



NEW JERSEY GOVERNOR'S COUNCIL ON *Mental Health Stigma*

STOPPING STIGMA

Eliminating Stigma to Ensure Equity for All

NEWSLETTER
MAY 2024 ISSUE VOLUME 1



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Youths' Voice Has Power to Help Themselves and Guide Others

"The average adult has emotional pain for more than ten years before getting help. If such an adult is raising a child, that message gets filtered down. We've modeled to the children in our lives to not seek help," according to Susan Tellone, RN, BSN, MSN, CSN, Clinical Director at the Society for the Prevention of Teen Suicide (SPTS) and Member of the New Jersey Governor's Council on Mental Health Stigma. "Stigma, the shame attached to talking about mental health, is real. It's so embedded in our culture. Mental illness is considered a weakness. Whether outward or silent, it's there in youth and adults."

Fortunately, these patterns can be altered and they are beginning to change as a result of the youth voice. "When you're truly listened to, there's a sense of empowerment. We need to create a space for children to speak and be heard," Tellone stressed.

" 'Tell me more' are three magic words. Youth respond to this. It encourages youth to be who they really are," Tellone added. She developed her expertise on the power of the youth voice through her roles as a psychiatric nurse for more than 40 years and at SPTS, including its Youth Council.

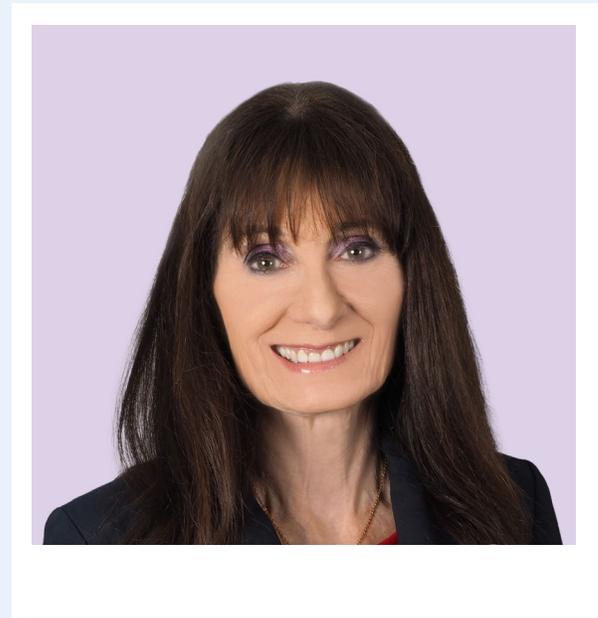
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Message from the Chair, Debra L. Wentz, PhD

The rates of depression, anxiety and suicidality among children, adolescents and young adults are continuing to increase, reinforcing the need for all of us to work together – not only during Mental Health Awareness Month, but every day – to protect this population's mental health with preventative and early intervention measures.

The Centers for Disease Control and Prevention's (CDC's) *Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2021* shows that the rates of depression and suicidal ideation and actions among high school students have exponentially increased. Persistent feelings of sadness and hopelessness nearly doubled, and nearly 38% more suicide attempts occurred in 2021 compared to a decade earlier. The CDC also reported that depression and anxiety increase as children get older. Even higher rates of depression and anxiety among young adults – twice as high as teenagers (29% and 36%, respectively, among young adults, compared to 15% and 18%, respectively, among teens) – were reported by Harvard University in October 2023.

One of the many strategies to reverse these tragic trends is to strengthen protective factors in children, youths and young adults' lives. These include building positive and supportive relationships with friends and family members; fostering a sense of meaning and purpose in life; encouraging open discussion about mental health; seeking help when needed; and developing coping skills, a positive attitude and self-esteem.



Especially it is critical to eliminate stigma. By educating individuals of all ages about mental illness, misperceptions and judgments can be rectified or even prevented. As a result, people will not discriminate against others who are struggling and generally will offer help and hope.

Fortunately, overall, children, youth and young adults are much more likely to discuss mental health challenges, compared to older individuals. However, parents, teachers and other adults must understand mental health and be free of stigma in order to support the younger individuals in their lives, as well as to take care of themselves. To foster such understanding and openness, the New Jersey Governor's Council on Mental Health Stigma is pleased to share inspiring examples of youths' voice and its impact, as well as valuable advice for adults and resources for everyone, in this publication.

I cannot underscore enough how important it is to amplify youths' voice to increase the likelihood that other children, adolescents and young adults will speak up and seek assistance when they experience mental and emotional difficulties. With this goal in mind, the Governor's Council will host a roundtable, *Addressing the Youth Mental Health Crisis: Fostering Understanding and Partnerships to Further Support the Younger Generations*, on May 22, 2024 from 10:00 a.m. to noon. It will be an incredible opportunity to gain essential understanding of youths' perspective on the mental health support they need, as well as equally vital insights from mental health experts. Please see details on page 7 and click [here](#) to register to attend this free event.

The Governor's Council strongly believes that sharing successes in overcoming behavioral health challenges gives hope to others who are experiencing crises, in addition to helping eliminate stigma. Such achievements – not only directly related to mental health difficulties, but also in the accomplishment of other goals made possible by recovery from mental illness – inspire others to pursue successes in their own lives. Click [here](#) for details on submitting success stories for consideration for posting on the Council's website.

Though we have come so far in eliminating stigma and ensuring that everyone receives the mental health care they need, we have so much further to go. We need to work together through events such as the upcoming roundtable and establishing Stigma-Free Zones; use strategies and resources such as those highlighted

on the following pages; and create and implement new programs to expand everyone's understanding of mental health. I have confidence that our vision of a stigma-free world can become a reality.

Sincerely,

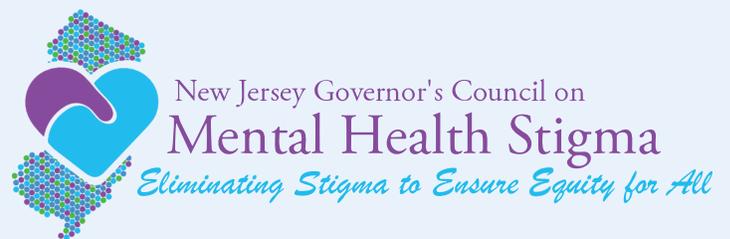


Debra L. Wentz, PhD

Chair

New Jersey Governor's Council on Mental Health Stigma

“Adults must be free of stigma to support younger individuals and take care of themselves.”



Youths' Voice Has Power to Help Themselves and Guide Others *(Continued from page 1)*

Youths' Voice Enables Adults to Be More Supportive

Although a shift away from stigma started before COVID and progressed significantly after the pandemic, stigma is still very present throughout society. "It's insidious. People are stigmatized in different ways because of culture and religious beliefs and attitudes," Tellone said.



Susan Tellone, RN, BSN, MSN, CSN

"In the past, there was no communication about mental health in people's lives or the news like there is now. Then, people started to understand mental health challenges when they saw them in their homes and felt them in their own minds,

hearts and souls. Whether deeply or mildly, everyone has been affected by the pandemic, as well as political unrest and shootings that have been occurring," Tellone said.

"Youth carry the least amount of shame attached to mental health issues," Tellone stated. However, suicide is the second leading cause of death among youth. "No one understands suicide more than youth, so we want to break down the barriers to getting help," she stressed.

"When adults listen to what youth are saying, it totally shifts their approach. Youth tell us, 'We don't really want advice or for adults to rush in to fix it. Don't judge what we're saying,'" Tellone said. "If people feel judged, they stop talking," she added, noting that judgment or the absence of it is evident in body language, not just words. Without a sense of disapproval or criticism, authentic conversations can take place.

"The best therapy is when clients are heard and come to their own decisions about what they need and what's good for them. They may ask for advice — only after

being heard and realizing that we care — and this must be given in a compassionate way, not an authoritative way," Tellone advised.

Tellone Shares Additional Advice for Adults

Tellone emphasized the importance of knowing the difference between normal teen angst and when to worry. She recommended that adults think of the medical model. "Two weeks," she said and shared an analogy to stomach pain. "On the first day, you figure it's probably a virus. If the pain persists for more than seven days, you go to a doctor. If it still persists, you go to a specialist and two weeks later, you go to a hospital," she said.

"We allow our children to be in emotional pain for much longer before we act. Parents must ask their children what's going on when their kids are behaving very differently," Tellone stressed. "Kids don't have an observable ego. They can't see themselves as others see them. Sometimes kids don't realize they're slipping into depression or anxiety. So, adults need to say if their children haven't been smiling or giving eye contact, or are no longer exercising or socializing. We must ask the question and partner with youth to help them feel better," she stated.

"Don't be afraid to ask children and adolescents if things have gotten so bad that they're having trouble waking up, feeling they don't want to wake up or thinking about dying," Tellone advised. "Be authentic with what you're seeing. Don't pretend you're not seeing or not worried. Deliver the message with love and compassion, not in a fearful or punitive way." For example, parents should not say, "You're not thinking of hurting yourself, are you?" Their children will recognize the fear and answer in a way to protect their parents, according to Tellone. Also to shield their parents, youth may feel comfortable talking with other trusted adults, such as teachers, pastors and coaches. "They feel safer to say what they're really feeling," Tellone said and advised parents: "Don't underestimate the power of youth trusting other adults and don't be upset about it. Understand that kids are trying to protect their parents."

SPTS has created Behavioral Health and Mental Health Crisis Toolkits for parents, clinicians, other caregivers and educators. They are available in multiple languages from the SPTS website, www.sptsusa.org.

DCF's Youth Council, NJYRS and other Resources Strengthen Youths' Wellbeing

The New Jersey Department of Children and Families' (NJ DCF's) Youth Council and New Jersey Youth Resource Spot (NJYRS) are excellent examples of the youth voice and its power. The Youth Council includes 15- to 24-year-olds with lived experience in the state's child welfare system who work alongside DCF leadership to create tangible changes in the system. NJYRS is a comprehensive **website** for youth in foster care or receiving services from DCF that was created and is maintained by adolescents and young adults who serve on the Youth Council.



April Rose Chabak

"The Youth Council was the first place where I was surrounded by people sharing their similar experiences in a safe space. It's the first place where I was truly heard. I was 20 years old at the time, and we had members who were 16 and 17.

We grew up together. We shared stories and watched each other graduate high school and college, and even start careers. We all had the common goal of changing the system for the next generation, and because of the Commissioner's support [DCF Commissioner Christine Norbut Beyer], we were able to make meaningful changes in a short amount of time. It was healing," said April Rose Chabak, Program Coordinator in the Office of Family Voice (OFV). In this role, she is leading the work on NJYRS.

During her time on the Council, Chabak was in college and worked four part-time jobs. She decided to find a better work-life balance and stepped down from the Council after a year. She then graduated from The College of New Jersey with a Bachelor's degree in Sociology and a minor in Fine Arts. After graduating

college and working full time in retail management, Chabak became interested in going back to what she is passionate about, and she was excited to find that OFV was hiring. Chabak began her current position in June 2023. "It was a pretty full circle moment — being a youth advocating on the council and now working for the office and being able to listen to the next generation of Youth Council members' ideas for change," she said. "It makes sense that NJYRS is under my wing. We currently have a new Youth Council cohort and I plan to follow their lead with any new ideas they have for NJYRS."

A previous version of NJYRS existed before Chabak became a Youth Council member. "It wasn't very accessible to youth. We needed one place to navigate resources," she said. While serving on the Youth Council, Chabak created a new design for NJYRS while other members collaborated on the content and media. "Not only is NJYRS elevated visually, but also, all of the content on the site is written by youth, for youth," she said, adding that NJYRS is also a resource for parents, social workers and other adults.

"NJYRS levels the playing field for professionals. It is common for youth in the child welfare system to have many different social workers with various levels of professional experience. Some are new to the field and don't know the resources in New Jersey," Chabak explained. "If my social worker is not familiar with the resources in the state, I could be missing out on thousands of dollars in supports. Not knowing about resources is the difference between me being homeless or not. It gives the power back to youth in the system. Instead of depending solely on the knowledge of a social worker, it empowers youth in the child welfare system to learn about the resources available to them and advocate for themselves. Youth who are in the system and even those who have aged out finally have a place to see what resources they have access to," she said.

"For me, having the opportunity to redesign NJYRS to reflect us — to have information that sounds like us and media that looks like us — that was healing. We are changing the narrative: That is how you de-stigmatize being in the child welfare system," Chabak said. NJYRS highlights youths' experiences and accomplishments. "When youth navigate the site and see others who look like them, I hope they feel less alone," she stated.

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Asia Panzino, OFV's Youth Engagement Advisor, echoed this sentiment. "Who better to provide input and initiate much needed changes at DCF than those who have been most affected by the actions of the child welfare system? We know that youth in care have been starting the race with a disadvantage. Our NJ DCF Youth Council wants every youth to have an equal chance at opportunities and each of them needs something a little different. It's important that youth are recognized for their uniqueness. We need to trust youth more when they say they are hurting and when they say they're okay," she said.

Panzino facilitates the Youth Council and is currently working with them to set priorities for change across DCF to present to Commissioner Beyer. "I support the work to bridge between their lived experiences and their recommendations and work with DCF staff. I get to see meaningful outcomes as DCF staff continue to learn how to co-design with youth as experts based on their lived experience." Panzino has personal experience in the system and in congregate care, which informs her role as an advisor to the Youth Council and as a clinical mental health therapist.

The initial Youth Council cohort made two noteworthy accomplishments in addition to making NJYRS a more valuable website. The group developed Enlightenment, a peer-to-peer mentoring program that hires peer mentors with DCF experience. They also have focused on keeping siblings connected while they are in foster care.

In fact, this group of 15- to 24-year-olds developed the New Jersey Siblings' Bill of Rights, which Governor Phil Murphy signed into law in January 2023.

"In a system where so many feel they have been betrayed or forgotten, being a representative of DCF who gets to hear directly from youth who have been affected by the disparities of the child welfare system, and providing an open and safe space for them to discuss their challenges and disappointments has been a humbling experience, and one that I vow to cultivate for this Youth Council and many cohorts to come," Panzino said.

Having been in foster care with her sister, Chabak is a natural advocate for youth in this system. She shares her experiences to inform some of OFV's work. "Many people who work for the state are 20 or more years into their careers and they get stuck in a routine guided by policies and standard practice. As someone who has lived experience, I share my perspective and question their normal practices. You can't change a system if you don't question it," Chabak said. "The OFV strives to incorporate people with lived experience into everything we do and intend on making that a normal practice throughout the Department."

Panzino agreed, saying, "If we want youth to be active participants in their care, we have to make the information accessible for them. We have to promote the resources and provide adequate explanations as to the 'why', not just tell them it's mandatory and if they want support, they have to comply."



Youths' Voice to Be Further Highlighted during Stigma Council's Roundtable May 22nd

To further demonstrate the power of youths' voice and extend its impact, the Stigma Council will host a virtual roundtable, *Addressing the Youth Mental Health Crisis: Fostering Understanding and Partnerships to Further Support the Younger Generations*, on May 22, 2024 from 10:00 a.m. to noon with Chair Dr. Debra L. Wentz opening the program.

Tellone will share her expertise on the power of youths' voice as an introduction to a panel discussion, *Telling it Like it Is: Youth with Lived Experience*, which will follow opening remarks by DCF Commissioner Beyer and a keynote presentation, *Why There Is an Ongoing Mental Health Crisis among Children and Youth*, by Shavonda Sumter, MBA, President and CEO of Children's Aid and Family Services, Member of the New Jersey General Assembly and Chair of the N.J. Legislative Black Caucus.

The event will also include a second panel discussion, *Family, Faith-based and Community Resources that Help*. Please click [here](#) for more details and to register to attend.





Addressing the Youth Mental Health Crisis: Fostering Understanding and Partnerships to Further Support the Younger Generations

 **May 22, 2024** | **10:00 a.m. to noon**

WELCOME REMARKS



Debra L. Wentz, PhD
Chair, New Jersey Governor's Council on Mental Health Stigma
President and CEO, New Jersey Association of Mental Health and Addiction Agencies
Executive Director, New Jersey Mental Health Institute

OPENING REMARKS



Christine Norbut Beyer, MSW
Commissioner
New Jersey Department of Children and Families (DCF)

KEYNOTE PRESENTATION

Why There Is an Ongoing Mental Health Crisis among Children and Youth



Shavonda Sumter, MBA
President and CEO, Children's Aid and Family Services
Member, New Jersey General Assembly
New Jersey Legislative Black Caucus Chair

PANEL DISCUSSION

Telling it Like it Is: Youth with Lived Experience

- **INTRODUCTION: The Power of the Youth Voice**
 - **Susan Tellone, RN, BSN, MSN, CSN**
Clinical Director, Society for the Prevention of Teen Suicide (SPTS)
Member, New Jersey Governor's Council on Mental Health Stigma
- **MODERATOR**
 - **Nicholas Spanola, MS, LPC, NCC**
Program Director, School Based Youth Services Program (SBYSP)
Brick Township High School
- **PANELISTS**
 - **Tawanna Brown**
NJ DCF Youth Council Alumna and Former Council Coach
 - **Daniel Dias**
Member of SPTS' Youth Council
 - **Sofia Gonzales-Trelles**
Participant, Brick Township High School SBYSP

PANEL DISCUSSION

Family, Faith-based and Community Resources that Help

- **MODERATOR**
 - **Mark T. Williams, BSN, RN-BC**
Chair, Somerset County Stigma-Free Committee
- **PANELISTS**
 - **Tricia Baker**
Co-founder, Attitudes In Reverse®
 - **Juanita Lopez**
Family Member
 - **Derek Malenczak, PhD, LCADC, CPRP**
Lecturer, Rutgers - The State University of New Jersey,
Department of Psychiatric Rehabilitation & Counseling Professions
Co-chair of the Rutgers Biomedical and Health Sciences' JED Campus Implementation Committee
 - **Michelle H. Pigott, PsyD**
Training & Consultation Specialist, Children's Center for Resilience
& Trauma Recovery, Behavioral Research and Training Institute
Rutgers Health - University Behavioral Health Care

For more information or to register,
visit njamhaa.org/frame-7078
or scan the QR code



DCF Services Help Eliminate Stigma, as well as Meet Behavioral Healthcare Needs

Since its inception in 2006, the New Jersey Department of Children and Families (DCF) and its Division of the Children's System of Care (CSOC) have offered a continuum of community-based and residential behavioral and mental health treatment and support services to promote the mental health and safety of children and youth with moderate to high clinical acuity.



Mollie Greene, MA, CADC

CSOC strives to deliver services that maximize well-being for youth and their families. "The CSOC promotes health and well-being through implementation of the WrapAround model, which emphasizes youth strengths as well

as needs. The CSOC Care Management Organizations (CMOs) create a comprehensive individual service plan for each youth and family that aligns with the family's vision. While the CMO approach to service planning includes clinical interventions, it also incorporates other resources and supports to meet the unique needs of the youth and family," stated Mollie Greene, MA, CADC, Assistant Commissioner of CSOC.

"We are continually working to ensure that CSOC offers a comprehensive solution for kids with mental health concerns and their families by focusing on improving service coordination and integration, as well as innovation," Assistant Commissioner Greene added. She and her team are working to increase capacity for dyadic, early relational health interventions in primary care settings and in CSOC's specialty and crisis care services. "Our field has evolved to understand the importance of identifying and intervening with even the youngest children who are experiencing behavioral and emotional challenges. We know that even very young children experience trauma and manifest symptoms

that, if not addressed, place them at risk of requiring higher-intensity mental health services as they get older," she stressed.

Although CSOC has traditionally served youth aged four and older, Assistant Commissioner Greene has been leading initiatives to strengthen mental health for even younger children. For example, in 2021, CSOC started planning and building capacity for infant and early childhood mental health services, including mobile response and stabilization services (MRSS) and intensive in-community services. "These practice changes and the uptake of services demonstrate that there is a need. We are also seeing a small number of very young children who are clinically eligible for CMO services. While it is concerning that very young children present with this level of acuity, it is imperative that our system is able to build capacity and respond appropriately," Assistant Commissioner Greene noted.

Long-Standing and Newer Services also Help Eliminate Stigma

While it is too early to determine if the new initiatives for very young children will help eliminate stigma, they certainly have the potential. "It's a step in that direction because it's an opportunity for early intervention for kids, and to help parents understand their children's challenges and 'normalize' their experiences. We need to understand that challenging behaviors or emotional distress can be a normal response to ordinary stress, as well as trauma," Assistant Commissioner Greene said. "The earlier we are able to work with parents of children who are impacted by these challenges, the more the parents will feel informed and be able to build confidence to advocate for what their children need. No one ever says they're glad they waited to get help or to understand what's needed so they can get help," she added. "More frequently, we hear that families didn't know support was available."

“The impact of the pandemic on young people’s mental health and well-being, and the surge in demand for mental health services, drew the public’s attention to what has often been called a ‘youth mental health crisis’. This forced us to confront stigma, particularly because of its impact on young people’s mental health and well-being. Youth who were at risk to begin with had challenges exacerbated by learning loss, fear of the unknown, and loss of family members; and for many youth, their experiences through the pandemic precipitated a need for intervention and support. Their world was turned upside-down,” Assistant Commissioner Greene said.

However, the pandemic “opened the door wider for conversations about youth mental health, and in some ways ‘normalized’ the experiences of youth dealing with depression, anxiety, grief, and loss. This became a common and familiar experience, which I believe has helped to reduce stigma, and encourage individuals to come forward that may not otherwise have felt safe doing so,” Assistant Commissioner Greene explained.



Diana Salvador, PsyD

According to Diana Salvador, PsyD, Clinical Director, DCF, children and adolescents are role models for living without shame. “Youth today are more proactive, open and accepting of treatment,” she said. “We need to work

with parents and increase their comfort levels in order to eliminate stigma. Parents should not just drop their kids off for therapy or leave the room when services are provided in their homes.”

Diversifying the workforce and increasing cultural competence are equally important for eliminating stigma. “Cultural sensitivity should be woven throughout all training, coaching and consultation,” Dr. Salvador stressed.

According to Sanford Starr, Assistant Commissioner, Division of Family and Community Partnerships, “A lot of DCF programming helps to reduce stigma by building mental health literacy.” For example, the New Jersey Statewide Student Support Services (NJ4S) program provides three tiers of prevention and early intervention programming to students and their caregivers across the state. “By teaching individuals how to identify the signs and symptoms of mental health issues, we are helping to overcome misperceptions. We also teach adults how to talk to kids about mental health and we teach everyone how to ask for help,” Assistant Commissioner Starr said.

NJ4S and SBYSP: School-Linked Programs that Supplement the Continuum of Behavioral Health Care



Sanford Starr

“I don’t know of any other program like this anywhere in the U.S. that provides a level of service for all students, their caregivers and school faculty across the state,” Assistant Commissioner Starr said of the NJ4S program, which consists of 15 hubs

that are staffed with prevention consultants and licensed clinicians who provide three levels, or tiers, of service, from universally accessible programs, evidence-based prevention programs and brief clinical interventions. Clinicians provide assessment and brief interventions and partner with local mental healthcare providers in efforts to meet all preventative and clinical service needs. Hubs, with the participation of their school/community advisory groups, identify and partner with a wide range of community programs and services with which to link students and caregivers. The catalog of resources and community partnerships that is curated by NJ4S staff allow hubs to be a critical link for schools that are overwhelmed with meeting the mental health needs of their students, to locate and connect to appropriate community resources.

(Continued from page 9)

Universally available programs include trainings and other events, offered both in person and virtually, as well as on-line resources that are available to students in pre-kindergarten through 12th grades, their caregivers and educators. Topics include how to handle stress and build resilience, and signs and symptoms of mental health issues. An example of an event is one for caregivers held in a community setting by a hub partner on assistance available to avoid having utilities shut off. Activities that can be searched by county and school district throughout the state are listed on the **NJ4S website**. "Since the NJ4S launch in September through mid-March, an estimated 61,000 individuals were exposed to slightly more than 1,650 of these programs. While the number of participants varies widely based on the type of event, that's an average of 37 people at every event. The hubs are really hitting the mark with students of all ages, parents and caregivers," Assistant Commissioner Starr said.

Evidence-based prevention services are designed for middle and high school students. Schools apply for specific services to meet students' identified needs. They address substance use, bullying, violence, sexual health and other critical topics for these age groups as identified by students, caregivers, schools and the participation of each hub's advisory group. The 15 hubs have an extensive and growing repertoire of evidence-based programs to draw upon, but they can also modify those programs or create unique programs to meet the needs of a diverse student population in the state.

The third tier consists of brief clinical interventions. Schools also apply to receive these services for students in need. "We're seeing a continued increase in applications for brief clinical interventions as well as requests for evidence-based prevention services. That shows a greater need for evidence-based prevention work to address concerns earlier," according to Assistant Commissioner Starr.

"We're using evidence-based programs to teach coping skills because the mental healthcare system can't handle



Shavonda E. Sumter, MBA

the explosion of teens," stated Shavonda E. Sumter, MBA, President and CEO of Children's Aid & Family Services (CAFS), the lead agency for NJ4S in Bergen County. "We can't medicate ourselves out of this," she

stressed, adding that CAFS works with more than 100 schools and other behavioral healthcare providers to meet youths' extensive and increasing needs.

Additional services are available from 86 School Based Youth Services Programs (SBYSPs), a place-based youth support program housed in select elementary, middle and high school buildings across New Jersey. In fact, Sumter was integral to efforts in preserving SBYSP funding through her role in the New Jersey General Assembly. She also serves as the New Jersey Legislative Black Caucus Chair.

"NJ4S and SBYSPs are operated in parallel and are two different approaches to assisting students," Assistant Commissioner Starr explained. With regard to NJ4S, he said, "We want schools to continue the relationships they have established with community providers. NJ4S is not meant to replace those relationships. We want NJ4S to be additive and not duplicative of efforts underway to assist students, where NJ4S can fill in the gaps."

SBYSPs have clinicians and youth development specialists on their teams. Historically, SBYSP have provided a range of student group activities from assemblies to recreational activities to job readiness skills, and healthy youth development, and provide a significant amount of individual student interventions, often of a brief clinical nature. NJ4S hubs are staffed with a heavier emphasis on evidence-based prevention interventions. Nevertheless, both NJ4S and SBYSPs offer prevention and brief clinical interventions. Students can visit SBYSPs at any time during school days.

By contrast, NJ4S staff provide prevention and clinical brief interventions before, during and after school hours and during the weekends, and are deployed to schools and other community settings, as needed. Clinical interventions can also be conducted virtually.

“We’re looking to continue supporting both programs. We want every student to be successful,” Assistant Commissioner Starr stressed.

DCF Collaborates to Best Meet Students and Families’ Needs

“We always look for ways to strengthen the entire youth service system in and beyond CSOC,” Assistant Commissioner Greene stated. She noted that all of DCF is working with the Departments of Education (DOE) and Human Services to ensure services are coordinated and achieve the maximum value for students and their families. For example, DOE and DCF have trained school staff throughout the state on the Nurtured Heart model, and DCF is collaborating with CMOs and MRSS providers on implementing the Zero Suicide approach in their organizations.

“Focusing on suicide prevention is a form of stigma reduction. It’s normalizing that these risks exist and ensuring that we’re prepared and responsive,” Assistant Commissioner Greene stated.

“You have to be comfortable with not knowing and must remember that it’s not your solution. It’s a solution for the people you want to help. If we’re not co-creating solutions, we lose opportunities to do what we set out to do,” Assistant Commissioner Greene said.

This advice is clearly being followed, as demonstrated by CSOC staff co-designing services with families. “This process helps reduce the need for kids to go into congregate care treatment,” Assistant Commissioner Greene said. “Everyone working in CSOC, including providers, has greatly reduced the need for youth residential care,” she added.



Another example is DCF’s stakeholder Advisory Council, which informs DCF’s initiatives to build capacity for integrated mental health, evidence-based practices and services, and increase access to CSOC services and supports.

DCF has also created the Office of Family Voice that facilitates the Youth Council. “The Youth Council is the first place where I was surrounded by people sharing their similar experiences in a safe space,” said April Rose Chabak, Program Coordinator, OFV. “The OFV elevated our stories to where we made tangible changes in a short amount of time,” she said, referring to the re-creation of the New Jersey Youth Resource Spot (NJYRS) **website** that she and other former Youth Council members achieved. In her current role, Cherbak leads the work on NJYRS with the council members to continually enhance this website. She shared details about NJYRS and the value of the Youth Council in an article focusing on the power of youths’ voice, which begins on page 1.

These initiatives and resources from DCF, as well as those from the New Jersey Governor’s Council on Mental Health Stigma and other stakeholder organizations, are vitally important for addressing the youth mental health crisis. According to the Centers for Disease Control and Prevention’s Youth Risk Behavior Surveillance System, feelings of persistent sadness and hopelessness, and suicidal thoughts and behaviors increased by approximately 40% among youth in the ten years before the pandemic, and COVID is having long-lasting adverse effects. Children and adolescents’ mental health is also impacted by local and global situations, including mass violence, racism, natural disasters and bullying in person and online. Without proactive efforts, these challenges would seem insurmountable. However, organizations and individuals, both independently and in collaboration, are making a positive difference.

Family Shares Experience with their Son's Mental Illness to Help Others



Reverend Jose Lopez hosts a weekly radio program that focuses on mental health.

When Reverend Jose and Juanita Lopez's youngest son was a child, he was quiet and very independent. As he grew older, he became more social and in his teen years, "There were red flags, but you take it as teenage behavior and not pay too much attention. You think they'll go away as they get more mature," Mrs. Lopez shared. Additional reasons why the possibilities of mental illness and substance use disorder did not immediately occur to them were that she and Rev. Lopez raised their children in a supportive family environment and they were always very active in their church and community.

However, during one summer, their son came home from a friend's birthday party and started acting very

differently. "He stayed in his room, didn't talk much and didn't want to go out with friends," Mrs. Lopez recalled.

"My husband was conducting a religious service in Meadowview Psychiatric Hospital in Secaucus. A lot of times, I went with him to be part of that service. I saw many people with mental illness and the way they are regular people like my son is. I saw the mental struggle and that helped me a lot," Mrs. Lopez shared. "My faith in God helps me cope with my emotions about my son's mental illness. My faith and love give me courage to speak to others about mental health," she added.

Their son continued with high school and participated in a school-based mental health program. After he graduated, he was not able to keep a

job because he could not get up early enough to get to work on time.

When their son was 20 years old, about a couple of years after the signs of mental illness became evident, Rev. and Mrs. Lopez took him to a hospital. Later, another doctor tested the son and identified an allergy to alcohol. "We don't have alcohol in the house and we learned that he was self-medicating with alcohol and other substances," Mrs. Lopez said.

The Lopez family later enrolled their son in a mental health program at Catholic Charities, Diocese of Trenton, which he continues to participate in three days a week. For seven years now, he has had his own apartment, which Catholic Charities assisted with obtaining.

Striving to Eliminate Stigma in Families and the Hispanic Community



Mrs. Lopez first recognized stigma in her other children. “They felt I treated him specially. As a baby, my son was so attached to me. Otherwise, he wanted to be left alone. Now, I recognize that as a red flag,” Mrs. Lopez said.

“Psychiatric evaluation is important for every child, even if they don’t show signs of mental illness. It should be part of physical exams every year,” Mrs. Lopez said. “Don’t wait for a crisis to happen,” she stressed.

“Many treat mental illness only with medications. This needs to be combined with therapy,” Mrs. Lopez further advised.

She and Rev. Lopez recommend to others who are struggling to see their doctors, and they see that stigma is pervasive in the Hispanic community. “Doctors ask about family history. Hispanics are not open about mental illness in their families. It’s a dark place to go,” Mrs. Lopez said.

In addition to serving on the Stigma Council since 2021 and as

State Chaplain for the New Jersey Department of Corrections, Rev. Lopez hosts a radio show in which he and others share their experiences with mental illness and encourage others to seek help.

“Hispanics usually don’t reach out for help until a crisis happens,” Mrs. Lopez said. “Now, mental health is more open, like a regular illness, but we still have a lot to do.”

“We need to be more focused on dealing with the underlying causes of behaviors. It could be a little thing causing big problems. We need to help each person be whole and the best they can be,” Mrs. Lopez stressed.

Spirituality, Religion and Faith Support Mental Health

Research has demonstrated the value of spirituality, religion and faith for strengthening individuals’ mental health. “As we learn more and more about the connections between the

mind and body, it becomes clear that spirituality, religion and faith can help some individuals live well with mental health conditions. Some individuals and families turn to faith in times of crisis to help in their recovery while others find that spiritual practices help them continue to manage their mental health,” as stated on the National Alliance on Mental Illness’ website (www.nami.org).

Several studies that examined the impact of spirituality and religiosity on health outcomes for the general population during the pandemic revealed that “spiritual and religious beliefs could be associated with greater coping, less mental health problems (stress, anxiety, depression) and better well-being,” as shared by the National Institutes of Health, National Library of Medicine.

Links to resources that focus on mental health, culture and religion are available on the New Jersey Governor’s Council for Mental Health Stigma website (nj.gov/mhstigmacouncil/).



Sharing Personal Experiences with Mental Illnesses and especially Recovery Is the Best Way to Eliminate Stigma

Please submit your success stories for consideration for posting on the New Jersey Governor’s Council on Mental Health Stigma’s website.

Click [here](#) for details and the online submission form.



Meet Council Member Heidi Castrillon



Heidi Castrillon is the Founder and CEO of BIZ REPUBLIC, a public relations and communications digital platform, and President of the Hudson County Latin American Chamber of Commerce. She has been serving on the New Jersey Governor's Council on Mental Health Stigma for nearly eight years.

STIGMA COUNCIL:

What personal rewards are you gaining from serving on the Council?

HEIDI CASTRILLON:

It is opening my eyes in an area that isn't visible. Mental health issues affect everybody — all ages, genders, etc. I'm learning a lot more about resources, and the information I gain is very helpful. I'm always involved with the community, so I can reach out and spread the word to foster solidarity with people with mental health issues.

STIGMA COUNCIL:

What do you see as the Council's impact to date?

HEIDI CASTRILLON:

From the time I joined until today, I believe the Council is getting to be known more. It's become more visible, for example, on social media. Before, no one knew of this Council and now they do. I encourage people to reach out to the Council because it's such a valuable resource. I promote all of the Council's programs and efforts.

STIGMA COUNCIL:

What do you envision the Council achieving and how do you see its impact expanding in the future?

HEIDI CASTRILLON:

I see it growing and opening more doors, creating more connections throughout New Jersey. It will become

more natural for people to recognize when others are struggling and support each other. The Council's articles and other resources are making this happen. People don't feel shy, have fear or feel different because they have difficulties that are not physically visible. The Council gives people ways to cope with their situations.

Women wear many hats and they may do exercise to look good, but we're not taking care of our mental health. This is very important. We need a routine of taking care of ourselves. Mental health issues can lead to silent death. It can damage relationships and lead to job loss if mental health issues are not addressed. The Council can help with this.

STIGMA COUNCIL:

What progress toward eliminating stigma have you observed in society overall?

HEIDI CASTRILLON:

People now know it's okay to say they have depression or anxiety. There is no fear of being seen as crazy. Society is more used to it; people are more alert.

It's very important to ask family members and colleagues how they're feeling, to encourage them to talk to you.

STIGMA COUNCIL:

What else is needed to achieve this goal?

HEIDI CASTRILLON:

We have to reach out more and participate more actively through social media and, if possible, on radio and TV. Ambassadors need guidelines for promoting the

Council and its efforts to eliminate stigma. I'm glad the Council created materials to share at events. They help us spread the word more about the Council.

We need informational graphic elements - different for all ages, especially teenagers because they are very vulnerable. I hear about challenges every day from my daughter, niece and other youth. We need to help them be healthy and prevent damage to their brains.

I thank the Council for developing and implementing programs to get information out to the Latino community. There's a gap. There's no access to many resources that other groups have because of language barriers. The Council has been transformative for the Latino community.

STIGMA COUNCIL:

What message do you have about the importance of eliminating stigma and how the Stigma Council can support them?

HEIDI CASTRILLON:

Being healthy mentally is so important for our daily life. It's as essential as electricity. Someone can be perfect in their job, but struggling mentally in their private life. For people who don't understand mental illness, they need to have patience and learn that it can take a long time to recover.

Some people say to others who are struggling to just get medication, but that is just a Band-Aid. We need to work and get support to be more secure with ourselves.



Mission

The mission of the Governor's Council on Mental Health Stigma is to combat mental health stigma as a top priority in New Jersey's effort to create a better mental health system. Through outreach and education, the Council will send a message that mental health stigma must no longer be tolerated.

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