypes. • More knowledge of available services like counseling • Talk about the issues!
• Small group discussion on mental health • Put a face to the issue. Have people who deal with mental health problems talk to classes about their problem • Personalize the issue, reading first person narratives of people with mental health problems.
• Make it personal

- More information   - More accessible
- I think that it should be given more attention, so it can be more known and less stigmatized.   - I think it should be personalized and more specific.
- Make groups smaller for people to talk more intimately   - Use technology to make people and counselors more accessible   - Flyers in the bathroom stalls can be really informative
- Modeled acceptance   - More awareness at younger ages   - Providing cost assistance
- Talk about it. Bring up the issues and allow dialogue to happen   - Try to lessen the negative association by making counseling more available to students   - Having counselors that aren't doubling as advisors. They need to be there primarily for mental health concerns
- Establishing an environment which breaks down the idea of "normal" and the requirement to be "normal" would make it easier to seek help   - Increase available options for people to talk to and adding cost effective positions in high schools (College program training teachers to recognize and help)
- Educate people more, making sure you don't do it in a negative way   - Schools shouldn't cause mental illness issues, with extremely stressful environments or bad vibes. NO. And they do.   - People should just be better. Humanity can suck.
- More education on resources available in schools   - Bring college students into high schools as peer counselors   - Clubs promoting inclusiveness
- Give them somebody to talk to that doesn't cost much money (peer/college-kid counseling for high schoolers)   - Stress that mental health shouldn't have negative connotations and should be practiced daily   - Help kids set up good priorities.
- Relieve stigma   - More availability/accessibility to mental health professionals   - More information available in public settings
- Awareness programs/clubs   - Peer/college to high school counseling   - Open discussions to take away mystic or stigmas of mental health
- Work toward removing the stigma of mental health   - Provide trusted way to be heard   - Have more positive stories related to mental health
- Open discussions   - Assemblies that bring attention to disorders

• Have resources available with info and counseling
• Spread more awareness • Make more programs • Advertising
• Classes, electives • Programs, even if their taken as jokes by students, they can be ultimately useful • Assigned, but not mandatory to see a emotional counselor
• Therapy • Awareness • Options
• Awareness • Receive information • Programs at schools with therapists to help students with mental issues
• Create programs • Awareness • Receive information
• More awareness • More one on one/group conversation
• Promote mental health awareness: teach health issues effects and viewpoints of people with them. • Make safe places where these people can open up in • Provide options to learn more if needed
• Stress the importance of respect of others at an early age • Staff that cares for the students and schools • Great enthusiasm for assemblies
• Awareness • One on one meetings
• More exposure to resources • Better training • More open, warm environments
• Awareness • More talk about mental illness, less demeaning, but more effective • More support for those affected by mental illness
• Talking to people
• Openness of counselors • Assemblies for awareness • Health classes curriculum have mental health disorders
• Explain mental health problems better
• Health classes need more specific requirements about mental health • Schools need to promote awareness outside of classes, events, handouts, parental education, signs, public service announcements • Testing should be done and students have counseling regardless of their results.
• Schools reaching out to students

- Personal appointments
- Go more in depth in classes

- It should be talked about more
- There needs to be a greater awareness made
- All staff in schools should receive training

- Increase public advertising about mental health
- Emphasize this matter more in special cases
- Educate parents on how to educate their sons and daughters

- Improving the way mental health information is being presented in terms of classes specifically about mental health, better informational assemblies, and better trained teachers

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- Talk with others
- Educate them

- Normalizing conversations about these "taboo" topics
- Starting conversations earlier (elementary schools)
- Including families/community in conversations and awareness

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- Raise awareness, experienced speakers
- Supportive communities, qualified people who can step in if family or friends are not an option

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- I really only believe more education is needed. I think very few people are informed well enough to participate in this discussion let alone evaluating their own mental health

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- If you have problems, seek help
- Self control

- More education will help

- Get students educated on exactly what it is
- Broaden the topics, bringing in all the problems, instead of just one aspect of mental health (only being informed about eating disorders

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- More one-on-one personal connections from trained counselors who are closer in age/demographic to the subjects at hand and are also checked to be positive mentors
- Open discussions/environments that promote vulnerability that allows people to feel comfortable sharing
- Education them on what mental health is

- Resource board
- Start with sex education class
- Once a month counseling

- Monthly sessions with a counselor
- Educate in earlier stages in life
- School Psychologist readily available

- More education early on
- More communication
- Assemblies about acceptance

- High school students should be required to meet with a counselor once a month

• School awareness assemblies
• Counseling for every student not matter what previous conditions they have • Create a healthy environment by starting at a young age • Training teachers to spot signs of decreasing mental health, working with other teachers on this.
• Knowledge about what mental health is, what are mental health issues and awareness • School and community resources made available to youth • Strong communities that make students feel more comfortable
• More productive assemblies such as Rachel's Challenge, that provide personal testimony and greater outlooks on mental health • Mandatory, monthly or every other month meetings with a counselor just to check in • Training for teachers on how to recognize and approach mental health issues
• The perception of youth suffering from mental illness needs to shift from violator-somebody who is doing something wrong to victim somebody who is conflicted by something beyond their control
• Train teachers more about them • Bring over all awareness of what they are • Needs to be general curriculum on mental health throughout schools
• Peer counseling should be used at more schools as a way for students to open up. • Assemblies based toward day without hate or peace were helpful to bring schools together. • Health class should be required to give students facts and medical reasons between mental illness
• Health class mental health curriculum emphasized • Peer counseling seemed really cool • Ending negative connotation for mental health
• Small peer group discussions • Awareness weeks or days • Advertisements of services available
• Peer counseling • General health class curriculum • Training for teachers
• Help from teachers • Assemblies • Allow students the opportunity to get help
• There needs to be more awareness and understanding about the issue. Without knowledge, the stigma will last forever
• Educate • Communicate • Engage
• Always smile at people to show compassion • Never judge or think you're better than anyone
• Mentor program in high school

• Establish a comfortable place for struggling students to go and make sure people know about it • Mental health classes
• Consistent support groups/systems • Reliable and consistent counselors in schools • Health class
• Make them aware that mental illness does exist and it is ok • Let them know there is help • Teach kids to not judge
• I think especially in schools, counselors need to meet with students and encourage those with mental illnesses to come talk to them • More people need to express that they care about helping people • Adults need to meet with younger generations and actually educate them on what mental health really is
• Starting education early (Start with bullying in elementary school and then mental health in middle school) Continue you education through high school • Letting counselors be more present in schools, having them present their services in homeroom classes. • Having a mental health survey. Everyone will take it and counselors can meet with students who raise concern (similar to the MAP-Works survey at UNC).
• Clear and consistent support k-12 (police visits, counseling programs). • Informational classes (connected to health and psych class)
• Guest speakers in class, not assemblies • Make resources known and readily available • Specific mental health classes
• - Psychology class was really helpful and should be mandatory
• Addressing the topic in a way that doesn't project a negative connotation • Having someone trained to talk to
• Emphasizing that all forms of mental health are important • Teaching people what they need to know about mental health • Understanding what it consists of through smaller discussions
• More small group discussions on topics • Address the issues before something happens as well as after • Timing of issues addressed
• Training parents about how to help their children deal with issues
• Small group discussions that better identify mental health terms and address things to reduce misconceptions and stigma
• Separate academic and mental health counselors • Take steps to get rid of the stigma surround mental health • Open schools up to more discussions on mental health
• Have resources available- trained counselors, classes, and support groups • Awareness, classes providing valuable information • Positivity- not seeing mental issues as bad

- More teachers trained to help. Listening and talking to kids.
- Trained counselors should be available to kids and kids should know where to go
- Reducing the stigma

- Reach out to youth more

- Ideas surrounding youth lack action

- Involve parents in schools
- Counselors need to be more visible and not simply in an academic advisory role
- Encourage dialogue about all issues: sexuality, mental health etc.

- Awareness
- Counseling options
- No more shaming

- Let students know they aren't alone
- Counselor system (free and priority)
- Programs following admission to a mental hospital

- More awareness on the middle school level
- Break the stereotypes
- Help make it less uncommon (using celebrities and politicians as spokesmen)

- Talk to more people
- Knowing who I could talk to
- Think differently about mental health

- More available support
- Open dialogue
- No judgment

- - Making students more aware of the issues, so they can be informed

- Awareness

- Let the children be aware
- Let the children know how to address them
- Be informed

- Raise awareness
- Have mental health training for teachers
- Long and extensive courses on mental health (required)

- Actual classes on mental health
- Trained teachers to know how to deal with the situations and not isolate students
- Let students know that it is okay

- Students should learn the overall definition of mental health
- They should have more personal related speakers or examples
- Not isolating students with mental health issues

- Talk to more people about my concerns

- More openness and discussion

- Student movements
- More personal education on the issues (speakers who have experience)
- Resources for discussing feelings and issues that aren't so intimidating
- More education on what mental health and symptoms of mental illnesses.

• Assemblies are good if done well
• Creating awareness of resources available to students • Having mentoring available to students • Creating activities where students can see the real world application of what is being taught
• Assemblies (Day Without Hate) • Awareness weeks • (Red Ribbon Week)
• It should be talked about • Positive atmospheres to discuss mental health
• Speakers and presentations
• Fostering a more family like atmosphere in health class to make the conversation more comfortable • Continue doing assemblies as a way to build awareness. Personal stories rather than academic ones
• More options for safe environment to talk about mental health
• Take a break to check in on how I'm doing • Make education of mental health more important • Education teachers and staff on how to recognize signs of mental illness
• More involvement from the outside world • Less negative advertising
• Looking at the root cause of mental illness and not just the symptoms • Educating parents and getting family involvement • Reduce shame, while increasing peer awareness and acceptance
• Don't make it seem too serious • Make people aware but not scared • Make it easy to get help
• - Awareness, making it okay to not be okay
• Resources • Exercise • Mentors
• Have teachers/coaches as possible influences to high school students, mentors • Give more education or information on the specifics of mental health • Create a buddy system that would positively influence kids going through hard times
• Raise awareness • Increase resources • "Safe zone"
• - Education in the whole community including open forums for the public, PTO presentations on the warning signs for parents, teachers and students and parent support groups
• Informing teachers • Student assemblies • Trained counselors to help with anxiety issues

• Peer groups • Meditation rooms • Mentor Programs
• Outdoor recreation • Physical activity • Community support
• Volunteering by the community • Give them something specific to accomplish (skills etc.) • Raising people out of poverty
• Mentor relationships • Assemblies with follow up to educate and spread awareness • Teacher and counselor training
• Raise more awareness and understanding • Create support groups that focus on mental health (both good and bad) • Change mental health stigma

What is something that should be done less or avoided?
• Dictating ideologies
• Bully someone
• Special events
• Hot lines
• Hotlines: very impersonal and not helpful
• Having bad teachers
• Using the "shock factor." It often doesn't teach us much, leaving us with fear or sadness rather than courage or motivation to change. While it may be useful from time to time as a whole, the effect is negative and short lived.
• General assemblies. Too many high school students don't care because they do not feel that it applies to them or that they can do anything about it.
• Long irrelevant assemblies
• Sweeping it under the rug and dismissing it as a non-issue
• Sensationalizing the mental health issues
• Generalizing the issues should be avoided because there is a disconnect if it isn't personal
• Less stigma
• Less shock factor should be used when presenting this topic
• Poor or negative modeling by adults
• I believe we should avoid judging other abilities to deal with stressors of life. Every person deals with different levels of anxiety issues with their mental health, so it needs to be approached on an individual basis.
• Separation of at risk or problem student.
• Lumping everyone together as the same person when people are all different!
• Lumping people together can make people feel like no one is special
• Try to avoid labeling people who need mental help

- Only sending kids to a counselor when they have a problem gives the feeling that receiving counseling is only for problematic/crazy kids.
- Psychological disorders should be addressed as unavoidable and taken seriously
- Separation/stereotyping mental health
- Watching to much of the local news to much negative views when looking at media
- Break down stigmas against those with a mental "illness." They should not be outcast.
- Glorify and deemphasizing mental health
- Negative connotation to the words
- Bad influences for students
- Teachers asking students if they need help
- Putting specific things in the open in a negative way
- Assemblies
- Vague, general lectures or assemblies
- The great amount of differences between someone with mental health compared to those with out them.
- Large assemblies that overlook people
- This madness of teens not knowing anything about mental health
- Treating people with mental issues as "different" or not good enough
- Assemblies should be done less, because despite their potential usefulness they become trite and boring quickly
- Testing for mental health problems
- Giving labels to people with health problems
- The negative stigma about counseling should be avoided. It should become a more normal thing
- Counselors should reach out more
- Just talking about the subject and not following through
- Not stressing this matter
- The fact that counselors are there for only academic reasons
- Ignoring or sweeping issues under the rug. Putting on a front of "health" is often more dangerous
- Less pointless assemblies with people who are not actually experienced, just learned it in a book.
- Education
- Getting Stressed
- Contracts are not effective
- Lecturing on what NOT to do
- Putting the emphasis on school counselor
- Not focusing on mental health
- We need to be aware about what it is, so that we can take action earlier.
- Hotlines, they are not very easy to use. (I wouldn't want to talk over the phone)
- Schools Harping on sex and drugs. Schools should see what affects most of the school and go from that
- Spread the word

- Reactive responses instead of proactive responses
- Hot lines
- Alienation of youth who suffer from mental health issues
- I am not quite sure
- Hot lines
- Negative connotation
- Too many assemblies because their effect is lost in a short time
- Assemblies mean well, but the people putting them on are often naïve to what youth truly need. So many people without experience with mental health issues try to be advocates for it. That doesn't work well.
- Assemblies, they don't create a safe atmosphere
- Bullying and judgment
- Establishing programs, but letting them die out
- Less flashy posters and more valuable info
- Nothing
- Their needs to be a change in the culture surrounding mental health.
- Less jokes and apathy. This begins at the individual level
- Grouping mental health and special education together
- Assemblies
- In-house psychologist
- Forcing it on people
- Making fun of it
- Guidance counselors (untrained) trying to give advice on mental health
- Huge assemblies that often lose the attention of those who most need to hear it
- Abstinence only sex education
- Anything with the potential of too much generalization like massive assemblies
- Substance abuse education is overdone or given too much importance
- Avoid going over parent's heads. Include them in programs and school.
- Things need to be done outside of schools
- Shaming, putting down problems
- Forcing students to talk
- Less making things look wrong and unnatural
- Less substance abuse
- Keeping up stigmas
- Taunting
- Hiding the issues
- Avoid not talking about mental health
- Isolating students with mental health issues
- Isolating students, and thinking there is something wrong with people struggling with a mental health problem
- The awkwardness of addressing mental health issues
- D.A.R.E, early exposure to youth

• Scare tactics in health class
• Not addressing/talking about mental health
• Teaching about mental health without an opportunity to talk about it
• Health classes, teachers not wanting to address the issues and lack of information
• Educational focus before the personal connections. Students need to feel comfortable before learning about this difficult subject
• Spotlighting people with illnesses and making them look evil or cool in the case of celebrities.
• Making peoples issues public
• - Peer counselors, notes in class
• Not making people feel like they're sick
• Glamorizing mental health disorders and encouraging the diagnosis of mental illnesses. Too much of this can lead people to believe they have bigger problems than they really do
• Stop putting parts of personality in mental health disorders, and stop trying to classify short term sadness as depression
• Making it negative, treatment is not a consequence
• Too many serious assemblies
• Making it seems like it is something to be afraid of
• Presentations without follow up discussions
• Not following up with students after assemblies
• Negative connotations with mental health
• Prescribing medications
• Less assemblies
• Avoiding the issue
• Assemblies

What is a question you have or something you need more information about?
• Psychology
• No
• Bullying
• I'd love to learn more about mental health issues. My knowledge of these problems and their effects on my life is very limited.
• Are eating disorders, alcohol/drug and suicide actually the most prominent issues in high school or are they just the ones that get talked about the most?
• How can I help others with these issues?
• How long might it take to make these changes?
• More information on how to help friends and family struggling with mental health problems.
• Disorders in general, I had no general knowledge on these during high school
• Of the programs already in place, have their been studies showing any success rates?
• What are the statistics surrounding mental health (counselors) that is available to high school students?

• Are assemblies statistically effective?
• What is the most effective way to promote that it is "okay" to seek help.
• How can kids deemed as "dangerous" be separated from other kids, but not outcasted.
• Can mental health be improved in childhood or adolescence before illnesses set in?
• Preventative measures?
• Improvement measures?
• What methods have been shown to be successful when dealing with mental health?
• Why do people do this?
• More information
• General information on mental health
• Places where students can go and ask for mental health
• More information on mental health
• What can we do to raise awareness about mental illnesses
• Detection
• What is currently being done to enhance awareness of mental heath issues in schools
• What speakers and event are already promoting mental health
• What resources are schools given?
• Is there a standardization in the state or country?
• What is being done for elementary and middle schools?
• Is having a school a psychologist common?
• I would like more information on what constitutes mental illness
• Why does my school not do anything
• What is being done in elementary schools?
• Why are schools against preventive and only for reactionary?
• The commonality of mental health issues
• Anxiety disorders
• New/progressive treatments
• What they generally are
• Medical explanations of mental illness
• When is it okay to discuss mental health issues?
• The definitions of certain disorders
• ADHD
• How are psychotic mental health issues addressed in schools?
• Signal recognition
• Schools should share more about mental health disorders in general
• All mental illnesses
• How to recognize mental illness?
• What can I do to help?
• What resources are available to teachers who want to help?
• Is there actually something being done? Where are the results?
• Specific types of mental health
• How is an anxiety disorder defined? How do you know if you have one?

• What are all the disorders and how do you define them
• Drugs
• Specifics on all types of mental health
• How do students find mentors?
• Why aren't exercise and outdoor activities more of an accepted treatment of mental health disorders?
• How can schools be more proactive and do these programs for mental health when they're already under funded
• A more comprehensive view of mental health
• More information on mental health in general

Final facilitator reflection

From your perspective as a former high school student and facilitator of this discussion, what are YOUR three most important things we should do more of? *The 17 student facilitators from the CPD were asked at the end of the process for their own personal opinion about the issue based on the conversation overall.*

- They are extremely negative towards the schools themselves. They believed mental health was important but schools did nothing to help it. They couldnt offer any new ideas on what to do that were realistic though (in terms of what you can do with current funding)
- Information about mental health
  requiring psychologist visits in school
- ASKING WHAT THE STUDENTS NEED.
- Include testing for mental health and require that everyone go to counselors afterwards to normalize the process
- Run events like "Challenge Day" to increase understanding of diversity and hardships that people face.
- Use health class more effectively to teach how to get help and when to get help
- Utilizing the counseling office. Many students do not have a good person to go to. Couple this with a anti-stigma campaign centering on mental health and a confidential easy way to make an appointment to talk to someone are ways that would have improved my high school. Interdisciplinary work with mental health issues could be a good idea.
- Promotion of the counseling services/mental health awareness throughout the year.
- Include mental health issues in health classes (mine barely had any).
- Peer counseling services or those linking high school and college students trained to help identify mental health issues or even simply to be a friend to students.
- Get teachers more involved and aware.
- Include more information in health classes.
- Improve school culture.

- We definitely need more communication between ALL staff within the school system. This would make it easier not only to address mental health issues but inform and teach students about mental health.
- The conversations need to start sooner. Not a student's senior year in high school in a psychology class. Starting to discuss mental health freshman year of high school and checking in and continuing the conversation through the remaining four years is essential to making an impact.
- It needs to be made clearer that counselors are not only there for as an academic resource but is there for any mental health resource the student may need. The counselors also need to make themselves as approachable as possible and make an effort to continuously reach out to students, not just waiting for students to reach out to them.
- Talk about mental heath in a much more open, less extreme matter. If we emphasize the prevalence of mental illnesses then all of the people who are remaining silent because they do not want to admit to not being "normal" might find it easier to come forward.
- Focus on small group discussions instead of large group/assemblies. Everyday conversations between student and teacher seem to be more effective then conversations with counselors.
- Strengthen positive mental heath. Improve connections with students by educating peers on the signs of poor mental health and how to go about helping and healing peers.
- I feel that there should be more intense regulations as far as hiring student counselors at schools-- all staff should have a genuine concern for the wellbeing of every student and they should be equipped with the tools to properly address issues.
- I also think that health classes need to cater to students in a more engaging manner, and that schools should promote peer support as a whole (perhaps through interactive activities).
- Finally, I do believe that because this issue affects many before they even reach high school that some sort of process needs to occur in the future where middle school-aged students are delicately introduced to the topic of mental health.
- Peer Counseling seemed like was very beneficial and effect for high school students. The way the program was described seemed to not only be effective, but built strong relationships and connections within the student body.
- Health classes should also be taken much more seriously, and teachers should have better training or experience in creating trusting relationships with their students, so that they can be aware of their student's well-being.
- Mental health screening and personality tests
- Providing more education on types of mental illnesses
- Implementation of mentor/mentee system for people known to have some mental instabilities or other risk factors
- Use personal stories and connections to explore the topic of mental health.
- Actually address the topic and ensure that all students are somewhat educated about mental health and understand the statistics of the topic.

- Focus on establishing a nice atmosphere (proactive) rather than only using reactive programs.
- Provide mandatory meetings with assigned counselors that will focus on that individual student's mental health (stress levels, social involvement, home environment, etc.) and act as an outlet for private discussion
- Provide more information on detecting and defining mental health disorders through classes.
- Create anti-bullying campaigns toward mental health.
- Education so that students can understand what to recognize in themselves or a friend. Some mental health disorders are misunderstood by general population. This then leads to negative association with them which, in turn, leads to embarrassment or bullying by others.
- If students are indeed unable to understand all ranges of these disorders, than there needs to be resources that keep anonymity so that the students don't feel embarrassed but still get the help they need. I am not sure that its necessary to make a euphoric world where everybody openly talk about mental health, that might be realistically out of reach. Instead we need to cater to the sensitivity of the issue to ensure that help is given to those they need it, whether its made public to their peers or not.
- I think that teachers should be educated on the signs of mental health struggles. Teachers spend a lot of time with these students and they may be able to pick up on signs that naive teens may not, or that neglectful/uneducated parents might not. I think we need to admit there are some bad, neglectful parents out there that will not get help for their children, but we need to at least reach out to those teens regardless. It isn't right to only let struggling kids with involved parents get adequate help. Also, a parent may have a mental health issue they are ignoring, which may cause them to overlook it in their children as well. It's a fine line to walk because of parental rights, but then those children will slip through the cracks and their mental condition will worsen. Regardless of having a legitimate mental condition or just a product of something else, we need to offer help and reach out to teens to stop the condition before it worsens.
- Include an accessible, personable counselor (just for mental health, not school guidance) in a location near campus but not directly attached
- Teach our students the differences between stress/bad day and a seriously mental health disorder that needs attention
- Instead of spending money on various trips, assemblies, etc. do one collective seminar in which people can give their testimonies