Raise Your Voice Advisor Guide Overview

Included in this section is information specific for the club advisor(s). This is a quick review of many very important topics. Please feel free to reach out to your NAMI affiliate, NAMI Wisconsin, or your school psychologist for more information if you feel uncomfortable with any of these topics. The advisor section has 4 parts as listed below.

1. Confidentiality and Mandating Reporting

Please familiarize yourself with your district’s rules concerning mandating reporting. You should review mandated reporting when students sign the the Students Code of Conduct form and with the students at the beginning of the semester.

Tip: It is a good conversation piece to have as a topic for a club meeting.

2. Training for Advisors

This section provides a list of some trainings available in Wisconsin that may be helpful for the advisor(s) leading a youth mental health group. These are suggested options, however, there are many conferences and resources out there and we encourage advisors stay current on mental health issues. We also recommend RYV clubs have two advisors. This can be difficult in smaller districts but provides many benefits.

- Reduces one person’s obligation and burnout
- Provides coverage if a student needs one-on-one conversation during a meeting or event
- Allows opportunity for students to connect with two staff/adults
- Provides an advisor with another adult viewpoint

3. Risk of Suicide

This list is an overview of suicidal risk and a standard response taught in many suicide prevention courses. Please review this and if this is new to you, please review frequently. As a mental health club, this topic will potentially come up inside the club and in the school community. If a suicide occurs in your school community please see the link provided on best practice for responding to suicide in your school.
4. Forms for Club:

   There are 3 forms that need to be sent or signed at the beginning of the school year. These forms will be available on our website in a word document that you can adapt for your school. Please send Parent letter (if needed for your school) and have students sign the Student Code of Conduct and keep a copy in a club file.

   a. Parent Letter - You may send a letter to the parents of students interested in the club. We have provided a sample letter and your district may have a standard letter. Also, if you plan to post blogs, facebook photos, or articles in the school newspaper, be sure the parents have signed a photo release form. This is commonly done by many districts at the beginning of the year.

   b. Student Code of Conduct - We require all Raise Your Voice club students to sign a Code of Conduct form. The advisor should keep this letter in a file to review if problems arise. The topics covered in this club will require that students firmly abide to the privacy portion of the code of conduct, notably in relation to social media. This topic should be emphasized and reviewed frequently in club meetings and as you read the group values.

   c. Memorandum Of Understanding - This is an agreement between NAMI Wisconsin, the affiliate and school administrators. Please sign and mail or email a scanned copy of this signed document.
Confidentiality and Mandated Reporting

As an advisor for a club, your school may have rules concerning designated reporting. Be sure to follow your district’s specific mandated reporting expectations. If you are aware that a student is in harm’s way, considering harming others, a victim of sexual or physical abuse, or considering suicide, you must report this to appropriate authorities. If you are not an employee of the school, please talk to your district concerning mandated reporting requirements.

Requirements of Wisconsin’s Mandated Reporting:

Wisconsin law requires all employees of Wisconsin public school districts to report suspected child abuse and neglect, Wis. Stat. sec. 48.981(2)(a)16m. In addition, school boards are to ensure all employees receive training provided by the Department of Public Instruction within six months of initial hiring and at least every five years thereafter, Wis. Stat. sec. 118.07(5). Initial training of all public school employees must occur no later than June 9, 2012, in order to comply with Wisconsin Act 81. Employees are considered to be anyone who receives an annual statement of wages for tax purposes (W-2 form) from the school district. Some school districts contract with a Cooperative Educational Service Agency (CESA) or other organizations for different kinds of services. In such cases, school districts may wish to consider requiring these contracted personnel to participate in the required training, if they work with students (e.g., school psychologist, physical therapist, special education teacher, bus driver).

The following are documents from Wisconsin’s Department of Public Instruction website. We encourage you to read through the policies and access the website links included.

Training Opportunities for Raise Your Voice Club Advisors

The role of the Raise Your Voice advisor comes with some unique responsibilities. While this is NOT a support group we do expect many of the students interested in joining this organization will come with their own diagnosis, have family members and friends who may be more likely to live with a mental illness.

We strongly suggest you reach out to your NAMI affiliate and other local organizations that provide training or could provide information on where you could get some training for this role. These are suggested trainings and there are many more available, however, NAMI is a non-partisan, secular organization that acknowledges there is not one cure for mental health diagnosis but promotes education, advocacy and an array of diverse resources.

Here are some suggestions with websites to find out when and where trainings are held.

**QPR:** Safe Communities provides many trainings on mental health knowledge and an hour and a half long course called QPR (Question, Persuade, Refer). Their website is: https://safercommunity.net/contact-us/ Based in Madison but will travel around the state.

**Honest, Open, Proud (HOP):** WiSE has a program called Honest, Open, Proud (HOP): It is a workshop for small group discussion on how to tell your story about how mental illness has affected your life. Workshops are available for both adults and youth. Sharing your story is the best way to reduce mental stigma surrounding mental illness. https://wisewisconsin.org/honest-open-proud

**Mental Health First Aid:** Mental Health First Aid is an eight hour course that teaches participants how to help someone who may be experiencing a mental health or substance use challenge. The training helps you identify, understand, and respond to signs of addictions and mental illness. You can find a course all over the United States, and one focuses on adults and another on youth: https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/

**NAMI Wisconsin Annual Conference:** NAMI Wisconsin hosts a conference each year in the Spring and it provides a wealth of information on research, coping skills, treatment, advocacy, and current topics in mental health. To register or find more information, visit the website: http://www.namiwisconsin.org/annual-conference

**Mental Health and Behavior Conference:** This two day conference provides strategies and techniques to assist with behavior management and mental health issues in the school setting, the website: http://mhb.cesa5.org/home

Follow newsletters in the state about mental illness and courses and conferences.

http://www.namiwisconsin.org - membership required
http://www.wimentalhealth.org
http://www.mhawisconsin.org

**DHS Youth Engagement Toolkit:** This is a newly released toolkit from Wisconsin DHS to help adult facilitators engage young people to become leaders in programs that serve them: https://www.dhs.wisconsin.gov/publications/p02250.pdf
**Trauma Informed Care:**
Many teenagers are a victim of traumatic experiences. Trauma can have a huge impact on the mental health of teenagers and should be an important part of an advisor’s knowledge concerning youth mental health. Please see the links listed below and use these resources to increase your knowledge and provide dialogue to your students on trauma and how it affects one's mental health.

There is a lot of information about trauma informed care on the Wisconsin Department of Health Services website. [https://www.dhs.wisconsin.gov/tic/resources.htm](https://www.dhs.wisconsin.gov/tic/resources.htm)
Wisconsin DHS has webinars you can watch: [https://www.dhs.wisconsin.gov/tic/webcasts.htm](https://www.dhs.wisconsin.gov/tic/webcasts.htm)

YouTube Ted Talk on childhood trauma and mental health: [https://www.youtube.com/watch?v=95ovIJ3dsNk&feature=youtu.be](https://www.youtube.com/watch?v=95ovIJ3dsNk&feature=youtu.be)

Abuse and mental wellness resource information links:

Mental Health America offers a toolkit on trauma and how it affects mental health. You can download the toolkit from this link: [www.mentalhealthamerica.net/back-school](http://www.mentalhealthamerica.net/back-school)

This is a great toolkit with fact sheets about trauma, depression, anxiety, psychosis, and suicide prevention. It includes posters for use in the school and social media. It includes sample articles for school newspapers. [https://www.dhs.wisconsin.gov/publications/p02250.pdf](https://www.dhs.wisconsin.gov/publications/p02250.pdf)

**Language and Words:**

This Powerpoint discusses language in the context of mental health:


**NAMI College Guide** This guide has great information about mental health that targets college-age students. [https://www.nami.org/About-NAMI/Publications-Reports/Guides/Starting-the-Conversation/CollegeGuide](https://www.nami.org/About-NAMI/Publications-Reports/Guides/Starting-the-Conversation/CollegeGuide)
**Children's Mental Health:**  
**Common Beliefs, Assumptions, and Science**  
From: Wisconsin Office of Children's Mental Health Annual Report, 2016

**Belief:** Children should be held accountable.  
**Assumption:** Children should know right from wrong and behave accordingly, if they don't, they should be punished.  
**Science:** Making children accountable for their actions should focus on strategies that create strong relationships, focus on social and emotional learning, and build executive brain function and self-regulation. Policies such as "zero tolerance" focus on mandatory punishment for certain behaviors which results in targeting children with impulse or emotion regulation control problems - issues that are not solved by punishment. To reduce the negative effects of arrests and disciplinary action, some communities work explicitly to bring down the number of arrests, suspensions, and expulsions by replacing them with responses such as restorative discipline/justice.

**Belief:** Most adult treatments can be adapted to serve children.  
**Assumption:** Children's mental health needs are not inherently different than those of adults. Providers trained in adult interventions can meet the needs of children when no other resources are available.  
**Science:** Successful child therapy requires working effectively with, and providing consultation to, parents and the other support people in a child's life, e.g., early learning, school employees, pediatricians. Childhood is a formative period and mental health issues are developmental in nature, thus children's mental health treatments, programs, and policies depend on greater understanding of the social, mental, and emotional development of children, as well as the interplay of genetic predispositions and environmental stressors.

**Belief:** Families are solely responsible for their children.  
**Assumption:** Parents need to do a better job of raising their kids. If a child has a mental health issue, fix the parents, i.e., "the apple doesn't fall far from the tree."  
**Science:** Mental health issues are the result of genetics, biology, environment, and life experiences. Family members have an important role in support and recovery. Children are also influenced by schools, mentors, peer groups, and neighborhoods. Research indicates that when a child's environment is improved, mental health problems decline and, conversely, when the most resilient children are placed in chronically stressful environments, the outcomes are often not good.
Belief: Mental health issues are caused by a disease or illness located in the brain.

**Assumption:** Mental illness is caused by a chemical imbalance which is largely the product of genes. Genes are immutable making prevention implausible. Medication becomes a logical response, even for very young children.

**Science:** Emotional and behavioral difficulties do not have biomarkers or laboratory tests to verify chemical imbalances. Research in the field largely of children's mental health has identified numerous factors impacting mental health and well-being. The field of epigenetics considers how relationships and the environment can influence neurobiology. We can impact a child's "destiny" by increasing resilience, decreasing exposure to toxic stress, and ensuring services are available at the right time. There are many types of supports and therapies used to help children and young people and good physicians use great care when deciding whether and how to start a child on medication. Best practice is to couple medication with therapy and to closely monitor the child over time. Childhood is a formative period and mental health issues are developmental in nature. With this understanding, "prevention" is practical and necessary to ensure the well-being of future generations.

Belief: Making changes to how we address children's mental health necessitates additional funding

**Assumption:** We can't change our practices because of limited resources.

**Science:** There is no doubt that a financial commitment is needed to ensure that supports and services are available. There is also room to consider that long-held beliefs and assumptions may block or interfere with clear and creative thinking about children's mental health delivery and funding.

Belief: We need to differentiate bad behaviors from mental health issues.

**Assumption:** Punishment or behavioral modification is the best method to deal with behavioral problems. A mental health approach should be used with children who have diagnosable mental health issues such as depression, bipolar disorder, and anxiety.

**Science:** Toxic stress can have negative effects on a child's brain development leading to what appears to be "bad" behaviors. For example, a child who has been abused or neglected may misinterpret a teacher's neutral facial expression as anger, which may cause the child to become aggressive toward the teacher. In this instance, early abuse has led the young person to perceive safe situations as threatening and thus set off a flight or fight response. Traditional approaches to eliminate challenging behaviors include time-outs, detentions, suspension, and spankings. These approaches are not recommended for young people with trauma histories as these strategies don't work to build executive functioning nor do the enhance relationships.
Belief: Children will grow out of it.

Assumption: If we ignore the behavior and distress, it will go away.

Science: Because children's brains are still developing, they are particularly receptive to the positive influences of youth development strategies, social and emotional learning, and behavioral modeling. Through greater understanding of when and how fast specific areas of children's brains develop, we are learning more about the early stages of a wide range of mental illnesses that appear later in life. Helping young children and their parents manage difficulties early in life may prevent the development of disorders. Once mental illness develop, it becomes a regular part of your child's behavior and more difficult to treat.

Belief: Talking to parents and youth about trauma will be too uncomfortable and may cause problems.

Assumption: People who learn about ACE's will be triggered and may need support and treatment services that are unavailable.

Science: Understanding the science can help to reduce shame and stigma as people come to view their history in terms of coping with and adapting to toxic stress, rather than as a story of personal failure. Learning more about the effects of adversity on development commonly produces a mix of validation (e.g., "this helps me understand what I encounter every day") and a new understanding of the sources of challenging behaviors.

Belief: If we closely monitor young people with mental health issues, we can prevent most acts of violence

Assumption: People identified with mental issues are more violent and dangerous.

Science: Studies suggest that violence by people with mental health issues, like aggression in the general population, stems from multiple overlapping factors interacting in complex ways. These factors include family history, substance use, stressors, poverty, and homelessness. Less than 5 percent of violence in the U.S. is caused by people with mental health issues and a young person with these struggles is more likely to be a victim of violence – at four times the rate of the general public.

***Until we are able to examine and correct outdated beliefs about children and families, many of our policies and practices will be undermined by well-meaning, but misinformed, stakeholders, leading to an unnecessary cumulative toll on our young people, families, economy, and society.
Identifying Risk of Suicide

As an advisor it is important to understand the risk of suicide and the difference between a suicidal threat and suicidal ideation. Many people live with suicidal ideation as a part of their mental illness. They may express the feelings of not wanting to be alive without actually having intent or a plan to act on those feelings. If a student makes a suicidal threat, an immediate action of assessing the risk needs to be taken.

Know the Warning Signs

1. Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like “I wish I wasn’t here” but can become more overt and dangerous
2. Increased alcohol and drug use
3. Aggressive behavior
4. Social withdrawal from friends, family, and the community
5. Dramatic mood swings
6. Talking, writing, or thinking about death
7. Impulsive or reckless behavior

Any person exhibiting the following behaviors should get care immediately:

8. Putting their affairs in order and giving away possessions
9. Saying goodbye to friends and family
10. Mood shifts from despair to calm
11. History of suicide attempts or self harm behaviors.
12. Planning, possibly by looking around to buy, steal or borrow the tools they need to complete suicide, such as a firearm or prescription medication.

If from your assessment the person seems at risk for suicide, the best thing to do is ask direct and caring questions. It has proven to be the most effective way to help someone who is considering suicide.

You can open the conversation by sharing specific signs you’ve noticed, like:
“l’ve noticed lately that you [haven’t been sleeping, haven’t been interested in soccer, were posting a lot of sad things on your facebook page]” and then follow with the direct questions......

First: Current Suicidal Thoughts

You would ask, “Are you thinking about suicide?”
● When did these thoughts begin?
● How persistent are they?
● Can you control them?
● What has stopped you from acting on these thoughts?
Second: Presence of a Suicide Plan
You would ask, “Do you have a plan? Do you know how you would do it?”

- Is there a specific method and place?
- How often do you think of plan?
- Is there a timeframe for taking your life?

Third: Access to Means
You would ask, “Do you have the means to carry out your plan?” (firearms, drugs, etc....)

*If the answer is “Yes” or if you think they might be at risk of suicide, seek help immediately!*

Managing the Risk
In consultation with the person, decide the next steps to be taken to maintain safety. First, remove any potential means such as medication or weapon. Then, contact:

- *Their therapist or psychiatrist/physician or other healthcare professional who has been working with the person*
- *Their parents or caregivers*
- *National Suicide Prevention Line at 1-800-273-8255 or 911*

**DO:** Stay calm, listen, and provide support and reassurance. “You are not alone, I'm here with you.” “I'm concerned about you and I want you to know there is help available to get you through this”.

**DON'T:** Promise secrecy. Don't debate the value of living and say suicide is wrong. Don't try to handle the situation alone or single-handedly resolve the situation. Please remember, a suicide threat or attempt is a medical emergency, requiring professional help.

**Follow Up**
We suggest you follow-up with the individual the next day.

**You Can Only Do So Much**
No matter how desperately you may wish otherwise, there is only so much you can do to stop another person from dying by suicide. You cannot monitor a family member or friend every second of the day. You cannot remove all means for suicide entirely from their world. Although you can talk with them about their suicidal thoughts, you cannot read their mind if they choose not to share them.

Even professionals are not fully able to prevent suicides. One study found that almost 1 in 5 people who died by suicide had seen a mental health professional within 30 days of their death. That means that in the United States, with almost 43,000 people dying by suicide in 2014, more than 8,000 of them had recently seen a mental health professional.
Need someone to talk to?

- Warmline Inc 414-777-4729
- Wisconsin Hopeline: Text HOPELINE to 741741
- Solstice House: 608-244-5077
- Iris Place: 920-815-3217
- Trevor’s Project (LGBT youth): Trevor phone life line 866-488-7386, Text Trevor 202-304-1200

Each School has counselors, advisors, and social workers. Please enter a page or list their names and contacts here for quick reference:

School Social Worker:
Name: 
Phone Number: 
Email: 

School Psychologist:
Name: 
Phone Number: 
Email: 

School Counselor
Name: 
Phone Number: 
Email: 

This is a guide on how to respond to a suicide that has occurred in your school:

This is a NAMI guide on handling a crisis called: “Crisis Guide by NAMI”:
Dear <school name> Guardian(s),

This year, <school name> is starting a new club called Raise Your Voice, which will focus on raising mental health awareness, empowering students, promoting mental health resources, developing advocates and leaders, and creating an overall greater dialogue for mental health and wellness.

This club is NOT a therapeutic support group, but it is:

- A place to learn about mental health and wellness
- An inclusive club—everyone is welcome!
- A group of young people passionate about creating a safe and supportive environment
- A group that works to reduce stigma on campus by being role models of acceptance and supportive behavior towards others

The goals of Raise Your Voice are as followed:

- Promote student support services for mental health
- End stigma surrounding mental illness by raising awareness
- Empower students and peers to seek the help they need

Raise Your Voice is NOT a support group, a place to get diagnosed, or about labeling others. If students are seeking individual support or therapy, it is important to encourage them to seek help through school or community mental health resources. Be assured that the club is supported by advisor(s) and must follow all school rules and policies. <students name>, <school name> would appreciate your support of your child’s participation in the Raise Your Voice Club.

Please feel free to contact your school or <advisor name(s)> if you have any concerns or questions.

<Advisor(s) names>
Phone:
Email:
Student Code of Conduct

Raise Your Voice is built around the principles of mutual trust and respect among participants and leaders. In order to foster a supportive experience, this Code of Conduct extends to all Raise Your Voice club activities and outlines expectations for both club leaders and participants.

What we ask of all Raise Your Voice club members:

- Attend meetings with an open mind and open heart
- Maintain the confidentiality of all members by not discussing personal information and conversations outside the club
- Help foster a safe and respectful environment for all members
- Understanding that the club advisor(s) will follow mandated reporting guidelines
- Remain accountable for your own behavior and keep personal opinions and actions separate from those made as a representative of your school district, NAMI, and Raise Your Voice club

By signing below, I agree to the Student Code of Conduct.

Name (Printed): _________________________________ Date: ______________________

Student Signature: ______________________________________________________________

Advisor Signature: _______________________________________________________________
MEMORANDUM OF UNDERSTANDING
AMONG RAISE YOUR VOICE CLUB CONTRIBUTORS

As part of a statewide initiative launched by NAMI Wisconsin, Raise Your Voice, partners (organizations and schools) are coming together to empower youth to create a new conversation about mental health through peer support and education, leadership development, and civic advocacy. Youth leaders will emerge who serve the critical function of linking their peers with school and community based mental health supports.

Partners herein include: NAMI Wisconsin, NAMI Wisconsin; NAMI Affiliate < > School District, < >, Wisconsin.

WHEREAS the partners listed above have agreed to enter into this Memorandum of Understanding (MOU) to set forth the responsibilities to be provided by the collaborative.

WHEREAS, NAMI Wisconsin withholds rights to the Raise Your Voice club content and materials.

WHEREAS partner schools have full access to Raise Your Voice club content and materials and retain the right to adapt and supplement content to meet the needs of youth in their school.

Roles and Responsibilities:

1. < > School District will:
   a. Provide facilities to host club activities and supplemental programming (if applicable). For example, NAMI Ending the Silence, NAMI Basics, etc to support the advancement of mental health awareness within the school community.
   b. Designate an employee, agent, or representative to serve as primary contact and advisor for the club.
   c. Distribute materials to all teachers to publicize Raise Your Voice clubs.
   d. Facilitate completion of Raise Your Voice club surveys in order to support and promote club sustainability and funding. Survey will be sent to advisors in the Spring.

2. NAMI Wisconsin and NAMI < > County will:
   a. Designate an employee, agent, or representative to serve as primary contact.
   b. Provide start-up club manuals, materials, and handouts.
   c. Provide programming support for Raise Your Voice club activities and events, trainings, and materials as needed and financially feasible.

Signed for and on behalf of:

< > School District Representative
Raise Your Voice Website

Visit our website for more information and updates. We also would love to have your input and feedback on events that were successful in our Projects and Special Events Sections. Please find our digital copy of the guide with web links.

- T-shirt, bag tags, and pencils available
- Digital copy of guide with web links
- Projects and Special Events Sections
- Word documents of sample template pages so you can adapt them to your school
- Other resource links for information and training

Visit us at our website: https://www.namiwisconsin.org/raise-your-voice-1