

# Iowa Federation of Families for Children's Mental Health

## Children's Mental Health News March 30, 2007

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).



### Children's Mental Health & Awareness Week May 6-12, 2006



### Children's Mental Health Matters

May is Mental Health Month. The Federation of Families for Children's Mental Health again declares the first full week in May, May 6 – 12 as National Children's Mental Health Awareness Week.

National Children's Mental Health Awareness Day (Awareness Day) is a day for SAMHSA and the initiatives and communities it supports to promote positive youth development, resilience, recovery, and the transformation of mental health services delivery for children and youth with serious mental health needs and their families. Awareness Day raises awareness of effective programs for children's mental health needs, demonstrates how children's mental health initiatives promote positive youth development, recovery and resilience, and shows how children with mental health needs thrive in their communities. Awareness Day will be held on Tuesday, May 8th, 2007.

Information and Resources regarding Children's Mental Health & Awareness Week are available at [www.iffcmh.org](http://www.iffcmh.org) then click on the Children's Mental Health Week resources.

# **Have You Registered Yet????**

## **The Explosive Child Conference**

**Presented by: Dr. Ross Greene:**

**June 15, 2007**

Full brochure and registration materials are available at [www.iffcmh.org](http://www.iffcmh.org) under calendar of events

**Limited number of scholarships are available to parents/caregivers**

### **Conference Registration Fee's**

Early Bird Special Single \$60 Team of 3 \$50 per Person

After March 15th Single \$70 Team of 3 \$60 per Person

### **CEU's Available for \$10.00 Payable the day of the conference**

Participants attending the conference will be granted 0.6 CEUs or 6 contact hours as provided by the Des Moines Area Community College for the following:

Iowa Board Of Nursing Provider Number 22

Iowa Board of Social Work Provider #0095

Iowa Board of Behavioral Science (includes psychologists) Provider AS97-17

**Also available for Foster and Adoptive Parents: The Department of Human Services has approved this training for 6 credit hours of training.**

**Certificate will be given at the conference**



## **Children's Mental Health Awareness Week May 6-12, 2006**

### **Finding Help—and Finding Hope**



The struggles a child with mental health issues face daily become the struggles of his or her parents, caregivers, teachers, siblings, grandparents, friends, etc. Some days, it's tempting for everyone to ignore the situation or even retreat to bed or the bathtub with a good book!

There is help for every child—and hope for every child. Through collaborative efforts between schools, local service agencies, mental health providers and families, each child can find the right treatments, the right school placements and the right blend of activities to help him or her lead an active, fulfilling life.

One positive development over the course of the last decade is the greater involvement of youth in their own mental health needs. Iowa Federation of Families sponsors a Youth Dare to Dream Youth Panel and encourages the youth from Iowa Juvenile Home to speak up about their experiences and their needs to aid school officials, providers, family members and the community in understanding their situation and taking positive, proactive steps to help.

Perhaps the words of a Takoma Park, Md., girl say it best:

*We Know*

Life will be hard—we know

Life will be tough—we know

But we'll remember this one thing

We are not alone on our journeys

Though our roads are different

And we don't know what lies ahead.

We share a common bond, we can't forget.

Don't tell us now what to do,

Just offer us a helping hand.

For we know we are setting out on

A new road called responsibility.

Yet we still have some growing left,

We're not grown ups yet. We know.

-Melissa Osher

## **Improving the Mental Health & Well-being of America's Children**

### **The Facts**

Serious emotional and mental disorders in children are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these disorders. (Mental Health: A Report of the Surgeon General, 1999).

1. 10% 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 (Mental Health: A Report of the Surgeon General, 1999).
2. In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental Health: A Report of the Surgeon General, 1999).
3. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).
4. Untreated, these disorders can lead to devastating consequences for children.
  - a. Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems.
  - b. Approximately 50% of students with a mental disorder age 14 and older drop out of high school -- the highest dropout rate of any disability group (U.S. Department of Education, 2001).
  - c. Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001). Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999).
  - d. 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired (Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006).

### **The Value of Early Identification and Intervention**

1. Mental health is central to the health and well-being of children. Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.
2. Parents play a crucial role in the identification and treatment of childhood emotional and mental disorders. They must drive decisions related to the identification and treatment of mental disorders to help achieve the best outcomes for their children.
3. Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.
4. Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on

medication as a condition for attending school. It simply should never happen in any school in America.

### Take Action

We call on you to reject attacks on children's mental health, mental health screening, and the use of medications to treat serious emotional and mental disorders. These attacks often lack reliable data and research to support them and reinforce harmful myths and stereotypes that drive up stigma.

As a coalition of family and provider organizations, we stand ready to work with you to improve children's mental health and well-being in America. We look forward to working with you to ensure the development of effective systems of care and services for children and families.

### Coalition Partners

American Academy of Child and Adolescent Psychiatry (AACAP)  
Child and Adolescent Bipolar Foundation (CABF)  
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)  
Federation of Families for Children's Mental Health (FFCMH)  
Mental Health America (MHA – formerly the National Mental Health Association)  
National Alliance on Mental Illness (NAMI)

## National Center for Juvenile Justice State Profiles: Iowa

Updated: April 18, 2006  
Last Comprehensive Update: April 18, 2006

### Delinquency Services Summary

**Combination State:** With the exception of secure detention, the state administers most delinquency services for youth in Iowa. However, responsibility is divided between the state judicial and state executive branches. County executive agencies or multi-county regional commissions administer secure detention. The Iowa Judicial Branch's Juvenile Court Services administers detention screening, delinquency intake screening, diversion, predisposition investigation, probation supervision, and aftercare services through eight judicial districts. Practices in the districts vary and have a strong local flavor. The Department of Human Services administers the juvenile corrections continuum.

Service Classification	
Detention	Local/Executive
Probation Supervision	State/Judicial
Juvenile Corrections	State/Executive
Aftercare Supervision	State/Judicial

### Court(s) with Delinquency Jurisdiction

Juvenile Courts, located within District Courts, exercise jurisdiction over delinquency proceedings and are limited jurisdiction trial courts. District Court judges can also hear juvenile cases if the chief judge assigns the case. Iowa is divided into eight judicial districts. For more information, read the Iowa Judicial Branch's [overview of its juvenile court system](#).

## Highlights

### Accountable Government Act

In response to a series of revenue shortfalls, Governor Thomas Vilsack enacted the [Accountable Government Act](#), which reduced the state's budget by \$128 million and redesigned government services. The 2001 bill transformed the child welfare and juvenile justice systems into performance-based systems with outcomes that include accountability, rehabilitation, and public safety. The bill cuts \$10 million from the Department of Human Services and requires it to reduce paperwork. For more information, visit the [Iowa Reinvention Partnership web site](#).

### Detention

Iowa has 10 secure detention facilities, which county executives or multi-county regional commissions administer. Local funds pay for juvenile detention centers, and most of the costs of housing juveniles in detention are primarily locally supported; however, the state reimburses counties for a small portion of juvenile detention center costs.

Youth that commit any delinquent act may be held in a juvenile detention facility. Iowa Code Section [232.22](#) outlines the criteria for detention, including whether the juvenile is wanted on a warrant in another jurisdiction; is an escapee; may runaway; or poses a risk to others and property.

Youth may be held in detention while awaiting adjudication or disposition and pending placement in a residential facility or pending a hearing for probation violations. Iowa Code Section [232.52](#) allows the court to sentence a juvenile to detention for up to two days at a time. Iowa uses secure detention as a sanction for probation violations.

Detention hearings must be held within 24 hours, excluding weekends and legal holidays, and a review hearing every 7 days thereafter. Adjudicatory hearings must be held within 15 days, and dispositional hearings must be held within 30 days.

Alternatives to detention include house arrest, electronic monitoring, shelter care, trackers and monitors, day treatment, and a weekend program for probation violators. The Division of Criminal and Juvenile Justice Planning published [Examining the Trends and Use of Iowa's Juvenile Detention Centers](#), with funding from the Justice Research and Statistics Association. The study found that no comprehensive system of alternatives to secure detention exists in the state.

### Delinquency Intake Screening

Anyone may file a delinquency complaint with the court, although law enforcement typically makes referrals. Juvenile court officers screen complaints and decide whether to handle cases informally or to refer cases that require more serious court intervention to the county attorney. Depending on the judicial district, a juvenile court officer may be assigned to a case from intake to aftercare, or the district may have a separate Intake Unit. Juvenile Court School Liaisons may also conduct intakes.

### Diversion

Juvenile court officers may divert the juvenile by entering into an informal adjustment agreement. Informal adjustments are contracts that require that the juvenile admit to the charges and typically require non-judicial probation in which the juvenile abides by certain conditions of behavior. The juvenile and his or her parents must consent to the terms in the agreement. Informal adjustment is often used for younger or less serious offenders. Conditions may include informal juvenile court supervision, restitution, community service, and participation in programs, such as anger management, life skills training, and shoplifting diversion. Typically, if a juvenile obeys the conditions of the informal adjustment, a petition is not filed, and the juvenile is released from the juvenile court's oversight. Agreements must not exceed six months.

Polk, Marshal, and Woodbury Counties have teen drug courts, and Linn and Polk Counties have peer review courts.

## **Predisposition Investigation**

After adjudication, a Juvenile Court Officer conducts a predisposition investigation and prepares a predisposition report. The investigation and report encompass the juvenile's social history, environment, family condition, school performance, child abuse and neglect histories, learning disabilities, physical impairments, past acts of violence, and other relevant issues.

The Iowa Judicial Branch assesses juveniles using the Washington State Juvenile Court Assessment (WSJCA) and develops disposition recommendations based on the results.

## **Victim Rights and Services**

[Iowa Code Section 915](#) provides victims of juvenile offenders with certain rights, including the right to be notified of the juvenile's and his or her parents' names and addresses and about disposition or informal adjustments. Victims of juvenile offenders may file victim impact statements for consideration at intake and disposition. Victims of violent crimes have the right to be notified of a juvenile's release or escape.

The Iowa Judicial Branch administers the [juvenile victim restitution program](#). However, the judiciary has not funded this program since 2001. Some districts are using alternative funding, including federal block grants, to continue this program.

## **Probation Supervision**

Each of the judicial districts has a chief juvenile court officer (JCO) who supervises juvenile court officers, who are Supreme Court employees. The judges in each district select their chief JCO. These eight chief JCOs meet periodically to coordinate their practices, but there is not a state administrator. Therefore, juvenile court services practices vary and have a strong local flavor.

Juvenile court officers, Iowa Judicial Branch employees, carry caseloads comprised of only juveniles. Depending on the judicial district, a juvenile court officer may be assigned to a case from intake to aftercare while some judicial districts may have a separate Supervision Unit. The Chief Juvenile Court Officers and State Court Administration allocate JCOs according to the number of children living within the judicial districts. The Juvenile Court Services Advisory Committee recommends a JCO staffing formula of 2,800 children per JCO.

The court determines the level of probation supervision and does not currently use a classification tool. However, the Iowa Judicial Branch plans to adopt the Washington State Juvenile Court Assessment (WSJCA) by Fall 2004. The assessment is a two-stage process. The first stage is a pre-screen assessment completed for all youth placed on probation. The second stage, a full assessment, is required for youth assessed as moderate or high risk on the pre-screen.

The Department of Human Services and local school districts fund Juvenile Court School Liaisons. In 2000, there were approximately 130 Juvenile Court School Liaisons in middle, junior high, and high schools across the state. The liaisons work with a Juvenile Court Officer to supervise students who are on probation, work with youth who have been identified as at risk, reduce truancy, and respond to disruptive behavior in classrooms. For more information, read [An Examination of Iowa's School Liaison Program](#).

Other community-based delinquency services include day treatment programs, life skills services, and tracking and monitoring services. "Trackers" work under the supervision of local juvenile court officers and typically have small caseloads (five or six youth). They contact a given juvenile several times in a single day, making it possible for youth to remain in the community. Iowa's Chief Juvenile Court Officers, in conjunction with the Division of Criminal and Juvenile Justice Planning (CJJP), have started collecting data about the performance of court-involved youth in programs such as life skills, community-based day treatment, and tracking and monitoring. Information is collected on all of the juveniles at admission, program completion, and six months later to identify re-offending and out of home placements.

Group care provides highly structured 24-hour treatment services and supervision for children who cannot be served at a less restrictive level of care due to the intensity or severity of their emotional/behavioral problems. Youth placed in group care have typically been adjudicated either as delinquent or as CINA. Group care services include counseling and therapy, social skills development, restorative living skills development, family skills development, and supervision. Associated activities include social work, case management, court involvement, licensing, payment and recovery. Group care services are purchased from private agencies. There are four levels of group care: community, comprehensive, enhanced, and highly structured.

Juvenile court officers develop case plans. Although each judicial district currently develops case plans in its own way, the Iowa Judicial Branch is moving toward adopting a statewide standard protocol for writing case plans.

### **Juvenile Probation Officer Qualifications, Certification, and Training**

Juvenile court officers must have Bachelor's degrees in law, criminal justice, social work, or a related major. Statute does not require candidates to possess work experience in specified areas.

Juvenile court officers are not professionally certified in Iowa. They have to attend a one or two week intensive pre-service training conducted by the Supreme Court. After that, juvenile court officers may voluntarily attend the two juvenile court conferences held each year - one for judges and one for judicial services. The Supreme Court mandates some training as needed.

### **Juvenile Corrections Continuum**

The Department of Human Services administers two state juvenile corrections institutions: the [Boys State Training School](#) in Eldora for delinquent boys and the [Iowa Juvenile Home](#) in Toledo for delinquent girls.

### **Commitment to State**

Upon commitment, custody and guardianship of the adjudicated juvenile is given to the Department of Human Services. The court orders determinate commitments and specifies the type of placement. The court does not use a risk/needs instrument to make these decisions. The juvenile's level of treatment cannot be changed without court approval. Statute requires dispositional review hearings every 12 months, but judges generally review cases every 6 months. Juvenile court officers supervise juveniles while in they are in state juvenile corrections institutions.

### **Blended Sentencing**

Iowa has a criminal blended sentencing provision. For more information, click [here](#).

### **Direct Placement**

The court can directly place a juvenile offender in a private or local facility without committing the youth to the Department of Human Services (DHS) if they have funding, according to [statute 232.52](#) of the Iowa Code. Although juvenile court officers supervise juveniles in direct placement and provide aftercare services, DHS covers the costs of services such as counseling. Juvenile court officers may recommend release, but the court makes the final release decision.

### **Release**

The court reviews Department of Human Services' recommendations for release and makes the final release decision. The court does not use a risk/needs instrument to make the release decision.

### **Aftercare/Re-entry**

Juvenile court officers (JCOs) develop recommendations to the court for aftercare that may involve supervision by a JCO and treatment services from private agencies. Some judicial districts use tracking services, intensive supervision, and day programming. The court

reviews and approves all plans for aftercare for youth returning from residential placements. Depending on the judicial district, a juvenile court officer may be assigned to a case from intake to aftercare, or the district may have a separate Aftercare Unit.

## **State Laws**

### **Legal Resources**

[Iowa Administrative Code](#)

[Iowa Code, Title VI \(Human Services\), Subtitle 5 \(Juveniles\), Chapter 232 \(Juvenile Justice\)](#)

[Iowa Court Rules, Rules of Juvenile Procedure \(Chapter 8\)](#)

[2003 Iowa Juvenile Bench Book](#)

[Iowa State Bar Association](#)

### **Purpose Clause for Delinquency Proceedings**

This chapter shall be liberally construed to the end that each child under the jurisdiction of the court shall receive, preferably in the child's own home, the care, guidance and control that will best serve the child's welfare and the best interest of the state. When a child is removed from the control of the child's parents, the court shall secure for the child care as nearly as possible equivalent to that which should have been given by the parents.

Citation: Iowa Code Annotated Title VI. Human Services Subtitle 5. Juveniles Chapter 232. Juvenile Justice Division I. Construction and Definitions. 232.1. Current through Laws effective July 1, 2004.

### **Delinquency Jurisdiction** (as of the end of the 2005 legislative session)

Lower Age: None specified

Upper Age: 17

Extended Age of Delinquency Jurisdiction: 18

### **Juvenile Transfer Laws**

For information on Iowa's juvenile transfer laws, [click here](#).

### **Juvenile Justice Leadership**

### **[Department of Human Right's Division of Criminal and Juvenile Justice Planning](#)**

The Division of Criminal and Juvenile Justice Planning serves as the state advisory group charged with administering funds received through the federal Juvenile Justice Delinquency Prevention Act and monitoring compliance with the Act's mandates. The Division also serves as the state's statistical analysis center.

### **[Attorney General's Task Force on Juvenile Crime](#)**

Established in 1995 in response to serious juvenile crime, this Task Force brings together judges, juvenile court officers, police, educators, and private providers to serve as an advisory group and focus on what works.

### **[Iowa's Collaboration for Youth Development](#)**

Iowa's Collaboration for Youth Development is comprised of state agency staff, community members, and local youth serving program staff. It holds forums on youth issues, trains state and local officials on youth development, and facilitates coordination of some of the planning and policy requirements of various state agencies, including conducting community needs assessments.

### **[Iowa Gender-Specific Services Task Force](#)**

The Division of Criminal and Juvenile Justice Planning established the Iowa Gender-Specific Services Task Force in 1995. Major activities of the Task Force include an annual conference, a study of female offenders in the state's juvenile justice system, publication and

distribution of *Providing Gender-Specific Services for Adolescent Female Offenders: Guidelines & Resources*, a desk protocol that outlines the gender-specific philosophy, and workshops for juvenile justice system professionals on the gender-specific approach.

### **Juvenile Court Services Advisory Committee**

In 2002, the Iowa Supreme Court established the Juvenile Court Services Advisory Committee by court order. The Court charged the committee with reviewing the delivery of juvenile court services in the eight judicial districts and recommending ways to achieve uniformity across the state. In addition, the committee was directed to develop a staffing caseload formula for juvenile court services support staff and supervisors.

Recommendations include using risk assessment instruments to standardize decision-making and emphasizing the principles of balanced and restorative justice in dispositions.

Juvenile Court Officers Association  
Juvenile Detention Association  
Juvenile Judges Association

Resources/Contacts

[Juvenile Court Delinquency Proceedings Flowchart](#), developed by Criminal and Juvenile Justice Planning

[Examining the Trends and Use of Iowa's Juvenile Detention Centers](#)

[Serving Iowa Youth and Families With a Youth Development Approach: JJDP Act Formula Grant Application and Three-Year Comprehensive Plan](#)

[Department of Human Services](#)  
[Division of Criminal and Juvenile Justice Planning](#)  
[Iowa Collaboration for Youth Development](#)  
[Iowa County Attorneys Association](#)  
[Iowa Gender-Specific Services Task Force](#)  
[Iowa Judicial Branch Web Site](#)  
[Iowa State Bar Association](#)

Dave Kuker  
Juvenile Justice Specialist  
Division of Criminal and Juvenile Justice  
Lucas State Building, 1st Floor  
Des Moines, IA 50319  
Phone: (515) 281-8078  
Fax: (515) 242-6119

<http://www.ncjj.org/stateprofiles/profiles/IA06.asp?topic=Profile&state=%2Fstateprofiles%2Fprofiles%2FIA06.asp>

*The National Center for Juvenile Justice strives to make each State Profile as accurate as possible. Please bring any errors, updates, or additions to the attention of the [State Profiles project manager](#). Persons listed as state contacts are not responsible for information contained in these profiles.*

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## **Resources for Disproportionate Minority Confinement/ Overrepresentation of Youth of Color**

## Fact Sheet: Punitive Policies Hit Youth Of Color Hardest

The current crackdown on youthful misconduct by legislators in many states and in Congress is ironic, since youth crime has been on the decline for the sixth straight year. The latest juvenile-crime report by the Department of Justice shows a 68 % drop in the juvenile murder rate from 1993 to 1999, reaching its lowest in recorded history. Juvenile arrests for violence fell 36 % from its 1994 peak to 1999, the lowest they have been in a decade. Despite the continuing decline of youth crime, nearly every state has changed its laws to make it easier to prosecute youth as adults.

And in virtually every state, the great weight of punitive justice policies falls disproportionately on youth of color, who are overrepresented and receive disparate treatment at every stage of the juvenile justice system, particularly in secure confinement. For example:

- A study in California found that compared to white youths, minorities were 2.8 times more likely to be arrested for violent crimes, 6.2 times more likely to be tried in adult court and 7 times more likely to be sentenced to prison once they get there.
- Nationally in 1997, African-Americans were 15% of youth under age 18 but were: 26% of juvenile arrests, 31% of referrals to juvenile court, 44% of the detained population, 34% of youth formally processed by the juvenile court, 46% of youth sent to adult court, 32% of youth adjudicated delinquent, 40% of youth in residential placement, and 58% of youth in state adult prisons.
- Between 1988 and 1997, the percent increase in the number of cases involving detention was more than two times greater for African-American than for white youth (52% versus 25%, respectively). In fact, among all offense categories, African-American youth were more likely to be detained than white youth during every year between 1988 and 1997.
- In 1997, three out of four youth admitted to state prisons were minorities, over a third of which were non-violent offenders.

These discrepancies are not the result of young people of different racial groups committing different types of crimes. A nationwide study found that African-American and Latino youths are treated more severely than white teenagers charged with comparable crime at every step of the juvenile justice system:

- For youths charged with violent offenses, the average length of incarceration is 193 days for whites, 254 for African-Americans, and 305 for Latino youth.
- Among those not previously admitted to a secure facility, African-Americans are six times as likely as whites to be incarcerated -nine times more likely if charged with a violent offense.
- For drug offenses, African-Americans are 48 times more likely than whites to be sentenced to juvenile prison.

The disparities are even more apparent among various states across the country, especially when particular states are isolated and highlighted.

- In Arizona in 1997, 244 white youth were in custody in Maricopa and Pima counties. At the same time, 975 African-American youths, 515 Latino youths, 215 Native American youths and 74 Asian youths were incarcerated.
- In Colorado, the 1997 custody rate for African-American youths was five times the rate for white youths. For Latino youths, the custody rate was more than 2.5 times the rate for whites; for Native Americans, twice the rate.
- In Utah, 1 out of every 12 African-American youth had a likelihood of commitment to a state public facility by the age of 18 (compared to 1 out of every 136 White youth).

**Sources:**

Federal Bureau of Investigation, Uniform Crime Reports for the United States 1999.

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Poe-Yamagata, E., and Jones, M. 2000. And Justice for Some. Oakland, CA: National Council on Crime and Delinquency.

*Building Blocks for Youth  
For a fair and effective youth justice system  
...a comprehensive effort to protect minority youth in the justice system  
and to promote rational and effective juvenile justice policies...*

## **What Are Alternative Approaches To Mental Health Care?**

An alternative approach to mental health care is one that emphasizes the interrelationship between mind, body, and spirit. Although some alternative approaches have a long history, many remain controversial. The National Center for Complementary and Alternative Medicine at the National Institutes of Health was created in 1992 to help evaluate alternative methods of treatment and to integrate those that are effective into mainstream health care practice. It is crucial, however, to consult with your health care providers about the approaches you are using to achieve mental wellness.

### **Self-help**

Many people with mental illnesses find that self-help groups are an invaluable resource for recovery and for empowerment. Self-help generally refers to groups or meetings that:

- Involve people who have similar needs
- Are facilitated by a consumer, survivor, or other layperson;
- Assist people to deal with a "life-disrupting" event, such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative;
- Are operated on an informal, free-of-charge, and nonprofit basis;
- Provide support and education; and

- Are voluntary, anonymous, and confidential.

### **Diet and Nutrition**

Adjusting both diet and nutrition may help some people with mental illnesses manage their symptoms and promote recovery. For example, research suggests that eliminating milk and wheat products can reduce the severity of symptoms for some people who have schizophrenia and some children with autism. Similarly, some holistic/natural physicians use herbal treatments, B-complex vitamins, riboflavin, magnesium, and thiamine to treat anxiety, autism, depression, drug-induced psychoses, and hyperactivity.

### **Pastoral Counseling**

Some people prefer to seek help for mental health problems from their pastor, rabbi, or priest, rather than from therapists who are not affiliated with a religious community. Counselors working within traditional faith communities increasingly are recognizing the need to incorporate psychotherapy and/or medication, along with prayer and spirituality, to effectively help some people with mental disorders.

### **Animal Assisted Therapies**

Working with an animal (or animals) under the guidance of a health care professional may benefit some people with mental illness by facilitating positive changes, such as increased empathy and enhanced socialization skills. Animals can be used as part of group therapy programs to encourage communication and increase the ability to focus. Developing self-esteem and reducing loneliness and anxiety are just some potential benefits of individual-animal therapy (Delta Society, 2002).

### **Expressive Therapies**

**Art Therapy:** Drawing, painting, and sculpting help many people to reconcile inner conflicts, release deeply repressed emotions, and foster self-awareness, as well as personal growth. Some mental health providers use art therapy as both a diagnostic tool and as a way to help treat disorders such as depression, abuse-related trauma, and schizophrenia. You may be able to find a therapist in your area who has received special training and certification in art therapy.

**Dance/Movement Therapy:** Some people find that their spirits soar when they let their feet fly. Others-particularly those who prefer more structure or who feel they have "two left feet"-gain the same sense of release and inner peace from the Eastern martial arts, such as Aikido and Tai Chi. Those who are recovering from physical, sexual, or emotional abuse may find these techniques especially helpful for gaining a sense of ease with their own bodies. The underlying premise to dance/movement therapy is that it can help a person integrate the emotional, physical, and cognitive facets of "self."

**Music/Sound Therapy:** It is no coincidence that many people turn on soothing music to relax or snazzy tunes to help feel upbeat. Research suggests that music stimulates the body's natural "feel good" chemicals (opiates and endorphins). This stimulation results in improved blood flow, blood pressure, pulse rate, breathing, and posture changes. Music or sound therapy has been used to treat disorders such as stress, grief, depression, schizophrenia, and autism in children, and to diagnose mental health needs.

### **Culturally Based Healing Arts**

Traditional Oriental medicine (such as acupuncture, shiatsu, and reiki), Indian systems of health care (such as Ayurveda and yoga), and Native American healing practices (such as the Sweat Lodge and Talking Circles) all incorporate the beliefs that:

- Wellness is a state of balance between the spiritual, physical, and mental/emotional "selves."
- An imbalance of forces within the body is the cause of illness.
- Herbal/natural remedies, combined with sound nutrition, exercise, and meditation/prayer, will correct this imbalance.

**Acupuncture:** The Chinese practice of inserting needles into the body at specific points manipulates the body's flow of energy to balance the endocrine system. This manipulation regulates functions such as heart rate, body temperature, and respiration, as well as sleep patterns and emotional changes. Acupuncture has been used in clinics to assist people with substance abuse disorders through detoxification; to relieve stress and anxiety; to treat attention deficit and hyperactivity disorder in children; to reduce symptoms of depression; and to help people with physical ailments.

**Ayurveda:** Ayurvedic medicine is described as "knowledge of how to live." It incorporates an individualized regimen—such as diet, meditation, herbal preparations, or other techniques—to treat a variety of conditions, including depression, to facilitate lifestyle changes, and to teach people how to release stress and tension through yoga or transcendental meditation.

**Yoga/meditation:** Practitioners of this ancient Indian system of health care use breathing exercises, posture, stretches, and meditation to balance the body's energy centers. Yoga is used in combination with other treatment for depression, anxiety, and stress-related disorders.

**Native American traditional practices:** Ceremonial dances, chants, and cleansing rituals are part of Indian Health Service programs to heal depression, stress, trauma (including those related to physical and sexual abuse), and substance abuse.

**Cuentos:** Based on folktales, this form of therapy originated in Puerto Rico. The stories used contain healing themes and models of behavior such as self-transformation and endurance through adversity. Cuentos is used primarily to help Hispanic children recover from depression and other mental health problems related to leaving one's homeland and living in a foreign culture.

## Relaxation and Stress Reduction Techniques

**Biofeedback:** Learning to control muscle tension and "involuntary" body functioning, such as heart rate and skin temperature, can be a path to mastering one's fears. It is used in combination with, or as an alternative to, medication to treat disorders such as anxiety, panic, and phobias. For example, a person can learn to "retrain" his or her breathing habits in stressful situations to induce relaxation and decrease hyperventilation. Some preliminary research indicates it may offer an additional tool for treating schizophrenia and depression.

**Guided Imagery or Visualization:** This process involves going into a state of deep relaxation and creating a mental image of recovery and wellness. Physicians, nurses, and mental health providers occasionally use this approach to treat alcohol and drug

addictions, depression, panic disorders, phobias, and stress.

**Massage therapy:** The underlying principle of this approach is that rubbing, kneading, brushing, and tapping a person's muscles can help release tension and pent emotions. It has been used to treat trauma-related depression and stress. A highly unregulated industry, certification for massage therapy varies widely from State to State. Some States have strict guidelines, while others have none.

### Technology-Based Applications

The boom in electronic tools at home and in the office makes access to mental health information just a telephone call or a "mouse click" away. Technology is also making treatment more widely available in once-isolated areas.

**Telemedicine:** Plugging into video and computer technology is a relatively new innovation in health care. It allows both consumers and providers in remote or rural areas to gain access to mental health or specialty expertise. Telemedicine can enable consulting providers to speak to and observe patients directly. It also can be used in education and training programs for generalist clinicians.

**Telephone counseling:** Active listening skills are a hallmark of telephone counselors. These also provide information and referral to interested callers. For many people telephone counseling often is a first step to receiving in-depth mental health care. Research shows that such counseling from specially trained mental health providers reaches many people who otherwise might not get the help they need. Before calling, be sure to check the telephone number for service fees; a 900 area code means you will be billed for the call, an 800 or 888 area code means the call is toll-free.

**Electronic communications:** Technologies such as the Internet, bulletin boards, and electronic mail lists provide access directly to consumers and the public on a wide range of information. On-line consumer groups can exchange information, experiences, and views on mental health, treatment systems, alternative medicine, and other related topics.

**Radio psychiatry:** Another relative newcomer to therapy, radio psychiatry was first introduced in the United States in 1976. Radio psychiatrists and psychologists provide advice, information, and referrals in response to a variety of mental health questions from callers. The American Psychiatric Association and the American Psychological Association have issued ethical guidelines for the role of psychiatrists and psychologists on radio shows.

This fact sheet does not cover every alternative approach to mental health. A range of other alternative approaches-psychotherapy, hypnotherapy, recreational, and Outward Bound-type nature programs-offer opportunities to explore mental wellness. Before jumping into any alternative therapy, learn as much as you can about it. In addition to talking with your health care practitioner, you may want to visit your local library, book store, health food store, or holistic health care clinic for more information. Also, before receiving services, check to be sure the provider is properly certified by an appropriate accrediting agency.

### Where can I find more information?

American Art Therapy Association, Inc.  
1202 Allanson Road  
Mundelein, IL 60060-3808  
Telephone: 847-949-6064/888-290-0878

**Fax: 847-566-4580**  
**E-mail: [info@arttherapy.org](mailto:info@arttherapy.org)**  
**[www.arttherapy.org](http://www.arttherapy.org)**

**American Association of Pastoral Counselors**  
**9504-A Lee Highway**  
**Fairfax, VA 22031-2303**  
**Telephone: 703-385-6967**  
**Fax: 703-352-7725**  
**E-mail: [info@aapc.org](mailto:info@aapc.org)**  
**[www.aapc.org](http://www.aapc.org)**

**American Chiropractic Association**  
**1701 Clarendon Boulevard**  
**Arlington, VA 22209**  
**Telephone: 800-986-4636**  
**Fax: 703-243-2593**  
**[www.amerchiro.org](http://www.amerchiro.org)**

**American Dance Therapy Association**  
**2000 Century Plaza, Suite 108**  
**10632 Little Patuxent Parkway**  
**Columbia, MD 21044**  
**Telephone: 410-997-4040**  
**Fax: 410-997-4048**  
**E-mail: [info@adta.org](mailto:info@adta.org)**  
**[www.adta.org](http://www.adta.org)**

**American Music Therapy Association**  
**8455 Colesville Rd, Suite 1000**  
**Silver Spring, MD 20910**  
**Telephone: 301-589-3300**  
**Fax: 301-589-5175**  
**E-mail: [info@musictherapy.org](mailto:info@musictherapy.org)**  
**[www.musictherapy.org](http://www.musictherapy.org)**

**American Association of Oriental Medicine**  
**P.O. Box 162340**  
**Sacramento, CA 95816**  
**Telephone: 916-443-4770 or 866-455-7999**  
**[www.aaom.org](http://www.aaom.org)**

**The Delta Society**  
**580 Naches Avenue SW, Suite 101**  
**Renton, WA 98055-2297**  
**Telephone: 425-226-7357**  
**Fax: 425-235-1076**  
**E-mail: [info@deltasociety.org](mailto:info@deltasociety.org)**  
**[www.deltasociety.org](http://www.deltasociety.org)**

**National Empowerment Center**  
**599 Canal Street**  
**Lawrence, MA 01840**  
**Telephone: 800-769-3728**  
**Fax: 508-681-6426**  
**[www.power2u.org](http://www.power2u.org)**

**National Mental Health Consumers'**  
**Self-Help Clearinghouse**  
**1211 Chestnut Street, Suite 1207**  
**Philadelphia, PA 19107**  
**Telephone: 800-553-4539**  
**Fax: 215-636-6312 E-mail: [info@mhselfhelp.org](mailto:info@mhselfhelp.org) [www.mhselfhelp.org](http://www.mhselfhelp.org)**



**For many parents who are raising children and youth with mental, emotional and behavioral disorders it is very hard to find resources, training, services or someone to talk to that understands what they are going through. For over 10 years Iowa Federation of Families for Children's Mental Health has provided families and providers that service. Please use the below form to send in your donation.**

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Iowa Federation of Families for Children's Mental Health

106 South Booth

Anamosa, Iowa 52205

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