

Evidence Based Practices: Mental Health Services

Summary Overview

There are numerous Evidence Based Practices (EBP) that address substance abuse with populations similar to Richmond's East End. The Substance Abuse and Mental Health Services Administration (SAMHSA) - administers the national registry of Evidenced-based programs and practices (NREPP), which can be searched based on target age, gender, setting, geographic location and other criteria. See <http://www.nrepp.samhsa.gov/ViewAll.aspx>.

This current summary of evidence based practices outlines several of the relevant mental health programs and curriculums from SAMHA. The selected programs are relevant to Richmond's East End as most, if not all, focus on youth, adolescents, and adults experiencing environmental stress.

Program Summaries

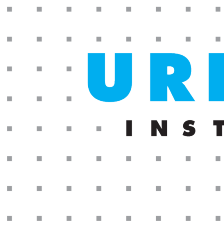
The text below briefly describes relevant mental health programs and curriculums that would benefit youth, adolescents, and adults experiencing housing relocation.

Building Skills

Building Skills is a 12-lesson curriculum designed to help 5th graders avoid or reduce high-risk behaviors, including substance abuse, by improving their inter- and intrapersonal skills. Curriculum topics include self-esteem, goal setting, decision making, problem solving, communication skills, choosing friends, stress/anger management, conflict resolution, assertiveness, and substance refusal skills. Lessons of approximately 1 hour each are delivered during class time by a trained prevention specialist once per week for 12 weeks. Each lesson consists of lecture-based instruction; a group activity, which allows students to practice the skills taught; an individual activity, which uses the student handbook to further reiterate the teachings; and a debriefing session, which reviews and summarizes the lesson. Lessons do not require the use of computers or audiovisual devices. Prevention specialists encourage students to practice the skills in their everyday lives, especially at home and at schools. At the end of the program, students are encouraged to take their handbooks home and discuss the curriculum topics with their parents and/or guardians, in order to reinforce the skills learned. A more detailed description of Building Skills can be found here: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=209>.

Building Skills has been delivered in over 25 sites in western New York since 2005.

Building Skills Costs



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Item Description	Cost	Required by Developer
<i>Implementation Kit: 1 teacher's manual, 25 student handbooks, 50 student surveys, 1 survey administration instruction sheet, and 1 fidelity instrument</i>	<i>\$100 per kit</i>	<i>Yes</i>
<i>Additional teacher's manuals</i>	<i>\$70 each</i>	<i>No</i>
<i>Handbook kit: 25 student handbooks, 50 student surveys, 1 survey administration instruction sheet, and 1 fidelity instrument</i>	<i>\$30 per kit</i>	<i>No</i>
<i>1-day training in Buffalo, NY held biannually</i>	<i>\$275 per participant</i>	<i>No</i>
<i>Phone and email implementation support</i>	<i>Free</i>	<i>No</i>

Previous studies such as the Chicago Family Case Management Demonstration and Moving to Opportunity showed that youth experiencing housing relocation often struggle with poor mental health. The stress of relocation affects their wellbeing, feelings of inclusion, and greatly changes their peer group. Building Skills would

Help younger adolescents address these potential issues before experiencing that stress. Another aspect of Building Skills that may be attractive to relocating families is that the curriculum can be completed without computers or audiovisual devices.

Child-Parent Psychotherapy (CPP)

Child-Parent Psychotherapy is an intervention for children from birth through age five who have experienced at least one traumatic event. These traumatic events include, but are not limited to, the sudden death of a loved one, a serious accident, sexual abuse, exposure to domestic violence, drastic life changes. As a result of these traumatic events, parents and children may experience behavior, attachment, and/or mental health problems including posttraumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent and/or guardian as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social function. Program outcomes include (1) Child PTSD symptoms, (2) child behavior problems, (3) children's representational models, (4) attachment security, (5) maternal PTSD symptoms, and (6) maternal mental health symptoms other than PTSD symptoms. A more in depth program description of CPP can be found here:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=194>.

CPP was developed in the 1980s through an adaptation of the infant-parent psychotherapy model. CPP's first efficacy trial began in 1985. Since 1996, more than 527 individuals have received training in CPP.

This program, while not specifically geared towards families experiencing the stresses of relocation, is geared towards some of the residual problems and stresses relocating families may experience. Another benefit of the CPP model is that is a two-generation, wraparound program that allows healing for both the parent and child.

Chicago Family Case Management Demonstration

Though various public housing developments saw improved changes due to the Chicago Housing Authority's (CHA) Plan for Transformation, improvements proved inadequate to meet the more complex needs of the CHA's more vulnerable residents. In response to the challenges many residents faced due to relocation, the Urban Institute, Heartland Human Care Services, and Housing Choice Partners launched the Chicago Family Case Management Demonstration in 2007. The Demonstration tested the feasibility of providing intensive case management and wrap around services to hard to house residents who did not qualify for other relocation services. These wraparound intensive services demonstrated high gains in employment, physical health, and mental health. More information on the Chicago Family Case Management Demonstration can be found here:

<http://www.urban.org/publications/412763.html>.

INSTITUTE · ELEVATE · THE · DEBATE *Wraparound and intensive services for families in Richmond’s East End would provide cohesive, goal oriented outcomes. And again, services focusing on the whole family ensure that not one member is left behind.*

Mental Health First Aid

Mental Health First Aid is an adult public education program designed to improve participants’ knowledge and modify their attitudes and perceptions of mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises or in the early stages of one or more chronic mental health problems.

The intervention is delivered by a trained, certified instructor through an interactive 12-hour course, which can be completed in two 6-hour sessions or four 3-hour sessions. The course introduces participants to risk factors, warning signs, and symptoms for a range of mental health problems.

Participants are taught a five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis:

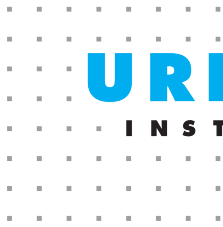
- A: Assess for risk of suicide or harm*
- L: Listen nonjudgmentally*
- G: Give reassurance and information*
- E: Encourage appropriate professional help*
- E: Encourage self-help and other support strategies*

The program and its course content helps participants gain confidence in their capacity to improve their mental health. Mental Health First Aid Kid lists five main outcomes: (1) recognition of schizophrenia and depression symptoms, (2) knowledge of mental health support and treatment resources, (3) attitudes about social distance from individuals with mental health problems, (4) confidence in providing help, and provision for help, to an individual with mental health problems, and (5) mental health.

Mental health is highly stigmatized. Many adults suffering from poor mental health often do not seek help for the fear of being stigmatized. Mental Health First Aid will create a space where adults can remove that barrier and seek help.

Mental Health First Aid Kit Program Costs

<i>Item Description</i>	<i>Cost</i>	<i>Required by Developer</i>
<i>Participant Manual</i>	<i>\$14.95 each</i>	<i>Yes</i>



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<i>12-hour, off-site certification course, valid for three years</i>	<i>Free of \$120-\$180 per person</i>	<i>Yes</i>
<i>5-day off site instructor certification course</i>	<i>\$1,850 per person</i>	<i>No</i>
<i>Implementation consultation</i>	<i>Free</i>	<i>No</i>
<i>Course evaluation</i>	<i>Free</i>	<i>Yes</i>
<i>Program audit conducted by the National Council for Community Behavioral Healthcare</i>	<i>Free</i>	<i>No</i>