

Written Testimony of Illinois Collaboration on Youth

Violence Prevention Task Force

February 23, 2015

Illinois Collaboration on Youth (ICOY) is a statewide policy advocacy and capacity-building organization. Our members provide services to at-risk youth across the state. We are dedicated to strengthening the youth service system, improving outcomes for youth, and working to decrease the need for youth involvement in the child welfare and juvenile justice systems. The Illinois Collaboration on Youth believes that young people have the ability and propensity to change when given rehabilitation resources, support, and perhaps most importantly, hope for their futures.

The Sandy Hook massacre gives us a horrific and frightening look at the extreme outcome from an incomplete response by family, educators, and mental health professionals to an individual who was seriously mentally ill. Among the troubling findings in the aftermath of this tragedy is the fact that the family's education and access to resources were not enough to prevent these murders.

The National Institute of Mental Health¹ has noted that approximately 80% of youth with mental illness do not get the care they need, and that the average delay between the onset of symptoms and access to intervention is 8 to 10 years. In those 8 to 10 years, a child's illness becomes exacerbated, placing the family under intense stress and financial duress, ultimately required a much more intensive and expensive intervention when or if it finally occurs. Left untreated, these youth are at a very high risk for addiction, violence, other criminal behavior, homelessness, and suicide.

Furthermore, NIMH also remarks on a unique aspect of mental illness and the young:

Unlike most disabling physical diseases, mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24. Thus, mental disorders are really the chronic diseases of the young. For example, anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20's. Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.²

The recommendations out of the Connecticut Office of the Child Advocate³ look very similar to those recommendations that emerged from the concentrated work of the Children's Services Subcommittee

¹ National Institute of Mental Health, 2005. Mental Illness Exacts Heavy Toll: Beginning in Youth. Accessible: <http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>

² *Id*

³ Shooting at Sandy Hook Elementary School: Report of the Office of the Child Advocate, 2014. Accessible: <http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf>

this past summer and fall in response to the *N.B. v. Hamos*⁴ class action lawsuit. They center on implementing a System of Care⁵ response to mental health, beginning with universal mental health screening, and are founded in a community-based, family and child focused approach.

It is not our intention to repeat those recommendations⁶ here; rather, we encourage you to strongly consider that work as this Task Force proceeds through its agenda.

What happened at Sandy Hook is, thankfully, a relatively rare occurrence. Everyday violence in our neighborhoods is a much more common occurrence, and one that does tremendous damage to individuals, families, and communities, with less attention and less public response.

The Violence Prevention Task Force would do well to consider both circumstances and to think about multiple ways to prevent violence and promote healthy communities.

We must acknowledge that the mental health system alone cannot prevent the daily violence that plagues too many of our neighborhoods, and casts a dark and traumatizing shadow over too many childhoods. For too many young people, violence has become a normal and even expected experience.

The exposure to community violence⁷ and the threat of its occurrence at any minute is experienced by the developing child and adolescent as an ongoing event that must constantly be managed. They seek ways to cope that try to avoid, minimize, and accommodate this constant threat, and end up with maladaptive behaviors that make sense in the moment but are damaging to adolescent brain development and how young people relate to the community.

The National Child Traumatic Stress Network notes that “adolescents may respond to their experience through dangerous reenactment behavior.”⁸

The adolescent brain is a developing brain, and we are only starting to understand the neuroscience behind this crucial period of physical, social, emotional, intellectual, and sexual growth in young people. In particular, we are still learning more about how experiences and the environment interact with genes to shape the developing brain.⁹

A comprehensive approach to community violence includes prevention, early intervention, and targeted responses, such as the approach outlined in the Mayor’s Commission for a Safer Chicago.¹⁰

⁴ *N.B. ex rel. Buchanan v. Hamos* (*N.B. v. Hamos*), 2012 WL 1953146 (N.D. Ill. May 30, 2012). Accessible: <http://www.nbclassaction.org>

⁵ Technical Assistance Partnership for Child and Family Mental Health, Systems of Care. Accessible: <http://www.tapartnership.org/systemsOfCare.php>

⁶ Governor’s Office of Health and Innovation and Transformation, December 2014. Accessible: <https://www.dropbox.com/s/aaiwdtbya8rvz0q/GO HIT%20Children's%20Services%20Recommendations%20Final.pdf>

⁷ NCTSN re: trauma of community violence. Accessible: <http://www.nctsn.org/trauma-types/community-violence>

⁸ NCTSN re: stress reactions of children. Accessible: <http://www.nctsn.org/resources/audiences/parents-caregivers/understanding-child-traumatic-stress#q5>

⁹ Accessible: <http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml>

¹⁰ Strategic Plan for 2015. Accessible: http://www.cityofchicago.org/content/dam/city/depts/mayor/supp_info/Chi_SaferChicago_StrategicReport_final.pdf

In particular, we would like to emphasize the need for a positive youth development approach that fosters the healthy growth and maturation of all young people. The Search Institute has identified 40 assets that every youth needs to succeed.¹¹ These assets include caring relationships with adults, including family, neighbors, and schools; a community that values youth and seeks their input; clear rules, expectations, and role models; opportunities for creative, recreational, spiritual, and community activities; social competencies; and a positive view of their own future, among many others.

How we as a state would implement a comprehensive System of Care for mental health, and develop a positive response to community violence would be challenging under the best of times. Under the severe austerity budget proposed by the Governor last week, it is difficult to see how any of this work gets done. We owe it to the memory of the children and families affected by Sandy Hook, and to their counterparts here in Illinois, to reject this budget and to align our priorities to promote health in individuals and in communities, for that surely is the basis of a compassionate and a competitive state.

For more information, please contact:

Andi Durbin
Chief Executive Officer
adurbin@icoyouth.org
312.718.6085

Nora Collins-Mandeville
Policy Director
ncollinsmandeville@icoyouth.org
312.970.0389

¹¹ Assets description: <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>