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Changing Minds: Measuring the Impact of a Student-Led Club to Reduce
Mental Health Stigma Among Teenagers

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Abstract

Introduction: Stigma is a major barrier for teenagers to access mental health services. Additional barriers include low health literacy, and demographic factors, such as gender, socioeconomic status, and race/ethnicity. Studies show that successful solutions to decreasing stigma involve interventions inside of schools. The purpose of this project was to measure impact of the Bring Change 2 Mind (BC2M) program and recommend program improvement needs.

Methods: Four survey instruments were used to evaluate BC2M's student-led club program and to determine the club's impact on reducing stigma at each participating high school. Each survey consisted of both qualitative and quantitative questions fielded to four different type of participants involved in the program.

Results: Key findings from the four surveys identified that 64 percent of graduating seniors and 78 percent of club advisors felt the club made a difference on their campus. Club members felt that mental health advocacy, safe space, and knowledge building were the most enjoyable aspects of the club. The top three skills gained from being involved in the club were knowledge of mental health issues, knowledge of mental health resources, and leadership skills.

Discussion: Student-led clubs are making an impact by engaging youth through peer to peer conversations, education and support on campus. The evidence from this project suggests that the presence of the club may lead to an increased positive environment on campus, but reduction in reduction of mental health stigma among teenagers need further research. Future studies should include demographic data collection to address the additional factors which influence the prevalence of stigma in a community.

Introduction/Background

Mental health affects one in five young people (Bowers, Manion, Papadopoulos & Gauvreau, 2013). According to the 2014 SCHSQ Report by the Substance Abuse and Mental Health Services Administration (SAMHSA), only 41 percent of the 3.1 million adolescents with depression received treatment. The study also found that White youth are more likely to receive mental health services (MHS) compared to youth of color, female adolescents are more likely than male adolescents to receive MHS, and that adolescents living in rural areas are less likely to receive MHS than those living in urban areas. Another recent study also found that in the last eight years, the number of teenagers ages 14 and 17 with depression increased 60 percent and suicide rates more than doubled (Twenge, Joiner, Duffy, Bell Cooper, & Binau, 2019).

Depression is not only associated with numerous health, social and developmental consequences (Cummings, 2014) but youth who do not identify or treat their mental health issues face more detrimental health problems and burdening health costs in the future (Tyler, Hulkower, & Kaminski, 2017). Anyone with a mental health illness, who needs treatment but do not receive it become a part of the “treatment gap,” or the prevalence of those left untreated (Henderson, Evans-Lacko & Thornicroft, 2013). The treatment gap in adolescents exists due to a number of barriers and demonstrates an urgency to provide effective, evidence-based interventions and programing for young populations whose mental health needs are rising.

In this paper I will address the issue of stigma and other barriers teenagers face when accessing mental health services, discuss school-based interventions as successful solutions to these barriers, and then investigate and evaluate the work of an evidence-based, high-school program aiming to reduce mental health stigma through student-led clubs on campus.

Barriers to Accessing Mental Health

For a teenager with mental health issues stigma is the number one cause of poor care-seeking and service use (Corrigan & Shapiro, 2010). Stigma is defined as a mark of disgrace associated with a particular circumstance, quality, or person (Loughran, 2019). Mental health stigma is the act of disassociation or avoidance of another person with a mental health illness. (Essler, Arthur, & Sticklely, 2006).

Stigma types. Public stigma occurs when a large portion of the general public agree with negative stereotypes, in this case, mental health. Negative stereotypes that are common with mental health include dangerousness, blameworthiness and incompetence (Corrigan & Shapiro, 2010). These can lead to self-stigma (Murman et al., 2014), which happens when stereotypes are internalized causing one to feel a loss of self-esteem and lowered self-efficacy for decision making (Corrigan & Shapiro, 2010). A teenager with self-stigma feels fear, isolation, guilt, and embarrassment of their mental health illness and will avoid seeking care (Essler et al., 2006). Family stigma, or parental stigma, is another form of stigma from mental illness and can further inhibit teenagers to access services or care. Even though the actual mental illness is not present in the parent, many are reluctant to seek care for their children in fear of being labeled or blamed by the community for their child's problems (Mukolo, Heflinger, & Wallston, 2010). Friends and family are often the preferred sources of help over health professionals (Gulliver, Griffiths, & Christensen, 2010), so if parents are not willing to seek-care, the child will not likely make the effort either.

Additional factors that contribute to a teenager not wanting to access mental health services include poor mental health literacy which is the lack of knowledge of mental health and

important demographic characteristics such as gender, socioeconomic status, and race and ethnicity.

Health literacy. Mental health literacy is the understanding and ability to understand mental illness. Knowledge of mental health problems and treatment affect how youth access treatment (Cummings, Wen & Druss, 2013). With the knowledge they can be provided insight and understanding to mental health issues. Data shows that with increased mental health knowledge, one is more likely to seek help for mental illness and to disclose illness to family and friends (Henderson, Evans-Lack, & Thornicroft, 2010).

Demographic factors.

Gender. A 2019 report from Pew Research Center found that seven out of ten teenagers feel anxiety and depression are a major problem among peers (Horowitz & Graf, 2019). This problem is influenced by differences in day-to-day experiences and future aspirations dependent on gender. Pressures of academics, looking good, or to fit in socially are examples of pressures that cause teenage anxiety and depression for boys and girls. According to the World Health Organization (2012), during adolescence, girls have a much higher prevalence of depression, eating disorders, and engage more in suicidal ideation and suicide attempts than boys. Boys experience more problems with anger, engage in high risk behaviors and commit suicide more frequently than girls. A 2006 study (Chandra & Minkovitz, 2006) investigated gender differences in teen willingness to use mental health services. This study among eighth grade students found that more girls turned to a friend for emotional concern, boys are unwilling to use mental health services compared to girls, and boys scored lower than girls in mental health knowledge.

Socioeconomics. Kaplan (1998) explains that socioeconomic status (SES) is strongly associated with health status for both individuals and populations. Low SES populations are at a

high risk for depressive symptoms (Cummings, 2014) and mental health problems have increased (Kaplan, 1998). Low SES is also an indicator of lowered health literacy rates, which means they lack the knowledge and understanding of mental health needs and care. Low SES populations fear the unpredictable costs of health services which also prevents them from seeking help (Kaplan, 1998).

Race and ethnicity. Garland et al. (2005), found the need for mental health services is greater among racial/ethnic minority groups. According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population, suicide attempts for Hispanic girls, grades 9-12, were 70% higher than for White girls in the same age group. Black youth are more likely to underutilize mental health services than Whites (Assari & Caldwell, 2017) and different ethnic groups face different experiences and historically lack trust in providers (Henderson, Evans-Lacko & Thornicroft, 2013) and the healthcare system (Assari & Caldwell, 2017) which inhibit ones feelings or attitudes towards seeking help.

Interventions in School

Successful solutions to reducing mental health stigma and addressing barriers among teenagers involve interventions inside of schools. Educational settings an ideal place to introduce interventions for teenagers since they spend a majority of their weekly hours in school (Mulvaney-Day, Rappaport, Alegría & Codianne, 2006). The earlier the intervention is implemented the more effective it will be because adolescence is a critical time for attitude change (Chen, Sargent, & Stuart, 2018). This emphasizes the need to capture teens in an environment where the structure for learning is already in place. Although there are many types

of interventions delivered in school settings, I will address a few evidence-based approaches below.

School-based programming approach. School-based programming aims to promote and spread mental health education by improving a students' current knowledge and understanding of mental health issues (Essler, Arthur, & Stickley, 2006). Short educational interventions at school can lead to improved attitudes about mental health issues. Essler et al. (2006) explains the effects of a theater program implemented weekly in a high school setting that focused on providing mental health education. In this particular program, a professional theater company came to share and provide education to ninth graders. This program was offered to ninth graders and split up into two phases. In the first phase of the program, students are asked to complete a quiz to measure current knowledge and attitudes. Then a series of interactive drama activities and games to educate students on mental health problems and what it may be like to experience a mental health problem. Phase two focused on building self-esteem and awareness of ones' own attitudes toward people with mental health problems. A month after completion of the year long program students are asked to take the same quiz they took at the beginning and then asked how they would respond if a friend was experiencing a mental health problem. The results of the study found that students' knowledge and attitude scores about mental health improved significantly over the year long program (Essler et al.,2006).

Through educational, experiential lessons, and knowledge about mental health problems increased. The program emphasized a whole school approach which promoted a healthier school environment. The program also successfully dispelled myths surrounding mental illness and lessened stigma (Essler et al.,2006).

Student-led approach. Another successful, but seldom used school-based intervention is the student-led group approach. Mental health problems addressed through this approach have led to better attitudes toward mental illness, reduced social distance, and anti-stigmatic actions and greater knowledge of mental illness (Murman et al., 2014). Let's Erase the Stigma (LETS), a student-led program in a Los Angeles high school called was evaluated for its efficacy and performance for reducing stigma on campus. In the LETS model, a student with the support of a club advisor, held weekly discussion clubs that promoted peer-to-peer interaction, discussion and community action toward reducing stigma. This approach does not take on the traditional educational framework and is not led or facilitated by an adult, it is the students who are educating and advocating amongst peers on campus. The results from the quasi-experimental program evaluation found that the youth who participated in the LETS club demonstrated better attitudes about mental illness, less social-distancing tendencies toward individuals with mental illness, and reported more positive anti-stigma actions compared to the students who did not participate in the club. Additionally, LETS participants had a greater knowledge of mental illness than non-participants (Murman et al., 2014). This student-led approach emphasizes a focus on an individual or self-volunteered action through continuous dialogue that's interactive and youth-directed ideas and action plans. Teenagers feel the relationships to their peers are important and in this model was an influential component towards its success.

Both school-based intervention approaches, brief intervention and student-led groups were successful at improving the knowledge and awareness of mental illnesses at their schools. Whether the solution to addressing stigma and other barriers to accessing mental health services

is to implement a school-based program in all schools, it is first important to formulate strategies and develop program needs based on research data and statistics.

Agency Profile

Bring Change to Mind (BC2M) is a national grassroots organization whose mission is to work toward ending the stigma and discrimination surrounding mental illness through distributing public education materials widely and by offering evidence-based community programs nationally. In 2010, BC2M was co-founded by actress and activist, Glenn Close, who brought national mental health organizations together to identify and discuss gaps in mental health advocacy. Close's relationship to mental health stems from her family's personal battle with mental illness. Her sister was diagnosed with bipolar disorder and her nephew was diagnosed with schizoaffective disorder. Close worked with many mental health organizations to discuss the need to address and combat the stigma of mental health and help normalize conversations around mental illness. BC2M first began by creating public service announcement (PSA) campaigns to address mental health stigma nationally. Over the past nine years they have produced five effective and educational PSA's around the country. Then BC2M launched their first university program, BC2M U which targeted college students. BC2M U provided students with mental health education and supported policies ensuring a safe, stigma-free zone for any college or university campus. BC2M U was available and free to any interested undergraduate college.

In 2014, BC2M recognized the need to address younger populations so the BC2M adopted a successful Los Angeles student program called the Let's Erase Stigma (LETS). In 2015, the BC2M High School program was initiated to target high school teenagers in the Bay Area. This evidence-based, student-led program offers teens a platform to promote and educate

their peers on mental health and self-care information. They currently have over 180 schools enrolled across the country, with additional regions opening in the Fall of 2019. Each BC2M high school club encourages club members to interact with provided educational resources like the BC2M's web portal and are additionally offered a free subscription to a mindfulness phone application called Mindspace. These resources give members the access and ability to learn about a wide range of mental illnesses. Students not only learn how to advocate for improved mental health practices in their schools but are given numerous opportunities to develop skills in leadership, community building, team management and event planning. BC2M club members and their advisors (volunteered teachers or school faculty) meet weekly, bi-monthly or monthly to educate, host activities and share presentations surrounding mental health awareness. This student-led model is an empowering social movement for teenagers who are able to work with each other as a group to create, plan and carry out mental health awareness or education events throughout the year at their schools and/or in their communities.

Currently the BC2M Highschool program has participating schools in the Bay Area, Los Angeles, and Ohio. This Fall, BC2M will expand to regions starting in Arizona and New York. When a school wants to participate in the program, they submit an email request to the organization. Due to the limited resources for staffing and funding, BC2M has a large waiting list. Regional Program Managers are responsible for monitoring current BC2M schools on a yearly basis to make sure they are active and participating. Twice a year, scheduled check-ins between Regional Program Managers and school clubs are done in person or through a video call to ensure that each club is getting the right support and are participating. For each school year, BC2M offers three grants per year for up to \$500.

The BC2M headquarters in San Francisco is very small with a total of six employees. The tiny BC2M team is supported and fueled by fourteen members of the Board of Directors who help to oversee the direction of the organization. Additionally, BC2M is assisted by a Teen Advisory Board (TAB) made up of current club officers from a variety of active schools throughout the country. BC2M does not take any donations from government agencies or from pharmaceutical companies, as all of the organization's funds are donated by individuals during their fundraisers or they are donated by corporate partners.

Project Methods

Project objective

The objective of my fieldwork project was to assess the current BC2M High School Program using four survey instruments to identify program improvement needs. The aim of the surveys was to evaluate BC2M's student-led club program and presence on campus to determine how the club has made an impact on reducing mental health stigma. Since 2015, two pre-existing surveys have been administered each year without any data analysis. I also created, developed and administered two additional surveys to include other important perspectives of each student-led club.

Project goals

Project Goal 1: Development of additional data collection tools.

Project Goal 2: Implement four survey tools and collect data

Project Goal 3: Make recommendations for program improvements

Needs assessment design

As one of the four BC2M's Program Managers I was responsible for a region of over 45 high schools. I provided each school with program communication and support and implemented

two pre-existing survey instruments that each BC2M club was mandated to complete. The first survey was the Club Membership Survey (Survey A; Appendix A) for current club participants and the second survey was the Club Leadership Survey (Survey B; Appendix A) for current club officers. Survey A is made up of 5 questions, between 2 to 3 minutes in length, aimed to measure student's general feelings toward the club. It includes a numbered Likert scale from 1 to 5 to measure student's perception of the following; awareness of club on campus, impact among students on campus, impact among staff on campus, BC2M HQ support and member activity. Additionally, Survey A has one open-ended question to gather what each student enjoyed most about the club. Survey B consists of fifteen questions, between 10 to 12 minutes in length which contain a combination of both closed and open-ended questions about club atmosphere and club dynamics from an officer's perspective. The same Likert scale from Survey A was also included in Survey B.

Before the end of the 2019 school year I developed and implemented two additional survey instruments to obtain qualitative data from additional perspectives in the BC2M high school program. I created a Senior Exit Survey (Survey C; Appendix A) for graduating senior club members or leaders, and a Club Advisor Survey (Survey D; Appendix A) for the school faculty members who supervised the student-led club meetings throughout the year. Surveys C and D were developed to gather more qualitative data to assess impact of club. This tool was developed with guidance and input from both BC2M staff and reviewed by USF Public Health Professors. Survey C identifies a graduating club members overall thoughts, attitudes and knowledge of mental health issues as well as future impact of the BC2M club on their educational and career choices. Survey D assesses program impact from an educator lens and identifies where BC2M may be able to provide better support for each club. The new surveys

instruments were both tested before implementation. We asked graduating seniors on BC2M Teen Advisory Board (TAB Committee) to pilot Survey C and asked two veteran club advisors to pilot Survey D. We utilized the feedback and responses to produce the final draft of the two new survey instruments. Both surveys were sent out as private Survey Monkey links for online completion.

Participants

Each survey instrument consisted of both qualitative and quantitative questions to target four different type of participants involved in the program (club members, club leaders, graduating seniors in club, and club advisors).

- A. *BC2M Club Members*. Students were current and active participants in the BC2M student club on their campus during the 2018-2019 school year.
- B. *BC2M Club Leaders*. Students were current and active members in leadership positions in the BC2M student club on their campus during the 2018-2019 school year.
- C. *Graduating BC2M Members*. Seniors were active members and/or members in leadership positions in the BC2M student club on their campus during the 2018-2019 school year.
- D. *BC2M Club Advisors*. High school faculty or staff that supervised the active BC2M club on their campus during the 2018-2019 school year.

Data Collection

Each of the four surveys targeted a different type of participant in the BC2M student clubs so data collection procedures were independent of each other. Surveys A and B were implemented at all participating high schools, in all regions, at the beginning of the Spring 2019 semester. Between January and April 2019, each of the four Project Managers scheduled club check-in visits with all schools in their regions. Mandatory club check-ins were scheduled on

normal club meeting days to ensure club members would be available to participate. Club advisors and officers were encouraged to assist Regional Managers in the survey process. Survey A was distributed in paper form to all attending members, while the Project Managers met with club officers separately to do in-depth interviews for Survey B. For the school clubs that were too far way to visit in person, an online video conference club check-in was completed by a Program Manager during normal club meeting times. After completion of Survey A and B, each of the Regional Managers manually entered the data from the paper surveys into the Survey Monkey database. For the schools who participated in the online check-ins, Survey A responses were immediately entered by participants into the Survey Monkey database. This required a link and QR code to the survey be sent to club advisors and then sent out to students emails to complete independently.

Before the end of the 2019 school year, Survey C was electronically emailed to each club advisor to have seniors fill out. Advisors were also sent Survey D to complete. A BC2M database of registered club members and emails was used to identify seniors and club advisors. Emails were sent out and distributed as a Survey Monkey link, which include 530 seniors and 104 club advisors. To increase the response rates of Survey C and D, we hosted a contest for each of the new surveys as an incentive. Each person who completed either survey was entered into a lottery for a \$50 Amazon gift card. The table below summarizes the main features of the four different data collection approaches.

Table 1. Survey Instruments

Survey	Name	Survey Type	Questions	Participant	Administration
A	Club Member Survey	Paper Survey & Electronic Survey	5 Total Qualitative Quantitative	High school club members	Regional Project Manager conducts in person or online. 01/2019 – 05/2019

B	Club Leadership Survey	In-Depth Interviews	15 Total Qualitative Quantitative	High school club leaders	Regional Project Manager conducts in person or online. 01/2019 – 05/2019
C	Senior Exit Survey	Electronic Survey	11 Total Qualitative Quantitative	High school graduating seniors	Regional Project Manager sends link to survey in email 05/2019
D	Club Advisor Survey	Electronic Survey	11 Total Qualitative Quantitative	Club advisors	Regional Project Manager sends link to survey in email 05/2019

Project Results

The goal for this project was explore student-led clubs, who focus on mental health awareness and education, and how the club may help at reducing mental health stigma, and to asses participant attitudes and views. Table 2 shows the response rates for all four survey instruments. Both quantitative and qualitative data were collected from four surveys. Qualitative data was analyzed by grouping similar observations, attitudes, and ideas to identify key themes. Key open-ended questions were interpreted and summarized in NVIVO. The data and results from these surveys will primarily be used to improve the current BC2M high school program for the upcoming school year.

Table 2. Survey Response Rates

Survey	Registered	Participated	Response Rate
A	2000 High school members	547 High school club members	27%
B	180 High schools	89 High schools	49%
C	530 High school seniors	52 High school seniors	10%
D	104 Club advisors	36 Club advisors	34%

Key Findings

Survey A

Club interest. When club members were asked to identify their reasons for joining the BC2M club, the top three reasons were to learn more about mental health, had friends in the club, and the club sounded fun.

Perceived benefits of club. Question 4 asked club members to respond to an open-ended question about what they enjoyed most about the club. From a total of 438 responses, nine themes emerged summarized in Table 3 below. The top three reasons were club activities, safe space and the social aspect. Discussions, knowledge of mental health, mental health advocacy, the annual summit, skill building and incentives were also mentioned.

Table 3. Perceived benefits of club: What have you most enjoyed about the club?

Theme	Examples	Total number of mentions (n = 438)
Knowledge Building	<ul style="list-style-type: none"> - <i>Learning more about mental health and how to treat/deal with it</i> - <i>I like learning about different mental health resources, stereotypes, etc.</i> - <i>The meetings are both informative as well as interactive which I really enjoy</i> 	50
Skill Building	<ul style="list-style-type: none"> - <i>Facilitating an activity</i> - <i>Being a leader</i> 	18
Safe Space	<ul style="list-style-type: none"> - <i>The positivity. No stigma around mental health.</i> - <i>The atmosphere is very friendly, and it allows everyone to talk and share ideas.</i> - <i>Safe bubble, good friends, destigmatizing</i> 	115

<p>Mental Health Advocacy</p>	<ul style="list-style-type: none"> - <i>Seeing the events run smoothly and people's sparking interest in learning more about mental health and how to reduce stigma</i> - <i>The way the club tries to engage everyone in contributing at least a small part towards the betterment of mental health.</i> 	<p>49</p>
<p>Social Aspect</p>	<ul style="list-style-type: none"> - <i>The new friends I have made and the connections I have with people in mental health</i> - <i>Being surrounded by other people who care about mental health</i> - <i>Friendships, company and our events</i> 	<p>72</p>
<p>Discussions</p>	<ul style="list-style-type: none"> - <i>How meaningful the conversations are</i> - <i>I enjoy the people and how they talk about how they feel and how we could help them</i> - <i>I love how it's very interactive. I can express all my mental issues in the club</i> 	<p>62</p>
<p>Club Activities</p>	<ul style="list-style-type: none"> - <i>The activities from Hope is an Action week was really exciting (specifically) and discussion questions focused on good lyrics.</i> - <i>I enjoy how passionate and involved everyone is about the activities and what we do.</i> - <i>I like the activities we do together like the movie day and make quasi-stress balls during finals.</i> 	<p>148</p>
<p>Incentives</p>	<ul style="list-style-type: none"> - <i>The swag bags</i> - <i>The food</i> 	<p>13</p>
<p>Annual Summit</p>	<ul style="list-style-type: none"> - <i>The summit was great, informative and fun experience</i> - <i>The Twitter summit was very eye opening and I learned a lot about how to improve mental health in my school</i> - <i>Going to the summit and seeing every schools' ideas/activities</i> 	<p>19</p>

Survey B

Club activity. Survey B asked club leaders to identify core goals of club meetings and activities. The top three core goals of club meetings were to increase awareness of the club, reduce stigma on campus and to offer general mental health education. Club leaders reported that 54 percent of clubs met weekly, 33 percent met every two weeks and only 13 percent met once a month. Regarding club activities, 90 percent of clubs hosted at least one school-wide activity on campus, and 78 percent of club leaders felt that they reached students who were not involved directly with the club.

Perception of program. Both Surveys A and B asked students to rate on Likert scale of 1-5, 1 being terrible and 5 being great how they felt about different aspects of the BC2M club program. The weighted averages of all responses are shown in Table below. From Survey A, the club members rated club activities the greatest with a 4 out of 5 and impact on staff rated the lowest with 3.3 out of 5. From Survey B, the club leaders rated headquarter support the greatest and impact among staff also rated the lowest with 2.83 out of 5. Findings suggest that the impact among staff needs to be addressed for program improvements. Club leaders emphasized the need for more leadership training so they could be better club facilitators.

Table 4. Average ratings on the perception of the club

	Survey A Club Member Weighted Avg	n	Survey B Club Leadership Weighted Avg	n
Awareness of club on campus	3.33	n=546	3.17	n=72
Impact among students	3.48	n=540	3.04	n=73
Impact among staff	3.31	n=543	2.83	n=73

HQ support	3.83	n=506	4.07	n=70
Member activity	4.01	n=540	3.87	n=70

Survey C

Perceived gains. Graduating seniors felt that after being involved with the BC2M club at school they mostly gained and improved knowledge of mental health, knowledge of mental health resources and leadership skills. When asked if they felt the presence of the club made a difference at their school, 64 percent said definitely yes or yes. And when asked if they felt more knowledgeable about mental health, 86 percent said definitely yes or yes.

Future plans. When asked about post high-school plans, 96 percent of graduating seniors plan to go to either community college or a four-year college/university. About 61 percent were very likely or likely to pursue a profession that relates to mental health.

Survey D

Perceived gains. Club Advisors also felt the presence of the club made a difference at their school with 78 percent responding definitely yes or yes.

Help-seeking behavior. Both Surveys C and D asked graduating seniors and club advisors if because of the BC2M club they felt they were more likely to help themselves or other seek mental health services in the future. Out of 25 graduating senior responses, 76 percent said definitely yes or yes, and out of 35 club advisors, 80 percent said they strongly agreed or agreed.

Discussion

Each of the four surveys targeted a different group of participants in the BC2M program. One survey targeted just student club members, another targeted just the student leaders who had

defined responsibilities in the club, one was for graduating seniors to assess the future impact of the BC2M club, and lastly one was for the volunteer club advisors who were responsible for club oversight during meetings and activities. After the completion and analysis of all four survey instruments, the data suggest that overall, the BC2M student-led club is effective at engaging youth through peer to peer conversations and activities and it helps to improve students' knowledge of mental health and awareness. Survey A showed that there is club interest at schools, and those that joined felt that the club provided a safe space for fun activities. Survey B found that almost all [90%] of BC2M clubs hosted at least one activity per semester and about half [54%] of clubs meet at least weekly. Additionally, club leaders accessed resources often like the portal, wanted more time for meetings, and more training on how to facilitate meetings better. Data from the Survey C found that more than half of seniors felt the presence of the club made a difference at school [64%], and that because they were a part of the BC2M club most graduating seniors felt more likely to help themselves or others seek mental health services if needed [78%]. A large number of graduating seniors [61%] also mentioned wanting to pursue a career in mental health. Survey D suggested the need to have advisor orientation or training on how to be helpful advisors for the club. Most advisors also felt the presence of the club had made a difference on campus [78%].

The wide array of questions and large number of participants from these four surveys yielded a large base of knowledge and understanding of mental health and also suggest the creation of a more positive environment on campus. These findings bring up the question of stigma reduction among teenage youth in high school. How do we measure this? What desired outcomes determine a reduction of stigma? This is something that the BC2M Agency will need to determine for themselves next few years as the BC2M programs expands to more schools

across the country. As mentioned earlier, various demographic variables such as gender, socioeconomic status, and race/ethnicity contribute to barriers toward accessing mental health services. Other factors not addressed in this project are factors like parental involvement or influence, sexuality, or even where a teenager resides (neighborhood).

Strengths and Limitations

Strengths. There were many strengths to this project. Four different survey tools were used to investigate the impact of the high school program, resulting in a great deal of data for analysis. The responses to the two, pre-existing surveys were strong and came from 89 schools providing large sample sizes to work with. There were over 500 responses to the BC2M's club membership survey, and over 80 responses to the club leadership survey. In addition to the two pre-existing surveys (Survey A and B), additional surveys were created Survey C and D) to assess how the club might affect those graduating high school and to assess future implications of club participation, and also to assess impact from an adult participant perspective. In the end, these new surveys provided a mixture of qualitative (open-ended) and quantitative questions which allows for rich and robust data collection.

Limitations. There were many limitations to this project. First there were multiple-formats to all four survey instruments implemented. Some were yielded online and some were on paper. A majority of the surveys were recorded on paper, which then was entered manually into MailChimp. This poses a threat to the integrity of the data and may cause bias. Because there is additional data entry required, there is a higher risk for data error when inputting the data electronically after it has been collected manually. When implementing Survey B with the club leaders I did not record my in-depth interviews, but instead only took notes on a printed copy of

the survey, which could account for some missed information, causing error in data entry and therefore analysis.

Second, although there were large sample sizes for Surveys A and B, the data collection method was not ideal. The collection of responses from Surveys A and B were gathered by four separate Regional Managers and each were responsible for entering the in-depth interviews. Unfortunately, all managers were not trained on how to collect this data uniformly which can lead discrepancies in data entry and then during the final data analysis.

Thirdly, survey implementation time and low response rates was an issue. The two new surveys Survey C and D needed more time for implementation. Students and faculty were only given two weeks for completion to be eligible for the incentive. Even with an incentive to be entered in a raffle to win a fifty dollar Amazon gift card only 52 out of 530 (10%) registered seniors participated, and 36 out of 104 (34%) registered club advisors participated. The low participation rate leads to limited generalizability, which means the data is weak and unreliable and cannot be used to make a general conclusion about the club.

Lastly, all four surveys lacked questions on important demographic information about the student completing the survey. Demographics play a large role in a number of health disparities. (Lipari et al., 2014) so the inclusion of demographics is essential to understanding and evaluating stigma reduction programs.

Recommendations

As BC2M enters its fifth year, they are progressively growing with over 230 high schools opening countrywide in Fall. This growth also means that the organization should continuously conduct research to assess the program to ensure the program continues to offer improved and quality content each year.

Most school-based, mental health interventions aim to reduce stigma on campus, but this may be difficult to assess and measure if it is only surveying a single group of participants. For this project, the surveys evaluated only those who participated in the club or had a role in the club. In order to measure the reduction of stigma there needs to be a control group to compare it to. An all-school climate survey is one suggestion to address this. This type of survey would address all students within a single campus but requires additional resources, such as staff to conduct surveys, an IRB to review and monitor research involving human subjects and lastly the funding to cover all costs.

If this is not feasible for the organization then specific goals and outcomes should be clearly defined and set within the organization to be measured. If there are multiple sub-groups being surveyed, all survey instruments given to participants should include some of the same questions so that the data can be compared group to group. Having clear, measurable outcomes could help an organization identify specific areas to focus on, so that improvements are made to reach those goals.

Better surveys yield stronger results. Surveys should not only be created with measurable goals in mind and they should also be collected with integrity. This project involved in-depth interviews with club leaders and with four different people collecting the data without out a solid common ground for data intake which could lead to interviewer bias and thus cause discrepancies. Mandatory training for all data collectors must take place to prevent this.

Lastly, additional demographic questions should be required on surveys. Age, gender, race/ethnicity, sexuality, income, neighborhood zipcode, and immediate family support are important factors that should be collected to assess and support the further reduction of mental health stigma among teens, and even younger adolescents.

Conclusion

All the data from this project was compiled and shared with the organization on my last day of the fieldwork. My preceptor and I discussed the findings, discussed future changes in programs for the new year and together pulled which key findings to present to the staff. Further, we created a short one pager with key findings (Appendix B) to share with their Board of Directors and stakeholders. In the future, quality data that is strong and representative of all its participants will not only be beneficial to the future improvements and growth of the program but will also give board members, investors and future students an understanding of the type of impact the club has in high schools.

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Appendix A: Survey Instruments

Survey A: - Club Member Survey - <https://www.surveymonkey.com/r/7KF798T>



Club Member Check-in Questions. Spring 2019

1. Why did you join the BC2M club?

Circle all that apply

- Personal/ family connection to the cause
- The club sounded fun
- The club was well resourced
- Experience for college applications
- My friends are part of the club
- To make new friends
- To learn more about mental health
- For leadership experience
- I'd like to pursue a career in mental health
- The advisor asked me to join

Other:

2. If you have used the club portal, how would you rate the presentations and activities?

- Excellent
- Good
- OK
- Not Great
- Very Poor
- Never used it

3. Do you feel you can offer up suggestions to your club leadership in terms of meeting topics or activity ideas?

- Yes, anytime
- Sometimes
- Not really
- Never

4. What have you enjoyed most about the club?

Please comment:

5. With 1 being terrible and 5 being excellent, how would you rate:

- Awareness of the club on campus	1	2	3	4	5
- Impact among students	1	2	3	4	5
- Impact among staff	1	2	3	4	5
- HQ support	1	2	3	4	5
- Member activity	1	2	3	4	5

Survey B: Club Leadership Survey - <https://www.surveymonkey.com/r/78NG6TR>



Club Leadership Check-in Questions

*General check in: how are things going?

1. How has your membership changed from last year (if previous club)?

Circle all that apply

- Grown Same size Reduced size More gender diversity
- More committed members Less committed members
- Mainly new members Mainly returning members

Other comments:

2. Has your advisor changed from last year?

- Yes No

2b. If yes, why?

3. How often does your club leadership access the club portal?

- Every week Once Per Month Once Per Semester Once Never

4. If you have used the portal, how would you rate the presentations and activities?

- Excellent Good OK Not Great Very Poor

5. Does your club know how to access the \$500 grant? If yes, has this been helpful for your club? Please comment.

- Knows how to access Doesn't know how to access

Comments:

Survey C: BC2M’s Senior Exit Survey - <https://www.surveymonkey.com/r/7KJRN3C>

BC2M Senior Exit Survey 2019

Thank you for taking to time to complete the survey below. We would like to hear about your experience being a BC2M club member at your high school. This important information will help us learn about the impact of the program and how we can better support your school in the future. The staff at BC2M appreciates you!

* 1. How many years were you involved with BC2M?

0-1 years

2 years

3 years

4 years

* 2. Were you ever in an officer position for your club?

No

Yes

3. If yes, what was your position?

* 4. What knowledge or skills do you feel you have gained or improved upon from being involved with the BC2M club? (check all that apply)

<input type="checkbox"/> Knowledge of Mental Health Issues	<input type="checkbox"/> Teambuilding
<input type="checkbox"/> Knowledge of Mental Health Resources	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Media/Technology
<input type="checkbox"/> Leadership	<input type="checkbox"/> Creativity
<input type="checkbox"/> Organizational	<input type="checkbox"/> Presentation
<input type="checkbox"/> Public Speaking	
<input type="checkbox"/> Other (please specify)	

Survey D: Club Advisor Survey - <https://www.surveymonkey.com/r/35957VX>

Club Advisor Survey 2019

Thank you for taking to time to complete the survey below. We would like to hear about your experience being a BC2M Club Advisor at your high school. This valuable information will help us learn about the impact of the program and how we can better support your school in the future. The staff at BC2M appreciates you!

* 1. Contact Information

Name

High School

Email Address

Phone Number

* 2. How many years have you been involved with BC2M as an Advisor?

0-1 years

2 years

3 years

4 years

Appendix B: Key Findings Report

2019 KEY FINDINGS BC2M HIGH SCHOOL SURVEYS n = number of responses per question

Club Membership Survey (547 Participants)

- 50% of club members did not use the portal (n=531)
- Only 52% of club members felt they can offer up suggestions during meetings (n=531)
- Top 3 reasons for joining the club (n=438)
 - Club Activities – 148 mentions
“I enjoyed how passionate and involved everyone is about the activities and what we do.”
 - Safe Space – 115 mentions
“The positivity. No stigma around mental health.”
 - Social Aspect – 72 mentions
“Friendships, company and our events. “

Club Leadership Survey (89 Participants)

- 44% of clubs have grown in members since last year (n=74)
- 22% of club leaders used portal every week and 45% use it every month (n=87)
- 83% of club leaders know how to access the portal (n=86)
- 54% of clubs met weekly and 33% met every two weeks (n=82)

Senior Exit Survey (51 Participants)

- Top 3 knowledge or skills gained/improved on from their participation in the club (n=52)
 - Knowledge of Mental Health
 - Knowledge of Mental health Resources
 - Leadership Skills
- 61.5% of graduating seniors want to pursue a profession that relates to mental health (n=52)
- 64% graduating seniors felt the presence of the club made a difference on campus (n=22)

Club Advisor Survey (38 Participants)

- 78% of club advisors felt that the presence of the club made a difference on campus (n=18)
- 80% of club advisors felt that students are more likely to help themselves or others seek mental health services in the future if needed (n=35)
- 64% of club advisors used the portal occasionally (n=36)
- 47% of club advisors read the bi-monthly newsletter occasionally (n=36)