

A partner for change.

“Relationships between caring people, that’s the greatest resource of all.”



BUILDING ON EACH OTHER'S STRENGTHS.

Ruth Vonk truly believes you can make a difference in a child’s life. To that end, as Regional Chief of Social Work for the Idaho Department of Health and Welfare’s Children’s Mental Health Program, Ruth has assumed a hands-on role in developing local children’s mental health councils and promoting the system of care model for treating children with serious emotional disturbances (SED).

What is a serious emotional disturbance (SED)?

SED includes a range of behavioral and emotional disorders severe enough to limit or interfere with a child’s ability to function in the family, school, or community.

Children’s mental health councils are designed to bring together local resources like family advocates, education, juvenile justice, child-serving government agencies, and interested citizens for the purpose of identifying and helping at-risk children in the community.

The system of care model provides a roadmap for treating these children. For Ruth, the model works because it provides a comprehensive look at what’s driving a child’s behavior and then coordinates available resources in a way that produces the most effective course of treatment.

Collaboration has always been an integral part of the treatment process, but under the system of care model it takes on even greater significance – especially with regard to the family. By coordinating local resources with guidance and support from the family, most children with SED are able to receive the care they need without leaving their community. From Ruth’s perspective this is a significant improvement because it keeps personal relationships intact and helps maintain the integrity of the family.

Building relationships that produce results.

As a caseworker Ruth cultivated relationships with probation officers, teachers, other child-serving agency’s staff, and anyone else she felt could benefit the children in her care. “It’s all about relationships that result in more options for children and their parents,” says Ruth. And that’s the point she likes to stress when visiting Idaho communities for the purpose of recruiting partners for local children’s mental health councils.

“Sure, there have been communities where potential partners, such as juvenile justice or education, were reluctant to take part in a local council or support the system of care approach,” admits Ruth. “But that reluctance disappears once they see the kind of results we’re able to achieve.”

In one instance it took a personal campaign to persuade a probation officer to get involved with the local council. “I’d call every so often and talk to him

about participation, Ruth says, “but for the longest time he just didn’t seem interested. Then one day he up and decides to join. Since then we’ve had real success with some of his kids and he’s become a big supporter.”

Having the right partners involved not only benefits the individual child and their family, but can also help educate a community about children’s mental health, as well, thereby reducing stigma and making it easier to identify and help at-risk children and their families. In one community, counselors at the high school began identifying at-risk kids. Through peer education, teachers at the elementary school level became involved and today are responsible for the majority of referrals. In Mountain Home, thanks to the tireless efforts of a family advocate, the local council includes the mayor, several pediatricians, and staff from vocational rehabilitation.

Ruth is clear about what it takes to help children with SED: “Relationships between caring people, that’s the greatest resource of all.”

Changing one life for the better makes it all worthwhile.

After 25 years spent on the front lines and in the back office, Ruth understands battle fatigue better than most. But still she continues.

“Sometimes it takes a dramatic intervention to turn things around,” Ruth says. We are often the avenue of last resort for a family. I remember one instance where the child was suffering from chronic depression, wasn’t attending school, and was having frequent run-ins with the police. The parents were desperate. They didn’t know what to do, but to their credit they realized they had to do something before it was too late. I am a firm believer in keeping the family together; however, in this case residential care was the best alternative. With the support of the family, we got that child the help he needed. Recently he received his GED, and now he wants to become an emergency medical technician. That’s why we do what we do.”

At the risk of sounding a little corny, she confesses that hope keeps her going. “Every conversation with a peer, every council meeting I attend, every time I sit down with a child or family member, it’s an opportunity to become part of a success story,” Ruth says. “Our current system isn’t perfect, but if we work at it we can make it better. And if we can work on it together, we stand an awfully good chance of giving these children and their families something they may never have had before – hope for a brighter future.”



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For more information about the Idaho System of Care and services and support available in your area, call the Idaho CareLine by dialing 211 or 1-800-926-2588.

You also can contact the Idaho Federation of Families, an Idaho-based support organization for families with children affected by SED, on the Web at www.idffcmh.org or by calling 1-800-905-3436.