



TRANSFORMING THE MENTAL WELL-BEING OF HOWARD COUNTY SCHOOL-AGED CHILDREN

Summary of the *Howard County Adolescent Mental Health Symposium: A Call to Action Proceedings*

Executive Summary

January 2017

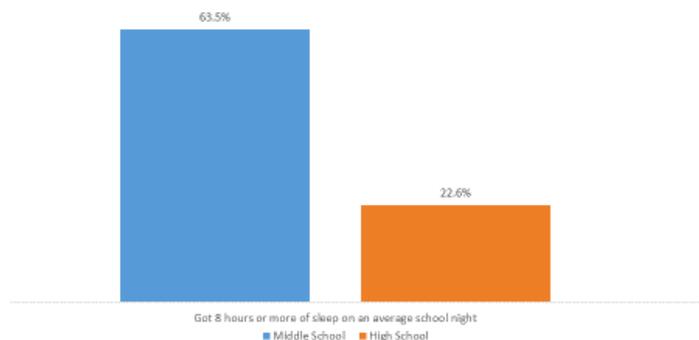
By Anne Markus, JD, PhD, MHS, Jacqueline Dougé, MD, MPH, Sharon Hobson, RN, MSN, Patrick Keefe, Tiffany Tate, MHS

Howard County has one of the best school systems in Maryland and in the U.S., yet middle and high school students are feeling heightened levels of stress deriving from academic, family, community and social pressures to excel in all of their courses and extra-curricular activities, building in the process professional resumes that exceed those of working adults. Many students believe that in order to be successful as an adult they have to be accepted by one of the top 1% of colleges and undergraduate programs in the country. Falling anywhere below this expectation is considered to be a failure. As a result,

“students are consistently spreading themselves too thin so they can be deemed smarter than their peers and appeal to colleges overall and there is so much pressure on these students to be the best. And you need to ask them: What exactly is the best? How do you define the best? Because kids think that you have to take the hardest classes and do all of this stuff when you don’t always have to do all of that to achieve what you want to do and not a lot of kids know that. They are constantly comparing themselves to their peers and this competitiveness is not good for their overall self-esteem and it creates a very stressful environment.” - *Student Panelist, Howard County Adolescent Mental Health Symposium, Columbia, MD: September 27, 2016*

Student responses to stress span the spectrum from positive coping mechanisms (e.g., being physically active, participating in organized sports, mastering yoga) to responses generally considered negative and unhealthy (e.g., anxious feelings, depression, eating disorders). An increasing number of children are being diagnosed with anxiety and depression nationally and in Howard County. According to the most recent survey of a representative sample of Howard County parents, 1 in 9 children under age 18 has depression/anxiety. In 2012, anxiety was among the top 10 health conditions reported by parents of High School students to the Howard County Public School System (HCPSS), after things like food allergies. In 2015, depression and anxiety together were the second most frequently parent-reported mental health diagnoses for both middle and high

Percentage of Howard County Students Reporting 8 Hours or More of Sleep on an Average School Night, 2014



school students among all mental health diagnoses reported by parents to the school system, growing from 22% in Middle School to 27% in High School. In 2014, 18 and 24 out of 100 middle school and 100 high school students, respectively, reported feeling sad or hopeless in the past year. Academic overload and stress can also cause sleep pattern disturbances, which increase from middle to high school: In 2014, 64% of middle school students reported sleeping 8 hours or more on an average school night; this number drops to 23% of high school students or over 75% of high school students who are sleep deprived.

“We, as an adult society, have a responsibility (and the ability!) to dismantle this culture where youth feel the need to strive for unattainable goal perfection.”

Feedback from meeting evaluation

Inspired by the growing knowledge about academic stress, increasing mental health distress amongst youth, sleep deprivation, and barriers to accessing care, and informed by the experiences of Howard County students, the Howard County School Health Council, Howard County Health Department, and Local Health Improvement Coalition co-sponsored the first ever Howard County Adolescent Mental Health Symposium. The Symposium brought together over 80 participants, including teenagers, parents, health professionals, administrators, insurers, and government officials. The purpose of the symposium was to raise awareness among stakeholders about the prevalence, range, and root causes of adolescent mental health issues nationally and locally in an effort to foster and promote interagency and intra-agency collaboration to address adolescent mental health issues in Howard County. Participants actively engaged with each other to develop an Action Plan to address adolescent mental health in Howard County and evaluations by those in attendance indicate that Symposium objectives were generally met. The level of engagement from a broad cross-section of concerned stakeholders greatly enhanced the credibility of the Symposium and its outcomes. It also reignited stakeholders’ willingness to expand current approaches to address mental needs in youth.

A number of ideas were generated throughout the day but three ideas emerged to the level of prioritized action. In no particular order, Symposium participants recommended:

- Increasing mental health services in schools by having mental health clinicians provide on-site counseling and crisis intervention;
- Educating students and their parents about stress management; and
- Connecting community agencies to partners and sharing resources for providing education, prevention, and treatment services to students and their parents/guardians.

Together, these three prioritized actions and six additional actions make up a preliminary Action Plan, which outlines possible partners, timelines, and funding/resource needs. One key next step is to transition coordinated implementation of these various actions to the appropriate County agency.

The co-sponsors of this event built on countywide consensus that mental health is an issue for Howard County youth and capitalized on existing and prior work that had already been accomplished in the County. Ultimately, the goal is for all school-aged children to have access to high-quality, comprehensive, coordinated, timely, and affordable mental health and substance misuse care in Howard County, with accurate and up-to-date information about symptoms, diagnosis, and treatment.

More information about the Symposium as well as updates can be accessed from the Howard County School Health Council website at <http://www.howardcountyschoolhealthcouncil.com>

TRANSFORMING THE MENTAL WELL-BEING OF HOWARD COUNTY SCHOOL-AGED CHILDREN

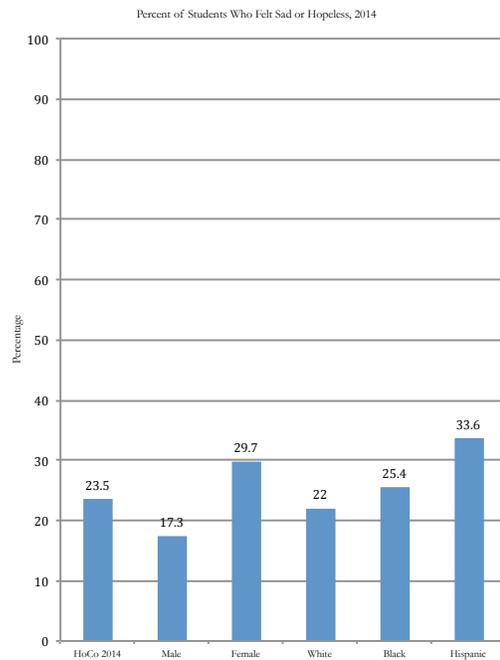
Summary of the *Howard County Adolescent Mental Health Symposium: A Call to Action Proceedings*

Introduction and Background

The first ever Howard County Adolescent Mental Health Symposium (HCAMHS) brought together over 80 participants, including teenagers, parents, health professionals, administrators, insurers and government officials to focus attention on teen mental health and to redesign the current policies in place that revolve around mental health. The purpose of the symposium was to devise ways in which Howard County could address mental illness and provide teens with the care they need through numerous channels and government services.

The symposium was developed as a response to the continuing rise in mental illness in teens. National statistics show that 1 in 5 youth ages 13-18 develop a mental illness and that 50% and 75% of lifetime mental illnesses develop by age 14 and between ages 14 and 24, respectively.¹ In Howard County alone, statistics collected during a 2014 survey show nearly 1 in 4 teens has been suffering from feelings of depression or hopelessness (Graph, right).²

Mental illness has lasting effects on students, such as constant feelings of hopelessness, failure, and inferiority to others. The symposium aimed to provide an environment where students, administrators, and health officials could come together to discuss and implement change to better address the needs of teens and mental health issues in Howard County. This paper lists the ideas that were generated during the meeting, highlights the key themes that overlapped among all or the majority of the workgroups, provides the recommendations for a preliminary action plan, summarizes the feedback from those in attendance, and concludes with next steps. Along with other resources, including photographs and videos of the symposium, this paper is available for download from the Howard County School Health Council website at <http://www.howardcountyschoolhealthcouncil.com>.



Symposium Origins and Planning Process

On April 6, 2016, the Howard County School Health Council held a meeting that featured a panel of youth who discussed in detail their experiences related to stress and mental health issues. They spoke with candor about academic and social pressures that cause varying degrees of anxious feelings and depression. Their testimony proved clarifying for School Health Council members,

who resolved to launch an effort to raise awareness about adolescent mental health and mobilize County resources to address what appeared to be an evolving epidemic.

Inspired by the youth panel and growing knowledge about mental health prevalence and barriers to care nationwide and in Howard County specifically, representatives from the School Health Council met to discuss how best to respond to the youth’s revelations. The group agreed that interventions were necessary to address, at minimum, the County’s (1) incompleteness of school-based mental health services; (2) overall limited number of mental health providers in the community; and (3) small percentage of mental health providers who directly bill insurance companies causing families to pay upfront and seek reimbursement afterwards or to forego care entirely.

To address the issue, the Howard County School Health Council planned an event co-sponsored with the Howard County Health Department and the Local Health Improvement Coalition that would raise awareness about adolescent mental health and forge formal partnerships between county agencies and community-based organizations to address these concerns (Figure 1, Symposium Flow Diagram). They agreed to assemble an expanded committee and hire a consultant to facilitate a planning process that would culminate in an event to elucidate key issues, identify specific system and policy changes to improve the mental health of Howard County adolescents, and call all concerned partners into action.

Figure 1. Symposium Framework

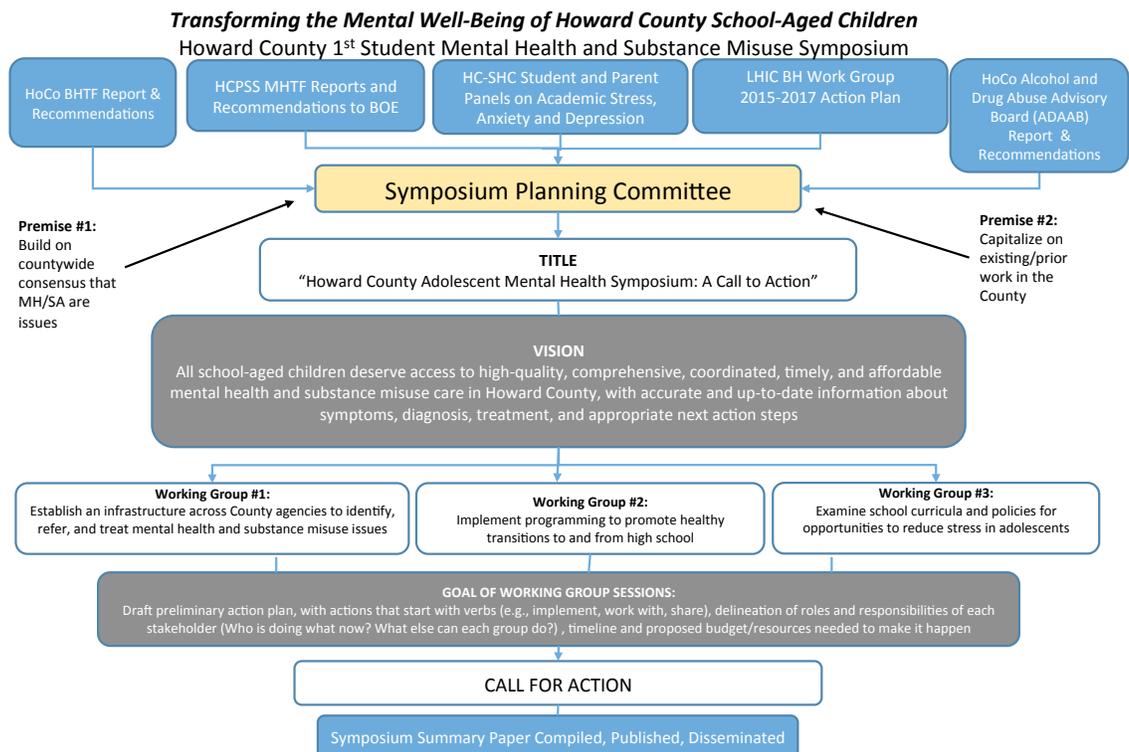


Figure 1. Transforming the Mental Well-Being of Howard County School-Aged Children flow diagram (as of 090616).

HoCo BHTF =Howard County Behavioral Task Force; HCPSS MHTF =Howard County Public School System Mental Health Task Force; HC-SHC=Howard County School Health Council; LHIC BH =Local Health Improvement Coalition Behavioral Health; MH/SA =Mental Health/Substance abuse

The smaller group assembled a larger planning committee composed of representatives from Howard County government agencies, schools, health care institutions, primary care and behavioral health providers, and community-based organizations.

The first meeting of the Planning Committee served as an introduction and reacquaintance of the County's adolescent mental health stakeholders. In advance of the meeting, reports and recommendations released by other local groups working on mental health issues were circulated (See Figure 1, top boxes).

The discussion focused on the prior work of various mental health initiatives (e.g., workgroups and taskforces), specific issues related to adolescent mental health and anxiety, and barriers to prevention and treatment. Committee members offered anecdotal and scientific evidence to support their assertions about how these issues might be approached.

In the early meetings, Committee members discussed whether the event should address substance misuse or solely focus on mental health. They also discussed terminology and how connotations varied across settings.

At subsequent meetings, the group further explored salient issues by expanding the membership and engaging experts to provide insights and guidance on program content. A particularly influential presentation was given by an emergency room physician who informed the group about the cyclical nature of teen mental health crises. This presentation corroborated the accounts of Planning Committee members who previously noted peak times for adolescent mental health distress. Namely, that adolescents exhibit the most signs of stress in the periods leading up to the start of school, immediately before school breaks and the periods surrounding mid-terms and final exams.

Ultimately, the Planning Committee decided to focus on adolescent mental health and engage in a program format that would first ground symposium participants, then enlist them in developing and committing organizational resources to implement concrete actions and policies targeting adolescent mental health. The symposium would have the following objectives:

1. Raise awareness among stakeholders about the prevalence, range, and root causes of adolescent mental health issues nationally and in Howard County specifically.
2. Foster and promote interagency and intra-agency collaboration to address adolescent mental health issues in Howard County.
3. Develop an Action Plan to address adolescent mental health in Howard County.

How the Symposium Unfolded

Welcome and Opening Remarks

On September 27, 2016, Planning Committee member and Chair of the Howard County School Health Council, Anne Markus, opened the program by reviewing the purpose and impetus for the symposium. She explained that the event was inspired by revelations from a youth panel that discussed academic anxiety and stress and the reality that there is a gap in access to adolescent mental health services in the County. She also emphasized that the symposium was not meant to “reinvent the wheel” but to build on previous and existing efforts in the County aimed at addressing various aspects of mental health in youth and adults.

Dr. Maura Rossman, Health Officer of the Howard County Health Department, welcomed attendees on behalf of the Health Department and discussed the Department's priorities related to mental health. She spoke of the existing programs and alliances aimed at preventing and treating adolescent mental health in the County. Nancy FitzGerald, Executive Director of Special Education and Student Services for Howard County Public Schools, welcomed participants on behalf of the Superintendent, Dr. Foose. Ms. FitzGerald expressed the school system's gratitude for the attention being devoted to the issue and relayed the system's commitment to being a strong partner in the collaborative response.

Allan Kittleman, Howard County Executive, spoke about the County's widespread efforts to address mental health issues in all age groups. He pledged support for interagency collaboration, the desired outcome of the symposium. Dr. Calvin Ball, County Council Member and Chair, welcomed attendees and spoke in support of County and Health Department's efforts to address mental health.

Panel of Experts

A panel of experts in mental health and substance misuse discussed their work related to adolescent behavioral health. Panelists included Dr. Jackson Tsai and Dr. Eric Crawford from the Howard County General Hospital (HCGH) Pediatric Emergency Room, Kerrie Wagaman, Coordinator of Health Services for the Howard County Public School System (HCPSS), Joan Webb Scornaienchi, Executive Director of HC DrugFree, and Naomi Weller from Howard County Family and Children's Services. HCGH shared data on recent yearly use of the pediatric emergency room, with peaks and valleys that correspond to heightened and lower levels of academic testing and stress throughout the school year. HCPSS discussed similar patterns of use of the health rooms, particularly in middle and high schools, although it is not always clear whether the symptoms are in fact due to mental issues because diagnoses most often are not provided during the visit with the nurse. HC DrugFree reminded the audience that the path to drug dependency begins in the crucial middle to high school years, squarely affecting young graduates of HCPSS to the point where things spiral out of control. All of the panelists supported the notion that Howard County prides itself in being Number 1 for everything but that this race to achievement has consequences for Howard County youth and their mental stability. They all confirmed that an epidemic in pediatric mental malaise is brewing and that resources need to be committed now before too late to prevent crises from happening in the first place and keep the emergency room free for the most extreme and severe cases.

Youth Panel

The experts were followed by a youth panel that was diverse in ethnicity, grade, and gender. The testimony of the youth was thematic, with nearly all of them stating that the culture in the County and the pressure to excel academically induce stress. They cited a large volume of homework, lack of sleep, and rigorous testing schedules as primary sources of stress. They discussed various responses to stress, including positive responses, such as partaking in sports, enjoying yoga, and/or meditating, and less positive responses, such as feeling anxious, depressed, and/or suicidal, suffering from eating disorders, and/or using drugs. They concluded that parents and teachers need to listen to what teens are saying and to educate themselves to respond in a way that is helpful and constructive rather than judgmental and counterproductive. The video of the full panel discussion and a 5 minute edited version are available on YouTube under the Howard County School Health

Council account and can also be accessed via the Howard County School Health Council's website at <http://www.howardcountyschoolhealthcouncil.com>

Collaborative Strategies Among Concerned Agencies

Dr. Cheryl DePinto, Medical Director of the Maryland Department of Health and Mental Hygiene, Office of School Health, presented strategies for sharing data across agencies to inform decision-making. Her presentation highlighted the importance of data-sharing and offered guidance on sharing in compliance with confidentiality laws. Dr. DePinto grounded her discussion with a review of barriers to learning, which included mental health issues, bullying, absenteeism, illness, abuse, hunger, and lack of access to health care. She also introduced a paradigm for applying data called the Plan-Do-Study-Act (PDSA) Cycle and discussed principles for effective data-sharing.

Workgroup Sessions

The afternoon session was composed of three workgroups where participants selected groups based on their interest and area of influence. A facilitator was assigned to each workgroup, which was charged with identifying issues within a predetermined topical area and offering solutions with detailed action steps, assignment of responsibility, resources needed, and accountability for accomplishing the proposed steps. The workgroup charges were:

- Workgroup #1 Establish an infrastructure across County agencies to identify, refer, and treat mental health and substance misuse issues.

- Workgroup #2 Implement programming to promote healthy transitions to and from high school.

- Workgroup #3 Examine school curricula and policies for opportunities to reduce stress in adolescents.

General Ideas Generated by Workgroups

A number of ideas emerged within and across the three workgroups. The amount of time constrained the ability to fully develop these ideas and rank them according to priority level and feasibility, whether financial or operational or both. It was not possible either to determine the extent to which some of these ideas are already in place in some shape or form. These ideas were grouped in the following four categories: (1) system-wide policy changes, (2) structural and academic improvements within the school system, (3) school-based programming and services, and (4) partnerships and collaborations.

System-wide Policy Changes

- Revise homework policy to emphasize quality not quantity
- Coordinate testing schedule among subjects to limit the number of exams administered in a day
- Develop a HCPSS policy restricting the number of Advanced Placement (AP) courses a student may take per semester or year (with waiver for more based on student request)
- Eliminate class ranks and weighted grade point averages (GPAs)
- Modify how teachers are evaluated to place less emphasis on students' standardized test scores
- Evaluate teachers partially through student evaluations

- Provide mental health training at Engage, Empower, Excel (E3) gatherings four times a year for health teachers
- Educate staff on mental health issues, recognizing students under stress and in crisis, and the importance of referring them to the appropriate school staff
- Supervise outdoor breaks during the school day for high school students
- Formalize flash pass policy so that students diagnosed with a mental health condition can leave class

Structural and Academic Improvements within the School System

- Incorporate coping skills in health education classes
- Mandate a class for students on substance misuse, time management/sleep, peer interactions
- Expand health class beyond 9th grade that includes curriculum on social emotional learning
- Improve technology to facilitate communication
- Manage AP course overload

School-Based Programming and Services

- Create a summer program teaching life skills
- Offer enrichment classes during school year
- Develop a “Road to High School” parent workshop
- Organize a student retreat in advance of first day of school
- Institute a peer mentor program
- Promote community college as an option for higher learning
- Increase awareness of social media impact on relationships
- Educate parents of new high schoolers
- Establish mental health social workers in schools
- Train guidance counselors
- Offer mental health screenings in schools
- Offer overdose prevention in schools

Partnerships

- Enlist Recreation and Parks to reach families

Workgroup Recommendations for a Preliminary Action Plan

At the conclusion of the symposium, the workgroups presented their recommendations to the larger group of participants. Table 1 summarizes the most developed workgroup recommendations.

Table 1. Preliminary Action Plan

Action	Possible Partners	Timeline	Budget/Resources Needed
Engage/reengage BHIPP	HCHD, U of MD, pediatric providers	1 year	Grants, staff

Action	Possible Partners	Timeline	Budget/Resources Needed
Install social workers in schools	HCPSS, mental health providers, HCHD	To be determined	Grants, staff
Expand Rapid Access Program (RAP)	HCGH	< 6 months	Grants, staff
Expand inpatient pediatric beds	HCGH	<6 months	Grants, staff
Implement pediatric emergency department behavioral health coordination	HCGH	<6 months	Grants, staff
Expand partnerships and collaborations	HCGH, Horizon Foundation, pediatric providers, HCPSS, HCHD, community mental health providers	To be determined	Grants, staff
Provide education and support for families, providers, and schools	HCPSS, MD Coalition of Families, HC DrugFree, NAMI, Grassroots	To be determined	Modify existing services
Implement prevention, treatment, and case management in schools	HCHD, HCPSS, Rec & Parks, U of MD, Kennedy Krieger	To be determined	To be determined
Inspire shift in culture to reward efforts, recognizing individuality.	HCPSS, Board of Education, PTA, NAMI	To be determined	To be determined

BHIPP = Maryland Behavioral Health Integration in Pediatric Primary Care; HCHD = Howard County Health Department; HCGH = Howard County General Hospital; U of MD = University of Maryland; HCPSS = Howard County Public School System; NAMI = National Alliance for the Mentally Ill; PTACHC = PTA Council of Howard County

Audience Comments

Feedback provided through the meeting evaluation offers important insight into opportunities and challenges for improving mental health services for Howard County youth.

The symposium proved educational and informative for participants as 80% of evaluation respondents agreed that the symposium expanded their knowledge base about adolescent mental health and substance abuse. Moreover, 95% stated that the information they gained through the symposium has inspired them to expand their approach to addressing adolescent mental health.

The symposium also created a forum for networking and sharing. Just under 90% of respondents stated that they met new potential partners at the symposium and 84% indicated that they were able to share their insights in a manner that might benefit the work of others. Participants indicated that they would leverage new partnerships to make referrals, seek service and support in their own work, and join existing workgroup or committees.

Below are representative quotes of “Aha! Moments” respondents experienced through the symposium:

- “It was enlightening to hear the teens but unnerving to hear their stress level.”
- “I previously worked in CNMC ER doing psych evals and I was struck by the long wait time for patients at HCGH. This may impact how I help patients in the future, when they are in crisis (maybe send them directly to ER that has beds for children). I had another "Aha" moment when the teens shared how little "down time" they have each

week. This is very imbalanced and places youth at high risk from a mental health perspective.”

- “We, as an adult society, have a responsibility (and the ability!) to dismantle this culture where youth feel the need to strive for unattainable goal perfection. They learn it from our adult society.”
- “Need to engage local health care providers in issues related to data sharing challenges.”
- “Several issues shared by the teenage panel, such as having too many standardized tests, or how much they felt the change in schools to stress mostly academics.”

Concluding Remarks

Anne Markus thanked all of the attendees for their time and hard work during the symposium and asked them to sign a call to action pledge. She summarized the day by acknowledging the fact that adolescent mental health is evolving as a priority for various stakeholder entities in Howard County. Representatives from the Howard County Health Department, Howard County School Health Council, Howard County Public School System, community-based organizations, behavioral health and health care providers, and student and parent groups were well represented at the symposium and participated on the panel of experts and contributed to the discussion as meeting and workgroup participants. This level of engagement greatly enhanced the credibility of the symposium and its outcomes. It also reignited stakeholders and their willingness to expand their current approaches to addressing mental needs in youth.

Next Steps

1. Distribute the findings and recommendations in this report to the County Executive, Superintendent of the Howard County Public School System, the County Health Officer, and the CEO of the Howard County General Hospital, pertinent local public and private agencies, community groups, and symposium attendees.
2. Reconvene the Planning Committee to include original members and meeting evaluation respondents who indicated they would like to be involved in efforts to implement the prioritized actions that emerged from the symposium:
 - Increasing mental health services in the schools by having mental health clinicians provide on-site counseling and crisis intervention
 - Educating students and their parents about stress management
 - Connecting community agencies to partners and share resources for providing education, prevention, and treatment services to students and their parents/guardians.
3. Work with Howard County Adolescent Mental Health Symposium Action Implementation Team to refine list of workgroup recommendations and support the transition of coordinated implementation to the appropriate agency in the County.

ACKNOWLEDGEMENT

The Planning Committee would like to thank Tiffany Tate, Executive Director, Maryland Partnership for Prevention, for all of the technical and logistical support she provided to the event.

REFERENCES

1. *Mental Health Facts Children & Teens* (Rep.). (n.d.). Retrieved from www.nami.org
2. *Youth Risk Behavior Survey Howard Co. High Schools 2014* (Rep.). (2014). Columbia, MD: Howard County Health Department.