



## Helping Communities Promote Youth Mental Health

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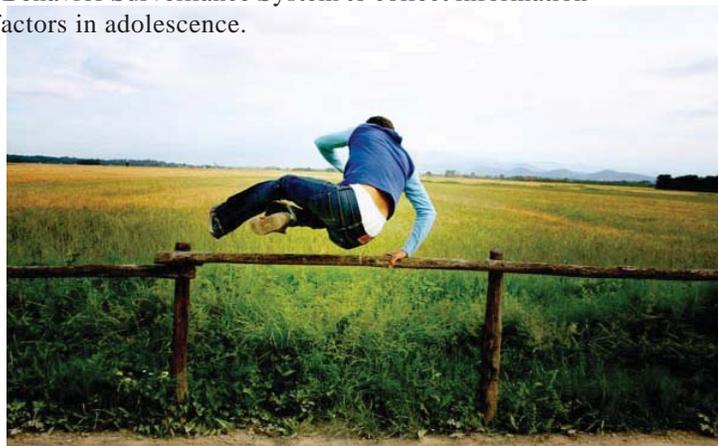
This issue focuses on the communities and schools that are critical to fostering youth mental health. As children grow into young adults, they look to the peers and adults in their lives to model appropriate behaviors, provide opportunities to gain skills and recognition, and provide emotional support. Public health professionals are critical in supporting communities in these roles by providing them with the information, tools, structures, and resources they need.

In this issue, Michelle Bell emphasizes the importance of building effective community networks and how public health professionals support those networks. Kevin Haggerty et al. observe that information on how to promote youth mental health is widely available—the challenge is to get this information to the people who work with youth. His article is also accompanied by a short piece by Tracy Brazg on an innovative professional/youth/community collaboration technique, called Photovoice.

Robin Mack et al. give information on the development of a program to provide tools and resources to support mental health services for American Indian and Alaska Native youth. Mickey Kander highlights strategies to support stable living situations for youth in out-of-home care. An article by Deborah Shattuck describing a school for homeless children follows.

State reports highlight innovative programs to help communities promote youth mental health. There is also a table comparing each state's use of versions of the Youth Risk Behavior Surveillance System to collect information on risk and protective factors in adolescence.

Photo courtesy of Valerio Lo Bello



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Your comments and content suggestions for the *Northwest Bulletin* are most welcome. All content is published at the discretion of the editorial board.

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Family and Child Health

## You Have Valuable Information— Share It with Your Legislators

Some important regional advocacy issues in which you can get involved include:

- ◆ Immunization
- ◆ Public health funding
- ◆ Coverage of mental health for all children, including immigrants
- ◆ Treatment for postpartum depression
- ◆ Nurse-family partnerships

Google “nurse-family partnerships” and get information on what’s happening in your state. Visit the Website of the [Washington State Postpartum Depression Awareness Campaign](#) and get information that may help you develop a campaign in your state.

You have valuable information from your work to share with your state legislators, and they want to hear from you. Visit them at your state capital, or in your district, if the state legislature is not in session.

Don't be limited by the above maternal and child health issues. Follow your passion! ◆

*Cynthia Shurtleff is a community liaison for the Washington Chapter of the American Academy of Pediatrics.*

### Editorial Board Updates

We'd like to welcome **Sherry Iverson** to the Northwest Bulletin's editorial board. Sherry is director of Women's and Children's Community Education at St. Luke's Regional Medical Center, in Boise, Idaho. She is also executive director of the Idaho Chapter of the American Academy of Pediatrics.

The *Northwest Bulletin* extends many thanks and best wishes to departing members who have been an integral part of our work for several years. **Martha Skiles**, Oregon representative, is off to the University of North Carolina, Chapel Hill, to pursue a doctoral degree in maternal and child health epidemiology. She will be accompanied by her three children—all under 8 years of age—her husband, and a cat. And **Candi Wines**, Washington representative, is off to adventures even further afield—she moved to the Netherlands.

Editorial . . .

# Building Effective Community Networks

*Michelle Bell*

Promoting the mental health and well being of youth and children is a major focus and outcome of all the work we do in maternal and child health. As the articles in this issue of the *Northwest Bulletin: Family and Child Health* illustrate, activities promoting youth mental health take place everywhere youth are: at home, in school, and in urban and rural communities. And interventions promoting youth mental health take place at all levels, from individuals and families to programs and policies at the local and state levels. Research has isolated the factors that prevent, as well as place, youth at risk of mental health problems. How can we use this knowledge to promote the mental health of youth?

A key area for mental health promotion lies in building effective community networks that bring together members of the community with the health, education, and social service professionals and organizations that serve children and families. For most communities, building effective networks means building the capacity to identify needs as well as assets and potential resources. What do we mean by “community capacity”? While researchers work to define capacity in measurable terms, one simple scheme includes: clear goals, leaders who can articulate and build consensus around these goals, skills and resources needed to reach the goals, networking, and sustainability.<sup>1</sup>

The [Washington State Family Policy Council](#) partners with communities across the state to reduce social problems closely related to youth and children’s mental health: domestic violence, abuse and neglect, youth alcohol and drug use, violence, and suicide. Working in partnership with the state’s Community Public Health and Safety Networks, the council provides counties with the tools and resources needed to help them identify and respond to the needs of children and families, and coordinates the flexible use of public funds by state and local service agencies. The council has adopted a set of indicators that can be used by communities to measure social problems related to mental health. Communities can use these indicators to identify problem areas and to measure change over time. The state can use these indicators to identify communities that require additional resources and to suggest modifications in public policies and programs.

Local and state public health agencies play a critical role in building community networks by providing leadership; technical skills, such as data compilation and analyses; and financial and in-kind resources. Perhaps most importantly, public health agencies and professionals are critical to the sustainability of community networks, because networking is such a central part of what they do. ♦

*Michelle Bell, PhD, MSW, is associate professor emerita of the Department of Health Services, University of Washington, Seattle. Dr. Bell is also a founding member of the Northwest Bulletin: Family and Child Health.*

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<sup>1</sup> Adapted from Goodman RM, Speers MA, McLeroy K, et al. Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Educ Behav.* 1998;25;258-278

Public health agencies and professionals are critical to the sustainability of community networks

# Guiding Communities' Efforts to Promote Youth Mental Health

Kevin P. Haggerty  
J. David Hawkins  
Kara Estep

Prevention is based on a simple idea: if you want to prevent something from happening, you have to change the factors that predict it. Long-term studies of young people have identified protective factors that promote positive development in young people and risk factors that can interrupt that development. The identification of protective and risk factors provides the foundation for a public health model to prevent adolescent health and behavior problems.

## Identifying Protective and Risk Factors

All children need opportunities to be positively influenced by adults and peers; the skills to participate and succeed in social, school, and civic settings; and recognition for their efforts and accomplishments. When young people are provided with opportunities, skills, and recognition, they develop strong connections with and commitment to the families, schools, and communities that provided them. And when families, schools, and communities communicate to young people clear standards of behavior, those who feel emotionally connected and invested in the group will follow those standards. These five factors—**opportunities, skills, recognition, connectedness, and standards of behavior**—are protective factors that promote positive development in young people.



Risk factors that can interrupt positive social development include community laws and norms favorable toward drug use, firearms, and crime; a family history of problem behaviors; academic failure beginning in late elementary school; and early and persistent antisocial behavior. These risk factors can be found in neighborhoods and communities, families, schools, and peer groups, as well as in individuals themselves. They increase the probability of delinquency, violence, substance abuse, teen pregnancy, dropping out of school, and depression and anxiety. Because they predict future problem behaviors, risk factors are potential targets for preventive action.

We know how to help communities strengthen their public health prevention systems for the positive development of all their children

## Developing Prevention Programs and Policies

Information about rigorously tested programs and policies that promote protective factors and reduce risk factors for healthy youth development is now widely available. For example, 56 tested and effective programs and policies are summarized in the [Communities that Care's Prevention Strategies Guide](#), available through the United States Substance Abuse and Mental Health Services Administration. Programs range from prenatal and early childhood interventions, to community-wide environmental strategies, and to school-based curricula that teach youth the social and emotional skills needed to navigate life.

The challenge is to effectively transmit this knowledge from the field of public health into the hands of those working with young people. How can we help communities understand and apply information about risk and protective factors, and the programs and policies proven to promote healthy youth development?

## Guiding Community Prevention Efforts

**Communities That Care** (CTC) provides communities with the structure and tools needed to promote healthy youth development. Using a data-driven and community-operated approach, CTC seeks to change settings affecting young people—schools, families, community service organizations, and ultimately, the community itself—by ensuring that tested and effective policies and programs for reducing risk and enhancing protection are available and implemented. The CTC system is designed to increase communication, collaboration, and ownership among community members (see the article on page six about use of an innovative collaborative technique, Photovoice, in a CTC-based project).

The five-phase CTC process (see figure) includes:

- ◆ Assess community readiness to undertake collaborative prevention efforts (get started)
- ◆ Get a commitment to the CTC process from community leaders and form a diverse and representative prevention coalition (get organized)
- ◆ Use epidemiologic data to assess community prevention needs (develop a profile)
- ◆ Choose tested and effective prevention policies, practices, and programs based on assessment data (create a plan)
- ◆ Implement the new strategies with fidelity, in a manner congruent with the program’s theory, content, and methods of delivery, and evaluate progress over time (implement and evaluate)

## Evidence of Effectiveness

Available evidence indicates that helping communities move through these steps increases the use of tested and effective programs. More importantly, completion of these steps has been followed by positive changes in youth behaviors, including reductions in drug use and delinquency.

Four years after initiating a CTC-program<sup>1</sup>, we found communities assigned to the experimental condition of a randomized control trial were significantly more likely to adopt tested and effective programs, implement programs as designed and tested, reduce targeted risk factors, and reduce delinquent behavior.

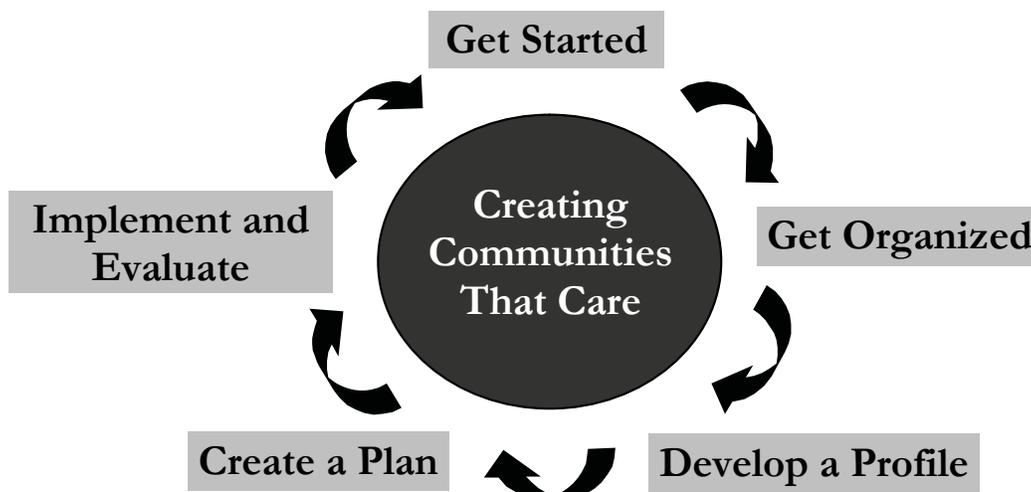
Twenty-five years ago we did not have the technology to prevent delinquency and drug abuse. As a result of progress in prevention science, we know how to help communities strengthen their public health prevention systems for the positive development of all their children. ◆

*Kevin Haggerty, MSW, is assistant director of the Social Development Research Group, School of Social Work, University of Washington, Seattle. He is the principal investigator of the Focus on Families project and co-principal investigator and project director of the National Institute on Drug Abuse-funded Raising Healthy Children project. J. David Hawkins, PhD, Endowed Professor of Prevention, is the founding director of the Social Development Research Group. His research focuses on understanding and preventing child and adolescent health and behavior. Kara Estep is a research coordinator at the Social Development Research Group.*

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Five-phase Communities That Care Process



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## Photovoice: Engagement through photographs

Tracy Brazg

Existing research<sup>1</sup> on preventing youth substance abuse confirms the need to seek strategies that combine the strengths of researchers with community expertise. As youth are the experts on their own lives, it is important to discover ways to engage youth in community-based substance abuse prevention efforts. Photovoice<sup>2</sup> is one creative method that has the potential to engage youth and the greater community in the data collection and analysis necessary for a comprehensive assessment of community-based health promotion efforts.

As part of the profile phase of the Communities That Care process, *Our Community in Focus* project used photovoice to engage youth, aged 15 to 18 years, in an assessment of their substance use and abuse. By taking photographs of events in their lives to answer the question, "What contributes to adolescents' decisions to use or not to use alcohol and other drugs?" youth were able to reflect on their community's strengths and concerns with regards to adolescent substance abuse.

In many ways, these photographs compelled the community towards action. Multiple exhibits of the photographs around the community generated discussions and collaboration on possible solutions. Results of the project were: 1) a deeper understanding of the issue, 2) successful engagement of youth and adults in the assessment and planning of community-based prevention strategies, and 3) community-owned data disseminated in creative ways. Given the outcomes of *Our Community in Focus* project, we highly recommend photovoice as a method for a youth-centered, community-level substance abuse assessment. ♦

Tracy Brazg, MSW, MPH, recently graduated from the Maternal and Child Health Leadership Training Program. *Our Community In Focus* was her MPH thesis project. She is currently employed by Health Research Associates, a health consulting company located in Montlake Terrace, Wash.

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<sup>1</sup> See the resource section for references.

<sup>2</sup> More information about photovoice and examples of projects are at [www.photovoice.com](http://www.photovoice.com).

# The People Are the Project: The Nak-Nu-Wit Circles of Care Program

Robin Mack  
Robbie Gondara  
Mattie Tomeo-Palmanteer

The purpose of Nak-Nu-Wit<sup>1</sup> Circles of Care Program is to provide the tools and resources needed to design systems of care to support mental health services for children and their families in American Indian and Alaskan Native (AI/AN) communities living in four Oregon counties. Funding for the program came from a Circles of Care grant from the Department of Health and Human Services Substance Abuse and Mental Health Services Administration to the [Native American Rehabilitation Association of the Northwest](#).

The ultimate goal of the program is to develop an integrated, holistic, and culturally relevant system of mental health care for AI/AN children, and youth through 22 years of age, diagnosed as, or at risk of becoming, seriously emotionally or behaviorally disturbed, and their families. Early steps in the program included assembling an advisory council and conducting a community needs assessment.



Halloween powwow at Nak-Nu-Wit Circles of Care Program

## A Culturally Specific Definition

Members of the Nak-Nu-Wit Advisory Council come from across the United States and brought life experiences from both reservation and urban settings. One of their first tasks was to develop a culturally and community-specific definition of severe emotional behavioral disturbance as follows: “Native people who are working to challenge trauma, find balance, and restore their emotional, physical, mental and spiritual health. Our community values individuals regardless of their situation or problem.”

## Community Needs Assessment

The findings from our needs assessment guided us in identifying the urban AI/AN community point-of-view, describing gaps in and barriers to services, identifying useful and positive existing services, and sending a

message to the larger community that every voice matters. Below are listed some of the needs and barriers identified in focus groups and surveys of youth, parents and caregivers, and service providers:

### Needs of AI/AN communities:

- ◆ Mentors and positive role models for youth
- ◆ Cultural activities for youth
- ◆ Counseling and parenting training
- ◆ Increased parent and family involvement
- ◆ Wraparound and coordination of services

<sup>1</sup> **Nak-Nu-Wit** comes from the Columbia Salish name s-ha’pt’noxw, from the Sahaptin language of the Wina’tshapam and Kawaxchinla’ma tribes. **Nak-Nu-wit** translated into the English is “Everything/all things are being taken care of for the people; the people are the project, our responsibility, our work.” This translation was given by a Yakama enrolled (Cowlitz/Palouse) tribal elder Margaret Jim/Pennah/ (Wye-Wyn-Myeh).

- ◆ Educational support
- ◆ Services to meet basic physical and mental health needs
- ◆ Alcohol and drug abuse services

**Barriers to mental health care:**

- ◆ Current and intergenerational trauma
- ◆ High levels of depression
- ◆ Stigma associated with mental health issues and diagnoses
- ◆ Racial and cultural discrimination
- ◆ Service providers' lack of cultural knowledge of diverse American Indian tribes
- ◆ American Indians' lack of trust in mainstream service providers

Our Nak-Nu-Wit community needs assessment provides extensive and valuable information regarding the mental health service needs of AI/AN children and youth in our communities. While it is an important snapshot of our community that we will build upon and utilize in the development of our service delivery model, we are also committed to an ongoing engagement and dialogue with our community, including with our Nak-Nu-Wit Advisory Council.

We are honored that our community has shared their point-of-view with us and we look forward to giving back by addressing their expressed needs in future services to our children, youth, and their families. ◆

*Robin Mack, is project director; Robbie Gondara is assistant project director; and Mattie Tomeo-Palmanteer is youth project coordinator for the Native American Rehabilitation Association of the Northwest.*

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## Urban American Indian and Alaska Native youth have high rates of health risk behaviors

*Shira Rutman*

According to a recent study by the Urban Indian Health Institute<sup>1</sup>, we are failing to meet the mental health needs of American Indian and Alaska Native youth in urban areas around the country.

The study used national Youth Risk Behavior Survey (YRBS) data (1997–2003) to examine the prevalence of health risk behaviors in this population. Whites were used as the comparison group for the study. The survey is a self-report questionnaire administered biennially by the Centers for Disease Control and Prevention to a sample of ninth- through twelfth-grade students in public and private high schools.

A number of health risk behaviors were at least two-fold higher in urban American Indian and Alaska Native youth. These include sexual behaviors, illegal drug use, violence at school, and experiences of rape, assault and pregnancy. Other risks were over three-fold higher, including suicidal behaviors, feeling unsafe at school, and needing medical treatment from a fight.

Risky behaviors such as these are often accompanied by depression and other co-morbid factors. Effective mental health interventions should target multiple health risk behaviors in a holistic manner and address their relevant social and psychological origins.

The potential exists to improve the mental health of youth by funding health care and culturally competent programs for American Indian and Alaska Native youth in urban areas.

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<sup>1</sup>Rutman S, Park A, Castor M, Taulii M, Forquera R. Urban American Indian and Alaska Native youth: Youth Risk Behavior Survey 1997-2003. *Matern Child Health J.* 2008 May 16. [Epub ahead of print.]

# Protecting the Mental Health of Youth in Foster Care

Mickey Kander

**Y**outh in out-of-home care are twice as likely as youth in the general population to have a mental illness. A variety of factors contribute to this disparity including abuse, neglect, placement in multiple foster homes, and disconnection from family members. All children in this population can claim they have experienced at least one traumatic event, and, as a result, often have difficulty coping with their own thoughts, feelings, and behaviors.

One way to promote the mental health of youth in out-of-home care is to provide them with stable living situations. This concept, known as permanency, is being promoted throughout the country as a means to improve a variety of well-being measures, including mental health.



Results from state child and family services reviews reveal that the mental health of children in care is significantly better for those who have achieved permanency or placement stability. And children and youth whose mental health needs are being met are more likely to remain in permanent placements. Strategies that support permanency include (1) enhancing the health promotion skills of youth and their peers, and (2) enhancing the abilities of adults to identify and secure the services necessary to keep youth healthy. This second strategy can be split into three categories: screening, effective mental health practices, and advocacy for services.

## Strategies to Enhance Health Promotion Skills

There are more mental health promotion practices with a credible research base available now than ever before. Approaches, such as [Multi-Dimensional Treatment Foster Care](#) and [Trauma-Focused Cognitive Behavioral Therapy](#), can be used to teach youth necessary coping skills and how to be effective stewards of their own care.

The mental health of children in care is significantly better for those who have achieved permanency or placement stability

The State of California hosts an online searchable database of evidence-based practices associated with children and youth in foster care called the [California Child Welfare Clearinghouse](#).

## Strategies to Obtain Adequate Services

### Screening

A recent study revealed that many child welfare jurisdictions often miss opportunities to catch mental health problems early, due in part to a lack of screening and to inconsistencies in practices after screening. Harborview Medical Center's [Foster Care Assessment Program](#) provides evaluations for youth whose mental health needs require clarification. The program's evaluators work with families and professionals to identify the mental health challenges of youth and to design plans of care to adequately meet their needs.

### Evidence-Based Practice

The incorporation of increasingly available, evidence-based treatments into mental health systems is a means to ensure that high-risk youth are adequately provided

for. One example is the Washington State Department of Social and Health Services' initiative to treat youth who have experienced severe trauma by training clinicians statewide on Trauma-Focused Cognitive Behavioral Therapy.

### Advocacy

To truly address the mental health needs of youth in out-of-home care, it is necessary for child welfare social workers, foster parents, and birth parents to work together to effectively advocate for youth within the mental health system. To promote this kind of partnering, Casey Family Programs is pilot testing the Parent Engagement and Self Advocacy curriculum. Written by the REACH Institute in New York and Sandra Jimenez, a birth parent advocate with the Annie E. Casey Foundation, the curriculum provides an opportunity for the various stakeholders in a child welfare case to develop empathy for each others' roles, as well as the skills to improve their advocacy abilities. ♦

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## Sharing Health Information: Children in Foster Care

Julie Stachowiak

Children in out-of-home care often have complex medical and mental health needs. In addition, their medical histories are often fragmented, trailing across many counties or states. The Foster Care Public Health Nurse Services<sup>1</sup> has been extensively involved in creating health history reports, with the goal of making it easier to share, at any stage of placement, a child's health care information with caregivers, social workers, and health care providers. The services, a partnership between local public health jurisdictions, Washington State Department of Social and Health Services Children's Administration, and the State of Washington, also provide consultation, health education, and referral support to caregivers and social workers.

The comprehensive health history reports are compiled from information in health histories and medical records by public health nurses, often with the help of health program assistants. The reports are maintained within the Department of Social and Health Services case management information system, and a summary is distributed to the assigned social worker and caregiver, along with nursing recommendations. The social worker also receives all of the medical records used to produce the history. Caregivers are instructed to share health histories with providers at health care appointments.

Challenges to providing this service include confidentiality issues, the fluid nature of legal status and placements, technology limitations, and frequently changing health care systems. Current program planning includes continued collaboration with the Children's Administration in the development of a new health module, which will be part of a new statewide Department of Social and Health Services' social service case management system. ♦

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<sup>1</sup> Formerly the Foster Care Passport Program

# Poverty, homelessness, and trauma: Helping children transcend in order to learn

Deborah Shattuck

**P**overty and homelessness put children and youth at special risk for mental health problems. According to the [National Child Traumatic Stress Network](#), homeless children have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems of children in stable living situations. Homeless children have lost their communities, possessions, security, and routines. In addition to the trauma of these separations, they often have experienced or witnessed physical or emotional violence.

In Seattle, a small, private, non-profit school, called First Place, provides security, routine, and community to children living in homeless shelters in the city and surrounding King County. In addition to its academic program, the school fosters family stability by providing temporary housing, case managers, and job training. All of this on an annual budget of \$2 million—along with donations of volunteer time and gifts.

## More than just a school

Approximately 65 children, whose families are homeless or at risk for becoming homeless, attend kindergarten through sixth grade at First Place. On average, students attend the school for one year, though they can stay as long as three years—however long it takes to place families in permanent housing and find parents employment. At school, children are provided with breakfast, lunch and snacks, clothing, school supplies, and health care. They are also provided with bus transportation to and from the school.



Children from homeless shelters on their way to school in a First Place bus

The school has over 20 years experience in helping homeless children grow and learn. That learning starts with addressing the emotional needs of traumatized children.

“The basics” redefined  
Extreme transience, poor nutrition, hunger, illness, anxiety, loss of sleep—all these conditions make it extremely difficult for these children to focus on learning at school, and contribute to academic and development delays. In addition, the fear and anxiety caused by trauma contribute to inappropriate behaviors at school. On one end of the spectrum, children may be apathetic and excessively compliant. On the other end, they may act out and be inappropriately aggressive.

Doreen Cato, Executive Director of First Place School, has found that the best approach for these children is to help them understand their emotions by encouraging them to talk about their feelings. “We help them understand and talk about what it is that is bothering them,” says Cato. “Then they are more able to work on their academic programs.”

With that goal in mind, the school:

- ◆ Incorporates social-emotional curriculum into the regular academic curriculum and provides play and art therapy
- ◆ Has a mental health therapist on staff who provides individual counseling and evaluates each student for appropriate social and emotional development
- ◆ Provides training to teachers and staff on how trauma affects learning, development, and behaviors
- ◆ Provides regular training to teachers and staff on how to de-escalate inappropriate behaviors
- ◆ Involves parents as partners in the education of their children through the Parent Advisory Council
- ◆ Works with the Seattle School District to develop an individualized academic learning plan for each student while they are at First Place

### What Public Schools Can Do

According to Cato, public schools often pretend that everything is normal for these children. And by ignoring the reality of these children's lives—that they are coming from shelters, or from out of hiding—public schools are ignoring a major obstacle to learning for these children. She recommends that state legislators, school administrators, and educators:

- ◆ Increase state funding to school districts and educational service centers to train staff and teachers to recognize the signs of trauma, and understand how trauma and extreme poverty affect learning
- ◆ Integrate social-emotional curriculum into academic programs
- ◆ Provide funds to hire more mental health professionals to work with traumatized and poverty-stricken students
- ◆ Reach out to traumatized families and demonstrate how they can become involved in their children's education through “out-of-box” approaches to school participation◆

*Deborah Shattuck is managing editor of the Northwest Bulletin: Family and Child Health. For information about First Place School, contact Doreen Cato, Executive Director, at [dcato@firstplaceschool.org](mailto:dcato@firstplaceschool.org)*

## UW Maternal and Child Health Education Opportunities

The University of Washington provides many opportunities, both in-residence and distance, for continuing education and for earning a certificate or Master of Public Health degree in maternal and child health.

The **Maternal and Child Public Health Leadership Training Program** offers a two-year, in-residence program leading to a Master in Public Health degree in either the Departments of Health Services or Epidemiology. The program prepares students for careers in maternal and child public health practice, including program planning and management, policy development, research, and advocacy.

Faculty research interests cover a wide range of health policy and epidemiological issues, including perinatal epidemiology; child and adolescent health; children with special health care needs; injury prevention; nutritional risk; behavioral, organizational, and social influences of health care utilization; and women's health. Student practicum and thesis projects are available at local and state health departments, area hospitals, and private and community health centers throughout the Northwest region.

The program is one of only twelve schools of public health training programs sponsored by the Maternal Child Health Bureau of the Health Resources and Services Administration, United States Department of Health and Human Services.

More information is at <http://depts.washington.edu/mchprog/>.

The **Extended MPH Degree Program** provides mid-career professionals several opportunities to pursue an advanced degree or expand their knowledge in public health and health services while continuing their employment:

- ◆ *Master in Public Health Degree.* The two-year program combines distance learning with periodic attendance at the University of Washington campus in Seattle.
- ◆ *Certificate in Public Health.* The four-quarter program includes both on-site and partial-distance courses.
- ◆ *Single Course Options.* Single courses can be taken outside of any degree or certificate program. Courses with maternal and child health content include Topics in Maternal and Child Health and Epidemiology of Maternal and Child Health Problems.

More information is at <http://depts.washington.edu/hsedp/>

# State Reports

## Alaska Report



### Building Systems to Support Families and Communities

*Yvonne Wu Goldsmith*

The Office of Children's Services in the Alaska Department of Health and Social Services is working on an exciting initiative called the Early Childhood Comprehensive Systems Project. The initiative is designed to build and implement systems to support families and communities in developing healthy children who are ready to learn when they enter school. The first step in the initiative was to bring together public and private partners from around the State of Alaska in a collaborative effort to review existing systems for children through eight years of age, and plan for improving those systems. Two strategies resulted from this collaboration: the establishment of a Learning Network and implementation of a pilot program to evaluate use of a child development screening tool.

#### The Learning Network

Two of the biggest challenges facing Alaska are a shortage of expertise in early childhood mental health and few available services, particularly in rural areas that are off

the road system. In 2007, the state sponsored a two-day training session on early childhood mental health for early interventionists and mental health clinicians. This was followed by the implementation of a monthly teleconference network, called the Learning Network, for selected grantees. During Learning Network teleconferences, mental health care providers have opportunities to solve problems collaboratively, share resources, and discuss cases. This year, a three-day training session is planned to cover diagnosis, assessment, and intervention strategies. Three nationally recognized experts will speak.

#### Ages and Stages Questionnaire

Screening is important for assessing early childhood social-emotional health. Many providers in Alaska screen their young patients, but few use a standardized tool. Three pilot sites were recruited to use the [Ages & Stages Questionnaire](#) screening tool. This is a simple 30-item questionnaire that can be completed by parents in 15 minutes. It is designed to quickly determine a child's progress in five key development areas. Data will be collected to analyze whether or not the screening tool is effective for diagnosis. If so, the next step would be to advocate use of this tool by child health care providers across the state. ♦

*Yvonne Goldsmith, MS, tracks health indicators and engages in research on maternal, child, and family health for the Alaska Department of Health and Social Services, Division of Public Health. She also serves on the editorial board of the Northwest Bulletin.*

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**Adolescent risk and protective behavioral data collected by Northwest states.** The [Youth Risk Behavior Surveillance System](#) (YRBS) was developed in 1990 by the Centers for Disease Control and Prevention to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. Northwest states collect these data as follows:

State	Alaska	Idaho	Oregon	Washington
Name of survey	Alaska YRBS	Idaho YRBS	Healthy Teens Survey	Healthy Youth Survey
Surveys constructed from	YRBS	YRBS, except 2007 results combined with 2006 School Health Education Profile	YRBS, Student Drug Use	YRBS, Monitoring the Future, Youth Tobacco, Communities That Care
Grades surveyed	9th-12th	9th-12th	8th and 11th	6th, 8th, 10th, 12th
Years surveyed since 2000	2001, 2003, 2005	2001, 2003, 2005, 2007	Every year from 2001-2007	2002, 2004, 2006
Data available at	<a href="http://www.hss.state.ak.us/dph/chronic/school/YRBS.htm">www.hss.state.ak.us/dph/chronic/school/YRBS.htm</a>	<a href="http://www.sde.idaho.gov/site/health/">www.sde.idaho.gov/site/health/</a>	<a href="http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/index.shtml">www.dhs.state.or.us/dhs/ph/chs/youthsurvey/index.shtml</a>	<a href="https://fortress.wa.gov/doh/hys/">https://fortress.wa.gov/doh/hys/</a>

# Idaho Report



## Reducing suicide rates in rural communities: Idaho's Youth Suicide Prevention and Intervention Project

Ann Kirkwood

Idaho State consistently ranks nationally in the top 10 states for its rate of suicide among young people. These rates are particularly high in rural areas, where they can be as high as 30 per 100,000, compared to a national average of 12. Some of the reasons for these high rates include stigma associated with mental illness and barriers to seeking help, lack of mental health professionals (35 of Idaho's 44 counties are designated mental health profession shortage areas), and the contagious nature of suicide because of intertwined social and religious networks.

### Youth Suicide Prevention and Intervention Project

Idaho's Youth Suicide Prevention and Intervention Project addresses the state's high suicide rate among children and youth, aged 10 to 24 years. Idaho State University's Institute of Rural Health conducts the project with funds from the United States Substance Abuse and Mental Health Services Administration.



Under a Garrett Lee Smith Memorial Act grant, the project:

1. Created an advisory group to guide and unify statewide suicide prevention efforts.
2. Collected culturally competent best practices on effective prevention techniques in high-risk populations, such as American Indians, Asian and Pacific Islanders, and Hispanics.
3. Trained community partners to identify signs and symptoms of suicide, trauma, and other mental health disorders, and how to direct youth to care. The project provided training programs at two Indian reservations, for resident assistants at Idaho State University, Pocatello, and to adult gatekeepers statewide. Surveys pre- and post-training show a

dramatic increase in knowledge of risk and protective factors.

4. Promoted evidence-based early identification programs, such as [Question, Persuade, Refer; Teen-Screen](#); and [Applied Suicide Intervention Skills Training](#).
5. Provided the 2-1-1 Idaho CareLine community-based resource information for its database .
6. Created comprehensive "awareness toolkits," such as radio announcements for youth, parents, and grandparents.
7. Identifies and compiles datasets on suicide in Idaho State as the state is not part of the National Violent Death Reporting System nor does it have child fatality reviews.

Idaho State University's *Better Today's. Better Tomorrow's. For Children's Mental Health* partnered with the Youth Suicide Prevention and Intervention Project to provide the adult gatekeeper trainings (activity number three). *Better Today's. Better Tomorrow's. For Children's Mental Health* is part of an anti-stigma campaign that won an International George Peabody Award and has been recognized by the Substance Abuse and Mental Health Services Administration, the National Child Traumatic Stress Network, National Alliance on Mental Illness, the National Association for Rural Mental Health and the RAND Corporation. ♦

*Ann Kirkwood is a senior research associate at Idaho State University, specializing in mental illness stigma and social marketing. She is director of Idaho's Suicide Prevention and Intervention Project and Better Today's. Better Tomorrow's. For Children's Mental Health Program. She received a George Peabody Award for excellence in broadcasting.*

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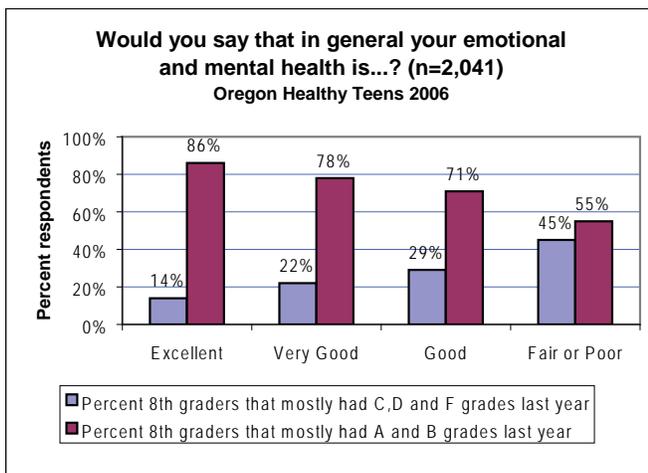
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## Healthy Kids Do Learn Better!

Isabelle Barbour  
Rujuta Gaonkar

While mental health may not be the primary concern of schools, unaddressed mental health needs are a significant obstacle to academic achievement. In Oregon State, fewer than half (44%) of schools surveyed in the 2006 School Health Profile Survey expressed the opinion that mental health services at their schools were adequate. Results from the 2006 Oregon Healthy Teens Survey showed a significant correlation between reported health status and reported grades, where 45% of surveyed eighth graders who rated their general emotional or mental health as fair or poor reported having mostly low grades, compared to only 14% of eighth graders who rated their emotional and mental health as excellent reporting mostly low grades (figure). These findings demonstrate a clear need for better mental health resources for school-aged children and youth.



In 2006, Oregon State responded to this need by expanding its Coordinated School Health Program, Healthy Kids Learn Better, to include a focus on mental health.<sup>1</sup> The aim of the Healthy Kids Learn Better–Mental Health Demonstration Project is to improve access to a full continuum of mental

<sup>1</sup> The Coordinated School Health Program was developed by the Centers for Disease Control and Prevention. More information is available at [www.cdc.gov/HealthyYouth/CSHP/](http://www.cdc.gov/HealthyYouth/CSHP/).

health services and create environments that promote optimal social and emotional development of youth.

After a competitive funding process, the state worked with three pilot school/district sites in 2006-2007, and another cohort of four schools during the 2007-2008 academic year.<sup>2</sup> Each school/program selected a team to attend a series of five training institutes designed to guide participants through coordinated school health planning and assessment.

The selected schools also pilot-tested new tools, and received technical assistance in assessing campus mental health needs and developing an action plan to address a priority mental health issue. A key tool created to support the project is the School Mental Health Inventory, a planning and assessment tool modeled after the Centers for Disease Control and Prevention’s School Health Index.

Participation in the Healthy Kids Learn Better–Mental Health Demonstration Project led to several positive outcomes among the first seven sites, including:

- ◆ An increase in mental health services and mental health promotion activities through a blending of Healthy Kids Learn Better funds with resources from community partners.
- ◆ Successful competition for additional school health grants and resources through engagement in proactive planning.
- ◆ An increased awareness of the interplay between physical and mental health, and the social determinants of health, such as poverty.

The Healthy Kids Learn Better–Mental Health Demonstration Project continues in 2008-2009 with funding by the Oregon Addictions and Mental Health Division. ◆

*Isabelle Barbour, MPH, serves as coordinator for Healthy Kids Learn Better, Oregon’s Coordinated School Health Program. Prior to this position, Isabelle served as the first coordinator of the Healthy Kids Learn Better Mental Health Demonstration Project from 2005 to winter of 2008. Rujuta Gaonkar, MPH, is the program coordinator for the Healthy Kids Learn Better–Mental Health Demonstration Project with the Oregon State Department of Human Services, Public Health Division.*

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<sup>2</sup> This effort was originally funded through contributions from the US Department of Health and Human Services and a grant from the Northwest Health Foundation (2006-2008).

# Washington Report



## Youth Health Initiatives: Promoting Mental Health

Tory Clarke Henderson

The Child and Adolescent Health Section of the Office of Maternal and Child Health in the Washington State Department of Health promotes a public health approach to mental health for school-aged children and youth. Programs address population-based health care, and risk and protective factors, and support the development of a continuum of care, which includes promotion, prevention and early intervention, and treatment. Several Department of Health initiatives that address the social, emotional, and mental health of school-aged children and youth promote mental health within the broader contexts of overall health and development.

### School-Based Health Centers

School-Based Health Centers integrate mental and physical health care primarily for middle- and high-school students (aged 12 to 18 years). Students receive developmentally appropriate services in a safe, non-judgmental environment.

There are 17 School-Based Health Centers in Washington State: 16 in King County and one in Kitsap County. Last year, over 5000 students received services from these centers. The Child and Adolescent Health Section funds two centers: one in King County and one in Kitsap County. The section also funds 11 School-Based Health Center planning grants in counties across the state. A Group Health Foundation grant supports five of the 11 planning grants. Technical assistance is provided to all grantees by Public Health–Seattle & King County with funding from the Mental Health Transformation Project.

### Healthy Youth Survey

The Healthy Youth Survey provides information about adolescents in Washington State. The survey is administered every two years starting in sixth grade. It includes questions on mental health, substance use, injury and violence, nutrition and physical activity, health conditions, health care, quality of life, and risk and protective factors.

From the 2006 Healthy Youth Survey we learned that about one in four eighth-grade students and one in three tenth- and twelfth-grade students reported having experienced symp-

toms of depression in the past year. About 11% of eighth graders, 15% of tenth graders, and 12% of twelfth graders considered attempting suicide in the past year. Slightly more than half of those students also had a plan for suicide.

### Coordinated School Health

The Office of Superintendent of Public Instruction and the Department of Health work together to implement the Coordinated School Health grant. This grant is funded by the Centers for Disease Control and Prevention. The Coordinated School Health model provides opportunities to promote mental health and well-being. The components of the model are: family and community involvement, counseling and support services, health services, healthy school environment, health education, nutrition services, health promotion for staff, and physical education. For more information visit [www.healthyschoolswa.org](http://www.healthyschoolswa.org). ♦

*Tory Clarke Henderson is a child and adolescent health consultant with the Child and Adolescent Health Section, Office of Maternal and Child Health, Washington State Department of Health. She provides technical assistance and coordination for the Washington State Department of Health's participation in the Washington State Mental Health Transformation Project.*

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### Resources

Centers for Disease Control and Prevention—Coordinated School Health Program

[www.cdc.gov/HealthyYouth/CSHP/](http://www.cdc.gov/HealthyYouth/CSHP/)

Healthy Youth Survey

<https://fortress.wa.gov/doh/hys/>

[www.askhys.net](http://www.askhys.net)

Mental Health Transformation Project (includes the State Board of Health Mental Health Paper)

<http://mhtransformation.wa.gov/>

National Assembly on School-Based Health Care

<http://nasbhc.org/>

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# Resources

Bosworth K. Assessment of drug abuse prevention curricula developed at the local level. *J Drug Educ.* 1998;28:307-25.

Casey Family Programs

[www.casey.org](http://www.casey.org)

Children's Home Society

[www.childrenshomesociety.org](http://www.childrenshomesociety.org)

Foster Parent Association of Washington State

[www.fpaws.org](http://www.fpaws.org)

Frank ML, Lester D. Self-destructive behaviors in American Indian and Alaska Native high school youth. *Am Indian Alsk Native Ment Health Res.* 2002;10(3):24-30.

Freedenthal S, Stiffman AR. Suicidal behavior in urban American Indian adolescents: A comparison with reservation youth in a southwestern state. *Suicide Life Threat Behav.* 2004;34(2):160-71.

Gosin MN, Dustman PA, Drapeau AE, Harthun ML. Participatory Action Research: Creating an effective prevention curriculum for adolescents in the Southwestern US. *Health Educ Res.* 2003;18:363-79.

Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: Assessing partnership approaches to improve public health. *Annu Rev Public Health.* 1998;19:173-202.

Knopf D, Park MJ, Mulye TP. The Mental Health of Adolescents: A National Profile, 2008. National Adolescent Health Information Center.

<http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf>

Maternal and Child Health Library

Knowledge Path: Emotional, Behavioral, and Mental Health Challenges in Children and Adolescents

[www.mchlibrary.info/KnowledgePaths/kp\\_Mental\\_Conditions.html](http://www.mchlibrary.info/KnowledgePaths/kp_Mental_Conditions.html)

Mental Health Evidence Based Practices in Washington State: The 2007 Evidence-Based Practices Survey

[www.mhtransformation.wa.gov/pdf/mhtg/EBPs\\_in\\_WA\\_with\\_Appendices.pdf](http://www.mhtransformation.wa.gov/pdf/mhtg/EBPs_in_WA_with_Appendices.pdf)

Mockingbird Society

Organization in Seattle that advocates for youth in foster care.

[www.mockingbirdsociety.org/](http://www.mockingbirdsociety.org/)

National Alliance on Mental Illness

[www.nami.org/](http://www.nami.org/)

Pothoff SJ, Bearinger LH, Skay CL, Cassuto N, Blum RW, Resnick MD. Dimensions of risk behaviors among American Indian youth. *Arch Pediatr Adolesc Med.* 1998;152:157-163.

State of Oregon, Department of Human Services, Addictions and Mental Health Services list of evidence-based practices

[www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml](http://www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml)

STIPDA Rural Youth Suicide Prevention Workgroup. *Preventing Youth Suicide in Rural America: Recommendations to States.* State and Territorial Injury Prevention Directors Association, Atlanta, GA and Suicide Prevention Resource Center, Newton, MA. 2008.

[www.sprc.org/library/ruralyouth.pdf](http://www.sprc.org/library/ruralyouth.pdf)

Treehouse For Kids

Washington State program that advocates for youth in foster care within the educational system.

[www.treehouseforkids.org/](http://www.treehouseforkids.org/)

Youth Suicide Prevention Program

[www.yspp.org/](http://www.yspp.org/)

## Free On-line Training Opportunities

Initiative for Decreasing Disparities in Depression CME: Provider Self-Assessment. National Center for Cultural Competence, Georgetown University Center for Child and Human Development  
[www.gucchdgeorgetown.net/I3D/](http://www.gucchdgeorgetown.net/I3D/)

MCH Leadership Skills Development Series (3 on-line training modules designed for use in small groups). Women's and Children's Health Policy Center, Johns Hopkins School of Public Health  
[www.jhsph.edu/wchpc/mchlds](http://www.jhsph.edu/wchpc/mchlds)

Public Health Nutrition for the 21st Century (6-module on-line training course). University of North Carolina School of Public Health  
<http://phn21.unc.edu/>

Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency (5-module on-line training course). Department of Health and Human Services Health Resources and Services Administration  
[www.hrsa.gov/healthliteracy/training.htm](http://www.hrsa.gov/healthliteracy/training.htm)