

Transcript
Youth Voice in Mental Health Messaging

STAW, August 20, 2025

Moderator: Welcome, everyone. Before we begin, I'd like to share our standard disclaimer. This is our general statement. We are funded through the Health Resources and Services Administration, HRSA, of the U.S. Department of Health and Human Services. The information and content we share today reflect the views of the authors and should not be taken as the official position of HRSA, HHS, or the U.S. government.

A quick note on participation. If you'd like to view closed captions, click the CC button at the bottom of your Zoom screen. Follow-up materials will be available on our website after the webinar. If you have questions or comments, you can use the chat feature. Please stay muted unless you're speaking. You'll be able to unmute yourself later for questions or discussion. You're welcome to leave your camera on, and it's fine if you need to turn it off for a while. When asking questions, we encourage you to turn your camera back on.

This session is being recorded. If possible, please also rename yourself by clicking the three dots at the top right of your Zoom window and adding your state along with your name. That way we can see where participants are joining from.

Here are our quick guidelines. We ask that everyone stay present and curious. This is a learning experience for all of us. Please also take care of yourself as needed. The session is only an hour, so there won't be a scheduled break, but if you need to step away, please do.

Now, I'll introduce our presenters from the New Jersey Department of Health and the American Academy of Pediatrics.

Our first presenter is Jenny Blackne. Jenny received her dual master's degree in human sexuality education and marriage and family counseling from New York University. She began her career working with youth in New York City, focusing on youth development, empowerment, mentoring, mental health, and behavior change. She then worked with the Centers for Disease Control and Prevention, researching, replicating, and evaluating evidence-based programs. More recently, her work has focused on delivering programs, training professionals, and expanding access to youth mental health and social-emotional learning. She is currently Program Manager of the Child and Adolescent Health Program at the New Jersey Department of Public Health, overseeing youth-focused programs and a statewide youth engagement initiative. She is also President of the National Network for

State Adolescent Health Coordinators and Principal Investigator for the New Jersey Garrett Lee Smith Youth Suicide Prevention Grant.

Joining her today is Lynette Mantel. Lynette received her master's degree from Rutgers University in 2022. Before joining the New Jersey Chapter of the American Academy of Pediatrics, she was a resident assistant and mentored college students on mental health, sexual health, community, and leadership. She now manages the Youth Planning Committee, a group of 25 youth ages 15 to 22 who meet to discuss mental health, reduce stigma, and support their peers. The committee also designed a statewide campaign and toolkit on suicide prevention, which she will share with us today.

Jenny: Thank you, Lauren. Hi, everyone. Our presentation is titled *Nothing About Them Without Them*. If you've received emails from me, you've probably seen that phrase in my signature. Today we'll talk about how we partnered with youth to create a statewide, youth-centered suicide prevention and awareness campaign.

I'll start with an overview of our Garrett Lee Smith grant. It takes a public health approach to youth suicide prevention. Our goals are to improve youth readiness to thrive by increasing resiliency and protective factors; to improve readiness to support by expanding the ability of professionals and organizations to identify and work with youth at risk for suicide; to improve readiness to care by building the capacity of clinical providers to assess and treat youth; and to improve readiness to embrace by strengthening continuity of care and follow-up for youth at risk or those exposed to suicide.

The Department of Health leads this grant, but we work with many partners. It's interdepartmental, involving the Department of Children and Families, the Children's System of Care, the Department of Human Services, and the Office of the Secretary of Higher Education. Our sub-awardees include the New Jersey Chapter of the American Academy of Pediatrics, the Council of County Colleges, Empower Somerset, and Monmouth University. Community partners who collaborate include the Society for the Prevention of Teen Suicide, the New Jersey chapter of the American Foundation for Suicide Prevention, the Mental Health Association of Monmouth County, the New Jersey Traumatic Loss Coalition, and Conscious Youth Development Services, among others.

So far, we've hosted four youth summits, reaching more than 400 youth and school staff. Our final summit will take place this September. We created the Prevent Suicide NJ website, launched Project Connect to link youth and families leaving emergency

departments with services within 72 hours, established a Youth Planning Committee, and created a youth-led suicide prevention campaign.

Lynette: Thank you, Jenny. The Youth Planning Committee is structured like an advisory board. Last year we launched our first cohort with 13 youth ages 14 to 19 from across New Jersey. This year we expanded to 24 youth ages 14 to 21, ensuring greater diversity. We recruited youth from partner events, including summits held by the Society for the Prevention of Teen Suicide, our own prevention summits, schools, and other youth-serving organizations.

The committee runs as an eight-week summer program. Youth participate in workshops led by mental health advocates and professionals. Last summer, the Society for the Prevention of Teen Suicide spoke with them about warning signs and peer conversations. The American Foundation for Suicide Prevention taught leadership and advocacy. These sessions gave youth opportunities to connect with one another and discuss real issues.

We also educated them on wellness, mental health services, peer support, and safe messaging. That safe messaging piece became central to the statewide social media campaign. We partnered with a media company for technical support, but the content—slogans, graphics, and messages—was created entirely by the youth.

To reduce risk, we obtained written consent from parents and guardians. A certified mental health consultant attended all sessions and provided support if any content felt triggering. We also built in daily reflection surveys. Students who wanted follow-up could connect with staff or the consultant. In addition, we included workshops on self-care and therapy, many led by our youth associates.

The campaign materials reflect issues that youth identified as most important. One sticker says, “Your mental health is as important as your GPA. Prioritize both.” Another poster reads, “Your mental health is not an afterthought. It’s a priority.” Other graphics emphasize checking in on friends and strategies for managing stress.

The campaign allows flexibility. Schools can tailor images to reflect their own demographics. New Jersey is one of the most diverse states in the country, so it was important to make sure materials could be adapted. Schools can even hold their own photo shoots to feature their students.

We also included something called a “mental health fit check.” At first, I didn’t know what that meant—it’s usually about showing off your outfit of the day—but youth adapted it to mental health. They made short videos describing their outfit and how it supports their

mental well-being. These videos became part of both local campaigns and the statewide campaign.

Jenny: Since this campaign is part of our Garrett Lee Smith grant, we conducted a formal evaluation with Dr. Michelle Scott from Monmouth University. We used a post-retrospective survey design. Youth reflected on what they knew before and after the program, which avoids inflated self-ratings at the beginning.

The results were very positive. Every participant rated the workshop series as excellent or very good. All felt safe sharing, supported by peers and leaders, and appreciative of having access to a mental health provider. All said they felt confident they could connect a peer to help.

Two themes stood out for the campaign: making sure youth know where and how to get help, and building a sense of community so no one feels alone. Many youth said the best part of the workshops was collaborating and feeling that their voices were validated.

Parents were also interviewed. Interestingly, many acknowledged suicide as a national issue but did not see it as a problem in their own community—even in districts where suicides had occurred. That was eye-opening and shows where more work is needed.

Youth participants received stipends or community service hours for their contributions. Recruitment took nearly two years before the first cohort formed, and it required patience. Working with youth can be challenging—they have many responsibilities and strong opinions—but that is part of the process.

We launched the campaign in June 2025. It shows what's possible when youth lead the way.

Audience Q&A

Audience Member: I really like the “Be a lifeline: check in on your friends” message. I think youth care deeply about their friends and sometimes don't know what their role should be in supporting them.

Jenny: Thank you. That's exactly the kind of feedback we hoped for. Youth wanted to emphasize friendship and peer support, while also making sure they knew when to reach out to adults.

Audience Member: The messages feel hopeful and positive.

Lynette: Yes, that was very important to us. Schools can swap images to better fit their communities, and we recently held a photo shoot with our youth so the campaign can feature real students from New Jersey.

Audience Member: Did you use stock photos or real images of the youth?

Lynette: The images so far are stock, but with permission to use. However, the new photo shoot with youth will allow us to replace stock with real images, which will make the campaign even more relatable.

Audience Member: What about evaluation? What challenges did you face?

Jenny: We know evaluation can be difficult—finding measurable outcomes, maintaining participation over time, and aligning with partners. We were fortunate to work with Dr. Scott, who is an expert. We used surveys that measured perceptions, belonging, knowledge, and confidence. Results showed youth felt a strong sense of safety and connection. Most importantly, all felt confident intervening to support a peer.

Audience Member: How did you handle compensation for youth?

Lynette: We offered stipends. For those who preferred, we also offered community service hours, which many high schools require for graduation.

Audience Member: What was the timeline for launching this program?

Jenny: Recruitment took about two years. We were constantly seeking youth through events and partnerships. Once we had a solid pool, we formed the first Youth Planning Committee and ran the first summer program. From that first summer program to the launch of the campaign took about one year. So overall, it was a multi-year process.

Audience Member: That's helpful. It sounds like patience and thoroughness were key.

Jenny: Absolutely. This is important work, and rushing would have hurt the outcome. It's better to take the time to ensure safety, youth involvement, and meaningful messaging.

Audience Member: What challenges came with working with youth?

Lynette: Youth are busy, so attendance can fluctuate. They also have many opinions, which sometimes slowed decision-making. But patience paid off—their input made the campaign stronger and more authentic.

Closing

Moderator: Thank you all for a wonderful discussion. Please note our upcoming events: ongoing state technical assistance webinars on Wednesdays at 2 pm, and our next CSN public webinar on September 29 from 2 to 3 pm Eastern. That webinar will focus on multi-tiered approaches to preventing bullying and suicide, promoting digital wellness, and supporting schools.

We'd love your feedback on today's session through our brief evaluation form. Please continue to engage with us through social media and our website.

Thank you again to Jenny and Lynette for an excellent presentation, and thanks to everyone for joining us.

Jenny and Lynette: Thank you so much. It's been a pleasure.