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Community-Based Mental Health Services and Interventions for Adolescents and Adults Disconnected from School and the Workforce

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Study Collaborators

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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
- Epidemiologic research has found that 25% of adolescents and young adults, ages 16-24, will experience a depressive episode by age 24—the highest incidence rate of any age group (Kessler & Walters, 1998; Kessler et al., 2005).

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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 (Harris, 2006)
- GAO Report on "Disconnected Youth" noted participant mental health as significant challenge facing employment and training programs (GAO, 2008)

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Why Conduct Work using a Community-Based Participatory Research Approach?

1. CBPR supports a focus on health issues of real concern to community members
2. CBPR joins together partners with diverse skills, knowledge, and expertise
3. CBPR can increase the relevance of intervention approaches and the likelihood of their success

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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)

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Who are the Community Partners?

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

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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

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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

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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

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What Has Emerged… the Health and Opportunity (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

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HOPE Project Components

1. Mental health screening
2. 9-week cognitive-behaviorally based intervention to prevent depression among YO members with mild/moderate depressive symptoms
3. Mental health training for YO! staff advocates

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Mental Health Screen

- Audio computer assisted self-interview (ACASI) **designed collaboratively** by academic and community stakeholders
  - Community stakeholders helped select instruments they felt were most appropriate
  - Questions added to instruments to tap into concepts not measured by these instruments (e.g., relationship stress)

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Mental Health Screen

- ACASI **integrated into YO program's standard intake process** to add baseline information on adolescent/young adult mental health
  - Perception that mental health was a barrier to YO program participation and achievement of program milestones

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Mental Health Screen

- ACASI results **shared with mental health specialist** at YO Program
  - Provides "service" to YO Program by informing LCSW-C about new members' mental health status
  - Short reports generated by ACASI and sent electronically to LCSW-C within 24 hours of ACASI completion

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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)

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Results: Depressive Symptoms (N = 451)

Mean Depressive Symptom Score: 14.4 (10.3 SD)

0 – 56 Range

Depressive Symptom Level	Overall	Age			Gender	
		16-17 (n=133)	18-20 (n=236)	21-22 (n=69)	Male (n=234)	Female (n=204)
CES-D < 16	65%	65%	66%	61%	73%	54%
CES-D ≥ 16	**35%**	**35%**	**34%**	**39%**	**27%**	**46%**

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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 refinement and development between August 2006-April 2007 using a participatory model involving YO alumni (Peer Leadership Group; PLG) and YO staff

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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

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Peer Intervention Curriculum

- YO members with mild/moderate depressive symptoms (CES-D 10-24) eligible, and recruited, for intervention participation
- Nine weekly one hour intervention sessions held immediately after GED class at YO program
  - Scheduling after GED increases attendance at groups

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Peer Intervention Curriculum

- Previous intervention studies (e.g., Clarke et al., 2001, Stice et al., 2006) show that indicated interventions targeting individuals with subclinical depression can prevent worsening of disorder
- These interventions have generally used cognitive-behavioral approaches
  - Cognitive restructuring to help youth appraise stressful events as being less threatening, challenging, or harmful
  - Provides engaged coping strategies that can be used when an event is deemed to be stressful
- Our intervention also emphasizes coping with traumatic events given the social environments of intervention participants

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Peer Intervention Curriculum

- Another enhancement is the use of peer leaders to deliver our intervention
  - Alumni of YO program hired as CAH staff and trained to implement the nine-session curriculum (with clinical psychologist backup)
- Community partners favored a peer-led approach
  - Stigma around mental health professionals might limit participation in groups
  - Perception that mental health professionals would not understand lives of participants

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Peer Intervention Curriculum

- Three uncontrolled pilot groups have demonstrated good feasibility and acceptability of intervention
  - Peer leaders can faithfully deliver curriculum
  - Most group members attend 8 or 9 group sessions
  - Participants understand material and report likelihood they will use skills in daily life
- Immediately post-intervention, intervention successfully increased engaged coping strategies and prevented the worsening of depressive symptoms

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Staff Training

- Two-day training provided to YO Case Advocates
- Topics included:
  - Signs of poor mental health
  - Making effective mental health referrals
  - Adolescent brain development
  - Dealing with mental health crises

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Staff Training

- Case file review being conducted to determine whether post-training there is (a) increased discussion of mental health and/or (b) increased referrals to mental health services

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Phase Two: Robert Wood Johnson Local Funding Partnership

- 3-year grant to "change the culture of YO to more fully address the many mental health issues faced by its participants and to expand and improve the quantity and quality of mental health services for YO members."
- Four project components:
  1. Mental health education/training for YO staff and peer leaders
  2. Mental health education activities for YO members
  3. Mental health screening
  4. Comprehensive mental health services

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RWJ: Mental Health Training for Staff

- Training will go beyond 2-day training to focus on specific skills, approaches, and resources to address YO members' mental health needs
  - For example, a key barrier to YO members' use of mental health services is stigma associated with mental health services; training will discuss ways YO staff and peer leaders can normalize the experience of using mental health services.

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RWJ: Mental Health Education Activities for YO Members

- Education activities to be integrated into employment development activities so members are "touched" by activities on a daily basis
  - For example, mental health activities will be integrated into YO's "Brother to Brother" and "Sister Circle"—two weekly groups designed to promote life skills.

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RWJ: Mental Health Screening

- Slightly modified ACASI again used as part of program enrollment process
- "Screen Coordinator" hired with grant funding who is responsible for:
  - Completing screens
  - Providing case management for members receiving mental health services

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RWJ: Comprehensive Mental Health Services

- All members referred to LCSW-C for initial visit within one week of completing ACASI

- Structured clinical interview conducted on YO members with moderate or high symptoms of depression or anxiety or recent traumatic experience

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RWJ: Comprehensive Mental Health Services

- No/low symptoms: no additional sessions with LCSW-C
- Moderate symptoms: offer to participate in peer intervention and 4-8 sessions with LCSW-C
- High symptoms: 12-week CBT with LCSW-C, with medication management by psychiatrist if necessary

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Concluding Thoughts

- What are other settings serving large numbers of adolescents and young adults where mental health services and supports should be embedded?
- Do other settings have mental health clinicians available to address identified problems?
- Similar to other settings (e.g., schools, health clinics), attention must be given to disrupting "client flow"
- Participatory research approaches that take advantage of community resources are valuable for community-based mental health approaches

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