maternal & child health

Healthy Generations

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Inside this Issue

Depression and Suicide: Treatable and Preventable Community Health Indicators

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Now, more than any other time in recent history, Americans are challenged to attend daily to the mental health and well-being of ourselves and our loved ones. How do we overcome the sadness and helplessness we may feel in response to terrorism? How do we contend with the suddenly changed world in which we, and our children, now live? How do we tend to our mental health needs and those of our children while trying to cope with day to day stresses of our lives? Mental health is a cornerstone upon which we all grow and learn to live happy and satisfying lives. Healthy mental and emotional functioning includes a range of abilities to think, learn, be productive, form satisfying relationships, and to cope with adversity and change in our lives.

In recent years, awareness of mental health has grown tremendously in a number of arenas. As a core condition for overall health, mental health is appearing on the agendas of a range of disciplines from infant mental health and education to maternal health and geriatrics. A public health model is championed by many as an effective approach to promote mental health. This model is concerned with the health of an entire population, linking health and the physical and psycho-social environments. The public health model not only addresses the diagnosis, treatment, and etiology of mental disorders but also epidemiology, mental

continued on page 2

I am delighted to serve as the co-editor for this issue of Healthy Generations, along with Laurie L. Meschke, Ph.D. In my role as policy educator for the Children, Youth and Family Consortium at the University of Minnesota, I have the opportunity to explore policy issues that affect kids and families, and work to strengthen linkages between University research and public policy makers.

The Children, Youth and Family Consortium serves Minnesotans in the capacity of building bridges and strengthening partnerships which lead to better public policies for families. Our mission is based on the belief that decision-making that is supported and informed by high quality research strengthens outcomes for families.

People often express confusion about the terms "mental health" and "mental illness." Generally speaking, mental health is the state of mental and emotional well being characterized by how well a person is able to function personally and socially. Mental illness is a clinically diagnosable mental health disorder that persists over time. Mental illness and mental health flow along a continuum, and the forces that move us back and forth on that continuum are a combination of what is going on inside of us and what is going on around us.

I hope you will find this issue of Healthy Generations offers you a glimpse of some of the most current issues in public policy of mental health care. Candy Kragthorpe provides facts on depression and suicide, and how these issues are affecting Minnesotans. Joän Patterson presents some of the risk and protective factors that we have come to understand about mental health. Amy Susman-Stillman talks about the importance of promoting mental health in early childhood. Finally, I offer you my current thoughts on public mental health policy and its effect on families. Thanks to everyone who made this issue possible!

Joan Sykora, Ph.D.
Co-Editor

Healthy Generations Videoconference

Mental Health

February 20, 2002
1-3 p.m.

Clay County
1st Fl., Family Services Center,
715 11th Street N.
Moorhead

Chisago County
Room 358, 313 N. Main Street
Center City

Douglas County
809 Elm Street, Alexandria

Kandiyohi County
Room 2057, Health and Human
Service Building
2200 23rd Street NE
Willmar

Koochiching County
715 4th Street,
International Falls

Olmsted County
Conference Room 4358
Government Center, 4th Fl.
151 4th Street, Rochester

Ramsey County
MDH Distance
Learning Center
3rd Floor, Metro Annex
130 East 7th Street
St. Paul

Rock County
204 E. Brown, Luverne

St. Louis County
Government Services Center
Room 709,
320 W. 2nd Street, Duluth

Steele County
630 Florence Avenue
Owatonna

Stearns County
Room 21
705 Courthouse Square
St. Cloud

Registration is limited by site. To register please contact Jan Pearson by phone (612.626.8644) or email (pearson@epi.umn.edu). Please visit http://www.epi.umn.edu/mch/mchsite/events.html for any changes to these sites.

health promotion, early intervention, prevention, and access to effective mental health interventions.[1]

Nationally, in the past two years alone, U.S. Surgeon General David Satcher has released five major reports on mental health and suicide:

1. *The Surgeon General's Call to Action to Prevent Suicide*;[2]
2. *Mental Health: A Report of the Surgeon General*;[1]
3. *National Strategy for Suicide Prevention: Goals and Objectives for Action*;[3]
4. *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*;[4] and
5. *Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General*.[4]

(Information on where to obtain copies of these documents is included in the references).

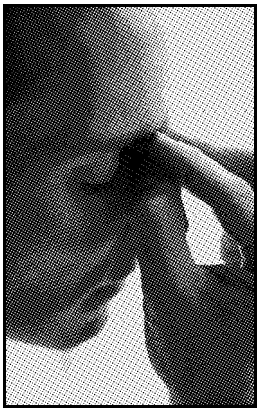
In Minnesota, a request by the 1999 Minnesota Legislature (Ch. 245, Art. 1, Sec. 3) resulted in *A Report to the Legislature: Suicide Prevention Plan*.[5] This report documents Minnesota statistics on suicidal behaviors that often come as a surprise to policymakers and others.

In Minnesota:

- Suicide is the second leading cause of death for 10 to 34 year olds.
- Approximately three times the number of Minnesotans die from suicide than from homicide (approximately 450 deaths per year).
- Males comprise approximately 80 percent of all suicide deaths.
- The suicide rate for American Indians is consistently higher than for any other racial or ethnic group.
- Minnesotans 65 and older have the highest suicide rate of all age groups.
- Self-inflicted poisoning is the leading cause of nonfatal, hospitalized injury for those in the 15 to 19 and the 25 to 34 year old age groups. It is the leading cause of non-fatal, hospitalized injury for women in all age groups from 10 to 44 years of age.[6]

Major depression, a risk factor for suicide, is a leading cause of disability, impacting all aspects of work productivity, and personal, social and family life. While Minnesota data on depression, other brain disorders, and mental health problems are lacking, it is estimated that 20 percent of the population experiences a mental disorder each year and approximately two-thirds do not seek treatment.[1] Unidentified and untreated mental illness impacts the social and emotional well-being of families and entire communities and challenges the capacities of schools, work places, faith communities, health providers, and other systems to provide necessary interventions, accommodations, and support.

For a truly comprehensive and effective approach to mental health promotion, joint and integrated efforts are needed to address the mental health continuum across the lifespan. Just such an approach is outlined in the document, *A Public Health Approach to Mental Health.*[7] The document lists a range of community mental health indicators that can be assessed and addressed through diverse community partnerships.



Currently a number of examples of a public health approach to mental health are underway in Minnesota. One example is the implementation and coordination of the state suicide prevention plan. Developed in partnership with statewide stake-holders, and with the Surgeon General's reports as blueprints, the state plan contains 28 strategies for suicide prevention. Examples include public, professional, and workplace education to raise awareness of mental health issues and the improvement of early identification and access to mental health services. The 2001 Minnesota Legislature appropriated over a million dollars annually to fund community-based programs to implement these strategies. In addition to these funds, some local public health agencies are using their Youth Risk Behavior Endowment grants from the tobacco settlement to promote youth suicide prevention and mental health with youth in their community. These efforts further advance the strategies promoted in the state suicide prevention plan. Others counties are integrating the strategies in a holistic approach to youth health, linking mental health with other health risks such as physical inactivity and alcohol use.

Another statewide activity promoting mental health is an interagency initiative, *Toward Better Mental Health in Minnesota (TBMH)*.[8] The Minnesota Departments of Human Services, Health, Corrections, Children, Families & Learning, Employee Relations,

Economic Security, and others have joined together to strengthen state and local partnerships in addressing mental health. Components of this initiative include a partnership of state and county agencies, two Citizen League studies, community events, a consumer perspective document, and more. As another example of a public health approach to mental health, *TBMH* brings multiple sectors of the state community together to explore a range of factors that impact, and are impacted by, mental health. (For more information about this initiative, see http://www.dhs.state.mn.us/mental_health/tbmh.

Depression and suicidal behaviors are just a few of the many community mental health indicators. Both are components of a unique mix of factors that contribute to community-wide mental health. As a significant public health issue, mental health can be optimally promoted along a continuum of health. Practicing daily behaviors that strengthen us emotionally (e.g. exercise and social interactions), seeking professional help early when we experience signs of depression, or managing an existing disorder with medication, counseling and good self-care can help promote mental health. Depression is treatable. Suicide is preventable. Mental health is for everyone.

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Risk and Protective Factors Associated with Children's Mental Health

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The growth and development of children occurs within an ecological context comprised of multiple social and cultural systems that interact and mutually influence each other[1] (see Figure). These systems include the proximate systems in which a child directly interacts (such as family, school, peer group, etc.), as well as more distal systems (such as government, mass media, global economies, etc.). Any of these systems can pose developmental risks for a child, or conversely can present developmental opportunities that enhance

The Ecosystem of a Child

mental health and well being.[2] Each system, including the developing child, is an active force shaping other systems in its context. Human organisms innately try to adapt to their environment, fitting into their ecological niche or trying to modify it to get their needs met. Some symptoms of mental disorders may, in fact, represent adaptive behaviors to pathological environments.

Risk Factors

A risk factor increases the probability of, but does not necessarily cause, a harmful effect. The effect varies depending on individual differences, gender, age, persistence of exposure, and whether protective factors are present to mitigate the risk. A single risk factor usually poses minimal negative impact; however, exposure to multiple risks increases the probability of mental health problems[3] – as much as 20 times when exposed to four or more risks.[4] Diverse disorders share

fundamental risk factors in common.[5] Risks may be biological, psychological or social in nature and operate within individuals, families, communities, cultures, or the larger society.

Individual Risk Factors

Genetic inheritance is a factor in several mental disorders, including autism, bipolar disorder, schizophrenia and attention-deficit/hyperactivity disorder. Other biologic abnormalities associated with mental disorders can result from exposure to injury, infection, toxins, or poor nutrition – in-utero or following birth. Alcohol consumption by a pregnant woman increases the risk for fetal alcohol syndrome/effect with associated behavioral abnormalities.[6] Prenatal exposure to tobacco and other substances or nutritional deficiencies may be associated with brain abnormalities, low birth weight and subsequent developmental challenges. Low-birth-weight and temperamentally difficult babies may be more irritable, compromising a secure infant-caregiver attachment. Behaviorally inhibited infants often are excessively shy and avoidant in early childhood, and show later anxiety and social phobia.[7] Competent caregivers, who know how to modulate the infant's exposure to environmental stimuli, can compensate for this risky temperament. However, these skills often are not in the repertoire of even very caring parents.

Children with chronic illnesses or disabilities are at increased risk for emotional and social problems because of added stress and developmental challenges.[8] The risk increases when their parents have adjustment problems or trouble accessing adequate health and education resources.

Family Risk Factors

The most critical environment influencing children's mental health is the family. Parental depression and other forms of psychopathology are associated with poorer caregiving, ineffectual discipline and monitoring,[9] excessive irritability and criticism,[10] possible child neglect, and social modeling of ineffectual coping.[11] It is often difficult to tease apart the effects of the child's family environment from the genetic predisposition for mental disorder, since 20% to 50% of depressed children have a family history of depression.[12,13]

Witnessing parental discord, family conflicts, and domestic violence are toxic for children at all ages.[4] Children often model this aggressive behavior, may become entangled in these family conflicts as they get older, develop behavioral problems, associate with anti-social peers, fail in school, and show early delinquency.[14]

Children who are physically or sexually abused by family members or others are at risk for psychiatric disorders such as post-traumatic stress disorder, conduct disorder, depression and impaired social functioning.[15-17] Psychological maltreatment occurs more frequently than physical maltreatment and it is associated with a range of mental disorders.[18,19] Family communication characterized by high levels of criticism and contempt (called expressed emotion) is associated with an increased probability of mental health problems.[20,21]

Exposure to stressful life events places children at risk for mental disorders.[22] Some life stressors occur within the family, such as parental death or divorce. The age of the child when these events occur, the degree to which a child's life circumstances are permanently affected, and the availability of coping resources influence child outcomes.[23] Family economic stress can affect children's mental health as evidenced in studies of the Great Depression[24] and the farming crisis,[25] particularly when family conflict, parent mental health problems and alcohol abuse emerge.

Community Risk Factors

When economic hardship is prolonged and children grow up in chronic poverty, not only are their family relationships potentially toxic, but a cascade of other community risk factors threaten their mental well-being. Witnessing frequent violence, drug trafficking, involvement with aggressive peers and gangs, alcohol and drug abuse, school truancy and failure, and getting into trouble with the law are increased risks for youth growing up poor.[26,27] Impoverished communities breed social disorder, incivilities, high residential mobility, and weak social ties.[28] Sustained fear of crime is associated with deteriorating mental health. Children grow up feeling hopeless and often angry.

Discrimination and racism contribute to mental health problems for minority youth of all social classes. However, since minority children are over-represented among those living in poverty, racism further adds to the accumulation of risk factors they face.[29]

Peers can be another source of risk. Negative peer pressure and modeling of deviant, unhealthy

Healthy Generations Event

The Minnesota videoconference on mental health is on February 20, 2002 from 1-3 p.m. This event is free of charge. To register, contact Jan Pearson (612.626.8644 or pearson@epi.umn.edu). See the sites listed on page 2.

behaviors can adversely affect mental health, especially during critical developmental transitions (such as puberty or school changes). Eating disorders can manifest like epidemics in schools where adolescent girls are unduly influenced by a culture of thinness among their peers.[30] Peer teasing, harassment and rejection can contribute to youth alienation, conduct disorders and violence, or to school and social phobia.[31] The rash of violent acts we have witnessed in school settings traumatizes students and contributes to anxiety and other disorders.

Poor quality schools characterized by low academic expectations and achievement, ineffective leadership, and poor relationships between teachers, parents and students increase the risk for youth behavioral problems and depression.[32]

Individual Protective Factors

The study of resilient children has increased our understanding of protective mechanisms that contribute to positive mental health, both for children exposed to significant risk and for all children. Several studies have shown that an outgoing temperament, good social skills, self efficacy, and innate intelligence protect children exposed to significant risk.[33-36] It is important to note that intelligence is not totally determined by inheritance, but also is shaped by early environmental stimulation and experience.[37]

Family Protective Factors

A stable, two-parent family has been associated with better child functioning, which is related to the likelihood of better economic and social support. Positive connections with extended family members are protective for children and their parents, especially African American families.[29]

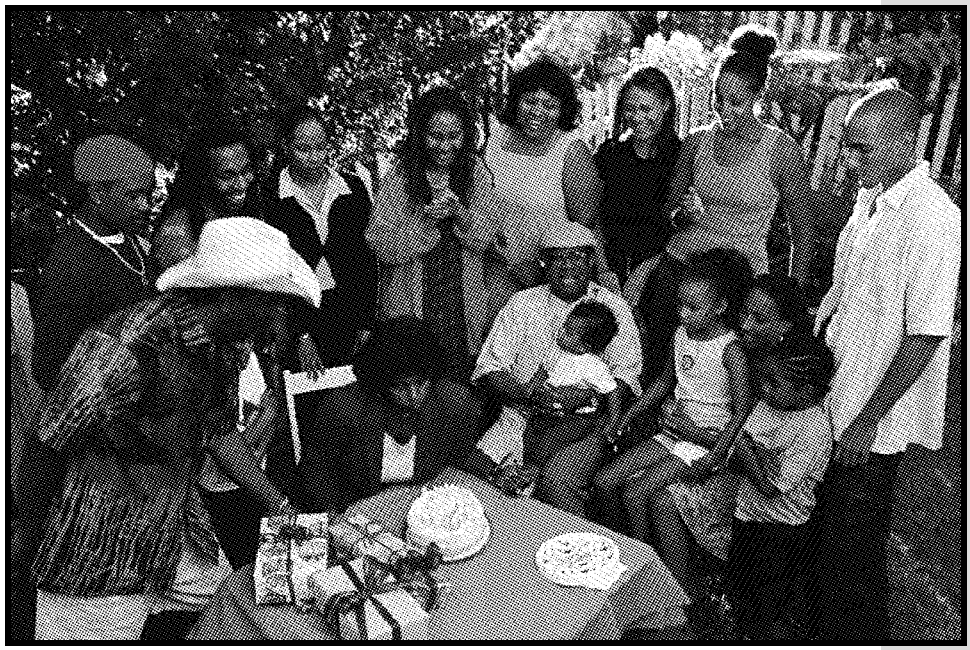
A high quality infant-caregiver relationship that contributes to secure attachment is the foundation for mental health across the life span (see Susman-Stillman, this issue). Secure attachment emerges when the caregiver is responsive to infant needs and cues and provides a loving and stimulating environment. Maintaining a high-quality parent-child relationship throughout the child's development, characterized by closeness, warmth, trust, and open communication, is critical for child mental health.

Nurturing children's emotional and social development requires parental time and attention, which many single parent and dual career families find in increasingly short supply.[27,38] Positive parent-child interactions have been shown to moderate the relationship between living in poor violent neighborhoods and child mental health problems.[39]

Parental warmth and support that is combined with age-appropriate discipline and limit-setting, called authoritative parenting, is a key parental competency associated with children's mental health.[40] Authoritative parenting contributes to competence across ethnicity, SES, and family structure.[41]

Community Protective Factors

European-American youth with authoritative parents are more likely to belong to peer groups that encourage academic achievement and school engagement, thereby contributing to youth competence and mental health[41] – a good example of how protective factors tend to cascade and accumulate.



Interestingly, parenting style does not influence peer choices for African American and Asian youth, which the study authors attribute to restricted choice of peer group affiliation for minority youth.[41]

Social capital, which involves social connectedness among neighbors and a positive sense of community belonging – a place where one both gives and gets – is increasingly being studied as a protective factor for a range of health outcomes.[42,43] Social capital is associated with a greater sense of collective efficacy, community organization, collective socialization, more neighborhood resources, and better information

about and access to social services – all of which benefit health over and above an individual's personal sense of connectedness.[38]

Supportive relationships with adults in the community, such as church leaders or teachers, enhance children's sense of security and safety and promote their self esteem and self efficacy.[36,44] These supportive adults may compensate for an unavailable parent. On the other hand, children's social connectedness is often shaped by their parents' social connections, thereby surrounding the child and family with emotional support, information and tangible aid. The availability of age-relevant community resources, such as high quality child care, libraries, parks, recreation facilities, etc. are important contexts that augment and support effective parenting and family relationships. The mental health of children with chronic conditions (and their parents) is enhanced by coordinated, comprehensive, affordable, high quality health and education resources.

Positive connections between subsystems in a child's ecological context are another important way to view protective mechanisms. Positive proactive linkages between families and schools involving two-way communication and parent involvement contribute to self esteem, self efficacy, and social and academic competencies in children.[45] In addition, parents who have positive linkages between their home and work environments and maintain a balanced investment in both are more available to attend to the emotional needs of their children. Work environments that understand and support this balance in their employees' lives indirectly contribute to children's mental health.

Finally, social policies have a profound impact on child mental health.[46] The large numbers of children living in poverty due to the inequitable distribution of income indirectly affects the growing incidence of mental disorder among children and youth. America has the largest gap between the rich and poor of any developed country; this gap is associated with increased work hours by parents, which separates children from needed nurturing. Public policies that ensure adequate income for family needs, provide community resources that sustain family life, and empower parents to successfully accomplish their core nurturing function are essential for healthy child development and mental health.

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The Importance of Promoting Mental Health in Early Childhood

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Over the last 40 years, policies regarding early childhood have centered on promoting the educational and intellectual development of young children. It is only recently, with the National Education Goals Panel recommendation "all children shall enter school ready to learn," that social and emotional development were explicitly acknowledged as critical components of children's well-being.

The need for strategies that promote young children's emotional well-being in and outside of their home environments has increased in recent years. Although the number of young children living in poverty has declined from 22.7% in 1993 to approximately 16% in 2000,[1] a significant number of young children still live in poverty.

That number is likely to increase as welfare time limits expire and we enter a period of economic recession. In addition, a growing number of children, who live in "working poor" families, experience the effects of economic stress and related problems. Parental strain, exposure to violence, poor quality child care, and lack of access to quality health care are a few examples.[2,3]

A growing number of mental health providers report that they are unable to respond to the overwhelming number of calls received from child care providers. Increasingly, there are reports of children being expelled from child care. In a recent study of infant and toddler mental health, 32% showed social and emotional problems, with 12% of 2 year-olds identified as needing mental health interventions based on scores from a standardized inventory.[4]

In response to these trends, the public attitude toward young children's mental health is slowly changing. The emphasis is shifting from a narrow focus on school readiness to a broader focus that also includes social and emotional development as equally important factors for school readiness. The notion that social and emotional immaturities and behavioral problems limit a child's ability to succeed – both in school and in family life – is now commonly accepted. The early childhood and mental health communities are mobilizing to promote an emphasis on social and emotional support for all children.

Research and Theory Underlying an Early Childhood Mental Health Perspective

Recent research findings and experience from child development, developmental cognitive neuroscience and early intervention practice support a comprehensive approach to strengthening mental health in young children. We know that early relationships and attachment with primary caregivers affect children's development throughout life.[5] Longitudinal research findings show that children's relationships with parents in the first year of life affect children's social and emotional well-being in the preschool years, including their enthusiasm and curiosity; their ability to control emotions and behavior and weather stress; and their ability to build positive relationships with peers and teachers.[6,7] Children who received sensitive, responsive caregiving in the first year of life developed a secure attachment with their caregiver and had markedly more favorable developmental outcomes when compared to children who received poor quality caregiving.

Early parent-child relationships continue to affect children's social and emotional development as children enter formal schooling. For example, longitudinal data show that higher quality early parent-child relationships significantly enhance children's success in the early elementary years.[8,9]

Accumulating developmental cognitive neuroscience evidence shows that the quality of children's early experiences also affects the development of their stress reactivity system. Specifically, the brains of children who are subjected to consistently stressful experiences, such as exposure to violence or abuse, or poor caregiving, may develop a heightened sensitivity to fear-provoking situations that can reduce the appropriateness of their responses.[10] On a positive note, other research shows that high quality caregiving can serve as a buffer for children exposed to stress. Young children who were securely attached, compared to young children who were insecurely attached, did not show heightened

responses (elevated stress hormones) when encountering a potentially scary situation in a laboratory playroom.[11]

While there are strong theoretical and clinical rationales for the efficacy of early intervention on young children's mental health, few data are available to illustrate this point. In keeping with the historical focus on school readiness, improvements in cognitive outcomes as a result of early intervention have been shown, but there is little evidence about improved social and emotional outcomes. The few findings on social and emotional development from interventions delivered directly to low-income children are unclear, which may be due to problems with program implementation, as well as inadequate measurements.[3,12] An analysis of programs delivering services to both the parent and the child suggests that this dual parent-child focus may be most beneficial for children's social and emotional development, particularly if the intervention affects the quality of parent-child interaction.[13]

The findings from the literature show that high-quality relationships between young children and their caregivers are a critical component underlying young children's mental health and development. Furthermore, the implication is that promoting parent-child relationships should be a central goal of any early childhood mental health service.[14, 5]

Relationship-based Interventions Promote Early Childhood Mental Health

One particularly promising strategy is intervention from a relationship-based perspective. A relationship-based perspective focuses on strengthening the parent-child relationship as well as building a trusting relationship between the person doing the intervention and the parent, which the parent then can model as she works with her child.[16]

Data from multiple projects document the effectiveness of relationship-based interventions. Evaluations of two interventions where nurses explicitly focused on mother-child and nurse-mother relationships found that mothers who received visits from nurses who focused on relationships scored higher on measures of maternal mood, confidence and satisfaction.[17] Evaluations of two relationship-based home visiting/infant-group intervention programs show improvement in maternal mental health and parenting as well as children's mastery of developmental tasks.[18,19]

Conclusion

Those of us working in the field of early childhood mental health have an unprecedented opportunity to effectively shape the nature of early childhood mental health services. A significant body of theory and literature provides the framework, and current and emerging interventions and evaluations will help us determine the most successful strategies for promoting the emotional well-being of our youngest citizens.

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Loneliness and the feeling of being unwanted is the most terrible poverty

–Mother Teresa

Good Mental Health Care Evolves from Good Public Policies*

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Mental health, by its very nature, is the core of a person's "modus operandum." It is central to how well or poorly a person is able to function. Mental health, like physical health, requires timely preventative care, routine protection and maintenance, and high quality clinical intervention when problems arise. A community health system – for physical and mental health care – balances health promotion, disease prevention, early detection and universal access to care.[1]

The mental health of an individual person is inextricably bound to the mental health of the family and the larger society within which that individual moves and lives. Mental health is core to the person, the person is core to the family and the family is core to society.

Across all ages and stages of life, the link between mental health needs and public policy issues emerge. Mental health policy is intertwined with prenatal care, early care and education, freedom from neglect and violence, quality education, affordable housing, and employment policies, respite care and living options for seniors.

Effective collaboration between government agencies, schools, employers, faith communities, and private agencies is essential to strengthening society's ability to care for its members. Mental health needs change as we change, just as physical health needs change as we age.

- *Children* need a healthy birth, secure attachment, quality care and education, and freedom from family violence.
- *Adolescents* need parental love and guidance, freedom from violence, strong connections with peers and adults, safe and healthy community space in which to socialize and go to school, and an opportunity to become productive citizens.
- *Parents* need jobs that pay living wages and allow them time with their children, quality day care, supervised programs for school-age children, effective schools, and opportunities to meet their own personal, social, spiritual and physical needs.[2]
- *Aging people* need access to good mental and physical health care to assist them with aging, and connections with families, friends and society.

*Note: This article was adapted from the Children, Youth and Families Consortium's Mental Health Policy Brief. For a copy of that brief, contact: Rebecca Reibestein at 612/625-7865, or access it online at: http://www.cyfc.umn.edu/policy/issues/health.html.

Interested in how a public health approach can help address mental health issues?

Consider a graduate degree in Maternal and Child Health [MCH] in the Division of Epidemiology, School of Public Health at the University of Minnesota.

What is MCH? Maternal and child health focuses on promoting and preserving the health of families, including mothers, children, and adolescents.

Who should apply? People who want to positively influence health outcomes of mothers, children, and families in the United States should apply. Your interests might include developing and evaluating MCH programs; working collaboratively with multidisciplinary professionals from communities, public and private organizations and agencies, clinicians, policy makers, and researchers to develop innovative initiatives for health promotion; and /or managing programs that serve the needs of MCH populations.

The Masters in Public Health [MPH] in MCH is an appropriate degree for you if you are planning to proceed to a Ph.D. degree in biological or behavioral Epidemiology. These degrees are also available at the University of Minnesota.

Why Minnesota? The MCH major is nationally recognized as one of 13 federally funded training programs. The multidisciplinary MCH faculty has expertise in epidemiology, medicine, nursing, psychology, nutrition, family studies, and health education. They work collaboratively with faculty throughout the School of Public Health and University, with particularly strong linkages with the Adolescent Health Program in the Medical School, the School of Nursing, Department of Family Social Science, and Institute of Child Development.

MCH faculty focus their research, teaching, and community service expertise on reproductive and perinatal health; family planning; child, adolescent, and family health promotion; risk reduction and resiliency; child and family adaptations to chronic health conditions; and preventative interventions in the areas of adolescent pregnancy, childhood obesity, and fetal substance exposure. The faculty's research and community service activities afford additional opportunities for student training.

For further information – call 612.626.8802 or 1.800.774.8636; email gradstudies@epi.umn.edu; or check out http://www.epi.umn.edu/mch and http://www.umn.edu/twincities/

Mental health is essential for successful growth and development for people of all ages. According to the Surgeon General's report on mental health, the nation is facing a public crisis in mental health care for children and youth. One in ten children is impaired by the severity of mental health problems, and about one in twenty adults is impaired by mental health problems.[1,3]

Almost two thirds of people with diagnosable mental health problems do not seek treatment.[1] Responsibility for mental health care is dispersed across multiple settings, which results in services that are fragmented and inaccessible. Families often need help to identify mental health problems, and, once identified, need easy access to high quality and coordinated care.[2]

Approximately one in five Americans experiences a mental disorder in the course of a year.[1] Often, people don't know where to turn for help or what treatment options are available. Where and how to access services varies tremendously depending on health care coverage, what type of services are needed and the treatment options available and accessible. In general, treatment can include counseling, psychotherapy, medication therapy, or rehabilitation – or any combination of these treatments. People have changing needs as their mental health issues flow along the continuum of need, and a variety of options must be available to meet those changing needs.

Many inequities exist across the spectrum of physical and mental health care in terms of insurance coverage. The deep and pervasive stigma in our society about mental health issues has contributed to mental health coverage lagging far behind physical health coverage. "Mental health parity" is a term used to refer to the need for equal coverage and access to both physical and mental health care.

A movement toward a more public health approach to mental health has helped to shift the policy focus to a more inclusive array of services and needs. The advantages of being proactive about good mental health--providing prevention and early intervention services for people of all ages – are becoming increasingly evident.

Throughout Minnesota, the availability, accessibility and quality of mental health services for adults and children is inconsistent and often inadequate. All rural Minnesota counties are now federally designated *Mental Health Professional Shortage Areas*, due to the lack of qualified providers. Key issues that also need clarification or resolution include: the roles of schools and other child-serving agencies, access and funding of services under managed health care, access to culturally competent and appropriate services, coordination of services and sharing of information across service delivery systems, and the early identification, diagnosis and "labeling" of mental health needs.

The Minnesota Comprehensive Mental Health Act[4] for adults and children became law in the late 1980's. It was created for the purpose of establishing a statewide system of programs, services, funding and support to address the mental health needs of Minnesotans. When the children's section of the legislation passed, full funding for implementation was not provided. The subsequent development of a wide range of implementation problems across the state has compromised the spirit, intent and effectiveness of the Minnesota Comprehensive Mental Health Act.[5]

At a national level, the U.S. Congress declared the 1990's as the "Decade of the Brain." This declaration has accelerated the state of brain development research, resulting in an improved research base to contribute to the development of sound mental health public policy.[6] Sadly, however, there are still many misconceptions and misunderstandings about mental health and mental illness that perpetuate misinformation and negative stereotypes. The research on child development, mental health and public health offers clear policy recommendations. Several examples include:

- Mental health problems appear in families of all social classes and backgrounds. Risk is increased by: chronic illness, intellectual disabilities, low birth weight, family history of mental and addictive disorders, multigenerational poverty, lack of culturally responsive supports and services, caregiver separation and/or abuse and neglect.[1] Programs and policies should aim to reduce or mitigate those risks.
- Early interventions can improve mental health and shift the odds toward more favorable outcomes. Prevention and early intervention services are a critical part of an effective set of treatment options.[5, 6, 7]
- Parents and regular caregivers are the "active ingredients" of environmental influence during early childhood. Policies must be developed and supported that recognize the importance of stability and quality in relationships with parental and non-parental caregivers.[6,7]
- Coordinated, functionally effective infrastructures for service delivery are needed to reduce the long-standing fragmentation of programs and services for children and youth. [3,5,6,7]

According to the National Research Council and the Institute of Medicine, at the National Academies of Sciences, substantial new investments are needed to build the nation's capacity to address the mental health needs of our society. [7] The time to act is now.

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"Partners in Health" – Health Realization: The Vehicle that Brings You to the Heart of Your Community

Alice L. Poulter
Glenwood-Lyndale Health Realization Training Center

The Glenwood-Lyndale Community Center and Clinic Inc. has been a part of North Minneapolis for many years. As the Community Center for the public housing neighborhood, the Community Center saw the community go through many changes in the late 1980's. New immigrants were moving into the neighborhood, gang activity was increasing, and the neighborhood was full of fear, distrust and uncertainty. In 1992, a philosophy called Health Realization was introduced. Successful in other troubled communities across the nation, this understanding "sees the *health* in people, not their pathology." Health Realization assumes that if people are treated respectfully, they will respond in kind. This is indeed what occurred in the Glenwood-Lyndale community.

Health Realization takes the idea that people can be resilient, and provides a road map that transports people to that destination. Many health care providers believe that people have the ability to overcome their challenges; however, they don't know how to instill this belief in their clients so they can overcome. Health Realization has demonstrated in a number of settings how people who have tapped their innate sense of well-being are able to rise above their life circumstances with great success.

Health Realization points to well-being and innate health within all of us, characterized by common sense good judgment, clarity, love, and wisdom. This internal connection of health in helpers themselves is key to reaching individuals within a community. People tend to rise to the level of health they experience in service providers. They trust the feeling and take to heart the words of the helper. Glenwood- Lyndale Health Realization Training Center assists people in agencies, communities, and organizations to access their innate health by helping them understand the role of thought in creating their experience of reality. As people understand the inside-out nature of their experiences or reality, they are able to recognize their limited habits of thinking, and exercise choice as to how much attention and reality they give to their thoughts. They are able to attain some perspective and clarity before responding. This leads to less reactive and debilitating choices.

As people realize how they innocently cover their health with their thoughts, they are less hard on themselves or others doing the same. Innate health is like a cork in water, it stays down as long as the weight is on it. As the weight is removed, health rises to the surface. It can't be lost or damaged, only covered. These beliefs in practice bring much hope and connection for the service provider and the recipients. Individually or together people can create happy lives regardless of their social, economical, situational, or cultural circumstances.

After learning this understanding we witnessed positive and dramatic changes in our community. Long-time welfare recipients returned to school, asserted themselves in relationships, acquired jobs, and started their own businesses. Gang activity was no longer threatening the neighborhood and parents were once again comfortable having their children play outdoors. In addition to changes in the neighborhood, community center staff reported less stress and a higher level of enjoyment and creativity in resolving difficulties personally and professionally.

For more information about Health Realization, please contact the Glenwood-Lyndale Health Realization Training Center at 612.381.2340.

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