RESEARCH AND ANALYSIS

The following material is available in electronic form.

PART TWO. DRAFT REPORT FOR DISCUSSION
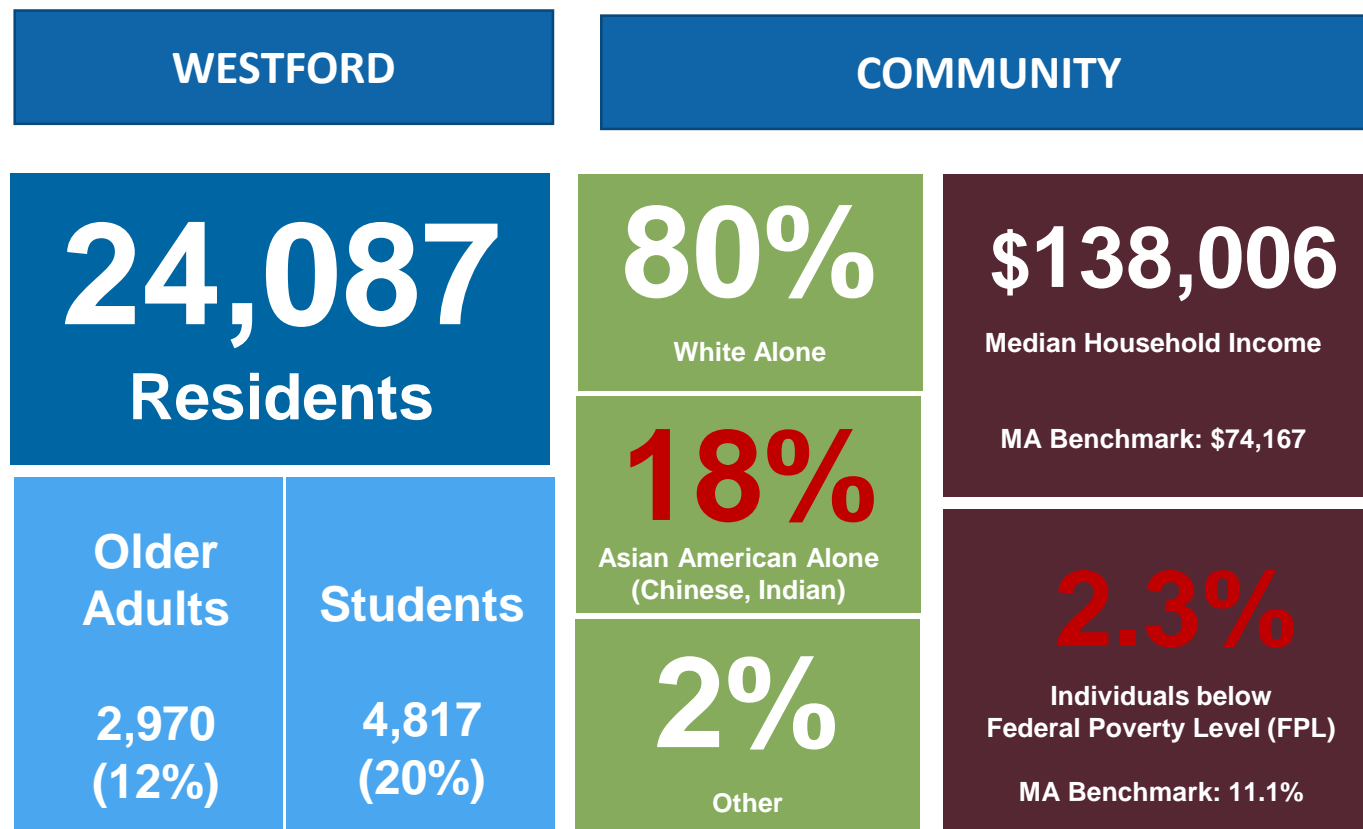
HEALTH MANAGEMENT ASSOCIATES
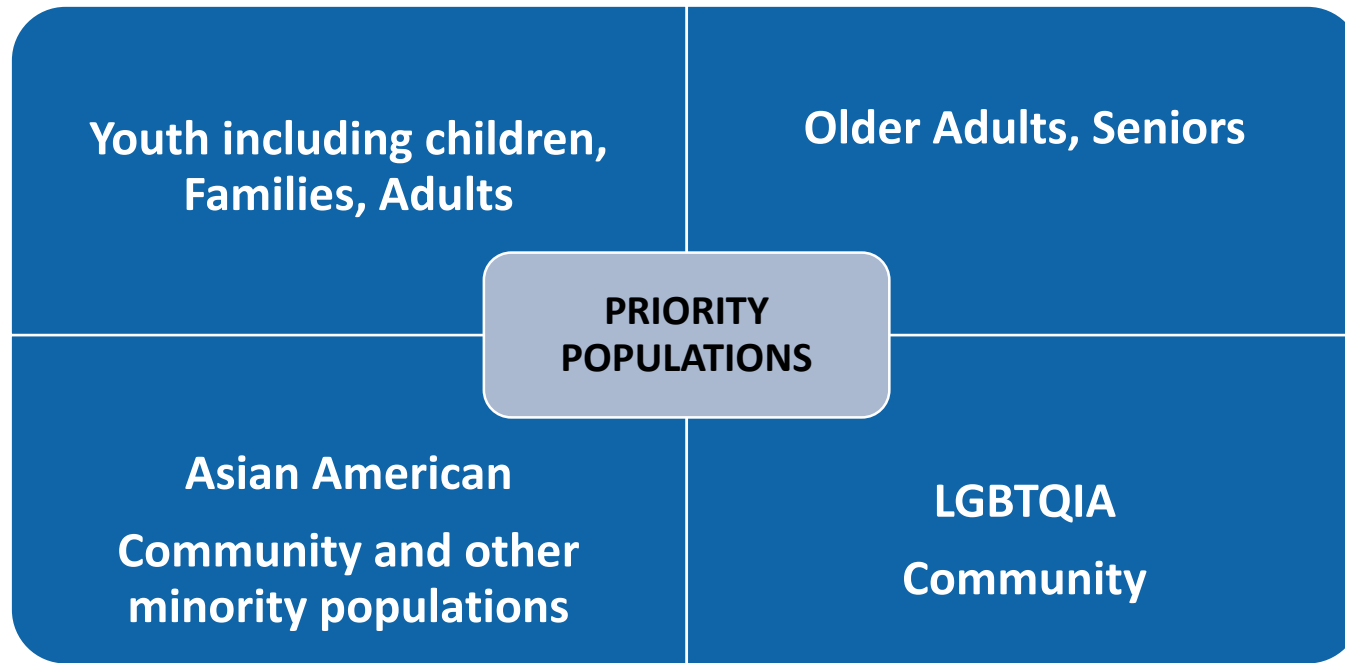
OVERVIEW OF WESTFORD

Health Management Associates

WESTFORD BY THE NUMBERS

WESTFORD

COMMUNITY

24,087
Residents

Older Adults	Students
2,970 (12%)	4,817 (20%)

80%
White Alone

18%
Asian American Alone (Chinese, Indian)

2%
Other

$138,006
Median Household Income

MA Benchmark: $74,167

2.3%
Individuals below Federal Poverty Level (FPL)

MA Benchmark: 11.1%

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WESTFORD'S PRIORITY POPULATIONS

Youth including children, Families, Adults

Older Adults, Seniors

PRIORITY POPULATIONS

Asian American

Community and other minority populations

LGBTQIA

Community

WESTFORD AS COMPARED TO THE COMMONWEALTH

Population

Westford is < 1% of the state

Race/Ethnicity

80% white, non-white population is largely Asian American

Age

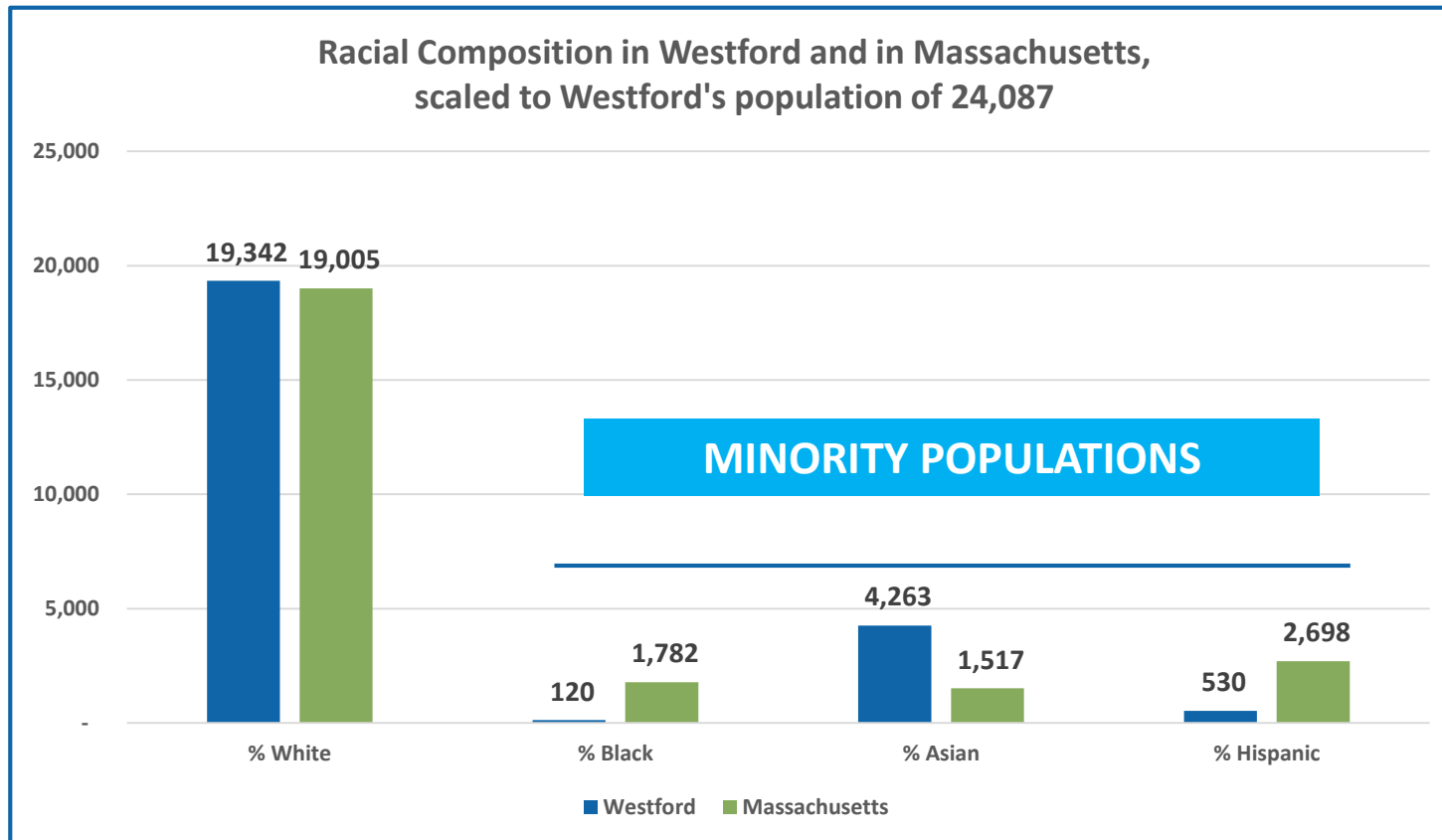Younger population, with 27.6% = 0-17

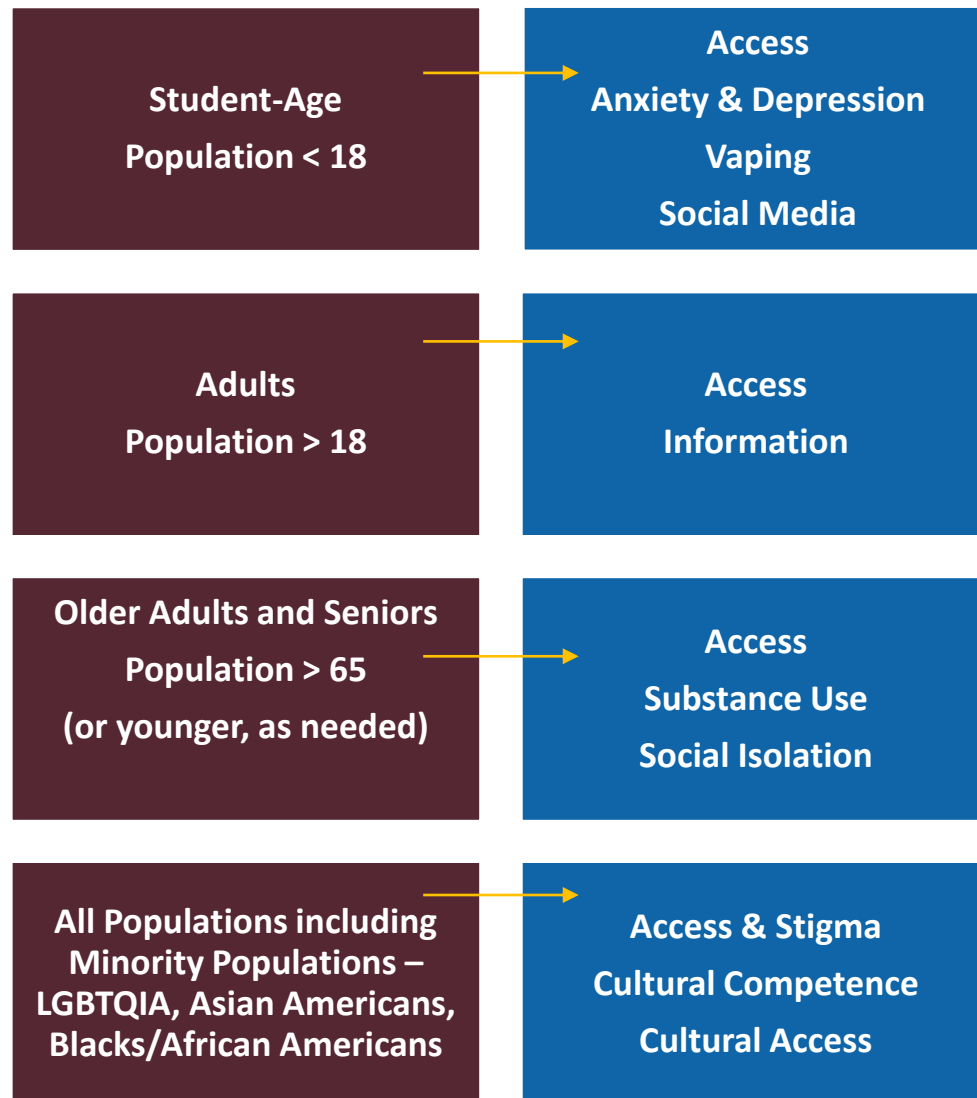**Economic**

Better on state economic measures

KEY QUESTIONS

+ What should Westford do to enhance the behavioral health wellness of the community?

+ How can Westford leverage its small size to achieve this goal?

+ How can Westford engage youth in a meaningful way to address the gaps and barriers?

+ What can Westford do reduce the pressures on the school district with more than 25% of the town's population being served by the schools?

+ How can Westford be intentional about meeting the priority needs?

Town/State	Population	Race/Ethnicity					Age		Economic Measures		
	Population	% White	% Black	% Asian	% Hispanic	% Born outside of US	% Age 0-17	% Aged 65+	Median Household Income	% Below FPL	% Unemployment Rate
Westford	24,087	80.3%	0.5%	17.7%	2.2%	13.9%	27.6%	12.3%	$ 138,006	2.3%	3.2%
Massachusetts	6,789,319	78.9%	7.4%	6.3%	11.2%	16.2%	20.4%	15.5%	$ 74,167	11.1%	6.0%
Compared to State	0.4%	1.4%	-6.9%	11.4%	-9.0%	-2.3%	7.2%	-3.2%	1.86		0.53
Compared to State	>	>	<	>	<	<	>	<	>	>	>
Compared to State	n/a	higher	lower	higher	lower	lower	higher	lower	Better	Better	Better

H E A L T H   M A N A G E M E N T   A S S O C I A T E S

WESTFORD AS COMPARED TO THE COMMONWEALTH

Racial Composition in Westford and in Massachusetts, scaled to Westford's population of 24,087

MINORITY POPULATIONS

	% White	% Black	% Asian	% Hispanic
Westford	19,342	120	4,263	530
Massachusetts	19,005	1,782	1,517	2,698

■ Westford ■ Massachusetts

KEY BEHAVIORAL HEALTH NEEDS OF THE WESTFORD COMMUNITY

Student-Age Population < 18

→

Access
Anxiety & Depression
Vaping
Social Media

Adults Population > 18

→

Access
Information

Older Adults and Seniors Population > 65 (or younger, as needed)

→

Access
Substance Use
Social Isolation

All Populations including Minority Populations – LGBTQIA, Asian Americans, Blacks/African Americans

→

Access & Stigma
Cultural Competence
Cultural Access

What Westford Needs to Know

+ What are the behavioral health wellness needs for Westford?

+ What are the emerging risks? How do these risks differ by population group?

+ How should Westford address these needs?

+ How should Westford allocate its resources across these needs and risks?

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BEHAVIORAL HEALTH PREVALENCE: YOUTH, ADULTS

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TRENDS FOR YOUTH HEADING IN THE WRONG DIRECTION

PROGRESS AT-A-GLANCE FOR MENTAL HEALTH AND SUICIDE VARIABLES

"Poor mental health can result in serious negative outcomes for the health and development of adolescents. It can lead to risky sexual behavior, illicit substance use, adolescent pregnancy, school absences/dropout, and other delinquent behaviors.

Mental health is measured in the YRBS with one question addressing persistent feelings of sadness or hopelessness and four questions on suicide ideation or action. Persistent feelings of sadness or hopelessness is defined in the survey as feeling sad or hopeless almost every day for two weeks or more in a row in the past year. Suicide ideation or action questions assess consideration of and planning for suicide, attempting suicide, and being medically treated for suicide attempts."

Source: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf

10-Year Trend 2007-2017
All Students

+ **Experienced persistent feelings of sadness or hopelessness**
+ **The rate increased from 28.5% (2007) to 31.5% (2017)**
+ **About 3 out of 10**

+ **Seriously considered attempting suicide**
+ **The rate increased from 14.5% (2007) to 17.2% (2017)**
+ **About 1 out of 5**

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DATA ON YOUTH RESULTS FROM YRBS (2018)

Trusted Adults in School	Stress from School	Depression
Suicide	Vaping	Bullying

DATA ON YOUTH AND TRUSTED ADULTS AND PREVENTION

HMA's Westford Survey Found:
No Trusted Adult

WHITE STUDENTS
1 in 5 students did not have a trusted adult at school, while 1 in 10 students did not have a trusted adult while not at school

NON-WHITE STUDENTS
1 in 4 students did not have a trusted adult at school, while 1 in 6 students did not have a trusted adult while not at school

Peer-adult network structure and suicide attempts in 38 high schools: implications for network-informed suicide prevention

"High schools where students are more connected to peers and adult staff, and share strong relationships with the same adults, have lower rates of suicide attempts, according to a new study published by the *Journal of Child Psychology and Psychiatry.* The study, "Peer-adult network structure and suicide attempts in 38 high schools: implications for network-informed suicide prevention," surveyed 10,291 students from 38 high schools to determine social integration through the relationship network structure of each school."

Conclusions
Our study findings have implications for developing network-informed suicide prevention (NISP) approaches in schools and other education settings. First, NISP is likely to be most effective and safe by incorporating multiple foci: maximizing protective bonds across school populations, increasing opportunities for group cohesion including integrated youth–adult networks, and promoting influence of youth with healthy coping. Second, our findings suggest effective NISP interventions will involve youth and adults. Most current network health interventions focus on leveraging influential peer group opinion leaders (Campbell et al., 2008). Fruitful areas for future work include identifying new strategies for integrating adolescents' peer and adult networks and increasing accessibility of competent adults.

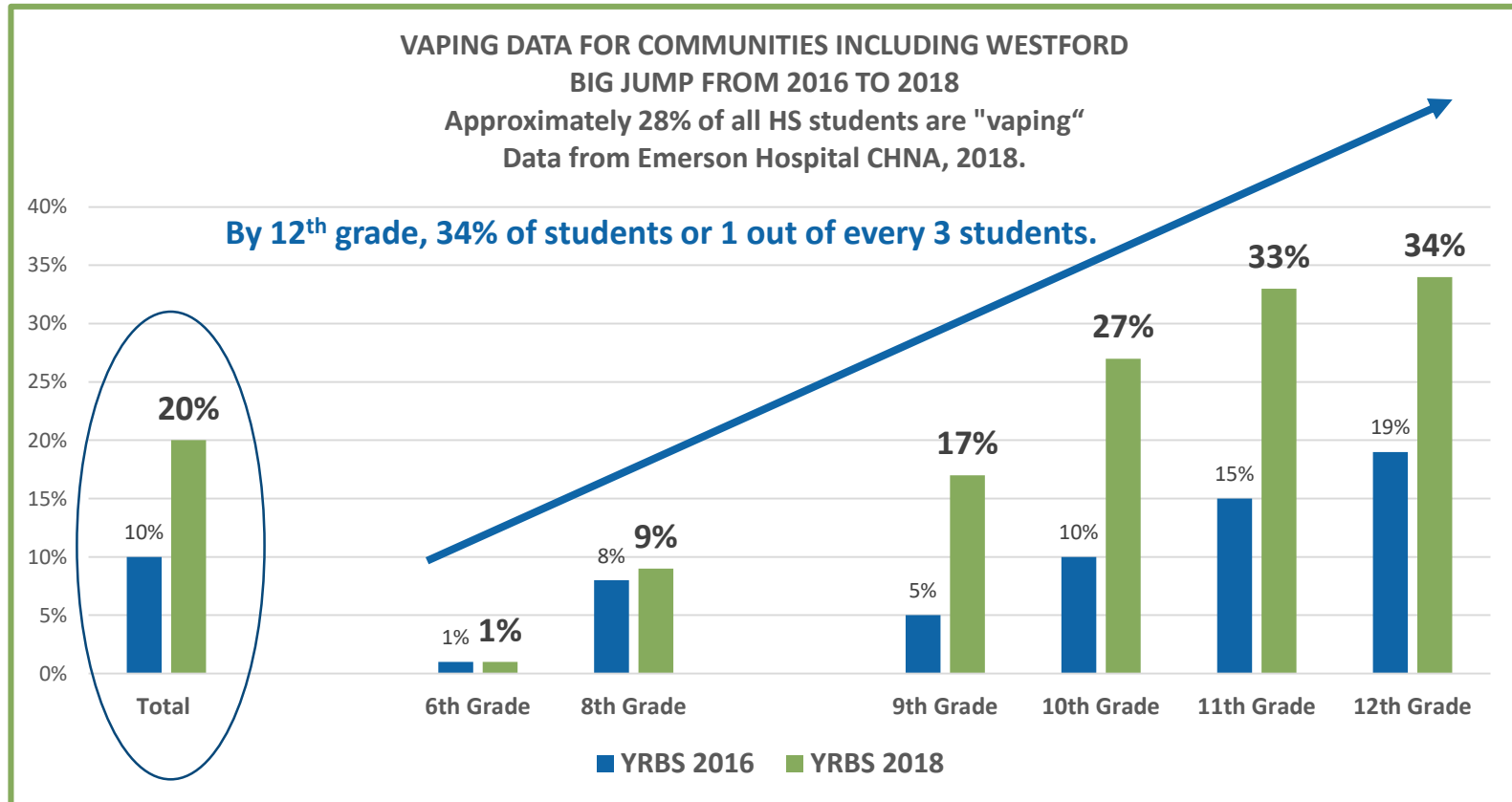Source: J Child Psychol Psychiatry. 2019 Oct; 60(10): 1065–1075. Published online 2019 Aug 8. doi: 10.1111/jcpp.13102
Access: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6742527/

DATA ON YOUTH – DETAILED RESULTS FROM YRBS (2018)

#	Select Issues	Emotional Wellbeing
1	Trusted Adults in School	+ 73% of youth indicated that there is at least one teacher or other adult in their school who they could talk to if they had a problem + Middle School: 6th grade (68%) - 8th grade (71%) + High School: 9th grade (69%) - 12th grade = 85%
2	Major Source of Stress	+ Youth reported that the greatest source of stress was school. This is true of all grades. + Sources of stress: (1) School (67%), (2) Friends or relationships (10%), (3) Home (9%), (4) Other (7%), (5) Extra-curricular activities (6%), Social media (1%).
3	"Somewhat High" to "Very High Stress" due to Academics	+ Proportion experiencing high stress increases with age: + 6th grade = 28%, 8th grade = 47%, High School = 61% + Rates increased from 2012 to 2018
4	Depression and Suicide	+ Felt sad and hopeless for 2 weeks or more: (1) 8th grade = 17%; (2) High School = 23% + Seriously considered suicide: 6th grade = 8%, 8th grade = 11%, High School = 13% + Attempted suicide: 6th grade = 3%, 8th grade = 4%, High School = 4% + Worried about peers harming themselves or attempting suicide: about a third of youth are worried about their peers (31%) – youth who worry about their peers harming themselves or attempting suicide do not communicate about it with adults who could help
5	Bullying	+ 8% of youth surveyed said they had been bullied during the year + 2% said they had bullied others
6	Vaping	+ 20% of youth surveyed admit having vaped in the past 30 days + Vaping from 9th grade to 12th grade: 17%, 27%, 33%, 34% + Overall high school = 28% in 2018, up from 16% in 2016

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VAPING DATA FOR COMMUNITIES INCLUDING WESTFORD
BIG JUMP FROM 2016 TO 2018
Approximately 28% of all HS students are "vaping"
Data from Emerson Hospital CHNA, 2018.

By 12th grade, 34% of students or 1 out of every 3 students.

	Total	6th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
YRBS 2016	10%	1%	8%	5%	10%	15%	19%
YRBS 2018	20%	1%	9%	17%	27%	33%	34%

YOUTH VAPING: GATEWAY HYPOTHESIS

FAST FACTS

+ Gateway to other drugs: "Vaping can lead to nicotine addiction and increased risk for addiction to other drugs." (CDC, November 2019.)

+ Higher rate of vaping in teens with mental health conditions.

+ Student programs evolving from discipline to treatment.

+ In Massachusetts, 41.1% of high school students have tried electronic vapor products, and 20.1% currently use these products (2017 Youth Risk Behavior Survey). Nearly 10% of middle school students have tried electronic vapor products (2017 Youth Health Survey).

A Molecular Basis for Nicotine as a Gateway Drug
Eric R. Kandel, M.D., and Denise B. Kandel, Ph.D.

"Epidemiologic studies have shown that nicotine use is a gateway to the use of marijuana and cocaine in human populations. What has not been clear is how nicotine accomplishes this. In this article, we describe how our personal collaboration allowed us to bring the techniques of molecular biology to bear on this question and to reveal the action of nicotine in the brain of mice. We then apply our conclusions to the public health concerns that are being raised as the popularity of electronic cigarettes (e-cigarettes) has soared. In the process, we show the potential benefits to society of translating epidemiologic findings into public health policy."

N Engl J Med 2014; 371:932-943
DOI: 10.1056/NEJMsa1405092
https://www.nejm.org/doi/10.1056/NEJMsa1405092

COMPARISONS BASED ON AVAILABLE COMMUNITY ASSESSMENTS

Top Priority Issues Identified in Greater Lowell Assessment Community Health Needs Assessment (CHNA)

Mental Health Issues	Substance Addiction	Community Safety Issues
Anxiety, Depression	& Alcohol Use/Addiction	Domestic violence, bullying, drug trafficking, sexual assault/rape, unsafe/illegal gun ownership

Percent of Adults Reporting Poor Mental Health Status, 2012-2014

+ Westford compares favorably to this group of communities
+ Range from 15.5% (Lowell) to 9% (Westford)
+ Data source: BFRSS (2012-2014)

State-reported data from NSDUH (2016) on behavioral health conditions

Mental Illness	Substance Use Disorders
People with any signs of mental illness comprise 17-19% of the population; more serious conditions are reported for 4-5% of the population	People with substance use disorders are roughly 10% of the population, but national data suggest only 11% of these actually receive services

Sources:
https://www.mass.gov/files/documents/2016/07/tq/behavioral-health-state-health-plan.pdf
https://www.samhsa.gov/data/sites/default/files/cbhsq reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pd
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State data, reported by NSDUH, 2018 on mental illness and suicidal thoughts and behavior

Adults: About 1 out of 5 Mental Illness Among Adults 19.1% had any mental illness	**Adults: About 1 out of 20 Suicidal Thoughts and Behavior 4.3% had thought seriously about trying to kill themselves**

Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health
https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

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DATA ON ADULTS WITH EXPLANATION

Mental Illness Among Adults
19.1% had any mental illness

"Mental Illness among Adults

In 2018, an estimated 47.6 million adults aged 18 or older (19.1 percent) had any mental illness (AMI) in the past year. An estimated 11.4 million adults in the nation had serious mental illness (SMI) in the past year, corresponding to 4.6 percent of all U.S. adults.4 The percentages of adults aged 18 or older in 2018 with AMI or SMI were similar to the corresponding percentages in 2017, but they were higher than the percentages in most years from 2008 to 2016. Percentages of young adults aged 18 to 25 in 2018 who had AMI or SMI also were greater than the corresponding percentages in each year from 2008 to 2016, but they were similar to the percentages in 2017."

Suicidal Thoughts and Behavior Among Adults
4.3% had thought seriously about trying to kill themselves

"Suicidal Thoughts and Behavior among Adults

In 2018, an estimated 10.7 million adults aged 18 or older had thought seriously about trying to kill themselves (4.3 percent of adults), 3.3 million had made suicide plans (1.3 percent), and 1.4 million made a nonfatal suicide attempt (0.6 percent). The percentage of adults aged 18 or older in 2018 who had serious thoughts of suicide was higher than the percentages in 2008 to 2014, but it was similar to the percentages in 2015 to 2017. The percentage of young adults aged 18 to 25 in 2018 with serious thoughts of suicide also was higher than in 2008 to 2016. Similarly, the percentage of adults aged 26 to 49 in 2018 who had serious thoughts of suicide was higher than the percentages in most years between 2008 and 2015. In contrast, the percentage of adults aged 50 or older in 2018 with serious thoughts of suicide was similar to the percentages in most years from 2008 to 2017."

Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health
https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

DATA ON ADULTS IN MASSACHUSETTS & WESTFORD

Key Measures of Behavioral Health for Adults in Massachusetts

Massachusetts BRFSS, 2017			
#	Variable	MA	US
1	15+ Days in Poor Mental Health Days	10.7%	11.4%
2	Current E-cigarette use	3.3%	4.6%
3	Binge drinking	18.8%	17.4%
4	Heavy Drinking	6.9%	6.6%
5	Ever diagnosed with depression	18.4%	20.0%

1 out 5 adults

Fifteen Plus Days Poor Mental Health Among Massachusetts Adults, 2012-2014							
	US	MA	Acton	Concord	Lexington	Wellesley	Westford
Rate	11.4%	10.7%	8.7%	9.2%	7.1%	8.9%	9.0%
			Ratio	0.81	0.86	0.66	0.83	0.84

Measure of Poor Mental Health: Fifteen Plus Days Poor Mental Health

+ **9% of adults in Westford report 15+ days of poor mental health.**
+ **That translates into about 1 out of 10 adults**

+ **The rate for Westford is very close to comparable communities**

+ **The rate for Massachusetts is close to 2 percentage points higher than Westford. Massachusetts = 10.7%**

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DATA ON ADULTS: USE OF OPIOID & MARIJUANA

Opioid and Marijuana Use, BRFSS, 2017. "Respondents were asked if they were ever prescribed pain killers (e.g. Vicodin, Darvon, Percocet, Codeine, or OxyContin) or medical marijuana by a doctor or other health professional. They were also asked if they had any "non-medical" use of prescription pain killers or marijuana in the previous year. "Non-medical" drug use was defined for respondents as using it to get high or experience pleasurable effects, see what the effects are like, or take with friends. Presented here are the percentages of adults who report that they have ever been prescribed an opiate or marijuana and the percent who report non-medical use of these drugs in the previous year."

MA Opiate Statistics

+ **27.3% ever prescribed opiate**
+ **1.7% non-medical use of opiate in past year**

+ **9,162 Opioid-related Overdose Deaths**

MA Marijuana Use

+ **1.6% ever prescribed marijuana**

+ **14.4% non-medical use of marijuana in past year**

Mass Department of Public Health	Westford	Acton	Wellesley		State
Opioid-related Overdose Deaths					
2014	2	3	-		1,351
2015	-	4	2		1,735
2016	3	7	1		2,095
2017	7	1	1		1,984
2018	2	4	1		1,997
Total	14	19	5		9,162
5-Year Average	3	4	1		

SPECIAL SEGMENT: SOCIAL MEDIA

WHAT DO WE KNOW ABOUT THE EFFECTS ON YOUTH?

Does social media increase stress and anxiety among youth and teens?

+ Behavioral health providers and practitioners, experts from Children's Hospital in Boston say YES.

+ Parents from Westford's focus groups say YES.

+ Reported results found in the literature are mixed.

+ Social media is a double-edged sword.

Does Westford think that social media is a problem that should be addressed through this effort?

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Social Media

The term 'social media' refers to the various internet-based networks that enable users to interact with others, verbally and visually (Carr & Hayes, 2015 Carr, C. T., & Hayes, R. A. (2015). Social media: defining, developing, and divining. *Atlantic Journal of Communication*, 23(1), 46–65.[Taylor & Francis Online], [Web of Science ®] , [Google Scholar]).

According to the Pew Research Centre (2015 Pew Research Centre (2015). Teens, social media & technology overview 2015. Retrieved from http://www.pewinternet.org/2015/04/09/teens-social-media-technology-2015/ [Google Scholar]), at least 92% of teenagers are active on social media. Lenhart, Smith, Anderson, Duggan, and Perrin (2015 Lenhart, A., Smith, A., Anderson, M., Duggan, M., & Perrin, A. (2015).

Teens, technology and friendships. Retrieved from http://www.pewinternet.org/2015/08/06/teens-technology-and-friendships/ [Google Scholar]) identified the 13–17 age group as particularly heavy users of social media users, with 87% having access to a computer, and 58% to a tablet device.

Almost three-quarters of adolescents aged 15 to17 use a smartphone, and 68% of those aged 13 to 14 (Pew Research Centre, 2015 Pew Research Centre (2015). Teens, social media & technology overview 2015.

Source:
Retrieved from http://www.pewinternet.org/2015/04/09/teens-social-media-technology-2015/ [Google Scholar]).

"Although results of the studies were not entirely consistent, this review found a general correlation between social media use and mental health problems. **However, most authors noted that the observed relationship is too complex for straightforward statements.**"

"The impact of social media use on incidence of depression, anxiety and psychological distress among adolescents, as examined by this review, is likely to be multifactorial. It is important to distinguish between the terms used for the relationship. It is fair to say that there is an 'association' between social media use and mental health problems, on the basis that this means a socially constructed reality. But this is not necessarily scientifically valid. Objective researchers investigate correlations rather than accepting socially assumed truths. Correlation is statistical, not phenomenal. Thirdly, there is causation, which requires directional evidence. The latter has not been adequately investigated in this topic, and we must, therefore, state that the relationship is correlational but not conclusively causative."

Source: Betul Keles, Niall McCrae & Annmarie Grealish (2019) A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents, International Journal of Adolescence and Youth, DOI: 10.1080/02673843.2019.1590851

PSYCHOLOGY TODAY: STUDIES RESULTS ARE MIXED

The Complex Links Between Social Media and Mental Health

Research shows social media can improve or harm your mental health.
Posted Mar 22, 2019

"The take-home message: Social media affects people's mental health in complex ways. Understanding the content and quality of online interactions can help to identify people with anxiety and depression. And using social media in a positive way can help alleviate mental health symptoms while using it in a negative way is associated with more mental health symptoms."

Source: https://www.psychologytoday.com/us/blog/evidence-based-living/201903/the-complex-links-between-social-media-and-mental-health

Is Social Media Toxic to Your Teen's Mental Health?

"New research suggests a negative effect, but another recent study disagrees.
Posted Sep 14, 2019

There are few things that parents express more consistent concern about than their kids' screen time. Wouldn't it be nice to find some clarity on what's okay for kids and what isn't? **A study published in** *JAMA Psychiatry* **three days ago concludes in no uncertain terms that social media is negative for our teens' mental health. Yet only a few weeks ago, a different study concluded that screen time does not have a negative effect on our kids. What gives?"**

Source: https://www.psychologytoday.com/us/blog/shouldstorm/201909/is-social-media-toxic-your-teens-mental-health

OLDER ADULTS & SENIORS

OLDER ADULTS AND SENIORS

Depression

Anxiety

Excessive Drinking

FAST FACTS

+ Westford is a Dementia-Friendly Community. It is not yet Age Friendly.

+ Depression and anxiety are present.

+ More problematic are the seniors with long-standing psychotic illness that have never been treated and don't want treatment. Though, these cases are few.

+ Very few referrals or calls of concern about seniors with excessive drinking. Potential need to focus more energy in doing outreach and education given the statistics.

WESTFORD FOR RESIDENTS 65 AND OLDER

HEALTHY AGING COMMUNITY PROFILE

"Westford is a town located approximately 35 miles northwest of Boston with 2,826 residents aged 65 or older. The transit score suggests that there is minimal transit (1/10). Compared to state averages, older residents fare better on most healthy aging indicators. Rates are lower than state averages for depression, anxiety and bipolar disorders, schizophrenia/other psychotic disorders, substance and tobacco use disorders, Alzheimer's disease, diabetes, chronic obstructive pulmonary disease, asthma, hypertension, ischemic heart disease, congestive heart failure, atrial fibrillation, peripheral vascular disease, arthritis, osteoporosis, prostate cancer, benign prostatic hyperplasia, hypothyroidism, anemia, chronic kidney disease, fibromyalgia, epilepsy, cataract, ulcers, high cholesterol, and hearing impairment. One health promoting behavior they engage in is living in a non-smoking house. **However, older residents have a higher rate of excessive drinking.** One community resource to promote healthy aging is the Council on Aging. **Westford is designated an Age-Friendly Community.**"

Source: 2018 Massachusetts Healthy Aging Community Profile

https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode330_Westford.pdf

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WESTFORD'S OLDER RESIDENTS

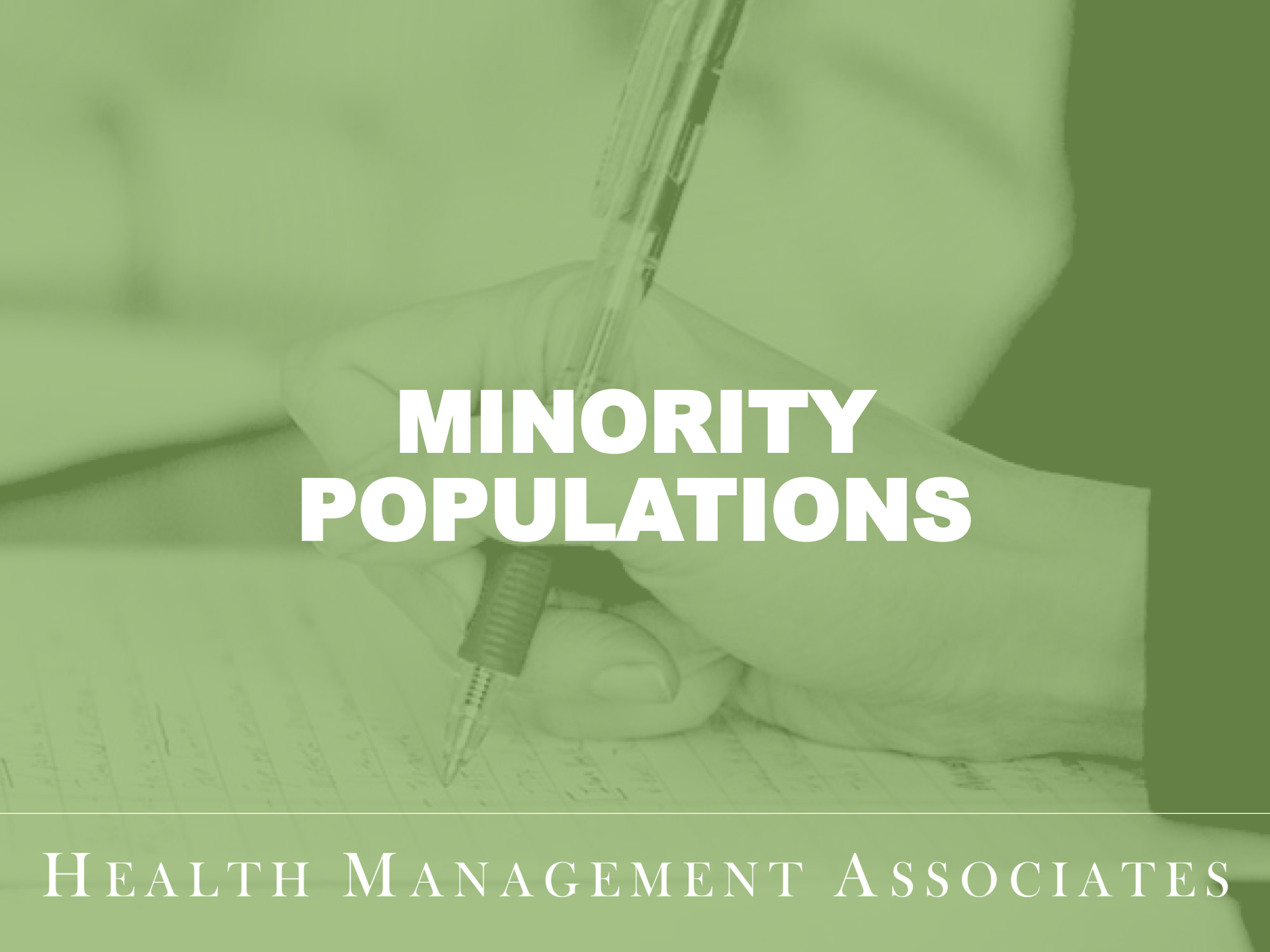| Healthy Aging Indicators: Select Measures (Better or worse when statistically significant)	Westford	State	Westford Compared to State Rate
Population Characteristics			
1 Population 65+ as a % of total population	11.8%	15.1%	*Lower*
2 Education 65+ (% with HS, Some College, College Degree)	92.3%	83.5%	*Higher Education*
3 % of 65+ living alone	23.5%	30.2%	*Lower*
Nutrition Diet	W	State	
4 % 60+ Excessive Drinking	15.9%	9.3%	**Worse**
Behavioral Health	W	State	
5 % 60+ with 15+ days poor mental health last month	7.70%	7.00%	
6 % 65+ with depression	27.10%	31.50%	**Better**
7 % 65+ with anxiety disorders	22.10%	25.40%	**Better**
8 % 65+ with bipolar disorders	4.00%	4.50%	
9 % 65+ with post-traumatic stress disorder	1.40%	1.80%	
10 % 65+ with schizophrenia & other psychotic disorders	4.80%	5.90%	**Better**
11 % 65+ with personality disorders	1.70%	1.40%	
12 % 65+ with substance use disorders (drug use +/or alcohol abuse)	4.70%	6.60%	**Better**
13 % 65+ with tobacco use disorders	6.20%	10.20%	**Better**
14 # opioid deaths (all ages)	6	1,873	
Chronic Disease	W	State	
15 % 65+ with Alzheimer's disease or related dementias	11.60%	13.60%	**Better**
Access to Care	W	State	
16 # of dementia-related support groups	0	136	
Economic and Housing Variables	W	State	
17 % of 65+ with income below the poverty line last year	5.8%	8.7%	

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WESTFORD'S OLDER RESIDENTS & BEHAVIORAL HEALTH NEEDS

Comparisons to other communities

Healthy Aging Indicators: Select Measures		Westford	Acton	Wellesley
Population Characteristics				
1	Population 65+ as a % of total population	11.8%	12.7%	14.2%
2	Education 65+ (% with HS, Some College, College Degree)	92.3%	93.8%	95.2%
3	% of 65+ living alone	23.5%	23.4%	26.5%
Nutrition Diet		W	A	WL
4	% 60+ Excessive Drinking	**15.9%**	6.9%	9.7%
Behavioral Health		W	A	WL
6	% 65+ with depression	27.10%	28.6%	28.70%
Economic and Housing Variables		W	A	WL
17	% of 65+ with income below the poverty line last year	5.8%	5.3%	2.2%

Source for Westford:
https://mahealthyagingcollaborative.org/wp content/themes/mhac/pdf/community_profiles/MA_Towncode330_Westford.pdf

HEALTH MANAGEMENT ASSOCIATES

There is much evidence to underscore concerns about access to health disparities among minority groups, including racial and ethnic minorities and LGBTQIA populations. Examples of such evidence is presented below.

#	Sources
1	Racial/ethnic minority populations underutilize mental health services, even relative to psychiatric disorder, and differences in perceived need may contribute to these disparities. Source. Perceived Need for Mental Health Care: The Intersection of Race, Ethnicity, Gender, and Socioeconomic Status https://journals.sagepub.com/doi/10.1177/2156869317718889
2	In general, depression was widely reported as the most common mental health condition across all minorities. Here's a deeper dive into the numbers: + Puerto Ricans reported the highest rate of depression at 40 percent. All other Hispanic groups ranged from 30.8 ("other" Hispanic) to 34.5 percent (Cuban). + Black beneficiaries had a 27.1 percent rate of depression nationwide. + American Indian and Alaskan Native Medicare beneficiaries reported rates of depression 9 percent greater than white beneficiaries. Other Pacific Islander groups reported rates of depression 14.4 percent more often than white beneficiaries. + Lack of culturally competent care has the potential to result in worse outcomes than those who do not seek help in the first place. + https://www.mentalhealthfirstaid.org/external/2018/04/state-minority-mental-health/

THE AFRICAN AMERICAN COMMUNITY

Mental and Behavioral Health - African Americans

+ "Poverty level affects mental health status. African Americans living below the poverty level, as compared to those over twice the poverty level, are twice as likely to report psychological distress.

+ In 2017, suicide was the second leading cause of death for African Americans, ages 15 to 24.

+ The death rate from suicide for African American men was more than four times greater than for African American women, in 2017.

+ However, the overall suicide rate for African Americans is 60 percent lower than that of the non-Hispanic white population.

+ African American females, grades 9-12, were 70 percent more likely to attempt suicide in 2017, as compared to non-Hispanic white females of the same age.

+ A report from the U.S. Surgeon General found that from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 increased 233 percent, as compared to 120 percent of non-Hispanic whites."

Source:
https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24

Less than 1 out of 10 residents are Black or African Americans in Westford, much lower than the overall percent in Massachusetts Westford = .5% and MA = 7.4%

"Although anyone can develop a mental health problem, African Americans sometimes experience more severe forms of mental health conditions due to unmet needs and other barriers. According to the Health and Human Services Office of Minority Health, African Americans are 10% more likely to experience serious psychological distress."

Source:
https://www.nami.org/find-support/diverse-communities/african-americans

HEALTH MANAGEMENT ASSOCIATES

About 1 out of 5 Westford residents are Asian American

Destigmatizing Mental Health in Asian American and Pacific Islander Communities
May 22, 2019 / SAMHSA / Mental Health
By: Victoria Chau, Public Health Analyst, SAMHSA Office of Behavioral Health Equity and Roslyn Holliday-Moore, Public Health Analyst, SAMHSA Office of Behavioral Health Equity

"Asian Americans and Pacific Islanders are the fastest growing population in the United States, representing numerous cultures, histories, languages and socio-demographic characteristics. While recognizably diverse, Asian and Pacific Islanders are not so different when it comes to their attitudes about mental health. **Stigma associated with mental health problems is common in Asian and Pacific Islander communities. Shaming related to mental health problems is a cultural norm in some Asian communities, leading many who have mental health problems to avoid seeking help despite the need."**

Source. SAMHSA. https://blog.samhsa.gov/2019/05/22/destigmatizing-mental-health-in-asian-american-and-pacific-islander-communities

HEALTH MANAGEMENT ASSOCIATES

LGBTQIA Adults

Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual

Massachusetts = 6.1%

Less than 1 out of 10 adults in Massachusetts identify with the LGBTQIA community

BRFSS, 2017, Sexual Orientation and Gender Identity

"All respondents were asked if they considered themselves to be heterosexual or straight, homosexual (gay, lesbian), bisexual or other. The percentage of those who self-identified as homosexual, bisexual or other is presented. All respondents were also asked whether they consider themselves to be transgender. Overall, in 2017, 0.7% of Massachusetts adults self-identified as transgender. A table of this data is not presented due to the low prevalence."

Source: https://www.mass.gov/doc/a-profile-of-health-among-massachusetts-adults-2017/download

+ **Best Practices**
    + Safe Environment
    + Trevor Project
    + Peer Supports

HEALTH MANAGEMENT ASSOCIATES

THE EVIDENCE ON LGBTQIA YOUTH, A PRIORITY POPULATION

SEXUAL MINORITY YOUTH
MENTAL HEALTH AND
SUICIDE VARIABLES, 2017

"Sexual minority students are at greater risk of experiencing mental health issues, including feeling sad or hopeless, seriously considering attempting suicide, making a suicide plan, attempting suicide, and being injured in a suicide attempt."

Source:
YOUTH RISK BEHAVIOR SURVEY: DATA SUMMARY & TRENDS REPORT, 2007–2017
https://www.cdc.gov/healthy youth/data/yrbs/pdf/trendsr eport.pdf

Sadness, Hopelessness 31.5% (all youth) to 63% (LGB youth)

In 2017, 31.5% of students experienced persistent feelings of sadness or hopelessness.

According to the CDC's Trends Report, 2015 Youth Risk Behavior Survey, 63% of lesbian, gay, or bisexual students and 46.4% of students not sure of their sexual identity experienced persistent feelings of sadness or hopelessness.

Sexual Identity:

Significantly higher percentages of lesbian, gay, or bisexual students (63.0%) and students not sure of their sexual identity (46.4%) experienced persistent feelings of sadness or hopelessness than heterosexual students (27.5%). A significantly higher percentage of lesbian, gay, or bisexual students experienced persistent feelings of sadness or hopelessness than students not sure of their sexual identity.

Seriously Considered Attempting Suicide 17.2% (all youth) to 47.7% (LGB youth)

In 2017, 17.2% of students seriously considered attempting suicide.

According to the CDC's Trends Report, 2015 Youth Risk Behavior Survey, 47.7% of lesbian, gay, or bisexual students and 31.8% of students not sure of their sexual identity seriously considered attempting suicide.
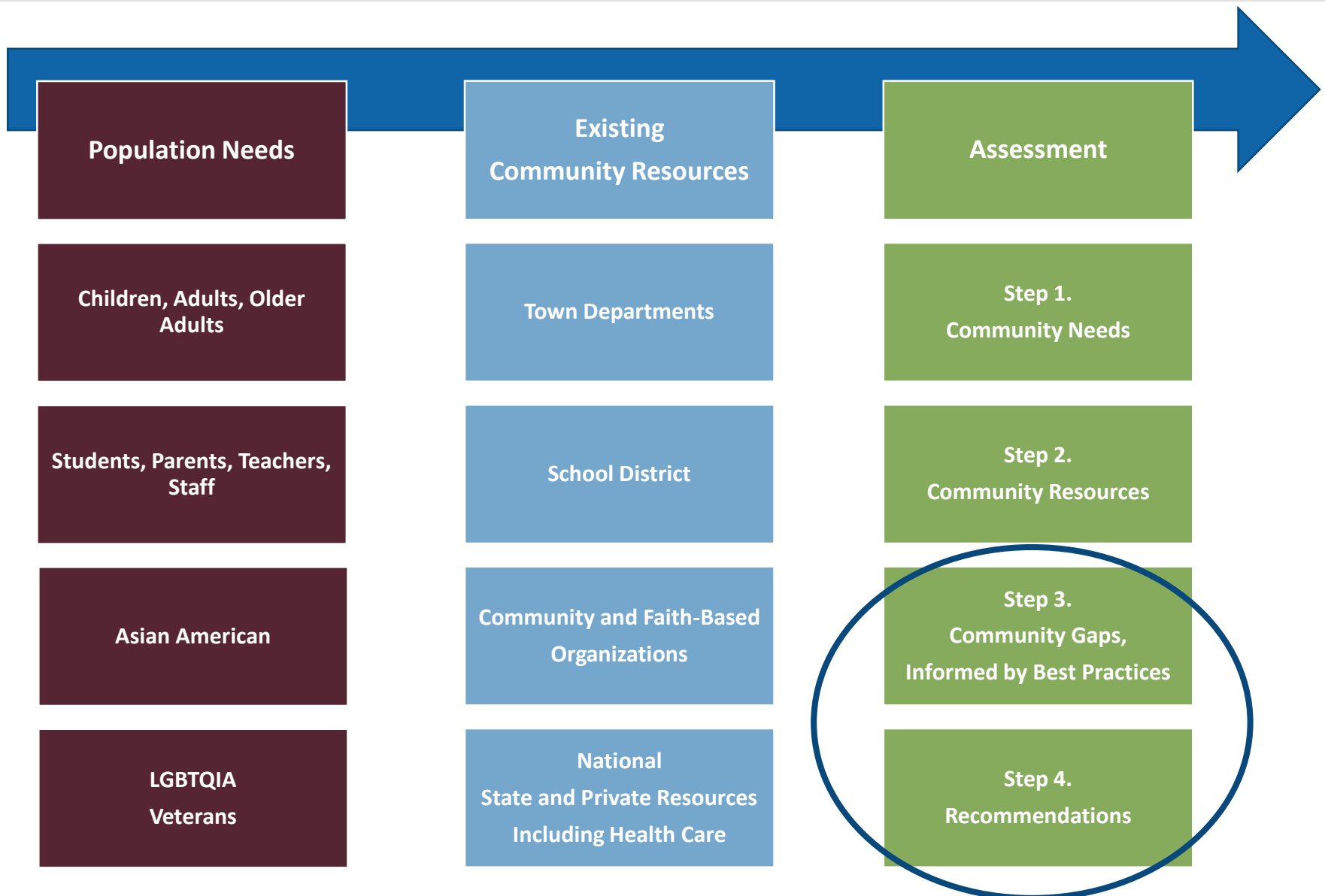
Sexual Identity:

Significantly higher percentages of lesbian, gay, or bisexual students (47.7%) and students not sure of their sexual identity (31.8%) seriously considered attempting suicide than heterosexual students (13.3%). A significantly higher percentage of lesbian, gay, or bisexual students seriously considered attempting suicide than students not sure of their sexual identity.

ASSESSMENT OF GAPS AND BARRIERS

Health Management Associates

WESTFORD'S APPROACH TO ENHANCING BEHAVIORAL HEALTH

Population Needs	Existing Community Resources	Assessment
Children, Adults, Older Adults	Town Departments	Step 1. Community Needs
Students, Parents, Teachers, Staff	School District	Step 2. Community Resources
Asian American	Community and Faith-Based Organizations	Step 3. Community Gaps, Informed by Best Practices
LGBTQIA Veterans	National State and Private Resources Including Health Care	Step 4. Recommendations

HEALTH MANAGEMENT ASSOCIATES

COMMUNITY PILLAR: HEALTH DEPARTMENT 🏛 Gaps, Barriers, Risks

	Current State Description
STAFFING AND COLLABORATIONS	+ Health Department includes a Director and Public Health Nurse + No longer available: Substance prevention coordinator + Seen as a critical position for the town by the Health Department + Collaborations with Police and Senior Center
SERVICES AND SUPPORTS	+ Health Department hosts a NAMI group (new development) + Use of William James College Interface Referral Service + Provide school with a flyer to notify community about Westford Parent Connection + Publish Red Flags and Resources (focused on nurturing healthy families, substance use, emotional health, relationships and personal safety); budget permitting will be distributed in hard copy and electronically + Link: https://westfordma.gov/215/Health-Department

GAPS & BARRIERS. Town Community Health Care Coordinator (Community Health Worker or CHW) to address programming and planning needs, STIGMA campaign, Resource directory on programs, support groups, and providers for the town, Vaping program in collaboration with the school district

HEALTH MANAGEMENT ASSOCIATES

COMMUNITY PILLAR: SCHOOL SYSTEM

Gaps, Barriers, Risks

	Current State Description
STAFF	+ Psychologists, Guidance Counselors, Adjustment Counselors, School Resource Officer (SRO)
PROGRAMS & SERVICES	+ Multi-tiered services and supports (MTSS) + Tier 1: Guidance classes, William James College Interface Referral Service, SPIRIT Theme, SEAL, Challenge Success, Peer programs + Tier 2: Lunch bunch, social skills group, student center, alternative education program, BRIDGE program for high school students; however, this program is not consistently staff with a clinician, Care transitions + Tier 3: Individual and group counseling, SEL Therapeutic Classroom
SPOTLIGHTS	+ Challenge Success for middle school and high school students + SEAL at Blanchard only

GAPS AND BARRIERS. Universal screening for K-6, continuous quality improvement for evaluating SEL effectiveness, consistent and appropriate staffing for the BRIDGE program, SEL coordinator for all programs and services, 3 adjustment counselors to be shared across the 6 elementary schools, tailored peer support programs to address behavioral health needs, cultural competency training, professional development specific to behavioral health, K-5 grade-appropriate application of "Challenge Success" framework

PARITY ISSUE. SEAL is not currently at both middle schools. This is a parity issue for students.

OVERVIEW OF WESTFORD'S DISTRICT PROGRAMMING FOR TIER 1, 2 & 3

	Population	Grades K-2	Grades 3-5	Middle School	High School
MENTAL HEALTH PROMOTION SERVICES AND SUPPORTS					
Tier 1					
Guidance classes	All grades	X	X	X	X
William James College Interface Referral Service	All grades	X	X	X	X
SPIRIT Theme	Elementary only	X	X		
SEAL (at 1 middle school)	Middle school only			X	
Challenge Success	Middle School and High school			X	X
Peer Support Programs	Middle School and High school with benefit to elementary grades too	X	X	X	X
Anti-bullying Curriculum	All grades	X	X	X	X
EARLY INTERVENTION AND TREATMENT					
Tier 2					
Lunch bunch	Elementary & Middle School	X	X	X	
Social Skills group	All grades	X	X	X	X
Care Transitions	All grades	X	X	X	X
Student Center	Middle school only			X	
BRIDGE Program	High school only				X
Alternative Education Program	High school only				X
Tier 3					
Individual and Group Counseling (IEP)	All grades	X	X	X	X
SEL Therapeutic Classroom	High school only				X

Notes:

SPIRIT = Safety, Perseverance, Inclusion, Respect, Integrity and Teamwork

SEAL = Social Emotional Academic Learning; available at Blanchard MS only

SEL = Social Emotional Learning

The Bridge Program = Westford Academy's iteration of the BRYT program. Westford developed this program in consultation with BRYT. This program serves students returning from hospitalizations/extended absence in consultation with a team that includes school counselors, BRIDGE staff, student, parents, school nurse, and outside service providers. The academic tutor coordinates completion of school work with faculty and the team determines when the student is ready to return to each of their classes and when they are ready to be discharged from the BRIDGE program.

Care transitions are coordinated by school counselors, adjustment counselors, and administration. Liaisons are also very involved if the student is on an IEP. At the middle school, the Student Center is utilized on an as needed basis for returning students if their team deems that resource to be appropriate.

Anti-bullying at the HS level. "Bullying Proof Your School" and "BOTVIN/Life Skills" curriculum is a social/emotional curriculum are taught K - high school.

DISTRICT PEER SUPPORT PROGRAMS

	Westford's Peer Programs - Source: Westford District Staff
1	+ Ambassadors provide support to other students who are new to the school in the middle schools. + Peer leaders at middle school are selected and trained by the guidance department to assist with guidance programs throughout the year.
2	+ Peer Counselors. The peer counseling program at the HS (100+ students). Following a competitive application process, students are trained in communication skills, bullying prevention strategies, and mental health topics. During the school year, they are assigned to ninth grade homerooms and meet with them during orientation and throughout the year to support their transition to high school and to connect them with resources and supports. They also teach a bullying prevention curriculum to all 4th graders in their home elementary schools each year. In addition, they assist with freshman orientation, new student orientation for upper class students, parent nights, and one-on-one shadow days for newly-registered students.
3	+ Guidance Peer Assistants (GPAs). High school students trained to support peers. Students apply and are interviewed to determine whether they have the skill set and time available to participate actively as GPAs. Following an initial training session, they are available in the guidance office every block of the day as an additional layer of support for students who come to the office in distress. Students participate in on-going monthly training sessions on topics including signs and symptoms of depression and anxiety, coping skills, cognitive distractors, and identifying when students need support beyond what the GPA is trained to provide. The Counselor on Call is always available in cases where a GPA determines additional assistance is needed.

HEALTH MANAGEMENT ASSOCIATES

DISTRICT PEER SUPPORT PROGRAMS

	Westford's Peer Programs - Source: Westford District Staff
4	+ Anti-Defamation League (ADL) Peer Leaders (Middle School and High School). Under the direction of faculty members Kelly Wolber at Blanchard and Amy Bailey at Stony Brook, 15 students from each middle school representing both 7th and 8th grade participated in four days of training with the Anti-Defamation League's A World of Difference campaign to become peer leaders in fostering courageous conversations that promote respect and empathy. At Westford Academy, school counselor Tracy McLaughlin led the four-day ADL training program for 30 students and coordinates their peer-to-peer presentations and ongoing training throughout the school year.
5	+ "Ghosts and Goblins." Ghosts and Goblins is a program where high school students are paired with younger students at the middle schools and elementary schools. The younger students are identified by parents, teachers or counselors as students who would benefit from a peer mentor relationship.. The students meet for one hour each week. The program is coordinated at the high school through the WA Pride community service organization. + Report cited: "The Ghost and Goblins program, coordinated by Guidance Counselor, Trish Sampson, paired Westford Academy peer mentors with Day School students to help with homework, play games, and develop friendships." + https://www.westfordk12.us/sites/westfordmaps/files/uploads/student_staff_accomplishments_3-2019.pdf

Gaps, Barriers, Risks

	Current State Description
STAFF	+ Town social worker works with seniors, and younger adults + Provides a range of supports including help with financial and benefits assistance + Works with parents of young children who are sometimes referred to her by the school nurses or guidance counselors or St. Catherine's (The *Saint Catherine* of Alexandria Conference of the *St. Vincent* de Paul Society; St Vincent De Paul (SVdP) chapter.
PROCESS & REFERRALS	+ Vast majority of adults who are struggling with a mental health issue have insurance, e.g. Medicare, MassHealth, or other + Referrals often lead to full psychosocial assessment and providing other types of assistance including health, mental health, and housing + Most of the people referred to Town social worker already have a behavioral health provider; however, waiting times are often a problem for those who don't. WJ Interface is used as well as Primary Care Practice offices for connections with therapists and psychiatry
SERVICES AND SUPPORTS INCLUDE:	+ Key services include outreach and social services, caregiver support group for people with dementia at the Senior Center monthly, periodic mental health and dementia-related programming + 1:1 assessment, referrals, on-going case management and coordination with community resources for seniors and adults under age 60 + Limited programming around mindfulness, memory screening, anxiety, life stressor management, de-cluttering and hoarding + Many of our seniors work in a Town Department or in the schools, which provides intergenerational benefits, to earn reductions in property taxes + Nashoba Tech High School students in the hospitality program cook and serve lunch once/month to the seniors + AA and Al Anon uses space in the building weekly but current services are unrelated to seniors with concerns about EtOH (stands for ethyl alcohol, or ethanol) + Note: Memory cafe has been tried and no interest after 6 months of holding them at Senior Center. Senior Center may pursue in a different setting in concert with some of the partners of Dementia Friendly Westford (DFW). However, currently there is a local one being offered at "The JAVA Room" in Chelmsford. See: http://w.thejavaroom.com/ + Link to Westford Senior Center: https://westfordma.gov/616/Services-Programs
COLLABORATIONS	+ NAMI support group in next town over
SPOTLIGHTS	+ Dementia Friendly Community: Website + Multi-generational collaboration (with Westford Academy) + Mass. Council on Aging Grant, $4,000, "Living Your Best Life" (3 hours/week for 6 weeks)

GAPS AND BARRIERS. Cross-town communication in real time, more collaboration with police and health around same cases and families (while protecting confidentiality), more collaboration on hoarding, multigenerational collaboration to leverage younger populations to address social isolation, more formal collaboration with housing to address needs of Asian American community, memory café

HEALTH MANAGEMENT ASSOCIATES

DATA ON HEALTH DEPARTMENT & SENIOR CENTER

Health Department

Health Department Resources	
For the Community at Large	
Director	Full time
Public Health Nurse	30 hours per week
Full-time health agent	2 Full time
Food inspector	18 hours per week
Clerk	Full time

Senior Center

Annual Statistics for Senior Center by Age				
Social worker and Outreach Worker				
Metrics	**< 60**	**60+**	**Total**	**Per Person**
Calls	586	2,974	3,560	1,780
Appointments	102	655	757	379
Home Visits	35	258	293	147
Split by Age				
Calls	16.5%	83.5%	100.0%	
Appointments	13.5%	86.5%	100.0%	
Home Visits	11.9%	88.1%	100.0%	

Note: Volume of calls, appointments, home visits is calculated assuming that the Senior Center has 2 assigned staff persons to provide these services.

Gaps, Barriers, Risks

	Current State Description
STAFF	+ First Responders + Key resources for the community + School Resource Officer (SRO) works with Westford Academy + Domestic Violence Officer works with the Health Department
SERVICES & COLLABORATIONS	+ Police participate in the Westford Coalition for Non-Violence + 911 or Safelink, the statewide domestic violence hotline at: + 1-877-785-2020 + Coordinates with the Health Department around hoarding + Coordinates with Senior Center around cases involving seniors and families
SPOTLIGHT	+ Grant-funded for 2020 to develop a 10-town collaborative for crisis Intervention Training (CIT)

GAPS AND BARRIERS. Vaping programs for the schools, cultural competency training, behavioral health training

	Current State Description
J.V. FLETCHER LIBRARY	+ Hub for the community + http://www.westfordlibrary.org/pages/index
VETERANS DEPT.	+ Resource for veteran and families + https://westfordma.gov/394/Veterans-Services-Department
FIRE DEPT. **EMS**	+ Key resources for the community + First Responders + Service specific to this project includes transferring residents from home to hospital + https://westfordma.gov/195/Fire-Department

HEALTH MANAGEMENT ASSOCIATES

RESEARCH

#	WESTFORD
1	+ **Westford Interviews** + Westford town staff + Westford District staff
2	+ **Westford Focus Groups** + Students + Parents + District Teachers + District Administrators
3	+ **Westford Surveys** + Students + Parents + District Teachers + District Administrators

#	NATIONAL, STATE, AND LOCAL SOURCES
4	+ **Interviews and Literature Review** + Subject matter experts at the national, state, local levels + Targeted literature review
5	+ **Sources of Data and Information** + Behavioral Risk Factor Surveillance System (BRFSS) + Youth Risk Behavior Survey (YRBS) + National Survey on Drug Use and Health (NSDUH) + Massachusetts Department of Public Health + Centers for Disease Control and Prevention (CDC) + Offices of Minority Health, Department of Health and Human Services + National Institute of Mental Health (NIMH), National Institute of Health (NIH) + Substance Abuse and Mental Health Services Administration (SAMHSA)
6	+ **Other** + Community Needs Assessments (CHNA): + Emerson Hospital CNA, and Greater Lowell CHNA + NAMI + Massachusetts Children's Mental Health Campaign + Massachusetts Health Aging Collaborative

HEALTH MANAGEMENT ASSOCIATES

STRESS AND ANXIETY

Stress

"Everyone feels stressed from time to time, but what is stress? How does it affect your overall health? And what can you do to manage your stress? **Stress is how the brain and body respond to any demand**. Any type of challenge—such as performance at work or school, a significant life change, or a traumatic event—can be stressful. Stress can affect your health. It is important to pay attention to how you deal with minor and major stressors, so you know when to seek help."

Source: Five Things That You Should Know About Stress. U.S. Department of Health and Human Services. National Institutes of Health, NIH Publication No. 19-MH-8109

Anxiety Disorders

"Occasional anxiety is an expected part of life. You might feel anxious when faced with a problem at work, before taking a test, or before making an important decision. But anxiety disorders involve more than temporary worry or fear. **For a person with an anxiety disorder, the anxiety does not go away and can get worse over time.** The symptoms can interfere with daily activities such as job performance, school work, and relationships. There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders."

Source: https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml#part_145333

Offices of Minority Health at Health and Human Service (HHS)

"In 2010,Offices of Minority Health were established within six agencies at HHS: Agency for Healthcare Research and Quality (AHRQ); Centers for Disease Control and Prevention (CDC); Centers for Medicare & Medicaid Services (CMS); Food and Drug Administration (FDA); Health Resources and Services Administration (HRSA); and Substance Abuse and Mental Health Services Administration (SAMHSA).

CDC and AHRQ previously established such offices administratively, and
AHRQ had established a senior adviser position on minority health to serve as a focal point for coordinating minority health disparities work in the agency. Both HRSA and AHRQ have elected to keep their existing reporting structure under provisions of the ACA.

These offices join the **HHS Office of Minority Health** and NIH National Institute on Minority Health and Health Disparities to lead and coordinate activities that improve the health of racial and ethnic minority populations and reduce health disparities."

SOURCE: https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=7

HEALTH MANAGEMENT ASSOCIATES

YRBSS

"The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.
YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments."

SOURCE: https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Health Management Associates

BRFSS, NSDUH

"The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world." See More.

SOURCE: https://www.cdc.gov/brfss/index.html

"The National Survey on Drug Use and Health (NSDUH) is the primary source for statistical information on illicit drug use, alcohol use, substance use disorders (SUDs), and mental health issues for the civilian, noninstitutionalized population of the United States. Information on mental health and substance use allows the Substance Abuse and Mental Health Services Administration (SAMHSA) and other policymakers to gauge progress toward improving the health of the nation."

Community Health Needs Assessments are a source of information for this project.

Emerson Hospital Community Health Needs Assessment (CHNA) from October 2017-September 2018 to better understand the needs of the community. The hospital focused on 14 towns that make up the Primary Service Area (PSA) along with the secondary area to the west (Secondary West, SW) of Emerson Hospital. PSA = 14 = Acton, Bedford, Bolton, Boxborough, Carlisle, Concord, Harvard, Hudson, Lincoln, Littleton, Maynard, Stow, Sudbury, and Westford. SW = 5 = Ayer, Groton, Pepperell, Shirley, and Townsend.

Lowell General Hospital's 2019 Needs Assessment focused on the hospital's service area, encompassing 8 communities, including Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsborough and Westford. These communities comprise the Community Health Network Area 10 (CHNA 10). Source: Greater Lowell Community Health Needs Assessment, 2019.

"The Massachusetts Healthy Aging Data Report is designed to help residents, agencies, providers and governments understand the older adults who live in their cities and towns – their ages, living arrangements, health status, strengths and vulnerabilities. The report was first released in January 2014 and updated in March 2015 and most recently in December 2018.

The 2018 report includes 379 Community Profiles: 351 for each of the Commonwealth's 351 cities and towns plus neighborhoods in Boston, Springfield, and Worcester. Each Community Profile includes 179 indicators of individual and community health listed alongside state averages, allowing for a comparison of how a town is doing relative to the rest of the state by each variable.

The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston."

SOURCE: https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/

CHILDREN'S MENTAL HEALTH CAMPAIGN

"Research finds that approximately one in five children and adolescents experience the signs and symptoms of a diagnosable mental health disorder each year. There are safe and effective treatments for children with emotional and behavioral disorders; however, only 20 percent of the children who need mental health and substance abuse services receive them.

Schools can be a place where mental health needs are identified and treated. However, many schools do not have enough resources to address student mental health needs. As a result children with mental health disorders are expelled from early education settings, drop out of high school, and enter the juvenile justice system as opposed to getting treatment.
The link between a children's school experience and his or her mental health is clear. The Children's Mental Health Campaign promotes strategies to remove the barriers that prevent children with mental and behavioral health problems from having a successful school experience and reaching their full potential.

Safe and Supportive Schools
All children need safe and supportive school environments to achieve their full potential. This means implementing initiatives to prevent bullying, lower the dropout rate, reduce truancy, and create a learning environment that is sensitive to students who have behavioral health conditions or have experienced trauma. The Children's Mental Health Campaign advocated for the inclusion of the Safe and Supportive Schools framework in Chapter 284 of the Acts of 2014, which focused on gun control. The provision requires schools to develop an action plan for creating safe and supportive environments and also establishes a commission and great program to assist schools through recommendations, grant programs, and technical assistance.

School-Based Substance Abuse Screening
Schools are an important potential point of screening and intervention for students who are at risk of drug or alcohol abuse. The Children's Mental Health Campaign is advocating for school nurses or other appropriate health or support staff to screen students for substance abuse and provide positive reinforcement or brief interventions and, in cases where safety is a concern, referrals to treatment. Learn more about the CMHC's work to promote screening, brief intervention, and referral to treatment (SBIRT) is schools."

SOURCE: https://childrensmentalhealthcampaign.org/school-success

HEALTH MANAGEMENT ASSOCIATES

Evidence-Based Practices Resource Center

"SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.

The Evidence Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings."

Source: https://www.samhsa.gov/ebp-resource-center

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Local Organizations With Mental Health Expertise
These organizations can help coordinate a community event, locate speakers who have expertise in mental health, offer peer and family supports, and provide general information on mental health as well as treatment, and available services for mental health issues.
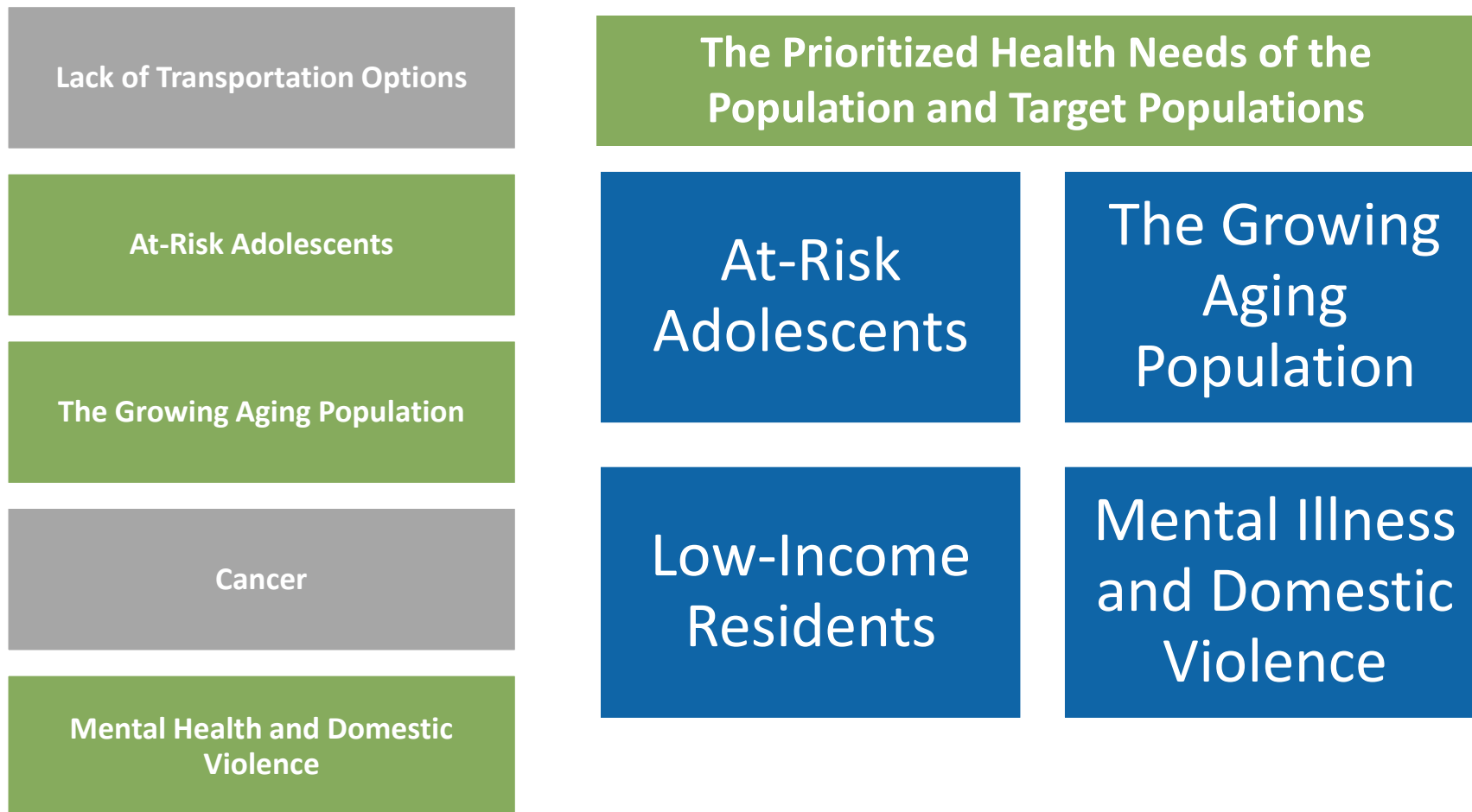
Children, Youth, and Young Adults

National and Community Organizations

COMMUNITY ASSESSMENT: EMERSON HOSPITAL

HEALTH MANAGEMENT ASSOCIATES

SUMMARY LEVEL RESULTS OF EMERSON'S ASSESSMENT

Lack of Transportation Options

At-Risk Adolescents

The Growing Aging Population

Cancer

Mental Health and Domestic Violence

The Prioritized Health Needs of the Population and Target Populations

At-Risk Adolescents

The Growing Aging Population

Low-Income Residents

Mental Illness and Domestic Violence

Source of information: Emerson CHNA.

WHAT ARE THE NEEDS OF THE TARGET POPULATIONS?

At-Risk Adolescents

+ Bullying
+ Many are anxious, stressed, and/or depressed. Many factors: need to be "perfect" academically, social pressures, underlying mental health issues
+ At risk factors: more likely to get < than 4 hours of sleep on school nights, lack engagement out-of-school activities, participated in riskier behavior

The Growing Aging Population

+ Aging of the population, fastest growing population in the service area
+ Transportation challenges ahead, as population ages, tend to lose ability to drive
+ Social isolation
+ Need for geriatric-psychologists
+ Support group for Caregivers

Mental Illness and Domestic Violence

+ Mental health needs and domestic violence growing (within Emerson service area)
+ 15% of residents within the service area reported 15 or more days of suffering from poor mental health, an increase from CHNA 2015
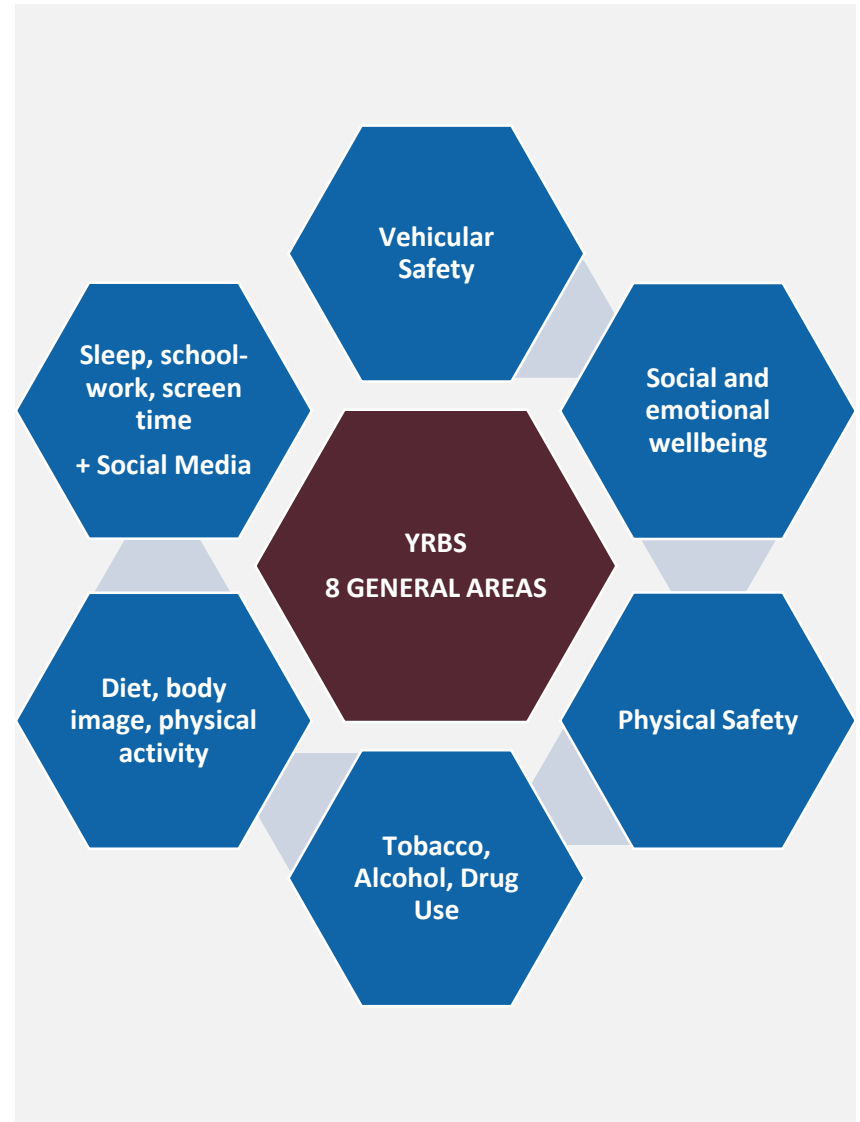
Source of information: Emerson CHNA.

HEALTH MANAGEMENT ASSOCIATES

YOUTH RISK BEHAVIOR SURVEY (YRBS)

Emerson Hospital and public-school districts within Emerson Hospital's service area collaborate to conduct the Emerson YRBS.

The YRBS is a comprehensive survey of youth in 6th grade, 8th grade, and high school, regarding risk behaviors. Westford Academy/Westford Public Schools is one of 9 participating districts, representing 21% of all total surveyed students.

Nine Districts: Acton-Boxborough, Ayer-Shirley, Concord, Groton-Dunstable, Bromfield School-Harvard, Littleton, Maynard, Nashoba, **Westford**

Vehicular Safety

Sleep, school-work, screen time + Social Media

Social and emotional wellbeing

YRBS 8 GENERAL AREAS

Diet, body image, physical activity

Physical Safety

Tobacco, Alcohol, Drug Use

HEALTH MANAGEMENT ASSOCIATES

THANK YOU

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