

**EDUCATING ADOLESCENTS
ABOUT MENTAL ILLNESS
AND SUICIDE IN A
FAITH-BASED SETTING**

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LEARNING OUTCOMES

At the end of the presentation, participants will be able to:

- ◉ Explain the need to address mental illness in adolescents in a faith-based setting
- ◉ Describe a faith-based approach to address mental health with adolescents
- ◉ Explain the importance of addressing mental illness and suicide within the adolescent population

MENTAL HEALTH & ADOLESCENTS

- ◉ 20% of those aged 9 to 17 have mental illnesses: anxiety, depression and disruptive behavior disorders (Houston 2013)
- ◉ 21% of female and 12% of male HS students report they seriously considered attempting suicide (Texas, 2013)
- ◉ 12% of female and 9% of male HS students report they attempted suicide one or more times (YRBS) (Texas, 2013)
- ◉ About 20% (435,352) of adults aged 18 to 54 will have a mental disorder during a given year. (Texas, 2013)

TEXAS 2013

Last 12 months	Total	Black	Hispanic	White
Felt sad or hopeless (almost every day for 2 or more weeks in a row)	28.3% 3,131	28.7% 269	30.7% 1,457	24.5% 1,167
Seriously considered attempting suicide	16.7% 3,156	12.6% 270	18.3% 1,464	15.1% 1,176
Made a plan about how they would attempt suicide	15.6% 3,143	14.0% 268	15.3% 1,464	15.7% 1,172
Attempted suicide	10.1% 2,748	8.7% 219	11.4% 1,268	8.0% 1,050
Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	3.5% 2,759	2.7% 218	3.9% 1,273	2.9% 1,057

WHY FAITH-PLACED

- ◉ Who can youth go to for help?
 - Family member or caregiver
 - Youth Pastor
 - Trusted Friend
 - Trusted Teacher
 - Therapist or Counselor
- ◉ The church is a central in many minority neighborhoods
- ◉ The church is a trusted entity - parents may trust information provided in a faith based setting (aligns with their values and beliefs)
- ◉ Captured (targetable) audience for both adults and youth

WHY FAITH - BASED?

- ◉ Culturally relevant to African Americans and other minority populations
- ◉ Scripture supports mental and physical health
- ◉ Meditation and prayer are methods of coping/healing and can be incorporated into recommended treatment/care
- ◉ Parents are more likely to trust the message since it is biblically supported
- ◉ Churches are more likely to allow education since it can be biblically supported

SOCIAL EMPOWERMENT LOCK-INS

Goal: To empower youth to make healthy choices and equip them with positive coping skills by providing information, resources, tools, and access to services.

- ◉ Middle and high school students
- ◉ Facilitators engage youth in small group discussions, skit development, and large group team building activities
- ◉ Topics: mental illness, self-esteem, confidence, healthy relationships, suicide, and positive coping skills.
- ◉ Parent session

EVENT OVERVIEW

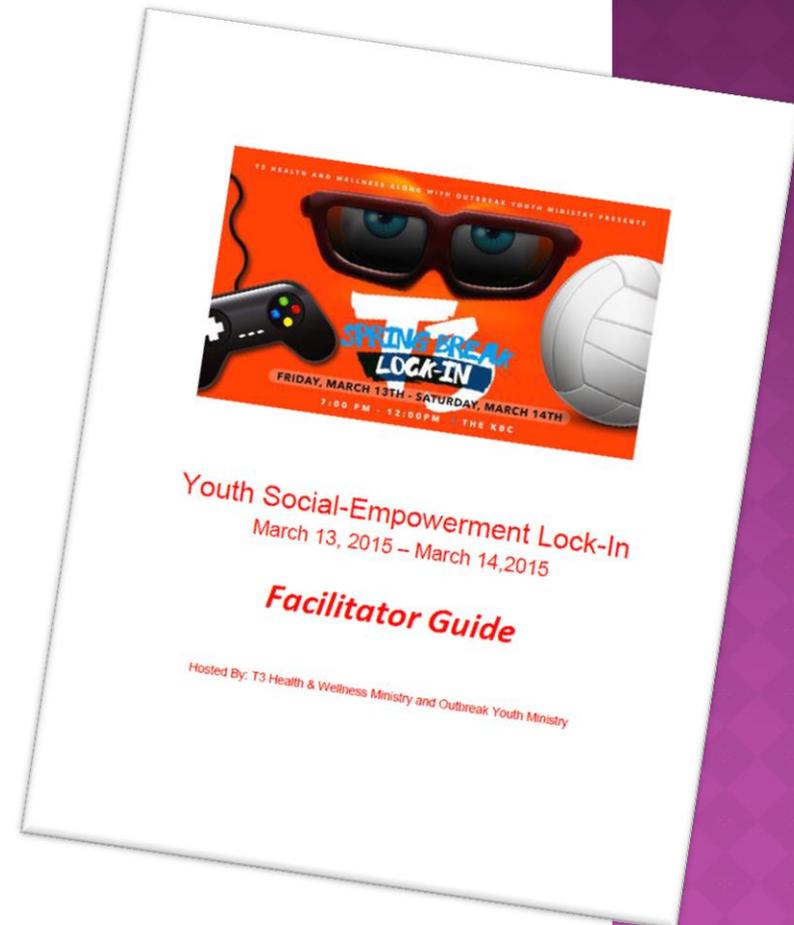
Friday	Expected Time
Registration, Dinner, and Games	6:00 PM
Facilitator Training	6:30 PM
Welcome and Instructions	8:30 PM
Session 1 Intro to Mental Health	9:00 PM
Session 2 Small Groups	10:00 PM
Session 3 Skit Development	10:45 PM
Session 4 Showcase Skits	11:15 PM

Saturday	Expected Time
Session 5 Healthy Minds	9:00 AM
Session 6 Triple P/Letter to Self	10:00 AM
Session 7 Lived Experience	10:30 AM
Session 8 Closing (Evaluation)	11:30 AM

FACILITATORS

Mental health professionals and mentors with a passion for empowering youth

- 12 Facilitators
- Certified Social Work Counselors
- Mental Health Professionals
- Adolescent Service Providers



LOCK-IN ACTIVITIES

- ◉ Which side are you on?
- ◉ Mental Health Topic Poster Walk
- ◉ Anger, Stress, Depression, Relationships, Body Image
- ◉ Small Group Sessions
- ◉ Skit Development
- ◉ Skit Showcase
- ◉ My Strengths and Qualities
- ◉ Cyber Bullying/ Social Media Safety
- ◉ Lived Experience

SCRIPTURAL SUPPORT

- Surveyed youth
 - Topics
 - Incentives
- Identified top 4 topics
- Identified scriptures that could be used to support each topic (can also work with ministry leaders to identify topics)
- Presented scriptures with each topic during discussion

SCRIPTURAL SUPPORT

Topic	Scripture
Depression	Deuteronomy 31:8, Psalm 34:17, 1 Peter 5:6-7 Psalm 40:1-3
Stress	Philippians 4:6-7, James 1:2-4, John 14:27
Anger	Ephesians 4:26, Ecclesiastes 7:9, James 1:20 Proverbs 29:8
Body Image	2 Corinthians 6:14, Ephesians 4:2-3, Proverbs 27:9

Passages were used to reinforce positive decisions during discussion. Youth could ask for interpretations, explanations, or examples or use them as a reference for how God tells us to live.

EVALUATION

- Youth Pre-Post Questionnaire
 - Knowledge and participant satisfaction
- Facilitator Questionnaire
 - Training and event feedback
- Parent Questionnaire
 - Knowledge and participant feedback

MENTAL HEALTH AWARENESS

Youth Awareness of Mental Health (Results)

	Pre-test N=79	Post-test N=42	% change
aware that mental illness and mental health are different concepts	10%	97%	87%
Thought persons with mental illness are more dangerous than the general population	23%	57%	34%
Thought that depression was solely an adult phenomenon	1%	5%	4%
Aware that every two hours a young person commits suicide	81%	100%	19%
Rated their personal self-esteem as high	73%	79%	6%
Rated their personal self-esteem as low	6%	0%	-6%

CONSEQUENCES OF UNHEALTHY THOUGHTS & BEHAVIORS

Possible consequences of unhealthy thoughts and behaviors (results)			
	Pre-test N=79	Post-test N=42	% Change
Depression	34%	43%	9%
Death [suicide/homicide]	54%	38%	16%
Cutting/self-harm	10%	17%	7%
Unhealthy eating	9%	7%	2%
Unhealthy relationships/interactions	18%	21%	3%
Substance use/abuse	9%	10%	1%

For the first five categories above, chi-square=6.1253, $p < .05 = 0.189916$, change is not significant at $p < .05$ level

PARTICIPANT EXPERIENCE

Experience of the programming	N=42 % responding Agree or Strongly Agree
Comfortable in small group sessions	31 persons (73%)
Sessions increased knowledge of mental health	28 persons (67%)
The small group facilitator kept me engaged	28 persons (67%)
I enjoyed the skit activity	35 persons (83%)

*On the pre-test, 25% reported being willing to refer a friend with an emotional problem to a mental health professional. This increased to 38% on the post-test.

ASHLEY'S STORY

Ashley's Story

- ◉ Why is this important?

Encourage youth to **Text Less, Talk More!**

- ◉ **Say Something!**
- ◉ **Stay involved!**
- ◉ **Stay updated with Social Media!**

SOCIAL MEDIA AND FAITH BASED APPROACHES

Tarik Daniels

Whatsinthemirror?

-Social Movement that provides mental health awareness
and suicide prevention to communities of color

SOCIAL MEDIA AND FAITH BASED APPROACH

- ◉ As the pervasiveness of social media grows, it would be unwise to continue to ignore the church's social media strategy and presence.
- ◉ If churches truly want to see the Gospel impact and influence a community, they should go to the place where the most significant conversation is actually taking place right now. Today, that's on social media.

SOCIAL MEDIA AND FAITH BASED APPROACH

- ◉ Social media is no longer a fad. It is established in our culture. And churches should do everything they can to engage the public in this forum. As of January 2014, 74% of all adults who have some sort of presence online use social media—your church needs to be accessible there.
- ◉ A Pew Research Center study reported that 92% of teenagers go online daily, with 71% using more than one social media site. Twenty-four percent of the teens surveyed said they went online “almost constantly.”

HOW TO USE SOCIAL MEDIA FOR MENTAL HEALTH AWARENESS

- ◉ Social media is a powerful tool for young people; it provides a platform for our voices to be heard and enables us to become active citizens and to voice our opinions on the matters that affect or interest us. It also has the power to bring together voices of concern about particular issues, such as mental health.
- ◉ Facebook boasts numerous mutual mental health support groups for people struggling with difficult circumstances; particularly useful for people who do not live in areas where meetings are scheduled or are more likely to participate in an online platform due to privacy concerns
- ◉ Social media offers the chance to connect with others, and offers enough anonymity to allow people with mental illness to express themselves without revealing their identities. In other words, it allows self-expression without the danger of stigma

HOW TO USE SOCIAL MEDIA FOR MENTAL HEALTH AWARENESS

- ◉ Social media can benefit therapists and psychiatrists by extending their reach. Mental health professionals are increasingly using social networking tools such as Facebook, Tumblr, and Pinterest to collect data that can be used in research, and to connect with other professionals in the online community
- ◉ Twenty-four hour suicide prevention hotlines aren't the only sources of intervention. An increasing number of websites are now offering support through social media channels. An example of such a site is ReachOut.com, an online youth mental health service that provides a chatroom, information resources, videos, and podcasts. ReachOut has a sizable Facebook community with 21,000 likes, and a presence on many other social media, including Twitter, Tumblr, and a Youtube channel. ReachOut provides an anonymous forum for people to connect, share personal experiences, and even allows them to sign up for an SMS service to receive daily advice, motivational messages, and information useful for recovery or seeking help.

THANK YOU!

Questions?

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