

## Meeting the Nation's Mental Health Needs: Realities and Evidence-Based Interventions for Youth

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### Realities: Mental Health in Children and Teens

- 1 in 4 children/teens or 13 million have a mental health/psychosocial morbidity that affects their functioning at home and/or school
- The incidence is believed to be underestimated due to inadequate screening, in large part, by primary care providers

## Realities: Mental Health in Children and Teens

- 70% of children/teens with these problems do not receive any treatment
- Many of the morbidities and mortalities affecting children and teens now are not physical illnesses, but psychosocial problems and risk-taking behaviors as well as preventable injuries

## Realities: Mental Health in Children and Teens

- The costs associated with mental health illnesses now exceed \$69 billion per year
- Mental health/psychosocial problems are beginning to surpass physical health problems in children and teens
- One out of 10 pediatric hospitalizations are now due to a mental health illness
- World Health Organization predicts that, by 2020, up to 50% of children are likely to be affected by a mental health problem

## Barriers to Access: Resources

- Few child psychiatrists available (6,300 in the U.S.)
- Need is estimated at 30,000
- Severe maldistribution of providers, particularly in rural communities
- Long waiting lists
- Treatment often limited to diagnostic concerns and medication management
- Limited resources for private insurance coverage
- Even fewer resources for state-funded insurance programs

## Barriers to Access: Society

- Negative media stereotypes about both psychiatrists and patients
- Media connects psychiatric treatment with being dangerously deranged and violent
  - Batman villains all “criminally insane”
  - Virginia Tech tragedy
- 50% of those incarcerated

## Barriers to Access: Children/Teens

- Social stigma: “crazy,” “insane,” “off his rocker,” “seeing a shrink”
- Ashamed to share “secret”
- Will lose control
- Will be medicated or hospitalized against their will
- Hopelessness that therapy won’t help

## Barriers to Access: Parents

- Admitting that something is wrong
- Don’t understand therapy process
- Problem “runs in the family”
- Brings up unresolved childhood pain or family issues
- Guilt and denial
- Child in need = “bad parenting”
- Worry that therapy will change child’s personality
- Involuntary hospitalization, loss of control over child

## Allaying Fears

- Use public figures (athletes, actors) as examples of people who have benefited from therapy
- Explain various forms of treatment including psychotherapy, psychopharmacology, or a combination
- “Prescribe” a movie such as *Good Will Hunting* or *Ordinary People* if relevant to specific situation; also an excellent teaching tool for discussion with students in healthcare or other disciplines
- Explain that treatment decisions are up to family

## Overcoming Resistance

- Integrate mental health into primary care
- Be clear re: goals for referral
- Outline plans for follow up
- Empower with information
- “Prescribe” a relevant movie
- Challenge stereotypes
- Frequent visits
- Telephone / e-mail follow up

## Barriers to Access: Cultural

- Language barrier contributes to fear of being understood, mislabeled, or mistreated
- Cultural, religious prohibitions or traditions
- Role of family (not strangers) in dealing with private problems

## Allaying Cultural Fears

- Seek therapist who speaks family's language
- Arrange for interpreter
- Ask parents why they think the child is experiencing problems
- Suggest discussion of issues and treatment plan with priest, shaman, or other culturally-esteemed individual

## Evidence-based Programs: KySS: Children and Teens

The KySS journey started with a vision to improve the mental health of children and teens throughout the country.

## Intervention: Reducing Stigma



### Keep Your Child/Yourself Safe and Secure Campaign (KySS)

National Association of Pediatric Nurse Practitioners  
PI: Dr. Bernadette Melnyk, Dean, Arizona State University

## KySS Intervention: Reducing Stigma



- The KySS Campaign focuses on mental health promotion and illness prevention, preventing stigma, and interventions for identified disorders
- 28 states

## KySS Interventions: Community Education to Reduce Stigma

The KySS interventions target:

- Enhancing resiliency in children, teens, and families
- Developing healthy parenting programs
- Preventing violence
- Identifying and treating eating disorders and substance abuse
- Identifying and treating depression and preventing suicide

## KySS Intervention: Reducing Stigma



- Using data and interventions developed through KySS (a program initially funded by the National Association of Pediatric Nurse Practitioners and the USDHHS Maternal Child Health Bureau)
- Purdue partnering with NAPNAP Indiana and the Mental Health America of Tippecanoe County to promote community education to help de-stigmatize mental illness and fund research to survey surrounding underserved rural counties

## KySS Intervention: Reducing Stigma



- Thus far, data have been analyzed on 1,900 children, parents, and healthcare providers from mostly urban settings. In 2008, the survey will be administered in Tippecanoe and surrounding rural counties
- Our local KySS project promotes collaboration with agencies that provide a safety net for members of our community

## KySS Intervention: Reducing Stigma



- A highlight of the program is a national media campaign to increase community awareness and reduce stigma. This includes annual KySS Across America Walks each October.
- The walk at Purdue is coordinated in collaboration with NAPNAP Indiana and Mental Health America of Tippecanoe County.
- 7 other institutions have replicated aspects of the service learning model

## KySS Intervention: Reducing Stigma



- Emphasis: building resiliency, healthy parenting, violence prevention, identifying and treating depression and preventing suicide
- Prevention, identification, and evidence based interventions for eating disorders and substance abuse

## KySS Campaign Timeline



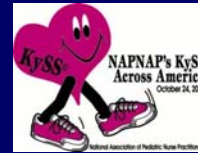
- **May 2001:** KySS adopted by NAPNAP to focus resources on mental health issues facing children, families, and communities
- **2001-2002:** Data collected and analyzed by University of Rochester School of Nursing research team and NAPNAP members nationwide
- **March 28-30, 2003:** KySS Summit of Experts, University of Rochester, funded by U.S. Maternal and Child Health Bureau (Novak, co-project director)

## KySS Campaign Timeline



- **April 29-30, 2004:** KySS Institute, University of Rochester
- **May 2004 – Purdue University:** Announcement from local philanthropist of \$100,000 gift to School of Nursing to focus on mental health
- **September 2004:** School of Nursing Leadership students coordinate efforts in collaboration with faculty team; Public Health and Psych/Mental Health nursing students plan programs and class activities

## KySS Campaign Timeline



- **September 10, 2004:** “Cooperative Approaches to Healthcare in a Changing World,” conference sponsored by Purdue School of Nursing Center for Nursing History, Ethics, and Human Rights
- **October 24, 2004:** Purdue University campus First Purdue-based KySS Across America Walk

## KySS Campaign Timeline

**October 24, 2004 - First Purdue-based KySS Walk**



**185 walkers**

## KySS Campaign Timeline

### October 2005 – Second annual Purdue KySS Walk

- Students develop community education projects focusing on family functioning, abuse and neglect, violence/bullying, eating disorders, substance abuse, and depression/suicide
- Over 300 walkers participate



## KySS Campaign Timeline

### October 2006 – Third annual Purdue KySS Walk



TV coverage



Community Education Fair



275 walkers



Local Politicians



Scholarship for graduate study as a Pediatric Nurse Practitioner with specialization in Mental Health Promotion

## KySS Campaign Timeline

October 2007 – Fourth annual Kyss Walk

- 500 walkers
- Health screenings added
- Silent auction
- Most money raised (\$7,200 in service learning grants from the Purdue Office of the Vice President for Engagement and \$6,000 in registration fees) for local mental health promotion projects
- **2008** - Initiation and implementation of KySS research project in Tippecanoe and surrounding rural counties



## Evidence-based Programs: Teen Outreach Program (TOP)

- First established in 1980 in St. Louis, supported by Danforth and Mott Foundations
- Currently administered by Wyman Institute, St. Louis
- Broad, developmental intervention that helps teens understand and evaluate their life options
- Emphasis on mental health promotions
- Designed to prevent problem behaviors in adolescents
- Designed for use with youths aged 12 through 17
- PI: David Allan, UVA

## Teen Outreach Program (TOP)

- Based on the idea that a heightened awareness of life options, increased knowledge of those options and how to effectively pursue them, and enhanced and diverse experiences with various life options will lead to a variety of positive outcomes—primarily scholastic success as measured by reduced course failure and suspension rates and a decrease in pregnancy rates.

## Teen Outreach Program (TOP)

- Engages teens in structured, volunteer community service that is closely linked to classroom-based discussions of future life options
- Large-scale random assignment study of the program's effectiveness compared TOP students with students assigned to a control group
- By the end of the one year intervention period, TOP students were significantly less likely than control students to have failed a course, been suspended from school, or become pregnant

## Teen Outreach Program (TOP)

- Students select volunteer activities under the supervision of trained staff and adult volunteers/mentors
- Activities are selected to meet the needs and capacities of participants and the local community
- Activities provide participants with opportunities to be viewed in a positive role by adults and peers and with the chance to develop feelings of competence and autonomy

## Teen Outreach Program (TOP)

- Curriculum designed to engage students via structured discussions, group exercises, role plays, guest speakers, and informational presentations
- Discussions and activities focus on maximizing learning from the service experiences and on helping teens cope with important developmental tasks (including understanding self and personal values, life skills, dealing with family stress, human growth and development, and issues related to social and emotional transitions)

## Teen Outreach Program (TOP)

TOP includes three essential program components: classroom/group instruction, community service, and service learning.

- Classroom/group instruction involves small group activities and discussions on age/stage-appropriate topics of special interest to young people, allowing them to examine their values and master life skills within a supportive peer group guided by a trained adult facilitator

## Teen Outreach Program (TOP)

- Community service provides an opportunity to help others, reconnects young people to their communities, challenges them to learn new skills, and authenticates their strengths and talents
- Participants must take part in a minimum of 20 hours of community service during the program year
- Some schools commit to 2-4 hours of class time/week, e.g. health class
- A wide range of volunteer activities is available, including work as hospital and nursing home aides, K-6 or peer tutoring, and fund-raising activities

## Teen Outreach Program (TOP)

- Service learning links community service to the classroom or group instruction—and to students' lives—by allowing youth to process and reflect on their service activities
- TOP can be adapted to meet the needs and strengths of a given community, both in the volunteer component and curriculum content
- Facilitators have latitude in covering topics in the curriculum for relevancy to region and demographics

## Evidence-based Programs: Families and Schools Together (FAST)

- Identified by SAMHSA (Substance Abuse and Mental Health Services Association, U.S. Department of Health and Human Services) as an evidence-based model program to prevent substance abuse and mental health problems (Schincke, 2003) and a best practice family strengthening model program to prevent juvenile delinquency
- Unique in its partnership with parents, its predictable outcomes, its advanced training and support structure, and its impact across so many domains of the child's ecology

## Families and Schools Together (FAST)

- Multifamily group intervention
- Builds protective factors for children and empowers parents to be the primary prevention agents for their own children
- Universal model to children, ages 3 through 18
- Became an evidence-based model in 2002

## Families and Schools Together (FAST)

- Three components: outreach, multi-family group sessions, and ongoing monthly reunions
- Trained parent and professional team collaborate to recruit and bring FAST to 8-20 families at a time
- Families join together to participate in the sequence of activities designed to build respect for parents and bonds among family members and between family members and the school

## Families and Schools Together (FAST)

- At the end of 8-10 weeks, children typically show at least 20% gains in the reduction of problem behaviors measured using standardized instruments with reliability and validity
- 80% retention rate among families that attend one time

## Families and Schools Together (FAST)

- National Training and Evaluation Center supports communities to implement FAST by providing training, technical assistance, and evaluation
- Custom designed projects for individual schools, school districts, counties, and statewide efforts
- Recent research shows that the gains made by children after the weekly multi-family group sessions are doubled after two years as families continue to maintain the social capital gained through participation in monthly FASTWORKS reunions, which are parent-led

## Families and Schools Together (FAST)

The outcomes of FAST encompass several key areas of child functioning:

- Improved attention span
- Reduced aggression
- Reduced anxiety/depression
- Improved academic competence
- Improved academic performance

## Families and Schools Together (FAST)

- Parent outcomes maintained include increased parental involvement in school and community
- 86% of parents report making new friends at FAST with whom they continue to have contact two years later
- This increased social capital has been shown to have dramatic impacts on everything from health to financial well being (Putnam, 2000)

## Families and Schools Together (FAST)

- Model program on the short lists of several federal agencies
- One of five programs selected and featured at the 1999 White House Conference on the Prevention of School Violence, and the only family approach
- Model program listed by the Centers for Substance Abuse Prevention and one of 25 model school reform tools
- Currently being featured by the Coalition of Juvenile Justice as an exemplary violence prevention program

## Integration Into Practice

Aspects of these programs are integrated in the Purdue School of Nursing's five nurse-managed clinics, where over 10,000 patients are cared for each year.



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