***Mental Health Literacy for Youth***

**Angie Kennedy (AK):** Hello, my name is Angie Kennedy and I am the Associate Director for Research at the School of Social Work at Michigan State. Welcome to our Research Spotlight where we profile some of the exciting work being done by School faculty members. Today I’m joined by Dr. Joanne Riebschleger, an Associate Professor Emeritus, who’s just retired from the School after 20 years. Dr. Riebschleger’s research focuses on children, youth, and families; mental health and youth mental health literacy; and rural social work practice. Today we’re going to talk about her work on youth mental health literacy. Thanks so much for joining me today, Joanne.

**Joanne Riebschleger (JR):** I’m happy to do so, Dr. Kennedy.

**AK:** To start us off, could you explain a little bit about what mental health literacy is?

**JR:** I’ll give it a shot. Basically, mental health literacy is—sometimes they use other words to describe it. So if you hear the word[s] “mental health awareness,” or “mental health knowledge,” you’re in the ballpark. Well, us, [while] I might argue that there’s differences, those are often used interchangeably among people, and the idea is that someone has some ideas about what mental health is composed of, what to do about it, how it fits in our social world, etc. So, in mental health literacy, the model that we’re using, it also includes not only having the ability to describe something for mental health, but also to say what kind of actions might be appropriate, or aligning responses for particular mental health and mental illness constructs. I tend to say mental illness and mental health kind of together, so if I do that, I mean the same thing: mental health overall, within that, mental illness kinds of, diagnosis and potential symptoms. Because we don’t try to turn this into diagnostic work, but…anyways. That’s kind of what I mean by that.

I think it’s im—a couple of things I want to say, and then I’ll tell you what constructs are in it, okay? First, this idea of mental health literacy comes from health literature, a health literature background, which is really strong in nursing, and some in medicine. Super strong in nursing: The idea is talking to people so they’ll understand more about their illness, or someone’s illness, because it could be a family member or a friend or somebody else. So that they can be more helpful [in accessing] resources for example. That’s one of the places it comes from. Within the mental health literature, it comes from the psycho-education, which is primarily done with adults. And basically it’s a very similar thing: you, some agencies such as the National Alliance on Mental Illness, have their own modules, if you will, where people come in, people are receiving services from mental health agencies, and people who are, their family members sometimes, and sometimes they’re mixed and sometimes they aren’t, but they basically go through mental illness and resources and communities and stigma, that kind of thing. And we actually know, after a couple of decades, of study, that psycho-education has a huge, positive impact on how people with mental illness symptoms are doing. We, and that’s even true when they only do the family member groups. So, I can’t tell you more about that, but I can tell you that, it also took 30 years for this to become—and it’s not even yet a mainstream intervention—that’s required, but it definitely, there is just really a lot of literature that says that it has good impact in decreasing symptom levels, and hospitalization, actually.

So, that’s a good thing. The other piece, where this comes from, from my end and my team end, is that we did a ton of work with stakeholder interviews, stakeholder focus groups. We went in and talked to a lot of people about what kind of information young people needed to, about mental health. And most of the people we talked to were actually the young people themselves: adolescents and young adults, who spoke to us and helped us so much to understand what they thought they needed to know. And we even didn’t know initially if they were going to support the idea of mental health literacy, ‘cause it sounds kind of boring, I mean, you know, a little bit? But they’re like “No, we want this stuff.” So they, what they tended to say is that they wanted information and support, especially those that were in situations where someone in their family, or their friend, or someone, or even themselves, were living with what might be mental health kinds of conditions.

So here are the pieces of mental health literacy that we use in our program, and then I’ll be ready for the next question, okay? So, what we would like, is that people who have higher levels of mental health literacy, here’s what we would expect to see: they can describe and at least recommend a response, to these things that I’m going to name in a minute. Or maybe they even engaged in a response to one of those things. The first one is, they are able to describe what could be possible mental health behaviors. Not so much diagnoses, but “Something’s going on with my friend John, and he’s sort of out of it and withdrawn, and he’s not talking to us.” Those kinds of things, where it’s like something just doesn’t feel right there. That’s what we’re hoping they will see, and that they will then know how to respond to that, with John and perhaps, depending on the circumstances, with a trusted adult. And if that doesn’t work, they can keep talking to people, until someone responds. So another one is we like them to have a sense of mental health recovery strategies. Recovery being the key word in that. That this is something that may come and go over time for some people, and that there are things that can be done, there is the more traditional counseling and medication, but also would include things like exercise, sunshine, connecting with people that support them, having actions that they can take to deal with it.

And then very much related to that, the mental health literacy programs that we do—and we found this out from the youth, we didn’t dream this one up on our own—that they had a lot of stress, and that we checked in with them regularly on their stress, and they each developed their own coping plan to deal with their stress. And so we checked in with them regularly, which sort of relates to the other, but essentially…also being able to recognize when they are feeling stressed, ‘cause some of them couldn’t do that initially. They just didn’t. They didn’t pay attention to what part of their body was reacting, some in their neck, some in their back, some in their tummy, they had different—headaches, I mean, it was usually that kind of thing.

So, mental illness stigma. That was usually, for many of our, especially our middle school participants in YES programs, they didn’t even know what stigma was. Sometimes you could use that movie Stigmata a little bit, but essentially they needed to know what stigma was and how that impacts people’s life chances, and that it’s all unfair (or most of it is) and that people can really have a pretty good life even if they have a mental illness, and that most, a lot of people walking around that they would never guess, have a mental illness. So that, wanted them to see that. Also, we have started a little bit with bystander response: that they recognize it.

Finally, the fourth one that comes out of the original diagnos—or, original definition, from Tony Jorm, would be help-seeking. That’s a big one. Like, how do you get help, if someone is having what appears to be mental health behaviors? How, where do you go, what do you do? Just what do you do? And is it okay to do that? So, those are the kind of things that we hope they’ll know a little bit more about.

And finally, from our studies, adding to the definition of mental health literacy, these are Christine Grove, I, and doctoral students who did this work, was that we found out, and I think I mentioned this, that young people wanted to know how to help their friends and others. They wanted to be help-givers, they didn’t just want to be on the receiving end, that did not make them happy to only be on the receiving end, they wanted to be active in this. And among many of our teens and early adolescents that we talked to, middle school students, high school students, they also wanted to know about the family impact, or relationship impact might be a better word. But, how does this impact the people that are living with someone, including the person who is having what might be symptoms (you know how carefully I state that), and the people are about them. So those are the key components, and those key components get built into our program.

**AK:** Alright, thank you—

**JR:** Long answer, but I hope that was clear.

**AK:** Yes, oh, for sure. You focused your work on mental health literacy among youth, from middle schoolers through late adolescents. Why is it so important from your perspective to focus on mental health literacy among this group?

**JR:** Well that one’s a much shorter response, but all very important items. Number one: Half of serious mental illnesses appear by age 14. And it’s starting to go down, people are talking 11 now, in some of the new studies. So, middle school, high school, that’s starting to happen around them, and maybe even within them. So, number two: Most of the people, young people, who experience what may be mental health symptoms, do not get treatment. Do not get help. Ever. Ever. That’s true also for adults, but it’s higher in youth. I’m hoping that we can say that’s higher, but I haven’t seen any studies yet that say that’s higher. Even in Australia, where they have special, um, circumstances…we do have some school programs, but that’s another debate. Okay. If the students, or the young people, excuse me (I’m using “students” because we do all this work in schools, so we’re used to people calling them students; if I slip and say students I’m talking about the participants in the YES program). So, the participants in the YES program, it takes, or, for young people that are developing what may be some serious symptoms, it takes an average of seven years to get help. Seven years. From symptoms to treatment entry. That’s not acceptable, and that needs changed.

So, knowing about how to get help seems like a pretty good place to start. And, that’s also true. The other thing, and I don’t think anybody out there will be surprised by this—if they’re surprised by this, I’ll be surprised by them—but the incidence of mental health problems are sky rocketing among teens and young adults. Very, very seriously, and I could cite study after study, but I read one that was a new study yesterday that said over half of the people that are coming to undergraduate freshman year have a, have been diagnosed with a mental illness. And you know I just told you it takes seven years to get in. So—or an average of, right. So that’s really a great concern, nobody knows exactly why, but we know that’s there’s a lot of ideas about that, but we know that it’s affecting people’s lives, it’s affecting the classroom, it’s affecting our workforce into the future, and health in general.

And finally, and to me this is the most important one of all: The Center for Disease Control in the United States, declared that suicide is the second leading cause of death for people ages 15 to 24, and that was before Covid. So I mean, I would be not at all surprised if many of the people who listen to this podcast know someone or some school where somebody, that lost a child, or nearly lost a child. These are very great concerns. So, adolescents, yes. I want to be clear, though, that I think the idea of mental health literacy is a developmental tool that should be a part of all developmental levels, as long as they’re able to understand what you’re talking about. Some of that can be met by the social and emotional learning kind of, but not exactly, there’s more to it than that. It’s not likely to be met by going to therapy; there probably not going to talk to you about stigma in therapy. So, we don’t have resources that do these currently, not in the United States, and honestly, not in too many countries in the world at this point.

**AK:** I know you’ve partnered with some researchers doing similar work who are in Australia. How did you develop your collaboration?

**JR:** Well, this is interesting. Because what had happened was, when I was, just a new researcher and even a doctoral student, I went to some international conferences, ‘cause they had some really good stuff. Initially I was especially interested in families and mental health, and children who had parents or siblings with mental illness. And over time I've gotten a lot more general population [focused], per se. But, so, I met some people at some of these conferences—a lot of them were psychiatric conferences—and over time I published some things. I went ahead and did some writing, I even did some writing before I went to doctoral school, which, you know… at any rate, and in doctoral school, we continued to kind of publish on these things, and then my dissertation was along these lines, so I got in the publication pool. And was fortunate to have a number of publications. And then, there were people all over the world that were working in this area around families and children and parents, and they, there was a group coming out of Australia and the US and a few other countries of the world that put together a grassroots group, which for years we called the Prado Group, because it was held in Prado, Italy every other year. Monash University had a, what would you call it, offsite program, learning program. Monash is a big university in Melbourne, Australia; Victoria’s the state. But they had a something, and this was in Tuscany, and some of, so they put together, they got a small grant. This was a few people from Monash and Darryl Mayberry, Andrea Reupert, Joanne Nicholson, from the United States, who researches mothers, mothering, mothers and mental illness, and they put together a conference that had, and selected people from all over the world to come to this conference (Prado conference) and form a grassroots group, and our job was to come together, develop research projects, deliver them, publish them, and come back and do some more. Which is a brilliant idea, really, I mean, it really is kind of a world community collaboration kind of a deal. And they had, I don’t know, three dozen different countries that have participated, people from very, a lot of countries, although we still could use, they could use more. And then they got fancy after a little while, and they called this—and I don’t know if I did this right—the International Research Collaboration for Parent and Family Mental Health Worldwide. So that’s the one they use for grants. So, really, that was the intent. And there have been…so that’s how I ended up doing it, and then, interestingly enough, Dr. Kennedy, the first group that I joined was me and eight doctoral students, which should have been my first clue I might end up in doctoral education, I guess. All these professors were laughing, I couldn’t figure out why. But the uh, at any rate, we turned out a publication and some work, and I met through that, Christine Grove, who was a doctoral student at that time, at Monash University, and now she is, works there, in a professor position. And they have a little bit kind of different system for tenure track, but basically it’s kind of what it is. And she and I have been publishing together, we think, 12 or 13 years. We have done so much work together, if I read something, I’m not sure within the sentence which I wrote or she did. Our writing is merging, our writing styles are merging, and we, it’s been, despite her being 13,000—I would say, to those out there that are interested in this topic, go ahead and ask people, go ahead connect, publish stuff. Just consider. It’s not that big of a world: You get on a phone now, and you might be getting on there at 2 o’clock in the morning or something, but it can be done, and there is so much… I would really encourage people to consider what’s going on in other countries of the world, you learn so much from it. It’s been a wonderful experience and a highlight of my entire research career.

**AK:** Mmm hmm, a model really for—

**JR:** Yes, it’s great. And it helped me a lot ‘cause there wasn’t a lot going on in the US for the children’s end of things, and that got really discouraging sometimes. And they had a lot in Australia, but they’d go “Oh, we have hardly anything,” and I’d like…(laughs).

**AK:** Comparatively.

**JR:** Yeah, I know, so it was like, okay, but they were right, they didn’t have enough to meet their needs.

**AK:** Right, right.

**JR:** So it was exciting, and I hope others out there will not be afraid to just reach out. People are people, wherever they are sitting in their chair.

**AK:** So, I know you’ve created a mental health literacy program for youth, called the Youth Education and Support Program, or YES (and you’ve alluded to it already a couple times in this interview); what are the key components of the program?

**JR:** Okay, I did a nice job of condensing this down, so it didn’t go on, all over, and so I’m just going to give you the key points, because if somebody really wants to know more about the program, all they have to do is email me.

**AK:** Right.

**JR:** So I would say first off, we have a very strong stakeholder-informed and tested curriculum. It’s also manualized and digitalized, so just for the background on that. The, we focused on the key components of mental health literacy, both the knowledge of mental health, and actions or skills that might go with those, with that knowledge set. They…hands on activities that we thought would be fun for people of middle school and high school ages. So, there’s some didactic content, but we kept that short, and these are pretty, these are like one hour sessions usually. They vary, depending on where we were and how much time we had, you can be flexible with that, it wasn’t a problem. And, it was the…so, that, we had some small group programs and we had some, recently, curriculum, but basically both have activities. Using—this is important—using participant feedback to strengthen the program. The more feedback we got, we responded to what the kids had to say, we responded to their suggestions, and the groups were not all the same, I mean, it varied. But, really taking a look at that. We also had to build youth mental health literacy scales, and we did a fidelity scale, I had a little SAMHSA grant for that one, which is Substance Abuse and Mental Health Services Administration, in the US; we had a little tiny one, and that helped us build a fidelity scale, which is really important if you’re going to build a program. We had a, what we were able to show, is that the…(hang on, let me see what page I’m on), was that the, youth mental health literacy, no matter which model we used, significantly increased after 6 to 10 sessions of the YES program. And so, I guess, that’s would I would say would be our components. Also, the last few years we did this, we worked a lot with school teachers, and they told us what could be done and not be done with middle school and high school, because we’re used to teaching college, and my vocabulary was a little too much at first, and I didn’t even think about it, you know, I’d throw out things like “trajectory” or something, and they’re like “what, what?” And a lot of them were fine, you know, but maybe not if you’re in the 7th grade.

**AK:** Right, right. Along with the YES program, you’ve created a website for youth that offers information and resources about mental health issues (and this is mhiteens.org). I understand that you received lots of input from different youth as you created the website. What was that process like, and what were some of the key insights and recommendations that they shared with you?

**JR:** Alright. So what we did was, this, we reached out to an urban, I would say, urban Michigan neighborhood support programs for youth, and we met with the youth that went there, most of whom were African American and Latino. There were a few Caucasian people, not very many, but that provided an interesting twist, which was kind of fun and we enjoyed it. I also had worked with, what was at that time, Michigan State University Community Outreach and Engagement folks, at that time, led by Sarah Swierenga, who is still with the University and we’re working on, actually an article at this time, to write this up. But, what was that like? Well, here’s what we did: This was gutsy, I think about it, I didn’t think much about it at the time, but now I think it’s kind of gutsy, we just let the youth lead us. We had a structure for them, they basically did the old write down everything you think that, you know, on some, what do you call those, post-it notes, and what you think kids need to know, and put it up there. And then they sorted it, they sorted it into themes about what they think ought to be shown, they worked on it, they worked on it together, and then they even laid out how we should lay out that structure within a website and what they thought would be important: “I’ve gotta be able to see it on my phone.” The other thing that we did was, once that was laid out, we developed what we could together, we did have some input from a little advisory group, regionally, and then we went back to them, and said, “Okay, this is what we have so far” and used a particular interviewing dyad—actually this was Sara’s group who was doing this—she had a couple of things, she also was able to give them, a couple of things, she interviewed them about what they liked and didn’t like and why and what would be better, and she also had them look up things. Like they’d say where can you learn about stigma on this website? Where can you, where’s there a story about stigma? And they had to look it up and she had this, like, software, that would track the order in which they found this information. So we were able to see how easily, or not easily, acceptable, that they were able to find things, and make changes based on making those things easier for them to find. So, it was a really cute chart, Dr. Kennedy, real cute, it had little spikes coming out of it, and then, you know, the bigger round areas meant they, more people found it, and so, it was really helpful. And I would never know to do that kind of thing, but I would say that that supports the idea of inter-professional collaboration being the bomb. You go for it.

**AK:** Right, right.

**JR:** Things that they told us that surprised us: “We want more stuff on our area, we don’t care about this national number. We want to know in our area.” We got the same thing when we did the work in another community, moving toward the health class curriculum. And essentially, we had them tell us who were the informal and formal places that they would go. We had discussions about that, and they would tell us who, what should be down there, and we listened. And they knew, plus their director knew a lot of that stuff too, so that was helpful. They also, one of the things we ran into is, we had all these questions in this test that we were, they were saying: “In our culture (I gotta think how I say this), in our, especially African American culture, there were certain things that you couldn’t talk about with parents and guardians, it was not allowed.” And we didn’t know, we didn’t know that. And that was important for us to understand, that just talking to your parent was not necessarily going to be an option for everybody, and that certainly could apply to people from other countries, other cultures, gender or sexual orientation could be a factor. So the idea of thinking diversity, and including—we knew to, you know, make people look different on the site—but we needed to get in deeper into this. And this is actually an area I’m very excited about now.

**AK:** Alright, it sounds like such an invigorating, and collaborative, and really effective process, you know, like the way to really properly build a useful site, where youth can actually use it. It’s not just this, you know, they can really, it’s very accessible to them, and it speaks to them in an important way. So looking forward, and especially now that you’re retiring, what are your goals related to the YES program and the website, and youth mental health literacy more broadly?

**JR:** That’s actually a harder question to answer, because what happened is, I did this research for 30 years. And it took, as you know, or many of you know, paradigm change takes 30 years. So guess what? Here we are, and I’m 69 and a half years old, and I need to retire, and yet, we still haven’t developed the whole infrastructure in the US, and the funding hasn’t come along, but it will. I think it will happen pretty soon. There actually is a team out of Johns Hopkins that got one for depression literacy, and there’s a fella in Canada who has come down and done some programs, sort of a high school didactic course kind of thing, with a couple of people in I think Vermont, or somewhere like that. Somewhere in east, somewhere in the Mideast coast. So, the, that’s what we need is one, a grant, a big grant. Two, and people to join, a little bit like the Prado group, we need a Prado group US, kind of, and people that will be interested in assuming leadership. I don’t mind at all being a consultant, being a part of this, I just think that I can’t be the PI anymore, and I think that we need to involve nursing, and medicine, and more social science, and I think communication arts for some of this, depending on, you know, what it is. But the whole idea that we do these things and work together, and maybe we need to work across universities, or regions. That is someone else’s work to carry forward.

**AK:** Right (laughs).

**JR:** And I don’t know who that person’s gonna be, but if you’re out there, please contact me. So, and see if you’re considering it. I do have someone with an interest in delivering the program in child welfare, which is another option, people aging out of child welfare, but as far as the website, that’s another one. I thought initially we would be able to put the training for the program onto the website. I was trying to create a program you didn’t have to spend thousands of dollars, get your one person in the agency that would know the program, and then two years later they leave, you know. So I was trying to create something that was easier for people, and not too costly for people to deliver, so…I don’t know what will happen. I know I’ll stay in for a bit, and then we’ll just see. I mean, it’s kind of a test of faith, if you will, but um, there was a saying that, I used to have this in my car in this little metal thing, and it said: “She believed she could do it, and she did.” And that kept me going a long, long time, and I hope that whoever comes behind me, it will be the same.

**AK:** So the idea is just, you’re going to stay engaged, and I’m sure you have a lot of writing to do.

**JR:** Mm hmm, I’ve got four or five more papers that I’ve got to get out in just a few months, so it will be a little bit of a scramble, but—

**AK:** (laughs) And hopefully…

**JR:** I have high incentives, though, so, it’s okay, I’ll do most of the writing, it’s okay.

**AK:** It’s exciting. So you’re going to stay involved, and hope someone else is going to pick up the baton and carry it forward.

**JR:** That’s my hope.

**AK:** Yeah.

**JR:** But, Christine from Australia will be picking up for these courses that are going to be offered, will be picking up the data. Kim Kelly [sp?] has worked a lot with the scale development, and of course she can do data, but she’s been a real, she’s from, both of them are from educational psychology, one in Monash and one at Michigan State University, so we do have, they’re going to stay in, and, this is so…we’ll get through these next few batches. The people at Waverly, if they like it, have said they would like to take a piece, a potential piece of leadership on this, should it work out, right. And the idea of having teachers take a leadership role is kind of exciting.

**AK:** Right, right.

**JR:** Yeah, and that’s really where we need to be. We tried this program with community settings, but we can only get kids together in schools, is what it amounted to. And I guess they get, schools just get bombarded with people trying to come in, so we’re very lucky.

**AK:** Right. Well, it’s very important. And now, especially. Critically, critically important.

**JR:** It is. So that’s, you know, basically what I gave you is a summary of my work across many years, summarized into a few minutes. Again, you know, you don’t…the truth is, I’m not as worried about the transition as I probably should be, because I believe that these things work themselves out. I was just as scared to do every other venture that was on that list of things that we talked about, and these were things that were learned over time.

**AK:** Right.

**JR:** And required, the learning was this wheel that just kind of goes and goes and goes. I have to learn this last part, I guess.

**AK:** Thank you so much for sharing your work with us, and talking about this 30 year, really important work, and again, critically important at this time, post-Covid, and I appreciate it very much.

**JR:** Thank you. Thank you for inviting me, and anybody listening, don’t be afraid to follow your heart, you just go for it.

**AK:** Wonderful words to end…

**JR:** Thank you.

**AK:** Thank you, Dr. Riebschleger.