



### Resources

- [Oklahoma Family Network](#)
- [Oklahoma's Promise](#)
- [DHS Developmental Disabilities Services Division](#)
- [Oklahoma Transition Education Handbook](#)
- [Oklahoma Secondary Transition Planning](#)
- [OK Dept. of Rehabilitation Services "Disability Resource Guide"](#)
- [Oklahoma Systems of Care](#)
- [The YES | CAN Program OK Independent Living Program](#)
- [Youth Services of Oklahoma County](#)
- [Youth Services of Tulsa County](#)

### Oklahoma Healthy Transition Initiative Sites

Cleveland County  
Central Oklahoma Community Mental Health Center  
Family Frontier System's of Care  
405-573-3903

Tulsa County  
Youth Services of Tulsa  
918-582-0061

*For newsletter questions, contact: [KMCMinn@odmhsas.org](mailto:KMCMinn@odmhsas.org)*

## LIFE DOMAINS.....

When I hear "life domains" it makes me laugh. When I was homeless, case workers would talk about these so called "life domains". They would discuss employment and education mostly and I would just laugh, because I'm homeless. I can't think about anything else but where I am going to sleep tonight, what am I going to have to do to get money and pray I don't get jumped. But now living in an apartment I understand the domains and the need to address each one and how important they can be.

By: T.B.

**DRUGS/ALCOHOL-FAMILY-PEER-  
SOCIAL-EDUCATION-EMPLOYMENT-LEGAL-  
PSYCHIATRIC**

Oklahoma Department of Mental Health  
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From the Oklahoma Healthy Transitions Initiative

## Oklahoma Healthy Transitions Initiative Integrates The Transition to Independence Process (TIP) Model into Wraparound Services

By: T.B.

Without sufficient  
transition services,  
youth are more  
at risk for:

Dropping out of high  
school

Suicide

Substance Abuse

Incarceration

Homelessness

Being victims of a  
violent crime

TIP wants all young adults to achieve, within their potential, their goals in the transition domains of education, employment, living situation, and community life. Each of the guidelines and elements have empirical support or broad professional consensus indicating that these are promising practices for use with young adults with EBD and their families. The TIP model uses seven principles to drive treatment and provide a framework for support by the mental health system and the community.

The seven principles are:

- Engage young people in a relationship with a caring, responsible adult to plan for their own future.
- Tailor services and supports to be accessible, coordinated, developmentally appropriate, and build on strengths.
- Respect young people's developmentally appropriate search for independence and social responsibility by acknowledging personal choice and their need to find their own way.
- Ensure a safety-net of support, including family, to reduce risks.
- Strengthen young people's competencies to assist them in achieving greater self-sufficiency and confidence.
- Help the young person maintain a focus on outcomes, and encourage programs and systems to do the same.
- Involve young people, parents, and other community partners in the TIP system at all stages and levels.

<http://www.mh.state.ok.us/assets/children-youth-families/transition-age/paving-the-way.pdf>



# Mental Health Screenings

By: J.M., OHTI Graduate

According to the Center for Disease Control, suicide was ranked tenth in leading cause of death for anyone ten or older in 2009. It is believed that female and male high school students account for an average of 6.35% of suicide attempts in the same year ([CDC](#)). Physical health screenings have been an integral part of sports in high school for a very long time, but what about a child's mental health? Screening for mental illness is not as commonplace as screening for physical conditions in a high school setting. Still, students suffer the effects of undiagnosed mental illness just as much as any physical ailment. The topic of mental health screenings in school still remains controversial. Despite their provocative nature, mental health screenings have already been implemented in many schools in the United States. Clearly, children and young adults would benefit from mental health screenings in schools.

The strongest reason in support of mental health screenings is suicide prevention. In one article from the Los Angeles Times it is said, "By the time a teenager graduates high school, about one out of nine of his or her peers [have] attempted suicide" (Borrell). Many mental health professionals and pediatricians believe that a five to ten minute risk assessment can single out a vulnerable adolescent for further diagnosis and/or treatment. Screenings allow youth to volunteer information that otherwise, would not be known. Many children between the ages of ten to eighteen accept the feelings of depression that lead to suicide, because they simply do not have the experience to differentiate normal from atypical (Borrell). Other adolescents just don't know who to turn to in times of crisis and find solace in an understanding teacher or coach (Picard). With many children becoming more depressed each year, screening can be the first defense against suicide and an extraordinary tool to help those who suffer in silence (Landro).

Another benefit to mental health screenings would be early detection of abuse or bullying. A guidance counselor or school teacher is often the first to find out about abuse in a child's home and when they do, it is their responsibility to report it to the proper authority figure ([Brack and Brown](#)). With students trending towards silence and counselors not being able to force them to talk, screenings would inform them of those in need of more comprehensive services. Signs of physical abuse or bullying can be more easily recognized but where emotional abuse is concerned, screening would be more effective (Brack and Brown). Bullying as well as abuse can also lead to mental health issues in children and young adults. Many of these issues are easily overlooked as signs of normal development, when in fact they can lead to more complicated situations after maturity ([Windale](#)). "Seek[ing] professional help when ... it is needed... [will] allow [the] child to cope with their issues and become an adjusted adult," Windale later says.

Not only would abuse be detected earlier through screenings, but the incidence of school shootings would decrease. Any appearance of violence in school is devastating. Many school shootings can be prevented through diagnosis of mental illness; mental illness is prevalent in perpetrators of such shootings. "Few school shooters are diagnosed with mental illness before their crimes. Yet many are discovered afterward to be mentally ill," says Katherine Newman, author of "Rampage: The Social Roots of School Shootings" ([Newman](#)). Mental illness often goes untreated in youth. Screening for mental health issues is the most effective way to identify problems early on ([National Center](#)). Generally, behavioral and psychological issues are related to school depression or anger related issues. These types of circumstances can have a snowball effect leading to an out-raged teen causing a volatile school atmosphere. Mental health screenings can identify a larger amount of "at-risk" high school students than traditional school-based methods (National Center).

Although some believe children would benefit from screenings, there are those that do not believe children would benefit from mental health screenings in school. The opposition argues that detection is not treatment. Treatment for serious mental health illnesses can be ineffective or costly and many parents cannot afford to try a treatment that fails (Borrell). Many also fear that while counseling or therapy may help the individual, it is not effective at solving the main problem, for example; a bad family situation.

Others are worried only one-in-five patients experience any benefit from medications that treat depression, if they are even diagnosed correctly (Borrell). Still, more opposing views are directed at the fact that teenagers are often moody and that can lead to the wrong diagnosis. Any diagnosis that leads to treatment can result in overuse of dangerous medications that may increase suicidal ideations (Borrell).

There are also those on the opposition that argue mental health screenings are an invasion of child and family rights. Often the assessments word questions in a way that provide a false positive. Parents are worried that screenings will lead to diagnoses that unfairly label their children. Parents also fear repercussion of not following through with treatment on these diagnoses (Landro). A recent legislation in Texas might prohibit the use of federal funds from being used in screening programs without strict parental consent in hopes of quelling some of the parents' fears. Others are also concerned that the process of screening children in schools lead to interference in family life and that the issues can be resolved inside it (Landro). Some parents prefer to have a child screened in a family physicians' office and believe that program, in its entirety, should be questioned. Even some teachers believe in their own ability and the ability of the parents to define youth as being vulnerable without the screenings (Landro).

Though the opposition claims that detection is not treatment, they need to reevaluate their information. The screening process is aimed at defining those who may be susceptible to mental illness. The program offers help to those who meet criteria and gives them a chance to be evaluated by professions. Since the programs are based in schools throughout America, most, if not all, are federally funded. This gives families a chance to accept aid with treatment and medication only for the children that have serious need for it. While the screening itself only determines youth in the "at-risk" category, the program is geared towards offering the families as much assistance as possible. Children can benefit either through identifying the problem or proceeding with care.

Also, the concept that mental health screenings are an invasion of child and family rights is incorrect. The parents of the child receiving the screening, along with the child, have to consent. There is no violation of HIPPA regulations. Many parents are only notified as a precaution of the risk their child faces. Although children may be "unfairly" labeled as having a mental illness, it is the parents' right to seek a second opinion. Teachers are ill-equipped to determine what qualifies a student to have a mental illness, even though many youth confide in them. The screening program is completely voluntary for the youth. If mental health screenings are encouraged in schools, children won't be pressured into asking for help. If children with mental illness go unchecked "we'll lose a lot [them] to suicide" (Landro).

Children and young adults go through many events that may cause problems if left untreated. Yet many youth receive the help they need and go on to lead normal healthy lives. Even still, many adolescents escape without ever having a close encounter. It is the responsibility of the parent to ensure the future of the next generation. The mental health screening program is a safe guard against many problems youths may face and is an effective tool when combined with treatment for those who need it. If there is a chance to prevent suicide or stop a school shooting, why would people deny it? Those who do not believe in the success of the program are denying children access to the help they need. One should consider these options before coming to a conclusion of their own.

## Sources:

- Borrell, Brendan. "Some Pros and Cons of Screening Teenagers." Los Angeles Times (Los Angeles, CA). 03 Aug 2009: E5. SIRS Issues Researcher. Web. 24 Jul 2012.
- Landro, Laura. "Will Students Take a Mental Health Test?" Wall Street Journal. 30 Aug 2011: D.2. SIRS Issues Researcher. Web. 21 Jul 2012.
- Picard, Andre. "Everyone Has a Role in Being Vigilant About Cries for Help." Globe and Mail. 28 Sep 2011: A.8. SIRS Issues Researcher. Web. 20 Jul 2012.