

# **Mental Health Needs of Adolescents**

**Orange County, NC**

**An assessment  
conducted and presented by  
The Healthy Carolinians  
Advocates for Adolescents Committee**



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## **INTRODUCTION**

The Advocates for Adolescents Committee of Healthy Carolinians gathered information and data from spring 2005 through fall 2006 on attitudes, perceptions and needs of adolescents related to mental health services in Orange County. As part of the process, they conducted focus groups with adolescents and mental health providers, surveyed school personnel in the Orange County Schools and reviewed data from the Youth Risk Behavior Survey for Orange County. The key findings of this assessment are:

- Adolescents, children, teachers and families need more education about mental illness and mental health,
- Adolescents, children and families need to know when and how to seek services,
- Confidentiality should be better understood and respected in the school setting.

The following is a summary report that includes the findings of the assessment.

### **Adolescent Focus Groups**

Between February and October 2005, eight focus groups were held with adolescents associated with various community organizations affiliated with Advocates for Adolescents. These included the Planned Parenthood Teen Talk program, Adolescent Parenting Program of DSS, Teens Climb High of the Women's Center, Volunteers for Youth, and the Latino youth group Pa'lante, as well as mixed groups of teens. Mental health providers and program staff facilitated the groups. The majority of teens were high school age with a few middle school students. Students were from both school districts. The demographics of the participants were:

- 64 total youth participated
- 31 from northern Orange County and 33 from southern Orange County
- 41 females and 23 males
- 35 Caucasian, 24 African-American and 5 Mixed race
- 15 Latino and 49 Non-Latino

Adolescents had some knowledge of mental health disorders and were able to name problems such as depression, bipolar disorder and eating disorders, but also tended to stereotype and describe mental illnesses as being "psycho" or "sick in the head." They also showed confusion between mental health and developmental disabilities. Teens recognized that there were people in their lives that suffered from various mental health

issues but it wasn't always clear to the teens how serious an issue might be or the connections between issues like substance abuse, stress and depression.

Some cultural attitudes and differences were apparent between racial, ethnic and income groups. The level of stigma associated with mental illness and attitudes about whether or not to seek mental health care varied between groups, and was strongest among Latinos, followed by African- Americans. Caucasian participants had the least amount of aversion to seeking care, but stigma was present among all the groups. As additional services are developed within the community, these cultural differences should be taken into consideration.

It was expressed that teens had trouble getting help for a variety of reasons, the most common being stigma, denial of having a problem, and fear of a lack of confidentiality. When asked where teens do go for help, answers included friends, family, church, teachers, school counselors, therapists, psychiatrists, Oprah and Dr. Phil, community organizations and health care providers. Students clearly stated a need for mental health services and suggested that they should be made available in a variety of locations including schools, churches, and recreational centers. The key issue seemed to be confidentiality and making the services available in an accessible yet private fashion.

Students felt that it was easier to access all types of services at school. One student stated, "If they don't get it at school, odds are, it ain't gonna happen." At the same time they also made it clear that they often felt uncomfortable talking to school support services staff because they didn't feel that confidentiality was always respected. They also viewed school staff as providing more services for scheduling, testing, and grades and didn't feel that staff had time for counseling. Students felt that therapists, who just do therapy, should come into the schools to provide mental health services to teens at school. They thought if there was a school based counseling service it should be free and be offered either before or after school hours. The teens also talked about wanting to have educational workshops about mental health to reduce the stigma and raise awareness.

### **School Support Staff**

A survey of helping professionals in both the Orange County School (OCS) system and the Chapel Hill-Carrboro City School (CHCCS) system was conducted during 2006. A total of 42 people completed the survey, 24 from OCS and 18 from CHCCS. There were 21 from elementary schools, 8 from middle schools and 13 from high schools. Their professions included 12 social workers, 15 counselors, 9 school nurses, 2 school psychologists and 4 other professions.

When asked how many students they saw on average for mental health issues the numbers varied widely from none to 120 per month with the average being between 10-20 students per month. The numbers were much lower when asked how many students were seen for substance abuse issues. In Orange County Schools, 15 out of 24 said they saw no students for substance abuse, while only three of the Chapel Hill-Carrboro respondents stated that they saw no students for substance abuse. Elementary school staff more commonly stated they saw no students for substance abuse. If they did, it was usually due to parental substance abuse rather than substance abuse on the part of the students.

The providers were given a list of mental health issues and asked which issues students most frequently came to discuss with them. The most common responses for both school systems were anger management and aggression, anxiety, attention and learning problems, parent relationships, peer relationships, school issues and self-esteem. CHCCS also stated that body image and eating disorders were a common concern of students. The next most frequent issues were bullying and harassment, depression, family violence, grief and loss, and separation and divorce.

These professionals believed that students do have difficulty accessing mental health services. The most frequently stated reasons were a parental lack of commitment, awareness or denial; parents believing it was just a phase their children were going through, and a lack of finances. Students and families also lack knowledge of available resources and have difficulties navigating the system. Some also believed that families are too overscheduled and have difficulty fitting in more things.

When asked why they thought children did not seek services, the elementary school staff more frequently stated a fear of consequences, believing that seeking help is a sign of weakness, lack of awareness, or not knowing who to ask for help. Middle and high school staff more often stated that students do not ask for help with mental health problems due to embarrassment, stigma, fear, denial and family resistance or lack of support.

The list of people the school staff believed that teens and children seek help from was almost identical to the list given by the teens in the focus groups and included; friends, parents, school personnel, professionals, therapists, health department, scout leaders, and other trusted adults.

School personnel felt strongly that locating mental health services in schools was the best way to provide services to students. The services need to be easy to access, affordable, and available during hours that work for students and parents. Confidentiality needs to be improved and the services should be advertised. They also felt that the best way to encourage students to seek mental health services was to provide a comprehensive curriculum to open up discussion, increase awareness and reduce stigma about mental illness.

### **Mental Health Professional Discussion**

The final effort to collect qualitative data was through a discussion with a small group of mental health professionals. The first topic discussed was barriers for teens accessing services. There was great concern about the problems with the changes in the current public mental health system, lack of adequate health insurance coverage for mental health issues, and inconsistency in the care that teens receive. Another concern was that it takes more time to work with children and teens because there are more follow-up needs with parents and teachers and this collaborative time is often not covered and paid for by insurance. Also not covered is time to collaborate with other professionals in a team approach, which the participants felt was more effective for teens and children.

Due to the many competing demands placed on schools and the focus on academics, schools are not always able to place a priority on mental health needs. The mental health professionals stated there was a lack of designated space within the schools to

provide mental health services, resulting in a lack of confidentiality because of having no private space where the therapist can meet with the child. Because mental health issues impact student attendance, academic performance and behavior, the professionals felt it was critical that schools consider the mental health needs of students as part of the whole school setting.

Suggestions for ways to improve the situation included providing more education to students about mental health and mental illness and the importance of seeking help when a problem comes up. The professionals also suggested providing education to school administration and staff about mental health and illness and the problems that students face in accessing care. In addition, there needs to be a designated space within the schools for students to receive therapy sessions and perhaps a school-based clinic that could run from 4-6 PM.

### **Summary of Orange County Youth Risk Behavior Survey**

The last component of the assessment process, was a review of local data on youth risk behaviors. The local school systems use the Youth Risk Behavior Survey from the Centers for Disease Control to learn about the risky and protective behaviors that young people are engaged in. This data shows that Orange County's young people have some concerning risk factors in the areas of substance abuse and mental health.

A few highlights from the most recent surveys (2005 for CHCCS and 2003/2004 for OCS):

- 38% of the 8<sup>th</sup> graders in OCS and 19.7% of middle school respondents in CHCCS report having their first alcoholic drink before the age of 13.
- 25.3% of the CHCCS high school respondents reported binge drinking in the last 30 days (defined as 5 or more drinks in a row) while 46.7% of the CHCCS high school respondents reported drinking on one or more days in the last 30 days
- 27% of the OCS 8<sup>th</sup> graders, 16.5% of the CHCCS middle school respondents and 13.8% of the CHCCS high school respondents seriously considered suicide in the last year.
- 35% of the OCS 8<sup>th</sup> grade respondents, 24% of the CHCCS high school respondents, and 18.4% of the CHCCS middle school respondents reported that

they had felt so sad or hopeless for 2+ weeks in a row that they stopped doing usual activities in the last 12 months

- 26.8% of the CHCCS high school respondents reported that they had ridden in a car with someone who had been drinking in the last 30 days

These few statistics give a glimmer into some of the risk factors that Orange County youth are facing every day. These concerning trends are also seen nationally as it is estimated that at any time 20% of young people have a diagnosable mental health problem with 5-9% of children and adolescents having a severe emotional disturbance that significantly impacts their ability to function in the community.

Nationally, the estimates of the number of children with mental health problems who are not receiving the mental health care they need ranges from 66-80%. This is especially concerning as Kendall and Kessler (2002) reported that 60% of adult substance abuse and dependence could be prevented by early and effective treatment of child and adolescent mental disorders. According to Kendall and Kessler we know that “child and adolescent mental disorders are much more powerful predictors of a wide array of later adverse outcomes than virtually any other potential target”.

When we also consider the research on the effect of alcohol on the developing adolescent brain, we can more fully appreciate the risk factors that our young people are facing. Grant and Dawson (1997) report that more than 40% of individuals who begin drinking before age 13 will develop alcohol abuse or dependence at some point in their lives. The Alcohol/Drug Council of North Carolina reports that “young people who drink are more likely to be victims of violent crime, have serious problems in school, be involved in drinking related traffic accidents, have an unplanned pregnancy, be involved in criminal activity, and/or develop alcohol dependence.”

This knowledge of the risk factors faced by our young people can also galvanize our community to support evidenced-based prevention programs for all young people and work to ensure that all children with mental health and substance abuse challenges and their families have access to effective, high quality mental health and substance abuse treatment.

## RECOMMENDATIONS

There remains a need in the community to raise awareness about mental illness and the services that are available in the community for people dealing with mental health issues. The stigma associated with mental illness continues to inhibit individuals and families from seeking the very services that could help improve their lives.

One of the best ways to reach young people is through the schools, and numerous programs are already in place to address the mental health needs of students in both county school systems. More services are still needed though, to meet the increasingly complex demands of students. Further work will need to be done to coordinate services for children and families as the changes in mental health service provision continue to unfold.

### **Current Mental Health Programming and Services Orange County Schools, 2006-2007 school year**

- Currently 11 school social workers are in place, seeing students for a variety of needs, four are funded through OCS and 7 through DSS
- One LCSW is employed by Orange County Health Department and provides counseling to students as needed across both school systems
- Mental Health/Illness is taught as one component in middle school and high school health classes
- The *Adolescents in Need* Program at Orange High School provides multiple services, including mental health counseling and referral, to students
- Psychological testing is provided by a school psychologist
- Exceptional children program works with families and schools to develop individual education plans for students with behavioral disorders

### **Proposed Future Programs and Ideas**

- With non-school funds (possibly a grant from NAMI Orange) purchase 5 copies of the NAMI Breaking the Silence Curriculum. Offer training to 2 middle and 3 high school health teachers in how to implement this curriculum for use beginning in the spring 2007 semester.
- Together with CHCCS, offer staff development on confidentiality issues in schools to all support staff by February 2007

- Explore, in collaboration with the Community Backyard, the possibility of offering staff development on recognition and response to mental health issues for all staff and especially administration. Look at the connections between inappropriate behavior and mental illness.
- The School Health Advisory Committee (SHAC) has identified mental health as a key issue for the coming year; they are exploring mental health services for students and staff.
- Explore opportunities to provide staff through outside mental health agencies that can provide services to children and families through the school and in the school setting but that do not require additional school funds.
- Explore billing for services provided by existing school staff such as LCSW's, through Medicaid and other sources to help offset costs and expand the available number of service providers

**Current Mental Health Programming and Services  
Chapel Hill-Carrboro City Schools, 2006-2007 school year**

- The Breaking the Silence Curriculum was purchased in the 2005-2006 school year and has been written into the health curriculum. All elementary counselors and secondary health teachers are to be teaching the classes universally.
- Funds have been provided to develop peer mediation programs in every school. All but 5 schools now have peer mediation programs. The other five plus the new high school will start peer mediation in the 2007-2008 school year.
- Each school in the system has a school social worker/family specialist
- CHCCS now has a full time mental health counselor in a collaborative arrangement with Caring Family Network that provides mental health services to a caseload of 50 students and their families.

**Proposed Future Programs and Ideas**

- Together with OCS, offer staff development on confidentiality issues in schools to all support staff by February 2007
- Provide additional guidance and training to staff on mental health curriculum content
- Possibly develop a student organized and run campaign to raise awareness about mental health issues outside of health classes
- Seek funding to expand the Caring Family Network model now in effect in the district middle schools to provide mental health services