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Youth Behavioral Health Athens Clarke County



Athens Wellbeing Project 3.0
White Paper Series

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Abstract

In recent years, Athens-Clarke County experienced a significant increase in behavioral and mental health issues among youth. The problem has been exacerbated by the COVID-19 pandemic, severe workforce shortages, and an overall lack of resources for children. This project intends to observe the magnitude of the issue and determine how to address mental healthcare workforce shortages and improve mental health outcomes in Athens-Clarke County youth. In order to better understand the scope of the problem, the team pulled data from the Athens Wellbeing Project, Online Analytical and Statistical Information System (OASIS), Georgia Department of Education, and the American Academy of Child and Adolescent Psychiatry.

An examination of existing literature suggests strong effectiveness of mental health programs based on resilience, specifically those teaching children and communities how to use tools and techniques to manage anxiety. Two such programs addressed during the process of research were the Community Resilience Model (CRM) program and the FRIENDS program. Additionally, research covered potential methods of workforce development. Out of all proposed recommendations, the CRM program was suggested to be the most cost-effective and most viable intervention for the Athens-Clarke community.

The Policy Problem

In October 2021, the American Academy of Child and Adolescent Psychiatry and the Children’s Hospital Association declared child and adolescent mental health a national emergency, calling it a “Loneliness Pandemic.” National, local, and the Athens Wellbeing Project (AWP) data show that there have been statistically significant increases in adverse mental health outcomes and substance use among households in the United States and in Athens-Clarke County (ACC) (AWP, 2022). Data also demonstrates that children (defined as birth to 18 years) in the United States have been experiencing increases in mental health issues (American Academy of Pediatrics, 2021)

National and local population health data gives a snapshot of the scope of the problem. Nationally, according to the National Alliance on Mental Illness (NAMI), half of lifetime mental illnesses begin by the age of 14. According to data collected in 2022, one in six children in the United States experience a mental health condition every year (NAMI, 2022). These rates are higher in Georgia with one in five children reporting suffering from a mental illness that would have benefited from treatment in 2020 (Sofferin, 2020). One of the most alarming state-level statistics during the COVID-19 pandemic reveals that 40,000 students in Georgia reported attempted suicide in 2019 (Sofferin, 2020).

Many risk factors may lead to an increased prevalence of behavioral health issues among American youth. Evidence shows that children who have experienced an adverse childhood experience (ACE) are much more likely to have mental health disorders and illicit substance use issues compared to their peers who have not (Center for Disease Control and Prevention (CDC), 2022). In addition to the widespread prevalence of ACEs, the global pandemic discontinued school, extracurricular activities, and general socialization for children for the past three years. Evidence suggests school and social support to be protective factors against mental health issues associated with the pandemic (Theberath et al., 2022). Therefore, without these protective factors, the behavioral health of youth may suffer. Due in part to the traumatic effects of the pandemic on top of other pre-existing risk factors, the prevalence of youth behavioral health issues have reached crisis levels.

The Policy Problem

The problem of youth behavioral issues is exacerbated by a lack of youth behavioral providers and services. Georgian's experience a lack of access due to a shortage of youth behavioral health providers and this shortage is worse in areas outside of the Metro Atlanta area (Voices for Georgia's Children, 2021). Like many other counties, Athens-Clarke County experiences significant behavioral health workforce shortages, especially youth psychiatrists (American Academy of Child and Adolescent Psychiatry, 2022). The high prevalence of mental and behavioral health conditions among youth in the United States and Georgia, coupled with the lack of pediatric behavioral health care providers, present a complex set of problems that need to be solved.

Research Question

Given the prevalence of mental health and substance use disorders among Athens households and the lack of behavioral health services among youth within the Athens-Clarke County population, this team proposes the following research questions:

- What is the prevalence of mental and behavioral health issues for youth in Athens-Clarke County?
- What can we do to improve mental and behavioral health outcomes for the youth of Athens-Clarke County?

Literature Review

The likelihood of today's youth experiencing a major depressive episode is 50% higher than it was in the 2000's (Curtin and Heron, 2019). Additionally, suicide was the second leading cause of death for youth aged 10-14 and the third leading cause of death for youth aged 15-19 in 2020 (CDC, 2021). However, despite this, research shows that today's society is no better at predicting suicide than it was 50 years ago (Franklin et al., 2017). Since national and local statistics demonstrate a steep increase in youth behavioral health issues, it is important to consider the roots of the problem and to evaluate past and current attempts at solving it. The ability of one policy or intervention to solve the issue in its entirety is unlikely as such an expansive problem will require numerous methods and ample time to defeat. However, an analysis of available literature suggests that there are gaps in current interventions which are oftentimes due to a failure to understand youth needs. These gaps reveal the roadmap for the development of new interventions.

The treatment of behavioral health conditions has historically begun after screening and has been a response to a diagnosis (La Greca et al., 2009). This occurs once the individual has already experienced negative health outcomes, rather than preventing the outcome from occurring. Moreover, the social stigma associated with mental health compounds the problem as individuals are less likely to seek care (Knaak et al., 2017).

Many previous studies assessed the effectiveness of policies and interventions on addressing behavioral health in youth. It is important to learn from previous ineffective interventions in addition to the successful ones, to gain insight into which programs are more efficacious and identify factors that may present obstacles to otherwise effective interventions. For example, research suggests that interventions requiring youth to reach out for themselves tend to be less effective (Herman et al., 2021). Moreover, strategies which focus on increasing the amount of counseling services available rather than focusing on service quality were ineffective.

Literature Review

Solely educating teachers on the signs of mental health conditions may also be ineffective due to its focus on identification rather than prevention and assistance (Herman et al., 2021).

With these previous shortcomings in mind, stakeholders can develop more effective interventions and policies which are preventative and may not require students to acquire remedial services. For example, outcomes resulting from research on programs rooted in the Community Resiliency Model (CRM) are promising. CRM is a more applicative technique which focuses on instilling resilient behaviors in those experiencing trauma or stress (Freeman et al., 2021). One study evaluated the success of a five-day, 40 hour CRM program for residents of a high crime, low income community classified as a Mental Health Provider Shortage Area.

After practicing CRM techniques, participants experienced significant decreases in distress and increases in well being. Notably, 93% of participants involved in this study reported daily use of CRM techniques after participation in the program.



Data & Analysis

This team evaluated numerous sources of data mostly pertaining to youth behavioral health statistics and access to youth psychiatrists within Athens-Clarke County. Throughout data analysis, it was most useful to compare data sets from the most recent years. By comparing data sets, any changes in trends pertaining to behavioral health and access to providers could be determined. To begin, this team utilized the Online Analytical Statistical Information System (OASIS). The OASIS website includes data on the number of ER visits in Athens-Clarke County for behavioral disorders among those aged between 5-24 years of age throughout 2015-2021. The database allows for stratification of this information according to race, sex, ethnicity, and insurance type (OASIS, 2022).

Next, this team analyzed survey data from the Athens Wellbeing Project. This data set offers insight into the prevalence of behavioral health conditions, and access to a behavioral health care providers within Athens Clarke County. This data was collected in 2019 and 2022, so the team completed a comparative analysis.

A limitation of this data set is its focus on entire households with children, not those of a specific age within the household. Therefore, without a distinction between each household member's age, it may be difficult to conclude that all of the survey results and estimates of prevalence were specific to youth.

Data & Analysis

After practicing CRM techniques, participants experienced significant decreases in distress and increases in well being. Additionally, another study examining the effectiveness of a three day CRM program revealed decreased traumatic stress and somatic symptoms as well as increased levels of well being among its participants after use of CRM techniques (Grabbe et al., 2021). CRM improves on some previous interventions because it does not require children to initiate contact, shifts focus away from treatment and towards prevention, and gives both children and adults tools to help themselves and others.

Further studies evaluated programs specifically offered to students in schools. For example, one study examined the success of a middle school screening program based on Screening, Brief Intervention, and Referral to Treatment (SBIRT). This program referred students to treatment and found successful and favorable results in mental health outcomes (Stephanchak et al., 2022).

Another study evaluating the success of the Youth Mental Health First Aid program in schools also produced successful results in improving mental health outcomes (Gryglewicz et al., 2018). For example, results of these studies (Gryglewicz et al., 2018 & Stephanchak et al., 2022) suggest that an evidence-based school program focused more on prevention and the application of coping techniques may be a successful type of intervention targeting mental health among youth.

Data & Analysis

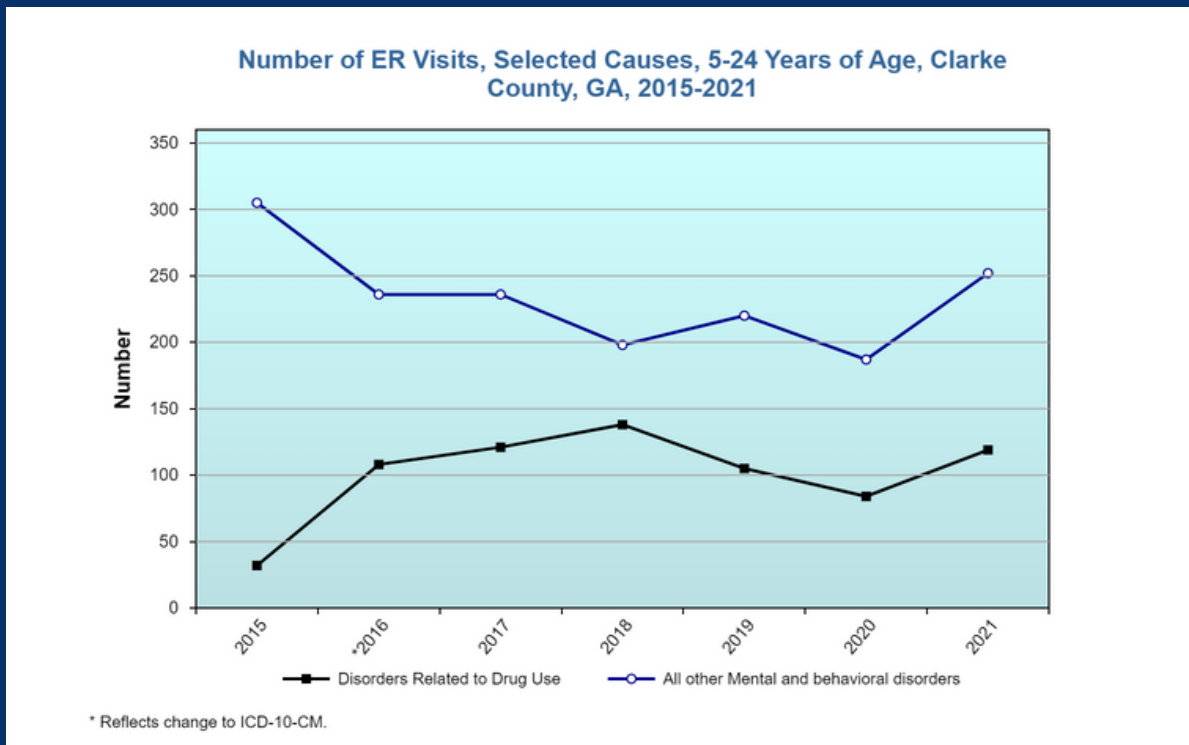
After analyzing AWP data, the team examined survey data collected by the Georgia Department of Education focusing on students in grades 6-12 in the Clarke County school district. The team was particularly interested in the mental health section of the survey concerning depression and anxiety. For the purposes of this analysis, this team compared survey data from 2018-2019 and 2019-2020 to survey data from 2021-2022. Survey data from 2020-2021 was included, but a drop in participation rates for grades 9-12 caused by COVID showed much greater increases in students reporting depression and anxiety in the past 30 days (Georgia Department of Education, 2022). With differences in participation rates throughout the years, the team found it most useful to examine percentages indicating statistical significance.

Along with determining the prevalence of youth behavioral health issues in Athens-Clarke County, this team also observed access to providers. Accordingly, during analysis, the 2022 AWP survey data was examined to determine the ability of families residing in Athens-Clarke County to access behavioral health providers. As mentioned, a limitation of this data set was its focus on entire households, not specifically youth in the household.

The team also obtained data from the American Academy of Child and Adolescent Psychiatry (AACAP) to determine the number of psychiatrists available to youth below age 18 in Athens-Clarke County. Lastly, the team analyzed data collected by the Athens Area Psychological Association (AAPA) to determine the number of psychiatrists treating depression and anxiety in those aged 5-18 in Athens-Clarke County.

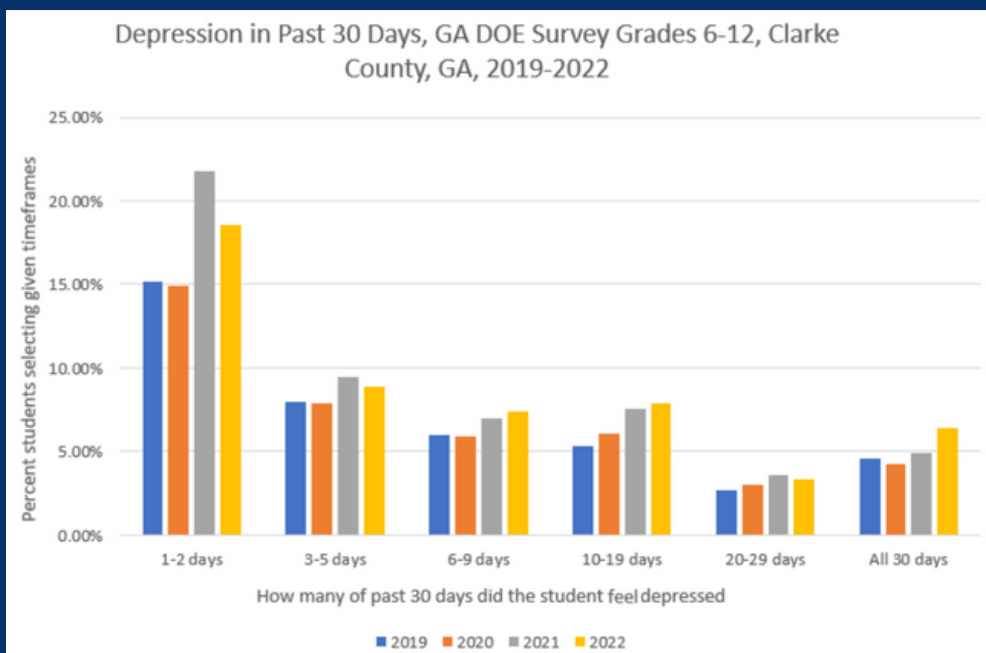
Findings

*Figure 1. Shows the number of ER visits covering ages 5-24 for disorders related to drug use and all other behavioral disorders. The graph illustrates a decrease up to 2020, but a steep, statistically significant increase from 2020 to 2021 for both causes.

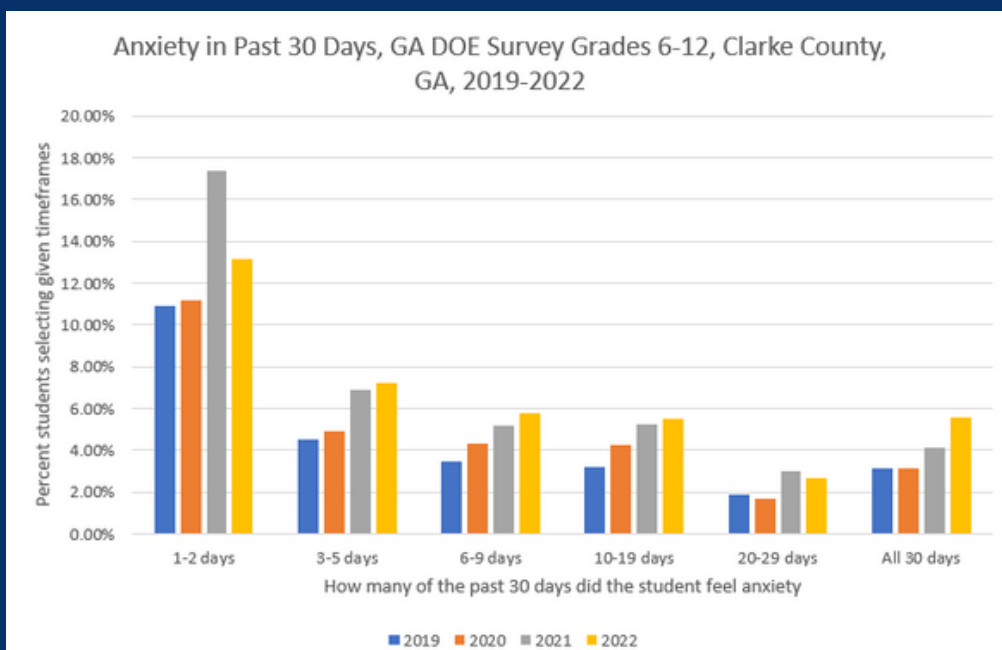


Findings

*Figure 2. Shows the percent of students grades 6-12 that have felt depressed, sad, or withdrawn in the past 30 days in Clarke County. It covers the timespan of 2019-2022 and shows that the % of students that have felt depressed, sad, or withdrawn has increased every year for each day range.

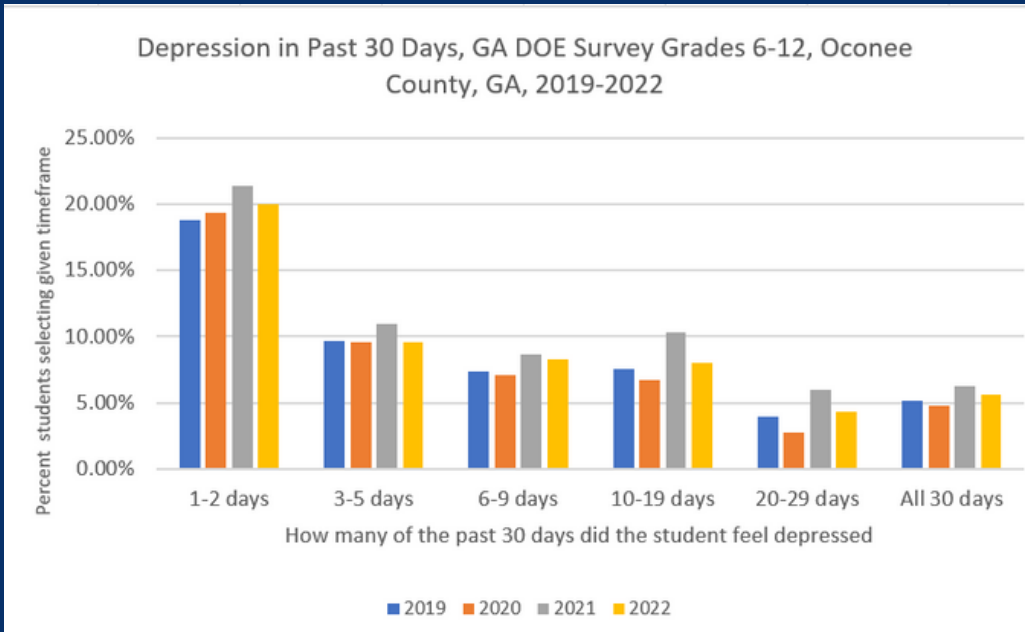


*Figure 3. Shows the percent of students grades 6-12 that have experienced intense anxiety, worries or fears within the past 30 days in Athens Clarke County. It covers the timespan of 2019-2022 and shows that the % of students that have felt intense anxiety, worries, or fear has increased every year for each day range.

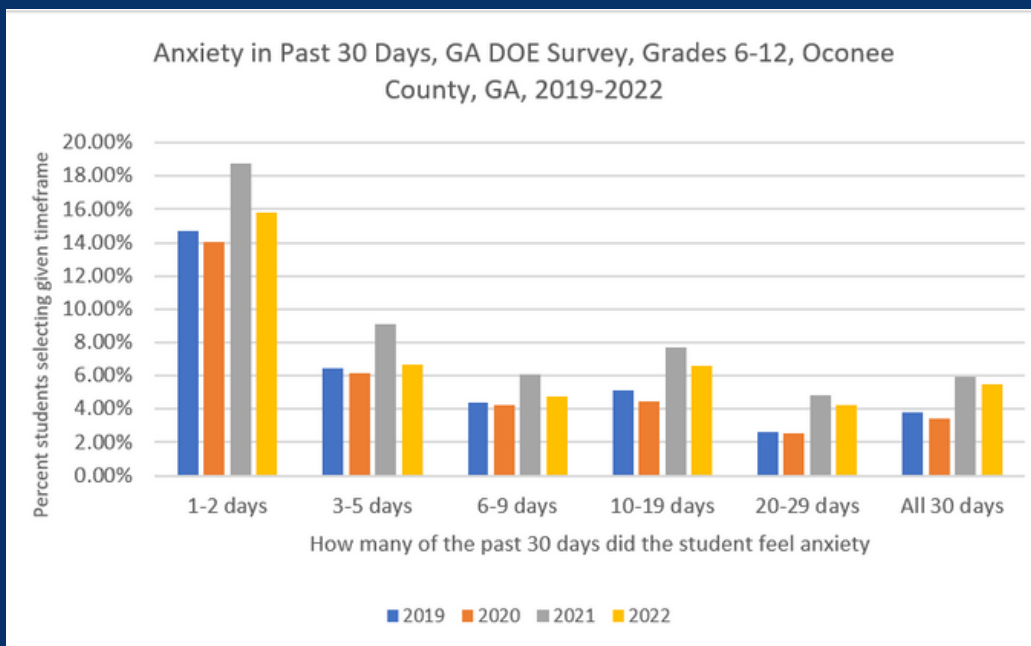


Findings

*Figure 4. Shows the percent of students grades 6-12 that have felt depressed, sad, or withdrawn in the past 30 days in Oconee County. It covers the timespan of 2019-2022 and shows that the % of students that have felt depressed, sad, or withdrawn has increased every year for each day range.

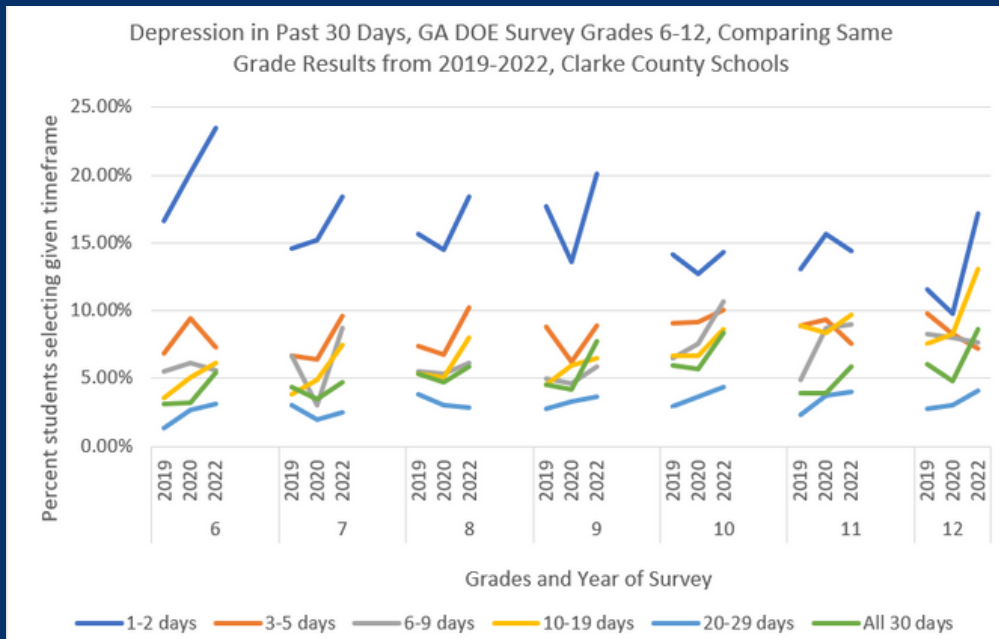


*Figure 5. Shows the percent of students grades 6-12 that have experienced intense anxiety, worries or fears within the past 30 days in Oconee County. It covers the timespan of 2019-2022 and shows that the % of students that have felt intense anxiety, worries, or fear has increased every year for each day range.

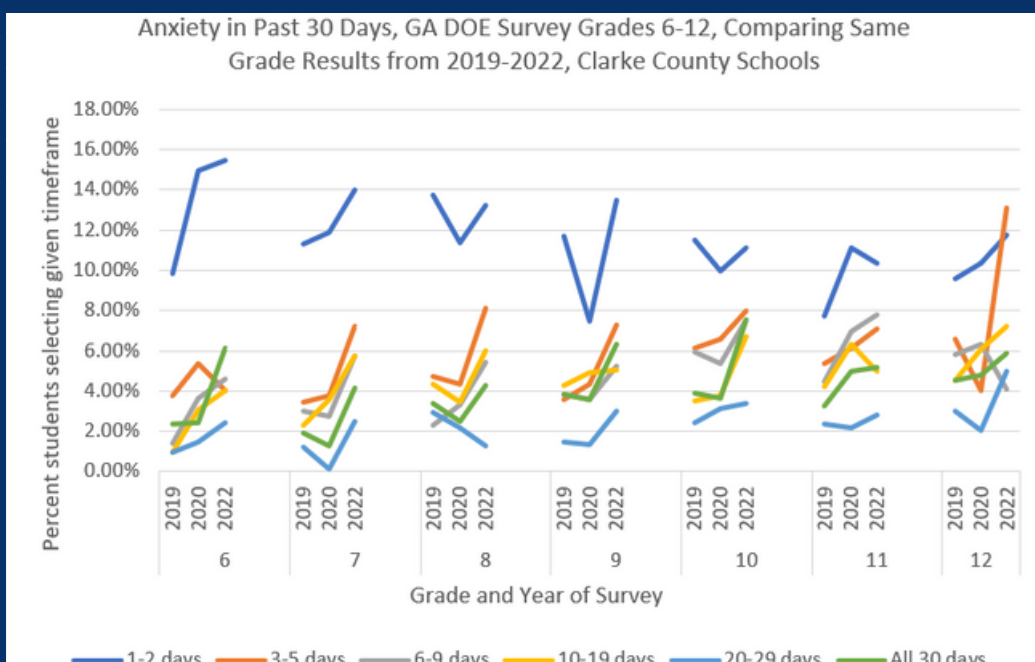


Findings

*Figure 6. Shows the percent of students grades 6-12 that have felt depressed, sad, or withdrawn in the past 30 days in Athens Clarke County. It covers the timespan of 2019-2022 skipping 2021 due to lack of data as a result of COVID-19. Comparing the same grades over the time period, we see an increase of students that have felt depressed, sad, or withdrawn in that grade over time.



*Figure 7. Shows the percent of students grades 6-12 that have felt depressed, sad, or withdrawn in the past 30 days in Clarke County. It covers the timespan of 2019-2022 skipping 2021 due to lack of data as a result of COVID-19. It compares the same grade throughout the years to see the increase of students that have anxiety, worries or fears in that grade over time.



Recommendations

The following section will discuss three intervention recommendations to help mitigate the youth behavioral health crisis.

Option 1: Athens-Clarke County may benefit from addressing the lack of psychiatrists and behavioral healthcare providers. During the current behavioral health crisis, it is imperative to strengthen the workforce to accommodate the needs of the community. This could be accomplished through funding vocational training for future clinicians, and providing incentives for practitioners to remain in Athens. The University of Georgia for example produces a number of practitioners annually that often complete their internships or field placements within the community. This makes them great candidates to help bridge the service gap here in Athens-Clarke County. Research also reveals that financial incentive programs in the United States may be effective at retaining physicians in underserved areas (Bärnighausen et al., 2009). A possible incentive for keeping graduates in Athens is funding their graduate education and requiring employment in an Athens, Clarke County agency for the number of years they receive funding.

However, despite potential effectiveness, with recent statistics showing such steep increases in youth behavioral health issues in Georgia and nationwide, the expansion of a workforce large enough to meet these increasing needs may take substantial time to develop. Moreover, in the meantime, more root-focused and preventative interventions may be more practical.

Recommendations

Option 2: Another possible recommendation is the use of a universal mental health program called FRIENDS. Dr. Paula Barrett, an Australian clinician and researcher renowned for her work in child psychology, created the FRIENDS program. This program aims to improve social and emotional skills, promote resilience, and prevent anxiety and depression using concepts from Cognitive Behavioral Therapy (CBT) (Friends Resilience Hub., n.d.). Like the CRM program, FRIENDS uses a resilience model. The acronym FRIENDS represents the various skills that students are taught to help manage anxiety

F = Feelings (empathy training and self-regulation)

R = Remember to relax (relaxation & mindfulness strategies)

I = I can try my best (changing unhelpful to helpful thinking)

E = Explore Coping Step Plans and strategies for finding helpful solutions (choosing thumbs up actions instead of thumbs down actions)

N = Now reward yourself for trying your best (choosing interpersonal rather than material rewards)

D = Don't forget to practice (choose to use the FRIENDS skills and give back to the community)

S = Stay calm (values based role models and support networks)

There is strong evidence that use of the FRIENDS program leads to positive mental health outcomes in schools around the world. One study conducted in the southwestern United Kingdom schools found that the use of the FRIENDS program had a positive correlation with positive mental health outcomes when compared with schools that did not implement the program (Stallard et al., 2014). These positive outcomes were much more likely when delivered by healthcare staff.

Aside from its founding in Australia and implementation in the UK, the FRIENDS program has been implemented in schools throughout nearly 30 countries worldwide, including the United States, and has garnered similar results (Friends Resilience Hub., n.d.).

Recommendations

Option 3: Solutions to the youth mental health crisis in Athens-Clarke County should be comprehensive and sustainable. In order to achieve this, community level interventions may be appropriate to ensure quality health outcomes for the youth of Athens-Clarke County. Community Resiliency Model (CRM) teaches community members to help not only themselves, but also others in their wider social network.

The primary goal of this skills-based stabilization program is to restore the nervous system's natural balance in order to contribute to the development of "trauma-informed" and "resiliency-focused" communities that share a common understanding of the effects of trauma and chronic stress on the nervous system. Moreover, CRM aims to exhibit how resiliency can be restored or increased using a six step skills-based approach.

With this in mind, one recommendation is to facilitate a partnership between the Athens-Clarke County School system and Resilient Northeast Georgia to implement CRM throughout Athens-Clarke County public middle schools. Middle school is chosen as an intervention point for multiple reasons. Previous research suggests middle school interventions have been effective while those in elementary school were less effective, especially regarding behavioral health (Marsiglia et al., 2011). Also, while elementary school aged children are often focused on imaginative play, moral development, rule following, and learning, adolescents may begin to experience uncertain emotions (Malik et al., 2022).

Recommendations

These emotions are sometimes rooted in adolescents beginning to experience complex, long lasting relationships, disagreements, and peer pressures (Malik et al., 2022). Research has also suggested a relationship between experiencing puberty and increased emotional changes and stress (Breehl et al., 2022). A healthy coping mechanism to trauma and stress such as CRM may be more useful for youth going through these experiences.

It is also important to note a basic growth of intelligence and maturity from elementary school to middle school may be key to students' understanding of a CRM program. The implementation of CRM in Athens-Clarke County middle schools may provide youth with the skills to manage early symptoms of behavioral health problems before they progress. This may be especially important before students transition into high school where they are often expected to handle more adult-like responsibilities and would benefit from CRM skills.



Recommendations

Overall Recommendation:

This team recommends option three, the partnership between Resilient Northeast Georgia and the Athens-Clarke County School District, as an intervention to address the increasing youth behavioral health problems in Athens-Clarke County. While the FRIENDS program is similar to CRM in being both evidence-based and focused on resilience, Athens-Clarke County's existing infrastructure and organizations are better-suited for introducing the CRM program to students since Resilient Northeast Georgia already advocates for use of the CRM program.

With Resilient Northeast Georgia already possessing an evidence based and tested program, the logistical work surrounding research and program development could be avoided. Moreover, Resilient Northeast Georgia already has the goal of implementing CRM into the local Georgia community and now covers 12 counties across Georgia. Resilient Northeast Georgia found success in implementing CRM in summer camps, and has set its sights on in-school intervention. This goal has however encountered a wall as the Resilient Northeast Georgia has yet to determine how to teach students directly.

With research suggesting that school wide prevention based interventions are one of the most effective methods of addressing youth mental health at large, it is crucial that these types of interventions be considered. In order to develop this recommendation, the team interviewed Meredith Lysaught, a project manager of Resilient Northeast Georgia. Resilient Northeast Georgia seeks to gain an understanding of the program and its feasibility within Athens-Clarke County middle schools.



RESILIENT
NORTHEAST
GEORGIA

Next Steps

The following action steps are needed to get the project started:

The next steps for implementing this program would include convening members of the Athens-Clarke County School District and Resilient Northeast Georgia for a meeting discussing assets and capabilities for delivering the program.

Ideally, a meeting would involve principals from each of the four middle schools in the Athens-Clarke County School District, the superintendent of schools, counselors and social workers in the County, leaders at Resilient Northeast Georgia, and any other interested stakeholders. The purpose of this meeting would be planning for implementation, establishing evaluation metrics, and developing a collaborative force.

After a meeting, it is important to gain funding for the delivery of CRM to middle schools. The cost of CRM training is \$161 per person trained, and the duration of training is three hours. If funding does not permit CRM implementation into all four middle schools in the Athens-Clarke County School District, a pilot program may be necessary to establish evidence for effectiveness and a justification for funding future interventions in other schools.

Lastly, the program should be evaluated according to predetermined metrics to determine overall effectiveness of the program.

Overall, the Community Resiliency Model could be a key resource for improving the behavioral health status and outcomes of youth in Athens-Clarke County.

References

American Academy of Child & Adolescent Psychiatry. (2022). *Workforce Maps by State*. https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

American Academy of Pediatrics. (2021, October 19). AAP, AACAP, CHA declare national emergency in children's mental health. AAP News. <https://publications.aap.org/aapnews/news/17718?autologincheck=redirected>

Athens Area Psychological Association. (n.d.). *Search Member Directory- Find a Psychologist*. Retrieved November 16, 2022, from <http://athenspsychology.org/page-1048239>

Bärnighausen, T., Bloom, D.E. Financial incentives for return of service in underserved areas: a systematic review. *BMC Health Serv Res* 9, 86 (2009). <https://doi.org/10.1186/1472-6963-9-86>

Breehl L, Caban O. Physiology, Puberty. [Updated 2022 Apr 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK534827/>

Centers for Disease Control and Prevention. (2021). *Fast Facts*. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/facts/index.html>.

Centers for Disease Control and Prevention. (2022, April 6). *Fast facts: Preventing adverse childhood experiences |violence prevention|injury Center|CDC*. Centers for Disease Control and Prevention. Retrieved December 5, 2022, from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Curtin, S. C. (2020). State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States, 2000-2018. *National Vital Statistics Reports : From the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, 69(11), 1-10.

Community resiliency model (CRM)®. Trauma Resource Institute. (n.d.). Retrieved November 15, 2022, from <https://www.traumaresourceinstitute.com/crm>

Covino, N. A. (2019). Developing the Behavioral Health Workforce: Lessons from the States. *Administration & Policy in Mental Health & Mental Health Services Research*, 46(6), 689-695. <https://doi.org/10.1007/s10488-019-00963-w>

Find a Provider. (n.d.). Peach State Health Plan. Retrieved November 16, 2022, from <https://findaprovider.pshpgeorgia.com/location>

Freeman, K., Baek, K., Ngo, M. et al. Exploring the Usability of a Community Resiliency Model Approach in a High Need/Low Resourced Traumatized Community. *Community Ment Health J* 58, 679-688 (2022). <https://doi.org/10.1007/s10597-021-00872-z>

Freitag, S., Bolstad, C. J., Nadorff, M. R., & Lamis, D. A. (2022). Social Functioning Mediates the Relation Between Symptoms of Depression, Anxiety, and Suicidal Ideation Among Youth. *Journal of Child & Family Studies*, 31(5), 1318-1327. <https://doi.org/10.1007/s10826-021-02088-x>

Friends Resilience Hub. (n.d.) About Us. Retrieved November 16, 2022, from <https://friendsresilience.org/about>

References

Georgia Department of Education. (2022). *Survey Results*. <https://www.gadoe.org/wholechild/GSHS-II/Pages/GSHS-Results.aspx>

Georgia Voices for Children. (2021). Sustaining Georgia's Child and Adolescent Behavioral Health Workforce Through Supervision. <https://georgiavoices.org/wp-content/uploads/2021/03/BHWF-Brief-FINAL.pdf>

Grabbe, L., Higgins, M. K., Baird, M., & Pfeiffer, K. M. (2021). Impact of a Resiliency Training to Support the Mental Well-being of Front-line Workers: Brief Report of a Quasi-experimental Study of the Community Resiliency Model. *Medical care*, 59(7), 616–621. <https://doi.org/10.1097/MLR.0000000000001535>

Gryglewicz, K., Childs, K. K., & Soderstrom, M. F. P. (2018). An evaluation of youth mental health first aid training in school settings. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 10(1), 48–60. <https://doi.org/10.1007/s12310-018-9246-7>

Herman, K. C., Reinke, W. M., Thompson, A. M., M. Hawley, K., Wallis, K., Stormont, M., & Peters, C. (2021). A Public Health Approach to Reducing the Societal Prevalence and Burden of Youth Mental Health Problems: Introduction to the Special Issue. *School Psychology Review*, 50(1), 8–16. <https://doi.org/10.1080/2372966X.2020.1827682>

Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare management forum*, 30(2), 111–116. <https://doi.org/10.1177/0840470416679413>

La Greca, A. M., Silverman, W. K., & Lochman, J. E. (2009). Moving beyond efficacy and effectiveness in child and adolescent intervention research. *J Consult Clin Psychol*, 77(3), 373–382. <https://doi.org/10.1037/a0015954>

Malik, F., & Marwaha, R. (2022). Developmental Stages of Social Emotional Development In Children. In StatPearls. StatPearls Publishing.

Marsiglia, F. F., Kulis, S., Yabiku, S. T., Nieri, T. A., & Coleman, E. (2011). When to intervene: elementary school, middle school or both? Effects of keepin' it REAL on substance use trajectories of Mexican heritage youth. *Prevention science : the official journal of the Society for Prevention Research*, 12(1), 48–62. <https://doi.org/10.1007/s11121-010-0189-y>

National Alliance on Mental Illness. (2022, June). *Mental Health by the Numbers*. NAMI. <https://www.nami.org/mhstats>

OASIS. (2022). *Online Analytical Statistical Information System*. Retrieved November 16, 2022, from <https://oasis.state.ga.us/>

Paul Stallard, Elena Skryabina, Gordon Taylor, Rhiannon Phillips, Harry Daniels, Rob Anderson, Neil Simpson. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): A cluster randomised controlled trial to prevent anxiety in children through education in schools (PACES). *Lancet Psychiatry*. 1(3),185-92. [doi.org/10.1016/S2215-0366\(14\)70244-5](https://doi.org/10.1016/S2215-0366(14)70244-5)

References

Sofferin, D. (September 10, 2022). Georgia Kids and Youth Face Mental Health Crisis. Georgia Department of Behavioral Health and Developmental Disabilities.

<https://dbhdd.georgia.gov/press-releases/2020-09-10/georgia-kids-and-youth-face-mental-health-crisis>

Stepanchak, M., Katzman, K., Soukup, M., Elkin, E., Choate, K., Kristman-Valente, A., & McCarty, C. A. (2022). Youth-Reported School Connection and Experiences of a Middle School-Based Screening, Brief Intervention, and Referral to Treatment Initiative: Preliminary Results From a Program Evaluation. *Journal of Adolescent Health, 71*(4), S49–S56. <https://doi.org/10.1016/j.jadohealth.2022.05.019>

Theberath, M., Bauer, D., Chen, W., Salinas, M., Mohabbat, A. B., Yang, J., Chon, T. Y., Bauer, B. A., & Wahner-Roedler, D. L. (2022). Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. *SAGE open medicine, 10*, 205031212221086712.

<https://doi.org/10.1177/205031212221086712>

About AWP and the White Papers

Athens Wellbeing Project

The Athens Wellbeing Project (AWP) is an unprecedented collaboration between institutional stakeholders and community partners with the mission is to empower the Athens community with meaningful data that will lead to more informed decision-making, improvements in service delivery, and greater quality of life for our citizens. The purpose of the Athens Wellbeing Project is to assist our community leaders and institutions by providing a comprehensive snapshot of our community's unique needs and assets in Athens-Clarke County. AWP uses a Social Determinants of Health framework to guide all data collection and reporting, providing information across five domains: civic vitality, community safety, health, housing, and lifelong learning.

The White Paper Series

The Fall 2022 White Paper Series was produced as part of the academic requirements of the Fall 2022 Health Policy Analysis course (HPAM 7400) in the Department of Health Policy & Management, College of Public Health, University of Georgia. The course was taught by Dr. Grace Bagwell Adams with Rebecca Baskam serving as the teaching assistant. The student team drafted the white paper and conducted the analysis and recommendations seen here.

