

# CONSORTIUM CONNECTIONS

## In this issue

Mental health at every stage of our lives is the focus of this edition. Few topics have galvanized the imagination of advocates and experts as much as family mental health. With the assistance of CYFC, a group of faculty from many different disciplines have been meeting regularly to share research on mental health across the life span. And CYFC's public policy briefing paper on family mental health has attracted strong interest from many directions.

But mental health is still not easily understood or talked about. At the recent Family Re-Union conference, Yale University professor Kyle Pruett observed that families know quite a lot

about physical milestones, when children are supposed to stand up, walk or say their first words, but much less about emotional milestones, "when their tears matter, when they develop a sense of shame, when their internal moral compass begins to form." We must do much more to support families in the healthy growth and development of their children.

The art in this issue comes from the Children's Mental Health Poster Contest and Billboard Campaign sponsored each year by the Minnesota Association for Children's Mental Health. Thanks to the many children and teachers who take part in this event annually.

## Mental Health Over the Life Span

*Joan Sykora, Ph.D., Public Education Coordinator, CYFC, University of Minnesota*

Mental health and physical health are both part of human existence, and are with us from the moment we are born until the moment we die. While much attention has been given to physical health, and our awareness has grown tremendously about physical risks of smoking, the benefits of exercise and the importance of a healthy diet, mental health remains in the shadows.

Did you know that babies can become so distraught that they stop growing? That when people get older, sometimes it is depression, and not dementia, that causes confusion and disorientation? Too often the mental health dimensions of our lives are overlooked. Mental health is inextricably bound to overall health and our ability to grow, to be healthy, happy, and successful, and to weather life's transitions and the challenges of day-to-day living. Like physical functioning, which is based in our bodies but strongly influenced by our thoughts and beliefs, mental functioning is a combination of our thoughts, the chemical balances in our brains, our personalities, and our strengths and weaknesses. So why do we ignore mental health?

Increased awareness and improved policies in the area of mental health have lagged behind those for physical health for many reasons. Research has not been as well funded, public policies don't recognize mental health in the same way they do physical health, and public awareness about mental health is not strong. Entire cities are beginning to ban smoking in public places, while we have not yet passed federal laws requiring mental health care coverage that is equivalent to that of physical health care coverage.

Across all ages and stages of life, good public policy is essential to support quality mental health care. Public policy and practices that support mental health must address not only those issue specific to mental health care, but also those that support healthy development across the lifespan:

- Children need a healthy birth, secure attachment, quality care and education, and freedom from neglect and family violence.
- Adolescents need parental love and guidance, freedom from violence, strong

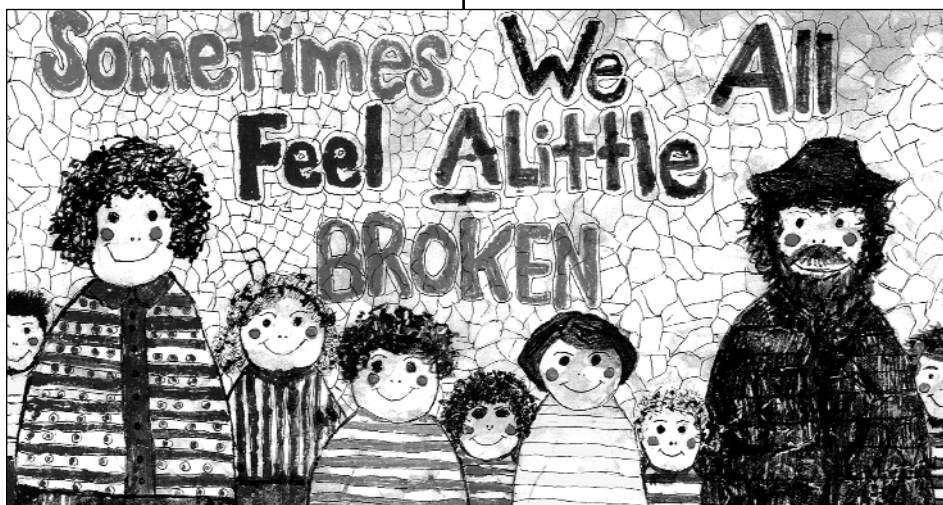
### *Mission Statement*

*The Children, Youth & Family Consortium was established in fall 1991 in an effort to bring together the varied competencies of the University of Minnesota and the vital resources of Minnesota's communities to enhance the ability of individuals and organizations to address critical health, education, and social policy concerns in ways that improve the well-being of Minnesota children, youth, and families.*

# Aging and Mental Health

As we age, we are faced with new mental health needs. These can range from adapting to physical and mental changes associated with aging to facing the loss of friends and loved ones. However, a very low number of older Americans seek or have access to appropriate mental health services.

Depression is common in older people but often overlooked. There is a myth that depression is a "natural" part of getting old. This is not true! Depression in older people can be accompanied by symptoms that mirror dementia—memory problems, confusion, social withdrawal, loss of appetite, insomnia, and mood swings. Depression is often mis-diagnosed, and consequently incorrect medications are given that can create further mental and physical problems.



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Older people who are unexpectedly raising their young grandchildren often do so without any extended family or community supports. A recent study reported by Generations United focused on grandparents providing extensive care to a grandchild, defined as 30+ hours of care a week. Over 20% of these extensive caregivers met the criteria for depression. (The complete report is found in the Fall 2001 issue of the *Journal of the American Women's Medical Association*.)

Prevention and early intervention—an important part of child and adolescent mental health—is all but missing for older adults. Mental health services need to be integrated with physical health care, and primary care providers must be better informed about the changing mental health needs of individuals as they age.

Overcoming the myths and stigma associated with aging is an important step in addressing mental health. So is creating intergenerational communities that allow young and old to learn from each other and share meaningful interactions. Strong relationships and social ties can provide wonderful mental health benefits at every age of our lives.

## CONSORTIUM CONNECTIONS

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# Adolescent Mental Health and the Transition to Adulthood

*Lessons from the Youth Development Study, University of Minnesota*

Adolescence is a time when the world expands outward. It's when young people actively seek out challenges and new surroundings, all the while knowing they can return to what is familiar and comfortable. Creating a balance between challenge and comfort, between going out and coming back, may be one of the great life lessons learned in the transition from adolescence to adulthood.

But what of the many stresses associated with negotiating this passage to adulthood? How do young people maintain good mental health during the rapid changes in late adolescence? Why do some fare better than others when it comes to coping with stress, depression and self-identity? What happens when adolescents are thrust into adult responsibility too early? What is the connection between socioeconomic status and the mental health of adolescents as they move to adulthood?

These and other questions have been driving the researchers involved in the Youth Development Study, conducted by Jeylan Mortimer, University of Minnesota Professor of Sociology. Supported by the National Institute of Mental Health, the Youth Development Study has followed 1,000 St. Paul youth and their parents, from the time they were 14 years old to 26 years of age. Over the last twelve years, data from the study's annual surveys have been combined into a large database, which has inspired over 100 publications and papers and contributed to many public policy discussions.

Two recent publications look at mental health and benchmarks on the path to adulthood—entering the labor force and living independently from parents. “The Quality of Work and Youth Mental Health” by Mortimer, Harley and Staff, and “Social Status and Mental Health in Young Adulthood” by Harley and Mortimer can be found on the Youth Development Study website ([www.soc.umn.edu/lcc/lcc\\_home.shtml](http://www.soc.umn.edu/lcc/lcc_home.shtml)).

## Adolescent Work Experiences

“Get a job!” complain some parents who believe working signifies progress toward adulthood and can promote a sense of competence and self-worth in adolescents. “Stop working so much!” caution other parents who think that working places another set of stresses on adolescents and leaves less time for other beneficial activities. So who's right?

In fact, the consequences of work for adolescent mental health have not been studied very effectively. And most of the debate has been around limiting the number of hours that teenagers work in a given week. Analysis of the Youth Development Study shows that it is the *quality* of the work experiences in the years leading up to adulthood that counts:

- Mental health is enhanced when employment allows adolescents to balance their multiple commitments to school, family and work.
- Adolescents experience lower levels of depression when their jobs help them contribute to discussions in class, teach them the importance of education, and help identify the subjects they like.
- Depression is diminished for those adolescents who feel school and work are compatible and working does not jeopardize their school performance.
- Stresses in the workplace increase adolescent depression both in high school and four years later, diminishing the young adult's coping strategies.
- Students from lower socioeconomic backgrounds, and those who perform less well in school, tend to end up in jobs where there is greater stress and less control over work quality.

## Moving Out and Moving Up

Despite many policy initiatives aimed at improving the mental and physical health of the poor, the elderly and children, disparities in health status between rich and poor have persisted and grown. While many factors have been shown to contribute to the connection between poverty and poor health, research has failed to identify the cause of this disparity. Few studies have focused on adolescents and young adults.



*Courtesy of the Minnesota Association for Children's Mental Health.*

# Pre-adolescence and Mental Health

*Jessica Siebenbruner, CYFC Policy Intern, University of Minnesota Graduate Student in the Institute of Child Development*

Pre-adolescence is the transition from the security of childhood to the unfamiliar territory of adolescence.

Good mental health is especially important during this often stressful time.

One of the most significant developmental transitions is puberty. Pre-adolescents experiencing puberty react differently to how their bodies are changing and to the new feelings they are experiencing. Some welcome the changes in their appearance and feelings. Others become self-conscious and may isolate themselves from people and activities. A positive self-perception, high self-esteem, a strong understanding of what is happening, and a feeling that they are supported by others in their life affirm the changes and contribute positively to youth's mental health.

During this period, youth are likely to spend less time with family and more time with

peers. Peer relationships can provide emotional security and serve as a source of support outside the family. Youth who are socially competent are likely to embrace peer relationships and develop strong ties with peers. But, youth who do not make friends easily may have a

difficult time and further isolate themselves from peer relationships.

Encouraging youth to form positive peer relationships will contribute to strong mental health.

As pre-adolescents move from elementary school into junior high school, they are expected to take more responsibility for their behaviors and emotions both at school and home. Some youth are able to adopt this more mature status with ease, but for others this transition is difficult. Schools can help by providing resources and support to parents and students. Although parents and pre-adolescents may disagree about how autonomous pre-adolescents are expected to be, how they acknowledge and resolve their disagreements is what counts. Youth and parents who are able to effectively negotiate these differences in expectations will contribute to better mental health and a successful transition into adolescence.

Good mental health can support the passage from later childhood to adolescence and help make it a positive experience. Family, friends, school and community all play important roles in pre-adolescent mental health, as they do at other stages in a child's life. Excellent resources for healthy adolescent development can be found on the University of Minnesota's Konopka Institute for Best Practices in Adolescence website at [www.konopka.umn.edu](http://www.konopka.umn.edu).



*Courtesy of the Minnesota Association for Children's Mental Health.*

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## Adolescent Mental Health and the Transition to Adulthood —continued from page 3

Researchers in the Youth Development Study believe that stress linked to the transition from adolescence to adulthood could help explain the link between socioeconomic status and mental health. They are looking closely at three markers of early adulthood—leaving home, marrying or co-habiting, and becoming a parent. And they are asking how these activities are more or less stressful for young people from different socioeconomic groups. Here are some of their findings:

- Leaving home, marrying/co-habiting, or having children while still in high school significantly heightens depression, compared to those who went through these transitions later.
- Young people who reach adult status early continue to experience significantly more depressed mood over time.
- Youth who postpone parenthood are better able to adapt to multiple transitions than those who have children too early.
- Youth from lower socioeconomic backgrounds are more likely to experience both early transitions and multiple transitions that occur together in a “pile-up.”
- There is an emerging association between depressive affect and socioeconomic status. Four years after high school, young adults from higher socioeconomic backgrounds reported less depressive feelings. However, there was no significant association between social class and depression in the freshmen to senior years of high school. Overall, depressed mood declines for everyone in the study over time.

# Risk and Protective Factors Associated with Children's Mental Health

Joan M. Patterson, Ph.D., Maternal and Child Health, University of Minnesota

The growth and development of children occurs within an ecological context. This consists of multiple social and cultural systems that interact with and mutually influence each other. These include the micro systems in which a child directly interacts (such as family, school, and peer group), as well as macro systems that are more distant from, but still an influence on, the child (such as government, mass media, and global economies).

Any of these systems can pose developmental risks for a child or, conversely, can present developmental opportunities that enhance mental health. Each system, including the developing child, is an active force shaping other systems in its context. Human organisms innately try to adapt to their environment, fitting into their ecological niche or trying to modify it to get their needs met. Some symptoms of mental disorders may represent behaviors that are attempts to adapt to pathological environments.

## Risk Factors

A risk factor increases the probability of, but does not necessarily cause, a harmful effect. The effect varies depending on individual differences, gender, age, persistence of exposure, and whether protective factors are present to mitigate the risk. A single risk factor usually poses minimal negative impact; however, exposure to multiple risks increases the probability of mental health problems—research shows an increase of as much as 20 times when exposed to four or more risks. Risks may be biological, psychological or social in nature and operate within individuals, families, communities or the larger society. For example, smoking during pregnancy may be associated with, but doesn't necessarily cause, brain abnormalities and low birth weights in babies.

## Protective Factors

Protective factors decrease the probability of a harmful effect. Multiple protective factors provide more protection and strengthen the likelihood of positive outcomes. Protective factors for good mental health nourish mentally healthy development, including high self-esteem, feelings of competency, and social connectedness. Protective factors include attachment to a healthy parent, loving relationships and positive, proactive linkages between families and communities. Connections with caregivers and schools, including two-way communication and parent involvement, also contribute to self-esteem, self-efficacy, and social and academic competencies in children.

The most critical environment influencing the mental health of children is the family. The quality of the parent-child relationship, the parent's mental health, the parent's personal relationships, and the economic status of the family all affect child development and mental health. Nurturing children's emotional and social development requires parental time and attention, which many families find in increasingly short supply. Positive parent-child interactions have been shown to mediate the relationship between living in poor violent neighborhoods and child mental health problems.

## The Impact of Public Policies

Social policies have a profound impact on child mental health. The large numbers of children living in poverty indirectly affects the growing incidence of mental disorder among children and youth. America has the largest gap between the rich and poor of any developed country; this gap is associated with increased work hours by parents, which separates children from needed nurturing. Public policies that ensure adequate income for family needs, provide community resources that sustain family life, and empower parents to successfully accomplish their core nurturing function are essential for healthy child development and mental health. In addition, private policies such as work environments that understand and support balance in the lives of employees indirectly contribute to children's mental health.

\* Adapted from a longer article appearing in *Healthy Generations*, January 2002.

## What is the Current Policy Status in Minnesota?

Throughout Minnesota, the availability, accessibility and quality of mental health services for adults and children is inconsistent and often inadequate. All rural Minnesota counties are now federally-designated Mental Health Professional Shortage Areas, due to the lack of qualified providers. Key issues that also need clarification or resolution include: the roles of schools and other child-serving agencies, access and funding of services under managed health care, the coordination of services and sharing of information across service delivery systems, and early identification, diagnosis and "labeling" of mental health needs.

\* Excerpted from *Mental Health and Families*, a CYFC Public Policy Brief



CYFC's Policy Coordinator Joan Sykora is guest editor for the current issue of *Healthy Generations*, a publication of the University of Minnesota's Maternal and Child Health program. That entire issue is focused on the topic of mental health. With the kind permission of the *Healthy Generations* staff, we have reprinted excerpts from several articles in this section. The complete publication is available at [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch) and a companion video-conference will be held February 20, 2002.

## KEYSTONE PARTNERS

The University of Minnesota's Maternal and Child Health program, housed within the Division of Epidemiology in the School of Public Health, addresses the health and social needs of families, with an emphasis on the traditionally underserved. *Healthy Generations* is a one of the program's most visible and effective resources. CYFC enjoys many partnerships with Maternal and Child Health, and is proud to feature the program as a Keystone Partner.

[www.epi.umn.edu/mch](http://www.epi.umn.edu/mch)

Together building bridges for the well-being of children, youth and families.

# Depression and Suicide: Community Mental Health Indicators

Candy Kragthoep, MSW, LCSW, Division of Family Health, Minnesota Department of Health

Mental health is a cornerstone upon which we all grow and learn to live happy and satisfying lives. It includes our abilities to think, learn, be productive, form satisfying relationships, and cope with adversity and change. Now, more than any other time in recent history, Americans are challenged to attend daily to the mental health and well-being of ourselves and our loved ones.

As a core condition for overall health, mental health is appearing on the agendas of disciplines from infant mental health and education to maternal health and geriatrics. A truly comprehensive approach to mental health promotion across the lifespan requires joint and integrated efforts.

Just such an approach is outlined in the document, *Toward Better Mental Health in Minnesota: A Community Approach*, published recently by the MN Department of Health. (<http://www.health.state.mn.us/divs/opa/tbmh.pdf>). The document lists community mental health indicators that can be assessed and addressed through diverse partnerships. It not only addresses the diagnosis, treatment, and etiology of mental disorders but also epidemiology, mental health promotion, early intervention, prevention, and access to effective mental health interventions.

A request by the 1999 Minnesota Legislature resulted in *A Report to the Legislature: Suicide Prevention Plan* (<http://www.health.state.mn.us/divs/opa/suicide.pdf>). The report documents Minnesota statistics on suicidal behaviors that often come as a surprise to policymakers and others:

- Suicide is the second leading cause of death for 10 to 34 year olds.
- Approximately three times as many Minnesotans die from suicide than from homicide.
- Males comprise approximately 80 percent of all suicide deaths.
- The suicide rate for American Indians is consistently higher than for any other racial or ethnic group.
- Minnesotans 65 and older have the highest suicide rate of all age groups.
- Self-inflicted poisoning is the leading cause of nonfatal, hospitalized injury for those in the 15 to 19, 25 to 29, and 30 to 34 year old age groups. It is the leading cause for women 10 to 44 years of age.

As a risk factor for suicide, major depression is a leading cause of disability, affecting work and family life. Unidentified and untreated mental illness impacts the social and emotional well-being of families and entire communities. It challenges the capacities of schools, work places, faith communities, health providers, and other systems to provide necessary interventions, accommodations, and support.

—Adapted from a longer article in *Healthy Generations*, January 2002.

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## Promoting Mental Health in Early Childhood

Amy R. Susman-Stillman, Ph.D., Irving B. Harris Training Center for Infant and Toddler Development, Institute of Child Development, University of Minnesota

Over the last 40 years, policies regarding early childhood have centered on promoting the educational and intellectual development of young children. It is only recently, with the National Education Goals Panel recommendation “all children shall enter school ready to learn,” that social and emotional development were explicitly acknowledged as critical components of children’s well-being.

A number of factors may impact the mental health of young children—parental strain, exposure to violence, poor quality child care, poverty and lack of access to quality health care, among others. The need for strategies that promote young children’s emotional well-being in and outside of their home environments has increased in recent years. In addition, a growing number of children who live in “working poor” families experience the effects of economic stress and this number is likely to increase as welfare time limits expire and we enter a period of economic recession.

A growing number of mental health providers report that they are unable to respond to the overwhelming number of calls received from child care providers. Increasingly, there are reports of children being expelled from child care. In a recent study of infant and toddler mental health, 32% showed social and emotional problems, with 12% of 2 year-olds identified as needing mental health interventions.

In response to these trends, the public attitude toward young children’s mental health is slowly changing. The emphasis is shifting from a narrow focus on school readiness to a broader focus that acknowledges social and emotional development as equally important. The understanding that social and emotional problems limit a child’s ability to succeed—both in school and in family life—is now commonly accepted.

The early childhood and mental health communities are mobilizing to promote an emphasis on social and emotional support for all children. The findings from research show that high-quality relationships between young children and their caregivers are a critical component underlying young children’s mental health and development. And, promoting parent-child relationships should be a central goal of any early childhood mental health service.

—Adapted from a longer article in *Healthy Generations*, January 2002.

# Mental Health and Parenting

*An interview with Jan Ormasa, Director of Special Services, Hopkins Public Schools*

Jan Ormasa has been with the Hopkins Public Schools since 1972, as a teacher, coordinator of special education, associate principal, and now as director of special services. In 1984, Governor Perpich appointed her to the Minnesota State Council on Disabilities, and from 1987 to 1992 she served on the Minnesota State Interagency Coordinating Council on Early Intervention. Jan is a new member of CYFC's Advisory Council.

## **What is the link between parental mental health and the ability to be a good parent?**

All parents need the support of others in the community. This is particularly true for parents whose children have special needs of any kind. No parent can raise children with disabilities in isolation or solely relying on their own strengths. When my son was born with multiple disabilities, our family learned how to create a community of support that included both medical professionals and members of the community. Ramsey County Infant Program provided home-based services until Aaron reached preschool age and participated in the Developmental Achievement Center. We were fortunate to have community-based resources to keep Aaron at home and respite care support from Ramsey County for our own mental health.

## **What community resources can support parents with mental health needs?**

When a parent is diagnosed or undergoing mental health treatment, the professionals working with the family have a responsibility to make sure the family knows what resources are available. Community-based support systems that can facilitate successful parenting are every bit as important as professional medical services. Schools and teachers can play an important role in supporting the children in a family where a parent has a diagnosed mental illness. Grandparents can be part of the support system for their grandchildren and adult children with mental health issues. Pastors, rabbis and other faith-based professionals often have close enough relationships with parishioners that they can observe potential problems and make appropriate referrals.

## **What public policies would strengthen family mental health?**

The medical community, the county, and the schools must learn to collaborate in providing critical supports for families. This means addressing data privacy and providing interdependent services that create a web of support for children, youth and families.

We need to strengthen families and help them navigate through the bureaucracies of the three critical agencies: education, health, and human services. Creating parent-to-parent mentoring networks and helping to educate families about community-based supports are essential ingredients.

We must build public understanding of mental health so that families do not fear seeking help or fear reprisals at times of crises. People in critical professions such as police, neighborhood centers, libraries, recreation, churches, and employers need to understand mental health and how to activate support for individuals and families as well as personally handle an escalating situation.

## **How can we best support family mental health?**

We must make a commitment to support community-based resources, affordable housing, access to medical supports, recreational and faith communities. Creating a vision of community-based or community-linked supports is essential to the well-being of all families.



*Courtesy of the Minnesota Association for Children's Mental Health.*



*Courtesy of the Minnesota Association for Children's Mental Health.*

## CONSORTIUM CALENDAR

### FEBRUARY

February 14

*Committed to Change*, 18<sup>th</sup> Annual Minnesotans for Improved Juvenile Justice Conference, keynote speakers include U M professor Sam Myers. Royal Cliff in Eagan. Call Mary Sontag at 651-296-5420.

February 14-15

*Values, Citizenship, and Community: Preparing Students for Leadership in a Democratic Society*, a conference presented by the Collaboration for the Advancement of College Teaching and Learning. Radisson Hotel South, Bloomington, MN. Visit [www.collab.org](http://www.collab.org), or call 651 - 646-6166.

February 19

*Great Conversations*, second in a series of public conversations between University experts and influential thinkers from around the world. Thomas Fischer, dean of the College of Architecture and Landscape Architecture talks with Steven Holl, Time magazine's architect of the year. Ted Mann Concert Hall, 7:30 pm. Visit [www.cce.umn.edu/conversations](http://www.cce.umn.edu/conversations) or call 612-624-2345.

February 20

*Census 2000 and the Work Force: Facing Facts*, co-sponsored by the Center for Ethical Business Cultures. Call Christine Jansen at 651-962-4018.

February 27

*Distinguished Carlson Lecture Series*, U of M, presents Her Majesty Queen Silvia of Sweden at noon at the Northrop Auditorium. Open to the public, visit <http://www.hhh.umn.edu/resources/karlson/index.htm>.

### MARCH

March 1 & 8

*Geared for Growth Training*, presented by Amy Susman-Stillman, Ph.D. and Geared for Growth team. Sponsored by the Irving B. Harris Center for Infant and Toddler Development. For more information please call 612-624-4510

March 13

*Breaking the Cycle of Abuse: Implications for Prevention and Intervention*, will highlight research regarding the transmission of violence, child abuse, and other parenting behaviors across generations. For more information visit <http://www.mincava.umn.edu/> or contact Pat Wright at (612) 624-0721.

March 26

*Vital Aging Summit*, statewide conference on new perspectives in aging, presented by a University of Minnesota and community collaborative on vital aging. Featuring national experts Connie Goldman, Marc Freedman and Ron Manheimer. Earle Brown Conference Center, St. Paul campus. Contact Jan Hively ([hivel001@umn.edu](mailto:hivel001@umn.edu))

# CONSORTIUM UPDATE

## Family Re-Union looks to the future

This year's Family Re-Union conference took measure of the past 10 years of national policy efforts to strengthen families, and identified next steps, including a coalition of universities working to prepare a new kind of community professional. Participants from all over the country gathered at Vanderbilt University on November 19 for the annual event moderated by former Vice-President Al Gore and Tipper Gore and co-sponsored by CYFC. Minnesota presenters included CYFC Director Martha Farrell Erickson, David Walsh from the National Institute on Media and the Family, Michael Benjamin from the National Council on Family Relations, and Alfred Babington-Johnson from the Stairstep Initiative. For more details, see [www.familyreunion.org](http://www.familyreunion.org)

## News Release Project targets weekly newspapers

This fall, CYFC introduced a new resource: monthly news releases designed specifically for weekly and rural newspapers in Minnesota and delivered with the assistance of extension educators in counties around the state. This new communication tool features University research and timely issues for families and communities, and it builds relationships among media sources, local communities, county extension offices, and the University of Minnesota. Check the CYFC website for this month's News Release, or contact Madge Alberts ([malberts@umn.edu](mailto:malberts@umn.edu)) if you'd like to assist in distributing the releases to your networks.

## Integrating Services for Minnesota Families

On October 11, CYFC and the McKnight Foundation hosted a conference that drew together researchers, policy makers and service providers who have been working to integrate services and policies for Minnesota families. Led by Dr. Charles Bruner, former Iowa legislator and director of the Child & Family Policy Center in Des Moines, the 76 participants investigated what has worked and not worked in Minnesota's service integration efforts, and identified what needs to happen next. Proceedings from the conference can be found at [www.cyfc.umn.edu/policy](http://www.cyfc.umn.edu/policy) under the Features section, or contact us ([cyfc@umn.edu](mailto:cyfc@umn.edu)) to request a bound copy.

## A trio of Policy Briefing Papers

With the help of faculty and community leaders, CYFC has developed three policy briefing papers that focus on pressing issues for families and communities: *Affordable Housing and Family Well-Being*, *Mental Health and Families*, and *Out-of-Home Placements*. Copies are available on our website ([www.cyfc.umn.edu/policy/issues](http://www.cyfc.umn.edu/policy/issues)) or contact us for printed copies (612-625-7849 or [cyfc@umn.edu](mailto:cyfc@umn.edu)). We are particularly interested in how the briefs are used to inform constituents and policymakers, and welcome comments and suggestions.

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## Mental Health Over the Life Span

—continued from cover

connections with peers and adults, safe places in which to socialize and learn, a meaningful education and an opportunity to become productive citizens.

- Parents need jobs that pay living wages and allow them time with their children, quality day care, supervised programs for school-age children, effective schools, affordable housing and opportunities to meet their own personal, social, spiritual and physical needs.
- Older people need access to good mental and physical health care to assist them with aging, affordable housing, connections with families and friends, and opportunities to continue to learn and contribute to society.

Effective coordination between government agencies, schools, employers, faith communities, and private agencies is essential to strengthening society's ability to care for its members. Integrating services, working collaboratively and thinking holistically supports a public policy framework that allows individuals of all ages to enjoy good mental health.

But when a child gets off to such a rocky start that he stops growing, or an older person becomes so depressed that she is disoriented and confused, we need to recognize that some extremely complex interactions are taking place. Mental health is about our minds and our emotions—but it is also about our relationships, support systems, personalities, experiences, and perceptions of the world and our place in it. The recent terrorist attacks have taken most Americans to a deep level of reflection about our connectedness, safety and hopes for the future. Those events touched our emotions, beliefs, and dreams—our mental health. It is time to make our mental health a national, as well as a personal, priority.

# CONNECTION CORNER

## Vital Aging Summit lifts up new models of aging

On March 26, 400 older adults from across the state will gather at the Earle Brown Conference Center on the St. Paul campus to discuss new perspectives on aging and how to support the employability, self-sufficiency, and civic engagement of older Minnesotans. Led by the University's Vital Aging Initiative, the planning committee includes a wide array of University departments and community agencies. Summit speakers will include Connie Goldman, author of

*Secrets of Becoming a Late Bloomer*; Marc Freedman, co-founder of Civic Ventures and author of *Prime Time: How Baby Boomers will Revolutionize Retirement and Transform America*; and Ron Manheimer, author of *Map to the End of Time* and founder of the North Carolina Center for Creative Retirement. For more information, contact Jan Hively (hivel001@umn.edu) or CYFC (cyfc@umn.edu).

## New Report from the Center for Early Education and Development

The Fall 2001 issue of *Early Report*, the newsletter of the University's Center for Early Education and Development (CEED), investigates the current state of child care and the role of higher education in advancing strong policies and practice in the field. Six researchers from Minnesota and around the country joined community professionals to contribute to

the roundtable debate captured in this publication. You are invited to print the report from CEED's web site (<http://education.umn.edu/ceed/publications/earlyreport>) and share it with others. To receive a print version, contact Karen Anderson (ander352@umn.edu) at 612-625-6617.

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## A New Screening Tool for Children's Mental Health

*Glenace Edwall, Director of Children's Mental Health, Department of Human Services, State of Minnesota*

Determining when a child needs a referral for mental health assessment or services is a critical yet largely unresolved aspect of addressing children's mental health issues.

Typically, assessing a child's mental health is a process that occurs over time. First, a child's mental health needs must be identified. Sometimes this is done informally by parents or other caregivers, and at other times issues emerge during a more formal mental health screening process.

Screening for mental health needs can take place in many ways. A doctor or nurse may identify a need based on concerns brought to them by parents. Or, concerns may be identified through early childhood screenings, in the schools, or by child care providers. A wide variety of people who know the child might raise the issue. Currently there is no uniform process or tool used in Minnesota to identify needs for mental health assessment in children.

In response, a mental health interview guide has been developed by the Children's Mental Health Division of the Minnesota Department of Human Services. The guide is designed to help identify children's needs for further mental health evaluation or assessment.

The CMH Division is completing plans for a pilot of the guide in six different Minnesota communities in early 2002. Sites include Child and Teen Check-Up programs administered by county public health agencies, Head Start programs, county human service programs, and family service and children's mental health collaboratives. The broad range of sites will help determine the utility of the guide in addressing the mental health needs of children from early childhood to age 21 in rural and urban settings, and across diverse ethnic, linguistic and cultural backgrounds. Following the pilot, modifications will be made to the interview guide and the screening process, and training should be available statewide by the summer of 2002.

Questions about this project may be directed to staff members in Children's Mental Health Division at DHS, Marcia Tippery at 651.297.4549 or Bill Wyss at 651.296.1772.

## APRIL

April 9

*Boarding Schools and American Indian Families*, scholars from other higher education institutions and organizations as well as from the University of Minnesota will speak. Contact Darwin Hendel for more information at 612/625-0129.

April 9 & 16

*Ceared for Growth Training*, presented by Amy Susman-Stillman, Ph.D. and Ceared for Growth team. Sponsored by the Irving B. Harris Center for Infant and Toddler Development. For more information please call 612-624-4510

April 11

*The Power of Prevention: Responding to the Challenge*, Earle Brown Heritage Center, Brooklyn Center, MN. Presented by Family Support Network and the Minnesota Dept. of Human Services. For more information, call 651-523-0380 or email [conference@familysupport.org](mailto:conference@familysupport.org).

April 15

*Stress and the Developing Child: The Effects of Neglect and Deprivation* will explore what is known about the role of parents and other caregivers in regulating stress hormone activity in young children. New findings about infants raised under conditions of neglect will also be discussed. For more information visit <http://www.mincava.umn.edu/> or contact Pat Wright at (612) 624-0721.

April 23 & 24

*Minnesota Association For Children's Mental Health (MACMH) 2002 Children & Adolescent Mental Health Conference*, a statewide conference designed to provide parents and service providers a forum to share new information, state-of-the-art techniques and strategies that have been proven to be successful when working with children with mental health needs and their families. Held at the Duluth Entertainment Convention Center, Duluth, MN. For more information, contact Christopher Watson at 612-625-2898.

April 25 & 26

*MOAPPP 11<sup>th</sup> Annual Conference*, presented by the Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting. See <http://www.moappp.org> for more details.

## MAY

May 2

The annual *Konopka Lectureship* will feature keynote speaker Repa Mekha, Executive Director of Freeport West. For more information call 612-625-7137.

May 2

*Harris Forum*, featuring Mary Dozier, Ph.D., University of Delaware, held 1:00 pm at the Minnesota History Center. For more information, please contact The Harris Center at 612-624-4510. Free and open to the public; pre-registration is required.

*Michael Brott, Community Partnerships and Communications Coordinator*

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

<http://www.ffcmh.org>

The Federation of Families for Children's Mental Health is the nation's advocacy organization for families of children and youth with mental health needs. It boasts more than 120 state organizations, chapters, and representatives in all states and also Ontario, Canada. The web site is available in both English and Spanish.

## **National Research and Training Center for Children's Mental Health**

<http://rtckids.fmhi.usf.edu/>

Located at the University of South Florida, the mission of the Research and Training Center is to improve services for children and adolescents with serious emotional disabilities and their families by strengthening the knowledge base for effective services and systems of care. While continuing its focus on improving services, the Center is also reviewing and researching mental health policy in order to build upon what has been learned and also advance knowledge in a new area.

## **Center for Child Health and Mental Health Policy**

<http://gucdc.georgetown.edu>

The Georgetown University Child Development Center (CDC) was established over four decades ago to improve the quality of life for all children and youth, especially those with special needs, and their families. The National Technical Assistance Center for Children's Mental Health (TA Center) is an integral part of the Georgetown University Child Development Center. It promotes policies and practices that improve children's mental health, disseminates information that is accessible and practical, and trains practitioners and families.

## **The Combined Health Information Database (CHID)**

<http://chid.nih.gov>

This is a search engine specifically for health related information. Co-sponsored by the National Institutes of Health (NIH) and the Centers For Disease Control and Prevention (CDC), CHID provides titles, abstracts, and availability of health information and health education resources. This database lists a wealth of health promotion and education materials and program descriptions not indexed elsewhere. Entering the search term "*mental health*" will produce a lengthy list of valuable material.

## **Who's The Consortium?**

**Talaya Tolefree** is director of Project SPIRIT, an after school enrichment program conducted by the Saint Paul Area Council of Churches. This model program helps African American children take pride in their heritage and develop skills to be successful at school and in their communities. Parents participate in Parent Empowerment meetings and work with the staff on their children's growth and development.

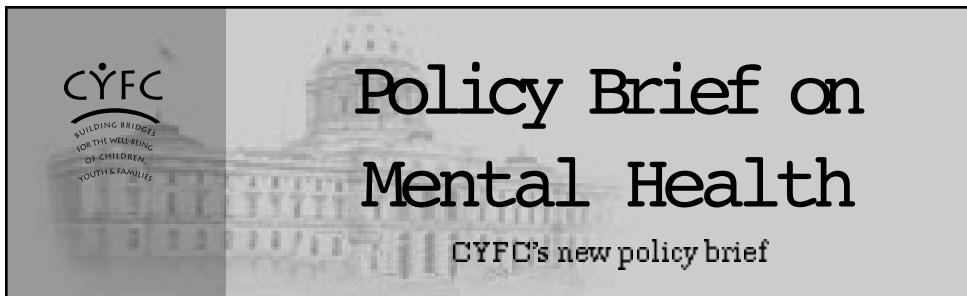
**Jim Moller, Ann Masten, and Chuck Schultz** are University faculty members from pediatrics, child development, and psychiatry who co-chair CYFC's work group on mental health. This cross-disciplinary group helped produce a policy briefing paper on mental health and is providing assistance to several community-based mental health efforts in Minnesota. CYFC thanks these creative faculty for sharing their research.

**Susan J. Wells**, the new holder of the Gamble Skogmo Chair in Child Welfare, has wasted no time since her arrival in September from University of Illinois at Urbana-Champaign where she directed the Children and Family Research Center. She has been visiting policy makers and child welfare leaders around the state, meeting colleagues and students at the University, and is already an active member of CYFC's Advisory Council.

**Nancy Letimer** of the McKnight Foundation made it possible for CYFC to bring Dr. Charles Bruner to Minnesota this past October to lead a dynamic discussion on changing the large systems that serve families. She is a long time champion of children's issues.

**Jason Yost**, a U of M senior majoring in computer science, is CYFC's skillful web associate. He keeps our 2,000+ web pages current, logs in items on the web calendar, and provides a helping hand on all kinds of Internet research.

***And the Consortium is YOU!***



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