

Helping Hands: Promoting Adolescent & Emerging Adult Mental Health

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Abstract

Adolescent mental health has been recognized in Anchorage, Alaska as an urgent issue in need of health promotion and injury prevention measures. To address this issue, a literature review, key informant interview, and community survey were conducted to identify knowledge gaps. The analysis of collected data was used to tailor an intervention in the form of a public service announcement (PSA) intended to educate about the detrimental effects of corporal punishment on adolescent and emerging mental health. Based on key informant feedback, the PSA conveyed a complete, impactful, and accurate message raising awareness about this critical public health concern.

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Through a community needs assessment, University of Alaska Anchorage School of Nursing faculty identified public health concerns relevant to the Anchorage area. After being assigned the topic of adolescent mental health, nine nursing students joined forces to complete a community capstone project as an exercise in service learning. The team utilized the nursing process with the goal of expanding health promotion and injury prevention efforts for Anchorage adolescents and emerging adults. Analysis of assessment findings guided development of a primary prevention strategy to address identified community needs. The project revealed the challenges of changing public perceptions, the intricacies of group dynamics, and the complexity of working in the public health domain.

Assessment and Analysis

A population assessment was initiated by creating a comprehensive list of themes with plausible connections to Anchorage adolescents and emerging adult mental health. Through collaborative brainstorming, eleven different subjects were determined to be especially pertinent to the topic of interest. The eleven subjects were divided among nine team members, and a review of the literature was conducted. To capture a wide scope of information, each team member was tasked with gathering reliable data on their assigned subject, synthesizing key points, and reporting their findings to the remaining team members.

While the review of the literature was underway, feasible key informant contributions were also being considered. Professionals with the Anchorage School District, House Bill 181, Covenant House, McLaughlin Youth Center (MYC), the Anchorage Police Department, Providence Alaska CARES, the Alaska Military Youth Academy, the University of Alaska Anchorage School of Nursing, and the Alaska Psychiatric Institute were considered appropriate

sources of supplemental data based on affiliation and extensive experience with the adolescent mental health issues. Each team member attempted to contact a representative from one of these organizations. A representative from MYC and Providence Alaska CARES agreed to interviews and to act as project evaluators.

A combination of evidence from peer-reviewed journals, the Alaska Department of Health and Social Services (DHSS), the Centers for Disease Control and Prevention (CDC), Healthy Alaskans 2020, the Anchorage School District, the American Psychological Association, the National Alliance on Mental Illness, the Alaska State Legislature, the American Foundation for Suicide Prevention (AFSP), stopbullying.gov, and Healthy People 2020, was used to draft relevant survey questions. Topics featured in the survey included the following: rates of suicide, utilization and availability of community providers, prevalence of depression, anxiety, and other mood or psychotic disorders, mental health education in schools, rates of substance abuse disorders and risky behaviors, bullying, socioeconomic influences, accessibility of mental health resources, adverse childhood experiences (ACEs), adolescent mental health issue impacts on emerging adult life, and adolescent and emerging adult mental health issue impacts on adult life.

The review of the literature indicated a trend of rising rates of depression, emotional disturbances, and suicide attempts among Alaskan teens (Alaska Mental Health Trust Authority, 2020; Alaska Department of Health and Social Services, 2020). Bullying and cyberbullying in Anchorage were found to contribute to adolescent mental health issues (StopBullying.gov, 2017). Additionally, mental health education in Alaska schools is limited and discretionary (Bradner, 2020). The literature also highlighted that lower socioeconomic status can be associated with poor adolescent mental health and can be considered an adverse childhood experience (ACE) (CDC, 2020, April). The CDC (2020, April) defines ACEs as possibly

traumatic events that occur from ages 0-17 years. ACEs can have long-term detrimental effects such as depression, anxiety, attempted suicide, and substance abuse into adolescence and beyond (CDC, 2020, June). A web search of Anchorage resources specific to adolescent mental health issues proved time-consuming and exemplified a lack of easy accessibility. The information derived from the review of the literature was utilized to formulate survey questions for the Anchorage public ages 18 and over.

The results showed a majority of the population surveyed agreed or strongly agreed adverse childhood experiences can have a negative impact into emerging adulthood. Witnessing domestic abuse, having incarcerated family member(s), cyberbullying, poverty and financial insecurity, traumatic community events, divorced parents, household member(s) with drug addiction and/or mental illness, and witnessing a mother treated violently were consistently identified as ACEs. However, participants failed to identify physical punishment (including spanking) 61% of the time. An interview with Dr. Barbara Knox of Providence Alaska CARES validated these findings (personal communication, September 9, 2020). The knowledge deficit guided the development of a PSA intended to educate the Anchorage community about the harmful effects of physical punishment on adolescent and emerging adult mental health and offer alternative forms of discipline.

With an understanding that perceived benefits and barriers can affect health outcomes, the *Health Belief Model* was selected as the framework to guide intervention development (National Cancer Institute, 2005). The focus was on informing the viewer of the harmful effects of physical punishment and discouraging its practice as a form of child discipline. As a simple yet creative and endearing technique to portray this message, the PSA promoted the appropriate and positive use of hands with the insinuation that

physical punishment was inappropriate and should be avoided.

The immediate impact of the PSA on Anchorage adults 18 years and older is an introduction or a reinforcement of the perceived susceptibility and severity of physical punishment's (spanking) long-term implications. Evidence dissemination describing physical punishment as an ACE and the associated deleterious effects on future mental health serve in promoting social and cultural change surrounding physical punishment. Social and cultural behaviors are known to take as many as three generations before a change is evident (B. Knox, personal communication, September 9, 2020). The introduction or reinforcement of knowledge to Anchorage residents over 18 years of age will be the first and easiest step to alter established behaviors about physical punishment (Stanhope & Lancaster, 2020). Whether ACEs and physical punishment is a new concept or a reminder of previously acquired knowledge, the impact of the PSA or the ideas themselves can be sustained through active circulation intended to improve awareness that can change attitudes and ultimately change behavior (Stanhope & Lancaster, 2020).

Reflection

The project's community impact is the improvement of public knowledge concerning spanking as an ACE and the long-term detrimental effects on the adolescent and emerging adult populations. The concept may be novel or repetitive, and there may not be a consensus, but the idea is dispersed with the hope of opening a dialogue. We do not anticipate instantaneous change in the attitudes and behaviors related to spanking, because social and cultural behaviors are deeply ingrained in the psyche. However, we anticipate that a small percentage of the community will retain our PSA's message and may be persuaded to consider alternative modes of punishment.

Over the course of the group project, our perceptions regarding adolescent mental health changed in several ways. The greatest change was realizing the issue was far more extensive than previously considered; there are many more factors involved beyond fluctuating hormones, peer pressure, or bullying which can negatively impact the mental health of adolescents. Our research highlighted that early detection and intervention are paramount in effectively treating mental health challenges (World Health Organization, 2020). In this same vein, we learned that ACEs are often a major contributing factor in adolescent mental illness and can have lasting effects on emerging adulthood and beyond, especially, if untreated (CDC, 2020, June). Many of us were also unaware that physical punishment, which may include spanking, is a form of ACE, in spite of its widespread acceptance and practice in disciplining children.

Over the course of this project, we encountered many unexpected insights. One such insight is Alaska's disproportionately high rates of suicide, especially amongst adolescents and emerging adults (American Foundation for Suicide Prevention, 2018). While there are multiple organizations addressing the issue, lack of collaboration within the community minimizes their effectiveness. We believe these organizations would better serve the community by coordinating efforts through coalition building to raise awareness. Overall, a shift from secondary/tertiary prevention methods towards primary prevention in handling adolescent and emerging adult mental health issues would likely be more effective. Another unexpected finding was the negative impacts associated with ACEs, such as physical punishment (including spanking), and how alternative discipline methods are better suited to achieve desired outcomes. We were also surprised to learn about the knowledge gap regarding physical punishment as an ACE. Our key informant iterated the learning process leading to behavioral change can take up to three

generations and requires regular reinforcement of knowledge. (B. Knox, personal communication, September 9, 2020).

The evaluation of our PSA pointed out an important distinction: spanking alone does not necessarily constitute an ACE. According to Dr. Barbara Knox, “physical abuse is the ACE, but spanking can result in physical abuse” (personal communication, September 24, 2020). For us, it seems difficult to determine at what point spanking becomes physical abuse. The general definition of physical abuse as it relates to spanking can be highly subjective due to the variability of deep-seated social and cultural norms. In retrospect, we should have ensured spanking and physical abuse were more clearly differentiated in our collective understanding, our survey, and our PSA.

Each of us learned more about group conflict resolution. For example, minor disagreements emerged when choosing what questions to focus on while creating the survey. Each team member was passionate about the topic they had researched; however, after thorough discussion of each question and taking group votes, we managed to narrow them down. Our rationales for selection were reaffirmed when we realized many of the topics reflected concerns brought up by key informants. In addition to struggles with survey development, some of us had contrasting opinions about the subject of spanking. Nonetheless, every one of us recognized the negative impacts associated with ACEs and the dire need to promote awareness of the issue in Anchorage. Our group managed to negotiate and collaborate while voicing different opinions. Disputes were settled cordially, weekly goals were met, and progress remained on schedule.

Each of us also learned more about the nuances of the public health nursing process. From the beginning, it became clear to all of us that public health nursing relies heavily on community assessment to identify and adapt appropriately to community needs. Speaking with

key informants offered a useful way to ascertain assessment data pertaining to what health care providers believe are major mental health issues facing the adolescent and emerging adult population in Anchorage. Finding knowledge gaps and understanding the potentially far-reaching consequences allowed us to adapt our intervention in a way that spoke directly to a true problem. We learned public health nurses use the entire nursing process to make a difference in their community and have the opportunity to positively impact health for generations.

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Appendix

Presentation Handout

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