



Published by

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Georgia Parent Support Network (GPSN) is a statewide organization begun by families and professionals in 1989 for families with children and adolescents with emotional, behavior and mental disorders.

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NETWORK News

A Statewide Publication of GPSN



Spring 2009

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BY THE GOVERNOR OF THE STATE OF GEORGIA

A PROCLAMATION CHILDREN'S MENTAL HEALTH WEEK

WHEREAS: Healthy Georgia children and families are our state's most valuable asset; and

WHEREAS: Ten percent of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day to day lives at home, in school and with peers. Only 20 percent of children and adolescents with mental disorders are identified and receive mental health services; and

WHEREAS: It is important that children and adolescents, along with their families and communities, learn about the warning signs of mental health disorders and where to obtain necessary assistance and treatment. Early diagnosis and appropriate treatment of mental health disorders among children provide them better opportunities to lead full and productive lives; and

WHEREAS: The participation of family members in the assessment and treatment of children and adolescents is integral to positive clinical outcomes; and

WHEREAS: Children's Mental Health Week was originally developed nationally by families of youth with emotional, behavioral and social challenges to focus on the needs of their children and families; and

WHEREAS: In recognizing this week, it is fitting to increase public awareness among all Georgians relating to this important issue; now

THEREFORE: I, SONNY PERDUE, Governor of the state of Georgia, do hereby proclaim May 3-9, 2009 as CHILDREN'S MENTAL HEALTH WEEK in Georgia.

In witness thereof, I have herewith set my hand and caused the Seal of the Executive Department to be affixed this 7th day of May in the year of our Lord two thousand nine.



Sonny Perdue
GOVERNOR

Ed F. Holcomb
CHIEF OF STAFF



Georgia Parent Support Network

Georgia's Chapter of



The Federation of Families
for Children's Mental Health

CHILDREN'S MENTAL HEALTH WEEK

MAY 6TH—12TH, 2007

NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY

MAY 8TH, 2007

Join us this year and wear a **green ribbon!**

Wear a green ribbon during these observances. It brings awareness to the needs of children with emotional, behavioral, and social disabilities and their families across Georgia.

Why Green?

To Combat Stigma! In the 1800s the color green was used to brand people who were labeled "insane." The children's mental health community decided to continue using the color green, but with a completely different focus. **Green signifies new life, new growth, and new beginnings.** Therefore, we wear green ribbons to raise public awareness, better the lives of children with serious emotional disorders and show our support of these children and their families.



JUST A REMINDER

FULTON COUNTY - Parent Support Meetings are held every second Tuesday from 10:00 am - 11:00 am at 1395 Metropolitan Parkway in Atlanta. Please contact Kisha Whitfield at **(404) 758-4500** for more information.

DEKALB COUNTY - Family to Family Support Group every second Tuesday from 6:00 pm - 8:00 pm. Please contact Ramona Deshield at **(404) 377-7075** for more information.

ROCKDALE/NEWTON COUNTY - Family support meetings every fourth Tuesday at 6:30 pm at Independent Enterprises, 175 Kirkland, Covington, GA 30016. Please contact Michele Bagby at **(770) 714-7755** for more information.

GPSN is active in providing food and furniture to our family members. For more information, contact Kisha Whitfield at **(404) 758-4500**.

We look forward to seeing you there!



Therapeutic Foster Care/Respite Care

The Therapeutic Foster Care program continues to expand. The children we see often have challenges and are in desperate need of a loving and encouraging home.

***IF YOU ARE INTERESTED IN BECOMING A FOSTER PARENT,
PLEASE CALL (404) 758-4500.***

Know What Counts

Be not afraid of life. Believe that life is worth living, and your belief will help create the fact.

HENRY JAMES

CHILDREN'S MENTAL HEALTH: FACTS FOR POLICYMAKERS *Continued from page 9*

Effective Public Policy Strategies to Enhance Mental Health for Children, Youth, and Their Families

- **Improve access to mental health consultation with a specific focus on youth children.** Preschools with access to mental health consultations have lower expulsion rates.
- **Coordinate services and hold child- and youth-serving systems accountable.** Robust service coordination in the child welfare system reduces gaps in access to services between African-American and white children and youth.
- **Provide mental health services and supports that meet the developmental needs of children.** Treatment and supports designed using a developmental framework are more likely to respond to the changing needs of children and youth.
- **Apply consistent use of effective treatments and supports.** A range of effective treatments exist to help children and youth with mental health problems to function well in home, school, and community settings.

- **Engage families and youth in their own treatment planning and decisions.** Family support and family-based treatment are critical to children and youth resilience. Youth and family engagement fosters treatment effectiveness.
- **Provide culturally and linguistically competent services.** Attention to providers' cultural and ethnic competence leads to improved mental health outcomes and greater adoption of evidence-based practices.
- **Implement concrete strategies to prevent and identify mental health problems and intervene early.** Empirically support prevention and early intervention strategies support children and youth resilience and ability to succeed.

*Reprinted from the National Center for
Children in Poverty
Columbia University*

Parenting During Tough Economic Times

If you're a parent with money worries, life can be pretty tough. You might need time to earn extra money, work on your finances or just unwind from a draining, demanding day. But your kids still need your attention, and they may have worries of their own. How can you parent well when times are tough? Consider some steps from that can support your family and preserve your own health and well-being.

Limit kids' exposure to worries. Try not to talk too much about your own fears when the kids are listening, and consider turning off the TV news. You may think your 5-year-old tunes out adult topics, but he may hear just enough to spark his active imagination.

Share honestly but appropriately. Secrets can be scary. You certainly don't want to overwhelm your child with information, but it's probably best to share some of your family's financial situation. Take a reassuring approach by pointing out any areas you know are stable, such as staying in the same school despite any other changes.

Economize in a way that's clear and fair. If you need to scale back on your children's after-school activities, letting them pick from a few options may decrease their disappointment. You might also consider less-expensive options at local community centers and libraries too. And don't forget to show kids that you're cutting back on some of your own "extras" as well.

Keep predictability high. Kids like routine. Make sure your child's routine includes exercise to burn off energy, soothing nighttime activities and, above all, some special time with you.

Let kids contribute. Even little kids can help around the house to ease your load. They also can donate gently used clothes or toys. Helping out builds self-esteem and a child's sense of effectiveness in the world.

Take a breather. Raising kids can be a ton of work. If you feel that your stress is affecting your ability to be kind and gentle, take a "time out" alone to regain your composure. Don't let your kids feel it's their fault if you have a bad moment.

Set aside "me" time. You're probably working hard at work and then working hard at home. If you don't refuel somehow, you're going to run out of steam. Get enough rest, squeeze in a little fun, and maybe take just 10 minutes to connect with friends.

Get professional help if you need it. If you're having trouble parenting – or dealing with other day-to-day responsibilities, a mental health professional can help you learn new coping skills. Some sources for finding therapists include your doctor or the clergy. If your child is showing signs of stress, like trouble sleeping or headaches, or is behaving sullen or angry, you can also talk to a school psychologist or guidance counselor.

*Reprinted from Mental Health America
Of Greater Houston
www.mhahouston.org*

From the CEO



GPSN UPDATE

Cynthia Wainscott
Past President, Board of Directors, GPSN

It has been a tough few years.

In January 2007, Andy Miller and Alan Judd began an investigative series, "Hidden Shame," in *The Atlanta Journal Constitution* with an article describing the tragic death of 15 year old Sarah Crider in Georgia Regional Hospital Atlanta of an impacted bowel. This was followed by more than a dozen articles documenting widespread neglect and abuse in Georgia's state psychiatric hospitals. In response to this expose, the United States Department of Justice (DOJ) began an investigation of the hospitals.

About the same time two dramatic systemic changes occurred. The Department of Community Health implemented managed care, and the Department of Human Resources (DHR) began a new fee-for-service payment system for our child and adolescent (C&A) mental health system. Unfortunately, neither was implemented smoothly and the result has been extreme financial stress on community providers. Some are losing as much as \$100 per day for every child they serve and must make up the difference by fundraising or borrowing. This can only go on so long.

During 2008 DOJ released reports saying that the psychiatric hospitals in Atlanta and Savannah are not safe. A study by the Medical College of Georgia reached the same conclusion.

In the harsh economic environment, funding for the institutions has been protected and the community has fallen even farther behind. We rank near the bottom of states in investment in community mental health services. And the cuts continue today.

In January of this year, the Georgia Department of Audits released a report identifying significant weaknesses in our C&A system. It found that DHR lacked a systematic process for determining the most critical needs for the population. It reported that performance measures were found lacking and that plans provided little data to support stated needs. No remedial plan has emerged.

In January 2009, DHR released a Behavioral Health Plan. Developed without community input and in the absence of a plan for improving community services, it called for privatization of adult beds through a 20-year contract with a private company; and for the closing of all state C&A beds, while relying on the financially strapped community providers to fill the gap. There has been significant opposition to this plan as inadequate, but it seems to be moving forward nonetheless.

On January 15, DOJ released a report saying that Georgia Northwest Regional Hospital in Rome does not protect patients from harm, does not provide adequate mental health care nor general medical care, and that this mirrored their findings in other Georgia hospitals. On the same day DOJ filed a Civil Rights for Institutionalized Persons Act (CRIPA) lawsuit against the state to require the provision of constitutionally guaranteed rights in our hospitals. And on the very same day, DOJ and the state

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From the CEO

Continued from page 3

signed a settlement agreement which set aside the law suit. GPSN is part of a group of advocates who petitioned Federal Judge David Pannell, Jr. to deny approval of the agreement until it specifies both actions and timelines for improvement, and until there is requirement for improved reporting and monitoring. Of particular concern is the state's promise to improve discharge planning when there simply are not adequate services in place to support people in the community, nor any plan or timeline to develop them.

Finally, some good news: Judge Pannell has asked the advocates for specific recommendations for strengthening the agreement and for improving the mental health system. With a broad group of allies, including the Mental Health Program at the Carter Center, GPSN is working hard to develop specific recommendations. Two planning meetings have been held with national experts as consultants, including GPSN board members Karl and Kathy Dennis. On May 15, Sue Smith spoke at the Rosalynn Carter Mental Health Forum which continued this planning process. An adult planning group will convene shortly.

There is another glimmer of hope. The Georgia General Assembly passed House Bill 228 and earlier this month Governor Perdue signed the bill, creating a new Department of Behavioral Health and Developmental Disabilities. We will be working hard with the department's new leadership and with more direct access to policy makers, to improve services.

Kidsnet is also a bright spot. It was initially funded in Georgia by a federal Substance Abuse and Mental Health Services Administration grant to establish a system of care for youth with mental illnesses. Two State Infrastructure Grants, the Department of Mental Health, Addictive Diseases, and Developmental Disabilities and significant support from the Governor's Office have contributed to the continuation of this work. Mature sites are operating in Savannah, Rockdale/Newton and in the Northwest Region. Former GPSN board member Judy Fitzgerald is a consultant to this cutting edge work.

We can be proud of GPSN's work, but there is much left to do.

Online Help For Tough Economic Times

Essential Information on Where to Find Help

You can't see stress, but you certainly can feel it. Whether it's a family member's job loss, foreclosure, another stock market drop, a glance at your 401(k) balance, or a host of other concerns, are you feeling worn out and overwhelmed? Many of us are.

To help, a first-of-its-kind, online guide now provides crucial information and resource referrals for people dealing with emotional or other health problems associated with economic hard times.

The "Getting Through Tough Economic Times" guide – www.samhsa.gov/economy — provides practical advice on identifying the warning signs of depression, suicidal thinking, and other serious mental illnesses.

Developed by SAMHSA in collaboration with other Government agencies and the Suicide Prevention Resource Center, the guide gives you the primary tools you need to protect your health and your family's well-being.

CHILDREN'S MENTAL HEALTH: FACTS FOR POLICYMAKERS

Mental health is a key component in a child's healthy development. Children need to be healthy in order to learn, grow, and lead productive lives. There are effective treatments, services, and supports that can help children and youth with mental health problems and those at risk to thrive and live successfully. Most children and youth in need of mental health services do not receive them.

Children's Mental Health Problems are Widespread

Mental health problems occur commonly among today's youth and begin at a young age.

One in five children has a diagnosable mental disorder.

- One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, school, or in the community.
- The onset of major mental illness may occur as early as 7 to 11 years old.
- Factors that predict mental health problems can be identified in the early years.

Children and youth from low income households are at increased risk for mental health problems.

- 21% of low-income children and youth ages 6 through 17 have mental health problems.
- 57% of those low-income children and youth come from households with incomes at or below the federal poverty level.

A greater proportion of children and youth in the child welfare and juvenile justice system share mental health problems than children and youth in the general population.

- 50% of children and youth in the child welfare system have mental health problems.
- 67% to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.

Mental Health System Inadequate to Meet Needs of Children and Youth

Most children and youth with mental health problems do not receive needed services.

- 75% to 80% of children and youth in need of mental health services do not receive them.

Mental health services and supports vary depending on the state in which a child or youth with mental health needs lives.

- There is a 30% difference between the states with the highest and lowest unmet need for mental health services (51% to 81%).

Latino children and youth are less likely to receive services for their mental health problems than children and youth of other ethnic groups.

- 31% of white children and youth receive mental health services.
- 13% of children from diverse racial and ethnic backgrounds receive mental health services.
- 88% of Latino children have unmet mental health needs.

Even some children and youth with the most intense needs and

some who are insured do not receive services.

- 85% of children and youth in need of mental health services in the child welfare system do not receive them.
- 79% of children with private health insurance and 73% with public health insurance have unmet mental health needs.

A gap also exists between need and treatment for youth with substance use disorders that sometimes occur with mental health problems.

- Less than 10% of the over 1.4 million youth between 12 through 17 years of age who needed substance abuse treatment in 2004 received specialty facility-based substance abuse treatment.

Most Children and Youth with Mental Health Problems Struggle to Succeed.

Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and longer-term placements with the child welfare system than children with other disabilities. When treated, children and youth with mental health problems fare better at home, schools, and in their communities.

Preschool children face expulsion rates three times higher than children in kindergarten through 12th grade – a factor partly attributed to lack of attention to social-emotional needs.

- African-American preschools are 3 to 5 times more likely to be expelled than their White, Latino, or Asian-American peers.

Children and youth in elementary school with mental health problems are more likely to be unhappy at school, be absent, or be suspended or expelled.

- In the course of the school year, they may miss as many as 18 to 22 days.
- Their rates of suspension and expulsion are three times higher than their peers.
- Among all students, African-American students are more likely to be suspended or expelled than their white peers (40% vs. 15%).

Youth in high school with mental health problems are more likely to fail or drop out of school.

- Up to 14% of them receive mostly Ds and Fs (compared to 7% for all children with disabilities).
- Up to 44% of them drop out of school.

Youth in the child welfare and juvenile justice systems with mental health issues do less well than others.

- Children with mental health issues in the child welfare system are less likely to be placed in permanent homes.
- They are also more likely to be placed out-of-home in order to access services.
- They are more likely to overly rely on restrictive and/or costly services such as juvenile detention, residential treatment, and emergency rooms.
- Young adults leaving the child welfare system experience major mental health problems and drug and alcohol dependence at significantly higher rates than the general population.

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Georgia Parent Support Network

MISSION

Georgia Parent Support Network is dedicated to providing support, education, and advocacy for children and youth with mental illness, emotional disturbances and behavioral differences and their families.

PHILOSOPHY OF CARE

Georgia Parent Support Network is committed to:

- Community-based, family-focused, culturally competent systems of care
- Full parent and child participation in planning and delivery of services
- Professional research and public education
- Equity of treatment and availability of information
- Our partners in advocacy
- The expertise a family offers
- The opportunity to collaborate
- The opportunity to make a difference for families and children by improving their quality of life
- Innovative, flexible approaches that support provision of services

SERVICES

Fulton Family Resource Center

On November 1, 2002, the Fulton County Dulane House shelter closed its doors and became the Fulton Family Resource Center. The Center helps to serve Fulton County's children and adolescents in identifying community resources and/or helping to locate appropriate community placements.

Youth Peer Center

The Peer Center is a place of empowerment for our young adults. The Center was developed to give guidance and support for these young adults. Our goal is to provide youth that are transitioning into adult roles and responsibilities the resources needed to make the transition. Resources provided include: job training, resume development, interview skills training, and money management.

Therapeutic Foster Care / Respite

Therapeutic foster care offers individual community homes that provide a stable, supportive environment for children and adolescents who have been removed from their homes. Respite offers short-term, planned relief for families with children who have behavioral and emotional difficulties.

And The Good Times Rolled Thanks To Our Supporters



Georgia Parent Support Network, Inc.
Mardi Gras Fundraiser
February 26, 2009

Wrapping Around the Evidence Base

Throughout the United States, social service funding is expected to stretch farther and “do more for less.” As communities and funders tighten their belts, increasingly more funders are requiring that only evidence-based practices be used to provide treatment to youth and families. So a common question forming in communities is, “Should wraparound seek to become an evidence-based practice?”

I believe the answer is no – a system of care approach using wraparound and evidence-based practices are not competing efforts but complementary. Evidence-based practices can be an important **component** of a systemic response to serving youth with serious mental health challenges and their families. As noted by Friedman and Drews (2006), it is possible to develop an approach that integrates system of care values and principles, individualized care such as wraparound and evidence-based programs. System of care proponents need to be aware of how wraparound and evidence-based practice can **work together** in systems of care to produce positive outcomes for children and families.

In order to do this, we must have clarity on both wraparound and evidence-based practices. Evidence-based practices are **treatment interventions**. Most treatment interventions, including all evidence-based practices, were designed to address a specific concern, such as adolescent depression, acting out by young children, or adult panic disorder. Evidence-based practices are proven effective for a specific target population and only provide “evidence” that the intervention works for that specific population and under specific conditions. For example, Multisystemic Therapy has been proven through numerous randomized clinical trials as an effective treatment modality for violent and chronic juvenile offenders who are families that are intact and fully engageable in the intervention (Bruns, 2008). Like other evidence-based practices, it provides a brief intervention (average is 4 months), directed by a professional with certification in that evidence based practice, focuses on treating a specific need (antisocial behavior), and serves a relatively small population. Serving an estimated 16,000 annually, Multisystemic Therapy is one of the most used evidence-based practices (Bruns, 2008).

Wraparound, on the other hand, is a **service delivery** for coordinating care across multiple systems. It has been used successfully in juvenile justice to divert youth from secure detention and to transition youth successfully to the community from secure placements; in child welfare to achieve permanency, stability and safety outcomes for children, youth and families; in mental health helping youth with serious emotional disturbances transition to or remain in the community; in corrections to help adult prisoners re-enter society; in public health systems to improve outcomes for high risk pregnant women; and for a multitude of other populations. Wraparound was created by – and is delivered by – family members and providers. Although the “formal” intervention through a system of care is time limited, the philosophies of using the natural supports and “wrapping” the family – however they define themselves as

family – in support as they determine what would be helpful is ongoing. More than 100,000 youth nationally are estimated to be engaged in a well-defined wraparound process (Bruns, 2008).

Eric Bruns, co-director of the national Wraparound Initiative, authored “The Evidence Base and Wraparound.” In addressing the question, “Does wraparound work?” and describing why communities often struggle to answer this questions succinctly. Bruns also plants the seed that “researchers, advocates, and practitioners must realize that families participating in a wraparound process should also have available specific treatments (including evidence-based treatments) that might be part of their individualized plan of care.” To truly individualize a plan of care, communities should build and fund systems of care that include the wraparound process and evidence-based practice.

In “The Evidence Base and Wraparound,” Bruns outlines five points to address the question of whether wraparound works and frames the issue as the evidence base and wraparound, as opposed to the evidence base *of* wraparound.

1. Current thinking in children’s mental health emphasizes the importance of joining evidence-based practices to family-driven and individualized service processes like wraparound.
2. The principles of wraparound are supported by evidence from the research base as well as common sense and social justice.
3. Despite the support for the wraparound philosophy, research also has demonstrated a “fidelity problem” in wraparound that is important to overcome.
4. When high-fidelity wraparound is delivered, there is a greater potential for positive impact for families.
5. Achieving high-fidelity wraparound is a big challenge, requiring significant effort and resources.

The crux of this issue is the challenge that many organizations have developed “promising approaches” that lack a systemically developed evidence base but are still quite effective and are achieving positive results for families. When the Child and Adolescent Needs and Strengths (CANS) assessment was implemented in Indiana more than a year ago, it was chosen to help show concrete results of how youth and families are getting better. In addition to the CANS, participation in the Wraparound Fidelity Index interviews and Consumer Service Reviews provides communities with data needed to make mid-course corrections. To see an example of how Choices has used these measures, visit www.ChoicesTeam.org/choicesreports. With the increasing momentum of evidence-based practices, it is important to remember we all share a common desire for high-quality, effective services for children and families.

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From Collaborative Adventures
T.A. Center*

PRESCRIPTION PAIN RELIEVERS & YOUNG ADULTS

Trends Show Misuse Increasing



Are prescription medications disappearing from your medicine cabinet?

Trends over the past five years show an increase in misuse by young adults age 18 to 25.

According to a recent report from SAMHSA, young adults age 18 to 25 currently using pain relievers for nonmedical reasons increased from 4.1 percent in 2002 to 4.6 percent in 2007. The report is based on a series of nationwide surveys.

That percentage represents a total of 1.5 million young adults who used prescription pain relievers nonmedically in 2007.

Among youth age 12 to 17, the report shows encouraging findings in that nonmedical use of pain relievers in the past month had declined from 3.2 percent in 2002 to 2.7 percent in 2007.

Among youth age 12 to 17, the report shows encouraging findings in that nonmedical use of pain relievers in the past month had declined from 3.2 percent in 2002 to 2.7 percent in 2007.

Overall, 5.2 million people age 12 years or older reported using prescription pain relievers nonmedically in the past month in 2007.

Other Findings

Trends in Nonmedical Use of Prescription Pain Relievers 2002-2007 highlights nonmedical use of pain relievers in the past month among people age 12 or older.

Other findings include:

Use among adults age 26 or older increased from 1.3 percent to 1.6 percent; and the rate of use increased among males age 12 or older from 2.0 percent in 2002 to 2.6 percent in 2007, but did not change significantly for females in that age group.

This report is drawn from SAMHSA’s 2002 through 2007 National Surveys on Drug Use and Health (NSDUH). Data collected by NSDUH come from a total sample of approximately 405,000 persons who represent the Nation’s civilian, noninstitutionalized population age 12 or older.

To access the report online in PDF and HTML formats, visit SMAHSA’s Office of Applied Studies (OAS) at <http://oas.samhsa.gov/2k9/painRelievers/nonmedicalTrends.efm>. For additional information about prescription drug safety, visit SAMHSA’s Web site at www.samhsa.gov/rxsafety.