SECTION II

RECOMMENDATIONS
TIMELINES AND ACTION STEPS
School Wellness Recommendations

Based on the collective findings from review of existing resources and strategies, survey data, and key informant interviews and focus groups, we have arrived at several recommendations that may help to advance school wellness in Martha’s Vineyard.

We start with three short-term priorities that we recommend MVPS system leaders address beginning immediately, and have included timelines, action steps and a set of resources to advance these priority recommendations.

We follow with additional recommendations that will serve to enhance the priority areas, and can be implemented at any time MVPS and the community determine they must be addressed. Some of the recommendations in the “additional recommendations” section may be seen as priorities for particular groups or schools, and therefore may be adopted more quickly than others.

We recommend that all activities should be grounded in the following foundational principles:

- Youth engagement and partnership
- Family engagement and partnership
- Community engagement and partnership
- Cultural responsiveness and humility
- Use of Best Practices
- Data-driven decision making
Martha’s Vineyard School Wellness Short-term Priorities

We recommend short-term priorities in three areas:
1. Universal Health Education
2. Accessible Mental Health and Substance Use Supports
3. Positive School Climate

**Universal Health Education**
- All-Island Health Education Coordinator
- All-Island health education guidelines/curriculum that aligns K-12
- Sufficient health education staff and class time allocation

**Accessible Mental Health and Substance Use Supports**
- All-Island Community-Partnered School Mental Health Coordinator
- On-site treatment services in schools, augmenting school counseling
- Map and utilize array of local and state mental health and substance use services, including telehealth
- Strategic informational campaign to reduce stigma and promote access

**Positive School Climate**
- Social Emotional Learning (staff and students)
- School staff relationships, morale, well-being
- Student connectedness and safety

In the following sections, we include recommended timelines, action steps and resources to achieve each priority.
MVPS School Wellness Recommended Timeline
Universal Health Education

YEAR 1 (Sept 2018-Aug 2019)
- Hire All-Island Health Education Coordinator
- Review existing and recommended Health Education curricula
- Engage students/families/community in review and implementation planning
- Select Health Education curriculum(s) that aligns K-12 and that meets national health education standards and community values/priorities
- Determine and hire necessary health education staff
- Determine and allocate sufficient class time to health education
- Determine evaluation plan

YEAR 2 (Sept 2019-Aug 2020)
- Implement Health Education curricula in all schools
- Engage families/community in health education activities
- Measure fidelity of implementation
- Regular meetings of Health Educators to discuss challenges/successes
- Evaluate impact on student wellness/school success
- Determine necessary adaptations based on implementation findings

YEAR 3-5 (Sept 2020-Aug 2023)
- Continuous review of fidelity and alignment with national health education standards and community values/priorities
- Quality improvement activities to ensure:
  - K-12 alignment
  - Positive impact
  - Addressing identified gaps/new priorities
Universal Health Education Action Steps

**YEAR 1 (Sept 2018-Aug 2019)**

**Hire All-Island Health Education Coordinator**
- An All-Island Health Education Coordinator *(see Resources for sample job description)* should be hired to support the selection and implementation of Health Education curricula and supporting activities. The position should be established within the MVPS District Office. Responsibilities would include:
  - Establishing and facilitating meetings and process of an All-Island Health Education Workgroup
  - Reviewing recommended health education curricula
  - Ensuring selected health education curriculum(a) promotes consistency of core content at the elementary, middle and high school levels.
  - Ensuring selected health education curriculum(a) aligns with national standards.
  - Ensuring that health education staff and class time allocation is sufficient to cover core curricular content.
  - Promoting family awareness of academic, social, emotional, and behavioral health expectations and wellness strategies within the school, and how they can help the school to support student success by supporting these expectations and strategies at school and home.
  - Establishing all-island wellness promotion policies and practices that may be adopted across schools and districts and implemented with the facilitation of each school’s wellness committee and the support of all school staff.
  - Engagement of community partners, including the community providers, business, organizations, and the private foundation and philanthropy community, to support health education activities.
  - Supporting professional development of school staff that supports evidence-based approaches to health education.
  - Providing direct Health Education instruction in schools, as needed based on staffing.

**Review existing and recommended Health Education curricula**

**Engage families/community in review and implementation planning**

**Select Health Education curriculum(a) that aligns K-12 and that meets national health education standards and community values/priorities**
- A Health Education Committee should be established to include:
  - Health Education educator from each school
  - Parent(s) of students at each school level (elementary, middle, high)
  - Community partner(s)
• The Health Education Coordinator should work in collaboration with a Health Education Committee to review each school’s existing Health Education curricular content/programming and recommended Health Education curricula (see Resources for review of three widely-used, evidence-based Health Education K-12 curricula). Curricular content should be reviewed with a goal of aligning learning across grade levels (K-12), meeting the National Health Education Standards (NHES; see Resources for Overview of NHES and HECAT tool for assessing curricular content), and aligning with community values and priorities. The Committee should work with each school to select a health curriculum for implementation in the 2019-20 school year. It may be most useful, efficient and cost-effective for same-level schools (elementary, middle) to select one universal curriculum for all students, and for the MVPS system to select one curriculum that spans K-12.

Determine and hire necessary health education staff
Determine and allocate sufficient class time to health education

• Based on Health Education Committee review and selection of each school’s curriculum, the Health Education Committee should recommend required staffing and class time for implementation.
• In collaboration with the Superintendent’s office, each school should hire Health Educators and allocate sufficient class time to health education. Schools may benefit from shared staffing to implement curriculum. The Health Education Coordinator could be utilized to provide direct instruction, based on staffing.

Determine evaluation plan
• In collaboration with the Health Education Committee, each school should determine an evaluation plan to assess impact of curriculum on student wellness and school success and implementation success.

YEAR 2 (Sept 2019-Aug 2020)
Implement Health Education curricula in all schools
Engage families/community in health education activities
Measure fidelity of implementation
Regular meetings of Health Educators to discuss challenges/successes
Evaluate impact on student wellness/school success
Determine necessary adaptations based on implementation findings

YEAR 3-5 (Sept 2020-Aug 2023)
Continuous review of fidelity and alignment with national health education standards and community values/priorities
Quality improvement activities to ensure:
  • - K-12 alignment
  • - positive impact
  • - addressing identified gaps/new priorities
## MVPS School Wellness Recommended Timeline

**Accessible Mental Health and Substance Use Supports**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire All-Island Community-Partnered School Mental Health Coordinator</td>
<td>Professional development for school staff to promote mental health literacy and early identification</td>
<td>Expand array of local MH/SU services by increasing professional development and reimbursement opportunities</td>
</tr>
<tr>
<td>Map array of local and state mental health and substance use services, including telehealth</td>
<td>Implement on-site treatment services in schools, augmenting school counseling</td>
<td>Expand supports for students experiencing transitions (e.g., from intensive psychiatric care, between schools, newcomer students)</td>
</tr>
<tr>
<td>Identify gaps in services/supports</td>
<td>Establish effective school-community teaming to support a full continuum of MH/SU care</td>
<td>Quality improvement activities to ensure:</td>
</tr>
<tr>
<td>Strategic informational campaign to reduce stigma and promote awareness and access</td>
<td>Implement consistent referral and feedback mechanisms across schools</td>
<td>- accessibility of MH/SU services and supports</td>
</tr>
<tr>
<td>Establish process for engaging on- and off-site community mental health partners</td>
<td>Regular meetings of school and community MH/SU providers to discuss challenges/successes</td>
<td>- effectiveness of school-community partnerships to support student MH/SU</td>
</tr>
<tr>
<td>Determine evaluation plan</td>
<td>Evaluate impact on student wellness/school success</td>
<td>- mental health literacy of school staff</td>
</tr>
<tr>
<td></td>
<td>Evaluate effectiveness of school-community partnerships</td>
<td>- positive impact on student wellness/school success</td>
</tr>
<tr>
<td></td>
<td>Determine necessary adjustments based on implementation findings</td>
<td></td>
</tr>
</tbody>
</table>
Accessible Mental Health and Substance Use Supports Action Steps

YEAR 1 (Sept 2018-Aug 2019)

Hire All-Island Community-Partnered School Mental Health Coordinator

- An All-Island Community-Partnered School Mental Health Coordinator (see Resources for sample job description) should be hired to support school-community partnerships that promote accessibility of a full array of mental health and substance use services for students, including on-site school mental health services. The position should be established within the MVPS District Office. Responsibilities would include:
  - Direct and manage the development and implementation of comprehensive school wellness systems across Martha’s Vineyard Public Schools;
  - Manage the day-to-day coordination of community-partnered school mental health within and across schools;
  - Maintain collaborative relationships with all the partners involved in Martha’s Vineyard Community-Partnered service provision;
  - Seek out and build new relationships within the community to increase the staffing capacity for community-partnered school mental health;
  - Monitor and analyze data in order to report out trends on types of referrals, number of referrals and how many referrals turned into actual services and supports;
  - Work closely with each Martha’ Vineyard Public School principal and their mental health and administrative staff to identify needs specific to their school;
  - Develop and maintain legal documents (contracts, MOUs) that are relevant to Community-Partnered School Mental Health;
  - Identify, organize and provide Professional Development opportunities that increase awareness about community-partnered school mental health, mental health and stigma, and how to make appropriate referrals to the program;
  - Regularly communicate with Martha’s Vineyard Public School Leadership and any consultants to brainstorm, identify successes and challenges, and plan for addressing issues and disseminating successes.

Map array of local and state mental health and substance use services, including telehealth

Identify gaps in services/supports

- **Resource mapping** offers schools and districts a comprehensive view of school and community mental health services and resources available to students and families. Having a systematic process that helps individuals to better understand specific details about the type of service offered and how and when it can be accessed can help to improve student follow-through with services and coordination of care. School and district resource mapping offers a systematic process to:
Identify all available resources/programs in the school and surrounding community
Recognize gaps in services/resources that can inform strategic planning and outreach
Better understand program requirements to access services (e.g., insurance, hours of operation, eligibility)
Avoid duplication of services and valuable resources
Better match service needs with available resources/programs
Increase awareness of underutilized partnerships/resources
Cultivate relationships with new programs/resources that can address gaps in care

Resource mapping must be an on-going and data-informed process. As part of the mapping process, it is important that school-community teams document not only the existence of programs and resources, but also the impact of such programs and resources on expected and actual outcomes. Discontinuing programs that are no longer meeting their desired outcomes allows resources to be re-allocated to more effective approaches. By restricting behavioral health resources to only those with demonstrated impact on desired outcomes, schools and school systems can be more prudent in their selection process, thereby increasing efficiency and likelihood of student success.

• See Resources for two tools to assist in Mapping:

The SHAPE System (www.theSHAPEsystem.com) provides a comprehensive tool for districts and schools to assess and document their needs, strengths, staffing, and services within a multi-tiered system of supports.


Strategic informational campaign to reduce stigma and promote awareness and access

• The All-Island Community-Partnered School Mental Health Coordinator should partner with school administrators, student support staff, students, families, and community partners to establish a strategic informational campaign to reduce stigma about mental illness and to promote access and help-seeking among students.

• The informational campaign should include a variety of mechanisms for access to information, including in-person, online, verbal, and written communication for students, families, schools staff, and community members. Information should be developed in collaboration with and tailored to specific populations (e.g., Brazilian community, LGBTQ youth, different age groups).
Examples of stigma reduction and help-seeking promotion campaigns include:

- The JED Foundation:
  - Seize the Awkward - [https://seizetheawkward.org/](https://seizetheawkward.org/)
- HeadSpace:
- Just Talk:
  - [https://www.healthyyoungmindsinherts.org.uk/schools/lesson-plans-and-free-resources/just-talk-campaign-school-resources](https://www.healthyyoungmindsinherts.org.uk/schools/lesson-plans-and-free-resources/just-talk-campaign-school-resources)
- Children’s Mental Health Matters!:
  - [https://www.childrensmentalhealthmatters.org/](https://www.childrensmentalhealthmatters.org/)

**Establish process for engaging on- and off-site community mental health partners**

- The All-Island Community-Partnered School Mental Health Coordinator, in partnership with school administrators, student support staff, students, families, and community partners, should establish a process for engaging on- and off-site community mental health partners.

**Areas to consider (and detailed in Resources):**

- Partnering with families and youth:
  - Improve the quality of treatment services by partnering with youth and families
  - Engage families in developing services and procedures, assisting with evaluation design, and communicating about the program
  - Engage students and families in your program’s advisory group
- Engaging families and youth in treatment:
  - Emphasize that students do better in treatment when their family is involved
  - Identify and address obstacles to engaging families in their child’s treatment
- Policies and procedures:
  - Ensure that existing policies are up-to-date, appropriate, consistent, and aligned with program goals
  - Use these steps to develop a new policy: assess, engage, draft, review, authorize, educate, and revise
- Confidentiality and privacy:
  - Learn about HIPAA (the Health Insurance Portability and Accountability Act) and FERPA (the Family Educational Rights and Privacy Act)
  - Create an agreement between the school district and community mental health partner about what information can be shared with whom
Program evaluation and data collection:
- Determine what kind of process, impact, and outcome evaluation your program will conduct
- Consider collecting data on services provided, educational data, mental health and psychosocial data, and qualitative feedback
- Identify sources of data including program informants and stakeholders, the school district, and community mental health partners

Collaboration:
- Acknowledge that challenges may arise when schools and community mental health agencies work together
- Be prepared to address challenges related to confidentiality, funding, having community mental health providers working in schools, and a lack of understanding of the connection between mental health and academics

Program funding:
- Review funding opportunities at the national, state, and local levels
- Explore diverse funding sources such as grants, contracts, fee-for-service payments, managed care, insurance, and interagency agreements

The National Center for School Mental Health has a training series to support community-partnered school mental health efforts at www.mdbehavioralhealth.com

The National Center for Mental Health Promotion and Youth Violence Prevention has a series of online modules on Comprehensive School Mental Health:
- Introduction to Comprehensive School Mental Health
  http://airhsdlearning.airws.org/smhmodule1/story_html5.html
- Preparing to Implement a Comprehensive School Mental Health Program
  http://airhsdlearning.airws.org/smhmodule2/story_html5.html
- Implementing a Comprehensive School Mental Health Program

Determine evaluation plan
- The All-Island Community-Partnered School Mental Health Coordinator, in partnership with school administrators, student support staff, students, families, and community partners, should determine an evaluation plan to assess:
  - impact of MH/SU services on student wellness and school success
  - implementation success, including effectiveness of school-community partnerships
- See Resources for guidance on evaluating Community-Partnered School Mental Health
YEAR 2 (Sept 2019-Aug 2020)
Professional development for school staff to promote mental health literacy and early identification
Implement on-site treatment services in schools, augmenting school counseling
Establish effective school-community teaming to support a full continuum of MH/SU care
Implement consistent referral and feedback mechanisms across schools
Regular meetings of school and community MH/SU providers to discuss challenges/successes
Evaluate impact on student wellness/school success
Evaluate effectiveness of school-community partnerships
Determine necessary adjustments based on implementation findings

YEAR 3-5 (Sept 2020-Aug 2023)
Expand array of local MH/SU services by increasing professional development and reimbursement opportunities
Expand supports for students experiencing transitions (e.g., from intensive psychiatric care, between schools, newcomer students)
Quality improvement activities to ensure:
- accessibility of MH/SU services and supports
- effectiveness of school-community partnerships to support student MH/SU
- mental health literacy of school staff
- positive impact on student wellness/school success
MVPS School Wellness Recommended Timeline
Positive School Climate

YEAR 1 (Sept 2018-Aug 2019)
- Establish committee of school leaders/staff to lead school system climate efforts
- Determine assessment tool(s)/process for school climate (e.g., EDSCLS), including measurement of:
  - Student connectedness and safety
  - School staff relationships, morale, well-being
- Conduct school climate assessment (Spring 2019)

YEAR 2 (Sept 2019-Aug 2020)
- Utilize school climate resources (e.g., SCIRP) to address areas of identified need/priority
- Organizational strategies and professional development to promote school staff wellness and social-emotional competence
- Conduct school climate assessment (Spring 2020), compare results across years

YEAR 3-5 (Sept 2020-Aug 2023)
- Utilize school climate resources (e.g., SCIRP) to address new areas of identified need/priority
- Organizational strategies and professional development to promote school staff and student wellness and social-emotional competence
- Conduct school climate assessment (Spring 2021-23), monitor progress and needs
Positive School Climate Action Steps

YEAR 1 (Sept 2018-Aug 2019)

Establish committee of school leaders/staff to lead school system climate efforts

- School district leadership, in collaboration with school staff (administrators, student support staff, teachers), youth, families, and community partners, should convene a committee to lead school system climate efforts. A series of School Climate Improvement Action Guides (in Resources) are available to provide district leaders, school leaders, instructional staff, non-instructional staff, families, students, and community partners with action steps on how to support school climate improvement; tips on what it looks like when it being done well and what pitfalls to avoid; and questions to ask to engage in the school climate improvement process.

Determine assessment tool(s)/process for school climate (e.g., EDSCLS), including measurement of:

- Student connectedness and safety
- School staff relationships, morale, well-being

- Measuring school climate is critical for improving school climate because high quality school climate data allow you to understand the perceptions of the students, staff, and parents in your school or district; monitor progress; make data-driven decisions; involve stakeholders; and adapt to shifting needs related to school climate.

- The U.S. Department of Education (ED) is dedicated to helping keep students safe and improving their learning environments. In particular, ED developed the high-quality, adaptable ED School Climate Surveys (EDSCLS) and associated web-based platform. The EDSCLS allows States, local districts, and schools to collect and act on reliable, nationally-validated school climate data in real-time. [https://safesupportivelearning.ed.gov/edscls](https://safesupportivelearning.ed.gov/edscls)

Conduct school climate assessment (Spring 2019)

YEAR 2 (Sept 2019-Aug 2020)

Utilize school climate resources (e.g., SCIRP) to address areas of identified need/priority

- See Resources for information about the School Climate Improvement Resource Package
  - [https://safesupportivelearning.ed.gov/scirp/about](https://safesupportivelearning.ed.gov/scirp/about)
Organizational strategies and professional development to promote school staff wellness and social-emotional competence

- See the Collaborative for Academic, Social and Emotional Learning (CASEL, https://casel.org/) for information about promoting social emotional learning among students and staff, including resources from

Conduct school climate assessment (Spring 2020), compare results across years

YEAR 3-5 (Sept 2020-Aug 2023)
Utilize school climate resources (e.g., SCIRP) to address areas of identified need/priority
Organizational strategies and professional development to promote school staff wellness and social-emotional competence
Conduct school climate assessment (Spring 2020), compare results across years
Additional Recommendations

In addition to the three priority areas, there are several recommendations that emerged from our findings. These recommendations should be reviewed by MVPS district leaders and partners for consideration and implementation as part of the comprehensive school wellness process.

**Nutrition and Physical Activity**
- Develop standard for ensuring adequate time for lunch and healthy foods available.
- Develop standard for adequate time and resources for physical activities for all students.

**Primary Care and Telemedicine**
- Partner with primary care community around a coordinated mental health strategy to better integrate care and support students.
- Coordinate with the Massachusetts Child Psychiatry Access Program (MCPAP (https://www.mcpap.com/)) to support care coordination and expand treatment referral options for both more general and specialized care (e.g., transgender, trauma, family therapy), and to support pediatricians and other primary care providers to deliver mental health care, including prescribing psychotropic medication that can reasonably be managed by non-psychiatrist prescribers.
- Consider telemedicine support/consultation to provide additional, timely support to local (and school) providers.

**Communication and Youth/Family Engagement**
- Media/Communications including a calendar of events with information about school mental health related resources for youth, caregivers, and community partners.
- Promote family awareness of academic, social, emotional, and behavioral health expectations and wellness strategies within the school and how they can help the school to support student success by supporting these expectations and strategies at school and home.
- Provide training to mental health and education workforce in family engagement strategies to improve involvement in children’s treatment.
- Create a strategic informational campaign, that includes education, marketing materials (resource booklets, fliers to families/teachers, etc.), addresses stigma of receiving services, and an online/telephone access point to better inform schools and families about available mental health supports in the school and community. Ensure that outreach and education efforts reflect cultural humility and responsiveness and are inclusive of all Islanders.

**Workforce**
- Consider mechanisms for increasing on-island mental health workforce, including fostering high school and community college student interest in mental health professions, and developing partnerships with online mental health training and certificate programs.
- Consider strategies for expanding on-site health care access within the school district, including the possibility of developing comprehensive school-based health center(s).
**Professional Development**

- Develop trainings and policy to support the School Resource Officer role in promoting safe and supportive schools.
- Include school nurses in communication and teaming related to student health and mental health.
- Enhance training and subsequent programming for school and school-based community providers to offer mental health and health promotion activities and services within the school buildings.
- Ensure that professional development incorporates strategies and skills needed for educators to buy-in to and promote positive health and mental health promotion efforts within the school.
- Prioritize behavioral health training needs for educators and providers, and provide follow-up training and implementation support to ensure that teachers’ have acquired knowledge about mental health and substance use and that knowledge translated into behavior change (e.g., promotion of positive mental health in the classroom, increased identification and referral).
  - Professional development for school staff may include health prevalence, identification and referral, and basic classroom intervention strategies. Professional development should incorporate a focus on both internalizing (e.g., depression, trauma, anxiety) and externalizing (e.g., ADHD, disruptive behaviors) concerns. Professional development should be offered to educators across the developmental continuum, including preschool and early elementary grades, providing developmentally appropriate strategies for addressing behavioral and mental health concerns of young children.
- Administrators and educators may benefit from training on the direct impact of student mental health (and trauma) on learning and academic success and what strategies can be implemented to lessen this impact.
- Create a professional development and accountability system that ensures that behavioral health providers, including school counselors, in the schools have access to evidence-based training, supervision, and the necessary resources and supports to address common behavioral health concerns of students. Develop/identify corresponding training, coaching support, and monitoring systems to ensure uptake of content.

**Staff Wellness**

- Consider implementing targeted teacher wellness programming that better aligns with teachers’ interests and availability, and with input on strategies for increasing participation.
- Provide clear guidance that outlines how teachers can get mental health treatment and wellness supports if needed. Encourage help seeking for teachers’ own concerns and mental health problems and provide reasonable and confidential pathways for support and care.
- Ensure that all school staff have access to some wellness resources and activities within their school or local community. These may be obtained locally, or through collaborative projects in nearby locations, or through virtual training opportunities.
- Incorporate strategies for promoting organizational wellness and collective resilience in addition to staff self-care programming.
Screening and Assessment

- Use existing data (e.g., Youth Risk Behavior Surveillance System or other sources) or conduct all-island survey to assess student mental health needs to better inform school teams about their prevalence and priority for intervention.
- Develop a system for identifying students who may be at risk of developing more serious mental health problems, preferably as part of the existing multi-tiered system of behavioral supports within the school/district.

Sustainability

- Continue to engage others, including the private foundation and philanthropy community, to allow for an increase in the consistent implementation of wellness and mental health promotion and intervention strategies for all students.
- Explore how businesses, organizations and community providers may be able to assist/partner with the school team in the delivery of school-based health and mental health promotion and intervention.
- Learn from school behavioral health programs nationally and sharing across behavioral health agencies strategies for maximizing fee-for-service revenue as one funding mechanism to help support school mental health and substance use service provision.

Comprehensive Family-School-Community Approach to Youth Wellness

- Consider a comprehensive, family-school-community approach to supporting youth wellness. See The “Icelandic Model” section below.
During our meetings in Martha’s Vineyard, we received suggestions for the Island to develop a more comprehensive, community-partnered approach to supporting youth wellness. One example of such a model is the “Icelandic Model,” implemented to promote healthy behaviors and well-being and reduce risky and unhealthy behaviors among youth in Iceland.

This type of approach relies on significant community and family commitment and investment, and requires the ongoing support of an engaged planning and implementation workgroup. We would argue that this approach is feasible in Martha’s Vineyard given the deep commitment to the Island’s youth and the vast resources available to support their success.

A description of the model is provided below, and additional support and information can be obtained from the model developers:

**The Icelandic Centre for Social Research and Analysis (ICSRA)**
http://www.rannsoknir.is/en/home/

Inga Dóra Sigfúsóttir, Ph.D., ingadora@rannsoknir.is
Harvey Milkman, Ph.D., milkmanh@msudenver.edu
A Brief Description of the Model

The model, developed by a group of Icelandic social scientists at the Icelandic Centre for Social Research and Analysis (ICSRA), is an evidence-based approach to promote healthy alternatives to drugs and alcohol. This preventative method has roots in research conducted by American psychologist Harvey Milkman. Milkman helped to spawn the idea that humans often become addicted to changes in brain chemistry rather than the physical substances. He was interested in creating ways for teenagers to get “high” on their own brain chemistry rather than having to use drugs and alcohol to reach a desired effect. His research and ideas led to a grant that allowed him to form Project Self Discovery, which provided teenagers with a variety of activities and alternatives to drugs and crime.

Though Milkman’s model was designed to support teenagers with current problems, researchers in Iceland wanted to focus on preventing the usage of drugs and alcohol in the first place. It became clear that the previous substance prevention efforts, mostly rooted in education, were not working in Iceland. The model that is currently implemented by Iceland, called Youth in Iceland, is a community-based, bottom-up approach to prevent adolescent substance abuse. To accommodate this model, laws were changed and enacted including a law prohibiting children aged between 13 and 16 from being outside after 10pm in the winter and midnight in the summer. It also became mandatory by law for schools to establish parental organizations, in order to strengthen the relationships between parents and the school. State funding was increased for organized sport, music, art, dance, etc., to allow kids to have fun in ways that do not require the use of alcohol and/or drugs. The model also emphasizes the importance of parents spending quality time with their children, and being actively involved in their lives. Government and parental involvement and cooperation are fundamental for the success of this national plan.

A Brief Description of the Impact/Findings

In 1992, 1995, and 1997, data concerning alcohol and drug use, parental relationships, peer relations, etc. was collected from teenagers in Iceland using surveys distributed in schools. Researchers found that 23 percent of teenagers were smoking every day, 17 percent had used cannabis before, and 42 per cent had been drunk within the past month. Researchers continued to collect data each year from teenagers, and found that once the national plan of Youth of Iceland was implemented, these numbers decreased substantially. Icelandic teenagers went from having the highest rates of adolescent substance use in Europe, to the lowest in just two decades. In 2016, only three percent of teenagers were smoking cigarettes every day, seven percent had used cannabis before, and five percent of teens reported ever being drunk at some point in the previous month. The amount of time teenagers spent with their parents also increased from 23 percent to 46 percent, and the percentage of teenagers participating in organized sports at least four times a week increased from 24 percent to 42 percent. Overall, Icelandic teenagers are given the opportunity to relieve stress, learn important life skills, and have fun without the use of substances.
Due to the success of the Youth of Iceland model, Youth in Europe was created in 2006. The participation is at community levels rather than at national levels. To date, 35 municipalities have taken part across 17 countries. Teenage drinking and smoking rates have dropped in many of the countries, though nowhere as dramatically as in Iceland. It has been found that the model needs to be adjusted to the needs and resources of the community it is being prescribed to.

A Summary of Core Components of the Model

The Icelandic model consists of the following core components:

1) Evidence-based practice
   • Annual data collection from almost every child to provide current information pertaining to substance use, social, physiological, and psychological health, socio-economic variables, characteristics of communities and families, and lifestyle and leisure time activities
   • Data is communicated to municipalities and utilized to chart the effectiveness and/or modify interventions

2) A Community-based approach
   • Community stakeholders (students, parents, community-based NGOs) are continuously engaged to communicate data that assesses needs within communities, strengthen links between parents and schools, and educate and engage parents in agreeing to follow parenting recommendations
   • Community-based organizations provide extra-curricular activities such as sports, clubs, and after-school classes to serve as alternatives to substance use

3) Dialogue between research, policy, and practice
   • Using data collected from frequent surveys, public policy is created to reduce access of substances for adolescents, mandate establishment of parental organizations in schools to strengthen school-parent links, place restrictions on the amount of time youth spend outside, and increase funding to increase family access to recreational activities
   • Stakeholders at each level (researchers, legislators, practitioners) continue to maximize the effectiveness of funding, policy, and services provided

Information about Funding

In Iceland and cities throughout Europe, funding to support this prevention model comes from state funding that is directed towards municipalities. Municipalities allocate their funding towards grants awarded to various organizations/NGOs that provide after-school activities to youth and financial assistance that makes recreational activities more accessible for all families.
For example, Reykjavik City in Iceland allocates the following amount of funds towards funding these prevention efforts:

**Grant funding composes ~7% of the overall city budget. Of this funding:**

- 48 million Euro is allocated to youth and sports organizations
- 24 million Euro is allocated to youth clubs/center, and other after-school activities
- 14 million Euro is allocated to cultural organizations
- 8 million Euro is allocated to music schools and school bands
- 6 million Euro is allocated to “The Leisure Card” to assist families in paying for recreational activities

**Suggested reading:**


**ABSTRACT**

Data from the European School Survey Project on Alcohol and other Drugs have shown that adolescent substance use is a growing problem in western and particularly Eastern European countries. This paper describes the development, implementation and results of the Icelandic Model of Adolescent Substance Use Prevention. The Icelandic Model is a theoretically grounded, evidence-based approach to community adolescent substance use prevention that has grown out of collaboration between policy makers, behavioural scientists, field-based practitioners and community residents in Iceland. The intervention focuses on reducing known risk factors for substance use, while strengthening a broad range of parental, school and community protective factors. Annual cross-sectional surveys demonstrate the impact of the intervention on substance use among the population of 14- to 16-year-old Icelandic adolescents. The annual data from two cohorts of over 7000 adolescents (>81% response rate) show that the proportions of those who reported being drunk during the last 30 days, smoking one cigarette or more per day and having tried hashish once all declined steadily from 1997 to 2007. The proportions of adolescents who reported spending time with their parents and that their parents knew with whom they were spending their time increased substantially. Other community protective factors also showed positive changes. Although these data suggest that this adolescent substance use prevention approach successfully strengthened a broad range of parental, school and community protective factors, the evidence of its impact on reducing substance use needs to be considered in light of the correlative data on which these observations are based.

**(PDF) Substance use prevention for adolescents: The Icelandic Model. Available from:**

[https://www.researchgate.net/publication/23655343_Substance_use_prevention_for_adolescents_The_Icelandic_Model](https://www.researchgate.net/publication/23655343_Substance_use_prevention_for_adolescents_The_Icelandic_Model)