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This newsletter is for educators, parents, and students about mental health in schools. The information contained in this newsletter is intended for reuse. Please give credit to MHANYS.
Supporting Students as Mental Health Advocates

Practicing mental health advocacy can help reinforce lessons in both health and participation in government classes while fostering personal growth and the satisfaction that comes with being a part of a worthy cause. Advocacy also provides a means for channeling frustrations associated with barriers in the mental health system, fighting stigma, giving voice to personal stories and building cohesion and a sense of community with other mental health advocates. Of course, the mental health advocacy community is not limited to students. Teachers, school administrators, counselors and parents can participate as well. Ideally, since schools generally are profoundly impacted by mental health it behooves all to play a role.

We know how impacted young people are by mental health challenges. One in five youth ages 13 to 18 will experience a mental health disorder that will severely impact their lives. Nearly half of youth in the same age range will have a mental health challenge with mild to moderate impact. What’s even more startling is how young children are when they begin to experience the onset of symptoms. The median age of onset for chronic mental illnesses is 14 and children as young as 6 can begin to experience the symptoms of certain anxiety disorders. As we age, the likelihood increases of being impacted by mental illness either personally or through a family member or friend. Some of those affected (sadly only about 40 percent) will seek help and in doing so will encounter numerous barriers and hurdles that are all too typical of the mental health care system. Many will never seek help either due to a lack of knowledge about the symptoms they’re experiencing or because of fear, shame or stigma. Coping with a mental health challenge and confronting barriers to getting care can be frustrating and discouraging, leaving those in need with a sense of helplessness and hopelessness. But there is a way of fighting back and being an element of change and improvement in the mental health system.

What is Advocacy and Why is it Valuable to Practice?

Simply put, advocacy is “the act or process of supporting a cause or proposal”. Tracing a precise historical root of advocacy as a social construct is tricky because at its most basic level advocacy is merely intervening in defense of another person or persons. People have done throughout history. Many present day advocacy organizations trace the history of organized advocacy to the beginning of their own cause. This is true of mental health as well with at least one historian claiming advocacy’s genesis in the public outcry against the horrors of the infamous Bedlam, England’s first insane asylum of the 13th century. Indeed, modern mental health advocacy in the United States is rooted in the mental hygiene movement that bloomed at the dawn of the 20th century. Led by Clifford Beers, a former patient of American psychiatric hospitals, the movement emphasized prevention, humane treatment of patients and public awareness of mental health. Today Beers is rightfully acknowledged as the father of the mental hygiene movement and certainly a pioneering mental health advocate without an equal.

The Mental Health Association in New York State, Inc. (MHANYS) is a mental health advocacy organization. Our parent affiliate; Mental Health America, was born out of the mental hygiene movement. Our iconic bell logo represents an actual giant sized iron bell forged from the melted shackles from American psychiatric hospitals. At MHANYS, advocacy is the currency of our cause and we welcome all who wish to partner with us to advance that cause on behalf of all New Yorkers. (CONTINUED ON NEXT PAGE)
The Value of Advocacy

Well-orchestrated advocacy movements have the power to influence public policy and to bring about systemic changes that resist the efforts of unorganized individuals. This is why grassroots advocacy can be so effective. But the practice of voluntary advocacy has value even beyond the subject of the cause. It has value for the individual participating in advocacy. Research overwhelmingly supports the positive benefit of volunteering for a cause on our mental, physical and spiritual health. In a very recent study published in the Journal of Happiness Studies (2020), researchers found that participants ages 16-24 (and 55-74) were especially likely to benefit from volunteering, perhaps because of the opportunity to build social connections and new skills.

Countless people who have experienced mental health challenges have joined the ranks of mental health advocacy. For many, being an advocate has become an integral part of their recovery, providing a means by which to apply their lived experiences to a good cause while linking them to a community of like-minded advocates.

Advocacy can also help to channel frustration associated with the problems with the mental health system such as access to services, shortages of treatment professionals and hospital beds, and the ignorance and stigma of others who don’t understand. There’s a synergy between what’s being learned in health class about mental health and how these lessons relate to the public policy picture. For example, part of becoming mental health literate is learning to recognize the signs and symptoms of illness and how and where to go to get help. In practice, when exercising this knowledge people will undoubtedly confront the realities of what we call the mental health system. A number of frustrating and discouraging barriers often confound the process of seeking and securing help, including long counselor waiting lists, an absence of available in-patient psychiatric beds and the bureaucracy of insurance coverage. Understanding these systemic, macro realities, and better yet, having knowledge of how to effect change in them rounds out one’s mental health literacy and empowers people to take personal responsibility for their own mental wellness and supporting the well-being of their neighbors.

How to be a Mental Health Advocate

Becoming an advocate can seem intimidating at first, but MHANYS Legislative Action Community can help to take the mystery out of advocacy and provides practical steps for getting started. The main prerequisite is simply a desire to make a difference by helping to influence change. It’s helpful (but not necessary) to have a personal story about how your own mental health has been impacted or the mental health of someone who is close to you. Most of us have experienced the effects of mental illness either directly or through another. Everything else that you need to participate in mental health advocacy can be learned, and MHANYS seeks to make that learning process easy. Start by developing an understanding of a policy issue or two that you’re passionate about. MHANYS legislative agenda includes 21 issues. Next, familiarize yourself with who your elected officials are in the New York State Legislature. We can help you identify your representatives in the Assembly and the Senate. If you’re new to advocacy, you can check out webinars at the Legislative Action Community on topics like how to conduct a meeting with your legislator. MHANYS also provides resources to help you write a compelling letter to your elected official or to guide you through a phone call or meeting. Finally, advocacy lesson plans for students can be found at MHANYS School Mental Health Resource and Training Center. These can be used in either health class or participation in government class. (CONTINUED ONTO NEXT PAGE)
Another great way to support student advocacy is having your school participate in MHANYS annual legislative advocacy event, Mental Health Matters Advocacy Days from March 8th through the 21st, 2021. In past years, hundreds of new and seasoned advocates have traveled to the New York State Capital in Albany to participate in the Mental Health Matters (MHM) day, learning about important public policy issues and meeting with legislators. Last March would have been our largest event in two decades. Nearly 700 people were registered to come to Albany and participate, most of them students from 5th through 12 grade. Unfortunately, the event was scheduled for the very week that the Coronavirus was declared a pandemic and large events like MHM day were cancelled. We responded quickly and did our best to host the event virtually. This year’s event will also be virtual, but instead of a one-day event MHANYS has declared an entire week as Mental Health Matters Days. There will be opportunities all week to participate in mental health advocacy. We hope you’ll join us.

A Message From
New York State Assemblywoman Aileen Gunther

As we continue to combat the COVID-19 pandemic, we are faced with a mental health system whose caregivers are overworked and underpaid, a society that has endured months of isolation and anxiety, and children who have had their lives turned upside down due to something they may not understand. New York State has the obligation to ensure that people, and children in particular, get the help they need during these extraordinary times.

A report from the Centers for Disease Control and Prevention showed “compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.” We have a crisis on our hands, and it’s imperative that the state dedicate the necessary resources toward dealing with it. We are going to see the impacts that COVID has had on our children for years to come. Its ramifications will not be going away.

As more and more schools return to full-time in-person instruction, we’re going to have children bringing the trauma they have experienced into the classrooms. We need to be prepared. The School Mental Health Resource and Training Center operated by MHANYS has been a tremendous help. I am proud to have fought for funding for this important program in the New York State budget. We must do everything in our power to ensure it continues to be funded. Their family-focused, virtual learning communities have provided a welcome and useful resource for engaging in mental health treatment and education at home. There’s no question that the Center equips teachers and families with the tools they need to be informed about children’s mental health.

I’ve been telling people that COVID has made me more introspective and hopeful for our future. My community has had volunteers from all walks of life checking on neighbors who might not have enough food in the house or might just need someone to talk to. We had countless essential workers and first responders who continued their jobs while the rest of society was shut down. The courage and strength of the people of this state is what makes me hopeful we can emerge from this mental health crisis and that we will do everything we can to ensure our children lead happy and healthy lives.
Teen Mental Health Advocates Across the Nation Making a Difference

In 2016 MHANYS celebrated a legislative victory that was 7 years in the making. Our campaign to pass a bill requiring all schools to teach about mental health had finally come to fruition, making New York the first state in the nation to have such a requirement. Our success in passing the legislation was bolstered in part by student advocates who attended MHANYS Mental Health Matters legislative day over the years during the campaign. Youth across the state became part of a grassroots advocacy network. Their voices were heard and New York responded.

Five hundred miles south of Albany another state was following New York’s lead. But the advocacy push in the state of Virginia, unlike New York, was initiated and led by youth advocates. Three teens from Charlottesville, VA (Alex Moreno, Lucas Johnson, and Choetsow Tenzin) worked on and passed SB 953, which mandates that mental health education be incorporated into 9th and 10th-grade classes to “recognize the multiple dimensions of mental health.” The three teens were inspired by observations of their peers struggling with mental health challenges. Their desire to help address these concerns led them to take matters into their own hands and spearhead the legislative push that made Virginia the second state in the nation to mandate mental health education.

Lucas Johnson has continued his advocacy efforts to this day helping states like Maine pass similar legislation. Back in his home state of Virginia, Johnson, now 22, helped champion new legislation recently signed into law requiring public schools to provide teachers and staff members with mental health awareness training. The remarkable story of Johnson, Moreno, and Tenzin is testimony to the potential power of youth mental health advocacy. Sometimes legislators respond more forcefully and quickly to voices of the impacted compared to the efforts of professional lobbyists. Such is the value of youth advocacy.

Clear across the country four high school students in Oregon pushed for legislation to create mental health absence from school days. Eighteen-year-old Hailey Hardcastle, along with three other students, started lobbying for the mental health bill. Bypassing the law, Oregon has become one of the first states in the country to allow students to stay home for mental health reasons. Utah enacted a similar law in 2018.

Hardcastle developed the idea of “mental health days” while assisting with summer camp workshops sponsored by the Oregon Association of Student Councils. In the workshops, students brainstormed about the importance of taking “Mental Health Days” from school. In an interview with NPR, Hardcastle commented that “A big issue for students with mental health is when you have to miss a day because you’re going through depression or you have a therapy appointment”. She continued by saying that “It’s really hard to make up tests and homework because teachers or the administration might not take it as seriously as a physical illness.”

But the real impetus for Hardcastle and her friends taking action, like Lucas Johnson and his fellow advocate friends, was what was happening all around them with their peers. The teens realized that nearly all of their peers had a story about someone they knew who had attempted suicide or struggled with some kind of mental health problem. The teens were observing up close and personal a disturbing trend in Oregon where the suicide rate has outpaced the national average for the past three decades. And personally, Hardcastle herself has shared her own experience with anxiety in high school under the pressure to be competitive for college and jobs. She also witnessed her closest friends struggle with depression. These observations and personal struggles...
compelled Hardcastle to take action as a mental health advocate to help “fix the problem”. As a result of the actions taken by Hardcastle and friends, Oregon schools will now excuse student absences for mental or behavioral health reasons, as with regular sick days.

As for Hardcastle, she plans to study political science at the University of Oregon and hopes to become a lobbyist one day.

Small groups of youth advocates working as a team, like in Virginia and Oregon, seems to be a winning formula. Such is the case with senior Ethan Reed, sophomore, Margot Swetich, and senior Sasha Miller. All three are engaged in mental health advocacy efforts to influence policy formation in Colorado’s State Legislature. Most notably, the teens have added their advocacy voices to the push for a ‘mental health absences’ legislation similar to the legislation that passed in Utah and Oregon.

All three students gained experience in public policy advocacy through participation in Colorado’s Youth Advisory Council. Youth Advisory Councils are a national movement with state-level chapters. They provide a unique opportunity for high school students from diverse backgrounds across the nation to participate in a service-learning and leadership development program.

After a two-year term on the Colorado Youth Advisory Council, Margot Swetich works as a youth advisor for Colorado State Rep. Shannon Bird and is considering studying political science and journalism in college.

For Sasha Miller, COYAC made her feel like she was doing something positive — particularly in the area of mental health. As a new COYAC representative, Sasha testified about the importance of mental health resources in schools and learned about the legislative process. When Sasha graduates from high school she plans to wait out the pandemic before she begins college, where she will pursue her interest in policymaking.

Ethan Reed, who also cut his advocacy teeth working with COYAC, worked in the last legislative session in Colorado with State Rep. Dafna Michaelson Jenet on the bill to make mental health an excused school absence, which included the idea that schools can screen for suicide risks or other possible harm. The bill was signed into law in March 2020. Not surprisingly, he has focused his college search in the Washington, D.C., area, in the hope he could carry his experience with local politics to the federal level.

It’s indeed good news that youth mental health advocacy is alive and beginning to thrive here in New York. Although canceled at the last minute, MHANYS’ March 13, 2020 Mental Health Matters legislative day expected nearly 700 youth to be in attendance. For several years running, young people from grade 5 to college students have attended our annual legislative event. These students represent a growing movement of young people who are beginning to engage in mental health advocacy. One such example, from here in New York, is Averill Park High School sophomore, Savannah Hansen. At the beginning of the school year, the Rensselaer County teen was given an assignment in English class – write a letter to someone and advocate for something you think is important. Savannah wrote to her Principal asking the school to “give mental health the spotlight that it deserves.” Savannah knew from her own experiences and that of her peers that mental health problems often go unnoticed or when they are discussed, it is using stigmatizing terms, such as crazy or psychotic. Savannah identifies as “part of the mental health community” and believes that if more students share their story, people will see diverse perspectives and develop a better understanding about mental health concerns. Savannah’s first opportunity to share her story was with the Board of Education and school administration. As a result, Averill Park High School hosted a Warrior Wellness Day, virtual student wellness fair, on Thursday, January 28 for...
...1400+ students grades 6-12 with a myriad of presentations facilitated by community partners, educators and school staff.

Like the student advocates in Virginia, Oregon and Colorado, New York’s youth hold great potential and promise in becoming a part of positive changes to mental health policy in our great state. MHANYS stands willing and ready to help youth concerned about mental health fulfill that promise.

There are a variety of ways that students in New York can develop their advocacy skills and begin civic engagement around mental health policy issues. Youth interested in mental health advocacy can begin to engage by visiting MHANYS Legislative Action Community and our School Mental Health Resource and Training Center.

**Youth are making a difference across NYS, too!**

**Warr;ors Mental Health and Wellness Club at North Salem Central School District**

Q & A with Melissa Smith, School Counselor and Club Advisor

The Warr;ors Club started about 7 years ago and is open to all students in grades 8-12. It all began when a student who had been hospitalized, returned to school and was asked by her teacher, “how was your vacation”? This inspired her to advocate for a club whose mission is to enhance mental health literacy and empathy through discussions, classroom presentations and public speaking. The goal is to make reaching out for support more acceptable using a student-involved approach to eliminating the stigma of mental illness, while drawing attention to and educating about overall mental health. Club activities have included:

- presenting at school assemblies and faculty meetings
- writing and producing short plays detailing the experiences of students on the mental health continuum
- working directly with elementary and middle schoolers through Mental Health and Wellness Fairs or in the classroom
- creating and displaying informative posters in the school
- decorating bulletin boards
- Warr;or Wednesday PSAs
- addressing current events that impact youth mental health (COVID-19, Death of George Floyd)
- networking with other schools and community agencies

**What have you learned as the advisor to this group?**

First and foremost, my assumption as to how thirsty students are for mental health and wellness information was validated. Students need and want a safe place to discuss mental illness as it impacts themselves, family members and friends. I have learned that having a passion for advocacy didn’t always have a place within the walls of a school. It should and now does. Our students are the frontline and must be empowered to help one another and equipped with the tools to make a warm handoff to a trusted adult.

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Have you noticed any change in the way students, families and schools talk about youth mental health over the last few years?

Yes, mental health is being acknowledged and more families are feeling safe to reach out for help. When I started over 20 years ago as a School Counselor, mental health was not discussed and if it was, it was rare. Now many schools are acknowledging and embracing the impact of SEL (Social Emotional Learning). Bottom line, people are seeing that if a student is not emotionally available to learn, they will not. We have a lot of work to still do in breaking down the stigma that prevents those struggling from speaking out. But I am confident with the empowerment and education of our students we can only move forward.

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Student Mental Health Task Force at Lake George Central School District
Q & A with Kemm Wilson, Director of Student Support Services and Club Advisor

Can you tell us a little about the Student Mental Health Task Force? How did it start and what kinds of activities are students involved with?

The Mental Health Student Task Force took root last year before the school closure due to COVID-19. Conversations about mental health and well-being between myself, our Superintendent, Lynne Ritnik, and a handful of very special passionate young leaders in our school gave way to the inception of creating a student-led group that could give voice to all young people who suffer in silence and shame and create an environment based on our five principles: safety, connectedness, calm, efficacy and hope. The founding students, three exceptionally brave upperclassmen, met with me virtually several times from March to September to brainstorm what our ultimate mission and vision looks like. We created this mission statement to guide our good work:

To empower students to educate themselves and others in order to create a culture of mutual support and empathy and to eliminate the stigma associated with mental health. Together we will work to normalize mental health concerns by prioritizing awareness, education, open discussion, relationship building and social emotional learning. Together, we can make a difference.

This statement set the direction for actions in pursuit of achieving our mission. When school resumed in September, we expanded our group by personal invitation offered to those recommended by teachers and counselors. The expanded group of students worked to prioritize initiatives:

1. openly tell their own stories by hosting a panel discussion;
2. raise awareness and educate by displaying information about mental health and resources for getting help around the school, offering units of study and reading on mental health in our library media center,
3. raise staff awareness of the prevalence of mental health concerns among children and adolescents and how to best address, interact and support them by surveying students as a needs assessment and providing resources to teachers (Students Teaching Teachers),
4. establish an anonymous concerns platform where students can submit referrals for classmates who may be in need of support
5. design and implement a district-wide Empathy Project in which students k-12 have an opportunity to create items of self-expression (drawings, paintings, stories, poetry, etc.) around the topic of mental health and well-being to be shared in a digital art exhibition.

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The closure has made movement in these initiatives slower than we would like, but nothing will stop these students now that they have been empowered to make a change, have developed a sense of agency in this movement, feel connected to each other and this mission, feel emotionally and physically safe in our group environment, and have a strong sense of hope that they together we CAN make a difference.

**What have you learned as the advisor to this group?**

So many of us in these times spend a large part of our day sitting behind our desk and reading research articles & practitioner magazines written by adults and watching webinars presented by adults; and a great deal of time has been lost connecting with the faces and voices of the kids impacted by this other global pandemic: childhood mental health disorders. Advising this group has opened my eyes to the depths and breadth of anxiety and depression, among others, that our kids are trying to manage everyday. It has truly illuminated the social struggles, the stigma associated with mental health concerns. There is a mental picture in our society of adolescents with mental health disorders. And we often view certain kids, the popular athletic guy, the rich beautiful girl, the high achieving scholar, etc. as impervious or immune to such difficulties. This is simply not the case. I have also learned of the incredible resilience of these kids and I am, each day, overcome with admiration of their tremendous bravery and unwavering perseverance.

**Have you noticed any change in the way students, families and schools talk about youth mental health over the last few years?**

Absolutely! For many years now we have talked about educating the whole child. But what did that really mean? What did that really look like? In recent years, we have seen, more than ever before, the prevalence of anxiety and depression in school skyrocket. These disorders impede a student’s ability to be successful in school. Attendance, concentration, relationships, behavior, work production & more...all suffer. So now when we talk about educating the whole child, we have a better understanding of what that really means. We know that supporting kids’ mental health and social emotional well-being is a foundational necessary component of their education and it must be a priority. We know it is a community effort, not just something that occurs in a counselor’s office. Schools are working with outside providers, teaming and collaborating with them and with parents like never before. We are talking about trauma-informed environments, therapeutic crisis intervention, ACEs, MTSS that provide interventions within the school that look beyond academics, and social emotional learning. We have SEL standards that consider the layers of students’ lives, from classrooms to communities, and promote competencies that support mental health and well-being. We are moving from “what’s wrong with you? to “what happened to you?” AND even more important, “How can we help you?”

We are headed in the right direction and need to maintain momentum. Supporting our young people in initiatives like the Mental Health Student Task Force is vital for the sustainability of these efforts.
AMI on Campus: Student-led clubs through the National Alliance for Mental Illness tackle mental health issues by raising mental health awareness, educating the school community, supporting students and advocating for change. These clubs are open to all students, whether they live with a mental health condition, are a family member or friend, or have a general interest in mental health. Contact info@naminys.org to learn more.

The Active Minds Mental Health Toolbox: This month, Active Minds launched a new resource to empower high school students with the knowledge and skills to start conversations about mental health. Using Active Minds’ proven peer-to-peer approach, the Mental Health Toolbox will help reduce barriers to talking about mental health, and provide a sense of connection among students and their high school community. To learn more about this new program and how you can bring this toolbox to your high school community, reach out to programs@activeminds.org

Bring Change to Mind: Bring Change to Mind is committed to promoting open conversations about mental health to build awareness, understanding, and empathy necessary to inspire structural change and new norms to end stigma and discrimination. Their model high school programs provides youth with a platform to educate their schools and communities, and to create a culture of peer support within their schools. To learn more, visit bringchange2mind.org/get-involved/high-school-program/

New report! Young People’s Mental Health in 2020: Hope, Advocacy, and Action for the Future

We are excited to announce Mental Health America’s new report, Young People’s Mental Health in 2020: Hope, Advocacy, and Action for the Future. The report offers insight into what 1,900 14-24-year-olds feel has supported them during the pandemic. It also explores what young people feel would be most helpful in promoting their mental health and helping them make an impact in their communities.

In addition to identifying challenges and opportunities, it highlights 5 initiatives led by young people or by those serving organizations that address gaps in what youth want and what they need to make a difference.

Major findings include:

- Access to mental health professionals and mental health breaks as part of work or school were the top resources young people requested to support their mental health;
- Only 24% think training adults would help them with their mental health challenges versus 47% who want to learn more about how to help their own mental health;
- 45% of 14-18-year-olds are not hopeful about the future, and more than half of LGBTQ+ teens are not hopeful about the future; and
- Only 1 in 4 young people think they can make a change in mental health in their communities.

The full report can be downloaded here. Questions? Email MHA’s Kelly Davis at kdavis@mhanational.org.
New Study Reveals Lockdown Impact on Children’s Mental Health

It will come as no revelation to readers of Healthy Young Minds the degree to which COVID-19-related restrictions are impacting the mental health of children. But a new study from the University of Cambridge has validated concerns that restrictions, such as social distancing orders, in response to the pandemic, are causing significant harm to children’s mental health. The report is based on the first longitudinal study of its kind designed to analyze data on younger children’s mental health before and during the first lockdown in the United Kingdom last spring.

The study followed 168 children between the ages of 7 ½ and 11 ½ during the UK lockdown. Statistically significant increases in children’s depression symptoms were observed. The researchers emphasized that the study results should be taken into account as the UK plans the ongoing response to the global pandemic and the recovery from it.

Prior studies in the U.S. reported on the impact of COVID lockdowns on youth but only for the 18-24 age cohort. This data contributed to the CDC reporting in August that 1 in 4 individuals ages 18-24 contemplated suicide during the spring lockdowns, and a recent Harvard study found alarming rates of depression in young adults.

Most recently, authors of a January 11, 2021 Lancet - Psychiatry article concede that more studies are needed - and quickly. The authors report that additional data collections and a range of longitudinal analyses are planned to improve understanding of the differential effects of the pandemic on children.

Join MHANYS online for:

MENTAL HEALTH MATTERS ADVOCACY DAYS

Save the Date!
Monday, March 8th - Friday, March 12th
Did You Know?

• Only one-third of Americans can name all three branches of government; one-third can’t name any.

• Only 27% of fourth-graders, 22% of eighth-graders and 24% of twelfth-graders scored proficient or higher in civics.

• Research shows that students who receive effective civic learning are:
  ✓ Four times more likely to volunteer and work on community issues, and
  ✓ More confident in their ability to speak publicly and communicate with their elected representatives.

• Six proven practices of a well-rounded, high quality civic learning experience include:
  1. Classroom instruction in government, history, economics, law, and democracy
  2. Discussion of current events and controversial issues, particularly those that young people view as important to their lives (e.g., mental health)
  3. Service-Learning that provides students with community service opportunities that is linked to the formal curriculum and classroom instruction
  4. Extracurricular activities in schools or communities outside of the classroom
  5. School governance participation opportunities, and
  6. Simulations of democratic processes and procedures.

*Source: Guardian of Democracy: The Civic Mission of Schools
MHANYS School Mental Health Resource and Training Center is available to provide information and resources to schools and families, including:

- mental health instruction and training
- guidance on community resources
- technical assistance

Contact us directly at schools@mhanys.org or 1-800-766-6177 / 518-434-0439

mentalhealthEDnys.org

MHANYS.org

@MHANYSinc

@MHAacrossNYS

Print and post page as a resource reference.