



Youth and Family Mental Health at the Community Level



The mental and behavioral health of Oregonians is in crisis. Oregon ranked 49th in the country in mental health in 2014, having dropped from 44th place in 2011.ⁱ Youth mental and behavioral health ranks just as poorly, with suicide as the second leading cause of death for young adults in Oregon.ⁱⁱ Among teenagers, 14.6% experienced a major depressive episode in the last year, and less than half of these youth received treatment.^{iv}

The 2015 “Behavioral Health Town Halls” report identified two consistent needs: **Systemic changes** (improved access, services, coordination, administration simplicity), and need for **holistic supports** (housing, employment, transportation).

To better meet these needs, Oregon’s Coordinated Care Organizations are integrating behavioral health with primary and dental care. The Community Health Improvement Plans for many counties include specific objectives related to mental and behavioral health. County public health departments dedicate resources to addressing mental and behavioral health needs. We at OSU also want to add to these efforts by contributing our academic expertise and by leveraging resources of the College of Public Health and its Health Extension services.

YOUTH AND THEIR FAMILIES

When children grow up in a safe and nurturing home, have opportunities to learn, and time to interact and build relationships with other children, they are more likely to reach their full potential. Unfortunately, more than 1 in 5 youth experience 3 or more significant adverse experiences during their

childhood, putting them at major risk for poor mental, behavioral and physical health and reduced life potential.ⁱⁱⁱ

Need for a safe and nurturing home and community is especially true for youth with mental, behavioral, and developmental disorders. Disorders such as anxiety, attention-deficit/hyperactivity disorder (ADHD) and learning problems often begin in early childhood and can affect life-long health and well-being. According to the CDC, about 1 in 7 U.S. children aged 2-8 years have a mental, behavioral, and/or developmental disorder reported by a parent.^{iv}

Oregon families with young and school-aged children face numerous difficulties in providing safe and secure home-life. About 15% of Oregon children under age 18 fell below the poverty line in 2017;^v 44% of single mothers and 17% of couples with children experienced food insecurity in 2013-15.^{vi} Families of youth with mental, behavioral, and developmental disorders confront personal, financial, and neighborhood challenges more often than families of children without these difficulties. These challenges make it harder for some parents to give their child the resources they need to thrive.

WORKING WITH COMMUNITIES

The type of community that families live in may increase these challenges. Food insecurity, housing insecurity and poverty affect how family's care for their youth, and these challenges occur as much or more often in rural communities. Parents of youth with mental, behavioral, and developmental disorders in rural areas more often report having trouble getting by on their family's income than parents of children with these disorders in urban areas, and report poorer mental health for themselves.^{vii} Communities in high poverty areas lack amenities that promote quality of life, such as parks, recreation centers, and libraries. Community-based initiatives can help families overcome these challenges. Families of youth with mental, behavioral, and developmental challenges can benefit from better access to mental and behavioral health care, programs that support parents and caregivers, and opportunities to learn, play, and socialize.^{viii}

LEVERAGING OUR STRENGTHS FOR A COMMON GOAL

Oregon State University

Celebrating 150 years of serving the state, Oregon State University is a leading international research institution grounded in the land grant tradition of bringing research and teaching to bear on the most pressing challenges facing our state and our world today. Our faculty members are global leaders in their fields, improving human health and wellness, promoting economic growth and social progress, and advancing the science of earth ecosystems. Home to more than 28,000 students from all 50 states and 89 nations, OSU is the state's comprehensive research university and the university of choice for high-achieving and diverse students.

College of Public Health and Human Sciences

As Oregon's first accredited College of Public Health and Human Sciences, we take on our greatest challenges to health, using science and community engagement to ensure health and well-being for individuals, families and communities in Oregon and beyond.

We're also growing. Since 2009, we have added more than 40 new faculty members, who train the next generation of public health and human sciences professionals and advance science through teaching, research, scholarship and creativity. These faculty, including 12 who are endowed, support a growing student body in a world in which three times the number of current public health graduates is needed to meet the needs of the future.

In addition to its growth and interdisciplinary focus on health across the lifespan, the college is a standout among other schools and colleges of public health because outreach – in the form of the OSU Extension Service – is built in. In addition to being one of only a handful of schools of public health at a land grant institution, it is the only school with this level of connection to communities.



Extension & Family and Community Health

As a land grant university, OSU serves as the people's university, reaching into every county in the state through county-based Extension faculty. The Family and Community Health program support communities in addressing their citizen's needs, while 4-H promotes positive youth development, including the Youth Advocates for Health program. This network of locally based expertise serves as a ready platform for leveraging a broader community-based campaign to improve mental and behavioral health across the state. A public health approach engages systems, families and communities in preventing health problems and developing solutions for existing problems.

Hallie E. Ford Center

The Hallie E. Ford Center for Healthy Children and Families was established in 2011 to promote the development and well-being of children, youth and families through research that influences practice. Its four research cores draw faculty from across the College and Extension to address early childhood, youth and young adults, parenting and family life, and healthy eating and active living. The center's holistic, and interdisciplinary work has far-reaching consequences for Oregon and beyond. Researchers are currently working on topics like improving self-regulation in young children and adolescents, understanding how to reduce youth risk behaviors, and promoting healthy adolescent transitions. In collaboration with the Extension service, the Hallie Ford Center sponsors Oregon Family Impact Seminars for state legislators and agency leadership on topics of current relevance to legislators (e.g., housing, childhood obesity, poverty).

Parenting Education

Parents and other caregivers of children play a crucial role in shaping child development. *Extension Family and Community Health* in partnership with the *Oregon Parenting Education Collaborative* (OPEC) provide access to education, support, and resources to strengthen families and communities around the state.

For example, the middle school years can prove challenging for all families, particularly families already experiencing other stressors of unemployment, poverty, or housing insecurity. Middle-schoolers are

often beginning to experience the stressors of independence and social isolation, while still strongly connected to their families, schools and peers as resources for managing these stressors. Effective programming for parents, schools and peers can support positive mental health development in Oregon's youth. Trained community-based resource workers can refer and coordinate with local resources, and facilitate access to health systems if needed. For other communities, depression among socially isolated older members may be a major concern. Community health workers can work with local partners to identify existing resources, increase activities for more social integration, and coordinate resources including transportation as needed.

OUR CURRENT WORK

Building Community Capacity

- Parenting Education—statewide hub network (early childhood risks and family environments) — Shauna Tominey
- Statewide early learning network — Megan McClelland
- National 4-H Positive Youth Development/Thriving Model for Adolescent Development — Mary Arnold
- Disability and Inclusion – Gloria Krahn

Policy Relevant Research

- Health services research - Jangho Yoon
- Measurement - David Rothwell
- Health Care design and delivery - Karen Volmar
- Physical activity - Kathy Gunter
- Youth exercise and nutrition through technology and digital life – Siew-Sun Wong
- School readiness - Megan McClelland
- Early childhood - Bobbie Webber

Improving Understanding through Research

- Self-regulation in young children - Megan McClelland
- Self-regulation in youth - John Geldhof
- Risk behavior in youth - Peggy Dolcini, Kari Lyn Sakuma, Marie Harvey
- Building Resilience in young families facing adversity - Shannon Lipscomb
- Young children and families - Bridget Hatfield


Improving Workforce through Education

- Health Equity - numerous faculty



OSU CONTRIBUTIONS TO THE SOLUTIONS

OSU is developing a multi-pronged approach to promote the mental and behavioral health of youth and families at the community and policy levels that strategically leverages the existing resources of OSU.

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- **Engaging with communities throughout Oregon**—Utilizing the Extension platform in counties throughout the state, we will engage with communities to 1) identify their most pressing mental health needs and available community assets; 2) develop community-based strategies for addressing those needs; 3) plan to increase resources; and 4) monitor success of these strategies. Community members will be identified, hired and trained to work as community health workers with specialty training in mental and behavioral health. These workers will be added to the staff of county-based Extension offices to work in their communities on mental and behavioral health issues, having full access to the resources and support of local and state Extension services and OSU faculty. They will be supported by regional health professionals and by campus faculty members hired for this purpose.
 - **Family Education Hubs for Middle-Schoolers**—Based on the successful parenting education hubs for young children, we propose developing, evaluating and implementing (virtual) family education resource centers to address the communication and other parenting needs of families with youth.
 - **Developing and implementing an Oregon Poverty Index** that provides poverty metrics tailored for Oregon policy-makers and community planners.
 - **Increasing community capacity through training Community Health Workers** on mental and behavioral health, with specific attention to supporting capacity building within communities.
 - **Central planning and supervisory faculty to collaborate** across the systems entities at the state level, and promote coordination across county-based mental health facilitators. Evaluation and dissemination of the successful strategies would be part of the supervisory faculty responsibilities, as would teaching to promote a prepared workforce
 - **Thought Leadership Forum** to convene key state groups with national experts to assess, coordinate and plan actions addressing mental and behavioral health of youth and families.

Partnerships at the community level

- Health care systems, including the Coordinated Care Organizations (CCO's) that serve the area
- County Public Health
- Faith-based organizations
- Local community organizations and businesses
- School districts and local schools
- Parenting Education hubs, to develop, implement and evaluate parenting programs for parents of youth

Building Focused Capacity for Youth and Family Mental and Behavioral Health at OSU

The College of Public Health and Human Sciences at OSU has launched an initiative to address youth and family mental and behavioral health in Oregon and beyond. Addressing mental and behavioral health – at the community level – aligns with our long-standing commitment to the health and well-being of people, families and communities, and builds upon the foundational strengths available within the college. The most critical and immediate opportunity to leverage and advance Oregon State University’s resource, research, expertise, and reach is a leader for the initiative in the form of a Director, Chair, or Endowed Chair. This leadership position will



strengthen our ability to meet Oregonians and their needs where they are, providing community-based approaches to improve mental and behavioral outcomes for the state’s youth and their families. The position will allow Oregon State University to forge a new healthier path by engaging local communities, establishing metrics for improvement at the county level, and developing and implementing strategies for youth and families. As partners, we can build a healthier Oregon.

ⁱⁱ Mental Health in America: Ranking the States. <http://www.mentalhealthamerica.net/issues/ranking-states>

ⁱⁱⁱ Oregon Health Authority. The 21st Century Oregon Behavioral Health Action Plan: report and recommendations for the Oregon Behavioral Health Collaborative.

ⁱⁱⁱ Adverse Childhood Experiences (ACEs) <https://www.cdc.gov/violenceprevention/acestudy/index.html>

^{iv} Children’s Mental Health: Rural Health. <https://www.cdc.gov/childrensmentalhealth/features/rural-health.html>

^v Talk Poverty at <https://talkpoverty.org/state-year-report/oregon-2017-report/>

^{vi} Status of Oregon Children and Families: 2017 County Data Book. <https://www.cffo.org/wp-content/uploads/2017/11/Data-Book-2017.pdf>

^{vii} Working together, we can help children in rural communities thrive. <https://www.cdc.gov/childrensmentalhealth/features/rural-health.html>

^{viii} Children’s Mental Health: Rural Health. <https://www.cdc.gov/childrensmentalhealth/features/rural-health.html>