



Intergenerational Wellness Health Neighborhood Established March, 2016

Our Health Neighborhood improves the health, mental health and stability of our community by addressing and preventing trauma across the lifespan—and its transmission from generation to generation.

Trauma at the Root In the last few decades, what we've learned about mental illness transforms how we can treat and prevent it: we know 50% arises before the age of 14, and 75% before the age of 24¹—and that abuse and neglect, especially from dysfunctional parent/caregiver relationships in early childhood are particularly pernicious, resulting in altered brain chemistry leading to lifelong medical and mental health problems including depression, addiction, cardiopulmonary illness, homelessness², and suicide. We know this maladaptive neurobiology can be 'passed' from generation to generation, from traumatized caregiver--to then traumatized child, and on to subsequent generations³. We also know that communities in which people are living with complex trauma, racial bias and economic hardship face substantially greater challenges⁴.

Early Relationships are the Locus—and the Cure: If the basic causes of some of our most 'intractable' social and public health problems have deep roots in the health of our closest relationships, then we not only have insight as to why years of expensive wars on gangs and drugs and finding medical 'cures' for addiction, homelessness and mental illness and have been so ineffective, but we also have the ability to empower individuals and families to end cycles of trauma and create better futures for kids.

But What about 'Resilience?' Those who do well in life despite adversity are those who are 'resilient'—but why are some resilient in the face of trauma, while others are not? Resilience is rooted in neurobiology—strong 'Executive Functions' (EF) located in the brain's prefrontal cortex that develop in early childhood: impulse control, cognitive flexibility, and reflective capacities essential for success in school, work and life. Although high trauma and low EF are deeply correlated in families, helping parents and children work together to

¹ National Institute for Mental Health, [Mental Illness Exacts Heavy Toll, Beginning in Youth](http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml)
<http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>
² Roos, Leslie E. et al. "Relationship Between Adverse Childhood Experiences and Homelessness and the Impact of Axis I and II Disorders." *American Journal of Public Health* 103.Suppl 2 (2013): S275–S281. *PMC*. Web. 3 Aug. 2016.
³ Mehta, Divya, et al. "Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder." *Proceedings of the National Academy of Sciences of the United States of America* 110.20 (2013): 8302-8307.
⁴ Mersky JP, Topitzes J, Reynolds AJ., [Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: a cohort study of an urban, minority sample in the U.S.](#), *Child Abuse Negl.* 2013 Nov;37(11):917-25. doi: 10.1016/j.chiabu.2013.07.011. Epub 2013 Aug 24.

strengthen EF and their relationships, allows them to work at the root cause to end abuse and neglect before it becomes embedded in the neurobiology of the next generation⁵. Moreover, helping youth and adults address early and ongoing trauma that affects their wellbeing now, pays personal and social dividends for generations to come.

How Can Communities Help? The more communities, including schools, systems, law enforcement, agencies and individuals, understand how trauma affects group and individual behaviors day to day, the more we can transform ourselves and our systems to address underlying causes of health, mental health and social issues rather than ineffective and punitive remediation of symptoms. For example: traumatized people often have substantial difficulty navigating transitions; some systems established to help the most vulnerable challenge users with disconnections and service silos that place all but the most resilient at risk of falling through the cracks. It's at once ineffective and very expensive, and unintentionally adds to a sense of hopelessness counter to healing and recovery. Moreover, agency workers facing these outcomes become especially vulnerable to vicarious trauma--and hopelessness when they feel a pervasive sense of failure in their ability to support positive change.

- Our Plan:**
- **Trauma-Informed Communities & Agencies**
 - Cross-Agency Trauma Informed Training & Certification
 - Cross-community trauma dialog
 - **Community-Driven Involvement**
 - Family-led, in-home care coordination
 - Community-led workshops, training & ACEs Screening
 - Community leadership & feedback panels
 - **Earlier Trauma Identification:**
 - Expand ACEs pilots currently underway (VFC, WIN, p/St. John's etc.)
 - Community led trauma education & screening
 - **Expanded Integrated Treatment**
 - Formally integrate health, mental health substance abuse, homelessness services, DV services, schools, DCFS and other services informed by the inter-agency infrastructures (technology & communications protocols and culture) that have made our collaborative efforts successful over the last decade.
 - Expand Executive Function pilots (WIN, WCC) and/or other promising and emerging practices.

⁵ Center on the Developing Child at Harvard University (2011). *Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Function: Working Paper No. 11.*