Reducing Mental Illnesses in DC Adolescents
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Health Issue
DC high school students and adolescents from ages 12 to 17 suffer more from mental illnesses than adults and children ages 12 and under (Putzer, 2016). The prevalence of depression in high school adolescents in DC is above the nationwide baseline (Putzer, 2016). The rate of suicide attempts in teenagers in the DC Metropolitan area is 13.4%, which is a decrease from 2015, but still higher than the baseline by 3.0% (Putzer, 2016). Similarly, the rate of major depressive episodes (MDEs) in teens local to DC is 7.4%, which continues to be higher than the baseline by 0.9% (Putzer, 2016). The DC Healthy People target for adolescent suicide rates is 5.0%, and the target rate for MDE’s is 5.8% (Putzer, 2016).

Target Population
13.4% of DC high school students attempted suicide in 2012. This is in comparison to the national baseline percentage, where 11.5% of high school students nationwide attempted suicide in 2010. 7.4% of DC adolescents from ages 12 to 17 suffer from major depressive episodes compared to the baseline percentage of 6.5%. DC high school students are far more likely to experience depressive periods than adults (Putzer, 2016).

Health Goals
Our goal is to reduce the percentage of suicide attempts in high school aged adolescents to approximately 10.4%, which is the goal for the DC Healthy People 2020 framework. We are striving to lower the rates of attempted teen suicide in DC from 13.4% to 10.4%, and the rate of major depressive episodes in DC teens from 7.4% to 5.8%, as measured through the population of high school adolescents in DC reporting mental illness and symptoms (Putzer, 2016).

- Reduce the percentage of suicide attempts amongst DC high school students from 13.4% to 10.4%
- Reduce the percentage of adolescents who suffer from major depressive episodes from 7.4% to 5.8%
- Mental Health and Mental Disorders (MHMD)-1 will be measured by vital records shown by the DC Healthy People framework.
- MHMD-1.1 will be measured by the Youth Risky Behavior Survey (YRBS) shown by the DC Healthy People framework.
- MHMD-2 will be measured by the National Survey on Drug Use and Health (NSDUH) shown by the DC Healthy People framework.

DC teens are not receiving the amount of education regarding mental illnesses/depression that they should be entitled to due to a lack of resources, the lack of implementation of already-existing awareness programs and the lack of integration of mental health education in the curriculum of high school students. This lack of education leads to misdiagnosis, undiagnosed conditions in teens, inability to recognize the symptoms of MDEs, which might lead to worsening of mental health conditions and worsening of symptoms and conditions. Half of mental health conditions begin by age 14. The normal personality and behavior changes of adolescence can imitate symptoms of a mental health condition (NAMI, 2017). DC teens will continue to suffer from mental illnesses/depression if they cannot understand their illnesses and learn the steps on how to avoid certain mental illnesses like depression.

Program Activities
The DC Department of Education will organize a Mind Wellness Day in all DC high schools in collaboration with DC Department of Behavioral Health.
- The Department of Education will collaborate with the Department of Behavioral Health to implement the Mind Wellness Day at Duke Ellington High School.
- The day will include classes that address awareness and warning signs of mental illnesses, depression, and coping skills which will be taught by mental health professionals such as psychiatrist.
- Have local students who are dealing with mental illnesses speak about their experiences and their ways of coping and dealing with mental disorders.
- Measure the success of the Mind Wellness Day by taking surveys before and after the event to measure the student response.
- Adjust implementation to all DC schools by 2019 based on results of the initial implementation assessment at Duke Ellington High School.
- Continue to track students’ opinions and knowledge of mental health yearly to assess the Mind Wellness Day.

Logistics
The overall implementation will be planned for two years:
- Initial execution at one school (Duke Ellington High School) as a “test run” and a follow up assessment will lay the groundwork for full implementation of all DC schools. A secondary assessment at the test after four months will determine long term effects of the program.
- Progress will be monitored via surveys taken before and after implementation. Reports of the outcomes will be prepared and submitted to the collaborating government bodies.

Project Timeline
- January 2 - Employees of DC Department of Health gather together to discuss ways to address mental illnesses and depression; commence weekly sessions to create program activities.
- January 9 - Begin gathering research; collect data on adolescents in DC concerning mental illnesses.
- January 16 - All data is collected; create objectives and goals to target DC high school students with mental illnesses and depression; Mind Wellness Day (MWD) is the selected solution.
- January 30 - DC Department of Education will approve MWD and collaborate with Department of Behavioral Health (DBH) on MWD.
- February 6 - DBH will begin creating classes and coordinating with qualified health professionals to provide education about mental illness, depression and coping skills.
- March 6 - Consult with local patient models to talk with students during at least of the classes.
- April 7 - Create a pre-survey and post-survey assessment for students in preparation for MWD.
- September 7 - Surveys are given to Duke Ellington students to assess their knowledge on mental illnesses and depression.
- September 14 - Assign a day for MWD on School of the Arts.
- September 15 - Implement pre and post-surveys to assess student retention on mental illnesses and depression. Continue to assess by monthly survey until December 2018.