Group Information	
List all group members	1. Amanda Hershberger 2. Jewell Lavalas 3. Denise Angel 4. Megan Robertson
Summarize your communication plan for the semester (how do you plan to reach each other, communicate, and ensure that communication is received?)	Communication for this semester will be mainly through text messages and email. We will also have weekly meetings via Zoom or FaceTime. We have all agreed to this and agree with this communication method.

A2: Literature Review – 50 points 2.4 and 2.5 first; 2.1 2.2 2.3 2.6 2.7	
2.1 Identify and describe the program you are planning (it is understood that this may change after completing the needs assessment) (4 pts.)	The program that this group intends on implementing is an educational program for children and their caregivers/guardians of lower socioeconomic status (SES) on understanding childhood mental illness. This educational program will teach parents/guardians about their child's mental illness, improving school performance, and behavioral management. This program will also provide parents with tools and resources for further assistance with managing their parenting skills and will be implemented through the Helen Ross McNabb Center.

2.2 Conduct an environmental scan of the geographical location where the main organization operates, looking at other similar programs offered in the area: 5 pts.)	Helen Ross McNabb operates in the East Tennessee area, serving 29 counties, mainly focusing on Hamilton County. There are not many programs in the Hamilton County area that offer parents educational interventions to educate them on their children's mental needs. Therefore, this program would be a positive impact on parents in the Chattanooga/Hamilton County area. Siskin in Chattanooga has a program called Parent Empowerment 1-2-3 Magic: Effective Discipline for children, which is a workshop series that focuses on improving children's behavior and strengthening family relationships. Regional Intervention Program is part of Volunteer Behavioral Health located in Cleveland, TN, and this is professional support for children and families with challenging behaviors. This program gives parents the knowledge and skills to address their child's behavioral needs through other parents who have gone through the same program.
2.3 What is unique about your project? What factors will help to distinguish your program from the other programs mentioned above? (4 pts.)	This group is targeting educating parents and caregivers of children with mental illness in the Hamilton County area of Tennessee. There are currently no parental education groups within this region that specifically target lower SES families. This group's program will educate parents and caregivers of children with mental illness within Hamilton County. Currently, there are respite programs for parents to give them a break from caring for their child, but there are no programs that help to educate the parents on their child's illness or that teach them to manage their child's behaviors concerning their mental illness.
2.4 What does the literature say about the social problem and the issues you identified? (minimum 15 peer-reviewed sources) (15 pts.)	**Service Gaps** Providing services for children with mental health issues can prove to be problematic. Far too often, services are not rendered or gaps where people who need to receive mental health services do not. Significant gaps exist in children's mental healthcare, and barriers prevent access to existing services (Gould et al., 2011). There are many reasons people do not receive mental health services such as inadequate accessibility, lack of providers, lack of research, and more. In an article written about service gaps by Erika Ono and associates, it states that many children and their families struggle to receive services because there is a lack of specialized training (2019). Those researchers also said that a significant gap happens with children who

have more than one mental health diagnosis, and services cannot meet both of those needs (Ono, Friedlander, & Salih, 2019). This information reveals a specific need for specialized training for caregivers when dealing with their children. Understanding this limitation can help to bridge the service gaps for children who have mental health issues.

Inadequate accessibility is a gap in mental health services that need to be addressed. Needs were recognized in research findings that disparities in receiving mental health services might be driven by practical barriers such as access, proximity, or cultural beliefs (Smithgall et al., 2013). Researcher Garcia and associates researched to determine gaps in the delivery of mental health services (2015). In this study, 36 caseworkers were interviewed and what they found was that cultural competence played a massive role in the accessibility of clients (Garcia, Circo, DeNard, & Hernandez, 2015)—not being culturally aware impacts how and where services are distributed. Without that awareness, things like transportation, after school care, and job support are not considered.

These gaps significantly impact families who are of lower socioeconomic status (SES). In general, there is a lack of research done to specifically address the mental health needs of those in a lower SES. Low socioeconomic status (SES) is one of the most critical factors associated with poor mental health in children and adolescents (Sonego et al., 2012). 52%, between 1990 and 2011, indicate that a low socioeconomic status that persisted over time was strongly related to higher rates of mental health problems (Reiss, 2013). Disparities related to SES are substantial contributing factors to mental illness in children and adolescents. Even though this disparity is known, there are gaps in the literature that specifically address the mental health needs of children from a lower SES. In a study addressing unmet mental health needs, it reported that 60 percent of the participants with unmet mental health needs had incomes below 200 of the poverty level (DeRingne, 2010). This further shows that the lack of research can correlate with access to services, particularly for lower-income families.

In addition to inadequate accessibility and limited research, there is a lack of providers of mental health services for children and adolescents. According to an article (Gould et al., 2011), the gap most frequently recognized was lack of providers (74%). This is especially true for rural or low-income populations. Having a lack of providers affects families trying to get care for their children. While many children experience emotional and behavioral issues, most of these issues are not addressed, leading to a lack of services (Kutash et al., 2015). Researcher Erika Ono and associates state that families seeking mental health services are subjected to long waitlists, and their case managers have heavy caseloads, which impact how services are provided (2015). As parents become more familiar with and are trying to understand their child's mental health diagnosis, they have reported that their child's mental health and even social work providers do not have adequate or accurate

information about the specific services that can provide parental education to assist with the mental health needs of their child (DeHoff et al., 2016).

Mental Health Needs

Mental health problems affect 10-20% of children and adolescents worldwide (Kieling et al., 2011). Child mental health disorders are a pervasive issue that exists within the United States today. More and more children and adolescents are suffering from these mental health issues on a day to day basis. Recent literature outlines the consequences of having unmet mental health needs in the lives of children and their parents or guardians. Emotional support was noted as the most crucial long-term need for many caregivers (U.S. Department of Health & Human Services, 2020).

Another study noted that significant concerns for parents and caregivers were feeling the need for emotional support when addressing the mental health needs of their child ranging from bullying, depression, anxiety, peer pressure, attention-deficit/attention deficit hyperactivity, and home and family issues (Searcey, Habegar, & Simmons, 2018). All of those mental health issues are ones that the parents felt should be addressed. In that same study, parents and guardians were polled on their perception of how schools should handle mental health issues. Researchers found that over 3/4th's of the participants in this study felt as though schools should be more active in addressing their child's mental health needs, and 85% felt as though schools should go as far as referring families to the proper services to get their children to help (Searcey, Habegar, & Simmons, 2018). This shows that some parents and guardians feel that addressing mental health needs should not solely fall on them but should be shared with the school system. Up to 20% of children and adolescents experience a mental disorder each year; moreover, up to 1 in 10 children have a mental problem that interferes with their ability to function effectively in school or the community (Kutash et al., 2015). Having the collaboration between parents and schools addresses the mental health needs of children and adolescents on a broader scale.

About 80% of children in foster care require mental health services, compared to 18-22% of the general population needing services (Whitted, 2013). Children in the foster care system have a higher level of chronic behavior and mental health issues due to the trauma that they face at home and/or in foster care homes. These mental health issues need to be addressed because if left untreated, they can lead to long term vulnerability to post-traumatic disorders, learning difficulties, and conduct disorder (Whitted, 2013). One of the main reasons why this is a mental health need is because parents might not understand the severity of their problem and what happens if it goes unnoticed. The issue is that finances can be tight, and some of the children might not have insurance, which is one of the barriers that the program

will address. The majority of foster care children fall under a lower socioeconomic status, making it harder to access mental health services (Whitted, 2013).

Negative Stigmas/Barriers

Aguirre (2020) mentions that one of the main barriers was the negative stigmas and beliefs that receiving mental health services has. Some of the reasons why negative stigmas exist are feelings of shame towards mental health services and not fully knowing about these services and their benefits. This creates a barrier and can prevent those who need mental health services from getting the services that they need. Another obstacle that Aguirre discusses is the need to address these negative beliefs about receiving mental health services (2020). If a family has a negative view about receiving mental health services, they are not readily willing to seek those services for their children, thus perpetuating the cycle and negative belief of mental health services.

Low mental health literacy, which impairs problem recognition and perceived need, is another significant barrier (Xu, 2018). This means that there are rare cases where individuals who know about the actual benefits that mental health services have, and therefore, not learning about how this can genuinely help them creates a barrier from receiving services. There is also the fear of being labeled mentally ill among children or parents not wanting their child with that label (Schnyder, 2017). Individuals with mental health issues, especially school-aged children, do not want to be bullied, which then creates a barrier to receiving services.

Another barrier in children receiving mental health care is the cost. In an article about the unmet mental health needs in children, the author finds that parents mainly reported their significant barriers being services costing too much and having problems with their health care plan (DeRigne, 2010). Those problems could include a lack of coverage for particular services or even no health care coverage at all. In another study on the topic of barriers to receiving mental health services, the author states that in addition to financial need, some parents report transportation inaccessibility as a barrier to receiving services (Reardon et al., 2017). This is especially true for families in rural and urban populations. Further obstacles associated with living in a rural community include isolation, transportation, a general lack of services, and poverty (Gould et al., 2011).

Young (2017) had a study done on Indigenous children and their mental health needs. Due to a low number of research studies done on Indigenous families, services and research are not as common, leading to a low number of services available for them. Some known causes of an increase in attention for their mental health include colonization and subsequent cultural marginalization, which leads to families living in lower socioeconomic communities (Young, 2013). In general, living in poor neighborhoods, having fewer mental health services, and living in a

marginalized community impact mental health needs, not only in Indigenous children but everywhere else. The lack of research, in this case, is the barrier that prevents services from being provided for diverse communities.

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2.5 What does the literature say about what others did? What worked, and what did not? (e.g., EBP) (When presenting studies, make sure that you include sample size, methodology, and study results to substantiate your points.) (minimum 10 peer-reviewed sources) (15 pts.)	**Interventions that work** There is no secret that parent education programs have been used to address mental health needs in children. Parent education has been proven the most effective and highly recommended in addressing child mental health issues (Piotrowska et al., 2017). One specific initiative that has been used to address child mental health issues is the Connect, Attend, Participate, and Enact (CAPE) model. The CAPE model focuses on getting parents and guardians involved in their child's life and making them become active members in their mental health care (Piotrowska et al., 2017). The idea of this intervention is to help parents connect with their children, in the hopes that it produces positive results. Although not much research has been done on the CAPE model, it could prove substantial intervention in addressing child mental health issues. One of the alternatives to parental education is incorporating interventions with the children. Hurley (2017) mentions sports clubs as an alternative to prenatal education, by putting their child in a sports club while the parent is there for support through being a coach, a team manager, or other volunteer position. This alternative has not had many results, but those who have studied mental health and sports club have stated that there are ways to improve. Once the parent gets involved in the team, mental health can become more comfortable to be talked about because their physical health will be targeted. For example, there was a study where mental health activities were being incorporated through sports leading to a pathway to talk about mental health. It was easier to talk about physical fitness because of sports, and once it was associated with positive mental health, it reduced the stigmas about mental health services (Anwar-McHenry et al., 2012). NAMI Basics is a six-week session that educates parents and caregivers of children (22 years old and younger) with helping them understand the child's mental illness and providing them support with other parents. The feedback that Nami has received has been very positive towards the interventions that were used. "NAMI Basics OnDemand allows parents and primary caregivers to easily access information and resources available to support themselves and their family's mental health needs (Nami, 2020). 99% of those who took this program stated that they would recommend it to others. Group-based parenting programs were reported to be moderately effective in improving the psychosocial, emotional, and behavioral health of infants, toddlers,

and older children (Janardhana & Manjula, 2020). In this study, 105 parents enrolled for group interventions; 85 of these parents completed all six sessions, which were conducted over six months, and took part in the survey upon completing the group program (Janardhana & Manjula, 2020). Parents and caregivers benefit from general knowledge regarding the mental health of their children and adolescents, any issues related to a specific illness, and management (Rowan-Robinson, 2017).

Triple P intervention is a multilevel system of support designed to help parents with their children's mental health. Triple P treats social, emotional, and behavioral problems by giving the parents the skills, knowledge, and confidence to parent their child healthily. There are five different levels to this, including media and communication strategy, brief parenting advice, narrow parenting skills training, broad parenting skills training, and intensive family intervention (Gadsden, 2016). In a study that used Level 3, 4, and 5 of the multilevel system, 21 families were part of this study with children ages 5-9 diagnosed with ADHD. Some families were part of an enhanced intervention group, and others were waitlisted. Of these participants that were part of the enhanced intervention group, parents reported a significant reduction of disruptive behavior problems and an increase in parent self-efficacy compared to a waitlist condition. The same parents also gave a 3-month follow-up and stated no adverse changes to their behavior.

Another intervention that studies have shown has worked is the Parent Management Training -Oregon Model (PMTO). PMTO is a parent prevention and treatment program focused on helping to reduce the behavior of children (Gewritz, 2019). PMTO was a randomized control study, where families who were self-referred in 3 different mental health clinics in Detroit were participants in the study. This study gave each family a random control study, varying from various parent training, clinical-based therapy, group-based or services as usual, where they allowed for the parents to choose the kind of intervention for their child. This study showed partial support for positive child behavior when parents decided the intervention for their child. The method where children had more structure at home provided more accessible activities for children in schools.

Interventions that do not work

Although many parent-child and alternative interventions have proven successful, not all child mental health interventions have had positive results. In a study done by researchers to discover if physical education can improve mental health, the results did not prove to hold long term value. This study gathered students from several schools in the area. Thirteen schools were assigned the intervention, and the remaining 16 were in the control group (Olive et al., 2019). The researchers aimed to address mental health issues such as depression, anxiety, and body image by having a specialist- taught physical education program for students attending school. All students received physical education intervention twice a week for 50

minutes a session, over four years. What the results revealed was that there was no significant difference between those students that received the intervention and the ones that did not. Furthermore, the same group that received the intervention showed no significant difference a year later (Olive et al., 2019). This intervention overall did not yield the desired results.

Another intervention that had negative results was one that specifically targeted lower-income families enrolled in parent programs. In the study, researchers used 763 parents who were enrolled in three different parenting programs to assess the barriers in parenting programs. What they found was that parenting programs dealing with at-risk populations, or lower-income families is a challenge (Rostad, Moreland, Valle & Chaffin, 2018). They also discovered that a significant reason these parenting classes were not proving to be helpful with this population is that it did not address parental stress (Rostad, Moreland, Valle & Chaffin, 2018). If parental education interventions were to address both parent and child mental health issues, the intervention would be more beneficial.

In addition to a lack of parental education interventions, there is a deficit in parent seminars dedicated to addressing mental health issues in their children. A study to determine the relevance of seminars surveyed 21 parents who participated in two separate parenting seminars; they were asked to comment on their experience while attending the parenting seminars (Gilbo et al., 2015). What they found was that families taking these seminars expressed a feeling of togetherness but felt as though their specific parental needs were not addressed. Even though overall, the seminar was successful, parents said the need for more time to address their issues (Gilbo et al., 2015). If these problems were to be addressed, parent seminars could be an effective form of intervention for addressing child mental health issues.

Another study was conducted through computer-assisted telephone interviews, attempting to reach adults and ask about mental health and their perceptions. This campaign was conducted to change the mentality of adults and their stigmas on mental health services and to open up the minds of the participants regarding mental health and the importance of treatment (Anwar-McHenry, 2012). It was also conducted to open up the minds of the participants about mental health and the importance of treatment. This intervention did not work because of the 75% of the population reached, only 25% reported that they could change their mind about mental health and how they approach the issue (Anwar-McHenry, 2012). This study needed to reach more participants or take a different approach than phone interviews to receive positive feedback on changing mental health stigmas to be more effective.

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	Family Studies, 27(4), 1264–1274. https://doi.org/10.1007/s10826-017-0963-6 Rowan-Robinson, K. (2017). Group-based parent training programs for improving emotional and behavioral adjustment in children. International Journal of Nursing Practice, 23(6), e12540. https://doi.org/10.1111/ijn.12540
2.6 How do you plan to incorporate information from the literature into your project plan (how the program will shape out)? (2 pts.)	This group will incorporate the practice parent interventions with the best results and use that data to create the group's program. The literature has revealed that one of the best ways to address child mental illness is through parent education. From that information, this group will seek to implement parent education classes as the primary intervention.
2.7 Conclude with a clear problem statement (Should follow this prescription: **"We know *X* and we know *Y* from the literature. However, we don't know *Z*, and that is the reason why it is important to explore…."**) (5 pts.	We know that 10-20% of children are affected by mental health issues worldwide. That stigma and the cost of services can act as barriers to receiving proper mental health care and interventions, and we also know those parent interventions can work. Still, we are unsure if these specific interventions are culturally informed enough to deal with lower socioeconomic class members and address their needs. Because of this uncertainty, it is important to explore various intervention methods and their rates of success within families that are a part of the lower socioeconomic class.