What is Hope for Tomorrow?

*Hope for Tomorrow* (HFT) is an ongoing school-based mental health education program.

The three goals of this program are:
- Raise awareness of mental health issues
- Erase the stigma of mental illness
- Foster hope among students and their families

The three topics discussed are:
- Mood disorders
- Substance use disorders
- Eating disorders

The three audiences involved are:
- Students
- Teachers
- Parents and the community

This program does not prescribe, heal, or treat. Through education, this program provides an opportunity for adolescents who suffer from undiagnosed, under-treated, or untreated mental illness to learn both when and how to seek appropriate professional help. It also provides teachers, parents and the community with information on signs and symptoms of three potential, life threatening illnesses. Education is empowering—especially when there is collaboration between homes and schools.

This packet will give basic information on the program and how to get started. Once a school decides to implement, they will receive the full program manual. The program manual consists of materials for each topic and each audience, how to set up the program, and a DVD presentation for students.
Hope for Tomorrow Evaluation

In 2006, Drs. Gray and Moskos of the University of Utah School of Medicine conducted an evidence-based evaluation of Hope for Tomorrow (HFT). The study design matched schools for size of student body and geographical location and included 4 pairs: Dixie High School and Hurricane High School; San Juan High School and Grand High School; Carbon High School and Wasatch High School; and, Provo High School and Timpview High School. Students who participated in HFT (N=2231) were compared to students who did not participate in HFT (N=2923).

Hypothesis

Through increasing adolescents knowledge and recognition of signs and symptoms of mental illness, we can increase the number of adolescents who seek help for mental illness, and in the long-term help-seeking behavior could reduce suicide attempt or death by adolescents in Utah.

Methods

HFT became part of the required curriculum for all students through a partnership of the National Alliance on Mental Illness in Utah (NAMI Utah), the Utah State Office of Education, and the Utah Parent Teacher Association. This study evaluated HFT by quantitatively assessing 4 constructs in 8 Utah public schools: 1) Student’s awareness and knowledge of mental illness; 2) Student’s stigma of mental illness; 3) Student’s recognition of both signs and symptoms of mental illness; and 4) Student's help-seeking behavior or self-referral for appropriate mental health treatment for themselves and friends.

Results

Demographic information for HFT students in the intervention group (N=2231) was: average age 15.5 years; 47% male; and, 63% white. Demographic information for non-HFT students, the control group (N=2923) was: average age 15.5 years; 50% male, and 65% white.

Regarding knowledge, scores from the intervention group increased from 67% to 70%. This increase is statistically significant (at alpha=.05 level). The control group showed no statistical difference in score. Regarding recognition of signs and symptoms of mental illness, scores from the intervention group increased from 56% correct to 65% correct. This increase is statistically significant. The control group showed no statistical difference in score from pre to post-test. Percent change of help-seeking behavior for HFT students who sought help for friends and for themselves by type of professional or family member pre-test to post-test were calculated. Help-seeking behavior by students for friends significantly increased among HFT students, especially for help-seeking behavior from a psychiatrist.

Conclusion

Too often school programs are evaluated and declared “effective” based on increases in knowledge; however, increased knowledge does not mean that behaviors change. In order to determine program efficacy, behavior change needs to be assessed. This evaluation demonstrated changes in student’s help-seeking behavior as HFT participants who sought help for themselves talked to their parents, counselors, friend’s parents, school staff, and psychiatrists. HFT participants who sought help for a friend talked to parents, school staff, siblings, and psychiatrists.
Comments by Study Participants

Administrator

“The difference is that we are doing something. And one nice thing about it is that there is a perception that it comes from us, here; that it is not an outside thing that we brought in by the district. By having the bulletin boards be right here made by our parents and having the suggestion box and the student voice coming over the announcements. There is a perception that it is an internal thing to meet needs and operated by the people here, which are a good thing.”

Counselor

“One of the important benefits was that it didn’t burden our teachers, we promised them in faculty meetings when we presented the program that they would not be burdened. They were not burdened and it benefited them in that it gave them a tool and a way to judge whether or not they should pass something on to administration. None have said anything negative about the program, not one faculty member.”

Teacher

“The video presentations are clear, direct, precise, and tailored... As I watched students observe it, they received the information really well. I think the whole process is very tight. I am going to use the word real instead, very real. I think a lot of times we see these programs come in and they are not real, they don’t address these issues in a real manner but this did.”

Parent

“I think the education is so invaluable right now. It’s real important for those who are going through it—it helps them realize what they are going through. It helps them realize that they are not alone and that they can talk to their parents. And it helps them to start to get the information and say- ‘oh maybe that’s what I am dealing with’.”

Student

“I know that there are some things going on, I don’t know how much or how many people, but you know there are some that could use the help. High school is a hard time; it is a good program to have in high school especially when it is not taking that much time if you think about it. The presentation was only 30 minutes at the very most. We have assemblies that are really long and not as important. So if I was doing it I would show it every year. There is so much that can happen, it’s not like you are going to do it and not need it anymore because people totally change.”

“I liked that it was here, at school, because after the video you would hear about it for the rest of the day and even later that week. The students would still be talking about it so you know it brings it more to the surface.”
Program Materials

Main materials for students

The three topics in the Hope for Tomorrow (HFT) program are mood disorders, substance use disorders, and eating disorders. Each topic only requires 30 minutes to present to students. This protects the teachers’ valuable time while still providing the critical information the students need. The main curriculum materials are available in VHS or DVD. For each topic there are clips of the following: (10-12 minutes each)

1. An introduction to the mental illness (brain disorders) being discussed.
2. Interview segments with students, their parents, and treatment professionals.

The video clip will take 10-12 minutes for the topic being presented. The remaining 20 minutes consists of class discussion led by a teacher or trained volunteer, using the lesson plans prepared for each topic.

Section 1: Mood Disorders

The first topic covers general information about mental illness (brain disorders) and stigma; it also addresses the most common mood disorders diagnosed in adolescents—depression and bipolar disorder. Discussion will include: signs and symptoms of mood disorders, treatment options, general ideas to improve mental health, famous people who suffer, and where to go for help.

Section 2: Substance Use Disorders

The second topic covers substance use, including both abuse and dependence. In this section, focus is given to dual diagnosis, which is the occurrence of two or more disorders at the same time (most often a mental illness and a substance use disorder). Discussion will include: information on how to recognize signs and symptoms of substance use disorders and how these disorders compromise physical health. The section will also cover treatment options, general ideas to improve mental health, and where to go for help.

Section 3: Eating Disorders

The third topic of the program covers eating disorders. Focus surrounds societal pressures of how the body should look and the media’s impact on public thinking. Discussion will include: information on how to recognize signs and symptoms of Anorexia Nervosa and Bulimia Nervosa and how eating disorders compromise physical health. The section will also cover treatment options, general ideas to improve mental health, and where to go for help.

Supplemental materials for students

These ideas and materials can be used to reinforce the main curriculum. More ideas are listed in manual.
1. Mental Health Tip of the Day

Program developers endorse adding a “Mental Health Tip of the Day” to the regular school announcements. These tips reinforce the most critical information in the main curriculum and are included in the program manual.

2. Student Lunchtime Forums

You can use lunchtime forums to present students with general information about ways to improve their physical and mental health. In 20-30 minutes, students can learn about a wide variety of topics including: health & wellness, nutrition, bullying, resiliency, how to cope with stress, understanding yourself, how to improve study skills, effective communication, ways to resolve conflict, or any other subject that would help promote better mental health. Content and student handouts are provided in the program manual.

Main materials for teachers

1. Teacher In-service for student discussion

This is an in-service for teachers and/or volunteer facilitators who will lead a 20-minute discussion with students following the 10-minute video showing. It is ideally done at a faculty meeting just prior to each of your scheduled video presentations. It takes a minimum of 15-20 minutes of time to train teachers on the content and format of the topic that will be presented.

2. Parents & Teachers As Allies Faculty In-service

This free 2-hour in-service is provided by NAMI Utah for both elementary and secondary school faculty. The in-service is worth 2 hours towards re-licensure. The program covers:

- Recognizing early-onset mental illness in children and adolescents
- Understanding family reactions to mental illnesses and ideas for helping families
- Learning about community resources available
- Strengthening the alliance between parents & school professionals

Participants will get to hear the lived experience from a young person and the parent of a youth who have experienced early-onset mental illness. Each participant will receive a copy of the booklet Parents & Teachers as Allies produced by NAMI National.

Comments from past participants include:

“The panel was great! I liked that the presenters have had personal experience with mental illness. Very informative! This will help with my work and family”.

“Thank you for the information. This will greatly help my interaction with my students and parents”.

“Personal experience has considerable impact. The booklet is great- concise and to the point. This is a wonderful volunteer work”
Materials for Parents & Community

Parent/Community Forums

Invite parents and other members of your community to attend a forum at your school. Feeder schools could also be invited to participate. Citizenship credit or extra credit could be awarded to students who attend the session with their parents. This forum can be:

1. An informational session about the HFT program. Parents and community members can learn about the topics presented, view sections of the video, or even learn about information included in the lunchtime forums.
2. A community professional could be invited to speak. As well, NAMI Utah can provide someone who could share their personal experience living with a mental illness.

How to Get Started

Step one: Contact NAMI Utah

Contact NAMI Utah at 1-801-323-9900 or toll free 1-877-230-6264 to set up an initial meeting. This meeting should be for your stakeholders (administrators, counselors, PTA, students, teachers, and others appointed). The presenter will provide a brief overview of the curriculum and supplemental materials, as well as the process of implementation. Once a school receives approval from the administration, the program is ready to be launched.

Step two: Form a Steering Committee

Form a steering committee that can include, but not be limited to, a school counselor, an administrator, teachers, student leaders, parents and PTA members. This committee will meet regularly to create a Yearly Plan that will suit the needs of the school.

Duties of the steering committee:

1. Plan and schedule activities from the HFT manual. Fill out the Yearly Plan and return to NAMI Utah.
2. Make assignments to committee members as appropriate.
3. Assign someone to fill out a Number Collector following each activity and send it to NAMI Utah.
The purpose of the yearly plan is to offer a scheduling tool to schools interested in implementing the Hope for Tomorrow program. Additionally, it assists NAMI Utah in tracking participating schools. Once the plan has been filled out, please send a copy of it to NAMI Utah.

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<th>School Name</th>
<th>School year</th>
<th>Total # of students</th>
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**For Students**

Schedule the dates and times the three topics will be presented this year. Plan on 30 minutes for each topic. Please schedule topics at least 3 weeks apart.

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<th>Topic</th>
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<th>Time (30 minutes)</th>
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Please list other optional activities your school will provide for students this year on the 3 topics:

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**For Teachers**

Schedule a teacher in-service.

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<th>Topic</th>
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<th>Time (2 hours)</th>
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<td>Parents &amp; Teachers as Allies, a 2-hour faculty in-service presented by NAMI Utah</td>
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In-service for teachers who will lead a 20-minute student discussion following the video presentation.

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<th>Topic</th>
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<td>Mood Disorders</td>
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<td>Substance Use Disorders</td>
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**For Parents/Community**

Arrange to have a Parent/Community Forum. These forums are usually held prior to the video presentation for each topic planned, or at least once per school year.

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Send to NAMI Utah - Hope for Tomorrow
Fax 801-323-9799 * Phone 801-323-9900 or toll free 1-877-230-6264 * [www.namiut.org](http://www.namiut.org)