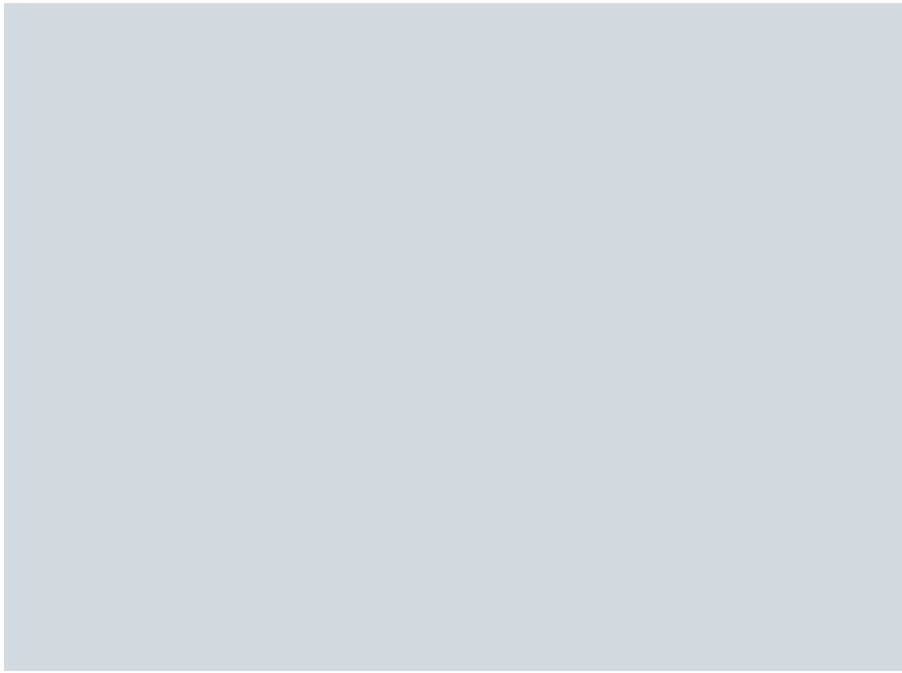


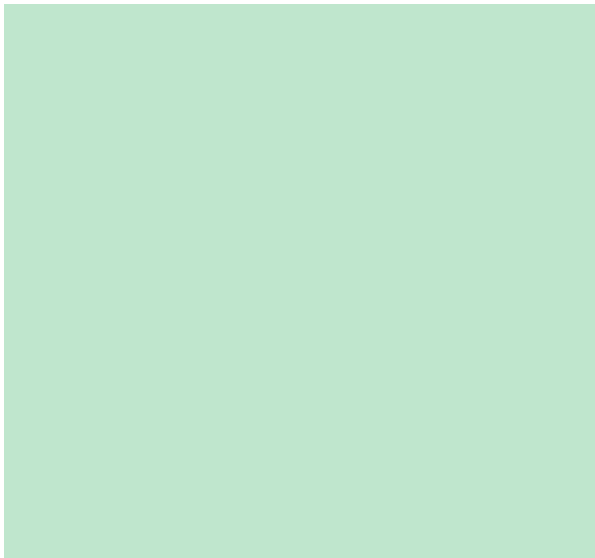
PARKS AND RECREATION:

PREVENTION GUIDE
ADDRESSING SUBSTANCE
USE AND MENTAL
HEALTH DISORDERS





A group of young people have a conversation. Photo by Alexis Brown via Unsplash



A group of young people participate in community cleanup. Photo by Dolly Reaves, Project Coordinator for Carter County Drug Prevention Coalition

*Front (top) cover photo: A trio of young people laugh together. Photo by Priscilla Du Preez via Unsplash
Front (bottom) and back cover photo: A group of people stand with their arms around each other's shoulders. Photo by Helena Lopes via Unsplash*



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■ INTRODUCTION

At NRPA, we believe parks and recreation are vital to community health and well-being. Access to these spaces, programs and services remains essential to community vitality and is a key factor in advancing health equity, improving individual and community-level health outcomes, and enhancing quality of life. Park and recreation professionals are uniquely positioned to create, in partnership and in power with community members and key collaborators, the people-centered community wellness hubs needed to address public health threats and harness the full potential of community to ensure all people can thrive.

The need for integrating more targeted and intentional mental health and substance use prevention programming into community-based services, like parks and recreation, has never been more evident. [Research shows](#)¹ a link between the time these programs are implemented and positive health outcomes later in life. The earlier children and youth receive substance use

and mental health education, the less likely they are to begin drug use and experience adverse life outcomes. The alarming statistics around substance use and mental health disorders, coupled with the ongoing challenges of the coronavirus (COVID-19) pandemic, social isolation, gun violence, the effects of climate change and the ongoing fight to dismantle systemic racism, call for swift action and investment in education, training, partnership building and programmatic interventions to support health and well-being for all.

This resource serves as a guide for park and recreation professionals to better understand their role in youth development, substance use prevention and promoting mental health. The guide provides an overview of the substance use and mental health crisis in relation to parks and recreation, as well as how professionals can address these challenges and support positive youth development using the outlined strategies.

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A group of hands in the center, representing teamwork. Photo by fauxels via Pexels

[1] NIDA. (2020). "Chapter 1: Why Is Early Childhood Important to Substance Abuse Prevention?" Retrieved from <https://bit.ly/2UIUmFk>

■ BACKGROUND

Youth and teen substance use in the United States continues to be an ongoing public health issue. [According to the Centers for Disease Control and Prevention \(CDC\)](#)^[2], approximately 14 percent of high school students reported use of illicit substances or injection drugs — which includes inhalants, cocaine, heroin, methamphetamines, hallucinogens, etc. Fourteen percent of students also reported non-prescription use of opioids. Tobacco, specifically in the form of electronic cigarettes and vapes, also have become increasingly popular among the teen population. While [data shows](#)^[3] that fewer students engaged in high-risk substance use between 2009 and 2019, one in seven students are still reporting lifetime use of any illicit drug or prescription medication. In fact, the misuse of opioids among teens has increased over the past three years — indicating a shift in illicit drug preference that the United States has been experiencing as a whole. The [use of these substances](#)^[4], especially during vulnerable youth and teenage years, can have detrimental and lasting effects into young adulthood and beyond. Early drug use impacts growth and development — specifically brain development and cognitive functioning. There is also a link between early drug use and other risky behaviors, including reckless driving, delinquency and unsafe sexual activity. Additionally, substance use can contribute to poor physical and mental health outcomes later in life, impacting an individual’s ability to properly function and be a contributing member of society. [Risk factors](#)^[5] for early substance use include the following:

- Family history of substance use
- Parental substance use and/or favorable parental attitudes toward this behavior
- Family rejection of sexual orientation or gender identity
- Connection to or socializing with others who use substances

- Low academic achievement and/or lack of school connectedness
- Childhood trauma
- Mental health issues

Mental health disorders among youth are [described as changes](#)^[6] in the way children learn, behave or handle their emotions, causing distress and problems getting through the day. The CDC states that the most common mental health disorders among youth today include attention-deficit/hyperactivity disorder (ADHD), anxiety and depression. In fact, 9 percent of children ages 2 to 17 have been diagnosed with ADHD; 14 percent of children ages 3 to 17 have been diagnosed with anxiety or a behavior disorder; 3 percent of children ages 3 to 17 have been diagnosed with depression. Many of these disorders are “co-occurring,” meaning more than one mental health condition is diagnosed at the same time. Additionally, data shows that both anxiety and depression have been steadily rising over time. [Between 2009 and 2019, a substantially increasing percentage of high school students](#)^[7] have experienced persistent feelings of sadness or hopelessness and have seriously considered attempting suicide, made a suicide plan or attempted suicide. In fact, 37 percent of adolescents (46.6 percent females, 26.8 percent males) and 66.3 percent of LGBTQ+ adolescents have reported persistent feelings of sadness or hopelessness. It is no surprise that [associated risk factors are similar to those of early substance use](#)^[8]:

- Family history of mental illness
- Childhood trauma
- Parental substance use
- Poor academic achievement
- Peer rejection
- Community violence

[2] Centers for Disease Control and Prevention. (2020). “High-Risk Substance Use Among Youth.” Retrieved from <https://bit.ly/35TwSDY>
[3] Centers for Disease Control and Prevention. (2019). *Youth Risk Behavior Survey Data Summary & Trends Report: 2009–2019*. Retrieved from <https://bit.ly/3kTVS2c>
[4] Centers for Disease Control and Prevention. (2020). “Teen Substance Use & Risks.” Retrieved from <https://bit.ly/3nAAh08>
[5] Centers for Disease Control and Prevention. (2020). “High-Risk Substance Use Among Youth.” Retrieved from <https://bit.ly/2KqlyFL>
[6] Centers for Disease Control and Prevention. (2020). “Data and Statistics on Children’s Mental Health.” Retrieved from <https://bit.ly/3pV6m54>
[7] Centers for Disease Control and Prevention. (2019). *Youth Risk Behavior Survey Data Summary & Trends Report: 2009–2019*. Retrieved from <https://bit.ly/3kTVS2c>
[8] youth.gov. (2020). “Risk & Protective Factors.” Retrieved from <https://bit.ly/35OuMVU>

Another rising cause for concern in communities across the country is the impact of [Adverse Childhood Experiences \(ACEs\)](#)⁹ and trauma on youth mental and behavioral health outcomes. According to the CDC, the term ACEs is used to describe all types of abuse, neglect and other traumatic experiences that occur to youth under the age of 18. ACEs include situations, such as exposure to substance use in the home, domestic violence, racism or divorce, which cause toxic stress and can lead to risky health behaviors, chronic health conditions, low life potential and early death. As the number of ACEs a person experiences increases, so does the risk of potential negative life outcomes:

- Injury (fractures, traumatic brain injury, burns)
- Mental health (depression, anxiety, suicide, post-traumatic stress disorder)
- Maternal health (unintended pregnancy, pregnancy complications, fetal death)
- Infectious disease (HIV, sexually transmitted diseases)
- Chronic disease (cancer, diabetes)
- Risky behaviors (alcohol and substance misuse, unsafe sexual activity)

■ ROLE OF PARKS AND RECREATION

Serving as providers of — and connection points to — a multitude of public health services and resources, park and recreation professionals play a vital role in preventing and supporting those with mental health and substance use disorders by creating supportive and positive experiences and healthy environments. When it comes to mental health and substance use, there is no one-size-fits-all approach. It takes a village to address the complexities of adverse childhood experiences, mental illness and substance use disorder, and requires support from all areas of an individual's life — such as family, friends, employers, health professionals, medical doctors and the greater community and environment — including parks and recreation.

Park and recreation professionals are crucial in protecting against the development of mental health and substance use disorders and the negative health impacts of ACEs by supporting both positive community experiences and healthy community environments. Park and recreation agencies provide opportunities to engage in programming and activities that create strong social connections, focus on mindfulness, explore workforce and career development, support family engagement, foster cultural enrichment and provide academic support and engage in physical activity and other recreational programming. At the same time, access to quality parks and green spaces supports a healthy and vibrant community while providing the opportunity to spend

time in the outdoors and connect with community members, all of which act as protective factors against these diseases.

Additionally, park and recreation professionals are frontline staff, often serving as caring and trusted adults that promote positive youth development by focusing on instilling the support and strength that youth need to succeed. Such professionals also act as advocates for substance use and mental health by seeking out funding for related programming and resources, as well as engaging in partnerships with other like-minded community groups, agencies and coalitions focused on advancing community health and well-being.

Park and recreation departments offer the unique ability to allow space for youth in an inclusive and welcoming environment. Involving youth in conversations and decision making is crucial when creating programming and services aimed at this population. When space for youth voice is made, children and teens feel supported, valued and appreciated. Not only do these assets promote positive youth development, but also they help staff and decision-makers understand what is most important to youth and what programs and supports would be most beneficial.

[9] Centers for Disease Control and Prevention. (2020). "About the CDC-Kaiser ACE Study." Retrieved from <https://bit.ly/39aekF>

Youth Voice

Young people are becoming active by making decisions, reflecting on learning, planning for action, and advocating for change throughout their lives, as well as throughout the communities they represent. This is achieved by working with adults in communities to create positive, effective and sustainable change.

<https://frechild.org/intro-to-youth-voice/>



A group of young people sit together. Photo by Naassom Azevedo via Unsplash

PREVENTION STRATEGIES FOR PARK AND RECREATION LEADERS: POSITIVE YOUTH DEVELOPMENT AND SOCIAL SUPPORTS

Evidence-Based Substance Use Prevention Programming

Significant progress has been made in developing prevention programming for youth and teen substance use. To date, the most successful programs target risk and protective factors at the individual, family and/or community levels and follow [evidence-based theories and practices](#)¹⁰. Below are examples of youth programs that park and recreation professionals should consider implementing into their own youth programming:

- [Hidden in Plain Sight](#)¹¹
 - Hidden in Plain Sight is a presentation featuring a teenager's bedroom set up with drug paraphernalia and other indicators of substance use disorder. Parents, grandparents, caregivers and teachers are given the opportunity to explore the mock bedroom and identify signs of alcohol, tobacco and other substance use. Prevention specialists, law enforcement and substance use counselors also are present, helping guide the participants along their search

and explaining various substance use trends, signs, symptoms and lingo to provide education and raise awareness about drug use and available resources within the community.

- [wreckED](#)¹²
 - WreckED is a community-based presentation designed to engage youth in a discussion about alcohol and other drug abuse. The Partnership for Drug-Free Kids developed a [teen-focused substance abuse prevention program](#)¹³ for teens ages 15 to 19, educating youth about the realities and consequences of substance use. wreckED encourages teens to think in depth about their own and friends' behavior regarding alcohol and other drugs, and to consider potential consequences of using. The program also encourages participants to proactively look out for their peers who may be engaging in risky behaviors.

[10] PMC. (2011). "Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents." Retrieved from <https://bit.ly/3ITz5Vs>

[11] The Center For Prevention & Counseling. (n.d.). "Hidden In Plain Sight." Retrieved from <https://bit.ly/335mF5f>

[12] Southwest Behavioral & Health Services. (2020). "WreckED." Retrieved from <https://www.sbhservices.org/drugfreeazkids/WreckED>

[13] Mentor. (2020). "Resource Library." Retrieved from <https://www.mentoring.org/resource-library/>

- [Operation Prevention](#)¹⁴
 - The Drug Enforcement Administration (DEA) has joined forces with Discovery Education to provide no-cost online tools that support every member of the community with the power of prevention. This educational initiative is designed to inspire life-changing conversations and equip people

from all walks of life with the knowledge and refusal skills needed to steer clear of substance use. The program is for students in grades 3 to 12, available in both English and Spanish, plus additional resources for educators, families and professionals.

CASE STUDY

[The Icelandic Prevention Model](#)¹⁵

Over the past 20 years, Iceland has seen a dramatic decline in youth substance use. In the 1990s, Icelandic social scientists at the Icelandic Center for Social Research and Analysis (ICSRA), along with policymakers and practitioners, collaborated to better understand societal factors that influenced youth and teen substance use, as well as potential prevention efforts. ICSRA worked to develop an evidence-based approach involving a wide range of key stakeholders. The three pillars of success are:

1. Evidence-based practice
2. Using a community-based approach
3. Creating and maintaining a dialogue around research, policy and practice

ICSRA relied on both global research findings and local observations related to individual and societal factors that contribute to youth substance use specific to Iceland. From this data, it was determined that a community-based, bottom-up approach would be the most successful. To do this, the group emphasized having all relevant stakeholders at the table to build a network of support, while monitoring and seeking opportunities for positive youth development. The intervention also focused on reducing substance use through strengthening the supportive role of parents, schools, and by leveraging the available surrounding opportunities. A model was developed that built upon traditional planning models (cycles of evidence, reflection and action) but included unique characteristics of Icelandic spirit and temperament.

Several factors distinguish [this model](#)¹⁶ from other prevention approaches and applications:

1. Due to Iceland's size and values, everything was able to happen quickly and confidently
2. Community-based, bottom-up approach
3. Partnership, trust and communication between key stakeholders
4. Commitment and involvement of patrons from the highest levels of Icelandic society
5. Child well-being in the form of parents, free-time activity, peers and school are of utmost importance to substance use prevention

The key to a successful substance use prevention program is an integrated, comprehensive and evidence-based approach that includes the four main areas of a child's life: parents, peers, school and organized activities. Involvement of political and influential partners also is key to support on the ground efforts and provide necessary funding for organized free-time activities.

[The Icelandic Method: Four Steps](#)¹⁷

1. A coalition of social scientists and policymakers use data to identify the scope of the problem and the approach to be pursued
2. Action shifts to the local level as team members discuss local data in communities and neighborhoods throughout the county
3. Local action in multiple sites informed by national data — infusing the unique spirit, talents and imaginations of neighborhoods, towns and regions
4. Integrative reflection — as activities are reviewed by participants, process and outcome data are analyzed in conjunction with national data

[14] Operation Prevention. (2020). Retrieved from <https://www.operationprevention.com/>

[15] Planet Youth. (n.d.). "The method." Retrieved from <https://planetyouth.org/the-method/>

[16] Astho. (2019). "Using the Icelandic Model to Prevent Teenage Substance Use." Retrieved from <https://bit.ly/3pV7Zzl>

[17] Planet Youth. (n.d.). "The method." Retrieved from <https://planetyouth.org/the-method/>

Staff Training

Another prevention strategy for park and recreation professionals to implement is providing ongoing training and professional development for all staff to be more knowledgeable about mental health and substance use disorders, including identifying risk factors, recognizing signs and symptoms of substance use and mental health challenges, and being able to provide available resources to someone in need. These trainings can even be offered to local community members as well, in an effort to expand knowledge about these diseases. When communities are properly trained on the complexities of mental health and substance use — as well as the associated stigmas — individuals are more likely to receive the help and treatment they need. Some training opportunities include:

Training about Mental Health

Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHA) are part of a national skill-based training course that teaches participants about mental health and substance use. Participants learn how to identify, understand and respond to signs of mental illness and substance use disorders. The training provides the skills necessary to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. The training is tailored to either adults (18+) or youth (ages 12 to 18) and takes the fear and hesitation out of starting conversations about mental health and substance use disorders by improving understanding and providing an action plan that teaches participants to safely and responsibly identify and address a potential crisis. When more people are equipped with these skills, more people are able to get the help they need. [Find a course near you](#)¹⁸ or email info@mentalhealthfirstaid.org to schedule a training for your agency or community.

Building Knowledge Around Trauma-Informed Care and Adverse Childhood Experiences

The CDC uses the term Adverse Childhood Experiences (ACEs) to describe all types of abuse, neglect and other traumatic experiences that occur to youth under the age of 18. ACEs include things like exposure to substance use in the home, domestic violence, racism or divorce, which

cause toxic stress and can lead to risky health behaviors, chronic health conditions, low life potential and early death. As the number of ACEs a person experiences increases, so does the risk of potential negative life outcomes:

- Injury (fractures, traumatic brain injury, burns)
- Mental health (depression, anxiety, suicide, post-traumatic health disorder)
- Maternal health (unintended pregnancy, pregnancy complications, fetal death)
- Infectious disease (HIV, sexually transmitted diseases)
- Chronic disease (cancer, diabetes)
- Risky behaviors (alcohol and substance misuse, unsafe sexual activity)

However, the presence of ACEs does not necessarily mean an individual will experience poor health outcomes. Positive life experiences and/or protective factors can prevent children from going through adversity and experiencing negative life situations. Recreational and out-of-school time programs, including formal and informal mentoring programs, provide a variety of protective factors that lower a child's chance of experiencing ACEs. These programs offer children safe places to play outside of school hours, free or affordable facilities for engaging in health and wellness activities, social opportunities and chances to connect youth to their peers.

Trauma-Informed Care is an important concept to consider when working in recreational settings. The Buffalo Center for Social Research defines Trauma-Informed Care as an approach that assumes an individual is more likely than not to have a history of trauma. It recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. From an organizational perspective, Trauma-Informed Care changes culture to emphasize respecting and appropriately responding to the effects of trauma at all levels. The intention of Trauma-Informed Care is not to treat individuals, but to provide support and related services in a way that is accessible and appropriate to those who may have experienced trauma. The risk for triggering or worsening trauma symptoms and re-traumatizing individuals increases when not using this approach.

[18] Mental Health First Aid. (2020). "Find A Course." Retrieved from <https://bit.ly/3pONgxc>

As many programs may be serving youth who directly or indirectly experience trauma or ACEs, NRPA recommends training community members and program staff on how to recognize and address ACEs and apply a trauma-informed approach. Find short, micro-learning opportunities on ACEs and trauma-informed care here:

- [Practical Insights into Childhood Adversity](#)¹⁹
- [Trauma Informed Care in Action](#)²⁰

Trauma informed care follows five guiding principles:

- Safety — Ensuring physical and emotional well-being
 - Real-World Application: Creating welcoming common areas and respecting privacy
- Choice — Providing the individual with control
 - Real-World Application: Providing clear and appropriate message about individuals' rights and responsibilities
- Collaboration — Making decisions with the individual and sharing power
 - Real-World Application: Providing a significant role for individuals in the planning and evaluation of services
- Trustworthiness — Setting task clarity, consistency and interpersonal boundaries
 - Real-World Application: Maintaining respectful and professional boundaries
- Empowerment — Prioritizing empowerment and skill building
 - Real-World Application: Providing an atmosphere that allows individuals to feel validated and affirmed with each contact

Understanding Stigma

Addiction and mental health conditions can affect anyone, [regardless of age, sex, race/ethnicity, background or socioeconomic status](#).²¹ These individuals must constantly battle stigma, or the negative attitudes and beliefs directed toward an individual or group of people

with certain characteristics, traits or circumstances. Stigma not only impacts society's ability to treat addiction and mental health, but also influences an individual's likelihood to seek and/or to accept treatment.

As some of the largest community-based organizations focused on improving health outcomes, park and recreation professionals have a duty to respond to the rising rates of mental health conditions and substance use disorders impacting communities across the country. One vital way in which professionals can respond is by focusing on breaking down the stigma around substance use disorder and mental health conditions. [The National Alliance on Mental Health](#)²² shares various ways to break down the stigmas associated with mental health.

As members and influencers in communities, park and recreation professionals are in a unique position to lead efforts toward reducing mental health and substance use disorder stigma nationwide. By recognizing the complexities of these disorders and helping educate the public about the underlying scientific and environmental factors that contribute to mental illness and substance use disorder development, park and recreation professionals can play a large role in combatting negative perceptions of mental health and substance use.

For more information on stigmas, check out NRPA's resource, [Parks and Recreation: Addressing Stigma Associated With Substance Use and Mental Health Disorders](#).²³

Sharing Community Resources

Additionally, being aware of the existing resources that are available within your community, as well as understanding how to share or access those resources, can greatly benefit those in need. Consider having a kiosk of resources available in your centers and in other public spaces, including resources on your website and social media pages; host an event for community members and invite representatives/staff from local substance use and mental health services and other related organizations; create a map of available resources, as well as a tutorial on how to access them; or develop a social media or marketing campaign.

[19] NRPA. (n.d.). "Practical Insights into Childhood Adversity." Retrieved from <https://bit.ly/2J15JWI>

[20] NRPA. (2020). "Trauma Informed Care in Action." Retrieved from <https://bit.ly/3707jQC>

[21] SAMHSA. (2019). "Understanding addiction." Retrieved from <https://bit.ly/36VfZYO>

[22] National Alliance on Mental Illness. (2017). "9 Ways to Fight Mental Health Stigma." Retrieved from <https://bit.ly/35P3s9Y>

[23] NRPA. (2020). "Parks and Recreation: Addressing Stigma Associated With Substance Use and Mental Health Disorders." Retrieved from <https://www.nrpa.org/SubstanceUseResources/>

Partnership Building

Building partnerships within the community is crucial to supporting substance use and mental health efforts. By creating meaningful relationships with local stakeholders, park and recreation agencies can gain support and buy-in for related programs and initiatives. Support can include financial assistance, supplies, food, content matter experts, services, program participants, transportation, etc. When a community comes together to support a shared goal, the more likely that goal will be reached. Partnership building also provides opportunities for positive interactions between the varying organizations and community members. Examples can include law enforcement, health clinics and hospitals, mental health services, business owners, school systems, parents and youth-serving organizations. This helps build trust and rapport among all parties involved, allowing for positive and effective communication, planning, support and decision making. These partnerships also can work to build trust with hard-to-reach and vulnerable populations that otherwise would not be involved.

Utilizing partnership building models and community asset mapping tools can help park and recreation professionals identify existing partnerships, as well as desired partnerships while providing concrete steps to secure additional partners and supports. Below are some toolkits to effectively form and strengthen partnerships and collaboration:

- [Engaging Your Community: A Toolkit for Partnership, Collaboration and Action](#)²⁴
- [Rural Community Health Toolkit](#)²⁵
- [Making Community Partnerships Work: A Toolkit](#)²⁶
- [Participatory Asset Mapping Toolkit](#)²⁷
- [Community Building Tool Packet: Community Asset Mapping Workbook](#)²⁸
- [School Wellness Committee Toolkit](#)²⁹

Programming and Program Supports

Programming and program supports are another way park and recreation professionals can play a role in addressing substance use and mental health. Park and recreation agencies naturally offer assets that help reduce the likelihood of substance use and mental health disorders. These protective factors include access to nature and the outdoors, opportunities for physical activity, social connections and positive learning environments. Many programs also can be offered through parks and recreation that also protect against risky behaviors and support holistic well-being. Consider implementing programs focused on mental health — nature education and immersion, yoga, art, meditation, mindfulness and self-care workshops.

The table on page 10 details risk and protective factors common among youth on an individual, family and community level. The presence, absence or combination of risk and protective factors contribute to the overall health and well-being of youth. To better support youth in your own community, it is important to identify and understand the existing risk and protective factors and tailor your prevention strategies accordingly.

[24] John Snow, Inc. (2012). *Engaging Your Community: A Toolkit for Partnership, Collaboration, and Action*. Retrieved from <https://bit.ly/393eIkY>

[25] Rural Health Information Hub. (2020). "Rural Community Health Toolkit." Retrieved from <https://bit.ly/36WeY2r>

[26] March of Dimes. (2007). *Making Community Partnerships Work: A Toolkit*. Retrieved from <https://bit.ly/2J0Z6TX>

[27] Advancement Project. (2012). *Participatory Asset Mapping*. Retrieved from <https://bit.ly/372Y3eW>

[28] Community Legacy Program of Our United Villages. (2012). *Community Building Tool Packet: Community Asset Mapping Workbook*. Retrieved from <https://bit.ly/3kPJMHI>

[29] Alliance for a Healthier Generation. (2018). *School Wellness Committee Toolkit*. Retrieved from <https://bit.ly/3fBnyl8>

Risk and Protective Factors for Mental, Emotional and Behavioral Disorders in Adolescents

Individual Domain		
Risk Factors		Protective Factors
<ul style="list-style-type: none"> Female gender Early puberty Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration Low self-esteem, perceived incompetence, negative explanatory and inferential style Anxiety Low-level depressive symptoms and dysthymia Insecure attachment Poor social skills such as communication and problem-solving skills 	<ul style="list-style-type: none"> Extreme need for approval and social support Low self-esteem Shyness Emotional problems in childhood Conduct disorder Favorable attitudes toward drugs Rebelliousness Early substance use Antisocial behavior Head injury Marijuana use Childhood exposure to lead or mercury (neurotoxins) 	<ul style="list-style-type: none"> Positive physical development Academic achievement/intellectual development High self-esteem Emotional self-regulation Good coping skills and problem-solving skills Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture
Family Domain		
Risk Factors		Protective Factors
<ul style="list-style-type: none"> Parental depression Parent-child conflict Poor parenting Negative family environment (may include substance abuse in parents) Child abuse/maltreatment Single-parent family (for girls only) Divorce Marital conflict Family conflict Parent with anxiety Parental/marital conflict Family conflict (interactions between 	<ul style="list-style-type: none"> parents and children and among children) Parental drug/alcohol use Parental unemployment Substance use among parents Lack of adult supervision Poor attachment with parents Family dysfunction Family member with schizophrenia Poor parental supervision Parental depression Sexual abuse 	<ul style="list-style-type: none"> Family provides structure, limits, rules, monitoring and predictability Supportive relationships with family members Clear expectations for behavior and values
School, Neighborhood and Community Domain		
Risk Factors		Protective Factors
<ul style="list-style-type: none"> Peer rejection Stressful events Poor academic achievement Poverty Community-level stressful or traumatic events School-level stressful or traumatic events Community violence School violence Poverty Traumatic event School failure 	<ul style="list-style-type: none"> Low commitment to school Not college bound Aggression toward peers Associating with drug-using peers Societal/community norms favor alcohol and drug use Urban setting Poverty Associating with deviant peers Loss of close relationship or friends 	<ul style="list-style-type: none"> Presence of mentors and support for development of skills and interests Opportunities for engagement within school and community Positive norms Clear expectations for behavior Physical and psychological safety

- Depression
- Schizophrenia
- Anxiety
- Conduct disorder
- Substance abuse

youth.gov. (2020). "Risk & Protective Factors." Retrieved from <https://bit.ly/35OuMVU>

Integrating social-emotional health and learning into existing programming also can be beneficial. The short-term goals of Social-Emotional Learning (SEL) programs include: (1) promote students' self-awareness, self-management, social-awareness, relationship and responsible decision-making skills; and (2) improve students' attitudes and beliefs about themselves, others and school. These skills provide a foundation for better adjustment and academic performance as reflected in more positive social behaviors and peer relationships, fewer conduct problems, less emotional distress, and improved grades and test scores.

In addition, mentoring functions to support youth who are at risk of substance use and mental health disorders. Park and recreation professionals naturally serve as mentors and role models, who are often called upon to support at-risk youth in their communities. Formal one-on-one and group mentoring programs, as well as informal mentoring opportunities, support youth in establishing strong connections with compassionate, caring adults and positive role models. Youth who are at-risk of falling off track but have a mentor, are 55 percent more likely to enroll in college, 52 percent less likely to skip a day of school than their peers and maintain better attitudes toward school. Mentoring also plays a role in preventing young people from engaging in harmful behaviors. Youth with mentors are 46 percent less likely than their peers to start using drugs. Unfortunately, one in three young people in the United States reaches the age of 19 without having a mentor of any kind. This number includes 9 million at-risk youth who are missing out on the critical support and connections that mentoring can provide.

NRPA Youth Mentoring Framework

NRPA developed the [Youth Mentoring Framework](#)³⁰ to help local park and recreation agencies craft their own unique, individualized mentoring programs. It is designed to help your agency leverage local park and recreation assets that build protective factors around at-risk youth, while also forming strong social connections and positive relationships to address trauma, adversity and other challenges that youth experience. The *Youth Mentoring Framework* is rooted in data collected and analyzed

across the park and recreation field, encompassing direct feedback from youth, park and recreation staff and subject matter experts in the mentoring field. It considers common assets found in park and recreation agencies, as well as feedback on the need for self-care, reflection and mindfulness for both mentors and mentees. In addition, the *Youth Mentoring Framework* is grounded in the [Search Institute's Developmental Assets Framework](#)³¹. It outlines 40 research-based, positive experiences and factors that influence youth development and lead to positive life outcomes. The more assets individuals have, the less likely they are to engage in risky behaviors. The *Youth Mentoring Framework* can be used in both group and one-on-one mentoring settings. It provides suggested guidance for weekly discussions, activities, reflection and self-care. While the framework provides 16 weeks of lesson guidelines, mentoring activities can be repeated or expanded on with the goal of supporting a mentor/mentee relationship for a minimum of one year. It includes weekly conversation starters related to the overarching themes, sample activities for mentors and mentees, as well as community service projects, family engagement and self-care tips.

[MENTOR, The National Mentoring Partnership](#)³², is a nonprofit organization dedicated to expanding the mentoring opportunity for young people by building a youth mentoring field and movement, serving as the expert and go-to resource on quality mentoring. MENTOR provides valuable resources to support a variety of mentoring initiatives:

- [Resource library](#)³³: Provides a collection of resources and publications produced by MENTOR, its affiliates and collaborators over the past 25+ years
- [Webinars](#)³⁴
- [National Mentoring Resource Center \(NMRC\)](#)³⁵: Improves the quality and effectiveness of mentoring programs and relationships across the country by supporting practitioners to more deeply incorporate evidence-based practices into their work
- [Elements of Effective Practice for Mentoring](#)^{TM36}: Details research-informed and practitioner-approved standards for creating and sustaining quality youth mentoring programs and impactful mentoring relationships

[30] NRPA. (n.d.). *Youth Mentoring Framework*. Retrieved from <https://www.nrpa.org/siteassets/mentoring-youth-framework.pdf>

[31] Search Institute. (2020). *The Developmental Assets® Framework*. Retrieved from <https://bit.ly/393QQ0t>

[32] Mentor. (2020). Retrieved from <https://www.mentoring.org/>

[33] Mentor. (2020). "Resource Library." Retrieved from <https://www.mentoring.org/resource-library/>

[34] Mentor. (2020). "Webinar Series." Retrieved from <https://www.mentoring.org/webinars/>

[35] Mentor. (2020). "National Mentoring Resource Center." Retrieved from <https://bit.ly/393gMJL>

[36] Mentor. (2020). "Elements of Effective Practice for Mentoring." Retrieved from <https://bit.ly/3pOVs0C>

- [National Quality Mentoring System \(NQMS\)](#)³⁷: Creates recognized standards and procedures for the operation of high-quality mentoring programs based on evidence and a process for continuous improvement within a program

■ OPERATIONS AND ENVIRONMENTAL SUPPORTS

Park and recreation agencies serve communities in countless ways, acting as hubs where people can exercise, socialize, spend time in nature or pick up new skills and hobbies. Your agency’s facilities, programs, parks and services have a profound impact on the well-being of your community’s residents — especially when it comes to addressing substance use and mental health. As a result, it is vital to get residents’ feedback to inform future decisions regarding agency staffing, recreation center offerings and many other factors that feed into strategic planning. Conducting a community needs assessment is a great way to solicit such feedback. Community needs assessments can provide a sense of how your community currently engages with your agency, provide data on residents’ satisfaction with park and recreation agency offerings and identify community needs and priorities. This combination of a satisfaction survey plus a laying out of priorities makes needs assessments uniquely powerful feedback mechanisms. Needs assessments can be daunting undertakings — especially for park and recreation professionals who have limited resources. The [NRPA Community Needs Assessment Resource](#)³⁸ can guide you through the entire community needs assessment lifecycle — from deciding on clear goals to eliciting a high response rate from your community. Most importantly, it will show you how to use the survey data to strengthen your agency in both the short and long term.

Your agency also should consider creating and/or adopting policies around the use of substances in public spaces, creating standard operating procedures outlining agency response to substance use and/or mental health crises, and establishing environmental controls to reduce substance misuse and protect the safety of the public and staff. This may require working with your town or city government depending on local laws and regulations. Examples of policies, standard operating procedures and environmental controls may include:

- A city-wide policy/ordinance banning the use of substances in public spaces such as parks, including tobacco products and vaping
- A formal policy outlining response to a mental health crisis in public spaces — identifying the proper chain of command, reporting, intervening and tracking the outcome of the intervention
- Developing a tracking system for response to substance use and mental health issues to better understand where resources may be needed
- Installing proper signage, adequate lighting, sharps containers and other environmental controls to protect the safety of the public and staff

For more on responding to substance use, review NRPA’s report [Parks and Recreation: A Comprehensive Response to the Substance Use Crisis](#)³⁹.

[37] Mentor. (2020). “National Quality Mentoring System.” Retrieved from <https://www.mentoring.org/national-quality-mentoring-system/>

[38] NRPA. (2020). “Community Needs Assessments.” Retrieved from <https://bit.ly/3ITYRJO>

[39] NRPA. (2020). *Parks and Recreation: A Comprehensive Response to the Substance Use Crisis*. Retrieved from <https://bit.ly/2KuCe05>

FUNDING AND SUSTAINABILITY

To ensure your prevention efforts are sustainable, NRPA recommends your agency create a sustainability plan — to include policy, advocacy and funding strategies that support your work long term. Sustainability plans also can include sustainable values the program promotes, relationships between organizations and sustainability of services offered. Programs can sustain funding through contributions from partner organizations, funding from grants and contracts, and reimbursements for services.

[Programs](#)⁴⁰ also should facilitate other types of activities to ensure sustainability:

- Regular reviews of program performance
- Analysis of costs and benefits
- Communication of the value of the program to community members and other stakeholders
- Analysis of return on investment and/or assessment of monetary benefits
- Continuity of strong program leadership
- Share successes to key entities and community members

Additional Funding Resources:

- NRPA's [Park and Recreation Professionals' Guide to Fundraising](#)⁴¹ provides some strategies to help you build a fundraising team, develop a strategy and secure funding
- The [Rural Health Information Hub](#)⁴² provides a toolkit for communities to plan, implement, evaluate and sustain health programs, which may be helpful when considering your own prevention program
- Potential opportunities to secure additional support and funding include the [CDC](#)⁴³ [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)⁴⁴, [21st Century Community Learning Centers](#)⁴⁵ and [Health and Human Services \(HHS\)](#)⁴⁶
- [The Afterschool Alliance](#)⁴⁷ has a grant and funding database that may be helpful when looking for additional funding and support

Sustainability Plan

A sustainability plan is a roadmap for achieving long-term goals and documents strategies to continue the program, activities and partnerships.

<https://www.ruralhealthinfo.org/toolkits/rural-toolkit/5/sustainability-planning>

[40] Rural Health Information Hub. (2020). "Sustainability Strategies." Retrieved from <https://bit.ly/335pseS>

[41] NRPA. (2020). *Park and Recreation Professionals' Guide to Fundraising*. Retrieved from <https://bit.ly/2IYovOX>

[42] Rural Health Information Hub. (2020). "Rural Community Health Toolkit." Retrieved from <https://bit.ly/36WeY2r>

[43] Centers for Disease Control and Prevention. (2020). "Grants." Retrieved from <https://www.cdc.gov/grants/index.html>

[44] SAMHSA. (2020). "Grants." Retrieved from <https://www.samhsa.gov/grants>

[45] U.S. Department of Education. (2018). "21st Century Community Learning Centers." Retrieved from <https://bit.ly/338qTsZ>

[46] Health and Human Services (HHS). (2014). "HHS Grants." Retrieved from <https://www.hhs.gov/grants/grants/index.html>

[47] Afterschool Alliance. (2020). "Afterschool Funding Database." Retrieved from <http://www.afterschoolalliance.org/fundingdata.cfm>

PREVENTION THROUGH PARKS AND RECREATION ACTION PLAN

Use this action plan to identify how your agency can make even greater progress in preventing substance use and supporting the mental health and well-being of your community. Determine where your agency falls and use the “actions” column to document steps your agency will need to take to move from “good” to “better” and, eventually, to “best” to create systems-wide, sustainable changes that focus on prevention and support public health. This exercise is best completed as a team.

Please note: this action plan is not meant to be overwhelming. No matter where you are in your journey to address substance use and mental health, starting small and choosing one action area at a time can be a simple and realistic way to work toward your goals.

	Good	Better	Best	Actions <i>*List 2 to 3 actions your agency will take to advance from good to better to best.</i>
Prevention Strategy	We have a strong desire and interest in preventing substance use and supporting the mental health of youth in our community.	We are invested in preventing substance use and supporting the mental health of youth in our community.	We are creating systems-wide, sustainable changes that are focused on preventing substance use and supporting the mental health of youth in our community.	
Staff Training and Education: How do we provide ongoing and consistent training to both our existing and new staff?	We are interested in conducting staff trainings related to mental health and substance use and have identified those trainings.	We conduct consistent staff trainings on mental health and substance use.	We have adopted policies that require all staff to participate in trainings on mental health and substance use.	
Staff Training and Education: How do we share resources with our staff?	We are interested in sharing resources related to mental health and substance use and have identified those resources.	We share resources consistently with staff related to mental health and substance use.	We have a dedicated communications plan for sharing resources with staff related to mental health and substance use.	
Partnership Building: Do we have partnerships in place to help prevent substance use and support mental health?	We are interested in building partnerships with key stakeholders and have identified those key stakeholders.	We have informal partnerships with key stakeholders to support our efforts to prevent substance use and support mental health.	We can demonstrate the impact our partnerships have made for substance use and mental health.	

	Good	Better	Best	Actions
Partnership Building: How do we leverage partnerships to build trust and relationships across the community?	We recognize the importance of helping key stakeholders build trust and relationships with the community and want to support these efforts.	We informally collaborate on opportunities to build trust and relationships between stakeholders and the community.	We have formal and consistent opportunities to build trust and relationships between stakeholders and the community.	
Partnership Building: How do we support our partners?	We recognize the role of our key stakeholders and want to support them to ensure our relationships are mutually beneficial.	We informally collaborate with partners to support their efforts and strengthen our relationships.	We consistently collaborate with partners to support their efforts and strengthen our relationships.	
Programming: Do we offer programming that supports mental health?	We want to offer mental health programming and have identified that programming.	We offer programming that supports mental health and well-being, but we do not offer it consistently.	We budget for and consistently offer programming that supports mental health and well-being.	
Programming: Do we offer programming that builds protective factors and developmental assets?	We want to offer programming that builds protective factors and developmental assets and have identified that programming.	We offer programming that builds protective factors and developmental assets, but we do not offer it consistently.	We budget for and consistently offer programming that builds protective factors and developmental assets.	
Programming: Do we offer programming focused on substance use prevention?	We want to offer substance use prevention and have identified that programming.	We offer substance use prevention programming, but not consistently.	We budget for and consistently offer substance use prevention programming.	
Programming: Do we ensure that all people have access to programming?	We want to ensure that all people have access to programming, but need to better understand the barriers and challenges by conducting a community needs assessment.	We are making informal changes to our program and practices to ensure all people can access programming.	We are making formal changes through practice and policy to ensure that all people can access programming.	

	Good	Better	Best	Actions
Programming: Do we ensure that programming meets the needs of our community?	We want to ensure that programming meets the needs of our community, but we need to develop a plan to evaluate programs and meaningfully engage the community.	We are evaluating programs and conducting community engagement to ensure programs are meeting needs, but not consistently or formally.	We have formal practices and policies that require us to evaluate program effectiveness and conduct ongoing and meaningful community engagement to ensure that we are meeting needs.	
Operations: How do we track substance use and mental health challenges in our public spaces?	We want to better track substance use and mental health challenges in our public spaces and are determining a process.	We have identified a process for tracking substance use and mental health challenges in our public spaces, but we need to formalize the plan.	We have a formal system in place for tracking substance use and mental health challenges in our public spaces, and we plan to use this data to tailor our education, training and programming.	
Operations: How do we prevent substance use in our public spaces?	We would like to adopt a policy prohibiting substance use in public spaces.	We have a policy prohibiting substance use in public spaces.	We have a policy, appropriate signage, community education efforts and monitoring to prohibit substance use in public spaces.	
Operations: How do we respond to mental health crisis in our public spaces?	We would like to have a policy and identify a chain of command for responding to mental health crisis in our public spaces.	We have an informal policy and have identified a chain of command for responding to mental health crisis in our public spaces.	We have a formal policy and chain of command for responding to mental health crisis in our public spaces.	
Operations: How do we protect the safety and well-being of staff?	We would like to protect staff by developing standard operating procedures for responding to substance use and mental health challenges.	We have informal operating procedures that outline how staff can respond to substance use and mental health challenges.	We have formal operating procedures, policies and trainings that support how staff respond to substance use and mental health challenges.	
Funding and Sustainability: How do we ensure our work is sustainable?	We would like to develop a sustainability plan to help us achieve our goals.	We have a sustainability plan in place and are working to secure funding.	We have secured ongoing funding to support our work.	

■ ADDITIONAL RESOURCES

[*Afterschool: Fostering Protective Factors that Can Last a Lifetime*](#)⁴⁸

Explores the ways afterschool programs are promoting protective factors: where programs provide safe and supportive environments and help students form and grow positive bonds with staff and their peers, as well as help build up kids' individual level protective factors — including confidence, agency, responsible decision making and interpersonal skills.

[*Communication Tips: Get the Word Out About Your Tobacco-free Schools Policy*](#)⁴⁹

Provides examples and guidance for creating a communication plan or strategy about tobacco-free policies in schools.

[*Drug Use in Schools: A New Look at an Old Problem*](#)⁵⁰

Serves as a guide for starting a dialogue about how your school community responds to youth substance use. It is rooted in two core beliefs: (1) The goal of a school's substance use policy should be to promote the highest levels of safety and quality of life for all students, and (2) School or district-level substance use policies should be grounded in research and data.

[*Increasing Student and Staff Resilience*](#)⁵¹

Healthier Generation, together with Kaiser Permanente, launched the Resilience in School Environments (RISE) Initiative to support teachers and students with tools and resources to better manage emotions, recognize strengths and weaknesses, and rise above adversity.

[*INDEPTH: An Alternative to Teen Nicotine Suspension or Citation*](#)⁵²

Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH) is a new, convenient alternative to suspension or citation that helps schools and communities address the teen vaping problem in a more supportive way.

[*Nicotine Replacement Therapy \(NRT\) for Quitting Tobacco*](#)⁵³

The American Cancer Society (ACS) provides resources and information on using nicotine replacement therapy (NRT) to abstain from tobacco use.

[*Positive School Discipline Course for School Leaders*](#)⁵⁴ (Module Four)

Consists of six sequential modules that teach participants a Framework for Comprehensive Positive School Discipline. Each module provides skill-based interactions, examples, Real Stories of communities that have implemented Positive School Discipline, and resources to help you use the Comprehensive Positive School Discipline Framework in your own environment.

[*A Restorative Practices Guide: How Schools Can Build Community and Address Conflicts*](#)⁵⁵

Begins with an overview of the ideas behind Restorative Practices (RP) in schools. It then examines and discusses the three main Restorative Practices commonly used in schools today: Community Building Circles — a foundational practice; Restorative Chats — an early intervention practice; Restorative Conferences — a practice to address serious harm.

[48] Afterschool Alliance. (2019). *Afterschool: Fostering Protective Factors that Can Last a Lifetime*. Retrieved from <https://bit.ly/3nLZOPj>

[49] RMC. (2020). *Communication Tips: Get the Word Out About Your Tobacco-free Schools Policy*. Retrieved from <https://bit.ly/3nXGHXJ>

[50] Sanford Inspire. (2017). *Drug Use in Schools: A New Look at an Old Problem*. Retrieved from <https://bit.ly/2UPFzJ6>

[51] Alliance for a Healthier Generation. (2020). "Increasing Student and Staff Resilience." Retrieved from <https://bit.ly/36PKy1K>

[52] American Lung Association. (2020). "INDEPTH: An Alternative to Suspension or Citation." Retrieved from <https://bit.ly/391t19K>

[53] American Cancer Society. (2020). "Nicotine Replacement Therapy to Help You Quit Tobacco." Retrieved from <https://bit.ly/2J1gKa9>

[54] EDC. (2013). "Positive School Discipline Course for School Leaders." Retrieved from <https://bit.ly/338rXwZ>

[55] Communities for Restorative Justice. (2017). *A Restorative Practices Guide: How Schools Can Build Community and Address Conflicts*. Retrieved from <https://bit.ly/3pN5QG1>

[Whole-School Restorative Practices Implementation Guide](#)⁵⁶

Designed to offer a step-by-step evidence-based approach that ensures an inclusive, comprehensive, successful and sustainable change effort through the implementation of Restorative Practices.

[Vaping/Quit Smoking/Tobacco](#)⁵⁷

The American Heart Association (AHA) provides resources and information on abstaining from vaping, smoking and tobacco use.



A wooden bench in a park. Photo by Thomas Le via Unsplash

[56] San Francisco Unified School District. (n.d.). *Restorative Practices Whole-School Implementation Guide*. Retrieved from <https://bit.ly/36ZtEhd>

[57] American Heart Association. (2020). "Vaping / Quit Smoking / Tobacco." Retrieved from <https://bit.ly/3IWlFrF>

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