

Washington State Department of Social and Health Services

Transforming Lives

**DBHR Mental Health Promotion
Projects Overview
June 24, 2015**




PO Box 45050, Olympia, WA 98504 | www.dshs.wa.gov

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Agenda

- A little History
- What do we know?
- Mental health promotion
- Suicide prevention
- Youth Mental Health First Aid
- Community “Wins”



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A Little History

In the beginning, everyone did prevention and promotion

1963 - Community Mental Health Act envisioned care for individuals with mental illness disorders in their home communities instead of state hospitals; the act also called for active community education about mental health

1999- Surgeon General David Hatcher releases report calling for increased attention to mental health and mental health promotion using a public health education and outreach approach

In the beginning, everyone did prevention and promotion

2008 – Institute of Medicine partners with SAMHSA to publish Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

2009 - SAMHSA publishes its Strategic Initiatives that are intended to serve as goal statements for the agency; Initiative #1 discusses prevention and calls on states to do more mental health promotion, suicide prevention and outreach to special high-risk populations including Native Americans, the military and the LGBTQ community

In the beginning, everyone did prevention and promotion

2012 – DBHR staff bring in Dr. Michael Compton and Dr. Ruth Shim, two national experts in mental health promotion, to discuss integration of mental health promotion into the agency's substance abuse prevention efforts

2012 – DBHR funds community demonstration projects for Triple P and the Primary Intervention Project.

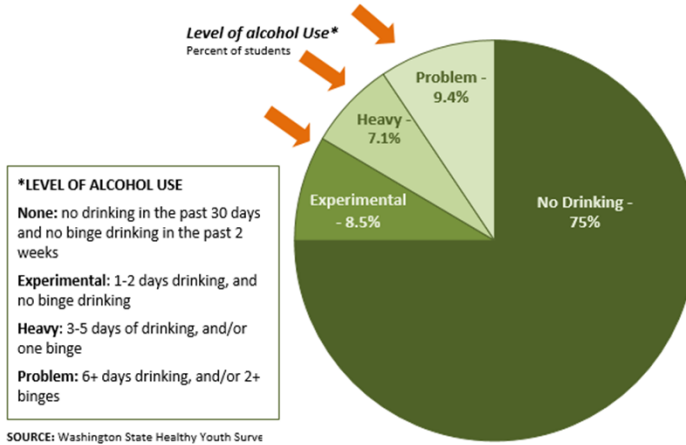
In the beginning, everyone did prevention and promotion

2013 – State Prevention Enhancement grant interagency consortium develops statewide prevention plan that targets suicide and depression and anxiety as well as substance abuse—related issues.

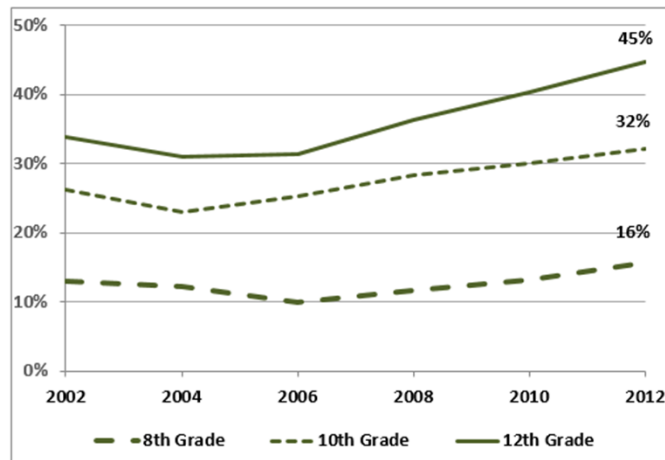
2014 – New “Maximizing Benefits” approach proposed calling for the agency to maximize the benefit of its prevention and other funding to achieve both substance abuse prevention AND mental health promotion outcomes.

What Do We Know

Most youth don't use alcohol; those that do, use a lot.

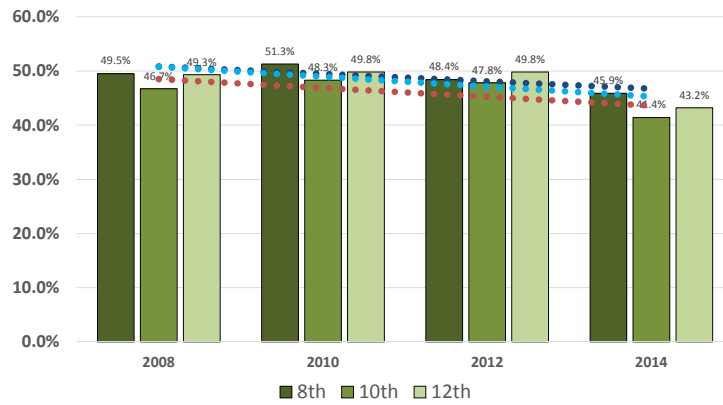


Percent of students reporting marijuana use is not wrong or only a little bit wrong for kids their age



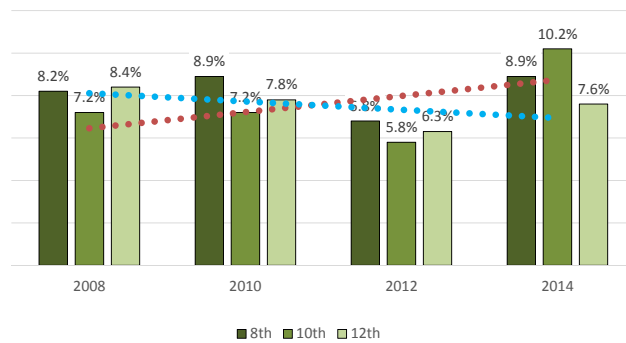
Less than half of our students are looking forward to their futures

Percent reporting positive outlook for futures



A significant percentage of youth report suicide attempts; made worse by the fact that this is likely considerable under-reported

Percent reporting suicide attempts



Risk factors exist in different environments:

Practice Wisdom to Prevention Science: Advances in Preventing Health and Behavior Problems among Young People, J. David Hawkins, Social Development Research Group, University of Washington, 2006

| | Substance Abuse | Teen Pregnancy | School Drop-Out | Depression & Anxiety | Violence |
|---|-----------------|----------------|-----------------|----------------------|----------|
| Risk Factors | | | | | |
| Community | | | | | |
| Availability of Drugs | ✓ | | | | ✓ |
| Availability of Firearms | | ✓ | | | ✓ |
| Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime | ✓ | ✓ | | | ✓ |
| Media Portrayals of Violence | | | | | ✓ |
| Transitions and Mobility | ✓ | ✓ | | ✓ | |
| Low Neighborhood Attachment and Community Disorganization | ✓ | ✓ | | | ✓ |
| Extreme Economic Deprivation | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family | | | | | |
| Family History of the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family Management Problems | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family Conflict | ✓ | ✓ | ✓ | ✓ | ✓ |
| Favorable Parental Attitudes and Involvement in the Problem Behavior | ✓ | ✓ | | | ✓ |
| School | | | | | |
| Academic Failure Beginning in Late Elementary School | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lack of Commitment to School | ✓ | ✓ | ✓ | ✓ | ✓ |
| Individual/Peer | | | | | |
| Early and Persistent Antisocial Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Alienation and Rebelliousness | ✓ | ✓ | | ✓ | |
| Friends Who Engage in the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Favorable Attitudes Toward the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Early Initiation of the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Constitutional Factors | ✓ | ✓ | | ✓ | ✓ |

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New programming approach calls for utilization of programs with both substance abuse and mental health promotion or suicide prevention outcomes.

Making the Case for Change II:
Maximizing Benefits from DBHR Behavioral Health Prevention and Promotion

February 2014

Prepared for DBHR Management Team
By DBHR Prevention Unit



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Required Elements – Mental Health Promotion

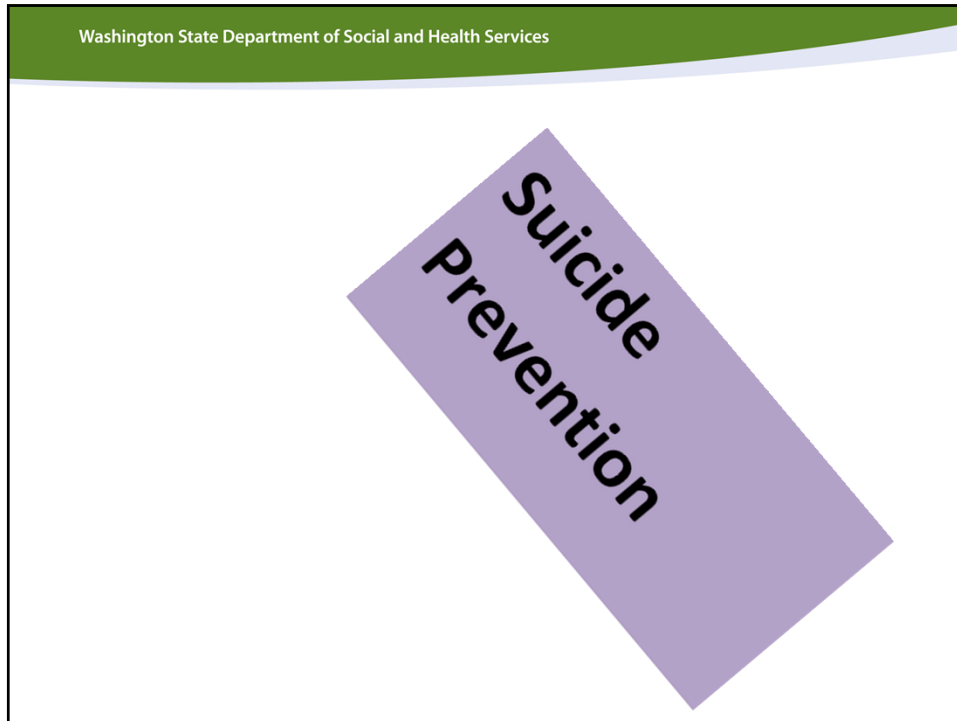
- Youth Mental Health First Aid training with participation from a minimum of 10 coalition members;
- Implementation of at least one program from a list of 10 that have both substance abuse prevention and mental health promotion outcomes;
- Implementation of community awareness campaign to increase community literacy and dialogue about behavioral health issues.

List of Eligible Evidence-based Programs for Mental Health Promotion Project (Arranged by NREPP score)

| Program Name | WSIPP rated | NREPP score | IOM |
|---|-------------|-------------|---------------------|
| Early Risers (Skills for Success) | | 3.34 | Selective Indicated |
| PAX Good Behavior Game | | 3.34 | Universal |
| Primary Project | | 3.28 | Universal Indicated |
| Good Behavior Game | ✓ | 3.18 | Universal |
| Say It Straight | | 3.12 | Universal |
| Fourth R (Skills for Youth Relationships) | | 2.8 | Universal |
| Lions Quest Skills for Adolescence | | 2.71 | Universal |
| Positive Action | | 2.48 | Universal Selective |
| Second Step | | 2.4 | Universal |
| All Stars | | 2.2 | Universal Selective |

Mental Health Promotion Programs

| | All Stars | PAX Good Behavior Game | Positive Action | Second Steps | YMHFA | YMHFA TOT |
|----------------|-----------|------------------------|-----------------|--------------|-------|-----------|
| Castle Rock | X | | | | X | |
| Concrete | | X | | X | X | |
| Ferndale | | | | X | X | |
| Klickitat-Lyle | | | X | | X | |
| Shuksan | | X | | | X | |
| VARSA | | | | X | X | X |
| Washougal | | | | X | X | X |
| Wenatchee | | | | X | X | |
| White Swan | | X | | | X | |



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Required Elements – Suicide Prevention

- Minimum of Youth Mental Health First Aid training with participation from a minimum of 10 coalition members;
- Implementation of at least one program from a list of 7 that have both substance abuse prevention and suicide prevention outcomes;
- Implementation of community awareness campaign to increase community literacy and dialogue about behavioral health issues.
- Optional programs – school and community counselor training, school support groups

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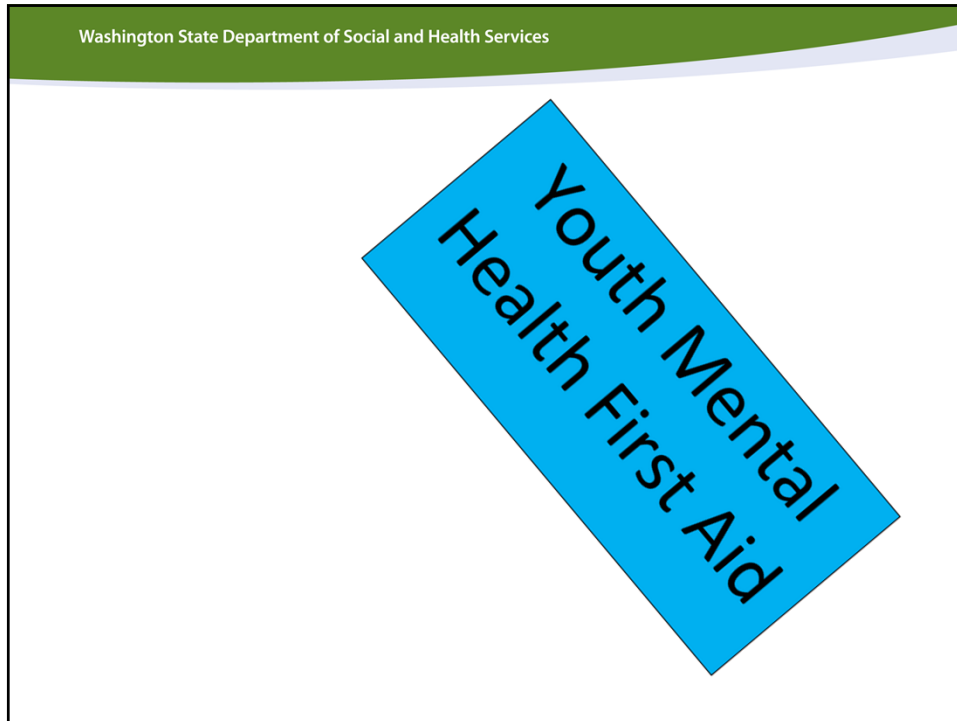
List of Eligible Evidence-based Programs for Suicide Prevention Project (Arranged by NREPP score)

| Program Name | IOM | NREPP Evidence Score - If Available |
|--|----------------------------------|--|
| CAST (Coping and Support Training) | Selective Indicated | 3.54 |
| Sources of Strength | Universal | 3.02 |
| QPR Gatekeeper Training | Universal | 2.68 |
| Emergency Room Intervention for Adolescent Females | Selective | 2.6 |
| ER Means Restriction Education for Parents* | Selective Indicated | 2.6 |
| SOS (Signs of Suicide) | Universal Selective Indicated | 2.43 |
| ASIST Applied Suicide Intervention Skills Training | Selective Indicated | Rated evidence-based by Suicide Prevention Resource Center |

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Suicide Prevention Programs

| | ASIST | CAST | Networks for Life | QPR | Sources of Strength | Other |
|----------------|-------|------|-------------------|-----|---------------------|-------|
| Castle Rock | | X | | X | | X |
| Concrete | | | | X | | |
| Forks | X | | X | X | | |
| Klickitat-Lyle | | | | | X | |
| PACE | | | | | X | |
| Shuksan | | | | X | | |
| VARSA | | | X | | X | |
| Wenatchee | | | | X | | |
| White Swan | | | X | X | | |



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Required Elements – Youth Mental Health First Aid

- Minimum of 15 community members (five coalition members if a coalition is applying) participate;
- 21 different entities funded including:
 - 10 CPWI communities that did not participate in mental health promotion or suicide prevention project;
 - 1 non-CPWI coalition;
 - 4 youth service or treatment-providing organizations; and,
 - 2 tribes

Community
"Wins"

Questions?




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Questions?

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Thank you!



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