

Introduction

- Reducing disparities in mental health has become a national priority.¹
- Minority groups underutilize and often are apprehensive when accessing mental health services.²
- As a result, a significant number of children with behavioral health issues go without diagnosis and treatment; frequently leading to potentially negative outcomes.
- It is imperative to individualize each patient interaction to explore options to remove barriers.^{3,4}
- The UCLA -Kern, Child and Adolescent Fellowship Program has identified these alarming trends and initiated a grassroots community academic partnership educational campaign focusing on educating community members.
- The research study will provide mental health education promoting stigma reduction, clarifications of mental health misconceptions and instilling positive attitudes towards children's mental health issues.

Objectives

- To promote and maintain mental health education in underserved communities through preventative and pro-active community interactions.
- To educate community members about children's Attention Deficit Hyperactivity Disorder and Childhood Depression.
- To promote mental health literacy and reduce stigma by developing community academic partnerships.
- To promote community empowerment and educational sustainability towards mental health.
- To stimulate efforts to increase community academic partnerships in under resourced communities.

Methods

- An ongoing study was carried at several community centers in Southern and Central California, with a population made up of greater than 50% Latino.⁵
- The study population were community members interested in learning about children's mental health, which were from diverse ethnic, social, education, demographic backgrounds.
 - Participants were provided two separate educational lectures focusing on Attention Deficit Hyperactivity Disorder and Childhood Depression. Both scales were translated into Spanish for Spanish speaking community members.
 1. Depression Literacy Questionnaire (D-Lit).⁶
 2. The Knowledge of Attention Deficit Disorders Scale (KADDS).⁷
- Literacy scales were used in a pre and post survey format to assess general children's mental health knowledge, stigmatizing attitudes, misconceptions and treatment modalities.
- Lectures were designed in "casual" format designed to target participation, dynamic critical thinking, and developing an educational ecosystem → "circle of education"

Results

- A total of 120 community members in under resourced communities in California participated in this study. Seventeen participants were evaluated utilizing the KADDS scale in the ADHD group. One hundred and three participants were evaluated utilizing the Depression-literacy scale in the children's depression group.^{6,7}

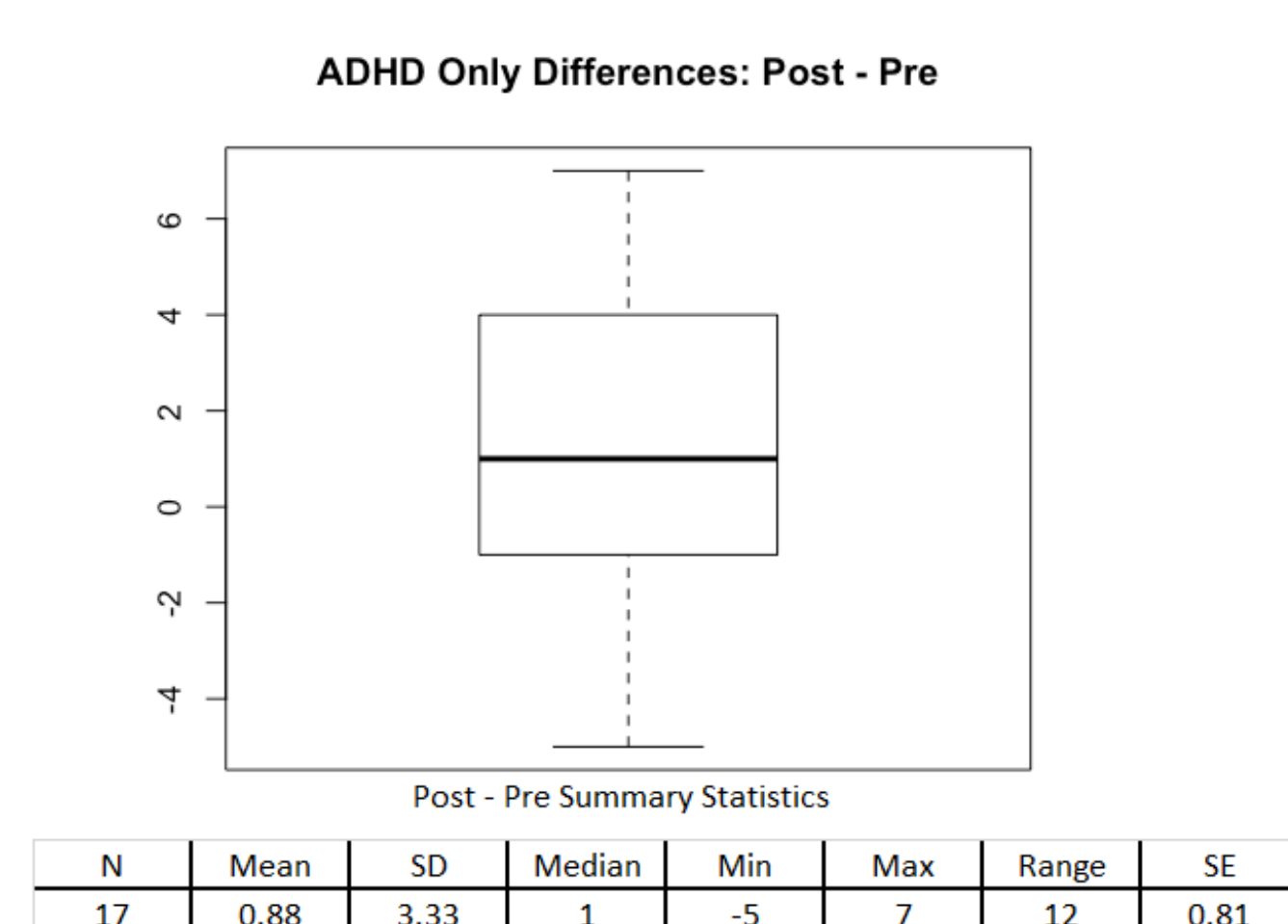


Figure 1: ADHD Differences: Post - Pre graph and table

Figure1: A paired t-test was conducted for the KADDS scale scores (Post-Pre), with a resulting p-value of 0.14, indicating a lack of statistical significance. Possible explanation small sample size.

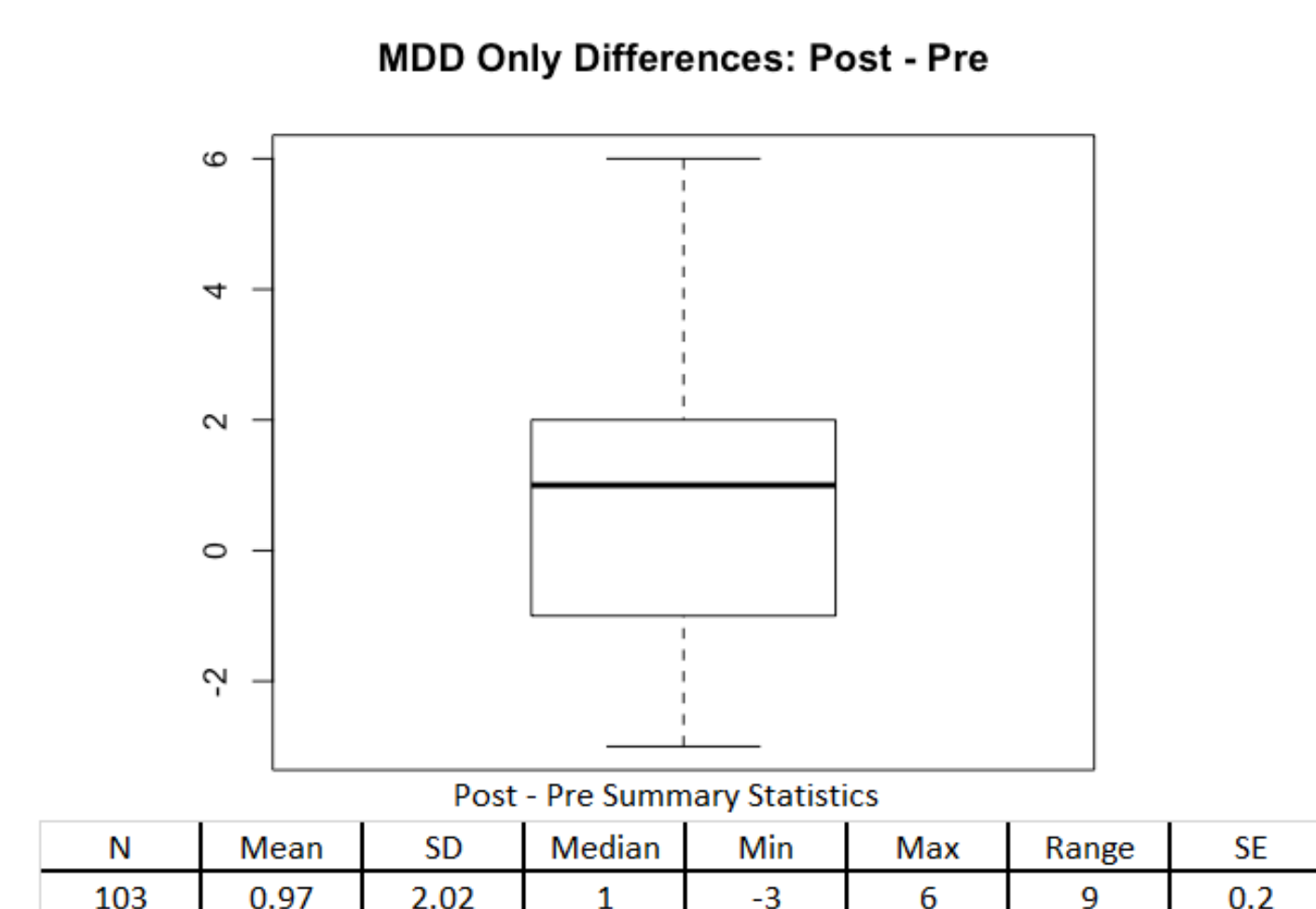


Figure 2: Depression Differences: Post -Pre graph and table

Figure 2: A paired t-test was conducted for the Depression Literacy Scale (Post-Pre) test, with a resulting p-value of 2×10^{-5} , indicating a statistical significance. Indicated that through community engagement overall increase in mental health was made with total sample size.

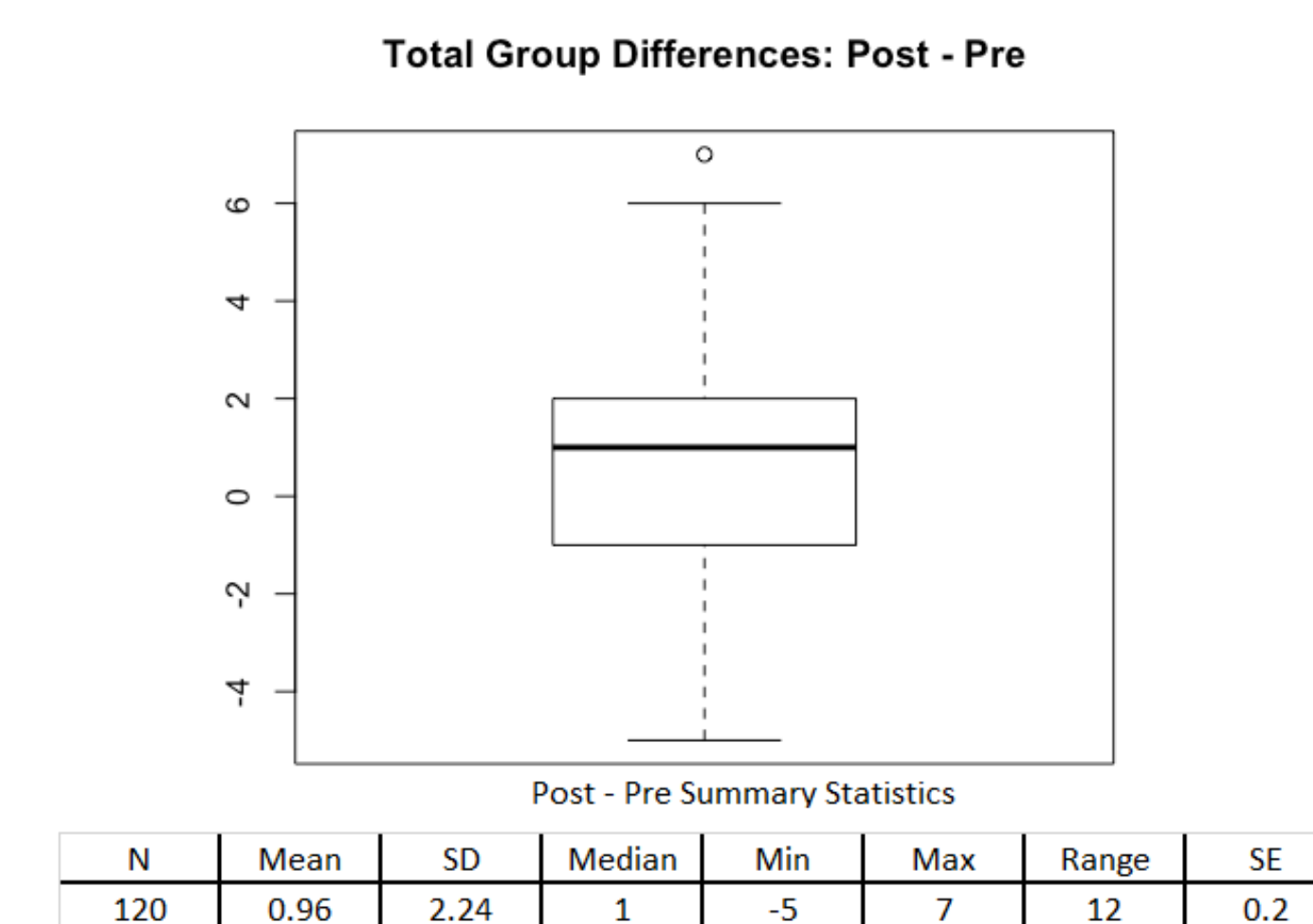


Figure 3: Total ADHD and Depression Post -Pre differences

Figure 3: A paired t-test was conducted for the total ADHD and Depression tests, with a resulting p-value of 3×10^{-5} , indicating a statistical significance. Indicated that through community engagement overall increase in mental health was made with total sample size.

Conclusions

- This community-academic partnership study is intended to examine community members knowledge and misperceptions of common children's mental health topics with the goal of increasing mental health literacy.
- Results from this study demonstrate that through community-academic engagement an increase in mental health literacy has been demonstrated.
- Limiting factors in this study include small-moderate sample size, challenging recruitment of community members, limited amount of mental health literacy scales, and limited geographical areas studied.
- Future recommendations may include utilizing social media and other aids to recruit more community members, to increase statistical power.
- Expanding study to different languages with appropriate translation of literacy scales and including more geographical areas.
- Collecting demographic information: age, ethnicity, gender, to research additional possible factors relating to mental health literacy.⁸
- Through increasing mental health literacy communications and education, mental health gaps can be closed decreasing disparities in Southern and Central California with future goals to work on a state and national level, increasing mental health.
- Increasing interdisciplinary partnerships.

References

1. Giveon K, Parton JM, Ford KL, et al: Geographic and racial-ethnic differences in satisfaction with and perceived benefits of mental health services. *Psychiatr Serv* 2014; 65:1474-14
2. Lesser I, Rosales A, Zisook S, et al: Depression outcomes of Spanish- and English speaking Hispanic outpatients in STAR*D. *Psychiatr Serv* 2008; 59:1273-1
3. US Department of Health and Human Services: Medically underserved areas/populations. Washington, DC, Department of Health and Human Services, 1995.
4. Substance Abuse and Mental Health Services Administration. Substance abuse: administrative issues in outpatient treatment. Rockville, Md, SAMHSA, 2006
5. <http://www.accessed 04/19/2017>
6. Griffiths, Kathy. Depression Literacy Questionnaire (D-Lit) [Internet]. Centre for Mental Health Research. Update April 25, 2017 [cited 21 Sept 2016].
7. Alkahtani, K. (2012). Teachers' Knowledge and Misconceptions of Attention Deficit/Hyperactivity Disorder. Published Online December 2013 in *SciRes*, 2013. Vol.4, No.12, 963-969. <http://dx.doi.org/10.4236/psych.2013.412139>
8. US Department of Health and Human Services Office of the Surgeon General: Executive summary: mental health: culture, race, and ethnicity—a supplement to mental health—a report of the Surgeon General. Rockville, Md, Department of Health and Human Services, 1999
9. This research was supported in part by an APA/SAMHSA Fellowship training grant (5T06SM060562-06)
10. Miller, M.D. (et.al). Research in Community Mental Health Settings: A Practicum Experience for Researchers. *Psychiatr Serv*. November 2008 Vol. 59 No. 11.