



Over 44 Million Americans currently suffer from mental health issues, and 1 in 5 reported having an unmet need for treatment. SHC paired up with Mental Health America with the common goal of bringing to light some of the pressing issues surrounding mental health illnesses, including early identification, environmental impact, and treatment and support. We can all play a role in overcoming the negative stigmas associated with mental illness, by educating ourselves with quality information and facts.



Theresa Nguyen
VP of Policy & Programs
Mental Health America

Talk about the importance and effectiveness of Mental Health America's Screening tools, and how people find your organization to seek help.

I have come to appreciate the impact that MHA Screening can have in changing the course of a young person's life. MHA has been advocating for screening for decades, but in 2014, we started a more robust approach with MHA's Screening Program, which provides free anonymous online screens to people. Through the analytics we capture, we've learned a lot about people who are struggling with mental health problems for the first time who might Google something and come to our website to take a mental health screen.

All of the screens on www.mhascreening.org are validated and commonly used in primary care settings. The PHQ9, for example, is the depression screen that many physicians might use in primary care. So, if someone wants to print it out or bring it to their doctor's appointment, it's something that their doctor should recognize. On the other end, we hear from people who write to us and say *"this is the last thing that I did before I finally talked to my parents or sought treatment support."* It's really heartening to see that people are taking that pathway. Before we started MHA Screening, there wasn't much online that was free and readily available to find. If I was young and had the internet and Googled *"Why am I freaking out"* and then found this test and taken it, how would that have changed the overall trajectory of my life? Now, if someone is struggling, they can go online and take the screen – and perhaps have the very first conversation about it with someone they trust.

Many people find our screen simply by jumping online and typing in things like "Am I depressed?" or "Am I stressed or depressed?" And then they find our screen. 90% of our 3,000 daily screeners come in organically, with no paid marketing whatsoever.



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We should be providing mental health screens in school, or at least providing education to students to think about their brains. We're very comfortable doing an eye screen or a hearing screen. But why not even start the conversation and say, *"We know you have a brain, and it comes with challenges -- let's talk about what those challenges look like and arm you the power to make changes..."*

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Doctors typically advise patients to stay OFF the Internet when it comes to reading and self-diagnosing. How do MHA's self-screening tools coincide with what the doctor recommends?

When doctors say "stay away from the Internet," they might miss the picture that for people struggling with mental illness for the first time, you need to meet people where they're at, and they are online. It's important to give them tools that we know are scientifically sound, and give them options for next steps - not tell them what to do. And then hopefully, through that process, we get them to the space where they feel comfortable to talk to a professional or their parents about it.

Can you elaborate on MHA's B4Stage4 Philosophy? *"When we think about cancer, heart disease, or diabetes, we don't wait years to treat them. We start way before Stage 4."*

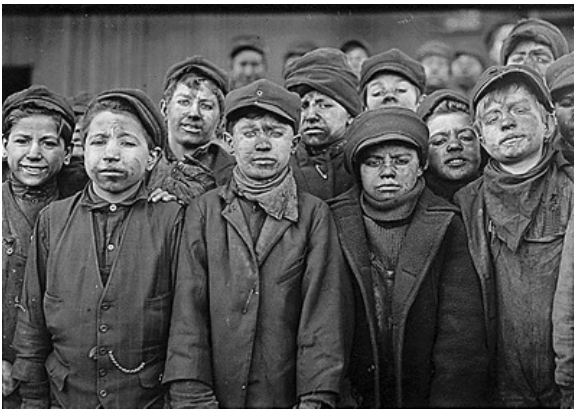
In mental health, we typically wait until someone's going to go to the hospital or suicidal, or even jail before we support people and acknowledge that maybe something is going on from a mental health perspective. That's too late. We should be providing mental health screens in school, or at least providing education to students to think about their brains. And we don't. We're very comfortable doing an eye screen or a hearing screen. We should do the same with mental illness. We need to educate and intervene early, so that we can change the path someone is on – to recovery rather than crisis.

Outside of the online space, we have seen some recent positive movement. New York State recently passed bill #A03887, to implement mental health education in schools, and we're very excited about what that will mean for getting young people connected and informed. Our New York State affiliate advocated extensively for it, so we're very proud of their accomplishment in getting this bill passed.

Have mental health issues become increasing more prominent in our youth? Why haven't we heard of such problems during our parents' and grandparents' generations?

From an epidemiological perspective, and what the data is revealing, there absolutely is a real trend in the increase in both the depression and anxiety, as well as suicidal thoughts and self-injury. It's pretty clear that since 2012, we have seen an increase that is not explained by normal fluctuation or awareness; it's driven by real increases in depression, anxiety, and distress in our young people.

There is a prominent psychologist, Jean Twenge, who is studying this increase. She's been tracking this trend, and she ties the uptick to an increase in smartphone use. I think that there's something there. It's about isolation. It's about real versus not real relationships. It's about the way young people are communicating and whether or not they're prepared for their future.



One thing I haven't seen researched, but I would like to see researched because we have some thoughts that this might be happening, as well as with the change in technology that we are seeing, are we going through something akin to the Industrial Revolution, where during that time, there was an uptick in mental distress because the future outlook for society was very unknown? When you see young people and millennials talk about this, they're facing a world where their financial or job security is even more insecure.

Many are asking *"Will I have a job? Will I leave school with crushing debt and no job?"* It's very scary. And not only that, but post-World War II, we as a society went through a boom, an amazing growth period. There was a lot of hope during that time. We saw that hope carry through the dot com boom, where people were really hopeful about the future and what technology was going to bring.

And then all of a sudden, there was a shift -- everything is becoming automated and we're no longer investing in our society in a way that promotes a strong and healthy workforce. *"What am I supposed to do in the future if there's no work?"* And so I think there's a lot of pressure now to figure all this out a younger stage than we did before.

A lot of our youth also talk about the pressures they face in school, and they have to think about college at an earlier period. They're in an ever-competitive and stressful and pressing school situation, because

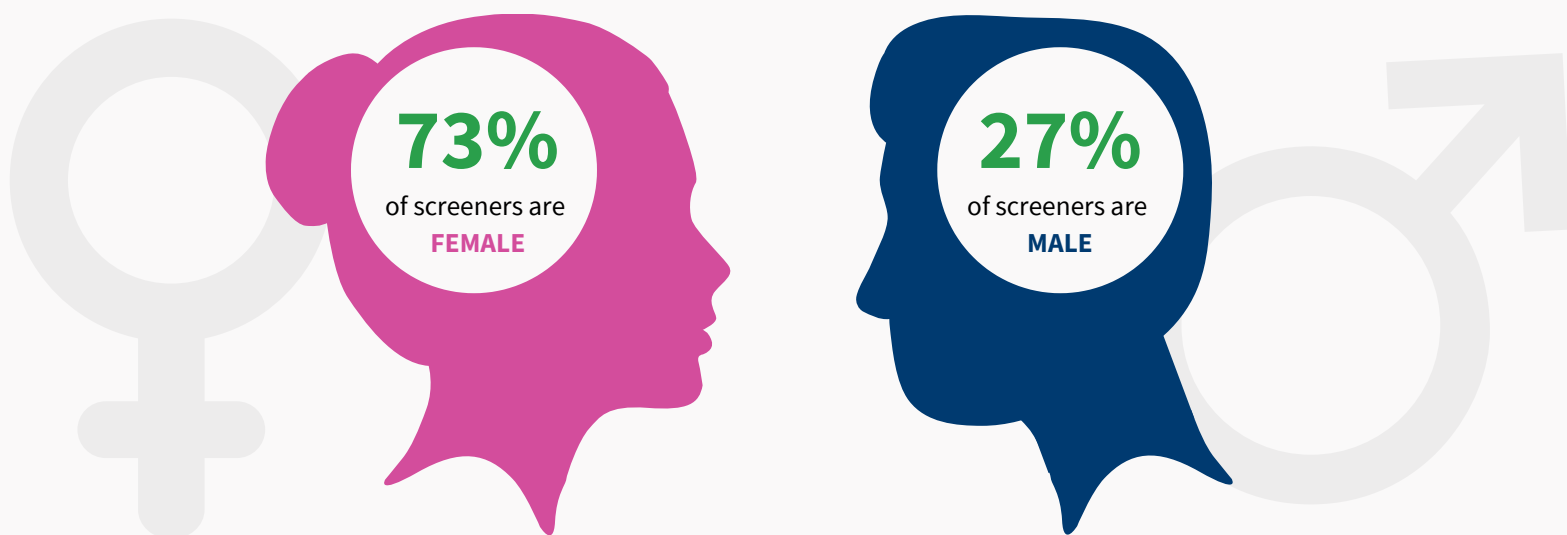
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everybody is basically telling them you have to meet all these standards to get into a good school and compete, and getting into a good school and competing means you have to do all of that to get a good job. And so they are more stressed out at younger period. They have more on their plate and higher expectations. And then even when they do make it, there's a lot of insecurity about whether or not society will have anything for them on the other side. And then you hear a bunch of articles from people who are graduating college and they have crushing debt and no opportunity. So these pressures, and the onset of social media – all of it is likely contributing.

Why do you think MHA's screening data heavily skews female?

I think it has to do something about their process and how they seek out information. Females are just more likely to look it up on the Internet, whereas men have a different perspective in how they think about these issues. Males might not Google those factors that bring them to mental health websites or say to themselves *"Maybe I should look up why I am feeling angry all the time."*



How much of mental health issues is environmental versus genetic or hereditary?

It's not one or the other. So one phenomenon, for example, that we're very interested in tracking is the onset of puberty, because we do know that puberty as a physical genetic factor is tied to the onset of mental illness. We're starting to understand that something happening to young people's development during puberty is tied to the onset of psychosis, depression, of mania. And so that has some genetic component. But we also see environmental factors. So, for example, when young people are more exposed to hormones in their food, it seems to change the onset of puberty.

Young people are reaching puberty at an earlier stage than we have historically, and this puts them at extra risk for developing mental health problems earlier than we have before. If I'm younger and going through puberty and I'm at risk for mental health problems, I've had less time for my brain to grow, to become more resilient, and for youth to develop skills to tackle those problems. Those are additional risk factors for our young people. They're getting sicker younger.

As advocates, where do you stand as far as treatment options go? (Medication vs. therapy vs. lifestyle changes, etc.)

We want society to do something. To acknowledge it. Over the last 5 years, more and more people are finally talking openly about mental health, so we're so excited about that. Keep talking about mental health, make it so normal to talk about mental health that nobody feels scared to talk about mental health, and then we're going to talk about the next thing to do, which is to get ANY kind of help.

We are not advocating for any one specific treatment; we advocate for you finding what works for you. And we really hope the last thing people do is to do nothing, because if you ignore it, it will get worse. We think education is empowering. If you know more, you can understand who you are, where you're coming from, and what works for you.

...and my hope is that we're going to continue to learn more about our brains, and find solutions that work for people, and do more for brain health going forward than we've ever done in the past. I'm hopeful. I'm very hopeful. I think this is why I'm grateful and energized and excited about the future.

Do you ever foresee a world where Mental Health is controlled? Will we ever overcome the stigma?

I'm encouraged that we are speaking about mental health now more than ever before. Although our parents struggled with mental health problems, they didn't talk about it. So while there is a biological rise in mental health problems in young people, it may have been a trend that has now forced us all to talk about it, because we had to confront that our children are suffering. Our parents didn't get that benefit. Our veterans came home and they struggled with PTSD, and we didn't know how to label it. Our parents struggled with depression and anxiety and we didn't know how to label it. We as a society were more comfortable self-medicating with alcohol than we are talking

about mental health and finding real solutions to these problems. I'm really encouraged that we, as a society, are more open to having these discussions. I'm most inspired by our youth, because they are such a brave generation. I look at the struggles that they're dealing with, and I'm inspired that they are going to head forward and be genuine, honest and open, and try and be themselves and talk about these issues and get help earlier.

**When your mental health is off, you want to get help to make it better.
Fortunately, there are a wide range of treatments and supports.**

GET HELP

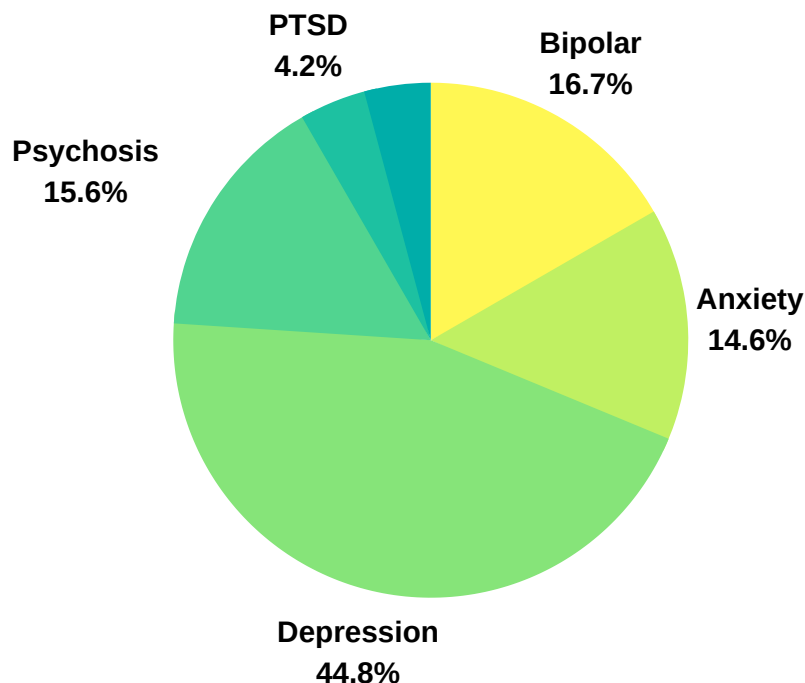
MENTAL HEALTH SCREENING TOOLS

Taking a mental health screening (MHS) is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition.

Take your screener here! 

DEPRESSION (PHQ-9)	ANXIETY (GAD-7)	BIPOLAR (MDQ)
PTSD (PC-PTSD)	YOUTH SCREEN (PSC-YR)	PARENT SCREEN (PSC)
ALCOHOL & SUBSTANCE USE (CAGE-AID)	PSYCHOSIS SCREEN (ULTRA-HIGH RISK) (PQ-B)	EATING DISORDERS

SCREENING STATS



32%
of screeners are
11 - 17 years old

34%
of screeners are
18 - 24 years old

18%
of screeners are
35 - 44 years old

ABOUT MENTAL HEALTH AMERICA



Mental Health America (MHA) – founded in 1909 – is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Their work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care, services, and supports for those who need it, with recovery as the goal. Much of their current work is guided by the Before Stage 4 (B4Stage4) philosophy – that mental health conditions should be treated long before they reach the most critical points in the disease process.

[LEARN MORE](#)



ABOUT THERESA NGUYEN, VP OF POLICY & PROGRAMS

Theresa works to improve access to mental health care through policy and programming. Her areas of special interest include prevention, early intervention, education, and building a full recovery-oriented mental health system of care. Along with supporting MHA's federal and state policy agenda, Theresa manages various programs including MHA Screening, The State of Mental Health in America, and Workplace Wellness. As a Licensed Clinical Social Worker, she has over 13 years of experience in mental health as a clinician, educator and advocate. Her clinical experience focused on working

with children and adults with serious mental illness, homelessness, dual diagnosis treatment, and early intervention of psychosis. As an advocate she worked to build a consumer based mental health workforce, to improve access to treatment through community based and recovery oriented mental health programs, and to address needs of underserved communities. She was an adjunct professor in California and North Carolina teaching Mental Health Recovery, Psychosocial Rehabilitation and Social Welfare Policy. Prior to joining MHA National, Theresa worked at both MHALA (Los Angeles, CA) and MHAOC (Orange County, CA).