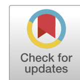
ARTICLE

Perceived Needs for Adolescent Mental Health in an Urban Community



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ABSTRACT

Introduction: Stressors in urban communities are detrimental to adolescents' psychological health. Key factors for success are a community–academic partnership in which researchers and stakeholders in the community work together on program development and research practices. This study elicited students', parents', and teachers' perceived needs for psychological well-being in urban-dwelling adolescents.
Methods: Focus groups were conducted with teachers, family members, and students in an urban middle school. Individuals who did not speak English were excluded. Focus group interviews were recorded and transcribed and underwent content analysis to identify key themes. Two investigators independently reviewed and coded the data, with a third expert available if there was disagreement.
Results: Six focus groups, two from each stakeholder group, were conducted with a total of 29 participants. Approximately 70% of participants were female, ranging in age from 11 to 68 years. Participants were primarily African American ($n = 22$), and the remainder were multiracial ($n = 4$), White ($n = 2$), and Latino ($n = 1$). Emergent themes were educational support, social skills, and community landscape.
Discussion: Participants identified gaps and approaches to education and clinical care, strengthening social skills, and changing the community landscape as possible effective targets for future interventions. J Pediatr Health Care. (2019) *33*, 633–638

KEY WORDS

Adolescent, community health, mental health, focus groups, community input

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INTRODUCTION

In the United States, approximately 13% of youth aged 8 to 15 years and 21.4% of adolescents aged 13 to 18 years will have a mental health disorder requiring immediate treatment (Merikangas et al., 2010). In Baltimore City, 27.9% of adolescents aged 13 to 18 years felt sad or hopeless for longer than 2 weeks to the extent that it affected their everyday activities, and 15.3% seriously considered attempting suicide (Maryland Department of Health and Mental Hygiene, 2014).

Environmental, social, physical, and psychological stressors in urban communities have proven to be detrimental to adolescents' mental health (Tobler et al., 2013; Willie, Powel, & Kershaw, 2016). Chronic stressors endured by adolescents on a daily basis, in addition to social factors such as race and the living environment, have been shown to be important indicators of poor social and developmental outcomes in teenagers (Smith et al., 2015). From neighborhood violence to substance use, adolescents living in urban areas experience a disproportionate mental health burden. Specifically, poverty is a pervasive stressor associated with negative health outcomes (Jensen, Berens, & Nelson, 2017).

Local stakeholders and potential research participants are key components to effective research in communities.

Researchers have evaluated the challenges and opportunities for community-engaged research on mindfulness and yoga with urban adolescents (Mendelson et al., 2013). One key factor for success is a community—academic partnership that has researchers and stakeholders in the community working together on program development and research practices. The benefits of such collaborations include bringing together individuals with wide range of expertise to effectively address challenging social problems, building partnerships to minimize cultural gaps and expand local cultural expertise, and promoting acceptance and sustainability from critical stakeholders (Mendelson et al., 2013). To engage difficult-to-reach populations, such as adolescents in urban settings, it is important to partner with individuals from the community. Engaging hard-to-reach populations will ensure wider representation of affected persons and populations and more diversity in research (Kauffman et al., 2013).

The primary goal of this research was to explore how to improve adolescent mental health services in Baltimore by engaging hard-to-reach populations for feedback. There is a lack of community-engaged research on school-based interventions to support adolescent mental health for hard-to-reach populations. This research will address the gap by engaging teachers, parents, and students in an urban school setting to obtain their feedback on supporting adolescent mental health.

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This study represents community-engaged research to develop and implement patient-centered interventions to best meet the needs for psychological well-being in adolescents. A long-term goal is to improve the well-being of adolescents living in an urban community in Baltimore, MD, by using patient-centered approaches in future interventions.

METHODS

Study Design

Qualitative methods were used to elicit the community's perception of what adolescents need to support psychological health and well-being from one middle school in Baltimore, MD. Six multi-stakeholder focus groups, two groups each with students, parents, and schoolteachers, were scheduled directly after school. Participants were individuals dwelling and/or working in an urban community middle school district.

Participants

Recruitment and inclusion criteria

Participants were recruited via purposive sampling with help from the middle school community outreach coordinator. The community outreach coordinator was present before sessions to help with recruitment and during each of the focus group sessions to act as an intermediary between the facilitator and focus group participants. Flyers containing an overview of the study, eligibility criteria, and the investigator's contact information were distributed during middle school meetings and in students' take-home folders. Information about the study was also spread by word of mouth. Eligible participants were sixth through eighth grade students age 11 years or older, the sixth through eighth grade school staff and teachers, and the primary caregivers of children currently enrolled in grades six through eight. Individuals who did not speak English were excluded.

Ethical considerations

Informed consent and assent, along with written parental consent, were obtained. The University of Maryland, Baltimore institutional review board approved and provided monitoring for this study (HP-00067946).

Study Setting

The school is designated as a Title 1 school, meaning that it receives financial assistance from the U.S. Department of Education due to high numbers of families/students with low income. Ninety-eight percent of the 247 students in prekindergarten through eighth grade self-identify as Black, and 100% of students are enrolled in the free lunch program (Public School Review, 2016). All 100 middle school students were eligible to be screened for inclusion in the study. The inclusion criteria included current students ages 11 years or older at the time of enrollment or teachers currently employed by the school. Parents/primary caregivers of current students were also eligible. Participants were excluded if they could not speak and understand English or were unable to attend the face-to-face meeting of scheduled focus groups.

Study Procedures

An a priori decision was set, because of available resources and time, to conduct six focus groups: two groups with students, two groups with parents, and two groups with teachers. Focus groups lasted 1 to 1.5 hours, were facilitated by the primary investigator (PI), and were audiorecorded.

Using a semistructured field guide developed by the PI and reviewed before the focus groups by the community outreach coordinator, participants were asked to identify the needs of adolescents in southwestern Baltimore for psychological well-being. The facilitator presented dialogue and asked such questions as follow.

We all know that youth are experiencing stress at an all-time high and in various areas of their lives. Describe how you could help researchers understand why some youth are experiencing problems with high amounts of stress.

Let's consider we are designing an activity or class to examine how to best reduce mental stress or strain in adolescents living in Southwest Baltimore. There are many steps involved in designing this

type of intervention. We need to consider what questions to ask, who the study subjects should be, where we will recruit the class participants, what type of information should be collected, what types of comparisons should be made, and what types of activities should be included. Describe how your personal experience would help researchers in designing an intervention.

The field guide elicited perspectives on social processes and cognitive systems. Focus group participants received a $50.00 Visa gift card as compensation for their time. Informed consent and assent were appropriately obtained, and the University of Maryland institutional review bard provided ethical approval and ongoing monitoring for this study protocol.

Data Analysis

Digital audio files were transcribed verbatim. Transcribed interviews, PI field notes, and observer written records provided data for analysis. Content analysis was performed with qualitative software to explore and interpret the data. Final coding summaries, developed independently from two research team members, were generated. After having independently coded each focus group transcription, two research team members met to compare codes, interpret the data, and discuss overall themes. The intercoder agreement was 0.90. If there was disagreement, further discussion and consulting a colleague versed in qualitative research was used until consensus was obtained among research team members. The data were not analyzed for differences by stakeholder groups because the themes were very similar, with few if any meaningful differences. The verbatim quotations were used to identify the main themes.

RESULTS

Participant Characteristics

Although 30 individuals provided consent, one did not attend the scheduled focus group session due to illness, resulting in 29 enrolled study participants. Approximately 70% (20/29) of participants were female, with ages ranging from 11 to 68 years old. Individuals self-identified race and ethnicity: 22 were African American, 4 were multiracial, 1 was Latino, and 2 were White.

Main Thematic Domains

Three domains were identified that related to the community's perception of what is needed to promote emotional well-being of adolescents: *Educational Support*, *Social Skills*, and *Community Landscape*. The domains, gleaned from focus group participants' own words, are organized and articulated in the following paragraphs.

Educational Support

Professional advancement

Participants identified the importance of structured programing for students outside of the regular school curriculum. Programs with a focus on professional advancement were of particular importance to parents wanting a better future for their children. As one parent noted, "Why [aren't] classes being offered that teach these kids resumes? Cover letters? How to conduct themselves or dress in an interview? You have people, grownups, who don't know how to properly dress for an interview!" Age-appropriate professional advancement focused on skills students could use now and continue to develop into adulthood: "You gotta have an educational class for them to teach them . . . how to actually be a babysitter."

Programs with a focus on professional advancement were of particular importance to parents wanting a better future for their children.

Academic success

Parents desired academic achievements and believed that this was fundamental for their child's psychological well-being. Caregivers reflected on their own challenges while in school and how this affected their children: "It hurts me every day, when my son bring[s] this homework home and I can't help him! I cry inside."

Social Skills

Recreational activities

Parents and teachers both agreed that more sports and general recreational programs are needed. Activities should be made available and accessible to students who experience geographic or financial barriers to program participation: "The thing about that is, there's not many sports programs in the city for our kids." Another participant stated,

> But with afterschool programs fighting for funding and fighting for, getting enough kids enrolled, [be]cause . . . I can't have one of my kids in afterschool care and the other one not! So, neither one of my kids are in afterschool care . . . and that's not helping me.

Offering recreation outside of the typical school day was perceived as a needed resource to help students stay abreast of what was going on in their community:

> Schools should . . . don't get me wrong, I love school . . . school is great. I just think they need different little programs to slide in there to help in educating the children. Because there's so much that's happening outside of the doors."

Communication skills

Regardless of age, parents and teachers believed that teens need help with both relaying and understanding information. Psychological well-being is maintained by good

communication with adults and peers. Supporting effective communication was a recurring theme. "To educate our kids. To communicate effectively with our kids so they will communicate effectively with the rest of the world. We have to teach them," said one teacher.

Sex education

Teachers identified the need for information on sex education beyond what is provided in the classroom. Information given to students outside of school is inconsistent and varies among households. As one teacher stated, "Because there are laws in place . . . I can't just open a sex-ed class in the middle of my classroom, but the baby needed it!" Some teens are initiating sex at a young age to gain the acceptance of their peers or to have a sense of belonging because of limited family presence and involvement. Teachers discussed how youth were using sexual experiences as an outlet to cope with family instability, offering sex for drugs. One teacher recalled an incident of middle school students having sex on school grounds. Social and emotional support is needed in middle school to delay sexual experiences that are glorified and normalized by popular culture.

Community Landscape

Resources to improve family dynamics were priorities for facilitating adolescent mental health. Concerns were mentioned regarding what happens in the home, among family members, and in the surrounding neighborhood. The community landscape was noted as an area for improvement to help strengthen the family unit.

Household and neighborhood environment

Having safe, affordable housing was identified as a need for social and emotional health in adolescents. The stress of not knowing where an individual would be sleeping one day to the next; whether he or she would have safe, drug-free housing; and the stigma of being homeless eroded feelings of security. As one teacher put it:

> Homelessness. Yes and transient. We have, okay, so the "homeless list" is not long but that's because I think some parents don't know that they're homeless. They couch surf often. They don't know the definition, right. If you're couch surfing, you're homeless but they're like, "Yeah, I have a house. I have a roof to stay under."

Addressing substance abuse, including prescription and illicit drugs and alcohol, were often identified as the root of deteriorating family dynamics. One parent who volunteers at the school shared the following:

> The sad part about it was that one of his uncles who lived in that household turned that baby on to getting high and he got a habit so badly that he would come to school and be asleep and so when we really started noticing that something was wrong with him, [Mr. X] tried to intervene and get into it. Then the baby stopped coming to school. That's a problem for us in the whole community because it's either your mother got high, your father got high, if not somebody in your household that you see on a day-to-day basis do this so it's not like it's strange to them.

A parent discussed how alcohol abuse and illicit drug use are so common that the habits have been normalized by the teens.

> It's so normal and it's sad that this is their new normal. What's really sad too is when you have a kid talk and they are just generally having a conversation with me and they might be saying, "No, she wasn't around. She was drinking her beer." What's going on in the home is an issue too because they are seeing it.

Neighborhood violence was identified as detrimental to adolescent mental health. As one participant noted:

> . . . somebody being killed . . . like, once a month. . . . Sometimes people not safe walking the streets or like comfortable being in their neighborhood because of the things that's happening. Not just killing, like rapist, people like that. Because I know I don't like going to my playground.

A collective sense of community was associated with healthy families and neighborhood environments. Unfortunately, a sense of community was often lacking in this Baltimore community according to all participant groups. One parent noted, "You don't know what they have at home and I mean, a lot of them don't have that [family] love." Unstable family life was echoed among adolescents, family caregivers, and teachers. As one adolescent noted, "It's been times where my grandmother didn't even want me in her house and my friends [didn't] have nowhere to go. What we don't have no more . . . we don't have community."

Parent and family involvement

Across all participant groups, good mental health in adolescents in the Baltimore community was closely tied to the parents and family caregivers being present and involved in the teens' lives: "In our community, we have a lot of children without parents or ones who are single parents." Parental involvement was seen as factor mitigating disparities and supporting the academic success of youth in the community. One participant related, "What I'm trying to get to is you have some kids where their parents might not care at all but that child still want to be something and he might have got up every day with what he had on," in expressing how this disruption contributes to poor emotional health.

Teachers identified lack of parental participation as a barrier to supporting adolescent mental health. The barrier is evidenced by the following teacher statement.

> More of parent involvement. There is not enough parent involvement. They don't want to help. If we had more parents that are involved, then we wouldn't have to deal with all of these [mental health] issues. They [the

> students] be like, "I don't care, my mother don't care. I don't care." That's the biggest thing they say. "I don't care." But [students] really do care.

Family responsibilities

Individuals across focus groups believed that parental absence, regardless of the reason, created an undue burden on teens to care for extended family members. One teacher said,

> Students are crying because, like I said, they didn't get breakfast, or somebody died but there's not someone here all day at all times to talk to that student because I may be pulled to go do lunch duty where I'm leaving that child. There's nobody else to take the job.

Many adolescents are also filling roles as primary caregivers to younger siblings, which creates added stress in an environment where resources already are stretched thin. "They also deal with raising siblings. I want to say about maybe third grade and up are raising siblings." Teen participants identified extended family, particularly grandmothers, as a source of strength and comfort. However, when the elderly in the family require additional care, this adds to the stress and family burden on the adolescent. As one teacher noted,

> Some students also come with little or no support systems because we've had some students who had to care for their grandparents before they came to school. "Oh, this student has to get their grandmom ready for the daycare van before they come to school."

Broad access to counseling

Adult and teen participants discussed a cultural stigma associated with receiving counseling services. One participant noted, "A lot of individuals are scared to say, 'I don't know,'" and many participants universally agreed that increased access to counseling and other mental health services would be beneficial. A teacher highlighted the lack of school and community resources for students: "[We need] resources for the children. And families. Period. A resource that the whole family can benefit from. I guess that's what we're looking for." As mentioned, part of the need for increased mental health services is related to community violence and illegal drug activity. One of the parent participants identified challenges for the family unit:

> Some of the students are taking on a burden of that because the family is not getting help after somebody has died or somebody in their neighborhood has died that they know of. "I don't cry in front of my family because I'm trying to be strong for them," but the whole family is needing assistance and they're not necessarily getting it.

Many of the teachers verbalized that supporting parents in the community would also strengthen and support the middle school students at their school. As one teacher noted, "To me, the parents need more support. Because a lot of this mental illness, for kids, it's coming from the parents."

DISCUSSION

A key finding from this study was the need for educational and professional support, social skills, and a positive community landscape. Participants often discussed what was lacking in others or what others needed to do to support social–emotional well-being in teens versus identifying areas in their control to influence change. Bolstering educational, social, and community landscape domains identified by participants have broad implications for adults, too, and would be beneficial to adults and teens in the community. Life application skills and recreation/exercise seem to be lacking in adults and teens, particularly during their formative years, and this emphasizes the cycle of community poverty. The adolescents in the study enjoyed talking with the facilitator and each other, but they were less able to identify their own specific needs, indicating the importance of interactive peer support groups and after-school clubs. One surprising finding is the absence of spirituality in building social–emotional support. Faith-based organizations have historically played a central role in healthy African American communities, (Jordan & Wilson, 2017) but this did not emerge as a theme in focus groups.

Focus groups were held at a middle school located in an urban community to glean a better understanding of community members' perceptions of what is needed to support adolescent psychological well-being. Dialogue and analysis of overarching themes such as hands-on life application skills, safety, promoting healthy families, and developing effective communication skills suggest that the community should focus on facilitators that will result in improvements and programs for students and their families.

The findings of the current study have direct relevance to nurses. Nurse practitioners and Registered nurses in a primary care setting must be trained and prepared to discuss strategies to support adolescent social and emotional well-being during every medical visit, including well-child visits and sports physicals. A positive screening result for substance misuse, exposure to violence, or other evidence-based risk factors should trigger a referral to appropriate mental health support services. School nurses can offer clinical support for social and emotional well-being outside traditional medical settings. Advanced practice psychiatric–mental health nurses in schools and community centers can offer a space for clinical support and group interventions (Ahola Kohut, Stinson, Davies-Chalmers, Ruskin, & van Wyk, 2017). Nurses at various practice settings can be certified to offer services in a variety of formats to individuals.

School Mental Health Programs

Participant feedback from focus groups can frame recommendations for school systems related to school-based mental health programs. Adolescent mental illness is on the rise, and increasing focus should be on prevention in the

formative years. The emotional impact of various stressors may overwhelm coping mechanisms in this age group (Burckhardt, Manicavasagar, Batterham, & Hadzi-Pavlovic, 2016). Focus group dialogues indicated that participants want school-based mental health programs but that programs are understaffed and underfunded. The stigma associated with the use of mental health services and the lack of education regarding healthy social and emotional interactions act as barriers to students (and families) who would benefit most from care (Burckhardt et al., 2016). Possible solutions are to increase the number of advanced practice psychiatric–mental health nurses practicing in school-based programs for adolescents and their families. School systems can use the phrase *social and emotional well-being* instead of *mental health* to more accurately describe the intention of school programs and remove the stigma placed on individuals seeking care (Burckhardt et al., 2016).

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This study adds to the literature by giving a voice to individuals often marginalized by society and rarely included in research studies. The topics and themes selected are of high priority to participants and provide a contextual basis for care. Future components of a desirable intervention from the adolescent, parent, and teacher perspectives can be identified, developed and implemented as a result of focus group analysis from this study.

There are limitations to this research. Adolescents were specifically sampled from the attendance area of an urban middle school in Maryland and do not represent all urban-dwelling adolescents. Thus, our findings may not be applicable to all urban communities. Although we reached a point where each new focus group did not introduce a new theme or concept, it is possible that we may not have fully captured the range of experiences and themes with our study sample. Focus groups were not summarized separately, and although adolescents engaged in the discussion, their direct applicability to the research questions were limited. Therefore, the focus group responses included in the final analysis are, unfortunately, limited. The focus group facilitator, the PI, is a community outsider unknown to parents and students at the school. Participants may have been hesitant to share deep, personal insights to someone from outside the community. Those who chose to and were able to attend may not represent all students or individuals in the school who have the greatest need for increased psychological well-being. A larger sample size is needed in future studies and may provide additional evidence to persuade stakeholders to implement an effective intervention.

Despite these limitations, data from this study are intended to inform future behavioral interventions to increase the psychological well-being of adolescents in this community. Study results may partially inform future behavioral interventions in other communities and encourage researchers to engage community members and stakeholders to glean information that will maximize the benefit for individuals in the community.

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