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SHARING MY STORY THROUGH PUBLIC SPEAKING: YOUNG PEOPLE AND MENTAL HEALTH

By

Alexandra Isabella Bush

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

Oxford, MS

May 2023

Approved By

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DEDICATION

This thesis and my advocacy work are dedicated to those whose lives have been lost or affected by mental illness, suicide, and addiction. These topics are often avoided, despite their significant prevalence in our society. However, by investing in enhanced education, funding, legislation, and honest conversations, I truly believe we will see improvements in mental health and the general well-being of people in America. Throughout my journey, the lost lives of my dad and three friends have inspired my passion for spreading awareness and hope. While I cannot bring them back, I dedicate everything I have done in their honor.

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to my thesis advisor, Dr. Timothy Yenter. He showed me continuous support, compassion, and guidance throughout the process, and I could not be more appreciative of his contributions to this thesis. I would also like to thank my second and third readers, Dr. John Young and Dr. Ashley Jones-Bodie, for their valued feedback, time commitment, and interest in my project. Special thanks to Dr. Vivian Ibrahim and Dr. Whitney Woods for their contributions to my academic career and personal development as an undergraduate student. Furthermore, I would like to express my wholehearted appreciation and recognition for my time and experiences at the University of Mississippi and The Sally McDonnell Barksdale Honors College. I owe much of my journey and successes to the university and aim to give back everything this school has given me.

No words can fully convey my gratitude for my family and friends who showed me their never-ending support throughout the last four years. Specifically, thank you to my mom, who has been my number one supporter and greatest role model in life; without her, none of this would be possible. Lastly, I am incredibly grateful for everyone who viewed my presentations, voiced their support of my work, and helped share my story during my advocacy journey. I am who I am today because of all these people and places, and I truly cannot be more thankful for everything I have in life.

ABSTRACT

Recent years have shown a worsening mental health crisis in America. Between the high prevalence of mental illness, lack of treatment, high rates of suicide and overdoses, and increasing rates of substance use, the United States has an abundance of problems, all of which relate to mental health. One contributing factor is the insufficient education about mental health topics, also known as mental health literacy. Therefore, American citizens lack necessary knowledge, such as the signs and risk factors of mental illness, treatment options, and ways to improve mental health, to name a few. One impact of low mental health literacy is a stigma regarding mental illness, which prevents help-seeking behaviors and treatment engagement. Without treatment, conditions may remain or worsen over time. Various interventions focus on the stigma surrounding mental health, which are especially necessary among young people, or the age groups with the worst mental health. This paper aims to review relevant knowledge on mental health topics and examine stigma intervention approaches targeting young people. The final chapter will emphasize youth involvement in mental health advocacy and review a young advocate's experiences as a public speaker.

TABLE OF CONTENTS

DEDICATION iii

ACKNOWLEDGEMENTS iv

ABSTRACT v

INTRODUCTION 1

CHAPTER 1: AN OVERVIEW OF MENTAL HEALTH & MENTAL DISORDERS 3

CHAPTER 2: STIGMA 17

CHAPTER 3: YOUNG PEOPLE & MENTAL HEALTH 20

CHAPTER 4: PERSONAL NARRATIVE 32

Error! Reference source not found. 48

REFERENCES 44

INTRODUCTION

This paper includes four chapters that will cover general information on mental health and mental disorders, stigma and interventions, young people and mental health, and a personal narrative. In Chapter 1, I discuss the fundamentals of mental disorders, such as the differences between mental health and mental disorders, symptoms, types, causes, diagnosis, and treatment. Then, I cover common mental disorders and the prevalence and impacts of mental illness, including disability, suicide, unemployment and poverty, and substance use. Chapter 2 concentrates on the stigma surrounding mental health and the various types, including public, institutional, and self-stigma. This chapter will also review different types of interventions used to target specific forms of stigma. For example, educational interventions, mental health literacy campaigns, peer services, and contact interventions.

Chapter 3 addresses mental health problems among young people in America, including adolescents and young adults. I review the high prevalence of mental health problems among young people and how stigma and other barriers impact young people from receiving treatment. Furthermore, I explore different methods to approach and improve mental health among young people. For instance, strategies such as enhancing mental health literacy and education, contact-based interventions, peer-led or peer support services, utilizing mental health recovery narratives and social media, and increasing youth

involvement. Chapter 4 transitions to a personal narrative where I discuss my experiences with mental illness, suicide, and addiction. Afterward, I explain how those experiences stimulated my work with public speaking and youth mental health advocacy. I also review specifics about my presentations, such as my primary goals, the content, audience types, and how I adjusted each presentation to target the specific audience demographic. Lastly, I discuss how I expanded my advocacy into other organizations and media sources. The chapter concludes with an evaluation of the positive and negative impacts I faced as a youth advocate.

CHAPTER 1: AN OVERVIEW OF MENTAL HEALTH & MENTAL DISORDERS

In recent years, there has been an increase in discussions about mental health topics in America (Centers for Disease Control and Prevention [CDC], 2021). The term "mental health" refers to an individual's psychological, emotional, and social well-being, which impacts one's feelings, actions, and thoughts. Both physical and mental health are critical parts of overall health that affect one another. For instance, a mental disorder can increase the risk of physical health problems, including heart disease, strokes, and type 2 diabetes (Mental Health, 2020). Likewise, chronic illnesses raise the likelihood of developing a mental disorder (CDC, 2021). The state of an individual's mental health can change throughout different periods and is influenced by a combination of elements such as life experiences, family history, lifestyle habits, and biological factors (Mental Health, 2020). Individuals can also experience poor mental health during a particular time but not necessarily be diagnosed with a mental disorder (CDC, 2021).

Mental disorders are health conditions that affect one's emotions, behavior, and thinking (Nijoku, 2022). Differing from poor mental health or a mental health concern, a mental disorder is distinguished by continuous symptoms resulting in significant disturbances or functional impairment. There are numerous mental and physical effects that can differ based on the specific disorder and other factors (Mayo Clinic Staff, 2022). Common symptoms include extreme mood fluctuations, withdrawal from activities and people, problems with substance use, headaches, paranoia or hallucinations, lowered

energy or sleep issues, difficulty concentrating, back or stomach pain, significant changes in eating habits or weight, and suicidal thinking, to name a few. A mental illness cannot be predicted by the presence of one or two symptoms alone but their presence may warrant further mental health evaluation (Ng, 2022).

Most mental disorders develop at a young age, but some conditions begin in adulthood (Mayo Clinic Staff, 2022). The American Psychiatric Association states that 50% of mental illness begins by age fourteen, and 75% begins by age twenty-four (Ng, 2022). Typically, mental disorders do not have one specific cause but rather an assortment of causes, also known as risk factors. Examples include biological factors, genetics, environment, adverse childhood trauma or events, substance use, lifestyle habits, or stressful life events (CDC, 2021). The duration of mental illness can be short-term, or some conditions may be lifelong. Additionally, an individual can experience more than one mental disorder simultaneously (CDC, 2021).

Diagnosis & Treatment

In the United States, licensed professionals such as psychologists, clinical social workers, and psychiatrists determine diagnoses based on The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5-TR) (Mayo Clinic Staff, 2021). The DSM is a handbook that identifies characteristics and criteria for hundreds of mental disorders, which are grouped into various classifications. Some of the most common classifications include Anxiety Disorders, Trauma- and Stressor-Related Disorders, Depressive Disorders, Substance-Related and Addictive Disorders, Feeding and

Eating Disorders, and Personality Disorders, amongst others (American Psychiatric Association [APA], 2013). Mental health professionals use numerous assessment techniques, including clinician-led interviews, physical examinations, revision of family history, lab tests, or questionnaires, to analyze a patient's symptoms and determine diagnoses (Newson et al., 2020).

Following a diagnosis, a mental health professional may recommend several treatment options. The American Psychological Association emphasizes the application of Evidence-Based Practice in Psychology, or EBPP, which "encompasses a broad range of clinical activities including psychological assessment, diagnosis, case formulation, prevention, treatment, psychotherapy, and consultation" (American Psychological Association [APA], 2021). The main components of EBPP include the integration of the best available research, clinical expertise, patient characteristics, culture, and preferences. The specified components of EBPP are designed to result in optimal outcomes for the patient's health. Thus, treatment plans often vary because patients have unique concerns, circumstances, and goals that may require specialized approaches and patient-tailored plans (APA, 2021). Additionally, a primary intervention and at least one secondary intervention are used simultaneously to elevate treatment effectiveness, also known as adjunctive therapy (Pg. 21) (American Psychological Association, 2015). For instance, medication may be used simultaneously with a psychotherapy approach (American Psychological Association, 2015).

A common treatment option for mental disorders is psychopharmacological treatments or medication to alter neurochemical systems. (Karpiak et al., 2019). The broad classes of psychiatric drugs include antidepressants, anxiolytics or anti-anxiety

medications, stimulants, antipsychotics, and mood stabilizers. Medications do not cure mental disorders but can effectively manage symptoms and improve functional ability (National Institute of Mental Health [NIMH], 2008). However, people experience different reactions and side effects from medications due to influencing factors such as an individual's age, sex, mental disorder(s), body size, use of alcohol and other substances, genetics, and diet. The duration period and dosage size of medications may also vary. For example, people with certain disorders may need medication for a prolonged time or for the rest of their lives. However, some people may take medication for a short period of time until their condition improves. Typically, medications are prescribed by a psychiatrist or a primary doctor, with the exception of several states that permit trained psychologists to prescribe mental health medications (Karpiak et al., 2019).

Psychotherapy, or talk therapy, is a treatment where patients discuss personal feelings and thoughts with a mental health professional (Parekh & Givon, 2019). The method is effective for children and adults and applies to various problems. For example, psychotherapy can be used by individuals who struggle to cope with everyday life, live with mental disorders, or experienced trauma, the death of a loved one, or loss. Additionally, psychotherapy is frequently used in combination with other therapies or medication and can eradicate or control mental disorder symptoms. Psychotherapy can be conducted in individual, couple, family, or group settings by professionals including psychologists, psychiatrists, licensed social workers or professional counselors, and other professionals with specialized psychotherapy training. Typically, sessions occur once a week for 30 minutes to an hour, and the duration of therapy can range from a few sessions to months or years (Parekh & Givon, 2019).

Numerous types of psychotherapy are organized into five categories: Behavior therapy, Psychoanalysis and Psychodynamic therapy, Cognitive therapy, Humanistic therapy, and Integrative therapy (Different approaches to psychotherapy, 2009). The specific therapy used may vary depending on an individual's preference, circumstances, and particular illness or problem (Parekh & Givon, 2019). Studies show that roughly 75% of people who undergo psychotherapy show some benefit from the treatment. Furthermore, the majority of people who receive a form of psychotherapy experience symptom alleviation and improvement in their ability to function. Physical evidence from brain imaging techniques shows changes in the brains of individuals who receive psychotherapy, including people with depression, PTSD, panic disorder, and other disorders. Most cases showed that the brain changes following psychotherapy were similar to those resulting from psychiatric medication (Parekh & Givon, 2019).

Common Mental Disorders

The primary characteristics of anxiety disorders include excessive and lasting anxiety, fear, panic attacks, and the avoidance of perceived environmental threats (American Psychiatric Association [APA], 2013). The distinction between these disorders and transient anxiety or fear is based on the persistence or duration of the symptoms. Anxiety disorders are one of the primary categories of mental disorders, which includes conditions such as generalized anxiety disorder, panic disorder, social anxiety disorder, agoraphobia, separation anxiety disorder, specific phobias, and selective mutism. Most anxiety disorders develop during childhood but also throughout adulthood in some cases. Additionally, studies show that girls are more likely to develop anxiety disorders than boys

at an estimated ratio of 2:1. The annual prevalence of any anxiety disorder among American adults is an estimated 19.1%, or 48 million people, ranking anxiety disorders as the most common type of mental disorder (NAMI, 2022).

Depressive disorders are characterized by a sad or irritable mood and related changes that result in a reduced ability to function (APA, 2013). The different types of depressive disorders include major depressive disorder, persistent depressive disorder, perinatal depression (postpartum depression), and seasonal affective disorder. These types are distinguished by several factors, including etiology, timing, and duration of the condition. The symptoms and signs of depressive disorders include feelings of hopelessness, irritability, frustration, guilt, difficulty concentrating, decreased energy, changes in appetite or unplanned weight changes, thoughts of suicide or suicide attempts, headaches, and loss of interest in hobbies (NIMH, 2021). According to current research, depressive disorders may be influenced by one's genetics, environment, biology, and other psychological factors and affect people of all genders, ethnicities, ages, backgrounds, or other differentiating factors. However, the lifetime risk of developing depression is roughly two times higher among women than for males (Kuehner, 2017). In 2020, an estimated 8.4% or 21 million U.S. adults experienced a major depressive episode (NAMI, 2022).

Substance-related disorders consist of two groups, referred to as substance-induced disorders and substance use disorders (APA, 2013). These disorders include ten classes of drugs, such as alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, stimulants, tobacco, and other unknown substances. These substances significantly activate the reward system and produce feelings of pleasure, which is often termed a "high." Substance-induced disorders may be classified by conditions such as substance

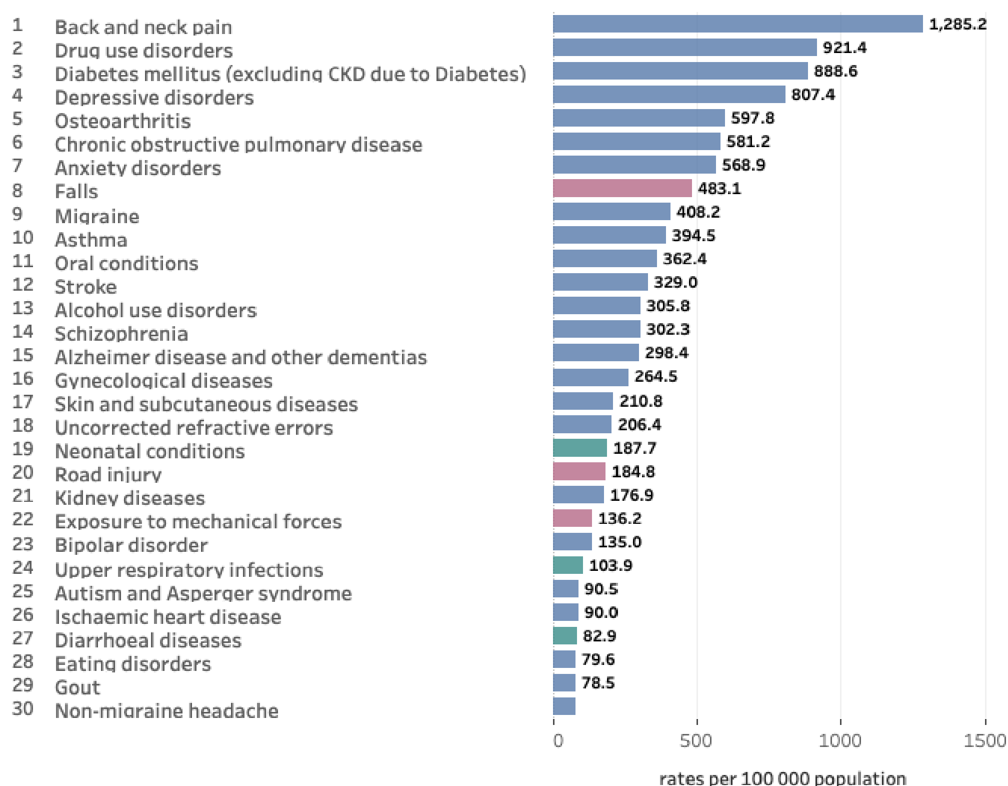
intoxication, substance withdrawal, and substance /medication-induced mental disorders, which are mental disorders that may be induced by withdrawal or intoxication by substances or some medications. The other group is Substance use disorders, specified by pathological, patterned behaviors related to substance use and cause an underlying change in brain circuits. The extremity of an individual's diagnosis can range from mild to severe. People with substance use disorders continue substance use despite considerable substance-related difficulties. For example, an individual may experience withdrawal from social, recreational, and work activities due to substance use or engage in risky use of the substance (APA, 2013). Physical evidence from brain imaging research reveals that excessive substance use causes changes in the areas of the brain associated with judgment, decision-making, learning, behavioral control, and memory (Colon-Rivera & Balasanova, 2020).

Impacts of Mental Disorders

Poor mental health and mental illness considerably influence numerous aspects of the world, such as the economy, workforce, education, and general health (Doran & Kinchin, 2019). People with mental illness are affected, as well as family, friends, and society as a whole. Substance use, poverty, homelessness, heart disease, suicide, and unemployment are all current problems in the US, which are also complications linked to mental illness (Mayo Clinic Staff, 2022). Other complications include lowered quality of life, financial and legal issues, self-harm and harm to others, family and relationship conflicts, and increased morbidity and mortality rates (Doran & Kinchin, 2019). Overall,

mental disorders can cause significant physical, emotional, and behavioral health problems that impact many areas of our world (Mayo Clinic Staff, 2022).

The world's leading contributor to disabilities is mental health problems (Mitchell, 2019). Experts report that mental health complications cause an estimated 20% of missed healthy days. Recent estimates from the World Health Organization reveal the leading causes of "Years Lived with Disability" (YLDs) in 2019 (World Health Organization, 2021). In the US, 5/15 leading causes of YLDs are mental health conditions: drug use disorders, depressive disorders, anxiety disorders, alcohol use disorders, and schizophrenia. The remaining YLDs include other mental disorders such as bipolar disorder, autism, and eating disorders. Despite the high prevalence of mental health problems, roughly 10% of the individuals who require mental health treatment worldwide receive a form of treatment (Mitchell, 2019).



Suicide is a significant health problem around the world (Bradvik, 2018). Numerous factors are related to suicide, but the leading risk factor is mental illness. Extensive research and autopsies have confirmed that the majority of individuals who die by suicide experience mental illness. Depression, substance use disorders, and psychosis are the leading risk factors, but other conditions such as eating, trauma-related, personality, and anxiety disorders are also common factors. Experts estimate that up to 90% of suicide cases include the presence of a mental disorder(s). Between 1999 and 2018, in the US, the national suicide rate rose by 35% (Curtin et al., 2022). The rates declined by 5% in 2019 and 2020 before rising by 4% the following year, totaling 47,646 suicides in 2021. For people ages 10-34, suicide is among the top three leading causes of death in 2020. Overall,

suicide was the twelfth leading cause of death in the US among all ages (Curtin et al., 2022).

Leading Cause of Death in the United States for Select Age Groups (2020) Data Courtesy of CDC								
Rank	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**All Ages**
1	Unintentional Injury 685	Unintentional Injury 881	Unintentional Injury 15,117	Unintentional Injury 31,315	Unintentional Injury 31,057	Malignant Neoplasms 34,589	Malignant Neoplasms 110,243	Heart Disease 696,962
2	Malignant Neoplasms 382	**Suicide 581**	Homicide 6,466	**Suicide 8,454**	Heart Disease 12,177	Heart Disease 34,169	Heart Disease 88,551	Malignant Neoplasms 602,350
3	Congenital Anomalies 171	Malignant Neoplasms 410	**Suicide 6,062**	Homicide 7,125	Malignant Neoplasms 10,730	Unintentional Injury 27,819	COVID-19 42,090	COVID-19 350,831
4	Homicide 169	Homicide 285	Malignant Neoplasms 1,306	Heart Disease 3,984	**Suicide 7,314**	COVID-19 16,964	Unintentional Injury 28,915	Unintentional Injury 200,955
5	Heart Disease 56	Congenital Anomalies 150	Heart Disease 870	Malignant Neoplasms 3,573	COVID-19 6,079	Liver Disease 9,503	CLRD 18,816	Cerebro-vascular 160,264
6	Influenza & Pneumonia 55	Heart Disease 111	COVID-19 501	COVID-19 2,254	Liver Disease 4,938	Diabetes Mellitus 7,546	Diabetes Mellitus 18,002	CLRD 152,657
7	CLRD 54	CLRD 93	Congenital Anomalies 384	Liver Disease 1,631	Homicide 4,482	**Suicide 7,249**	Liver Disease 16,151	Alzheimer's Disease 134,242
8	Cerebro-vascular 32	Diabetes Mellitus 50	Diabetes Mellitus 312	Diabetes Mellitus 1,168	Diabetes Mellitus 2,904	Cerebro-vascular 5,686	Cerebro-vascular 14,153	Diabetes Mellitus 102,188
9	Benign Neoplasms 28	Influenza & Pneumonia 50	CLRD 220	Cerebro-vascular 600	Cerebro-vascular 2,008	CLRD 3,538	**Suicide 7,160**	Influenza & Pneumonia 53,544
10	**Suicide 20***	Cerebro-vascular 44	Complicated Pregnancy 191	Complicated Pregnancy 594	Influenza & Pneumonia 1,148	Homicide 2,542	Influenza & Pneumonia 6,295	Nephritis 52,547
11	Septicemia 18*	COVID-19 32	Cerebrovascular 188	Influenza & Pneumonia 578	Septicemia 979	Influenza & Pneumonia 2,511	Septicemia 6,242	Liver Disease 51,642
12	COVID-19 17*	Benign Neoplasms 27	Influenza & Pneumonia 185	HIV 468	Nephritis 859	Septicemia 2,510	Nephritis 6,213	**Suicide 45,979**

Unemployment remains a difficulty among countries worldwide, and there is a strong association between unemployment and mental health (Brouwers, 2020). Research has found that people with common mental disorders are three times more likely to be

unemployed, and those with severe mental disorders are seven times more likely to be unemployed than those without mental illness. Furthermore, those individuals also face a greater risk of additional negative occupational outcomes, including relying on disability benefits, taking sick leave, and early retirement. The symptoms of mental disorders often hinder a person's ability to maintain successful employment. For example, cognitive effects may reduce problem-solving skills and lower energy or motivation influence work performance (Baron & Salzer, 2002).

In the United States, roughly 10-15% of individuals with mental illness are employed (Granjard et al., 2021). Additional studies have demonstrated the poor effects on employment outcomes stemming from mental disorders and even slight mental health problems (Brouwers, 2020). Employment is an essential component of recovery for people with mental illness because it creates an opportunity for social and community integration and contributes to overall life satisfaction (Granjard et al., 2021). Overall, mental illness has significant impacts on employment, which results in societal costs, such as lost productivity, and can also worsen an individual's health (Brouwers, 2020).

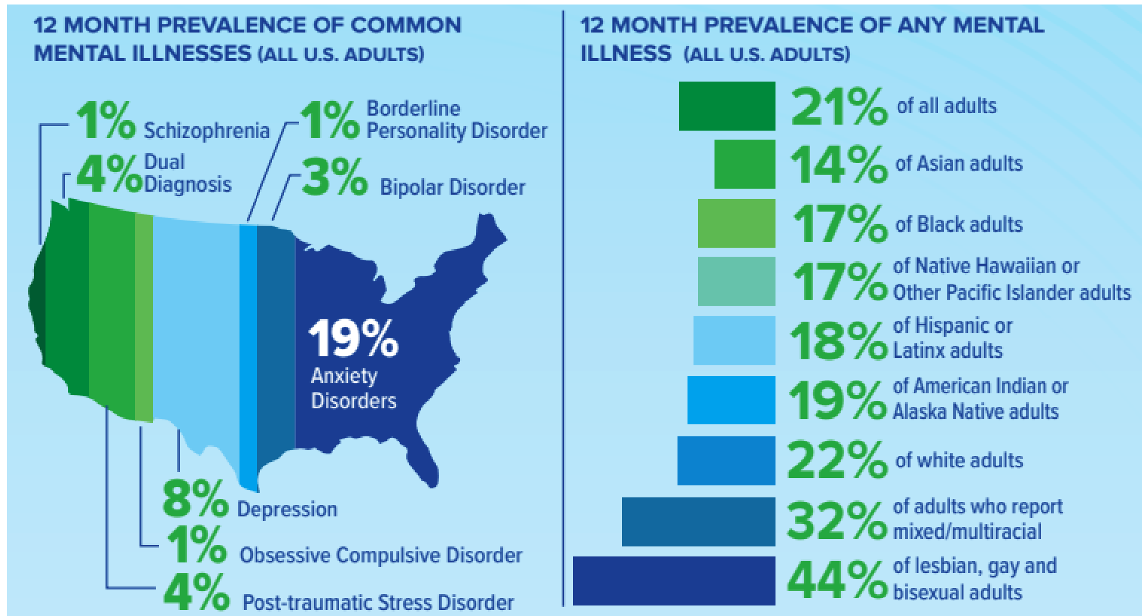
Research has demonstrated comorbidity between mental disorders and substance use disorders (SUDs) (National Institute on Drug Abuse, 2020). For example, there are high rates of comorbid substance use disorders and mental disorders, such as depression, attention-deficit hyperactivity disorder, post-traumatic stress disorder, generalized anxiety disorder, borderline personality disorder, panic disorder, and antisocial personality disorder. Furthermore, an estimated 25% of individuals with conditions that cause severe impairment, such as schizophrenia and major depression, also have a substance use disorder (National Institute on Drug Abuse, 2020).

The comorbidity between SUDs and mental disorders may be influenced by three primary factors (National Institute on Drug Abuse, 2020). Firstly, SUDs and other mental disorders share similar risk factors, such as environmental effects, adverse childhood experiences or trauma, problems within similar brain regions, genetic influences, and epigenetic vulnerabilities. Another contributor to the comorbidity is that specific mental disorders increase the likelihood of a SUD's development. It is common for people with mental disorders ranging from mild to severe to self-medicate with the use of substances because substances can reduce unpleasant symptoms of the disorder or side effects of prescribed medication, enhance rewarding effects, and decrease awareness of the adverse effects. In the same way, substance use can also affect the development of a mental disorder. Substance use that occurs before the onset of mental illness symptoms may alter one's function and brain structure, increasing the probability of developing another mental disorder (National Institute on Drug Abuse, 2020).

Prevalence Statistics

In 2020, roughly 1 in 5 US adults (or 52.9 million people) experienced any mental illness (AMI), and 1 in 20 (or 14.2 million people) experienced serious mental illness (SMI) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). A total of 40.3 million people, or 14.5% of Americans over 12 years old had a substance use disorder in the past year. Among substance use disorders, 28.3 million people experienced alcohol use disorders, 18.4 million experienced illicit drug use disorders, and 6.5 million people had both an alcohol and illicit drug use disorder. Survey results also revealed that 12.2 million Americans aged 18 and older (or 4.9%) had serious thoughts of suicide, 3.2

million made a suicide plan, and 1.2 million people attempted suicide in 2020 (SAMHSA, 2021).



Many people do not receive treatment for mental disorders and substance use disorders. The time between the development of symptoms and therapy is an estimated 11 years (National Alliance on Mental Illness [NAMI], 2022). Research shows that roughly 45% of adults with mental illness and 66% with serious mental illness receive treatment in a year. Likewise, approximately 51% of children ages 6 to 17 with a mental health condition receive treatment during a given year. Of adults aged 18 or older in 2020, 30.5% with any mental illness and 49.7% with serious mental illness experienced an unmet need for treatment or services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). Compared to adults over age 26, young adults (18 to 25) with AMI or SMI were the least likely to receive services in the past year (SAMHSA, 2021).

There are numerous reasons why people do not receive mental health treatment (SAMHSA, 2021). Among people aged 18 or older in the US, the leading reason for not

receiving treatment was the inability to afford the cost of treatment, according to the 2020 National Survey on Drug Use and Health. Additional financial reasons were due to insufficient or absent insurance coverage for mental health services. The remaining reasons reported were concerns about confidentiality, adverse effects on employment, negative opinions from neighbors or the community, and lack of knowledge about where to go for services (SAMHSA, 2021).

CHAPTER 2: STIGMA

What is Stigma?

Stigma refers to negative social attitudes or disapproval that can lead to discrimination, stereotypes, and prejudices (Borenstein, 2020). There are different types of stigma, including public, institutional, and self-stigma. Regarding mental disorders, public stigma refers to people's unfavorable or discriminatory perceptions of mental illness. Institutional stigma relates to government and organizational policies obstructing opportunities for people with mental illness. Self-stigma pertains to the internalized shame and negative beliefs that individuals with mental disorders hold about their condition. People with mental illness and their loved ones are impacted by stigma, which often results in heightened symptoms, reduced self-esteem or hope, relationship challenges, bullying or harassment, social isolation, physical violence, and decreased likelihood of seeking treatment or continuing treatment. Furthermore, stigma is heightened in specific ethnic and racial communities (Borenstein, 2020).

Stigma is also present in the workplace (Borenstein, 2020). The American Psychiatric Association's poll in 2019 revealed that approximately 50% of workers felt concerned about discussing mental health issues at their workplace. Additionally, over 1 in 3 people expressed apprehension about facing termination or retaliation if they pursued treatment. Many companies have initiatives called Employee Assistance Programs (EAP) that aim to support employees with various challenges, such as family issues, financial

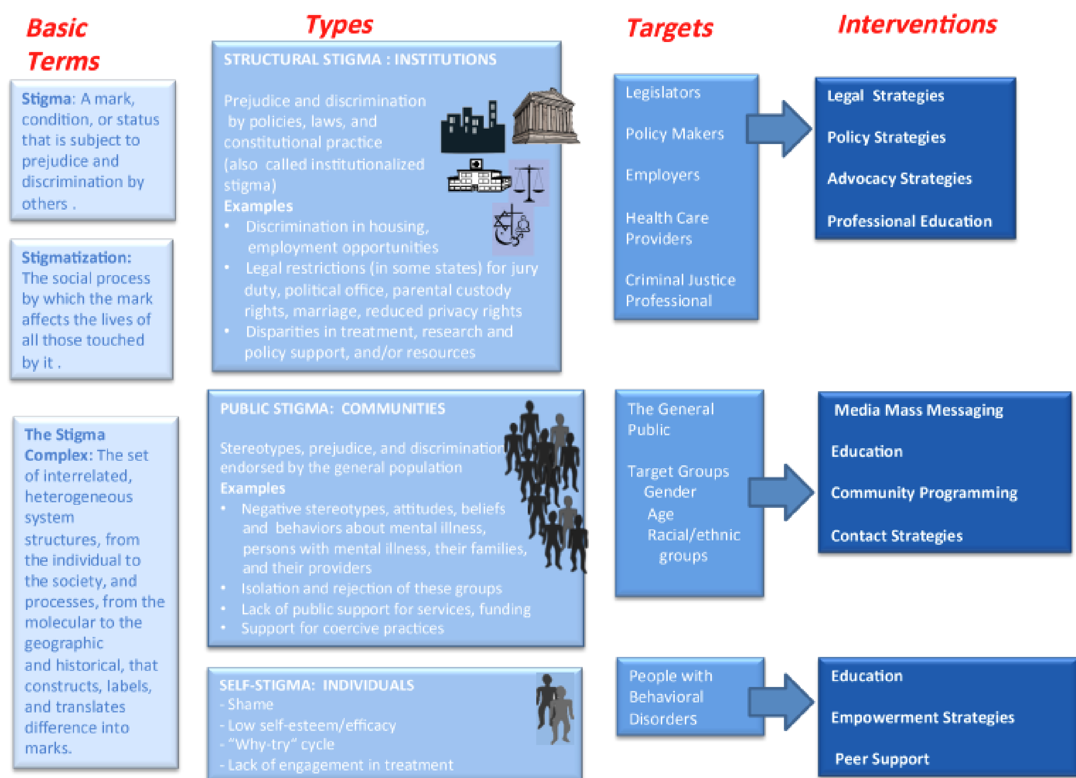
troubles, and problems with mental or emotional well-being. However, research found that only 3-5% of employees utilize services from EAPs. Moreover, there is evidence that employers have more negative attitudes about applicants with mental health-related disabilities than those with physical disabilities, according to more than twenty studies about workplace attitudes toward people with mental illness (McAlpine & Alang, 2021). Further studies found that compared to job applicants who disclose a physical injury, individuals who disclose a history of mental illness are less likely to advance in the application process. Altogether, the workplace is one of many examples of a setting where mental health stigma is present in our society.

Common Stigma Interventions

An essential component of improving mental health outcomes is decreasing the mental health stigma (Diouf et al., 2022). Numerous interventions with varying degrees of effectiveness are used to address different forms of stigma. The four primary categories of anti-stigma interventions include education-based programs, contact-based programs, advocacy initiatives, and policy-based strategies. Overall, the form and objectives of an intervention will vary among specific target audiences and depend on the intervention's source, platform, message, and intended goals (National Academy of Sciences, 2016).

Different interventions are used to address specific types of stigma, including public stigma, self-stigma, and institutional stigma (National Academy of Sciences, 2016). Interventions focused on reducing public stigma target several groups, such as healthcare providers, employers, groups involved in the criminal justice system, and the general public. Thus, strategies for decreasing public stigma often include spreading mass media

messages to eliminate myths and misconceptions, organizing protest strategies, and promoting contact-based programs. However, interventions focused on self-stigma use different approaches, such as peer support and mentoring programs, education to encourage treatment participation, education about an individual's disorder, and promoting self-esteem and self-efficacy. Lastly, groups, including institutions, legislators, and policymakers of systems and organizations that contribute to stigma, are targets of structural stigma. Consequently, the approaches focus on improving policies, regulations, and decision-making processes that promote stigma and discrimination (National Academy of Sciences, 2016).



CHAPTER 3: YOUNG PEOPLE & MENTAL HEALTH

The 2020 National Survey on Drug Use and Health noted significant statistics among adolescents aged 12 to 17 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). An estimated 5.1 million adolescents (20.9%) had a substance use disorder (SUD) or a major depressive episode (MDE) in 2020. Among the 4.1 million adolescents who experienced an MDE, 2.9 million people, or 12%, had an MDE resulting in severe impairment. However, only 41.6%, or 1.7 million, of adolescents who experienced a past year MDE received treatment in the past year. People ages 12 to 17 reported the second highest percentage of people who vaped nicotine, with an estimated 1.3 million adolescents or 5.1%. Finally, among adolescents, 3 million had serious thoughts of suicide, 1.3 million youths made suicide plans, and 629,000 attempted suicide (SAMHSA, 2021).

The National Survey on Drug Use and Health also reported significant statistics among young adults, or people ages 18 to 25 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). Among adult age groups in 2020, young adults experienced the highest percentages of individuals with any mental illness (AMI) or serious mental illness (SMI). A reported 10.2 million (30.6%) of young adults had AMI, and 3.3 million (9.7%) had SMI. Regarding a past year major depressive episode (MDE) and MDE with severe impairment, the prevalence was highest among young adults. Additionally, people ages 18-25 had the highest percentage of people with a past year substance use disorder (24.4%) and alcohol use disorder (15.6%) compared to other age groups. Finally,

the young adult age group had the highest percentages for individuals who had serious thoughts of suicide (11.3% or 3.2 million), made suicide plans (1.3 million), and attempted suicide (627,000). Overall, young adults reported the highest percentages in numerous categories related to mental disorders, substance use, and suicide (SAMHSA, 2021).

Among young people, stigma is a primary obstacle to seeking mental health treatment (Pedersen & Paves, 2014). Factors including financial concerns, lack of awareness about treatment options, negative personal attitudes about treatment benefits, and beliefs that problems can be handled without treatment are barriers preventing young adults from engaging in treatment. Survey results revealed that young adults (ages 18 to 24) reported the poorest mental health and the most shame around mental illness (APA, 2019). Compared to other age groups, young adults were the most likely to believe that treatment is unnecessary for most mental disorders. Furthermore, mental health is a growing concern on college campuses. In 2019, 400 college presidents were surveyed, and 8 out of 10 participants noted that in comparison to three years prior, student mental health is a rising priority (SAMHSA, 2021). The following pages will review target areas to address mental health among young people.

One part of addressing mental health among young people is improving mental health literacy (MHL). Mental health literacy refers to the comprehension regarding mental disorders that contribute to identification, treatment, and prevention (Furnham & Swami, 2018). The primary components include: "(1) knowledge and ability to identify symptoms of poor mental health; (2) knowledge and beliefs of causes of poor mental health; (3) knowledge and beliefs of self-compassion and self-care practices to maintain good mental health; (4) knowledge and beliefs of mental health services; (5) attitudes toward poor

mental health and mental health services; and (6) intentions to access mental health services when needed." (Gorczynski & Sims-Schouten, 2022). Levels of MHL differ among numerous demographic and cultural factors, but most research has revealed inadequate knowledge of mental health among the general public. Poor MHL affects factors such as stigma and bias toward patients, decisions/adherence to treatment, attitudes toward mental health professionals, and lower help-seeking behaviors (Furnham & Swami, 2018).

Improvements in MHL among young people are critical because increased mental health knowledge enables early intervention and increases help-seeking (Subasinghe, et al., 2022). The high prevalence of mental health problems among adolescents and young adults increases the likelihood that individuals in those populations will encounter peers experiencing mental health issues. Research shows that young people are more likely to reveal mental health concerns to informal sources, such as their friends, than formal resources, such as health professionals. However, evidence reveals a low prevalence of individuals with adequate skills and knowledge in help-giving. For example, a study found that only 44% of young people would urge a friend experiencing depression to seek assistance from an adult, which is a critical part of help-giving during mental health crises. For that reason, the enhancement of young people's MHL is essential to facilitate early intervention, heighten help-seeking behaviors, and enhance reactive behaviors in mental health crises (Subasinghe et al., 2022).

Large-scale MHL campaigns have been executed at a national level in countries such as Canada, England, Australia, and the US (National Academy of Sciences, 2016). Campaigns include community events and discussion forums, mass media marketing and advertising, community education programs, and policy change initiatives. For example,

in California, a statewide program concentrated on initiatives surrounding suicide prevention, student mental health, and decreasing discrimination and stigma directed at individuals with mental illness. Results demonstrated positive effects such as reducing stigma against mental illness in the state and increasing people reporting a willingness to interact and be near people with mental illness. However, campaigns on a national level require more investigation and alteration among specific age groups, ethnic and racial minority groups, and cultures. Additionally, large-scale campaigns are difficult to evaluate and frequently exclude relevant information about negative impacts, costs, and unintended outcomes (National Academy of Sciences, 2016).

MHL campaigns are also implemented in schools. The importance of addressing mental health topics in schools has been acknowledged by health experts, policymakers, and educators worldwide (National Academy of Sciences, 2016). College campuses, universities, and schools are essential locations for implementing mental health literacy programs because they involve high-risk age groups (Jorm, 2012). The included curriculum and material are varied among the numerous programs. For example, some have emphasized encouraging students and families to seek services, whereas another called "mental health first-aid" provides participants with training to correctly respond to mental health issues and crises (National Academy of Sciences, 2016). Research concerning school-based MHL education has demonstrated improvements in help-seeking behaviors, knowledge, and attitudes among numerous programs worldwide. However, few campaigns have been thoroughly evaluated and need further research (Jorm, 2012).

One of the most successful, research-based methods to decrease the mental health stigma is having positive contact with someone with a mental illness (Manago & Krendl,

2023). Contact-based interventions involve interaction between an individual or individuals with experiences of substance use disorders or other mental disorders (National Academy of Sciences, 2016). The main objective is to overcome the divide between groups and spread awareness about the challenges of mental disorders and success stories. This approach effectively reduces public stigma but has also shown positive effects on self-stigma by empowering individuals and raising self-esteem (National Academy of Sciences, 2016).

Research has shown how contact decreases negative feelings towards people with mental disorders and addresses people's fear and perceptions about those individuals (Manago & Krendl, 2023). In addition to combating mental health stigma, studies have demonstrated that contact approaches reduce prejudice among various traits, including religion and race. An abundance of research strongly supports the effectiveness of contact-based interventions but also involves logistical obstacles. For example, extensive interventions often require substantial resources and funding and may be disadvantaged by resistance to participation by those with stigmatized opinions about mental illness. Contact-based interventions are effective methods in several contexts and break the barrier between individuals with and without mental illness (Manago & Krendl, 2023).

One difference between young people and older adults is that adolescents and young adults are especially sensitive toward relationships with their peers (Stok et al., 2016). Compared to older adults, younger people are more susceptible to peer pressure and influence in various areas, including risk-taking, emotionality, and health-related behaviors. Research has shown heightened activation in reward-related brain regions when young people engage in risky behaviors in the presence of peers (Reniers et al., 2017).

Adolescence and young adulthood are developmental periods involving identity formation, and young people will attempt to fit in amongst their peers, maintain peer expectations, and win peer acceptance (Stok et al., 2016). Furthermore, peers can influence others through pressure, reinforcement, encouragement, and demonstration of actions that might be imitated or avoided (Reniers et al., 2017). Thus, a youth-led or youth-involved approach may enhance mental health initiatives targeting young people.

Considering the influence of peers among young people, peer-led or peer support services enable the involvement of peers. Schools around the US are developing peer-led initiatives, also known as peer support, peer counseling, or peer mentorship, which incorporate current students who provide education or support for their classmates (King & Fazel, 2019). Apart from mental health topics, peer-led interventions can cover various problems, such as physical health or bullying. Because of young people's sensitivity to peers within their age group, peer-led services may have greater appeal to young people than interventions led by an adult professional (King & Fazel, 2019).

The primary elements involved in peer support are that the intervention is delivered to a peer by a peer, the intervention involves training and supervision for the supporters, involvement of the school, and the intervention can be adjusted to deliver support, information, or education (King & Fazel, 2019). The current research has found mostly positive and inconclusive results. For example, a meta-analysis of 73 studies reported positive effects and found distinct benefits in studies using older youths as supporters. Research has noted various factors that may impact program outcomes, including the methods for matching mentors with youth, mentor-role expectations, recruitment and selection of mentors, and characteristics of the youth. The impact of peer influence is

complex and needs further research; however, utilizing the power of peer influence may be an effective component in mental health interventions focused on young people (King & Fazel, 2019).

Among young adults and university students, barriers to mental health treatment often prompt individuals to use friends, online websites, self-help literature, and other informal resources (Richard et al., 2022). Prior research reports that 45% to 65% of university students facing mental health issues do not pursue professional assistance. As mental health problems increase, universities are encountering more problems regarding student mental health, such as offering affordable and accessible resources that address a wide range of issues experienced by the student body. University counseling services are frequently overwhelmed by appointments and inquiring students, resulting in lengthy wait lists. A growing alternative to psychiatric and counseling services for young adults is peer support. Peer support services are inexpensive and may attract individuals who require mental health services from minority groups that often feel ostracized by standard mental healthcare systems (Richard et al., 2022).

Mental health recovery narratives, or recovery narratives, are often integrated into interventions such as anti-stigma campaigns, peer support, narrative-based therapies, and Recovery College courses (Rennick-Egglestone et al., 2019; (Llewellyn-Beardsley et al., 2020). The term "recovery narratives" refers to the lived experience of recovery from mental health issues. The "narrator," or the person telling the story, talks through specific events or actions relating to their mental health challenges and relevant components of adversity, personal strengths, successes, and survival. Narratives can occur during in-person social interactions or through media such as audio or video recordings, various

forms of text, and visual artwork (Slade et al., 2021). For example, live and recorded narratives have been utilized in anti-stigma campaigns. Narratives spread online are especially beneficial because they can reach hard-to-reach communities and minority groups (Slade et al., 2021).

Results from a large-scale study showed the benefits of receiving a recovery narrative for recipients, such as a lowered sense of stigma, increased connectedness with others, validation of personal experiences, empowerment and optimism about the future, changes in perspective, and greater life appreciation (Llewellyn-Beardsley et al., 2020). However, evidence found negative impacts, including increased pessimism, disconnection from other people, feelings of inadequacy, and feeling overwhelmed by others' distress. Despite the potential negative impacts, recovery narratives may be particularly relevant to young people. 90% of teenagers and young adults experiencing depression symptoms are looking into mental health information online, according to a 2020 nationwide poll of individuals ages 14-22 (Borenstein, 2020). The majority used blogs, podcasts, and videos to discover other people's health stories and experiences (Borenstein, 2020). While no single individual can "speak" for others with similar experiences, mental health recovery narratives may be useful among young people considering the majority are searching for people with shared experiences.

Regarding young people in the twenty-first century, an essential factor to consider is the growth of the internet and social media. The increasing popularity of online platforms has transformed the world by spreading information and enhancing worldwide communication. In the US, an estimated 93% of teenagers and young adults use the internet regularly, and 90% of teenagers use social media more frequently than texting and emailing

(Birnbaum et al., 2017). Social networking sites, including Facebook, WhatsApp, Messenger, and Instagram, have an estimated 2.1 billion daily users (Latha et al., 2020). The growth of digital media provides an opportunity to spread mass information, especially among young people. Thus, utilizing digital media may be an effective approach to addressing mental health focused on young people in America because the majority have access to these platforms and visit them daily.

In the US, the majority of adults utilize the internet to research health information (Hunsaker et al., 2021). However, compared to older age groups, young adults are more than three times as likely to look for health information online and more than twice as likely to look for a health provider on the internet. 76% of young adults have seen or read about other people's health experiences, and 94% consulted the internet for health information. Therefore, social media is an emerging tool for spreading awareness and education and has previously been utilized for issues related to mental health, such as suicide prevention, migraine awareness, and tobacco awareness (Latha et al., 2020). For example, "In One Voice" was a social media initiative in Canada (Livingston et al., 2014). The intervention used a brief public service announcement (PSA), which incorporated a professional Canadian hockey player who discussed mental health problems and promoted an education website targeting young people. After one year, hundreds of participants showed improved attitudes regarding mental health problems. However, they did not effectively provide tools to help others facing mental health issues (Livingston et al., 2014).

Social media platforms have several benefits to spreading health awareness and education because they provide opportunities for increased communication, socialization, access to health education, and learning opportunities (Latha et al., 2020). Firstly, users

can access the content at any time from locations worldwide, furthering engagement and education in rural and low-resource areas. Social modeling holds that a person's actions and behaviors are influenced by the conduct of others, meaning social media posts will likely interest someone who follows a peer. Therefore, users are likely to join a forum, such as a page or group, that promotes positive health behavior if their peers show interest in the information. Additional benefits of social media campaigns include high scalability, the ability to self-track, and low cost. Compared to mass media campaigns, social media campaigns are more cost-effective (Latha et al., 2020).

Using social media for health promotion also has disadvantages. Content posted on social media forums presents the potential for unreliable data and information (Latha et al., 2020). The content viewers also lack a method to screen or filter the source's credibility, resulting in the spread of inaccurate information and misleading viewers. Additionally, effective mental health campaigns use specific communication approaches for various demographic groups, requiring mental health campaigns to include detailed planning and population-focused delivery. Finally, another challenge is the difficulty of evaluating the effectiveness and results because behavioral change does not immediately cause effects or deliver results. Health campaigns on social media cannot be the only means of influencing behavior but provide an array of benefits that have a strong potential to spread awareness, education, information, and support conversations (Latha et al., 2020).

Regarding research and interventions on youth mental health, there is an evident lack of youth involvement (Cunningham & Rious, 2015). Research on young people has taken a top-down approach, where specialists gather data and form conclusions without including young people during the research process. The conventional approaches have

produced insightful data on the difficulties and outcomes faced by young people, but they frequently lack the contextual information required for real-life implementation. Therefore, integrating youth voice and feedback allows youths to provide expertise on their needs and experiences. Embracing youth voice also strengthens research because young people may introduce topics, problems, information, or details that are overlooked or unknown to adult researchers. Furthermore, participation in such research benefits the youth participants by boosting self-confidence and demonstrating how their voices can foster positive change. Young people's perspectives are often overlooked but are a considerable component of research, policy recommendations, and programming (Cunningham & Rious, 2015).

Youth-adult partnerships, or Y-Aps, effectively promote youth empowerment and health (Ross & Connors, 2018). Y-Aps involve collaboration between a group of adults and young people. The primary aim of the partnership is to address community issues and advance social justice through collaboration over an extended period. Examples of youth engagement approaches include organizing focus groups, involving youth in curriculum development, engaging in feedback sessions or questionnaires, creating youth-led programs, and providing youth with training as community researchers. Research has demonstrated the short-term impacts of youth involvement involving community change, including policy changes, culture changes, and the creation of more adequate programs. However, less is known about the long-term effects. One case study analyzed a 2-year Y-AP planning and assessment process led by the HOPE Coalition in Worcester, Massachusetts, a youth-adult partnership organization focused on substance use, mental health, and youth voice. The adult and youth participants successfully developed and implemented a model sustained for 15 years. While several youth-led or youth-involved

programs exist, a lack of youth voice remains. Overall, utilizing youth opinions enhances initiatives targeting youth mental health but is frequently disregarded (Ross & Connors, 2018).

Altogether, mental health issues in America are increasing among all ages, especially young people. Due to the complexity and range of factors, there is no single solution but rather a combination of improvements regarding education, funding, resources, policy initiatives, research, advocacy, and enhanced healthcare accessibility. A critical component of addressing mental health problems is tailoring interventions to fit specific demographic groups. Therefore, to improve mental health among young people, we need to utilize and build upon promising and effective interventions such as mental health literacy, contact interventions, peer support, sharing recovery narratives, social media strategies, and youth involvement. Growing up in the twenty-first century is significantly different from the childhood experience of older generations, which indicates the necessity for elevated interventions aimed at young people. The following chapter will recount my experiences from the perspective of a youth mental health advocate.

CHAPTER 4: PERSONAL NARRATIVE

My Childhood Experiences & Losses

My name is Alex Bush, and I was born and raised in Denver, Colorado. Growing up, I was an only child and had a close relationship with my parents. My dad was a top real estate developer around Denver, and I had a nearly perfect childhood in my early years. While my dad was working on the largest project of his career, the 2008 financial crisis began, and his company was seriously impacted. Between the combination of high stress, untreated mental illness, and the severe childhood trauma and abuse he experienced as a child, my dad eventually developed an alcohol use disorder. In the following years, he battled with his sobriety and had many ups and downs. However, after my sixteenth birthday, my mom and I were forced to move out of our house because it wasn't safe to live there anymore. Months later, on October 7, 2017, my dad took his own life at the beginning of my junior year in high school.

Unfortunately, my dad's passing was only the first of many. My final high school year began in the fall of 2018, and I was looking forward to everything that happens during senior year. On September 29, 2018, I heard the devastating news of a friend from middle school's passing. Sadly, Nick took his own life at 17 years old. Two days later, another friend named Sam, who was in the same friend group as Nick at the neighboring high school, took her own life in her senior year. The two student deaths shocked the

community, and no one knew what to do. I saw Nick's mom posting about their loss and advocating for youth mental health on social media, so I contacted her about speaking at my school. In February 2019, Maria and I shared our stories with my classmates to spread awareness. After our first presentation, I emailed schools across Colorado and scheduled several presentations.

In March, I learned the most shocking news of my life. Tierney, a friend from school, took her own life on March 18, 2019. When I heard the news, I experienced a feeling of pure shock and disbelief. Out of all of my friends and practically anyone I have ever known, I never could have imagined this to be true. Tierney was the person who always made people laugh and never seemed to have a bad day. However, no one knew the immense pain she was feeling inside. Myself, my school, and the community were overwhelmed by another local teenage suicide. I found myself searching for answers and a desire to spread awareness. As a result, I scheduled more presentations, and we spoke to thousands of people around the state in the following months.

How & Why I Started Public Speaking

My dad's death was very public because he was a well-known real estate developer in Denver. One week after his passing, multiple newspaper articles were published, which included private information and were read by several teachers and classmates. Consequently, I felt a responsibility to share an accurate portrayal of my family's story because my dad was not a scummy businessman; he was just really sick and needed help. Also, my school organized several seminars to teach about mental health, suicide

prevention, and substance use, which revealed an evident lack of interest from most students. In other words, my classmates seemed to view these presentations as another required, thirty-minute lecture where they typically remained disinterested and uninvolved. The speakers lectured with statistics and outdated educational videos irrelevant to the audience's age group. So, I saw a drastic need for youth participation in these conversations due to the disconnect between young listeners and adult speakers. Not only was I motivated to share the accurate version of my family's story, but also inspired to prevent other families from facing similar issues or losses.

In February, 2018, five months after my dad's death, I volunteered to present at my school's annual "Diversity Day." After speaking to the event director, I was allowed to speak alongside a mental health professional. During the session, I shared my story and events that contributed to the loss of my dad. After, a mental health professional from the University of Colorado Anschutz Medical Campus gave an evidence-based training on suicide prevention. One year later in February, 2019, I gave my second presentation at the same event, but I spoke alongside Maria, Nick's mom. During the presentation, we each told our stories and experiences from contrasting viewpoints. I spoke from the perspective of a child who lost their parent to suicide, and she spoke as a parent who lost their child to suicide.

Interestingly enough, one of the most impactful and memorable moments from my public speaking career occurred after the first presentation with Maria. Once the session finished, I saw that one of my classmates was visibly upset. This person was a classmate of mine since elementary school, and I had never seen her be anything but happy and kind to all throughout the years. Maria and I began talking to her, and she revealed how much

she had been struggling with her mental health. All in all, hearing our stories sparked the realization of her dire need for help. Months later, I saw her mom at school, and she cried and expressed her immense appreciation for our presentation and our positive effect on her daughter's well-being. The significance of this experience sparked my passion for advocacy because I recognized the power of my influence and saw how even the people who seem the happiest on the outside can struggle in silence.

The following day, I emailed schools around Colorado to offer presentations with Maria and myself. I received mixed responses but was pleasantly surprised by several schools that showed interest in our offer, even though Maria did not have a psychology degree or background, and I was still in high school. However, several schools revealed their desire to initiate a youth-led presentation and attempt a unique form of mental health awareness, unlike the standard mental health education presentations led by an adult. Afterward, I scheduled presentations at middle schools, high schools, and state-sponsored events. Eventually, our message spread, and groups began contacting me. During the spring of my senior year, we spoke to over 2,000 students between February to May 2019 and spread our message through social media and news outlets.

In August, 2019, I began college at the University of Mississippi. During my freshman year, I joined "Active Minds," a student-led organization focused on young adult mental health, but apart from that, I took a break from mental health advocacy. However, classes were moved online during my sophomore year due to the COVID-19 pandemic. At that time, many people experienced a deterioration in their mental health, which prompted me to begin presenting once again. I scheduled virtual presentations with students nationwide and spoke to college groups, including health organizations, honor societies,

sororities, and fraternities. Additionally, I spoke at the 2021 and 2022 Oxford "Out of the Darkness Walks," hosted by the American Foundation for Suicide Prevention. Since January 2020, I have presented to over 10,000 people in 9 states.

Presentation Specifics

Throughout the years, my presentations have evolved, but my primary goals have remained the same. My goal has never been to spew statistics or general information at the audience. Instead, I aim to be a peer who understands what they are experiencing since I am from the same generation. In today's world, the younger generations are growing up around influences such as the internet, social media, and exposure to information at an early age. For that reason, I have a greater understanding of what young people are experiencing and the challenges they face that impact their mental health. Altogether, I strive to serve as an example to show it is okay to struggle, be vulnerable, confront complex subject matter, and focus on personal growth. Even if I have helped one single person through the years, I have made an impact, and that is all I have ever hoped to do.

As I have progressed in my life and public speaking journey, the content included in my presentations has evolved. Since the beginning, I have always started with a brief explanation of my story and background. I discuss my childhood and the events and factors that lead up to my dad's death. Afterward, I discuss losing several friends to suicide in the following years. Once I felt more comfortable presenting, I eventually began discussing my own mental health challenges, what I learned from my experiences, and how I maneuvered through the difficult times. For me, a top priority is to be fully transparent

about my lowest points in life when I was overwhelmed by pain and had no hope to show that it is possible to recover and bounce back from life's most trying times. In addition to talking about my life, I slowly began incorporating educational information on the mentioned topics. For example, general mental health information, the basics of mental disorders (warning signs/symptoms, risk factors, treatment approaches, etc.), how to support a person experiencing mental health problems, and steps to reach out to someone or express your concerns for their wellbeing. Furthermore, I have reviewed statistical evidence demonstrating specific issues' prevalence. Altogether, I have incorporated a wide variety of information in my presentations and alter the included content based on each audience demographic.

I have spoken at a wide range of places, including middle schools, high schools, student-led college health organizations, honor societies, sororities, fraternities, national corporations, and at state-sponsored events. Through experience, I learned the importance of knowing your audience and how to approach different groups. While preparing for each speaking event, I always consider the specific audience and slightly adjust aspects of my approach, such as my presentation style, content, and slide themes. After scheduling my first fraternity presentation, I considered the potential not to be taken seriously because of how they would initially view me. Therefore, I recognized the value of modifying my approach to enhance the effectiveness of my presentation. For example, when working solely with undergraduate males, I would use slides with neutral fonts and colors and add slides focused on men’s mental health. On top of that, I made subtle adjustments to my appearance and presentation style. Instead of wearing a colorful blouse that I would wear to a sorority, I wore casual clothes and spoke in a laid-back, informal manner. By gaining

more experience, I learned how to adapt to a specific audience to enhance the effectiveness of my presentation.

One of the advantages of my story is how it includes a wide variety of topics and subject matter. Meaning, the majority of viewers can relate to some portion of the content. Whether they have faced their own mental health challenges, lost someone to suicide, experienced childhood trauma or adversity, grew up around an addict, or just want to learn more, I discuss topics that are very prevalent in today's world and impact people of all demographics. Furthermore, my approach is different from what most people expect in a mental health presentation because I incorporate a personal story. By beginning with a captivating story, I can immediately grab the audience's attention and interest about where the story will go. Instead of solely stating the number of people who die by suicide each year, the storytelling aspect provides a real-world example that greatly resonates with the viewers.

Expanding My Advocacy Through Media & Organizations

On top of presenting, I have also shared my story and spread awareness through various news outlets, social media platforms, and organizations. In Denver, news outlets such as Fox 31 and Colorado Public Radio published news stories about my advocacy work around the area. The CPR story included the details of how my dad's addiction spiraled out of control and led to his death, as well as a discussion about my own mental health challenges. I also talked about my advice for people struggling with their mental health or wanting to help someone. Lastly, I summarized how I have overcome personal challenges

by saying, "Life can be so unfair, but the most important part of dealing with a hard time is how you overcome it. We must learn to channel our emotions into passion when we heal. Our hard times shouldn't define us. They should influence us; it is our choice to make it a positive or negative influence." (Brundin, 2020). During my college years, I have worked with The Daily Mississippian and Hotty Toddy News to address mental health awareness and suicide prevention on the University of Mississippi campus. The opportunity to work with these specific platforms also expanded my message to adults, providing a youth perspective in discussions that often lack the involvement of young people.

Another platform I have utilized during my journey is social media. First, I began by posting videos on YouTube and Instagram about my experiences, advice, and opinions on mental health, mental illness, addiction, and suicide. I also utilized social media platforms such as Snapchat and VSCO (a photo-sharing network). On social media, I shared educational information from credible sources and original content. For example, I posted content such as statistical information, local and internet resources, guidance on how to help a friend, motivational quotes, and relevant news on specific topics of interest. Through my social media presence, I received hundreds of messages from people who found my story, further inspiring my passion because I realized how many people I was reaching. As I mentioned in Chapter 3, young people spend an incredible amount of time on social media, which is an underutilized platform to extensively spread mental health awareness, education, and resources.

In the past five years, I have expanded my involvement in mental health advocacy into different organizations. The first organization I participated in was Brought To Reality, also known as BTR. Nick, my friend who passed away, created BTR because he loved clothing and was inspired by a friend's suicide to spread awareness. Since his passing, Nick's family has continued the company and told their story to the public. Once I scheduled more presentations for Maria (Nick's mom) and me, she shared their family story and BTR's message. Later, I helped Maria with the BTR Instagram, connected her with professional athletes to promote BTR, and organized video shoots to market the clothing. After moving out of state for college, I am less involved with BTR, but cannot wait to team up with Maria again this summer after graduation. Before Nick passed, I barely knew Maria and the Bales family, but I am truly honored to say that I have collaborated with them and am continuously inspired by their remarkable strength and dedication. BTR demonstrates the impact of non-profit organizations and the power of storytelling because it conveys real-world experiences and tragedy, which hits close to home for many people.

At the start of my freshman year, I learned about the Active Minds chapter at Ole Miss, a student-led organization focused on mental health education and awareness. I began by serving as a member of the Outreach Committee, followed by a Co-Director of Outreach, and I am currently a Co-President of the chapter. Throughout the years, I have spent my time organizing events, fundraising, researching, and designing chapter marketing materials, which has significantly furthered my knowledge and grown my passion for youth involvement. Overall, my favorite part of my time in Active Minds has

been seeing the range of students who are interested in these topics and the organization because it gives me hope for the future. I truly believe that progress is largely made in our communities, and organizations similar to Active Minds support the progression. Furthermore, individuals in our communities who initiate change also play a vital role in advocating for awareness and prevention.

Another position I created and held was the “Mental Health & Wellness Chair” position of my sorority. In this role, I organized educational presentations and fundraisers, connected chapter members to resources, and promoted campus resources. My sorority had over 400 members at the time, and we did not have a position focused on health or wellness. Therefore, I took the opportunity to develop a position to promote wellness among a large group of young women. I learned many things from this role, but what stands out the most is how this position reinforced my belief in the importance of taking the time to ask and care because you never really know what someone is going through. Every individual who confided in me had various challenges, and it taught me the significance of simply being there and listening to someone. Oftentimes, people who are trying to support someone else do not know what to say, but I have learned that just sitting with someone and listening goes a very long way. Similar to what I mentioned in the previous paragraph, a significant amount of change happens in small-scale communities, and creating this position was a way to emphasize these topics in my sorority community.

In the summer of 2021, I was selected to serve on the Board of Directors for the National Alliance on Mental Illness Mississippi (NAMI), one of the biggest grassroots mental health organizations in the United States. For years, I have used NAMI’s statistics and information, so the opportunity to join the board of the Mississippi state organization

was one of the greatest honors of my life, especially at the age of 21. After viewing the board members of other NAMI state organizations, I noticed that most of the boards do not have anyone under the age of 25. However, the Mississippi board welcomed me with open arms because they saw the benefit of having a young adult perspective. There have certainly been many times when I have felt out of my element, but the experience has tremendously increased my understanding of the non-profit and grassroots organization side of mental health advocacy. Lastly, I also serve on the Education and Outreach Committees.

The Impacts of Presenting in My Life

In the past five years, I have faced many ups and downs throughout my public speaking and advocacy journey. While pursuing my passions and what matters to me, I also had to repeatedly re-open past wounds from the years of trauma, loss, and abuse from my childhood. From meetings, to presentations, to filming public service announcements, I am constantly talking and thinking about topics that bring my mind to a dark place and relate to the most difficult times in my life. Furthermore, I have had hundreds of online and in-person interactions with people who have heard my story. Many of those individuals confided in me with very heavy and intense subject matter, which takes an emotional toll over time. As a result, I have faced significant mental health problems myself because I was often too focused on my work and other people to pay attention to my well-being.

I began by describing how I was negatively impacted by my work, but this work also helped me heal. It allowed me to process in my own way and acknowledge my past and losses. By learning about topics such as mental illness, addiction, and suicide, my understanding of everything that has happened helped me comprehend and make peace with everything. Most of all, it brought light to something that began as a very dark and tragic loss of my dad. One of the greatest lessons I have learned throughout my journey is that while we cannot always control what life throws at us, we can control how we react and respond to those challenges. I have not always had a smooth ride in life, but I can confidently say that I would never change my journey.

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