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Say It Out Loud Outreach Implementation

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Author Note

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Abstract

The purpose of this capstone was to address the increase of mental illness on children living in the United States without treatment. Mental illness is a problem that cannot be ignored in the community. The National Alliance on Mental illness works to eliminate stigma through support, education and advocacy in Monterey County. The project intended to increase awareness through the implementation of Say It Out Loud. For the implementation I worked with teachers in Monterey County to give students a presentation, discussion and question survey through an educational presentation. The expected outcome was that children learn the different mental health conditions, and resources in the community after the Say It Out Loud presentation. The evaluation found that students did learn about mental health and conditions as the expected outcome intended, but did not seem to acknowledge what programs the agency provides in the community. In order to address this problem the agency can collaborate with a high school to bring NAMI on campus, a student club regarding mental health. This will provide more information regarding their work in the community.

Keywords: Mental illness, stigma, suicide, youth, consequences, solutions

I. Agency Description

The National Alliance on Mental Illness (NAMI) is a nonprofit agency dedicated to improving the quality of life for people with mental illness and their families through support, education, and advocacy (NAMI, 2019). NAMI's goal is to advocate at the country, state and national level for non-discriminatory access to healthcare, housing, education, and employment. NAMI works to educate the public about mental illness and works to eliminate the stigma of mental illness. NAMI is volunteer based and collaborates with different organizations in the Monterey area to provide resources for individuals living with a mental illness. NAMI is affiliated with NAMI California and NAMI National but does not provide direct services for clients.

NAMI Monterey County offers free educational programs and support groups for those who live, work and care for someone living with a mental illness. These services include a 12-week family-to-family educational program that provides current information about mental health conditions, families develop problem solving techniques, coping strategies and communication skills through presentations, exercises, and group discussions. The peer-to-peer is an 8-week educational program for individuals living with mental health. Individuals are guided to manage their own recovery and wellness by setting personal goals and ultimately become their own advocates. NAMI Connections is a support group that meets once a week for 90 minutes where individuals can share experiences and connect with one another in a safe environment. NAMI family support group also meets once a week for 90 minutes where friends, families and partners of loved ones living with a mental illness can get the support they need

from one another. Lastly, Say It Out Loud program has never been implemented by NAMI Monterey but is also a program that aims to raise awareness by targeting the youth to start a conversation about mental health.

II. Communities Served by the Agency

NAMI serves Monterey County residents living in Salinas through King City and Pacific Grove through Castroville. According to the United States Census Bureau there are approximately 415,057 residents in Monterey County (2010). NAMI serves anyone who is concerned about mental illness and the treatment of mental illness, this can include teens, adults, seniors, friends and family members. NAMI does not provide direct services but does guide clients to different resources in the area. NAMI is volunteer based and provides free training for individuals to become group facilitators. According to the data provided by the National Center for Education Statistics in Monterey County there are currently 54 high schools in the area with 29,466 students enrolled in the 2015-2016 school year. Schools in the area include public and private schools that students attend.

III. Problem Description

There are too many children living with a mental illness without treatment in the United States. The Centers for Disease Control and Prevention (CDC) defines mental illness as conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia (2019). These conditions can be long lasting and affect

someone's ability to relate to others and function each day. If children are not treated they can have poor mental health through adulthood. A person's mental health is also important for their overall health. Mental health and mental illness are not the same thing. Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices (CDC, 2019). A person can still experience poor mental health but is not diagnosed with a mental illness. As well as someone can be diagnosed with a mental illness and experience periods of poor mental health.

Both mental illness and mental health are vital when it comes to a person's overall health. Mental illness can increase the risk of many health problems to an individual. Children in the United States are at risk for developing a mental illness during their lifetime. The National Survey of Children's Health was conducted by the CDC with parents in the United States who reported their child's diagnosis of mental illness. The common disorders reported were behavior disorders, anxiety, depression and attention-deficit/hyperactivity disorder (ADHD). Also a report by the Behavioral Health Integration states that "nearly one in seven children aged 2 to 8 years in the United States has a mental, behavioral, or developmental disorder (CDC, 2019). Among children and adolescents aged 9 to 17 years, as many as one in five may have a diagnosable psychiatric disorder. Yet not a single state in the country has an adequate supply of child psychiatrists, and 43 states are considered to have a severe shortage (Tyler, 2017)." The need for treatment for children diagnosed with a mental illness is a problem in the United States that should be addressed.

Contributing factors

Trauma

A child that has experience trauma such as emotional, physical and sexual abuse can develop a mental illness into their adulthood if they are not treated. Child sexual abuse research has shown that children who experience sexual abuse is a contributing factor that can lead to a diagnosis on a mental illness. “ Violence and trauma are associated with negative mental health outcomes, including posttraumatic stress disorder (PTSD) and depression. Demographic characteristics, additional exposure to trauma, community violence, and types of childhood abuse and neglect may place adolescents at greater risk of developing PTSD (Nöthling, 2019).” Children who experience trauma tend to be shy and isolate themselves from others after the exposure of a traumatic event. If a child does not speak about the traumatic event it can cause them to become depressed. It is also known that depression is one of the top leading causes of suicide in the United States and can cause children to become mentally ill.

Parent-child relationships

A strong relationship consists of emotional support. If a parent cannot give this to their child, it can have a negative effect on them. For example if a child is constantly being punished or yelled instead of being educated an alternative way it can cause a child anger and confusion. By this, children are being pushed from a parent instead of opening up. Since children follow what they are being shown at a young age it can contribute to more problems for them in the future. Some problems can be engaging in bad behaviors, violence and not being able to have long lasting relationships because they are too disrupted and always wanting things done their

way. Some parents might not know the consequences of this action but children do learn from them even if they are negative outcomes. “When the child rejects a parental figure, their behavior is often accompanied by a lack of overt ambivalence, guilt, or remorse for their rejection “ (Baker & Eichler, 2016; Jaffe, Thakkar, & Piron, 2017). This states that the child remembers past experiences from parents which cause children to continue to reject parents and avoid them. If the parent can't give a child emotional support it can lead to behavioral consequences.

Genetics

Family genetics can also contribute to a child developing a mental illness. A study conducted by Martini on Family-genetic studies suggest that anxiety disorders run in families and that mechanisms of familial transmission might act as early as during pregnancy. The Maternal Anxiety in Relation to Infant Development (MARI) Study is to prospectively investigate the course of pregnancy in women with and without anxiety disorders prior to conception from early pregnancy to postpartum focussing on maternal psychopathology (2013). This study shows that anxiety disorder can be passed on from mother to child. So if there is a family history of mental illness a child has a higher chance to develop a mental illness.

Lack of awareness

Mental illness can be stigmatized by many. The National Alliance on Mental Illness describes stigma when someone, or even you yourself, views a person in a negative way just because they have a mental health condition (2019). Many don't understand what it is like to live with a mental illness and stigmatizing an individual can cause shame, guilt and embarrassment. Stigma can cause an individual to avoid socializing with friends and family. For

this reason many that do live with a mental illness can find it hard to say it out loud because of the fear of stigmatization. It can create a huge challenge to reaching out and getting the help they need. This brings lack of awareness on hope for recovery. This is another reason why communities need to be aware of what it is like to live with mental illness in order to decrease the consequences on individuals living with a mental illness if not treated.

Consequences

Drug use

A child that is experiencing a mental illness and is not being treated can turn to drug use in order to cope with the feeling of loneliness. According to the Monitoring the Future survey (2017), by 8th grade, 23% of adolescents have consumed alcohol, which jumps to 62% by 12th grade. If a child is consuming alcohol at this age it can get worse as they get older. Children turn to alcohol and other harmful drugs to forget how they really feel but this can lead to addiction and further consequences. Alcohol consumption during this period of age is critically important for a child's overall health.

Poor behavioral outcomes

They are findings and research conducted by Ramey and Harrington which indicates the relationship between exposure to neighborhood crime and child mental health. Children from high-crime neighborhoods are at an elevated risk for a number of negative physical, mental, and behavioral outcomes (2019). High crime neighborhoods are found to disrupt a child's development by not having access to healthy fresh foods, safe parks or recreational facilities.

Children are exposed to more stressful conditions living in a high crime neighborhood and do not have many local resources to help these social problems. Children living in these neighborhoods can lead them to act out. A child's troubled behavior can include such as not obeying rules from parents or following laws. This can cause a child to not care about the way they are behaving because they don't know how to cope with the stressful conditions they were put in. Some other behaviors can be failure to thrive academically, their overall well being and goals in life, they can manipulate behaviors in order to get attention, or might steal in order to receive what they need. Children have many problematic behaviors throughout their lives and put them in dangerous situations mentally and physically.

Suicide

Living with a mental illness and not being treated can cause children to die by suicide. Suicide is harming oneself with the intent of ending life. Suicide affects all ages though life span but it is the second leading cause of death for people 10 to 34 years of age (CDC, 2019).

Children who experience any of the previous contributing factors can lead them to attempt suicide. Children who experience physical, emotional and sexual abuse as well as family history on mental illness and relationships can drive a child to not speak up about their own problems to others. Children would rather isolate themselves from others that can lead them to not cope with the situation. Suicide can also have a long term affect on family members health. When children die by suicide family members can experience grief and depression after the loss of a child.

Figure 1 presents the problem model discussed in this section.

Figure 1: Problem Model

Causes/Contributing Factors	Problem statement	Consequences
Trauma	There are too many children living with a mental illness without treatment in the United States.	Drug use
Parent-child relationship		Behavioral outcomes
Genetics		Suicide
Lack of awareness		

Project Connection with the Problem

Say it Out Loud implementation is connected to this issue by raising the lack of awareness in schools in Monterey County. By raising awareness it created a message about the issue of children and mental illness. Delivering this message helped the children increase their knowledge. Throughout this presentation and discussion the youth were able to learn the definitions of mental illnesses, mental health conditions, and stigma. Educating the youth in schools on mental illness can be the key to understanding the help they need when it comes to suicide and other conditions. Also, through this presentation children were learning the different resources they are in the community for individuals living with a mental illness and family members who have a loved one living with a mental health condition. These projects gave children an opportunity to learn more about why this is affecting the youth and why it is important to Say it Out loud

IV. Capstone Project Description and Justification

This project consisted of the implementation of Say it Out loud, a mental health awareness presentation and discussion in Monterey County high schools classes. Peterson found

that 50% of mental health conditions emerge by age 14 and 75% by age 24. In addition, one in five teens lives with a mental health condition (2016) . There are far too many high schools in Monterey County who are not provided with this information. This means children are not getting the help they need because of the stigma that comes with living with a mental illness. They fear the negative recognition and do not want to speak up.

A reason for the high numbers of teens living with a mental health condition is the lack of awareness. Starting the conversation is the key in reducing the stigma and possibly increasing the likelihood youth will be able to seek mental health care when they need it. This will benefit teens long term health and who they can help assist them in the process. Smith found that teens feel alone and find it difficult to access someone who they can trust and find support. For some teens it is difficult to speak up about their emotions, especially if they don't know the warning signs of a mental health condition. Other teens might not find it applicable when they currently feel healthy and happy. Whatever the case might be teens need to know the signs to see these warning signs in themselves or a friend (2019). This means the warning signs are essential when speaking about mental health.

The primary purpose for this project was to increase mental health awareness about why it is important to talk about it, available assistance in the community, and how they can get help. This will possibly encourage children to seek help when needed. They will also benefit from receiving additional help through the free programs that NAMI provides for individuals interested in mental health. This implementation brings teens hope who might be affected by the stigma of living with a mental illness. The benefit of knowing that there is support will influence future decisions when they need it.

V. Project Implementation

For the implementation of Say It Out Loud there was a follow on a 11 page Say It Out Loud-Discussion Group guide written by Darcy Gruttadaro and Emily Cepla and designed by Emily Cepla (NAMI, 2014). The activities in the guide produced the method of implementation. The project targeted 14-18 year olds and included the steps to leading a successful discussion with the intended population. This guide also provided a short film developed by Peter Jensen that presented the 10 common warning signs that help identify a mental health condition. It also provided a narrated presentation for the presenter to learn more about the mental health conditions that affect the youth, fact sheets about mental health, and questions to break the ice in talking with the youth. In order to be fully prepared, these forms were downloaded through nami.org. The benefit of this guide was that there were existing resources provided in the agency's national website, therefore there was little to no funding needed. The responsibilities for the most part were on the intern. Field mentor revised and approved the final content provided by the presenter.

The first presentation took place in Rancho San Juan High School located in Salinas, California. The class was a health class with a total of 24 students. The class was engaged by asking questions and answering questions regarding definitions, examples, signs, and films that were being shown in the presentation. Only 21 out of the 24 students took the kahoot quiz at the end of the presentation. The second and third presentations took place in North Monterey County High School located in Castroville, California. This class was a English class with a total of 56 students. Compared to the previous classroom the students were somewhat engaged by having

multiple side conversations. Only 17 out of the 27 students in the second period took the kahoot quiz and a total of 29 students took the quiz during the third period. The fourth and fifth presentations took place at Everett Alvarez High School located in Salinas California. The classes were also a health class. This classroom was engaged by listening throughout the presentation but teacher's help was needed for students to share their feelings and answer questions regarding mental illness. Only 32 students took the Kahoot quiz during the first period and a total of 26 students during the second period.

Challenges

A challenge that came up when giving the presentation at North Monterey County High School was technical difficulties. This was a challenge because it was hard to navigate the screen to the presentation. The screen on the computer was blacked out and had to ask one of the students to help me monitor the screen while I presented. Also during this presentation I was unable to show them a 5 minute video on a story of a girl named Alexandra who died by suicide. In order to address this challenge there was a verbal explanation to the students on what the video was about and had a brief conversation on why they thought it was difficult for Alexandra to speak about her problems to her parents. Another challenge was finding a class that would be interested in implementing the last 2 presentations of Say It Out Loud before the intended date in March. In order to address this problem there was contact with the Capstone Advisor to extend the due date on the presentations. I was then able to find a health class in Alvarez High school to present on March 2 to her first period and second period. Lastly, to gather data and input end result from the kahoot quiz given to the 5 classes is another challenge to input them in one file through excel. In order to address this problem there was a collaboration with Capstone Advisor

to correct, read and input the right information. Table 1 shows a detailed scope of work and implementation timeline for this project.

Table 1: scope of work and implementation timeline

Activities	Deliverables	Timeline
1. Discussed capstone project ideas with mentor	Final capstone project approved	Oct 10,2019
2. Researched program thoroughly	Understanding of the program	Oct 16,2019
3. Developed kahoot quiz	Final kahoot quiz approved by mentor	Nov 8,2019
4. Reach out to high school partners willing to implement discussion	Confirmed partners	Nov-Mar 2020
5. Scheduled time and location of 4 presentations	Confirmed time and locations	Nov-Mar 2020
6. Prepared 5 presentations and materials	Presented 5 presentations	Nov-Mar 2020
7. Presentation 1	Presented presentation 1 @Rancho San Juan High school	November 18, 2020
8. Presentation 2&3	Presented presentation 2&3 @ North Monterey County High School	Dec 11,2020
9. Presentation 4&5	Presented presentation 4&5 @ Alvarez High School	March 3, 2020
10.Gathered kahoot data	Input data results in excel	March-April ,2020
11. Completed report requirements	Final agency and capstone reports	May ,2020
12. Prepared capstone presentation	Rehearsal of final capstone	May, 2020
13.Final preparations for capstone presentation	Final presentation at capstone festival	May, 2020

Conclusions:

Overall the implementation of Say It Out Loud was a success. There was a collaboration between the agency and school members from the beginning to the end to bring this topic to the students in Monterey County. Professional development and communication were essential to stay organized and focus on the goal. All the challenges that came up were able to be resolved by also communicating with Capstone advisor and mentor. I believe that through this presentation students were able to learn more about mental health conditions and why it is important to say it out loud. Also through this presentation we were able to learn what the students think about mental health. When delivering the presentation there was some engagement by students who would participate by raising their hand, sharing their thoughts and answering questions regarding the topic mentioned. At the end of every presentation I did find to see students more involved in the kahoot quiz then sharing out loud what they found interesting in the presentation. Lastly I believe the Kahoot was a success for assessing their knowledge even if some students did not participate verbally.

VI. Project Assessment**Expected Outcome(s):**

The expected outcome for this capstone project was for students to gain knowledge about NAMI and mental illness after the Say It Out Loud presentation. The change we wanted to achieve is the number of youth participants seeking the help they need when it comes to their mental health and needed support in the future. Through these presentations students learned about the resources in the community and mental health conditions that can occur at this young age. They learned common signs to notice on friends and loved ones, words not to use to

stigmatize a person living with a mental health condition, and definitions to mental health conditions. They were also mentioned the importance it is to say it out loud and take initiative when it comes to their mental health.

Assessment Plan

To collect the project's success participants answered questions regarding the subjects covered in the presentation. Some of the subjects covered in the presentation were mental health conditions, common warning signs, stigma, suicide prevention videos, and finding support. The method used was a survey quiz through Kahoot. The quiz was given to the class right after the presentation was delivered. In this quiz there were a total of 10 questions with 4 answers participants can pick from. The questions are timed for 30 seconds each and they must be answered through their personal phone. After the 30 seconds all participants were able to see the correct answer to the questions. The questions were about the content in the presentation provided to the students. This quizz showed the knowledge they gained through the correct answers each participant answered. At the end we would know if the measures were met by looking at the questions they answered correctly.

VII. Project Findings and Assessment Results

Findings

By looking at the total questions the students answered correctly after each presentation the results were clear. Students learned more about mental health conditions and illness but did not learn as much about Nami and the programs they provide for the community in Monterey County. There was additional finding on what school got a higher score by being provided with

the percentage of the total questions answered correctly by students in the class and combined together instead of each individual.

Assessment Results

Analyzed by the Kahoot questions in Table 1 it shows the 10 questions asked after each presentation and the percentage to all 5 presentations combined. Table 2 shows the average score out of the 10 questions after each presentation was delivered. In the first presentation there was an average score of 6.6 out 10. Presentation number 2 there was an average score of 5.5 out of 10. Presentation number 3 there was an average score of 6.2 out of 10. Presentation number 4 there was an average score of 3.8 out of 10. Presentation number 5 there was an average score of 5.8 out of 10. The overall score for all 5 presentations there was a score of 5.6 out of 10.

Table 1: Correct answers per question in all presentations

Question #	Question	% Correct
q1	What does NAMI stand for ?	35%
q2	50% of mental health conditions begin by what age?	77%
q3	How many common warning signs were mentioned?	62%
q4	What does PTSD stand for ?	48%
q5	What type of condition can cause an individual feeling sad for more than 2 weeks?	82%
q6	What NAMI program provides education to family members?	30%
q7	What is the National Suicide Prevention Lifeline?	41%
q8	I think people with mental illness..	78%
q9	Which one of the following is not true about stigma?	41%
q10	If someone you know is diagnosed with a mental illness you should..	71%

Table 2: Average score per presentation

Presentation	Average score (out of 10)
1	6.6
2	5.3
3	6.2
4	3.8
5	5.8
ALL	5.6

Strengths/Successes

A strength to the project was the design of Kahoot. I believe it contributed to the outcome by getting students to answer the questions regarding the presentation. I found that not many students would raise their hand when discussing mental health conditions, opinions on suicide and nami programs. By having a fun online game it helped determine what the students learned from this presentation by getting students to join the game and participate. Another strength was having incentives such as pencils, stress balls shaped as a brain and a puzzle for students who did answer questions throughout the presentation. I believe this would make other students raise their hand after seeing that they were being reinforced through prizes. Finally a strength was being organized and prepared for presentations. I was able to communicate with both Nami staff and high school teachers to deliver presentations. There were no cancellations and presentations were scheduled early on.

Limitations/Challenges

A challenge was getting the student to learn more about Nami. As the results showed a low percentage to Nami's programs, and what Nami stands for. This affected the project's

outcome by students not knowing enough about the agency that works with individuals living with a mental illness. Another challenge that came up was the Coronavirus disease also known as COVID-19. This affected the project's outcome by not being able to finish the semester at Nami and was not able to show the end results of the project to the staff in person. Lastly, it was a challenge to put together the excel table charts to show the results from the kahoot because I did not have access to the internet or library.

VIII. Recommendations (integration/synthesis)

Recommendations for the agency

The project for the agency has provided new knowledge and a new approach when it comes to presentations among the youth. I believe that the Kahoot questions after presentations are a fun way to get the students to reflect on what they actually learn after a 45 minutes presentation. The end results showed that the students did not learn much about Nami. If the agency would like to continue to have survey questions for the youth, something that I would recommend is to bring up more information on the Nami programs they provided and add more Nami questions in the survey. This will most likely get the students to reach out to Nami in the future if they learn about the services they can provide not only for them but family members or friends who are living with a mental condition.

Broader social significance

The result of this project contributed to a greater understanding of the health problem of children living with a mental illness in the United States by reaching out to students between the

ages of 14-16 years old. Getting this age group was important as the numbers on suicide increase over the years in the United States. Their opinions on why they believe children at this age don't seek support when they need it gave a better understanding of the problem. This helped the agency recognize what can be done to help children in need of support. The survey gave the agency the results they need in order to collaborate with schools in the area to provide a NAMI on campus as a safe place for students to speak about mental health.

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