

How Does Mental Health Affect Child Welfare Outcomes?

Prevention and early intervention, including mental health crisis services, has the largest impact on children and family well-being. Prevention services are designed to reduce problems, disorders, and risk. The various levels of prevention services are as follows:

- Primary prevention: Efforts to prevent future cases of a disorder;
- Secondary prevention: Early intervention to reduce or limit the effects of a disorder; and
- Tertiary prevention: Slowing progression and minimizing the effects of the disorder.

Screening for risk-factors, early identification and early intervention are critical to identifying developmental, emotional and behavioral issues that can present at an early age. The impact can be devastating long-term if not identified and addressed early in life. Early identification of mental health issues in young children often reduces the need or intensive typed of treatment, and decreases costs to the healthcare, education and social services sectors. Both crisis intervention and prevention helps to better serve children and families and develop an effective children and families' wellbeing system.

Children's mental health issues are not separate and apart from the rest of the child's life. The most effective method of prevention is to reduce exposure of young children to extremely stressful conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance use disorder, violence or repeated conflict.

Goals in improving short and long term mental health outcomes for children and families include, but are not limited to:

- Improving basic needs, education and workforce, family supports, and community engagement;
- Increasing school attendance and decreased suspensions and expulsions from school;
- Decreasing the use of restraint and seclusion in schools;
- Implementing behavior intervention plans to fidelity resulting in decreased behavior problems in schools; Reducing the number of students with behavior issues related to mental health that are referred to juvenile justice; and
- Improving community prevention and early intervention mental health services and resources.

Protective factors buffer children from being abused or neglected. A combination of individual, relational, and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them, certain characteristics have been found to increase their being maltreated. Risk factors are those characteristics associated with child abuse and neglect and general child welfare issues.

Risk Factors

- 1, Parent's often lack the understanding of their child's needs, development, and ability to explain how they are feeling
2. Parental characteristics such as young age, low education, single parenthood, large number of dependent children and low income can effect if a parent will identify and attempt to find help for a child exhibiting mental health concerns
3. Substance abuse and/or mental health issues of parents can affect their ability to help their child
4. Nonbiological, transient caregivers in the child's life (mom's boyfriend/partner) can increase a child's risk for mental health issues.
5. Parental thoughts and emotions can tend to support or justify the maltreatment behaviors that increase risk of mental health illness in children.
6. Family disorganization, dissolution, violence, including intimate partner violence will increase a child's risk for mental health issues.
7. Parenting stress, poor parent-child relationships, and negative interactions will increase a child's risk for mental health issues.

Children Need*:

1. Parents/caregivers using nurturing parenting skills
2. Stable family relationships
3. Household rules and child monitoring
4. Parental economic stability through employment and/or education
5. Adequate, stable housing
6. Access to health care and social services
7. Caring adults outside of the family who can serve as role models/mentors
8. Supportive family environment and social networks
9. Communities that support parents and take responsibility for preventing abuse and/or neglect

*CDC – Child Abuse and Neglect: Risk and Protective Factors

Why Mental Health Services in the Schools Makes Sense?

Children spend a great amount of time at school. For this reason, amongst others, school provides the optimal environment for prevention and intervention.

1. Changes in the mental health delivery system in Iowa have shifted treatment from institutions to community-based services. Iowa's mental health system is geared toward treating adults not children/adolescents.
2. There is a general shortage of therapists to work with children.
3. 50% of all mental health cases of mental health begin at age 14 or younger.
4. 60% of all children in Iowa do not receive mental health services.
5. Suicide is the 3rd leading cause of death among children 9-14.
6. School based mental health services are more cost effective than any other mental health treatment modality.
7. School based mental health services offers the opportunity for early intervention and services, at a location that is directly located at the child's school.
8. School based counseling services allows parents the opportunity to have their child get mental health services without the parent having to take time off of work to take the child to an outside appointment.
9. The wait time to get a child into a mental health therapist is 6-8 weeks. Children can be seen at a faster rate in school based counseling services due to counselors scheduling their own appointments at each school.
10. More complex mental health issues are now present in schools that need immediate attention. These include: bullying, suicide prevention, LGBTQ issues, eating disorders, anxiety, depression, substance abuse, dating violence, family conflicts.
11. Parents are familiar with school personnel and will be more comfortable having their child see a counselor at their child's school, during the school day (45 minutes), without the child missing school when leaving to go to a community-based appointment (1 ½ hours).
12. There is a direct need for crisis-intervention within schools. Teachers are not trained to deal with mental health or behavioral crisis. Mental health counselors are able to de-escalate issues and help to talk a student down from a manic episode and help them regain their stability so they can remain in school.

School-Based Mental Health Services Proposal – FY19

The goals of this program are as follows:

1. Increasing K-12 school-based mental health counseling capacity and students receiving mental health counseling in every Cedar Valley school building.
2. Increasing community-based capacity for mental health treatment services by psychiatric nurse practitioner and social work providers.
3. Funding and implementing the community mental health care coordination model to more effectively provide services across all health systems, mental health providers and related support agencies.
4. Support Black Hawk County's Children & Families Mental Health Initiative to develop and employ strategies to improve or reduce the burden placed on local hospitals and clinics by unnecessarily housing and treating children with mental health problems who could otherwise be treated by community-based services.
5. Support Black Hawk County's Children & Families Mental Health Initiative to develop and employ strategies to improve and reduce the number of children that are moved from Black Hawk County to other counties or states for in-patient treatment thereby causing tremendous stress on the child and families by being separated from one another.
6. Developing and employing strategies to reduce the incidence of over-utilization of hospital emergency departments (ER's) by children/youth presenting with mental health problems as a primary or secondary diagnosis.
7. Developing and employing strategies to reduce the incidence of over-utilization of Juvenile Court Services by schools who want children/youth removed/incarcerated due to behavioral concerns at schools.
8. Increasing awareness and acceptance of mental health as a public health concern, by removing the stigma and discrimination experienced by children diagnosed or undiagnosed mental illness.
9. Forming and coordinating an advocacy group to monitor public policy impacts on mental health services and to represent and promote the mental health needs of children and families of the Cedar Valley.

School-based Mental Health Project Budget – FY 19

32 schools with .5 fte mental health counselors for school year, plus 1 Program Coordinator at 1.0 fte

Mental Health Counselors – 9 months x 16 counselors x 22.5 hrs wk x \$25 hr	\$81,000.00
Program Coordinator – 1 FTE – 12 months x \$45,000	\$45,000.00
Laptops/tablets - 16 x \$300	\$ 4,800.00
Mileage - 500 month for Program Coordinator x .39 x 12 months	\$ 2,340.00
Supplies	\$1,250.00
Marketing – posters and flyers	\$2,500.00
<u>Total Budget</u>	<u>\$136,890.00</u>