

## 2007 PARTNERS IN HEALING MENTAL HEALTH FORUM PODCAST GUIDE

### **PARTNERS IN HEALING MENTAL HEALTH FORUM** THURSDAY, JUNE 7, 2007

**Alison Overseth**, president of the Board of Directors of PASE

#### *Introduction and Welcome*

- Limited access to mental health resources after 9-11 meant that youth-serving organizations needed to work together to find a new model that merged social work and youth development, and that that goal is precisely what today is about.
- Thank you to everyone who has supported *Partners in Healing* with either funding or time, including the fabulous partner organizations that have been essential in making this necessity a reality, including the Mt. Sinai Adolescent Center, the NYU School of Social work, the 54 other agencies who have actively participated, and the 52 social work interns who did hands on field work.
- All of these people have shown courage and commitment. Finally, thank you to Dr. Gerry Landsberg and Dr. Ken Peak for the exceptional commitment and time they have given.

**Suzanne England**, Dean of the NYU School of Social Work

- Thank you to Gerry Landsberg, as well as Janet Kelly.
- Most people who choose to go into social work do so because of personal past experience where someone helped them get through a rough time.
- Suzanne found a warm, caring environment at a YMCA in Pittsburgh during the 1950's. She, along with most children in the community, went at least once a day, under the pretense of swimming and playing, but really they relished the relationships they were able to form with the adults who worked there. It is because of people like that that she has been able to become the person that she is today, and to have the understanding of leadership that she does.
- Groups like PASE and programs like *Partners in Healing* are doing today the work that the YMCA did for her, and it is essential that such groups be there to help youth through the rougher parts of their lives.

### **Lisette Resto-Brooks, PASE**

- 9-11 served as a catalyst to get *Partners in Healing* up and running. It got people asking about why there wasn't more support for young people, and how they could be reached in more emotionally responsive ways.
- Youth, we realized, needed more help, and many community centers and other programs had 6-month waiting lists just to get in the door.
- As a result, a group of experts got together, recognized the lack of service, and tried to arrange a system of help and care that reached into diverse areas and catered to young people's needs.
- *Partners in Healing* has raised awareness of the role that agencies are playing, and has created a viable model that engages young people in mental health services and supports.
- PASE, Mt. Sinai, all of the supervisors, and the social work interns, have come together to create a database of resources on who's doing what in the field. As a result of *Partners in Healing*, the process of getting or finding mental health services has been normalized, and young people aren't forced to go out on their own to find help when they need it.
- By going through agencies there is immediate and easier access to young people, because they're already there. A youth agency is a trusted resource in the community, where parents, community members and students all feel safe. By adopting this method, services that are provided are relevant and age appropriate, and staff are well trained and prepared.
- The ultimate goal, of increasing resiliency, has been obtained.

### **Liz Goodman, PASE**

#### *The Partners in Healing model*

- The model involves monthly staff and intern trainings.
- Each participating agency developed a core team of interns, supervisors and other staff who worked together to realize improvements in their mental health services.
- PASE offered a variety of trainings to all staff involved in *Partners in Healing*. The issues that were taught and explained changed as the needs of the agencies altered or became clearer.
- The goal was not to make people involved clinicians, but to give them hands-on, practical skills.
- All of the social work interns went to non-traditional placements, where they got to apply what they learned in a less conventional setting.
- The referral process was made as easy as possible for all parties, to encourage more services to be offered and more students to seek them out.
- 15,000 youth have been reached so far, at over 54 agency sites and in all 5 boroughs of the city.
- 52 social work interns were placed, and they did counseling of all varieties. All interns developed the same core sets of skills and competencies, and learned how to truly evaluate mental health needs.
- Additionally, there is a mental health program directory now available, and the finishing touches are being put on a collaborative manual that Mt. Sinai contributed greatly to.

**Dr. Ken Peak**, Director of Adolescent Health at Mt. Sinai Medical Center

*Children and their Unmet Mental Health Needs*

- Physical and mental health needs are closely linked.
- The adolescent center at Mt. Sinai is the largest such program in the U.S., and serves about 10,000 adolescents a year in a wide variety of areas. The youth reached are between the ages of 10 and 22, are generally poor, minorities, and 66% of them do not have insurance. The center serves all of its patients for free, and needs to raise over 12 million dollars a year, which is a difficult task.
- Adolescent mental health, in particular, is lacking funding on a national level. Finding a way to get mental treatment or aid is tricky, and kids aren't going to go out and look for solutions on their own a lot of the time.
- What we need are services available where kids are who need them, and the ability to build capacity once services are offered.
- Preventative measures are really key in helping young people. There are opportunities out there for health promotion, but we must grab them and really use them to their full extent. The poor outcomes that we are seeing today for adolescents and their mental health status relate to societal and structural issues—the ways that we are trying to get services to them are not very effective.
- Despite what a common assumption, adolescents do not feel invincible, and they are not invulnerable. The reasons that they get in to trouble are because that they are inexperienced and don't have practice at helping themselves. They are fully capable of assessing risk and acting responsibly once they are given the appropriate tools and knowledge on how to do so.
- One-fifth of teens have serious health problems, and most have health concerns and questions. They are, without a doubt, the most underserved demographic. They also have the lowest rate of physician visits.
- Twenty out of one hundred teens have a serious, diagnosable mental health issue, and only four of them will actually get help for their problems. There are 12 million uninsured or underinsured kids in the United States.
- On top of all this, fears about confidentiality provide a further barrier in keeping kids from seeking treatment. Parents who have access to state-run health insurance often won't get it for their kids because they believe, incorrectly, that children are robust and impervious to health problems.
- As kids get older, the number of them that are uninsured increases as well. Services that are available to them for free are often not well publicized or hard to locate. There really is no other service like Mt. Sinai that is comprehensive, and provides free care to all.
- New York City as a whole has the most disadvantaged kids in the country, but the rates of mental health problems for them are lower here because they have access to care. 9-11 made everyone realize how much adolescents needed care, and that improvements needed to be made in the system available to them ASAP
- Health care – of all varieties – must be seen as a basic human right.

**Dr. Gerry Landsberg**, a professor at the New York University School of Social work

- The model works.
- Now that we know that it works, the thing to figure out is where to go from here.
- Research has been conducted for over five years, and we must begin really looking at the data and deciding how social perception and actual effect are coming into play.
- Through both quantitative and qualitative measures, we can show that the program has affected significant, positive mental health changes.
- What were the impacts? The report is not final, but once it is it will be published and available for all interested parties.
- The populations served were mostly Latino, black, and Asian.
- Relationships are the most important thing to establish if you want to get kids to change.
- We also need to be able to intervene so that we affect interest and increased participation in schools.
- Role models must step in to make kids feel cared for, understood, and like they have access to help.
- The program created significant reductions in stress for 4<sup>th</sup>-7<sup>th</sup> graders.
- Young people were generally able to develop coping abilities and interpersonal skills.
- Agencies are consistently less likely to dismiss or ignore children with behavioral problems, which is hugely beneficial as most youth view afterschool as a space different than the regular school day, where they can learn from each other and develop new perspectives.
- Now the main thing that we need to do is expand our coalitions and networks to make the program nationally effective.
- Long term advocate support and funding is also essential.
- Getting mental health services to youth, in short, needs to continue to be a growing priority in everyone's mind. The opportunity costs of not helping children now are enormous, and it is time to step up and make sure that *Partners in Healing* continues to grow and aid all who need help.

**Keith Hefner**, Executive Director of Youth Communication

*Introduction of panelists*

He first talks with **Rich Buery** and **Erica Ahdoot** of Groundwork, Inc.

**KH:** What are your thoughts on social work, and what the greatest issue is facing the field?

**RB:** The mission of Groundwork is to serve the kids and families of East New York, particularly in three public housing projects. Reaching the youth ultimately means that you will reach the entire community, and the people at Groundwork, Inc., came to realize that they needed to be offering mental health services to young people because of many of the problems that Dr. Peak described in his talk.

- Impoverished young people have been exposed to a broad array of trauma and crisis.
- In two years at Groundwork, staff have been murdered, and most of the children there know people who have been assaulted, killed, or put in jail.

- As the organization has grown, Groundwork has worked hard to make a management team that allows them to provide all of the services they feel young people need access to.

#### EA:

- This year alone, Groundwork had eight social work interns and four program staff working in the “learning institute,” where they provided support and group services, social work, and programs for reorienting families.
- Groundwork is trying to get work done in the area of family development, in addition to everything else.
- Non-traditional methods are the best ways to do this, as well as to reach kids with mental health needs. There are a lot of more formal programs, based on a specific curriculum and such, but by going in and providing services during down time, and by having people who are always available for the kids to talk to and serve as role models, it makes the whole process much friendlier and more accessible for the children
- *Partners in Healing* was instrumental in allowing Groundwork to bring all of these services together, and giving them a broad picture of what is possible.

#### Leah Nosek, MSW

*Discussing the program that she ran as a social work intern for Partners in Healing, the Comic Book Club.*

- The strength of *Partners in Healing* is that it gives many students access to mental health services who wouldn’t otherwise have that access.
- Because of the way she was allowed to run her program, students saw her as the group facilitator and then, subsequently, were more willing to come and talk to her.
- She worked with six boys all semester, and together they all wrote their own comic books based on what was going on in their lives. Each student made a life-sized super hero of their own invention, and all of them got very involved with the project.
- Mental health in after school is a chance to engage youth that wouldn’t otherwise have or seek out services. Kids don’t always want to come out and talk about the problems that they’re facing, but by providing them a means to think about and less directly express their lives, many of them became more willing to discuss personal issues.
- The Comic Book Club gave the boys a chance to develop a critical relationship, building off of her own strengths, as well as student interest, ultimately allowing her to obtain other ends.
- Social work education can provide the theoretical background to prepare an intern for some of the situations he/she will later encounter, but was working with *Partners in Healing* gave her the chance to put that theory into practice.

#### Susan Olufsun, Executive Director of the Stella and Charles Guttman Foundation

*Funding mental health initiatives*

- The Youth Founders Network provides professional development opportunities for grantmakers who say they have interest in youth funding.
- Many, many learning issues are not actually learning issues but actually mental health issues.

- Youth today face many more issues than are recognized or diagnosable. Many are worried about stigma, or don't have the knowledge required to understand that they have a treatable problem.
- Most importantly, everyone needs to realize that adolescents are not just miniature adults. They need to be approached on their own terms, about their issues.
- The first step is to identify exercises that might make important issues come up, and figure out how to do these with a group of young people in a way that will make them all feel comfortable. Whoever is working with them needs to be consistently there, and consistently aware of what's going on. It may take a while for the students to trust you and open up, but they do want role models and adults they can confide in.
- Students shouldn't be made to feel like they're being referred out to a mental health professional—they should feel comfortable with who they're talking to and what is being asked of them.
- Obviously not all staff will be social workers, but it is important to train them so they feel comfortable and understand the value of the relationships that they are developing with the youth that they work with.
- The most important thing someone can do when trying to get money from funders for after school programs such as these is to demonstrate the context—show them that it all relates back to learning, health, community productivity, etc. One should show, step by step, how you're going to act and what you're going to do to make your plan effective and actual.

### Panel Discussion Q & A

**Q:** It has been a challenge to give funders the concrete outcomes that they are requesting. We can develop satisfaction surveys, but nothing that gives a quantitative answer. How do we approach this challenge?

**A:** The way you frame what the needs are can help you report to your funder. If you are specific in framing what the need is, then you can develop concrete measures on if you have achieved outcomes in that area. One way to do it is by saying we provided this many services. Also, you can look at the research and say, “we are doing these things, so we expect to achieve similar outcomes because that is the model we use.”

**Q:** We are used to reporting outputs but funders want outcomes that show changes in behavior, which can take a long time, and measuring change in behavior can be subjective.

**A:** Some outcomes you can measure if you spend time looking at citywide outcomes, such as how many of your kids got pregnant during the school year. How does that compare with city, and national statistics from that same year? That data is out there. And how did your kids do as a result of your program? Maybe think in terms of small concrete outcomes that can lead to long term outcomes. Look at report cards of youth before and after attending your program. Do this not for grades, but attendance. That's a definite outcome.

**Q:** For Leah: you spoke about the group counseling dynamic in your comic book club, and how you would have some important conversations during the project. What are some informal ways to talk to youth about their issues so that it's not so intimidating to them?

**A:** I have found that more information, more in-depth and personal conversation occurs when they have something else going on, and they're not just sitting in a chair across from you. In the past when I have done mentoring, kids would divulge very interesting things when in the car on the way to the movies, when they could play with the car radio or the windows. They would disclose some intense information. So it is important to have activities that provide structure and allow for inspiration.

**Q:** For Groundwork: what were the limits on staffing, space, and funding when you decided to implement mental health support in your programs? How did you do this while knowing that it would strain your resources?

**A:** Part of our model involves having an MSW full time at all five sites, and by September we hope that four of five will be staffed that way. We haven't been successful in allocating funds towards that specific end. We have had one private funder, the Cummings Foundation, help with line support, and through the OCFS SAFE initiative we can pay for one social worker. We use general support money to take care of that function. We have made mental health a priority, and use money for that although it is money that could be spent elsewhere. As for the issue of space, that is especially difficult in our after school programs as we do not always have access to private rooms for individual counseling. During the daytime, we provide services that support teachers and principals, and this gives us more leverage to ask for help in securing rooms for private conversations. Building relations with the school day staff is very important, but you must remember to always be creative and flexible with what you have available.

**Q:** How can an agency deal with liability issues when it comes to responding to youth when staff isn't professionally trained to deal with serious issues? What is the responsibility at the agency level to address those needs?

**A:** At the program level, have a concrete protocol in place. The ultimate goal is to build the community and create networks of support available so that help can be accessed.