

# Promoting Mental Health in African American Adolescents and Young Adults

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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; Lewinsohn, 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

# 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

# Using Community-Based Participatory Research to Determine Mental Health Intervention Focus

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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)

# 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

# Health Screens with YO Members: Methodology

- From May 2002-December 2005, 1730 adolescents and young adults enrolled in Baltimore City YO Centers
  - Health screens conducted with 1,024 (60%)
- Health screens conducted within 4 weeks of YO members' enrollment in YO program; administered by a Baltimore City Health Department employee
- Consent obtained; average length to complete 30 min.
- Health screens inquired about multiple health domains

# Health Screens with YO Members: Selected Findings

- Use of Healthcare Services
  - 18% ever thought they needed medical care, but did not receive care
- Violent Behavior
  - 50% in physical fight in last 12 months
- Substance Use
  - 44% smoked in last 30 days
  - 42% smoked marijuana in last 30 days

# Health Screens with YO Members: Selected Findings (cont...)

- Mental Health
  - 25% witnessed homicide
- Reproductive Health
  - 37% did NOT use condom at last intercourse
  - 33% have children (given birth or fathered)

# Focus Group with YO Members: Methodology

- Four focus groups conducted with YO Case Advocates between February—March 2005; two male and two female groups
- Verbatim transcription and inductive data analysis

# Focus Groups with YO Members: Findings

- Multiple health/mental health findings emerged from focus group data:
  - Stress and depression as indicators of being “unhealthy”
  - Feelings that violent behavior, substance use, and other risk behaviors were signs of poor mental health
  - Continuum of coping strategies from healthy (e.g., talking to trusted friend) to unhealthy (e.g., smoking blunts)

# 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

# Reflections on Project Initiation

- Importance of qualitative data to highlight what quantitative data did not illustrate
  - e.g., substance use, violent behavior “signs” of poor mental health
- Importance of participatory process to prioritize future work
  - Understanding what the local ecology wanted/needed despite prevalence rates, etc.
- Need to bring in new resources given focus on mental health
  - Two faculty (Tandon, Mendelson) and one postdoctoral fellow (Mance)

# What Has Emerged...

## the HOPE Project

- Center for Adolescent Health's Core Research Project
- Multi-pronged 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. Training for YO! staff advocates
3. Assessment of community mental health providers
4. More on-site mental health services
- 5. Support group network led by the Peer Leadership Group (PLG)**

# HOPE Project Team

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