

“Not Crazy”: Mental Illness Education for Teenagers

Primary Investigator: Larry Davidson, Ph.D.

Project Director: Martha Staeheli

Serious mental illness is both a significant public health issue and a largely misunderstood phenomenon. Due to the long-standing stigma surrounding “madness,” people with treatable disorders often suffer for many years before receiving appropriate care. In addition to adding to the considerable suffering of these individuals and their loved ones, recent research has shown that the longer symptoms of mental illness go untreated the worse the outcome of the disorder (Albiston, Francey, and Harrigan, 1998, Norman and Malla, 2001). As a result of this line of research, investigators have begun to explore the possibility of intervening earlier in the course of illness, either shortly after, or even prior to, onset. Begun in Australia and Norway, this approach has since been developed in Connecticut through creation of the PRIME Clinic within the Department of Psychiatry of the Yale University School of Medicine. In Connecticut, the Governor’s Commission on Mental Health has recommended the development of a model of behavioral health education curriculum for grades K through 12 to increase awareness of mental health issues, especially before serious mental health problems develop, reduce stigma, help students learn skills to manage conflict and cope with stress. Schools are natural environments for nurturing this awareness, especially because children and teenagers are more inclined to seek help in school than in formal mental health treatment centers. (Mittlemark, 1996)

In an effort to address these concerns, our educational program, developed with funding from the National Alliance for Research on Schizophrenia and Depression (NARSAD) and titled *Not Crazy: Mental Illness Education for Teenagers*, constitutes a next step in this line of research, combining the PRIME educational and interventional agenda with the Commission on Mental Health’s recommendation into the schools to educate students prior to onset. Intervening at this stage is expected to produce a range of benefits, including improved treatment response, attenuation of psychosis, and the inhibition of social deterioration (Albiston, et al., 1998, Haefner, Loeffler, Maurer., Hambrecht, & van der Heiden, 1999, McGlashan, 1998, McGorry, Edwards, Mihalopoulos, Harrigan, & Jackson, 1996, McGorry and Edwards, 1998). As one step in this direction, the proposed project involves the development of an educational tool to decrease stigma and other social-cognitive barriers to accessing mental health services.

Not Crazy is designed to help educate teenagers in the general population who may currently have, or may develop, psychiatric problems. This program has the following aims: 1) To provide resources to people working with teenagers in any capacity; 2) Help kids and parents identify early warning signs; 3) Reduce barriers to effective psychiatric care; 4) Help kids, parents, and teachers identify and use school and community resources; 5) To educate students, educators, administrators, and parents about culturally responsive care and culturally normative issues in psychiatry; 6) Reduce stigma around psychiatric issues; 7) To help teenagers talk to parents and other adults

about these issues; 8) Decrease the duration of untreated symptoms by accelerating at-risk youth's access to care prior to, or in the earliest stages of, illness onset.

The curriculum is free of charge and is presented in a web-based and CD-ROM format, to be used as a teaching tool in many settings with various audiences: classrooms and educational settings, as a resource guide for teenagers and their families, and as a stand-alone source for comprehensive mental illness information. This program has been developed in consultation with consumers, teenagers, mental health professionals, and educators.

With so much information about mental illness available on the Internet, there are three elements that make *Not Crazy* unique: emphasis on first person experience, recovery, and stigma-fighting. The web-site and CD-ROM have resource areas for parents, teachers, and teenagers. The Teachers' Page contains information for administrators, lesson plans, fact sheets and ideas about how to integrate mental illness education into several curricular areas. The Parents' Page outlines behaviors of concern, tips on talking to a teenager about mental illness issues, and finding resources for help throughout the state of Connecticut. The remainder of the web-site is designed for teenagers, with a major foci on the first person experience of mental illness and the stigma against people with a mental illness. Teenagers who detail their experience of their own mental illness or that of someone close to them provide these accounts. Schizophrenia, mood disorders, anxiety disorders, eating disorders, and suicide are the major content areas addressed in the curriculum. Each contains information about epidemiology of these illnesses, signs and symptoms, treatment, recovery from the disorders, and resources for more information and help.

We know that reducing the duration of untreated symptoms can have a positive effect on the severity and outcome of psychiatric illness (McGlashan and Johannessen, 1996, Norman and Malla, 2001). A number of interventions will be needed to decrease the duration of untreated psychosis in the general public, including the kind of wide-spread community education campaign endorsed in the recent U.S. Surgeon General's Report on Mental Health (1999). According to a recent study by Schulze, Richter-Werling, Matschinger, Angermeyer (2003), school based mental illness education programs were demonstrated to reduce negative stereotyping about people with a mental illness. Jorm (2000) also concluded that mental illness education is a crucial element of treatment. However, schools, teachers and even mental health providers are often unsure how and when to provide teenagers with the information that they need. Our goal is to provide a comprehensive educational program and resource guide that can be used in schools, in community settings, in medical offices, and by families to answer questions, provide support, and direct towards appropriate resources and services, thereby easing some of the difficulties encountered by people struggling with mental illness.

