Goal 9 Children and Youth Are Mentally Well

The Impact of Unaddressed Mental Illness

The human brain is a tremendously complicated organ that science is only beginning to understand, yet its healthy functioning is crucial to the day-to-day well-being of its owner. Mental wellness impacts all aspects of an individual's life, including mood, personal relationships, academic or professional success, and physical health. Mentally-well youth are more likely to reach expected developmental milestones on time, form secure attachments, develop effective coping mechanisms, form healthy social relationships, and demonstrate resilience in the face of adversity.

The mental wellness of an individual reflects a complex relationship between mental and environmental factors. We are all born with individual characteristics that form the basis of our personality and shape our perspective on the world. Our environment further impacts our ongoing mental wellness. From birth, myriad external factors can directly affect us, including exposure to trauma, homelessness, poverty, poor nutrition, family instability, actual or perceived threat of abuse (physical, emotional, or sexual), poor sleep habits, stress, a lack of interpersonal connections, and more.

Despite the critical importance of being mentally well, teens are particularly vulnerable to suicide, anxiety, and depression. Youth in northern Virginia are under tremendous pressure to achieve excellence in their academic and extra-curricular pursuits, conform to attractiveness norms, navigate a technological world that is created by and for adults, and in many cases, contribute to the family income or parenting of younger siblings. Youth often struggle to meet these demands with little or no equivalent emphasis being placed on their mental well being. This pressure on youth to excel may result in a proclivity toward depression and anxiety.

Regardless of socioeconomic status, youth who are struggling to cope with the internal and external challenges they face are at-risk for a host of potentially destructive behaviors, including self-harm/cutting, eating disorders, compulsive behaviors, drug abuse, vulnerability to gang involvement, verbal and physical aggression, inattentiveness, impulsivity, irritability, anxiety, depression, and even suicide. Many of these negative behaviors can also have significant detrimental impacts on the youth's family, peers, and community.

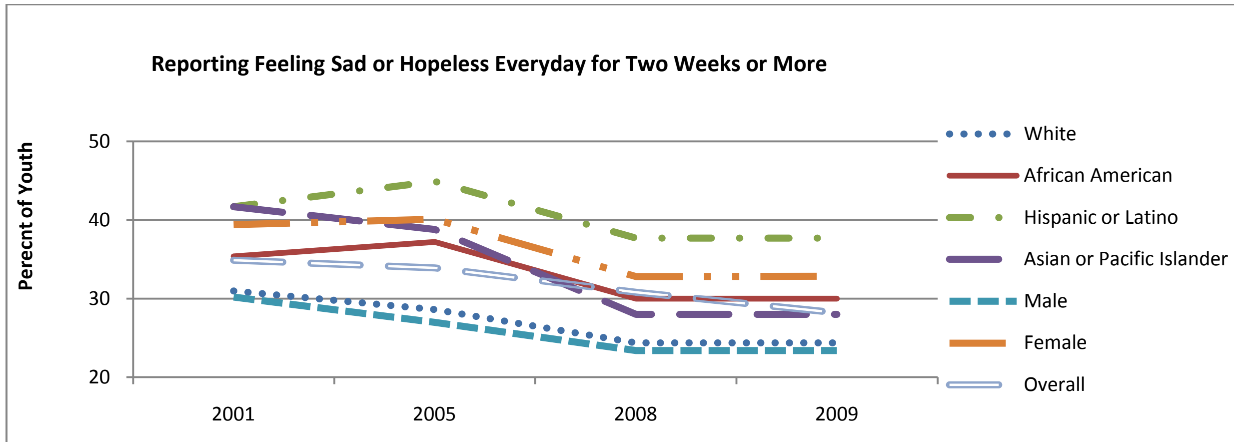
Several schools in our region have been touched by suicide, and the effect on the student body and staff can be devastating. Suicide imitation is especially prevalent among the adolescent population, and up to 5% of all youth suicides are attributable to suicide clustering.

To create a thriving and resilient community, public and private entities must work together to deliver a comprehensive approach that (1) reduces the negative environmental stresses placed on youth, (2) makes mental wellness a top priority, and (3) delivers effective psychological treatment when it is needed.

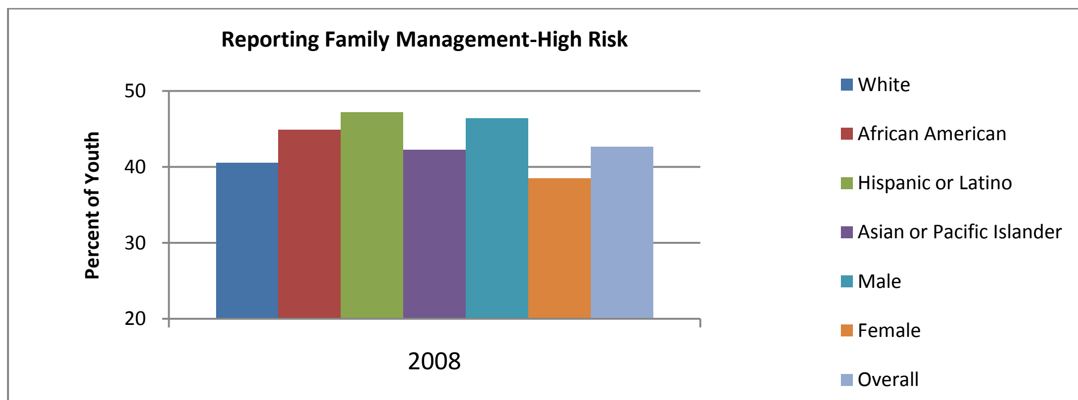
Selected Indicators: How are we doing?

To assess our current status and allow for future comparisons, the following existing indicators were identified by the goal group, and others were recommended.

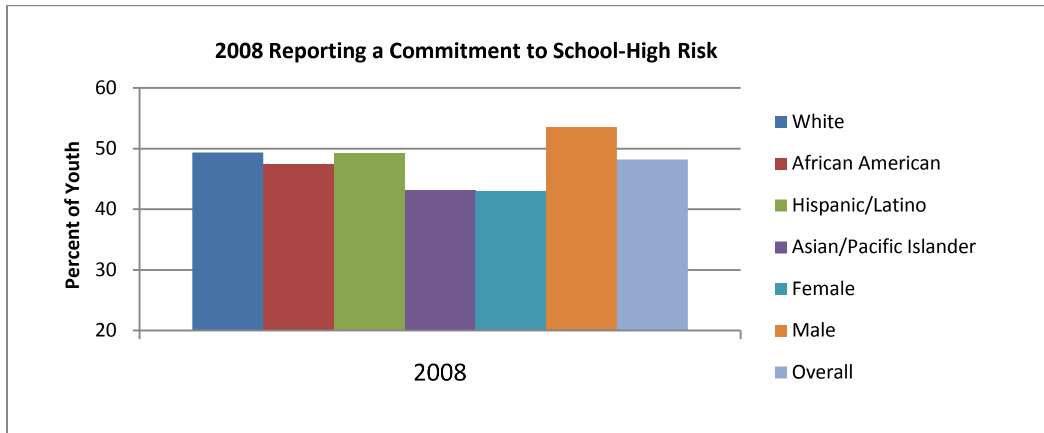
I. FCPS Youth Survey Data: Percent of youth reporting they have felt sad or hopeless everyday for weeks or more: This is measured every year by the youth survey administered to 6th, 8th, 10th, and 12th graders.



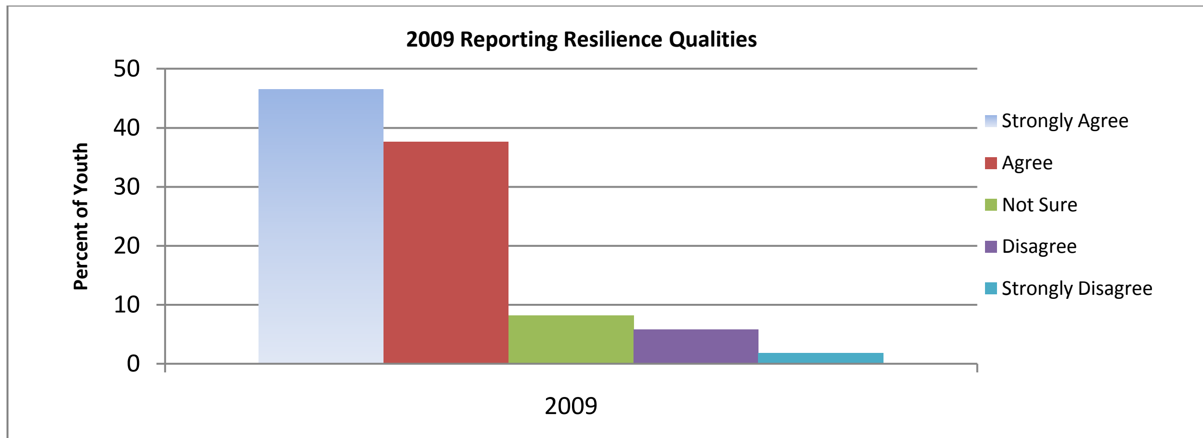
II. FCPS Youth Survey Data: Percent of youth who report poor family management at home: This is measured every other year by the youth survey administered to 8th, 10th, and 12th graders. Students are asked to report if they have clear family rules and expectations regarding substance use, school performance, and overall behavior.



III. FCPS Youth Survey Data: Percent of youth who report a low commitment to school: This is measured every other year by the youth survey administered to 8th, 10th, and 12th graders. Students are asked to report the degree to which they find school work to be interesting and important.



IV. FCPS Youth Survey Data: Percent of youth who report resilience in adverse circumstances: This is measured every other year by the youth survey administered to 6th, 8th, 10th, and 12th graders. Students are asked to report the degree to which they see themselves as good at finding a way to make things better when things are not going well.

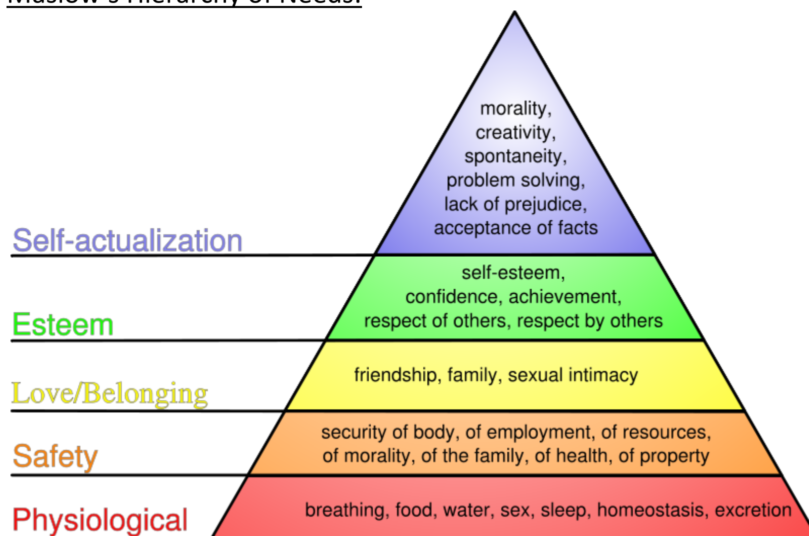


Root Cause Analysis

A group of individuals representing a variety of public and private agencies was convened by a local not-for-profit partner of the Fairfax County Government to consider the underlying causes of youth mental wellness difficulties and make specific recommendations to address these causes. Three key factors were identified as being barriers to the goal, *Children and Youth Are Mentally Well*: (1) Crisis, Trauma, and Family Fatigue; (2) Education and Awareness; and (3) Access to Resources and Treatment.

(1) Crisis, Trauma, and Family Fatigue:
Stress is a natural part of life. In moderate amounts it can actually enhance the quality of life and improve self-esteem as it serves to focus one's attention on challenges, and those challenges are subsequently met and conquered. At more severe levels, however, stress can have debilitating effects. Families in northern Virginia (which ranks high for cost-of-living) are faced with a host of stresses, from challenges meeting the most basic needs of food, clothing and shelter, to coping with work pressures and family violence. At its most extreme, stress becomes trauma, which includes experiences like being the victim of a violent crime, witnessing the abuse of a family member, or the sudden death of a loved one that are extremely upsetting and may have lasting or even permanent emotional effects. To some extent, stress is in the eye of the beholder; what may be exhilarating to one person may be traumatizing to another. Ongoing moderate-to-severe levels of stress can take a tremendous toll on mental health. When meeting basic needs takes all of one's energy, dealing with the less pressing (but still important) aspects of life such as attending a parent-teacher conference or establishing a family budget may be put on hold, as suggested by *Maslow's Hierarchy of Needs*. Because the family is unable to address those higher-level priorities, the state of ongoing crisis is maintained.

Maslow's Hierarchy of Needs:



(2) Education and Awareness

Before a troubled youth can receive help, they or their family must first become aware that help is needed, and then they must take steps to access it.

This statement represents a variety of obstacles related to public awareness of mental wellness and treatments for dysfunction. The typical youth or adult has only a basic knowledge of the complex factors that affect their mental wellness. Despite overwhelming evidence that shows that good nutrition, good sleep habits, and regular physical activity have significant impacts on mental wellness, too few people make them a priority. Many parents are unaware of warning signs that their child may be depressed, anxious, or abusing drugs. Even human service professionals may not be aware of the comprehensive services that are available for youth in our area. Parents of children already struggling with mental wellness challenges may not believe their child needs help, and may insist that they must "snap out of it" or "try harder". Or, parents and caregivers may acknowledge there is a problem, but not know where to turn for help. There are significant gaps at every level of awareness. A comprehensive, inter-agency education and awareness strategy is needed to ensure that

- All parents and direct-service professionals are provided with a simple tool to help them identify when help is needed and instruct them on how to access it
- Stigmatization of mental illness is minimized
- A clear youth mental wellness referral process is defined and implemented

(3) Access to Resources and Treatment

The process that takes a youth from the beginning (an accurate assessment of their needs), to the end (getting effective help), is extremely complicated, and often breaks down completely. Once parents or caregivers have committed themselves to getting help for a youth in need of mental wellness support, they must identify that source of support, and in many cases, find a way to pay for it out-of-pocket. This process can be difficult to navigate even for mental wellness professionals. For families with inadequate resources or limited English proficiency, it can be nearly impossible. Knowing help is needed is only the first step. Youth whose families do not have insurance that covers the type of care they need, and who do not qualify for financial assistance, are especially vulnerable to falling through the cracks.

Because so many parents are unsure of where to turn for mental wellness care, they often start with their family doctor. Medications are sometimes prescribed without an appropriate assessment of the youth's environment and mental status, and without a consultation with a mental health professional. Stimulants like Ritalin are overprescribed, even for children whose inattentiveness or irritability may actually be the result of family trauma, instability, poor sleep habits, or other traumatic experiences like bullying. If parents decide therapy would be helpful and they can pay for it or get financial assistance, they still need to know what *type* of treatment would be most effective for their child's unique needs.

All too often parents guess about their child's diagnosis, and seek out treatment specialized to that condition, only to (a) have their diagnosis incorrectly confirmed by a specialist who relies on parents' subjective accounts of the child's behavior, or (b) have it contradicted, requiring them to start over. Ideally, there would be coordinated access to a basic mental wellness assessment before any drug or therapy were prescribed, so families could get treatment guidance and get it right the first time.

Specific Strategies for Youth Mental Wellness

Recommendation 1: Adopt a community-wide trauma-informed perspective.

Establish a consistent knowledge-base among administrators and direct-service providers with an emphasis on trauma, with training and print materials.

- Trauma is the second most common diagnosis in Fairfax County for children ages 0-6 years. Given its prevalence, there must be an increased recognition surrounding trauma. When working with children and youth, adults should be capable of recognizing behaviors that may result from trauma. Parents, teachers, and community members working with children and youth should begin operating from a trauma-informed perspective.
- Parents and teachers do not need to be equipped to assess or treat trauma, rather they should be capable of recognizing warning signs.

Recommendation 2: Identify and implement a simple mental health assessment instrument for use by parents, educators, and professionals.

Provide a simple tool/checklist to guide the user in determining whether help is needed.

- Adapt an existing tool or create a new one and include its use in the awareness campaign mentioned in Recommendation 3.

Recommendation 3: Launch a community mental wellness awareness campaign.

Enlist public and private partners to develop a simple and effective campaign to reduce negative attitudes toward mental illness, and increase awareness of (1) the prevalence of mental illness, (2) factors that contribute to strong mental health, (3) ways to access help when it's needed.

- Partner with public and private schools, community-based organizations, and faith-based organizations to promote mental wellness for children and youth.
- Educate parents (and adults working with youth) on healthy behaviors, non-healthy behaviors, warning signs, the impacts of trauma, and on the developmental importance of the 0-5 age range for future functioning.
- Cluster report card conduct marks that relate to mental wellness and resilience (such as *Demonstrates self control*, and *Resolves conflict effectively*) into one *Emotional Resilience* or similarly titled section, to promote its importance.
- Place greater emphasis on Fairfax County Public Schools' Student Goals 2 and 3: *Essential Life Skills*, and *Responsibility to the Community,* in addition to Goal 1, *Academics.*
- Provide evidence-based, consistent guidelines and community standards for the prevention of bullying-related trauma and suicide, including harassment aimed at lesbian, gay, bisexual and transgender teens, or those perceived to be LGBT.
- Emphasize the importance of addressing mental wellness struggles at the first sign of a problem, rather than waiting for more serious issues to appear.

Recommendation 4: Clarify the assessment-to-intervention process and inform direct service providers.

Simplify the process that parents and direct service providers can use to access treatment, and improve access to services where needed.

- Ensure effective communication between public and private partners, and County human services agencies to (1) Provide families with the skills and supports they need to address their child's mental wellness challenges, (2) Improve systems of care, (3) Eliminate disparities in care

for various ethnic or socioeconomic groups, and (4) Allow for prompt intervention, before unaddressed issues can progress.
- Develop a *Guide to Accessing Youth Mental Wellness Treatment* to assist users in getting from the beginning (an accurate assessment of their needs), to the end (getting effective help).
- Train the community on the content and use of this guide with special attention on direct-service professionals, including caseworkers, family physicians, teachers, mentors, etc.

Recommendation 5: Collect mental wellness and resilience data for a wider variety of students.
- The youth survey should be made available to youth not enrolled in mainstream schools (ie. Alternative, private schools, homeschooled youth).
- Methods of gathering mental wellness and resilience data for children ages 0 to 5 should be identified, such as an assessment tool administered at health clinics that serve youth on Medicaid.

Recommendation 6: Provide resource/referral consultations where they are needed most.
Replicate and expand the successful model piloted by FCPS last summer, which delivered private, 45 minute service/treatment referral consultations at schools. Schools immediately received hundreds of phone calls from parents seeking consult once the program was announced, demonstrating a definite need for the service, and buy-in from parents. Given its success, continuation of this program as well as an expansion to deliver the service at community-based and faith-based sites is recommended.
- Parents should be offered a no-cost, 45-minute consult with a qualified professional provided on a consistent basis. Referrals to appropriate services should be made by as needed.
- Resources should be provided during the consult and consistent follow up should occur.
- The cost for these school and community-based consultations should be shared by public and private entities to show their joint support for youth and families in need.
- Identify other ways to identify youth at-risk and connect them with appropriate supports.

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