IN FINDING ADVOCACY

AN ANTHOLOGY ON MENTAL HEALTH MATTERS IN MICHIGAN

Written by the 2024 Youth
Leaders Council of Michigan

www.mha-mi.com

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Foreword

"Advocacy is the antidote to despair."

Welcome to the anthology created by the Youth Leaders Council (YLC). The YLC, part of an internship project by Michigan State University Psychology student (now graduate) Grace Joseph, is the first of its kind to be sponsored by the Mental Health Association in Michigan. MHAM is pleased to have been able to work with Grace and the eight remarkable young people who have participated in the YLC since December of 2023.

The YLC was born from the idea that young people are the answer to the problems that ail us in 2024 and beyond. We live in an era in which the earth and all of those who live on the planet are experiencing unprecedented private and environmental and social challenges. All of these challenges possess the power to undermine the wellbeing of any of us. Our youngest citizens are acutely aware of the problems. They are also determined to create the changes necessary to prevent society from plunging into the abyss.

The YLC was chosen from about 37 applicants from a variety of colleges and universities across the state. After a painstaking process, ten (10) individuals were chosen to represent the YLC. Two of those individuals were unable to continue with the group. The eight remaining individuals are represented in this anthology. Their work over the past five months has been focused on advocating for mental health public policy that will improve access to quality mental health care for their peers.

The mental health and wellbeing of our young people, especially those young people between the ages of 11 and 17 and 18 and 25, is in great peril. Data that is collected from our parent organization, Mental Health America, demonstrates the aforementioned reality: Our youngest Michigan citizens are suffering from depression, anxiety, psychosis, loneliness, trauma, and relationship problems at significantly higher than average prevalence rates. The pandemic, climate change, loneliness and fears about the future of the planet occupy their minds.

On the Mental Health America website, there are a variety of clinically appropriate mental health screening tools that anyone can access. When a Michigan citizen completes a mental health screening, the Mental Health Association in Michigan is given the de-identified data from MHA. Since 2019, over 60% of the screenings that have been taken by Michigander's yearly are completed by youth between the ages of 11 and 25. Depression is almost always the number one mental health condition that is reported, with anxiety not far behind.
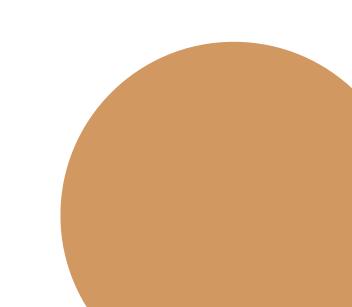
According to the 2023 "State of Mental Health in America Report" that is compiled on a yearly basis by Mental Health America, Michigan ranks 35th in the nation for the prevalence of mental health conditions among children and adolescents. Only 15 states have a higher prevalence of mental health conditions among children and adolescents with a lower access to mental health treatment. We believe that Michigan can do a far better job of taking care of the mental health needs of its youngest citizens.

The status of the mental health and wellbeing of our fellow citizens has been a public policy issue that our youngest citizens have embraced. Unafraid to talk openly about having depression, anxiety, ADHD or other mental health conditions, this generation of young people bravely engages in discussions about the way that current social and environmental problems affect them and their peers. They are unabashed in their fearlessness and yet honest about their vulnerability. The members of the YLC reflect this fearlessness, honesty and vulnerability that is prevalent among members of their peer group.

On behalf of the Mental Health Association in Michigan, it is my pleasure to present to you this collection of stories and policy positions that has been compiled by Grace and the members of the YLC. Our hope is that what you read in the following pages will inspire you, as policymakers, to take the steps needed to create positive change in the availability of quality mental health services and support in Michigan.

Sincerely,

Marianne Huff, LMSW
President and CEO

Part One: Introduction

The Youth Leaders Council of Michigan is an advocacy group of eight young adults, aged 18-25, who are passionate about creating change in mental health through public policy work. In conjunction with the tremendous support of President/CEO, Marianne Huff, at the Mental Health Association in Michigan, members have had the opportunity to see how mental health legislation is introduced, advocated for, and passed. Although, the members of the YLC weren't the only ones getting the chance to learn about mental health perspectives. The council also functioned to inform MHAM mental health matters that are most important to youth. As you will come to read in the following pages, for many of the students, safety and accessibility in mental health care remain at the top of their lists.

For the past 5 months, the students of the Youth Leaders Council have worked tirelessly to learn about what it means to be an advocate for youth mental health in Michigan. These students represent the future of our mental health systems, preparing to be future social workers, anthropologists, politicians, psychologists, and everyday advocates. Because of this, myself and Marianne collaborated to bring the members opportunities that will benefit them in the future. Members had the chance to participate in monthly advocacy lessons from Marianne, meet with MHAM's lobbyist, Stephanie Johnson, view lectures and webinars that furthered their knowledge about legislation and mental health; attended online House

floor meetings, and meet with House Representatives to talk about what we, as the Youth Leaders Council, stand for.

The following anthology is, in part, a collection of personal experiences with mental health. For so long, younger voices have been left out of the conversation about mental health. Is it because we are too young? Haven't experienced enough? We strongly disagree. In fact, the YLC firmly believes that it is our youth that holds the answers to creating lasting, positive change in mental health reforms. We have lived, we have learned, we have grown, and we are capable of so much more than you will ever know. Within these personal narratives, council members reflect on how their experiences have brought them to advocacy.

Why do we stand so ardently for mental health change? Because we all have experienced, seen, or felt the effects of a mental health system that allows children to fall through the cracks. These council members proudly share their life stories because mental health matters. How will we ever find progress if we, ourselves, cannot stand to be the change we want to see in our systems?

The final section of the anthology speaks to legislation that the YLC stands firmly in support of. Why share both personal experiences and legislation advocacy all in one anthology? To this I say, that to fully understand our legislative advocacy, one must understand who we are fundamentally. Life shapes us into the people we are and the values we stand by. Each and every experience changes us, making us uniquely our own person. The YLC members have voted and believe that real, effective change can come from the legislative bills explained in this part. For some of the members,

aspects of these bills could have been the intervention that was strongly needed in their lives. These council members stand to protect children's mental health in the ways they wish someone had done for them.

As you read this anthology, I hope it offers you a glimpse into the psyche of our young adults and a chance to explore new perspectives on mental health legislation. I hope it inspires you to be the change, whether that be in your personal interactions in everyday life, or out on the world's stage for all to hear. So without further ado, I introduce to you, In Finding Advocacy: An Anthology on Mental Health Matters in Michigan.

Sincerely,

Grace Joseph,
B.A. in Psychology, Michigan State University

PART TWO: OUR STORIES

By: James

Content warning: suicidal ideation & psychiatric care abuse

My name is James, and I attended middle and high school in southeastern Michigan. I decided to join the Mental Health Association of Michigan's Youth Leaders Council because I am very passionate about reforming our mental health care system. I struggled with my mental health throughout my teenage years, and I spent a great deal of time navigating psychiatric care systems in Michigan and the surrounding area in an effort to find relief for my symptoms. This led me to learn first-hand about the issues faced by patients and clients seeking mental health care.

I was hospitalized for the first time when I was 15. By this point, I had been dealing with constant suicidal ideation for several years with little treatment. My therapist at the time told me that hospitalization would help me, and I believed her —I was eager to do anything that might improve the way that I was feeling. I was sent to StoneCrest Center's Adolescent Inpatient facility. In my time at the facility, we were only allowed to stay in one windowless room during the day, where we received little treatment and spent most of our time watching tv. I was told by a psychiatrist there that I would not be able to leave until I told my mother that I was a lesbian. I left after a week, feeling somewhat less in crisis but without much relief.

This was the beginning of a cycle of hospitalizations and residential care stays that continued until I was 20. At first, I accepted this, hoping that these programs would improve my suicidality.

As time went on, however, I began to feel extremely scared about being hospitalized, because I could no longer trust that I would be treated with respect and kindness in these facilities. While hospitalized, I witnessed staff members making fun of patients and sharing their confidential information in common spaces. Intense restrictions were common and inconsistent— while one psychiatric ER that I went to allowed patients to keep their own clothes, have a family member with them, and bring in things like books and cellphones, another banned all of these things and required strip searches upon entrance to the facility, stating that it was impossible to maintain safety without these restrictions. I sat in the latter ER all night in a room of chairs with other patients, experiencing a suicidal crisis with no one to talk to and nothing to keep me occupied other than a Disney show playing through the night on the tv. I was forbidden from using their phone to contact my parents until the morning and tried to avoid having to ask questions to the on-duty nurse, who treated me like a nuisance any time I talked to her. I did not go back.

While I was in residential treatment, the staff who stayed in our facility overnight would ignore and mock patients who were trying to hurt themselves, having flashbacks, or having seizures, leaving patients to provide support. There were many times where I thought the girls around me were going to die or seriously injure themselves, and all I could do was try and help while staff members laughed.

I was later diagnosed with PTSD from my time at this facility. I told my parents and my care team when I got home, but I had no evidence that mistreatment had occurred, and could do

nothing to make a legal case against them. Unless things have changed, I would imagine that patients currently at the facility are experiencing the same things that I experienced.

Once I realized that I could not expect to be treated well when hospitalized, I started doing anything I could to avoid hospitalization. In addition, because of my previous experiences, hospitalization, even in well-run facilities, became retraumatizing, making me feel much worse than at home.

I would withhold information from my care team, knowing that if I was honest with them, I would just be sent back. This halted my progress in therapy and left me in a state of constant fear, both of what might happen to me if I wasn't hospitalized and what might happen to me if I was.

Eventually, I found a therapist that I was able to trust, because she would allow me to talk through my suicidal ideation and explore options without immediately jumping to hospitalization. Now, my mental health has significantly improved. Still, I regularly encounter the impact of our current inpatient psychiatric care system on those around me—I've had friends come to me and say that they are having a mental health crisis but don't know what to do, because they aren't willing to admit themselves to a place where they have previously experienced poor treatment. Honestly, when this happens, I am unsure what to do. I want to say that it will be okay and that they should seek help, but I know what might happen to them if they do. What do we do when we cannot trust the systems designed to support us?

Because of these experiences, I care very greatly about mental health care reform. I want there to be stronger protections in place to make inpatient psychiatric care facilities places where mentally ill people can be treated with respect, dignity, and kindness. I want staff members to receive more training related to the stigma surrounding mental illness that they so often perpetuate. I want inpatient psychiatric care facilities and psychiatric emergency rooms to be structured in ways that protect not just the physical safety of patients but their emotional well-being, dignity, and humanity—no one seeking care for a mental health crisis deserves to be treated as less than because of their condition. In addition, I want the availability of community care systems like outpatient treatment, peer support, and respite programs to increase, providing more options for people struggling with their mental health.

We cannot propose hospitalization as the only option for people experiencing mental health crises without putting in the work to make these systems safe.

I've tried to make small changes in my local community, raising awareness about how to help people experiencing mental health crises beyond just calling 911, connecting people with stories of others' experiences at local mental health care facilities and the places they recommend (or do not recommend), and offering rides to better psychiatric emergency rooms in the state when needed. Beyond this, I believe that policy changes should be made to protect patients experiencing mental health concerns in Michigan on a broader scale.

By: Vaishnavi Katta, YLC Public Policy Liaison

Bodies exhibit more cross-cultural similarities than minds do. A misunderstood mind is a breeding ground for isolation. Mental healthcare demands a heightened level of cultural sensitivity compared to other therapeutic approaches. As an Indian American woman, I frequently sense a disconnect between Western therapeutic methodologies and my own cultural heritage.

Values instilled in me, such as filial piety, social responsibility, and self-restraint, are frequently misinterpreted as misguided. Yet, in challenging these perspectives, I risk alienating myself from my cultural roots.

In Indian American culture, the stigma surrounding mental health is often deeply entrenched. In a community-based culture where familial and societal bonds are highly valued, discussing one's mental health struggles can be perceived as selfish or a burden on the collective well-being. There's a prevailing expectation to maintain appearances of strength and fortitude, as personal resilience is highly esteemed. Consequently, individuals may hesitate to seek help for fear of being seen as weak or disrupting the harmony within their families and communities. This cultural dynamic further complicates the already challenging journey toward destigmatizing mental health issues within the Indian American community.

For many Indian American immigrants and their children, navigating between two cultures can be challenging. Caught between the traditions of their homeland and the norms of

their adopted country, individuals often struggle with their sense of identity and cultural conflicts. This tension can worsen mental health issues, as they try to balance conflicting expectations and societal pressures. Similar experiences are shared by immigrants and children of immigrants from various backgrounds, who face similar challenges in reconciling their heritage with assimilation. Meeting the mental health needs of these individuals requires a deep understanding of cultural nuances and sensitivities, emphasizing the importance of cultural competence in providing effective mental healthcare services.

Currently, many mental health care providers and practices predominantly adopt a Western approach that emphasizes individualism. While this approach can be effective for some, it may overlook the importance of cultural values and beliefs in the healing process.

Understanding and embracing values such as filial piety and respect for elders are crucial in addressing trauma without severing ties to one's cultural roots. Incorporating these cultural values into therapy can foster a deeper sense of connection and resilience, allowing individuals to navigate their mental health challenges while staying true to their cultural identities.

It underscores the necessity for mental health professionals to broaden their perspectives and incorporate culturally sensitive approaches to better serve diverse populations.

In essence, what I advocate for is an increased level of cultural understanding and sensitivity in mental healthcare. It's about recognizing that effective treatment extends beyond mere symptom management to encompass the holistic well-being of individuals within their cultural contexts. As someone who bridges multiple cultures, I champion the integration of diverse perspectives and values into mental health practices. My hope is that legislators and mental health providers alike recognize the imperative for culturally competent care and take proactive steps to implement policies and practices that reflect this understanding.

By embracing cultural diversity and tailoring interventions to meet the unique needs of each individual, we can foster healing and resilience across diverse communities.

By: Anonymous

Content warning: Early childhood anxiety and depression

I cannot stop crying. My parents are here, pulling at my feet, tugging at my clothes, pleading for the hundredth time for me to acknowledge their presence. I cannot. I will not. Everything hurts. I do not want to be here. I do not want to be anywhere. I just want the darkness of sleep to consume me so that I do not have to be anywhere at all. Eventually, they managed to pull my ten-year-old body into a standing position. It is hard for me to see past the tears and snot coating my face. I am wearing wrinkled pajamas and I smell because I have not showered in who knows how long. My mom ushers me into the bathroom and must brush my teeth for me. Why would I? I do not see the point. The last thing on my mind right now is rotting teeth and stinking breath.

My mom starts to hyperventilate. She does not know how to help me. Neither do I. I don't blame her for her panic. I do not feel anything at all.

I am carried into the car, still wearing my pajamas and socks. I look out the window as the world passes me by on the way to my elementary school. We got out of the car and went to enter the building. In a moment of emotion, I start to sprint away with what little strength and fight I have left in me. I do not want to go in there. All the kids will hear my stomach rumbling. They will think I am an outcast. They will think something is wrong with me. They cannot hear it. They cannot know I exist. The thoughts keep telling me my stomach is loud and everyone can hear it. As I am running, the principal calls

out that they will call the police if I escape. That scares me a little. I returned and slowly entered the building. I am led to a small room where I hide and spend my days in solitude. I do not want to be around the other kids. I do not want to be anywhere at all.

Flash forward to college. On the surface, I was excelling academically. Sure, I was still experiencing symptoms of anxiety and depression; Yet, despite this, I maintained fantastic grades and joined multiple organizations, including an honors psychology program. I had a group of friends, a boyfriend, and an overall solid support system. So why was I noticing that I was rereading my emails ten times before sending them to make sure they were perfect? Why did drafting an essay take me twice as long as the average student to make sure it was without flaw? Why did my dorm room always look like no one lived in it because it was so pristine? After these things started to impede on my daily life,

I was finally diagnosed with obsessive-compulsive disorder my junior year of college. This diagnosis led me to begin exposure and response prevention therapy, as well as adjust my medications at the time. Without finding out what was going on with me internally, I am not sure I would be here today.

All in all, the point that stood out to me the most about writing this piece was that it does not even begin to sum up my mental health journey. For example, I didn't mention that in

high school, I was so stressed out from working simple cashier jobs that I would quit after a few months. Additionally, I omitted the fact that in my college dorm, I had a panic attack so severe I laid on the floor of my community bathroom feeling like I was going to die. I could share more about how in college, I survived a school shooting on my campus that left me feeling numb for months. The point I am trying to make is that there are a multitude of experiences that make up a person's mental health journey. There are layers upon layers starting as early as in the womb that need to be unpacked to really understand someone's full story. Furthermore, my mental health struggles have been far from linear. They have ebbed and flowed like the rush of a river, and all I am left to do is follow the current and hang on for dear life. Because of this, I am passionate about advocating for youth mental health so that kiddos do not get caught up in the tide, being swept away by a lack of resources and/or support. By going into the field of social work, I hope to advocate for those who do not always have a voice and often go unnoticed in our day to day lives.

Overall, my story is unique to me and no one else, and I know I will be on this journey for the rest of my life. Thus, if you ever fall into the trap of categorizing someone by simply saying, "Oh, they have depression," or, "Yeah, that person suffers from bipolar disorder," stop and remember that there are hundreds of details and lived experiences that person has been through that are unique to them. In reading this, I am hoping you take away that mental health is not linear, and that to fight the stigma, we need to stop putting people into boxes and take the time to truly listen to folk's experiences.

By: Whitney Blough, YLC Community Outreach Liaison

Content warning: stalking, suicidal threats, & physical violence

"No matter what happens, Whit, I just want you to know I love you. Stay safe."

Throughout the months leading up to this night, I was John's target. It all started with a crush; little did I know at the time, love is often replaced by hate and expressed in violence.

I was 15 years old when I met John. We crossed paths during a marching band rehearsal, and I quickly became smitten. After two weeks of 'dating,' John was my first kiss. Immediately afterward, I realized I was not ready for love or romance. Despite being a teenager, John was unwilling to accept this and thus began the threats.

I was stalked and harassed for months with no sign of relief. The boy whom I trusted enough to share my first kiss with frightened me more at 15 than ghosts and monsters did when I was a child. As someone who grew up witnessing and experiencing domestic abuse, I felt I had no one at home to turn to for help.

John single-handedly infiltrated every aspect of my life. He followed me to my classes, waited for me as I hid in the bathrooms, and went so far as to find out where I lived. I could not escape him or the danger he brought to my life. Between messages where he threatened to commit self-harm and suicide, John alluded to having a 'plan.' To this day, I am unsure of what this plan was. All I know is what he reassured me of: everyone would blame me for his plan and know it was my fault.

As a last resort, I eventually sought support from the guidance counselor assigned to me at my high school.

As it was, my anxiety and panic attacks already led me to the counselor's office daily. On the more difficult days, I would sit alone in the counselor's office for hours at a time or beg my parents to bring me home. No matter where I was or who I was with, I was forced to manage John's threats on my own.

Having accepted this nightmare would not end for me, I sought help for John's new victims. I approached my band director in his office and asked to speak with him privately. Through tears, I described the situation along with the failure on behalf of the guidance counselors. He immediately contacted the school's security team and counselors. After months, I was finally freed from John's abuse. Sadly, I cannot say the same for my friends.

Just weeks after John was prohibited from contacting me, he smashed my friend Charlie's windshield in the school parking lot. Unfortunately, the security footage of the incident was unclear and did not allow the school's security to link the vandalism to John. Those of us involved in the situation knew it was John, but this was not enough for the school to take a stance on the matter.

Had my school's security team and guidance counselor's taken John's threats and actions seriously, the danger to come could have been prevented. John would've been stopped and held

accountable for his actions. Sadly, this is not what happened.

Around 9:00 pm on a fall night, I received a phone call from Charlie. Confused, I answered the call only to find out John had shown up at a mutual friend's house and was there to seriously injure Charlie.

"No matter what happens, Whit, I just want you to know I love you. Stay safe."

Since this incident, I have been living my life in fear of retaliation for speaking up and sharing my story. Meanwhile, John has faced no real consequences for his actions apart from a restraining order. In fact, he now has a public platform with over a million followers where he is constantly praised and celebrated. This power imbalance among victims and abusers is not unique; nonetheless, it is evident we have much work to do in ending the stigma on mental health.

As of now, I am advocating for an end to school violence and increased accessibility to mental health resources. My experience with school violence, like so many others, could have been prevented. For that reason, I must emphasize our responsibility to raise our standards of mental healthcare in Michigan. It is pivotal for school counselors and staff to be trained on youth violence and mental health matters. In turn, those who seek help must be provided adequate support and resources to ensure the safety of themselves and others.

It is not enough for children to *feel* safe, they need to *be* safe.

With this, I ask you to please join me, as I work to end the stigma on mental health and promote increased access to mental healthcare resources for youth across the state of Michigan. Together, we can eliminate school violence and raise the voices of victims while holding perpetrators accountable.

By: Anabella Weiss

My name is Anabella and I am a current resident in Michigan. I am a current student at the University of Michigan and have resided in Michigan for 18 years. Though my age has been a setback in the eyes of many, I believe it is one of my biggest strengths. I am able to create the change in the world that is needed and be one to live in it. Having a strong voice isn't something that I could ignore. I know that it is a privilege to be in my position and have the courage to speak to people, like yourself, so I would like to thank you for your time.

I ask that you consider my voice and others like it when making decisions that impact us.

I am a member of the Mental Health Association in the Michigan's Youth Council. This council is composed of college students across the state of Michigan working together to advocate for the voices of youth in legislation. We are the future of the state of Michigan and are working together to lift voices of the underrepresented groups. When I applied to be a part of this group, I thought I wouldn't have much to contribute. My focus in mental health comes from personal experience and an educational background of psychology. Despite the reason for getting involved, my interest and involvement in the legislation and political landscape has grown.

Though sometimes used as a buzzword, mental health is something that impacts all people and is directly related to things that you do. Many people, even those in power, lack a true understanding of mental health despite understanding the definition.

Your work directly and indirectly impacts the experiences of millions of people's mental health.

Some work that has less of an obvious impact on mental health is your work with the youth. The changes in the school environment directly impact the perception and growth of children's emotional and mental well-being. This is one of the biggest reasons I ask you to consider the voices of those you are impacting. We are the ones who have been through and will be going through the systems you are changing. Mental health isn't limited to legislation that changes counselors or mental health professionals. It is something that should always be considered, understood, and advocated for.

When it comes to mental health my personal experience has been very privileged. I have always had access to privatized care that was covered by insurance through my parents. I was always uplifted and encouraged. This isn't the case for millions of other Michigan residents.

The systems we have in place are directly causing and resulting from inequalities. Mental health care should never be privileged.

When I was struggling as a child, I was able to reach psychiatry and counseling on an as needed basis. This isn't always the case. I have many friends who can't connect with professionals due to financial burdens, lack of culturally aware professionals, or even stigma.

Additionally, the experiences of students' needs are often overlooked. As an individual who attended Michigan schooling from K - 12 and now higher education, I believe that the

experiences of students in public schooling aren't frequently overlooked. My younger cousin was a student at Oxford High School, and her voice, amongst many others, aren't considered at the school board level, in the legislation, or in any decisions made following the tragedy. Without proper consideration of the unique experiences of different demographics, people in power (such as yourself) can be harmed and/or speaking over the people you are intending to help.

My journey into advocacy was something that was always destined for me. My parents raised me to speak up for myself and those who couldn't. This is what I will be doing for the rest of my life. The change in the world, specifically in the state of Michigan, that I hope to see is the representation of all groups. From advocates to surveying the population, everyone deserves a right to share their experience. I hope my words and voice will help to uplift others.

By: Olivia Kimbrough, YLC PR Liaison

Content warning: Homophobia & sexual abuse/assault

When considering how mental health affects my own life, my experiences, and my outlook, it is difficult to narrow down and also reflect upon specific experiences and their effect on me. However, I have chosen a few points to reflect upon to convey the importance of the truly unique nature of mental health, and how it affects each and every individual differently.

First, I wanted to touch on a few points that have affected youth mental health universally. For one, I think that it is crucial to understand how social media plays into mental health both positively and negatively. Before diving into the issues with this sort of social visualization, it is important to recognize that many people find community online and are able to find more relatedness there than within their own lives. However, social media has also had undeniable negative impacts. I truly resonate with the phrase "comparison is the thief of joy", which I believe sums up many experiences with social media.

The presence of social media has, in many ways, become synonymous with an emphasis of a narrow beauty standard, an avenue for bullying and negative rhetoric, and many other negative side effects that we have evidently seen affect teenagers and even younger children.

Another universal experience of youth in recent history is the experience and continued effects of COVID-19. While many facets of our world seem to have returned to normality post-pandemic, it is crucial to recognize the experiences of all people during that time. Through the lens of a young person experiencing the pandemic shutdown, I, as well as many other youth, lacked the ability to socialize, grow our experiences, or understand many facets of the world that we should have been exposed to in a non-pandemic world. It also placed many youth in restrictive situations, where they could not utilize healthy outlets for their feelings. As we return to a more "normal" society, there does need to be an understanding and focus on the unique experiences of youth who experienced the pandemic, where in many ways there seems to simply be a "move on" mindset that does not validate the missing or difficult experiences that these groups went through.

To move on to my personal experiences with mental health, I have personally found myself vastly affected by a constrictive society in many ways. I would like to speak on my experiences with discovering my sexual orientation and attempt to reflect the experiences of other queer youth who struggle with their mental health.

Understanding that I was queer came easily to me as an individual, but the pressure of sharing this and the social construction of "coming out" created an undeniable spiral of anxiety that still follows me to this day.

While now I have been out for over three years, it has remained a source of anxiety for me in each and every social

interaction. I strongly believe that there should be much more specified mental healthcare for queer individuals because the experience of understanding oneself as queer can feel so isolated and lonely.

Lastly, I would like to highlight survivors of sexual harassment, abuse, or exploitation and the crucial need for increased and specified mental health for these individuals.

Oftentimes, individuals who have had these experiences may feel fear or anxiety about seeking help, as it is not often made accessible or confidential. This can be manifested in increased experiences of anxiety or depression and lead to a multitude of negative effects.

While I know from both my experiences and the stories of others that this topic can feel very difficult to talk about, I think that individuals with these experiences should have plentiful spaces to feel valued and able to talk about their experiences (or not talk, perhaps just places to be in the community). I also believe that there needs to be more specialized mental healthcare for individuals with these experiences, allowing for their experiences to be further understood, rather than under the general lens of mental health.

I have a strong belief that mental healthcare should be based in validating individuals feelings and allowing them the space to share their personal experiences. With places dedicated to

supporting the mental health of youth, I would hope that the feelings of isolation and loneliness when it comes to one's experiences of mental health could be lessened and individuals would feel much more comfortable seeking help with active efforts to destigmatize these disorders. For myself personally, I would look forward to more platforms available for individuals with these experiences to share their stories and feel a sense of community with others who may have similar experiences.

I think this shift should do with opening up the conversation about mental health and destigmatization as a whole, while also understanding that everyone can benefit from their mental health being valued and supported.

Part Three: Policy Positions

HB 4089: School Safety and Mental Health Commission

House Bill 4089 aims to create a commission comprising nine members with diverse expertise. This commission's main objectives are to collaborate with government agencies to decrease youth suicide rates and to assess the allocation of funds alongside professionals. Additionally, it will provide recommendations to enhance safety measures across different departments. As six of our eight members attended MSU during the school shooting, this bill is close to our hearts. The mental health of students matters, and this bill ensures that there are preventative measures in place so that students can feel safe as they obtain an education.

HB 4081: Improving School Counselor Ratios

HB 4081 seeks to enhance student support by increasing the number of school counselors in Michigan schools and reducing the student-to-counselor ratio. It mandates one counselor for every 250 students, contrasting with the current average of one for every 604 students. This change aims to equip counselors with the capacity to effectively address the mental health needs of students. As students, we understand that impact school counseling can have, especially as a first step to access other resources. By lessening the burden on counselors, they can better care for their students and allow them to get access to the help they need.

HB 5549: Behavior Threat Assessment and Management Team

House Bill 5549 "will require that the board of each public school have a behavior threat assessment and management team. A threat assessment and management team would include (minimum): a school administrator, a mental health professional, and a school resource officer or law enforcement official." We feel that having these supports in place would provide a diverse and informed support system for public schools to rely on for mental health inquiries.

"Furthermore, this team will be responsible for: educating the school community about potential risks, monitoring, assessing, and performing inquiries into concerning behavior, determining if a threat is credible or not, developing a reporting system and teaching others what and/or how to report, knowing when to call in law enforcement to intervene, and creating a written plan to assist a student engaging in concerning behavior." All these responsibilities are crucial for preventing possible risks in schools. Additionally, these actions support student mental health and provide more resources for students and their communities.

This bill was introduced on March 6, 2024, and is still in progress in the Michigan legislative process. Overall, our MHAM Youth Council supports this bill because we feel there are not enough support systems in place for teachers, students, and families when it comes to mental health concerns in schools. Thus, this bill would provide schools with a designated board that would be responsible for several supportive mental health procedures to mitigate the risk of possible threats. This bill would positively impact the lives of students by giving them more resources pertaining to youth mental health.

HB 4097: Emergency Safety Manager and Mental Health Coordinator

House Bill 4097 mandates each intermediate school district to employ at least one emergency and safety manager as well as one mental health coordinator. The emergency and safety manager would be responsible for liaising with various agencies, implementing prevention programming, conducting risk assessments, coordinating with law enforcement and many other relevant tasks. The mental health coordinators would be responsible for coordinating mental health services, working on community-based services, facilitating behavior health assessment teams and overseeing various mental health programs. As of 2/13/2024 it was given to the discharge committee and on 2/14/2024 there was a motion to the discharge committee postponed for a day. We advocate for this bill as it will both create a physically and emotionally safe environment for students. Safety and mental health are both issues that can be passed around schools and school districts, the inclusion of a role to address these issues would significantly benefit students. It would call attention to these issues and be a piece of the solution.

HB 4092: Tip Reporting Deadlines

House Bill 4092 mandates the Office of School Safety, in coordination with the Department, to promptly notify the relevant authorities, including the emergency and safety manager of the intermediate school district and local law enforcement, upon receiving tips related to school districts. This notification must occur within 24 hours of receiving such information. As of 2/13/2024 it was given to the discharge committee and on 2/14/2024 there was a motion to the discharge committee postponed for a day. We advocate for this bill as it creates a safer environment for students and would help prevent issues within schools. Mandated

reporting would increase the timeline that issues are addressed on in the school districts. Again, this bill would call to attention the need for safety of students and work to increase it.

HB 5610: Deadlines for Children's Mental Health Information Release

HB 5610 creates a strict deadline for mental health providers to release child mental health information to child protective services workers. It was introduced on March 10, 2024 and is about 25% of the way through the process of being approved, and is currently a partisan bill favoring the Democrats (13-0). This bill would allow for greater understanding of the children in need of child protective services, as their mental health profile is crucial to understanding their needs and experiences. We advocate for this bill, as it will work to lessen the time that children are left in limbo while waiting for the support systems needed when facing "substantial risk of harm" by way of child abuse or neglect. Protections in the face of unsafe conditions should be provided immediately, and this bill works to cut the wait time in half for important mental health records.

HB 5345: NQTL Annual Reporting

House Bill 5345 was first introduced by Representative Noah Arbit on November 14th, 2023. The bill was quickly referred to the Committee on Health Policy that same day and no further movement has since occurred. The intended purpose of the bill is to amend the 1939 PA 280 entitled "The Social Welfare Act." The provisions described in the bill require the state department to submit annual reports (by the first of March of each year) to the legislature, Michigan's Behavioral Health Advisory Council, Medical Care advisory council, and disabilities council entailing the

following: "comparative analyses and other information regarding the design and application of nonquantitative treatment limitations that apply to mental health or substance use disorder benefits specified in 42." The Mental Health Association of Michigan's Youth Leadership Council is in support of House Bill 5345, as it directly promotes mental healthcare parity. The information required to be submitted by the state department would shed light to the various discrepancies existing among contracted health plans and specialty prepaid health plans. A framework may then be developed to address and correct any and all inconsistencies across healthcare plans. Nonetheless, the passing of House Bill 5345 would benefit Michiganders seeking access to mental healthcare treatment in promoting efficient and equitable processes.

SB 802: CMH Psychiatric Bed & Crisis Line Registries
If passed, Senate Bill 802 would require that beds in community mental health services programs be added to a registry of available psychiatric beds in the state. The bill would also require that community mental health services programs provide up-to-date information on the offerings and availability of their other services to the state and crisis/emergency lines. After being introduced in March, the bill was referred to the Health Policy Committee. We support this bill, as it would ensure that information on available mental health services in the state is easily accessible to youth requiring care and their families. While updated information on the availability of other beds and mental health services in the state is currently required, this would make these registries more useful to those who may be more likely to utilize community mental health services programs (and who may have limited access to other programs), particularly Medicaid enrollees.