

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition and physical activity

Lifestyles free of substance use and addiction

Optimal mental health and healthy relationships

Health Disparities (TBD)

Safe and healthy communities

Healthy physical growth and cognitive development

Sexually responsible and healthy adolescents and women

Access to preventive and treatment services

Quality screening, identification, intervention, and care coordination

Optimal Mental Health and Healthy Relationships

Focus

This priority focuses on promoting activities and policies that support the development of healthy relationships and contribute to optimal mental health. This priority emphasizes a public health approach to mental health.

Programs and activities within the Office of Maternal and Child Health (OMCH) that support optimal mental health and healthy relationships for women, infants, children, adolescents, and families focus on promoting secure attachments between young children and their parents and caregivers, connections to school for children, youth, and adolescents who attend school, healthy relationships among youth, and adequate social support among pregnant women and parents. This includes activities that promote the development of appropriate response behaviors and resilience skills¹ and the skills for avoiding negative or unhealthy relationships.

Objectives and Expectations

Optimal mental health and healthy relationships provide the foundation for success in school, work, and life and are essential to overall health.¹

We expect that efforts to promote optimal mental health and healthy relationships will result in social environments and public policies that lead to:

- Nurturing relationships between parents and children.
- Children who start kindergarten with the social and emotional skills needed to be successful.
- Youth who are able to make decisions about and maintain healthy peer relationships.

¹ Response behaviors include: expressing thoughts and feelings appropriately with adequate vocabulary and self-control, sustaining attention and focusing attention, demonstrating impulse control, and seeking help when needed. Resilience refers to internal processing of thoughts, feelings, and experiences such as adapting appropriately to changes, having an appropriate self-image, confidence, courage, hope, and sense of humor.

Key Data from Washington

Relationships

In 2005, approximately 3 percent of childbearing women reported physical violence by husbands or partners during their most recent pregnancies.ⁱⁱ

In 2006, 7 percent of students in eighth grade and 12 percent of students in Grade 10 and 13 percent in Grade 12 reported that during the past 12 months their boyfriends or girlfriends limited their activities, threatened them, or made them feel unsafe in some way.ⁱⁱⁱ

Results of the 2006 Healthy Youth Survey indicate that approximately 57 percent of eighth graders, 59 percent of tenth graders, and 60 percent of twelfth graders would very likely seek help for friends who are depressed or suicidal.ⁱⁱⁱ

In 2006, 9 percent of 6th graders, 11 percent of students in Grade 8, 16 percent in Grade 10, and 13 percent in Grade 12 reported that they didn't have adults to turn to for help when they were feeling sad or hopeless.ⁱⁱⁱ

Mental Health

In the 2006 Healthy Youth Survey about 32 percent of students in Grade 8, and 23 percent in Grade 10 and Grade 12 responded "completely true" to the question "I feel good about myself."ⁱⁱⁱ

About 49 percent of students in Grade 8, 43 percent in Grade 10, and 45 percent in Grade 12 responded "completely true" to the question "I look forward to my future."ⁱⁱⁱ

Mental Illness

According to the 2005 Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, about 25 percent of new mothers reported sometimes feeling down, depressed, or hopeless, 7 percent reported often, and about 1 percent reported always.ⁱⁱ

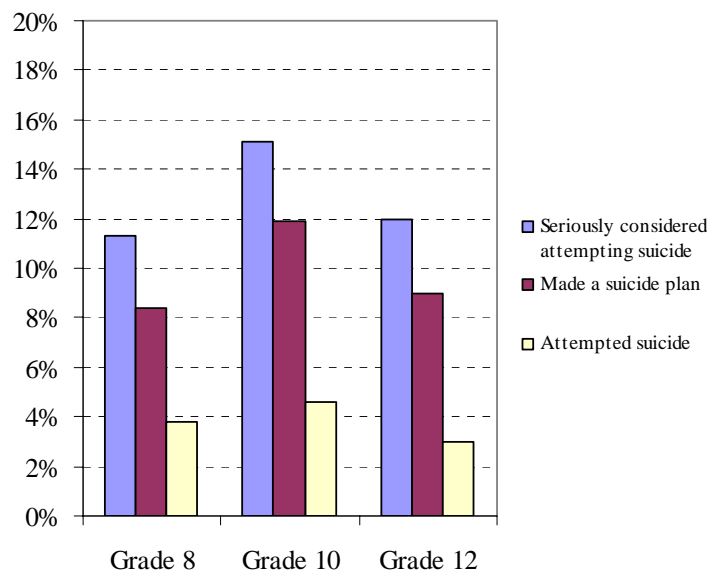
In the 2006 Healthy Youth Survey, about 25 percent of eighth graders, 30 percent of tenth and twelfth graders reported symptoms of depression in the previous year.ⁱⁱⁱ

Disparities

Rates for depression symptoms among girls were significantly higher than boys in 2006. Boys were significantly more likely to report they felt good about themselves than girls. Girls were also significantly more likely than boys to make a plan about how they would attempt suicide.ⁱⁱⁱ

Children with disabilities are twice as likely to suffer depression and four times as likely to attempt suicide as children without disabilities.ⁱⁱⁱ

Suicide-Related Behaviors in the Past 12 Months: Healthy Youth Survey 2006



Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Activities that promote optimal mental health and healthy relationships focus on helping parents be better equipped to promote the social and emotional development of children and youth; promoting healthy relationships in families, child care, early learning programs, and schools; and improving access to effective, community-based, family and youth-directed mental health services. Listed below are some of the OMCH-supported activities related to optimal mental health and healthy relationships for women, children, and adolescents.

Pregnant Women and Women of Childbearing Age

Prevention

- The University of Washington School of Nursing develops training modules for Maternity Support Services and Infant Case Management providers to improve their knowledge and skills for screening pregnant and postpartum women for depression.
- OMCH provides support to the Solutions for Chemically Dependent Families program in the Department of Social and Health Services (DSHS) to increase behavioral health services such as healthy relationships and parenting for chemically dependent pregnant and parenting women.
- Parent organizations provide mentoring and emotional support to parents of children with special health care needs.
- OMCH will participate in an effort led by the Children's Trust of Washington (formerly the Washington Council for the Prevention of Child Abuse and Neglect) to develop a plan about coordinating or consolidating home visiting programs and a report to the legislature with recommendations on implementing the plan. The Department of Early Learning (DEL), the Department of Social and Health Services (DSHS), and the Family Policy Council will also participate in this effort.
- Proposed future primary prevention activities supported by OMCH include activities that will increase screening for and timely response to social and emotional issues in all women of childbearing age.

Policy Development

- Evidence-based information is provided to policymakers for use in developing policy regarding optimal mental health and healthy relationships.

Infants, Children, and Youth²

Prevention

- OMCH assists the Department of Health (DOH) representative to the Children's Trust of Washington (formerly the Washington Council for the Prevention of Child Abuse and Neglect).
- OMCH will participate in an effort led by the Children's Trust of Washington (formerly the Washington Council for the Prevention of Child Abuse and Neglect) to develop a plan about coordinating or consolidating home visiting programs and a report to the legislature with recommendations on implementing the plan. The Department of Early Learning (DEL), the Department of Social and Health Services (DSHS), and the Family Policy Council will also participate in this effort.
- The Early Childhood Comprehensive Systems Grant ("Kids Matter") promotes and coordinates social, emotional, and mental health strategies and outcomes for children from birth to kindergarten entry.

²Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- Child care health consultants receive training regarding social and emotional issues to help them provide consultation to providers of infant and toddler child care.
- Infants with hearing loss receive early intervention and parent-child attachment is improved through the early identification of infants with hearing loss.
- OMCH supports the use of Bright Futures mental health materials by DSHS Children’s Administration to train foster parents.
- The Family Violence Prevention Workgroup identifies and promotes strategies for healthy relationships for youth aged 11-14 years using the Centers for Disease Control and Prevention “Choose Respect” initiative.
- OMCH coordinates with the DOH Injury Prevention program to implement the Youth Suicide Prevention Plan.
- CSHCN works with DSHS to address issues around Traumatic Brain Injury (TBI) including recognizing signs of depression or other mental health issues related to the effects of TBI on children.
- Adolescent health fact sheets related to social, emotional, and mental health issues such as suicide prevention and communication between parents and teens are developed and distributed to parents and teens on request.
- A statewide public awareness campaign encourages youth to delay sexual activity until they are developmentally ready.
- Parents receive the “Speak Up When You’re Down” postpartum depression brochure in the one-month CHILD Profile mailing.
- CHILD Profile sends three growth and development charts, which promote social and emotional development, to parents of children aged birth to 6 years.

Policy Development

- DOH participates on the Mental Health Transformation (MHT) Work Group and the MHT Prevention Advisory Group. OMCH staff coordinates and informs DOH involvement with this effort.
- OMCH participates on the Children’s Subcommittee of the DSHS Division of Mental Health Planning and Advisory Committee.
- Proposed future policy development activities include activities to identify additional mental health resources for children with special health care needs.

Research, Surveillance, and Best Practices

Data

- The annual “MCH Data and Services Report” and the “Adolescent Needs Assessment” include mental health data and service information.
- OMCH evaluates survey data and works to identify the best indicators to measure mental health.
- “The Children’s Mental Health Needs Assessment” sought to define the role of public health in mental health; ascertain the prevalence of mental illness diagnoses, risk factors, and protective factors among children; identify groups of children at risk for mental illness; and develop a framework for future mental health needs assessments. (http://www.doh.wa.gov/cfh/mch/documents/CMH_Needs_Assessment.pdf)
- The Early Hearing Loss Detection Diagnosis and Intervention (EHDDI) program conducts surveillance and collects information on the number of infants who are screened for hearing loss and receive referrals for early intervention.
- OMCH and the Department of Social and Health Services Mental Health Division and WorkFirst program share and evaluate data of mutual interest.
- The Healthy Youth Survey collects information about depression, suicide, and well-being from youth in Washington State.

- Pregnancy Risk Assessment Monitoring System (PRAMS) Survey collects data related to provider screening for postpartum depression, maternal depression.
- The Children with Special Health Care Needs program provides data on services received by children with special needs to the DSHS Division of Mental Health (DMH) to assist DMH in fulfilling a federal mandate to serve children in the Title V program.
- The maternal mortality surveillance system gathers data related to mental health.

Examples of Best Practices

- OMCH promote the use of the Bright Futures³ health promotion materials including mental health specific materials.^{iv}
- The Family Violence Prevention Workgroup encourages the use of “Choose Respect” materials to promote healthy relationships among youth aged 11 – 14 years.
- Maternity Support Services includes a behavioral health component to assist low-income pregnant women and new mothers in developing necessary skills and behaviors that may affect pregnancy and parenting outcomes. The program addresses domestic violence, mental health concerns, substance abuse, grief and loss issues, and social support.

Other Public Health Agendas

By identifying optimal mental health and healthy relationships as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of achieving and maintaining optimal mental health and healthy relationships in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^v for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicators related to OMCH’s goal to promote optimal mental health and healthy relationships are “Mental health” and “Injury and violence.”

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:⁴

- Increase the proportion of adults with recognized depression who receive treatment. (18-9b)
- Reduce the suicide rate. (18-1)
- Reduce the rate of suicide attempts by adolescents. (18-2)
- Reduce the proportion of homeless adults who have serious mental illness (SMI). (18-3)
- Reduce maltreatment and maltreatment fatalities of children. (15-33)
- Reduce the rate of physical assault by current or former intimate partners. (15-34)

³ Bright Futures is a set of nationally developed health guidelines. <http://www.brightfutures.aap.org/web/>.

⁴ The number in parentheses represents the objective number. The Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{vi} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. The health indicator used to assess mental health is the percent of adults who report 14 or more days of poor mental health in the past month. The key health indicators identified in the PHIP to assess healthy relationships fall under the category of safe and supportive families. These indicators are: (1) percent of youth who report eating dinner with their families most of the time or always, (2) number of offenses involving domestic violence per 1,000 population, and (3) number of reports of children younger than 18 years who were abused or neglected per 1,000 population.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{vii} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of optimal mental health and healthy relationships aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to mental health and healthy relationships. Information about injury prevention and infant, child, and adolescent social and cognitive development can be found in the following issue briefs: (1) Safe and Healthy Communities, (2) Healthy Physical Growth and Cognitive Development, (3) Access to Preventive and Treatment Services, and (4) Quality Screening, Identification, Intervention, and Care Coordination. For more information about the Maternal and Child Health Priorities and the Issue Briefs, please contact Candi Wines at the Office of Maternal and Child Health via phone: (360)236-3459 or email: candi.wines@doh.wa.gov.

References

ⁱ US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General – Executive Summary*. Rockville, MD: 1999.

ⁱⁱ Washington Pregnancy Risk Assessment Monitoring System (PRAMS). 2005.

ⁱⁱⁱ Washington State Healthy Youth Survey 2004 & 2006. Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development, and RMC Research Corporation. www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx

^{iv} <http://brightfutures.aap.org/web/> or http://depts.washington.edu/chdd/ucedd/ctu_5/prombright_5.html

^v <http://www.healthypeople.gov/LHI/lhiwhat.htm>

^{vi} <http://www.doh.wa.gov/PHIP/default.htm>

^{vii} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf