

**Iowa Federation of Families  
for  
Children's Mental Health**

**Children's Mental Health News  
July 24, 2006**

Iowa Federation of Families for Children's Mental Health is the statewide family advocacy organization that assists families who have children and youth with mental health issues. Our mission is to ensure all these children and families receive coordinated, individualized, strength-based care and supports. We provide families across the state of Iowa with written informational materials, Information and Referral services, many different types of trainings, and legislative advocacy. Most of all, we offer families a non-judgmental support system. Families, professionals and others may access our services by calling our toll-free number (888) 400-6302, or visiting our website at [www.iffcmh.org](http://www.iffcmh.org).

**SAVE THE DATES!**

November 30-December 1, 2006  
Des Moines, Iowa

**"Investing in Iowa's Youth,  
Investing in Iowa's Future"**

Fifth Annual  
DMC Resource Center Conference

This 5th Annual DMCRC conference will bring together judges, attorneys, juvenile court officers, social workers, police officers, case managers, educators, and community members to discuss common solutions and successes that will impact disproportionate minority contact in Iowa.

Participants will increase their knowledge about working with youth and their families, diversity and cultural competence, policy, and best practices. People working with youth in and around the juvenile court system will acquire tools for developing effective risk assessment and alternatives to confinement.

For more information, please visit the NRC website at:

<http://www.uiowa.edu/%7Enrcfcp/dmrc/>

or call Brad Richardson at the National Resource Center for Family Centered Practice at (319) 335-4965 or email [brad-richardson@uiowa.edu](mailto:brad-richardson@uiowa.edu).

# **Save this Date: June 15, 2007**

## **Dr. Ross Greene:**

### **The Explosive Child Conference**

**More information will be available soon....**

## **Children's Mental Health Facts SYSTEMS OF CARE**

**Helping Children and Youth With Serious Mental Health Needs:  
Systems of Care**

In 1992, the U.S. Congress established the Comprehensive Community Mental Health Services Program for Children and Their Families to support the development of systems of care for children and youth with serious emotional disturbances and their families. "Serious emotional disturbances" refers to diagnosed behavioral, emotional, or mental disorders resulting in functional impairment that substantially interferes with or limits one or more major life activities. The Comprehensive Community Mental Health Services Program for Children and Their Families is funded through Public Law 102-321.

### **What Is a System of Care?**

A system of care is a coordinated network of community-based services and supports that is organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs. A system of care helps children, youth, and families function better at home, in school, in the community, and throughout life.

### **Why Are Systems of Care Needed?**

Five to nine percent of children and youth between ages 9 and 17 have serious emotional disturbances that cause substantial functional impairment, and many do not receive the supports and services they need to reach their full potential at home, at school, and in their communities.

Children and youth with serious mental health needs and their families need supports and services from many different child- and family-serving agencies and organizations. Often, these agencies and organizations are serving the same children, youth, and families. By creating partnerships among these groups, systems of care are able to coordinate services and supports that meet the ever-changing needs of each child, youth, and family. Coordinated services and supports lead to improved outcomes for children, youth, and families, and help prevent the duplication of services for authorized care among government agencies.

### **What Types of Services Are Coordinated Through Systems of Care?**

Systems of care help parents and caregivers address the mental health needs of their children and youth while managing the demands of day-to-day living. Adequately meeting

these needs requires multiple strategies and agencies. Some of the types of services that systems of care coordinate may include:

- Care coordination (case/care management);
- Child care;
- Community-based, inpatient psychiatric care;
- Counseling (individual, family, group, and youth);
- Crisis residential care;
- Crisis outreach;
- Day treatment;
- Education/special education;
- Family support;
- Health care;
- Independent living supports;
- Legal services;
- Mental health information resources;
- Protection and advocacy;
- Psychiatric consultation;
- Recreation therapy;
- Residential treatment;
- Respite care;
- Self-help or support groups;
- Small therapeutic group care;
- Therapeutic foster care;
- Transition from youth to adult mental health services;
- Transportation;
- Tutoring; and
- Vocational counseling.

### **What Are the Outcomes of Systems of Care?**

Systems of care have helped tens of thousands of children and youth with serious behavioral, emotional, and mental health needs make improvements in almost all aspects of their lives. One of the greatest accomplishments systems of care have made in helping children and youth with serious mental health needs is making services and supports family-driven and youth-guided.

Family-driven means that families have a primary decision making role in the care of their children and the policies and procedures governing care for children and youth in their community, State, tribe, territory, and Nation. (For more information on “family-driven” and “youth-guided,” visit [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov).)

Youth-guided means that youth have the right to be empowered and educated decision makers in their own care and the policies and procedures governing care for youth in their community, State, tribe, territory, and Nation.\*

In addition to the substantial roles children, youth, and families play in the care they receive, systems of care are successful because:

- Systems of care represent single points of contact for obtaining a comprehensive array of child, youth, and family services in homes and communities.

- Families work with service providers to develop, manage, deliver, and evaluate policies and programs.
- Services are delivered in the least restrictive, most natural environment appropriate for the needs of children, youth, and families.
- Child-, youth-, and family-serving agencies establish partnerships to coordinate services and supports.
- Care management ensures that planned services and supports are delivered and continue to help children, youth, and families move through the system as their needs change.
- Systems of care include evidence-based treatments and interventions.
- All services and supports are selected and designed in ways that are responsive to families' beliefs, traditions, values, cultures, and languages.
- Systems of care are accountable for evaluating the outcomes of services for children, youth, and families.

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### **National Data Support the Effectiveness of Systems of Care**

**National data collected for more than a decade confirm the experiences of children, youth, and caregivers: Systems of care work. Data from systems of care related to children, youth, and caregivers reflected the following:**

**Children and youth improved on clinical outcomes after 6 months.**

- Emotional and behavioral problems were reduced or remained stable for 89 percent of children and youth.

**Children and youth with suicide-related histories improved after 6 months.**

- Almost 91 percent of children and youth with a history of suicide attempts or suicidal ideation improved or remained stable in their emotional and behavioral problems.

**Children and youth improved or remained stable on school-related outcomes after 6 months.**

- School performance improved or remained the same for 75 percent of children and youth.

**Children and youth with co-occurring disorders improved after 6 months.**

- Emotional and behavioral problems were reduced or remained stable for 89 percent of children and youth with co-occurring mental health and substance abuse diagnoses.

**System of care communities adopted a strength-based approach to planning services.**

- Ninety-one percent used child and youth strengths to plan services.
- Eighty-five percent reported that children and youth helped plan services.

**Families/caregivers were satisfied with the cultural competence of service providers.**

- More than 75 percent of families reported that they were satisfied with their providers' respect for their beliefs and values about mental health, understanding of their traditions, and ability to find services that acknowledged the positive traditions of their cultures.

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### **Jordan's Story: A Case Study in System of Care Success**

When Jordan first came to a system of care at age 10, he and his mother were having serious problems getting help for his mental health needs. Having been diagnosed with bipolar disorder at

age 6, Jordan's needs were complex and compounded by his mother's own issues related to substance abuse, homelessness, and a chronic, life-threatening illness.

Jordan's mother first realized that he had special needs when he experienced speech delays at a very young age. As Jordan grew older, his "cycling" between periods of extreme highs and lows became more apparent, as did his suicidal thoughts and hallucinations. Jordan and his mother received assistance from agencies representing child welfare, education, public health, mental health, and public housing, but these services were not intensive enough. When Jordan reached a critical moment where he was hospitalized, his mother considered giving up custody so he could receive residential care for his symptoms.

Having been involved with the system of care for several years, the hospital knew that a system of care was ready to help children, youth, and families with complex mental health needs. Working closely with Jordan's school social worker and special education coordinator, the hospital's discharge planner helped enroll Jordan in the system of care.

Once enrolled in the system of care, Jordan began to see substantial improvements in his life. The first was that Jordan, his mother, and other people in their lives worked in partnership with service providers to create Jordan's care plan. Jordan's service providers included the hospital, his school, and the mental health department's children's intensive services system, which provided mobile mental health case management. Initially Jordan's plan involved therapeutic respite care and a specialized camp for children with serious mental health needs, but additional supports and services were available because the entire county operated under the system of care's framework.

While at the camp, Jordan received highly structured services tailored to his unique needs. This camp presented an opportunity for service providers to try different approaches to see which ones were most effective. When camp concluded, the system of care facilitated communication between camp representatives and Jordan's school to ensure that the lessons learned were transferred from Jordan's camp counselors to his teacher. Because of this communication, Jordan's teacher learned strategies she could use in the classroom to effectively manage his behaviors, which in turn led to fewer disruptions and an improved learning environment for Jordan and his classmates. For instance, Jordan's teacher learned that his classroom behavior would improve dramatically if she gave him positive feedback three times an hour.

The collaboration among all the service providers has led to more than just improvements at school. The symptoms associated with Jordan's bipolar disorder have been substantially reduced. Jordan has far fewer hallucinations and periods of suicidal thoughts or behaviors than before. The personal situation of Jordan's mother improved because of the system of care's services. She now has adequate childcare for Jordan, which allows her to go to work. She also no longer blames herself for her son's situation. The relationships she developed through the system of care have helped her to be more trusting of others who genuinely want to help. The system of care worked because of collaboration, shared resources, and the close connection between the system of care and the family.

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## **Who Can Help My Community Establish a System of Care?**

### **Center for Mental Health Services**

The Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, administers the Comprehensive Community Mental Health Services Program for Children and Their Families.

Through Federal funding, this program supports States, communities, territories, and Tribal organizations and governments to develop, improve, or expand services to meet the needs of children and youth with serious mental health needs and their families. With Federal support,

communities establish local systems of care that foster partnerships among a wide range of service and support providers.

Communities receive support from CMHS by submitting applications in response to requests for applications, which are listed on [www.grants.gov](http://www.grants.gov). For more information, call CMHS at 240.276.1980.

### For More Information

#### Resources

Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
[www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov)  
Tel: 240.276.1980

National Mental Health Information Center  
Substance Abuse and Mental Health Services Administration  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)  
Tel: 1.800.789.2647 (toll-free; English/Spanish)  
TDD: 1.866.889.2647

## **Family Engagement: Promoting Social, Emotional and Behavioral Wellbeing in Young Children and Their Families –Reducing Mental Health Stigma By: Lisa Conlan**

### **On My Own: A Mother's Story**

Recently, a mom shared her story with me.

“I was a young mom,” she began. “I was married and had my first child, who is bi-racial, by age 19. My husband was physically abusive and my child witnessed domestic violence at a very young age. There was also a great deal of substance abuse in our home.”

“After his father moved far away, my son had very limited contact with him. I was now a poor single mom on my own with my child, living far way from my mother and sister. I have never received child support and I struggled to find work and continue my education. My child was in multiple day cares and we did not get to spend much quality time together when he was young. I became depressed and started to relive my own childhood trauma.”

“I began to notice that my child was extremely hyperactive and would get in some very bad moods. My pediatrician said that he would grow out of it. It became harder when I was told that my child could not return to the day care. This happened at least twice. I had problems keeping my job because there was no day care for my son. My social worker was extremely prejudiced. I had to go on public assistance and receive food stamps.”

“When my son started school he was punished the very first day. Afterwards, he continued to struggle, receiving poor grades and spending most of his time in detention and

suspension as he got older. I always said my son had reading problems, but I could not get the school to help me with his reading, and I gave up going to college to help him learn to read.”

“My relationships have never worked out because my son scared most of my dates away. Eventually, I stopped dating. Despite this and my ongoing depression, my son and I had fun on the weekends. We went to church every Sunday.”

“Then, during high school, he started stealing and lying. The distance kept growing between us. Recently, he was hospitalized for alcohol poisoning. While at the hospital they had a psychologist visit him. The psychologist told me that my son might have a mental illness and that I should take him to the mental health center. Two days later my son was arrested for stealing a car. My son is now in a juvenile justice center and I do not know what to do next. He will be an adult next year.”

#### **Stigma: Isolating Families from Resources and Support**

After she shared her story, I asked if she had asked anyone for help with what she was going through with her son. She told me, “No, not really, mostly because some of the people I have talked to made me feel embarrassed and ashamed. I know I am a good mom. My son and I are not crazy. Also, I grew up not trusting a lot of people. I can remember child welfare coming to my house as a child and talking to my sister and me. I guess since then I have felt this way.”

I have been a family advocate in the children’s mental health field for over twenty years and I continue to meet mothers who share similar stories with me. This particular story points out the need to examine family engagement and approaches for supporting and intervening with families much earlier. In this story there were so many missed opportunities to engage this mother and her son and connect them to individuals and services that could have been supportive in helping them towards social, emotional and behavioral wellbeing.

I have learned from families, especially those with older youth, how they struggle with the stigma of defining their child as someone with a serious emotional disturbance or mental illness. Young people have shared with me that the labels are so stigmatizing that they do not want anything to do with mental health services or supports. Based on these feelings, there is a need to do community-wide education to raise public awareness and reduce the stigma of mental health. Families and system of care partners are now beginning to prioritize the promotion of emotional and behavioral wellbeing for young children and their families. Too many families are living experiences like that described above; they are losing their children to the justice system and losing their own self-worth in the process. Friendly and supportive help provided early on is critical in order to prevent future problems such as serious emotional disturbance.

#### **Who is the Most At Risk?: What the Research Says**

The National Center for Childhood Poverty Children and Welfare Reform, Issue Brief No. 8 (Knitzer, 2000) stated that low income parents are more likely to have higher rates of mental health problems. Research also indicates significantly elevated rates of domestic violence among the welfare population. In addition, maternal depression, which is particularly harmful to young children, is disproportionately prevalent among low income mothers. The studies in this article share other risk factors such as histories of physical or sexual abuse, substance abuse, coexisting with learning disabilities, poor work histories, and sometimes homelessness.

In her early childhood mental health overview memo for commissioners (2004), Jane Knitzer shared the results of a national sample of children entering kindergarten. This survey found that 10% of all children were identified as having “problematic behavior,” yet rates were consistently two or three times as high for children from low-income households. Researchers estimate that within the Head Start program, close to one in five children are exposed to domestic violence and three percent to abuse and neglect.

Under-identification is also a problem for low-income children and families. Reports of clinical levels of dysfunction vary, depending upon the particular diagnosis, but studies also show that young children whose primary problems are emotional/behavioral are consistently labeled as speech and language impaired instead. In Head Start, identified rates of emotional/behavioral issues are under one percent. As a result, neither children nor their families get appropriate early help when it might make a critical difference.

#### **Bridging the Gap: Forging Community Connections**

The President’s New Freedom Commission reports that the challenge before us is to build a system that not only integrates prevention and early intervention, but that is also more akin to a public health model. This model targets all levels of need, emphasizing health promotion for everyone, prevention and early intervention for those at high risk, and intervention for those who are already diagnosed.

The overlap between the characteristics of the community and the mental health outcomes for young children are becoming increasingly apparent. Kaufmann and Wischmann in the article, *Communities Supporting the Mental Health of Young Children and Their Families*, share how recent studies have illustrated the important role of neighborhoods and communities in molding the lives of families and children. Kaufmann and Wischmann share that communities can play an important role in promoting and supporting a healthy start for young children. Through ensuring access to care, education, health, and social services; by encouraging neighborhoods to work together in addressing issues facing children and families; by fostering stronger connections between neighbors; creating empowering opportunities; and nurturing a sense of hope and responsibility, communities can positively impact the lives of their youngest members.

Another study, *The Carnegie Corporation Report (1994)*, identified four key supports that communities can provide to support young families: broaden quality child care options; support parent education; guarantee adequate physical and mental health care; and strengthen community networks.

#### **Hanging Together: Using Family Strengths to Build a Better Future**

Finding strategies and approaches to build trust and engage families is essential. All families have their own family culture, creating their own structures, patterns, values, and beliefs for coping and survival. All families have strengths and resources to share if we work with the family to recognize them. This means letting go of judgment and meeting the family where they are.

A family’s protective factors are sometimes their greatest cultural assets, yet these families can be labeled as resistant or dysfunctional. This does nothing to help engagement. There are families who struggle everyday with apprehension about judgments by outsiders, becoming isolated, mistrustful, and extremely protective. Families will usually act aggressively if pushed to change the existing family patterns on which they have grown to rely.

If a family is in a state of crisis and ongoing trauma, their first need is non-judgmental support around their identified issue or crisis. Families are usually looking for support that will help and reinforce their ability to make their own decisions and choices. Always ask for permission to act on a family's behalf. Families are usually in need of resources that will support their basic needs and relieve their stress. Supporting families to understand and recognize their child's development needs and milestones is extremely important.

The voices of parents and youth who have lived through challenging experiences are now being heard by families and system of care communities. These voices are helping to prevent the families of young children from following the same path, and teaching us to engage earlier. All providers and caregivers must be able to work collaboratively with young children and their parents in natural settings without that environment feeling stigmatizing. I encourage all to think about how they can engage and support our future generation towards social, emotional and behavioral wellbeing. Our children are our future.

## Children of Parents with Alcoholism

**I have heard that children of parents with alcoholism are at risk for developing mental health and substance use problems. What are the risks, and what can we do to help these families?**

It is true that research shows that children of parents with alcoholism are at increased risk for depression, anxiety disorders, and behavior problems. Marital conflict, family stress and instability, parental depression, or financial strain can add to the negative effect of parental alcoholism on children's emotional and behavioral functioning. In addition, these children are significantly more likely to suffer abuse or neglect. According to the American Academy of Child and Adolescent Psychiatry (AACAP) (1999), a child growing up in an alcoholic family may have the following problems:

<b>Guilt</b>	The child may see himself or herself as the main cause of the mother's or father's drinking.
<b>Anxiety</b>	The child may worry constantly about the situation at home. He or she may fear the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents or abuse.
<b>Embarrassment</b>	Parents may give the child the message that there is a terrible secret at home. The ashamed child does not invite friends home and is afraid to ask anyone for help.
<b>Inability to have close relationships</b>	If the child has been disappointed by the drinking parent many times, he or she often may not trust others.
<b>Confusion</b>	The alcoholic parent may change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child, may not exist because bedtimes and mealtimes are constantly changing.

<b>Anger</b>	The child may feel anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection.
<b>Depression</b>	The child may feel lonely and helpless to change the situation.

Children of parents with alcoholism are also four times more likely than other children to develop alcoholism or abuse alcohol later in life (AACAP, 1999). Because almost 5 million adults who have problems with substance abuse have at least one child under the age of 18 living at home, a great number of children are at risk for repeating their families' alcohol-related problems (US Department of Health and Human Services, 2002).

Given these startling statistics, it is critical that we provide help and support to families with alcohol-related problems. Research shows that children's psychosocial adjustment improves when parents receive treatment for their alcoholism (Andreas, 2006). Even if parents are not receiving treatment, children can benefit from help and support. In fact, studies have found that when these children receive support from a nonalcoholic parent, grandparent, teacher, or other caring adult, they are less likely to develop alcoholism or other serious problems in their lives (Werner & Johnson, 2004).

The *Children of Alcoholics Community Action Guide* (US Department of Health and Human Services, 2004) suggests the following actions you can take to help children of alcoholics (COAs):

- Simple acts of kindness and compassion can make a difference for COAs. By making yourself available to listen, discuss feelings, share interests, and support their efforts to make friends, you can help COAs cope with their present situations and develop the resilience and skills necessary for their futures.
- Tell them they are not alone, that responsible adults are available to help them, and that millions of others have had similar experiences and have grown up to lead healthy, satisfying lives.
- Remind them that their families' problems are not their fault and not their responsibility to solve. Their jobs are to be children and help take good care of themselves; learn the facts about alcohol, tobacco, and drugs; recognize their risks; and learn how to avoid repeating their families' alcohol abuse patterns.
- Encourage them to ask for help. Assure them that getting help is a sign of strength. Offer your own examples and be prepared to help them connect with caring, trustworthy adults and with student assistance programs and other services designed to provide them with further skill-building and support.

The following organizations provide support groups to help children of parents with alcoholism:

- Adult Children of Alcoholics (<http://www.adultchildren.org>)
- Al-Anon/Alateen (<http://www.al-anon.alateen.org>)

Online resources for families and communities:

- **DOs and DON'Ts for a Young Person with an Alcoholic Parent**  
<http://ncadi.samhsa.gov/seasonal/coaweek/dosdonts.aspx>
- **Children of Alcoholics: A Guide for Community Action**  
<http://store.health.org/catalog/productDetails.aspx?ProductID=16745>
- **A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family**  
<http://csat.samhsa.gov/publications/youcanhelp.aspx>
- **Film: Lost Childhood: Growing Up in an Alcoholic Family**  
<http://ncadi.samhsa.gov/multimedia/mediaDetails.aspx?ID=390>

#### Helpful Web sites for families and communities:

- **Children of Alcoholics Foundation** <http://www.coaf.org/>
- **National Association for Children of Alcoholics** <http://www.nacoa.org/>
- **Al-Anon/Alateen For Families and Friends of Alcoholics** [www.al-anon.org](http://www.al-anon.org)

#### References:

- American Academy of Child and Adolescent Psychiatry (AACAP) (1999). Children of Alcoholics Fact Sheet. *Facts for Families, No. 17*. Washington, DC: Author. Retrieved June 07, 2006 from <http://www.aacap.org/publications/factsfam/alcoholc.htm>.
- Andreas JB, O'Farrell TJ, Fals-Stewart W. (2006). Does individual treatment for alcoholic fathers benefit their children? A longitudinal assessment. *Journal of Consulting and Clinical Psychology, 74(1)*,191-8.
- US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2004). *Children of Alcoholics: A Guide for Community Action*. Retrieved June 07, 2006 from <http://store.health.org/catalog/productDetails.aspx?ProductID=16745>
- US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2002). *National Survey on Drug Use and Health*. Rockville, MD: Author. Retrieved June 13, 2006 from <http://www.drugabusestatistics.samhsa.gov/2k4/ACOA/ACOA.cfm>
- Werner EE, Johnson JL. (2004). The role of caring adults in the lives of children of alcoholics. *Substance Use & Misuse, 39(5)*, 699-720.

**New Reports Available on Iowa Federation of Families for Children's Mental Health Website. (Go to [www.iffcmh.org](http://www.iffcmh.org) then go to library of information then go to reports).**

- **Blueprint for the States Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment**
- **A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs**
- **The Silent Epidemic Perspectives of High School Dropouts**

# HELP SUPPORT IOWA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

Yes, I would like to help children and adolescents with special mental health needs and their families. Enclosed is my gift of:

\$50.00    \$75.00    \$100.00    \$200.00    \$500.00    Other \$ \_\_\_\_\_

or go to <http://www.iffcmh.org/donateform.htm>

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Parent/Family Member \_\_\_\_\_ Professional \_\_\_\_\_

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106 South Booth

Anamosa, Iowa 52205

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\_\_\_\_ Please add my name to your mailing list to receive newsletters and training/conference information.

Thank you for your generosity.

**Your gift is tax-deductible to the full-extent of the law. Iowa Federation of Families for Children's Mental Health is a not-for-profit 501(c)3 organization.**