



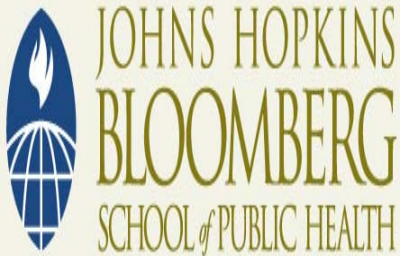
SOS Club: Innovative Approaches to Mental Health Stigma in East Baltimore

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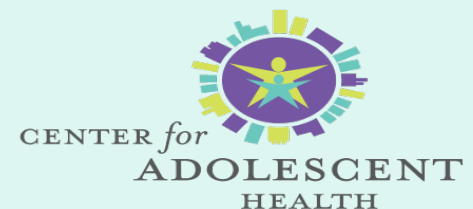


Presentation Outline

- Center for Adolescent Health and Youth Opportunities Center
- Collaborations and the Health and Opportunities Partnership (HOPE) Project
- Mental Health peer-led intervention
- Cultural and Contextual Adaptations of Mental Health Intervention
- Future Directions

The Center for Adolescent Health

- 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)

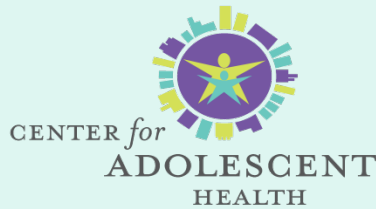


What is the HOPE Project?

- CDC Core Research Project
- Intervention to implement and evaluate *mental health promotion activities* into an employment and training setting
- Goal is to improve mental health status for out-of-school youth in a setting that does not typically address health needs

Project Initiation: How Was Mental Health Focus Chosen?

- Formation of Advisory Board
- Advisory Board reviewed analysis of survey and focus group data that asked youth members and staff about various health issues
- Advisory Board prioritized mental health as issue for focus of subsequent work



Study Background

- Center for Adolescent Health (CAH) at Johns Hopkins:
CDC Prevention Research Center
- Collaboration:
 - Baltimore City Youth Opportunity (YO) programs,
 - Baltimore City Health Department,
 - Mayor’s Office on Employment & Development,
 - community-based organizations,
 - health & social service providers
- Community Advisory Board **prioritized mental health as focus for ongoing collaboration** between YO and CAH

HEBCAC/YO Program

- Established in 1999
- Initially served East Baltimore empowerment zone, now city-wide
- Serves adolescents and young adults 16-24 not in school
- HEBCAC/YO provides:
 - Classes and tutorials to support academic achievement, including GED acquisition
 - Clubs to support job seekers and newly employed
 - Career training classes
 - Assistance with health/mental health concerns (e.g., mental health)

Health & Opportunity Partnership (HOPE) Study: Core CAH Research Project

Four research studies:

- Mental health screening for all new YO members
- Mental health training for YO staff advocates
- Interviews with adolescents & young adults to determine accessibility and patient-centeredness of East Baltimore mental health providers
- **Intervention to prevent depression among YO members**

Depression 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 comprised of 8 – 10 YO members
- Each group led by two PLG members (ages 22-24) who are YO alumni with support from a clinical psychologist
- Intervention takes place over 9 consecutive weeks

Depression Intervention: Data Collection

- Outcome Measures:
 - Depressive symptoms (CES-D)
 - Anxiety symptoms (Beck Anxiety Inventory)
 - Stress (Life Events Scale, D'Imperio et al., 2000)
 - Social support (Social Support for Adolescents Scale, Seidman et al., 1995)
 - Coping strategies (Children's Coping Strategies Checklist, Arizona State University Prevention Research Center)

Depression Intervention: Data Collection (cont...)

- Additional measurement
 - “SOS” Thermometer at beginning & end of each session to measure: (a) personal distress and (b) level of control
 - Process measures at end of each session to assess: (a) comprehension of session content and (b) perceived usefulness of session content

Depression Intervention: Data Collection

- Baseline interview (pre-intervention)
- Mid-intervention
- Immediately post-intervention
- 6, 12, and 18 months after intervention begins

Peer Intervention Curriculum

- 12-week peer-led Mental Health Intervention
- Curriculum based on empirically validated treatment that addresses trauma (SPARCS)
- Rationale for trauma-focused curriculum
 - Young people experiencing life events including death, violence, abusive relationships
 - High rates of violence reported among YO members
 - 40% reported carrying a weapon
 - 28% witnessed a homicide (40% of males)

SPARCS - Structured Psychotherapy for Adolescents Responding to Chronic Stress

- Learning collaborative of The National Child Traumatic Stress Network
- Draws upon concepts from:
 - Cognitive-Behavioral Therapy
 - Dialectical Behavioral Therapy for Adolescents
 - Trauma Adaptive Recovery – Group Education Therapy (TARGET)
 - School-Based Trauma/Grief Psychotherapy Program

SPARCS (cont...)

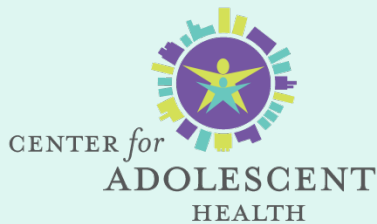
- Key concepts:
 - Mindfulness
 - Problem Solving
 - Meaning Making
 - Relationship building/communication skills
 - Distress Tolerance
 - Psycho-education on stress and trauma

Depression Intervention: Curriculum Adaptation & Development

- 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) (Castro et al., 2004)
- Our adaptation of an evidence-based intervention (i.e., SPARCS) attended to these mismatches

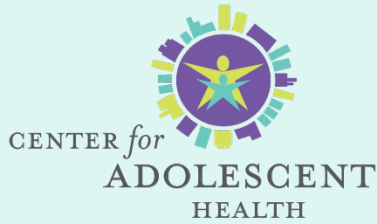
Curriculum Adaptation

- 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:
Peer Leadership Group (PLG) members being trained as interventionists not mental health professionals; extra training needed



Mission of the PLG

- Eliminate stigma surrounding mental health
- Provide education to peers
- Help to make peers more aware of their own mental health status
- Encourage peers to seek help for these problems



Need for PLG work

- Mental health problems common in East Baltimore community
- Young people experiencing life events including death, violence, abusive relationships
- Improved mental health can lead to better decision-making skills

Participatory Curriculum Adaptation

- Weekly PLG meetings since August 2006
- Practice sessions of SPARCS
 - Critique and feedback
 - Tape recordings and note taking
- Discussions:
 - Pressing issues affecting youth residing in East Baltimore;
 - Stress and coping in East Baltimore;
 - Community norms related to mental health
- Development of supplemental sessions based on themes from conversations with PLG

Peer Leadership Feedback Road to Adaptations...

- *This can't be like school. If you make it like school you are going to lose people. This has to be exciting. It has to be real (commenting on intervention content).*
- *Mental health don't mean you are crazy. Everybody goes through something. There's good mental health and bad mental health. People need to know they can talk to someone. You wouldn't go to your aunt or cousin if you had a bullet in you. Not taking care of your mental health is like doing that (on why mental health is important).*



Depression Intervention: 12-Session Curriculum

1. Stress, coping strategies*
2. Mental health stigma, mental health disparities
3. Self-awareness*
4. Stress & the body*
5. Emotion expression
6. Distress tolerance*
7. Stress vs. symptoms; mid-intervention assessment
8. Building/maintaining Relationships
9. “Make a link”*
10. Problem solving*
11. Identifying personal triggers
12. Review/goals & hopes for future

* SPARCS session

SPARCS Material: Problem Solving

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

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

LET GO scenario

Jamal is 16 years old and he and his 10-year-old sister have lived with a foster family for 8 months. They were taken from their parents because they were being physically abused. Although both Jamal and his sister were being abused, Jamal felt he should have been able to protect his little sister from his parents and blames himself for her abuse. Jamal finds out today that Jon, a boy in school, threatened to beat up Jamal's friend Ann because Jon thought Ann stole his cell phone. Jamal is really angry and wants to go and beat up Jon.

Sample NON-SPARCS Session

Mental Health Disparities and Stigma

- Stigma and Mental Health in East Baltimore
- Myths/Facts related to mental health
- Understanding Mental Health Disparities
- Mental Health Resources in East Baltimore
- ***Vignette:***
Margaret (age 18): Her parents died when she was 5. She moved in and out of several foster homes, and she was abused by her foster parents. She has no real family members, and she feels no one loves her. She does not anyone she can talk to about her problems. She had one friend, but her friend got shot by a stray bullet, and then she started feeling really alone. She's very insecure, and she has slept around in search of love. She lost interest in things, sleeps most of the day, keeps to herself, doesn't eat well, rarely eats, and feels worthless. Sometimes she wonder why she is even here.

Challenges and Need for Further Adaptations

- Length of intervention
- Competing Goals
- Employment Opportunities
- Other trainings

Depression Intervention: 9-Session Curriculum

1. Stress, coping strategies*
2. Mental health stigma, mental health disparities
3. States of Mind*
4. The Body, Stress, and Violence*
5. Anger and Violence
6. Problem Solving – LET GO*
7. MAKE-A-LINK/Relationships
8. Distress Tolerance
9. Review/goals & hopes for future

* SPARCS session

Participant Feedback from 9-week Intervention

What did you like about the group?

All of 'em. Um, I liked when we learned about the body alarm systems 'cause 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, the body alarm system helped me and the SOS thermometer so I can self-check and orient myself, so I wouldn't have to you know go up to somebody...So, it was...the whole group was nice it helped me with a lot.

Future Directions

- Sustainability: Institutionalizing intervention at YO program and replicating with other youth employment/training programs
- Policy Implications: Little previous intervention work focused on (a) depression prevention with young adults and (b) addressing mental health needs of “disconnected” young adults
- Future research: Small RCT to determine intervention effect size

HOPE Project Team

- Intervention Leaders:
 - Benjamin Byrd III
 - Jahon Jones
- Clinical Psychologists:
 - Dr. GiShawn Mance, JHSPH Postdoctoral Fellow
 - Dr. Tamar Mendelson, JHSPH Faculty
- HOPE Research Assistant
 - Alezandria Turner, JHSPH Doctoral Student
- Project Coordinator
 - Amy Templeman, JHSPH
- HOPE Project Investigators
 - Dr. Darius Tandon, JHSOM Faculty
 - Dr. Freya Sonenstein, JHSPH Faculty