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## Why most schools don't teach about mental illness

Lorraine Kaplan had a son who was a star. At 17, he had top grades and was a debater and first trombonist in the school. But seemingly overnight, his brain turned on him. He became obsessive and then started hallucinating.

"The doctor told us he had schizophrenia and we would be walking on egg shells for the rest of our lives," said Kaplan, of Long Island, N.Y. "He also told us, 'I'm going to give you a good piece of advice. Don't tell anyone.'"

She and her husband didn't--for 10 years. The stigma seemed too much to handle. But one day they realized there were many other people in the same situation, and that "contributing to the silence," as Kaplan says, was wrong.

So she became the most vocal of advocates, co-creating a program called "Breaking the Silence: Teaching the Next Generation About Mental Illness," that is now being used in schools in every state and seven countries.

It is designed to teach that mental illness is a treatable brain disease, and the lesson plans--so far available for grades 4 and 5 and middle school--are aimed at developing greater tolerance for children with mental illness.

Unfortunately, she said, teaching about mental illness is not mandated in most states.

"It's shocking," she said. "Take New York state as an example. Every young man in New York has to learn how to test for cancer and disease of the testicles. But that is far less frequent than mental illness."

Kaplan and her partner Janet Susin started the program about 15 years ago but met with a lot of resistance from principals who didn't want the program in their schools.

Kaplan understood. She was a first- and second-grade teacher in Commack, Long Island, for 25 years and always was very close to her students and their families.

"Yet no one ever in those 25 years mentioned mental illness in their family," she said. "I heard about a brain tumor, a broken leg, open heart operation."

Today more schools are open to exposing children to the facts about mental illness, but, she said, the stigma lives on.

Her son, Joel, died a few years ago from a heart attack at age 51.

Take a look at the following statistics and ask why it isn't past time for mental illness to be part of health education everywhere. After all, if people can easily swap details about their sex lives and their net worth, surely we can start being more honest about mental illness.

**\*One in five people** will suffer a severe mental illness at some point in his or her life, according to federal statistics. On average, one in five children in classrooms nationwide are likely living with someone who has a mental illness.

**\*Mental illness is second only** to heart disease as the leading cause of disability in this country and worldwide, according to the World Health Organization.

**\*Four of the top 10 causes** of lifetime disability are severe mental illnesses, including depression, schizophrenia, bipolar disorder and obsessive compulsive disorder. The leading cause of disability is depression for ages 15-44, according to the National Institute on Mental Health.

**\*At any point in time, 1 in every 10 children** and adolescents are affected by serious emotional disturbances, according to the American Academy of Child & Adolescent Psychiatry.

**\*Of those needing treatment,** less than one in five people will receive it.

**\*Adolescents who may be experiencing** a mental illness often turn to drugs and alcohol to self medicate, finding it more socially acceptable than going for treatment.

**\*Mental illnesses are biological-based** brain disorders. They cannot be overcome by will power and are not related to a person's character or intelligence.

**Have your children ever been taught about mental illness in school? Do you think that they should? How big is the stigma?**

var entrycat = 'Health' By Valerie Strauss | October 27, 2009; 6:30 AM ET

**Evaluation of a middle school mental health education program**  
**EXECUTIVE SUMMARY**  
**July 5, 2010**

**This is a summary of research conducted between July 2007 and June 2010 evaluating the effectiveness of the Breaking the Silence mental health education program for middle school students.**

**The project described was supported by Grant Number R01MH076093 and Grant Number R01MH075837 from the National Institute of Mental Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health.**

**Please note that this is only a summary of results. As such, it conveys only the major findings and lacks many details that may be needed for full understanding of the research, its findings, and its limitations. Readers may contact the investigators listed below for more information concerning the study.**

**Please note also that the findings of this research have not yet been submitted for publication. That means that the study results have not yet received peer review.**

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## **The importance of education of children about mental illnesses**

Substantial research has established that the public holds inaccurate negative beliefs about those with mental illnesses, seeing them as dangerous, unpredictable, unattractive, unworthy, and unlikely ever to be productive members of their communities. The pervasive negative public beliefs about mental illness, in turn, create an environment that impedes both treatment seeking and recovery. Few, if any, of those concerned with the problem of mental illness stigma, however, would argue that the documented negative attitudes toward mental illness emerge full-blown in adulthood. Rather, it seems more likely that these ideas and attitudes are acquired gradually over a lifetime and that their roots are established in childhood. Children also face the stigma of psychiatric labels. For psychiatrically labeled children and adolescents acutely attuned to the judgments of their peers, misunderstandings and negative attitudes about mental illnesses among those peers may be particularly painful. Ostracism, rejection, teasing, and damage to self-esteem, as well as reluctance to seek or accept mental health treatment, are among the possible consequences.

As a result of observations such as those above, efforts are being made to teach children about mental illnesses. Such efforts have been motivated by the recognition not only that mental illness stigma has an impact on children and that children are our next generation of responders to people with psychiatric disorders, but also that it may be easier to prevent negative attitudes than to change them once they have become firmly entrenched for many years. It is reasoned that, by educating children about mental illnesses before (or as) their conceptions about mental health problems are formed, we may be able to prevent the formation of negative attitudes and foster more accurate understanding and acceptance of people with psychiatric disorders.

## **The Breaking the Silence program**

The *Breaking the Silence* (BTS) program is the result of the efforts of veteran teachers who are also parents of individuals with mental illnesses. It is an innovative teaching package which includes lesson plans, games, and posters on mental illness for three grade levels—upper elementary, middle school, and high school. Through the curriculum, students learn the warning signs of mental illnesses, learn that mental illness can be treated successfully, and learn how to recognize and combat stigma. The Breaking the Silence program also has the relatively unique feature that it is delivered by regular teachers rather than by outside experts. These teachers simply follow a series of pre-designed lesson plans without supervision from others. The program has been available for over 15 years and has been widely used across the United States and in other countries as well.

The BTS curriculum for Middle Schools (which were the settings for this study) involves the following core components, which teachers were asked to use in their class

instruction: 1. A Lesson Plan featuring a story about a family's struggle with mental illness, which serves as a basis for class discussion. The Lesson Plan also includes a list of "warning signs of mental illness" and a suggested exercise for considering how students would feel if others used slang terms to describe them. 2. A set of poems showing how a girl's relationship with her friends was affected by her sister's mental illness. 3. A word search puzzle, "Famous People with Mental Illness." 4. A story about a girl with Obsessive Compulsive Disorder, along with suggested discussion questions. 5. A board game in which students earn "Stigma Buster" cards and progress to a goal by correctly answering questions related to mental illness. 6. Discussion of names, definitions, and descriptions of a variety of mental disorders as well as information about stigmatizing terms to avoid.

### **Purpose of the research**

The BTS program has been around for many years and has received much praise, but it has not received an empirical assessment of its effectiveness. It is important to determine whether this widely used program is accomplishing its goals. Does BTS instruction result in improvements in knowledge, attitudes, and/or behavior related to mental illnesses? The purpose of the present research was to answer this question. Middle school students from different parts of the U.S. were the focus of the research.

### **Method**

- Questionnaires were developed to measure knowledge, attitudes, and behaviors related to mental illnesses.
- These measures were then pilot tested at two middle schools in South Carolina and Connecticut.
- Results of pilot tests were used to modify questionnaires for use in the experimental study.
- Students from four different middle schools—in New York, Florida, South Carolina, and New Mexico--were administered the study questionnaires.
- One set of students from each school was given BTS instructions by their teachers (the BTS group) while another set of students from each school received their regular classroom instruction (the control group).
- All sets of students completed the study questionnaires a second time after completion of instruction in the BTS group.
- All sets of students completed the study questionnaires a third time approximately six weeks after completion of instruction in the BTS group.

**Results** (with responses combined across all four schools)

- 106 students from BTS groups and 87 students from the control groups completed questionnaires on all three occasions
- Students in the BTS groups showed a statistically significant increase in accurate knowledge of mental illness after receiving the BTS instruction. Those in control groups showed no significant improvement in knowledge.
  - Knowledge items showing greatest positive change included the following:
    - People who have had mental illnesses include astronauts, presidents, and famous baseball players.
    - Giving medicine is a useful way to treat mental illness.
    - Psychological therapy is a useful way to treat mental illness.
    - A person with bipolar (manic-depressive) disorder acts overly energetic.
    - Mental retardation and mental illness are the same things. (weaker agreement after BTS instruction)
  - Most improvements in knowledge were maintained through the six-week follow-up period.
- Students in the BTS groups showed a statistically significant improvement in attitudes toward mental illnesses after receiving the BTS instruction. Those in control groups showed no significant improvement.
  - Attitude items showing greatest change included the following:
    - There should be special classes and programs at school for people with mental illnesses.
    - People with mental illness can be helpful to others.
    - Students with mental illness shouldn't be in regular classes. (greater disagreement after BTS instruction)
  - Most improvements in attitudes were maintained through the six-week follow-up period.

- Students in the BTS groups showed a statistically significant improvement in social distance scores (reflecting greater willingness to interact with someone with a mental illness) after receiving the BTS instruction. Those in the control groups showed no significant improvement.
  - Greatest change occurred in:
    - Willingness to go on a date with someone with a mental illness.
    - Willingness to have someone with a mental illness as a neighbor.
    - Willingness to sit next to someone with a mental illness.
  - Improvements in social distance scores were maintained (and actually increased) through the six-week follow-up period.
- Students in the BTS classes took more positive actions related to mental illnesses after BTS instruction while students in the non-BTS classes showed no change.
  - The actions that showed the greatest increases among BTS students were as follows:
    - Talking with family or friends about mental illness.
    - Reading a book or brochure about mental illness.
    - Looking at a website with information about mental illness.
    - Expressing concern about use of slang terms for mental illnesses.
    - Noticing negative stories about mental illness in the press.
    - Sharing concerns about a friend's mental health.

### **Limitations of change**

Despite the above positive results, there were some areas where change was not as great as hoped. In particular, the following was observed:

- Knowledge gains were more evident than changes in attitude or social distance preferences. Although significant positive changes occurred for attitude and social distance, the changes were smaller than those for knowledge. This suggests that provision of factual information alone is not sufficient to change attitudes and acceptance. The curriculum might benefit from more exercises to specifically target social acceptance.
- There were several pieces of knowledge that did not improve. Some were knowledge items that were already accurately answered before BTS instruction, and thus had little room for change. Items with greater room for improvement that showed little or no improvement include the following:
  - a. People with mental illnesses are more likely to lie than other people.
  - b. Mental illness is caused by something biological.
  - c. People with mental illnesses tend to be violent and dangerous.

- There were many specific attitude items that did not change. Some were attitudes that were already positive before BTS instruction, and thus had little room for change. Items with greater room for improvement that showed little or no improvement include the following:
  - a. It would be embarrassing to have a mental illness.
  - b. Only people who are weak and overly sensitive let mental illnesses affect them.
  - c. I feel I have little in common with people who have mental illnesses.
  - d. I would be frightened if approached by a person with a mental illness.
- Social acceptance, as indicated by Social Distance scores, was relatively high, even before BTS instruction. Mean scores for most items fell above the mid-point, indicating willingness to accept the role specified. The notable exception was willingness to go on a date with someone with a mental illness. Mean scores were below the mid-point before the BTS instruction (meaning unwilling) and, despite statistically significant improvement, remained below the mid-point after instruction.

### **Conclusion**

The BTS program is effective as a means to improve knowledge, attitudes, and behaviors related to mental illnesses among middle school students. Even brief instruction (2 ½-3 hours) can produce change in how students understand mental illnesses. Given the ease of administration of this program, BTS is a very promising approach to improving the way children perceive and respond to mental illnesses. Although lack of change in some aspects of knowledge and attitudes shows areas where BTS instruction may need to be strengthened, BTS is a successful tool for increasing knowledge and changing attitudes and behavior.

Help us get this important curriculum into NM schools by donating today!

# Breaking the Silence

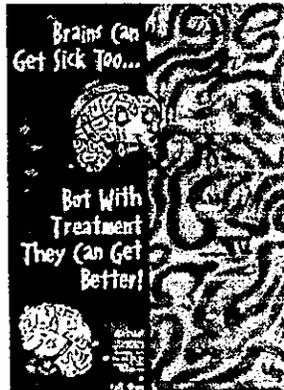
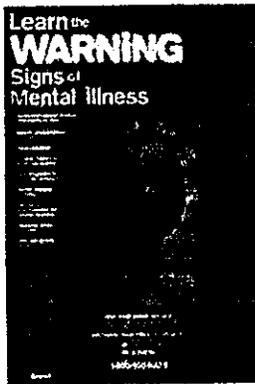
Lesson plans, games and posters  
created to break the silence about mental illness in our schools

JUST ONE LESSON ON MENTAL ILLNESS could make all the difference in the lives of young people whose lives have been thrown tragically off course by no fault brain disorders such as:

- Major Depression
- Bipolar Disorder
- Schizophrenia
- Obsessive Compulsive Disorder
- Panic Disorder

Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment.

—Surgeon General's Report on Mental Illness



## STUDENTS LEARN

- It is biology, not a character flaw, that causes \_mental illness.
- Mental illness has never been more treatable
- The warning signs of mental illness
- How to overcome the stigma that surrounds \_mental illness

## EASY TO USE

- For upper elementary, middle school, high \_school
- Fully scripted lessons and suggested \_activities
- Eye catching posters and board game
- Plans can be used for one day or extended for \_several days
- No prior knowledge of the subject required

To find out more: <http://www.btslessonplans.org>

Name:

Address:

City, State and Zip Code:

Phone:

Please make out your checks to the Albuquerque Education Foundation, PO Box 25704, Albuquerque, NM 87125. Write *Breaking the Silence* in the memo line. You will receive a receipt for tax purposes and the funds will be deposited into the *Breaking the Silence* fund.

Your contributions are greatly appreciated.

Thank you on behalf of NM students,

Breaking the Silence (BTS) steering committee and NAMI ABQ

For more information contact Desiree Woodland@344-4343

scrappy1231@earthlink.net

In partnership with NAMI ABQ and endorsed by NAMI NM, and NAMI National



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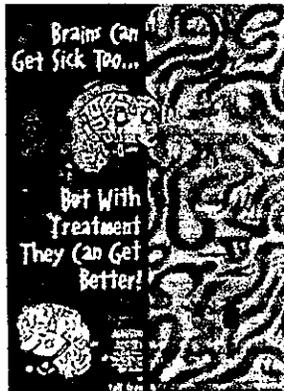
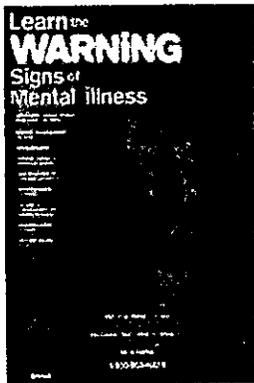
# Breaking the Silence Mentally

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