MENTAL HEALTH ASSOCIATION IN TEXAS

the mental health advocate

SPRING 2006

HEALTHIER CHOICES, HAPPIER KIDS

HOW MUCH IS A CHILD'S MENTAL HEALTH AFFECTED BY OBESITY?

Mental Health Association in Texas—the state's oldest citizens' mental health education and advocacy organization.

HEALTHIER CHOICES, HAPPIER KIDS

Children's Mental Health and Childhood Obesity

Over the past 30 years, the rate of obesity in the United States has more than doubled for preschoolers and adolescents, and has more than tripled for children ages 6 to 11. While the obesity rate has increased dramatically for all U.S. children and adolescents, certain ethnic minorities - African Americans, Hispanics and American Indians - are experiencing the highest rates of increase. Nearly 25 percent of children in these ethnic groups are considered obese by medical standards and are experiencing depression, anxiety, and poor self-esteem that is negatively affecting their quality of life and their overall well-being.

OBESITY RATES FOR TEXAS CHILDREN ARE DISTRESSINGLY AMONG THE HIGHEST IN THE NATION.

Affecting more than a third of school-age children in the state, obesity is contributing to **depression, anxiety and poor self-esteem** in many of these children. Some experts feel that the social and psychological problems are the most significant consequences of obesity in children; negatively affecting their quality of life and their overall well being.

Obese children are likely candidates for developing serious health conditions, like asthma, Type 2 diabetes, high blood pressure, heart disease, and sleep apnea--an illness that causes a person to stop breathing while they sleep, affecting their memory and ability to learn.

WHAT FACTORS ARE CAUSING OBESITY IN CHILDREN?

Obesity, a physical health problem that occurs when there is too much fat in the body, has multiple causes that center around an imbalance between energy in (calories obtained from food) and energy out (calories burned from physical activity).

A prime example of this is the combination of too much screen time--television, computers and video games--with too much high fat, high calorie, high sugar foods and drinks and a lack of exercise.
In addition to poor eating habits and inactive lifestyles, other factors associated with weight gain in children or adolescents include:

- stressful life events or changes
- low self-esteem, depression or other emotional problems
- cultural factors
- family history of obesity or genetics
- medical illness or side effects from medications

Although certain medical disorders can cause obesity, less than 1 percent of all obesity is caused by physical health problems.

DOES OBESITY AFFECT MY CHILD'S MENTAL HEALTH?

Children who are overweight or obese can experience social trauma that harms their mental and emotional well being. Overweight children are often teased and likely to develop issues with body image, low self-esteem, and symptoms of depression. Obese girls that experience poor body image, low self-esteem, and symptoms of depression are reported more likely to smoke and drink alcohol. More than one quarter of overweight teens who are teased at school and home have considered suicide, and 9 percent have attempted it. **Suicide is the third leading cause of death among adolescents. Make sure your child knows that home is a safe haven by eliminating weight-based teasing among family members.**

SIGNS OF EMOTIONAL DISTRESS IN CHILDREN WHO ARE OVERWEIGHT OR OBESE

Research indicates that overweight and obese children reported having a lower health-related quality of life and experiencing higher levels of fear, sadness, nervousness and problems developing relationships with their peers. Research also shows teens that endure weight-based teasing at school or at home are at an even greater risk for developing emotional health problems.

Parents should watch for the following signs and symptoms that might indicate an overweight child or teen is experiencing emotional distress:

- lacks energy or interest in spending time with friends or engaging in favorite activities
- has few friends
- is increasingly sad, lonely, angry or withdrawn
- has thoughts of hurting him/herself or others
- obsesses over eating and/or food
- sleeps too much or not enough
- does not want to go to school

Encourage your child to talk to you about their experiences with teasing in and out of school. If your child is being bullied or teased

TEXAS CRISIS CALLS STILL HIGH AFTER DISASTER

and you are concerned that your child's emotional or physical health is suffering, talk to your child's teacher, school counselor, or principal about the problem immediately.

CHILDREN AND THEIR FAMILIES CAN WORK TOGETHER FOR MENTAL HEALTH AND A HEALTHIER LIFESTYLE

A healthy diet along with exercise promotes proper mental and physical growth and development. Parents can help by offering the whole family a wide variety of foods from each of the food groups--Grains/Bread, Vegetables, Fruits, Milk/Dairy, Meat/Beans--using appropriate food portion sizes for children and adults of different ages and activity levels. ***Children should never be placed on a restrictive diet to lose weight, unless it is recommended and supervised by a doctor.*** Limiting certain foods children eat may be harmful to their health and interfere with their growth and development.

Avoid criticizing or trying to humiliate a child who is obese into losing weight. This increases the child's emotional stress and may cause the child to become lonelier, more depressed, and less likely to make changes that might help.

The publication Healthier Choices, Happier Kids is available in both English and Spanish at the Mental Health Association in Texas parenting sites: www.ParentingInformation.org www.InformacionParaPadres.org

Here are some ways to help your child and your family develop good attitudes about eating and improve their lifestyle:

- Help your child understand that being overweight is more than an appearance issue.
- Talk to your child about why they over-eat and how they feel about themselves. Identify feelings and situations that cause them to over-eat, and discuss coping strategies.
- Praise your child's and your family's positive and healthy choices.
- Establish a reward and discipline system that uses something other than food as the incentive.
- Limit your child's access to high-calorie, high-fat and sugary foods, including soda and juices.
- Make meal planning a family activity. Let your child help with grocery shopping and meal preparation.
- Help your child gain control over their weight by discussing and encouraging healthy food choices, when eating at home or eating out, and by exercising with them regularly. Individualize food and exercise plans according to your child's interests and your commitment level.
- Set an example. Balance inactive activities including television, video game and computer time with movement and exercise. Have non-competitive family exercise time like bicycling, skating, basketball, tennis, soccer, jogging or walking. Don't worry about skills, just have fun!

For help with nutrition and meal planning, contact your local health clinic, Women Infant and Children's (WIC) office, your child's pediatrician or school nurse. They have free information on family nutrition and sometimes offer recipes with healthier ways to prepare your family's favorite cultural meals.

If you are concerned that your child may be overweight and/or experiencing emotional problems, talk with a mental health professional. They can work with your child's pediatrician on steps to take to improve your child's mental health and develop a plan that includes healthy eating, exercise and reasonable weight loss goals for your child. Your child's pediatrician can also determine a healthy range for your child's weight.

79TH LEGISLATIVE INTERIM SESSION

Mental Health Policy Update

By Denise Brady, J.D.

The time in between regular legislative sessions can be almost as busy as a session due to the large number of workgroups, task forces and interim activities taking place at the state level. The following are some of the activities public policy staff is currently engaged in:

Crisis Services Review Workgroup

On February 3, 2006, Texas Department of State Health Services (DSHS) Commissioner Dr. Eduardo Sanchez appointed a Crisis Services Review Workgroup to study the state's crisis system for mental health care and make recommendations to DSHS for improving the system. Members of the review committee include the Mental Health Association in Texas and other advocacy and consumer organizations, emergency room physicians, county commissioners, county probate courts, sheriffs, police, hospitals, mental health and mental retardation centers, and DSHS staff. Dr. Steven Shon, Medical Director and Joe Vesowate, Deputy Director for the Division of Mental Health and Substance Abuse Services for DSHS, co-chair the workgroup.

The workgroup traveled around Texas during the month of February touring facilities and visiting with community stakeholders regarding how crisis services are currently provided in the area and how they should be provided in the future. At each of the four locations -- San Antonio, Austin, Big Spring and Harlingen -- hearings were also held to collect comments from both invited experts and the public regarding successes and challenges in the local mental health crisis system. Testimony was provided by a wide range of individuals, including physicians, psychologists and psychiatrists, suicide experts, judges, local officials, peace officers, community leaders, consumers and family members.

Common themes heard in the testimony included overwhelming support for the idea that the state cannot address "crisis" services without looking at the under-funded and insufficient community mental health system that allows people to go into crisis in the first place. In addition to needing more beds in public and private hospitals -- both 23 hour placements and longer term stays -- countless individuals discussed the need for something "in between" inpatient placement and a monthly visit with a caseworker.Specific ideas for improving the entire mental health system included uniform peace officer training, more jail diversion options, more front line caseworkers at community centers, expanded private health insurance coverage, telemedicine, mobile outreach teams and crisis intervention teams (CIT), crisis respite homes and other "step down" facilities, more substance abuse services, and more support groups.

The workgroup has been asked to make its recommendations -- which will likely include legislative proposals, including a request for more funding -- to the Department of State Health Services by the end of July 2006.

Transformation Workgroup

The Texas Department of State Health Services received a competitive federal grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA) in late 2005 for the purpose of transforming the state's mental health service systems. Texas is one of seven states awarded this funding.

The first year award under this five year grant project is $2.7 million which will be used for planning and building infrastructure across all agencies that provide, fund, administer or purchase mental health services. To assist with that inter-agency collaboration, the Workgroup includes representatives from the Governor's office, the Department of Housing and Community Affairs, the Texas Workforce Commission, the Texas Department of Criminal Justice, the Texas Juvenile Probation Commission, the Texas Youth Commission, the Department of Family and Protective Services, the Health and Human Services Commission, the Veteran's Administration, the Texas Education Agency, other health and human service agencies, legislative representatives, and others. The Workgroup is chaired by Dave Wanser, Deputy Commission for Behavioral and Community Health Services at DSHS.

Among other priorities, the Workgroup will work to identify all the dollars spent on mental health

care by all the participating agencies, and explore options for "pooling" that funding in order to increase efficiency and ensure funds are being spent on evidence-based practices

Interim Legislative Committees

During the months in between regular legislative sessions, the Speaker of the House of Representatives and the Lieutenant Governor in the Senate direct the standing committees in their respective chambers with what are known as "Interim Charges" - issues the committee is to study and have hearings on over the interim. Interim charges are a good opportunity for legislators to learn about current issues and problems with less of the time pressures associated with the five-month regular sessions. Legislative committees issue reports on their interim charges at the conclusion of their work. Their reports generally include recommendations for legislative changes that then will be filed during the next legislative session.

For the 79th Legislative Interim, numerous committees were directed to study issues of interest to the Mental Health Association in Texas. The next issue of the Advocate will include an update on the interim committees and their progress.

Texas Strategic Health Partnership - Mental Health Services Workgroup

Another workgroup the Mental Health Association in Texas serves on is the Texas Strategic Health Partnership - Mental Health Services Workgroup. The Partnership is comprised of high-level stakeholders from public health agencies, is chaired by Eduardo Sanchez. The Mental Health Workgroup is a subcommittee of the Partnership formed to address needed improvements in the public mental health system. The Workgroup is co-chaired By Nancy Speck and Rudy Arredondo,, both of whom served on the President's New Freedom Commission for Mental Health, and includes as its members key consumer and advocacy groups, private providers, MHMR center directors, and state government representatives. The group meets regularly in Austin to discuss and strategize what is needed in Texas for the state to achieve the vision of the President's New Freedom Commission Report, especially the goal to recognize mental health as a public health issue.

During the 2005 state legislative session, members of the Workgroup differed widely in their opinions and positions regarding the proposed restructuring of the community mental health authority and provider system. In order to maintain a strong and cohesive voice for mental health in the coming months and the 2007 legislative session, the Workgroup has recently decided to only address issues as a group that all member organizations and agencies can support. As a result, increased appropriations for the public mental health system will likely be a priority focus of the workgroup's activities.

Mental Health Planning and Advisory Council and Subcommittees

A Mental Health Planning and Advisory Council (MHPAC) is required by federal law for any state that receives federal mental health money. The Council is responsible for monitoring, reviewing, and evaluating the allocation and adequacy of mental health services within the state, and to serve as the State Mental Health Planning Council. The Council reviews and comments on the state's funding application to the federal government, reviews proposed rules before they are published, and generally advises DSHS on gaps and needs in the public health system. The Mental Health Association in Texas serves on this Council as well as several subcommittees.

The MHPAC Subcommittee on Peer Review regularly looks at data provided by the Department of State Health Services regarding the implementation of Resiliency and Disease Management (RDM) in order to make recommendations regarding whether consumers and families appear to be benefiting from this model. Some of the findings of the past year include concerns regarding children unable to receive services such as treatment foster care due to a shortage of resources and qualified providers, adults cycling in and out of state hospitals without receiving appropriate follow-up services, individuals being assigned to a "level of care" based on their assessment but not actually receiving the services recommended for that level of care, and individuals who were previously designated as non "target population" (because they did not have one of the three targeted diagnoses of Schizophrenia, Bi-Polar Disorder or Major Depression) being reassessed and subsequently receiving a label that would allow them to access services - bringing into question the accuracy of the assessments. On a positive note, data is showing that for some individuals, receiving appropriate RDM services is having positive outcomes in terms of risk factors such as homelessness, suicide attempts, and criminal justice contacts.

The MHPAC Promoting Independence Subcommittee monitors implementation of the Texas Promoting Independence Plan in response to Executive Order GWB 99-2, the Olmstead decision, and legislation passed by the 77th Texas Legislature. The priority for services under the Promoting Independence initiative includes adults and children who are remaining in residential facilities for long periods of time or who are cycling in and out of state hospitals repeatedly. However, preliminary research indicates that many of these individuals are not being prioritized for assistance once they are discharged from a facility. In fact, some do not appear to be getting any service once discharged in spite of the Executive Order. The Mental Health Association in Texas and the Subcommittee will continue to monitor this issue and make recommendations as appropriate.

MHPAC Subcommittee on Children makes recommendations to the full MHPAC regarding issues affecting children's mental health and services. One example of a recent item of concern includes the lack of comprehensive services for families available at community centers in spite of requirements that those wrap-around services be available. Distressingly, the Department of State Health Services' response to the lack of funding for those comprehensive services is to remove them from the "required" list for RDM, thereby insuring they will never be provided.

For questions about these or any other public policy activities, please contact Denise Brady, Public Policy Director at (512) 454-3706 x 203.

RAND STUDY SAYS EARLY CHILDHOOD INTERVENTION PROGRAMS SAVE MONEY AND BENEFIT CHILDREN, FAMILIES AND SOCIETY

A RAND Corporation study issued in January says well-designed programs for disadvantaged children age 4 and younger can produce economic benefits ranging from $1.26 to $17 for each $1 spent on the programs.

Parents as Teachers early childhood programs are coordinated in Texas through the Mental Health Association in Texas. The Parents as Teachers model is one of the programs included in the study. The study indicated that children in the Parents as Teachers program showed statistically indicated improvement in achievement test scores, positive behaviors, child maltreatment, child health rating and injuries.

The report says effective early childhood programs, such as Parents as Teachers, return more to society in benefits than they cost, by enabling youngsters to lead more successful lives and be less dependent on future government assistance. Researchers say this is because such programs help children improve their thinking skills, do better in school and develop socially.

The report also says high-quality early childhood programs can keep children out of expensive special education programs; reduce the number of students who fail and must repeat a grade in school; increase high school graduation rates; reduce juvenile crime; reduce the number of youngsters who wind up on welfare as adults; increase the number of students who go to college; and help adults who participated in the programs as children get better jobs and earn higher incomes.

Parents may also receive benefits from the early childhood programs. For example, mothers can get jobs when their children attend a full-day early childhood program, increasing a family's income. This also benefits society by reducing family's dependency on government assistance and increasing tax revenues.

In addition, the report says early childhood programs that focus on the entire family can help parents provide better care to their children and make it less likely that parents will mistreat their children. This reduces health care costs for children, including trips to the emergency room.

"Programs that provide developmentally appropriate services to disadvantaged children and their families can prepare children for school and pay dividends to society throughout their lives," said Lynn Karoly, a RAND senior economist and lead author of the study. "These benefits have been demonstrated through high-quality evaluations of many programs."

Twenty percent of children in the United States younger than age 6 live in poverty, putting them at a greater risk of poor developmental outcomes during their school years and beyond.

Nearly half of all young children in the U.S. face at least one of four risk factors in early childhood associated with poor developmental outcomes and a lack of school readiness: living in poverty; residing in a single-parent household or with a mother who has less than a high school education; and having parents who do not speak English at home. About 16 percent of children face two or more of these risk factors.

For an online copy of the report please visit,
http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf/.

SUICIDE PREVENTION PROJECT CERTIFIES PREVENTION INSTRUCTORS IN TEXAS

The Texas Department of State Health Services recently launched the Texas Youth Suicide Prevention Project in collaboration with the Mental Health Association in Texas and health care providers in Houston.

"The project will target key areas of the state with high rates of youth suicide - Harris County, Travis County and Bexar County," said Mary Ellen Nudd, coordinator of the project for the Mental Health Association in Texas.

The Texas Youth Suicide Prevention Project will advance the state suicide prevention plan through a public/private partnership that will train health, school and community representatives to identify and refer at-risk youth; support collaborative efforts of state suicide prevention organization to increase public awareness; and pilot a primary care initiative to identify, assess and provide referral and follow-up.

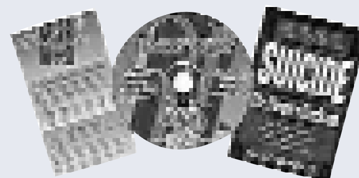
Goals of the project are to broaden the public's awareness of youth suicide, its risk factors and prevention; increase the number of high-risk youth who are identified, assessed and receive appropriate family-based referral, intervention, and follow-up for high risk indicators in primary care settings; and to increase community capacity to effectively identify and refer youth at-risk of suicide.

In Austin, San Antonio, Houston and other areas, the Mental Health Association in Texas and the Texas Suicide Prevention organizations will collaborate to produce and distribute bilingual public awareness information statewide. The project will also establish a regular, sustainable state symposium on youth suicide prevention and early intervention.

"The Texas Youth Suicide Prevention project will also increase the pool of QPR (Question/Persuade/Refer) suicide prevention instructors across Texas," said Merily Keller, Co-Chair of the Texas Suicide Prevention Partnership and QPR trainer. Certified instructors will then provide the suicide prevention gatekeeper workshops to health, school, social services, faith-based and community members.

Houston/Harris County strategies include piloting a program of innovative direct suicide prevention and intervention services in healthcare settings; training healthcare providers, community, and school representatives in QPR; and distributing bilingual information about youth suicide prevention and local resources.

Strategies will be implemented by local and state suicide prevention organizations, the Mental Health Association in Texas and key medical facilities in Houston - the Harris County Hospital District, Ben Taub General Hospital, Texas Children's Hospital, Baylor College of Medicine, and Harris County Public Health and Environmental Services. Other partners: project evaluation, Redstone Analytics; coordination and oversight, Texas Department of State Health Services; and funding, federal Substance Abuse and Mental Health Services Administration.



For more information about the Texas Youth Suicide Prevention Project, contact Mary Ellen Nudd, Project Coordinator at menudd@mhatexas.org.

Mental Health Association in Texas

1210 San Antonio Street, Suite 200
Austin, Texas 78701

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Mental Health Observances

March 2006

5-11 National Patient Safety Awareness Week
13-19 Brain Awareness Week

April 2006 - Counseling Awareness Month

National Autism Awareness Month
National Child Abuse Prevention Month
3-9 National Public Health Week
7 World Heath Day

May 2006 - Mental Health Month

3 National Anxiety Disorders Screening Day
4 Childhood Depression Awareness Day
4-10 National Suicide Awareness Week
7-13 Children's Mental Health Week
7-13 National Mental Health Counseling Week
21-27 Older Americans' Mental Health Week
21-27 Schizophrenia Awareness Week

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