Promoting Mental Health in African American Adolescents and Young Adults

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HOPE Project Team

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Why Focus on Adolescent/Young Adult Mental Health?

- Adolescent depression associated with many negative outcomes, including: substance abuse, academic problems, cigarette smoking, high-risk sexual behavior, 30-fold increased risk of completed suicide (Birmaher et al, 1996; Brent et al., 1998; Le, Munoz, Ippen, & Stoddard, 2003
- Roughly one-half to three-quarters of adolescents experiencing depression will have subsequent depressive episodes during later adolescence and young adulthood (Emslie et al., 1997; Lewinson, Rohde, Klein, & Seeley, 1999; Weissman et al., 1999

Why Focus on "Disconnected" Adolescents/Young Adults?

- Public schools graduate only about 70% of their students, with this figure dropping to below 60% in many urban areas
- Rapid proliferation of youth employment and training programs
- Center for Law and Social Policy (CLASP) survey of 145 such programs highlighted health and mental health risks as barriers to program completion
- GAO Report on "Disconnected Youth" noted participant mental health as significant challenge facing employment and training programs

Why Conduct Work in a Participatory Fashion?

- Co-learning process
- Allows community to prioritize direction for work conducted, which enhances community buy-in
- Enhances cultural appropriateness of work conducted, which enhances research quality and potential usefulness to community

Johns Hopkins University Center for Adolescent Health (CAH)

- Mission: To work in partnership with youth, people who work with youth, community residents, public policymakers and program administrators to help urban adolescents develop healthy adult lifestyles
- Founded 1994 as a CDC Prevention Research Center (PRC)

Who are the Community Partners?

- Baltimore Youth Opportunity (YO!) Program
- Baltimore City Health Department
- Mayor's Office of Employment Development
- Youth-serving Agencies
- East Baltimore Residents, including adolescents and Young Adults

What is the YO! Program?

- Serves youth ages 16-24
- Classes and tutorials to support academic achievement
- Assistance enrolling in college
- Clubs to support job seekers and the newly employed
- Career training classes
- Internet access
- Recreational activities
- Assistance with substance abuse or mental health issues

Project Initiation: How Was Mental Health Focus Chosen?

- Advisory Board, comprised of key stakeholders, worked in collaboration with CAH to develop three data collection activities:
  1. Health screens with YO members
  2. Focus groups with YO Members
  3. Interviews with YO Case Advocates and Leadership

Interpretation of Data and Prioritization of Mental Health

- Summaries of collected data provided to Advisory Board
- Series of meetings to discuss and interpret findings and prioritize future directions
- Ultimately, Advisory Board decided on mental health as focus for subsequent work

What Has Emerged… the HOPE Project

- Center for Adolescent Health's Core Research Project
- Multi-component project aimed at promoting mental health status and access for adolescents and young adults in employment and training programs

HOPE Project Components

1. **Mental health screening**
2. **Support group led by the Peer Leadership Group (PLG)**
3. Training for YO! staff advocates
4. Assessment of community mental health providers

Mental Health Screening

- Audio computer assisted self-interview (ACASI) designed collaboratively by academic and community stakeholders
- ACASI conducted immediately after YO program's standard intake process
- Between December 2006-November 2007, 620 YO program enrollees; screens conducted with 454 (73%) of these enrollees

Mental Health Screen: Selected Measures

- Depression: Center for Epidemiologic Studies-Depression Scale (CES-D) (Radloff, 1977)
- Stressful Life Events: Life Events Scale (D'Imperio et al., 2000)
- Neighborhood Violence/Disadvantage: Life Events Scale (D'Imperio et al., 2000)
- Relationship Stress: Developed by Study Investigators
- Coping: Children's Coping Strategies Checklist-Revision 1 (Arizona State University, 1999)

Mental Health Screening: Preliminary Findings

Depressive Symptom Level	Overall	Age			Gender	
		16-17 (n=133)	18-20 (n=236)	21-22 (n=69)	Male (n=234)	Female (n=204)
No/Low Symptoms (CES-D < 10)	33%	33%	33%	33%	35%	31%
Mild/Moderate Symptoms (CES-D 10-24)	51%	48%	54%	44%	53%	50%
Severe Symptoms (CES-D > 24)	16%	19%	13%	23%	12%	19%

Mental Health Screening: Preliminary Findings

- Depressive symptoms among YO members increase as they experience more stress in their lives
  - For the **life events** subscale, a one unit increase in the subscale corresponded to a 1.16 point increase in CES-D scores ($p < .001$, CI: 0.92-1.42).
  - For the **community violence/disadvantage** subscale, a one unit increase predicted a 1.62 point increase in CES-D scores ($p < .001$, CI: 1.33 – 1.92).
  - For the **relationship** subscale, a one unit increase corresponded with a 1.62 point increase in CES-D scores ($p < .01$, CI: 1.3 – 2.5)

Mental Health Screening: Preliminary Findings

- Engaged coping strategies moderate the relationship between stress and depression
  - The average CES-D score decreased by 0.33 per unit increase in stress level and **active coping** score ($p < .01$, CI: -0.54, -0.12).
  - CES-D scores decreased by 0.42 per unit increase in stress level and **distraction coping** ($p < .01$, CI: -0.68, -0.18).
  - Support seeking strategies also showed a similar pattern, as CES-D scores decreased by 0.25 per unit increase in stress level and **support seeking** strategies ($p < .01$, CI: -0.41, -0.08).

Mental Health Screening: Implications

- About half of YO members exhibit mild to moderate depressive symptoms, validating the need for an indicated prevention trial to prevent depressive episodes
- Stress, coping, and depression in YO members are related in accordance with our conceptual model

Peer Intervention Curriculum

- Two curriculum sources:
  - 6 sessions adapted from an evidence-based intervention, SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress)
  - 3 sessions developed by study team
- Curriculum adaptation and development between August 2006-April 2007 using a participatory model involving YO alumni (Peer Leadership Group; PLG) and YO staff

Peer Intervention: Curriculum Adaptation & Development

- Castro et al. (2004) describes two types of mismatches between evidence-based interventions and settings in which they are replicated:
  - Group characteristics (e.g., SES, number and severity of risk factors)
  - Program delivery staff (e.g., type of staff, cultural competence)
- Our adaptation of an evidence-based intervention (i.e., SPARCS) attended to these mismatches

Curriculum Adaptation

- Adaptation related to group characteristics:

  Exposure to violence and personal relationships two significant stressors for urban Baltimore; SPARCS sessions adapted to make curriculum examples anchored to these stressors

- Adaptation related to program delivery staff:

  PLG members being trained as interventionists not mental health professionals; extra training needed

Peer Intervention Curriculum

1. Identifying Feelings and Emotions
2. Mental Health Stigma & Disparities
3. Self-Awareness
4. Stress, the Body, & Violence
5. Anger & Violence
6. Problem Solving
7. Distress Tolerance
8. Relationships/Make-a-Link
9. Hopes for the Future

SPARCS Material: Problem Solving

- **L**: Losing It
- **E**: Emotions
- **T**: Thoughts

- **G**: Goal
- **O**: Options

Amanda (age 15) :

- *Background*: Amanda's father has a drinking problem. He disappears without calling and then comes home drunk and beats up her mom.
- *Problem*: Amanda's boyfriend promised to call her last night but didn't. When she sees him, she gets angry and starts screaming at him.

Peer Intervention: Study Design

- YO members with mild depressive symptoms, as determined by CES-D score on mental health screen, eligible for study participation
- Intervention groups implemented with 8-10 individuals
- Each group led by two PLG members (ages 22-25) who are YO alumni with support from a clinical psychologist
- Intervention takes place for 9 consecutive weeks; sessions occurring at YO center

Peer Intervention: Preliminary Findings

- Feasibility:
  - Peer leaders are able to effectively deliver intervention content
  - Across first 2 pilot intervention groups, clinical psychologist completed fidelity measure assessing “the extent to which all goals and content were covered” (4.8 of 5.0) and “the extent to which content was discussed as described in curriculum protocol (4.7 of 5.0)

Peer Intervention: Preliminary Findings

- Acceptability:
  - Intervention content is well-received by group participants
  - "How much did you enjoy participating in today's group?" (9.2 of 10.0)
  - "How well did you understand what we talked about during today's group?" (9.1 of 10.0)
  - "How often do you think you will use the skills and information you were given during today's group?" (4.5 of 5.0)

Peer Intervention: Preliminary Findings

- I like when we learned about the body alarm systems because like when I get mad and stuff it's these certain stuff going on with me and I don't know what it is. So, um the body alarm system helped me and the SOS thermometers. I can, you know, self-check and orient myself, so I wouldn't have to go up to somebody. So, it was…the whole group was nice. It helped me with a lot.

- Overall, like the main issue we kinda dealt with was stressors and stuff which was something I really didn't have a good way to deal with. I didn't know how to express my stress without being like violent or like always arguing but they used to give us like a lot of ideas to like get around them like being negative towards everything. Like a lot of times the positive way would help you out and it would avoid you from getting in trouble too. So, like eventually a lot of the things they would teach I would start actually using.

Peer Intervention: Preliminary Findings

	Pre-Intervention (mean, SD)	Mid-Intervention (mean, SD)	Post-Intervention (mean, SD)
Active Coping	10.2 (2.5)		12.5 (2.3)
Distraction Coping	9.7 (2.5)		10.3 (2.3)
Support Seeking Coping	10.1 (3.3)		12.5 (3.8)
Depressive Symptoms	21.3 (5.2)	21.3 (6.1)	20.1 (6.5)

Peer Intervention:
Perspective of Peer Leaders

Peer Intervention: Implications

- Two uncontrolled pilot groups have demonstrated good feasibility and acceptability of our peer-led cognitive behavioral intervention for YO members
- Our peer-led cognitive-behavioral intervention successfully increased engaged coping strategies and prevented the worsening of depressive symptoms among pilot group participants

Future Directions

- Robert Wood Johnson Local Initiative Funding Partner grant submitted to sustain and bolster health screening, staff training, and provision of mental health services
- National Institute of Mental Health grant (R34) submitted to conduct a randomized controlled trial determining the efficacy of the peer support group on depressive symptoms and depressive episodes
- Dissemination of project components to Westside YO program and other employment/training programs