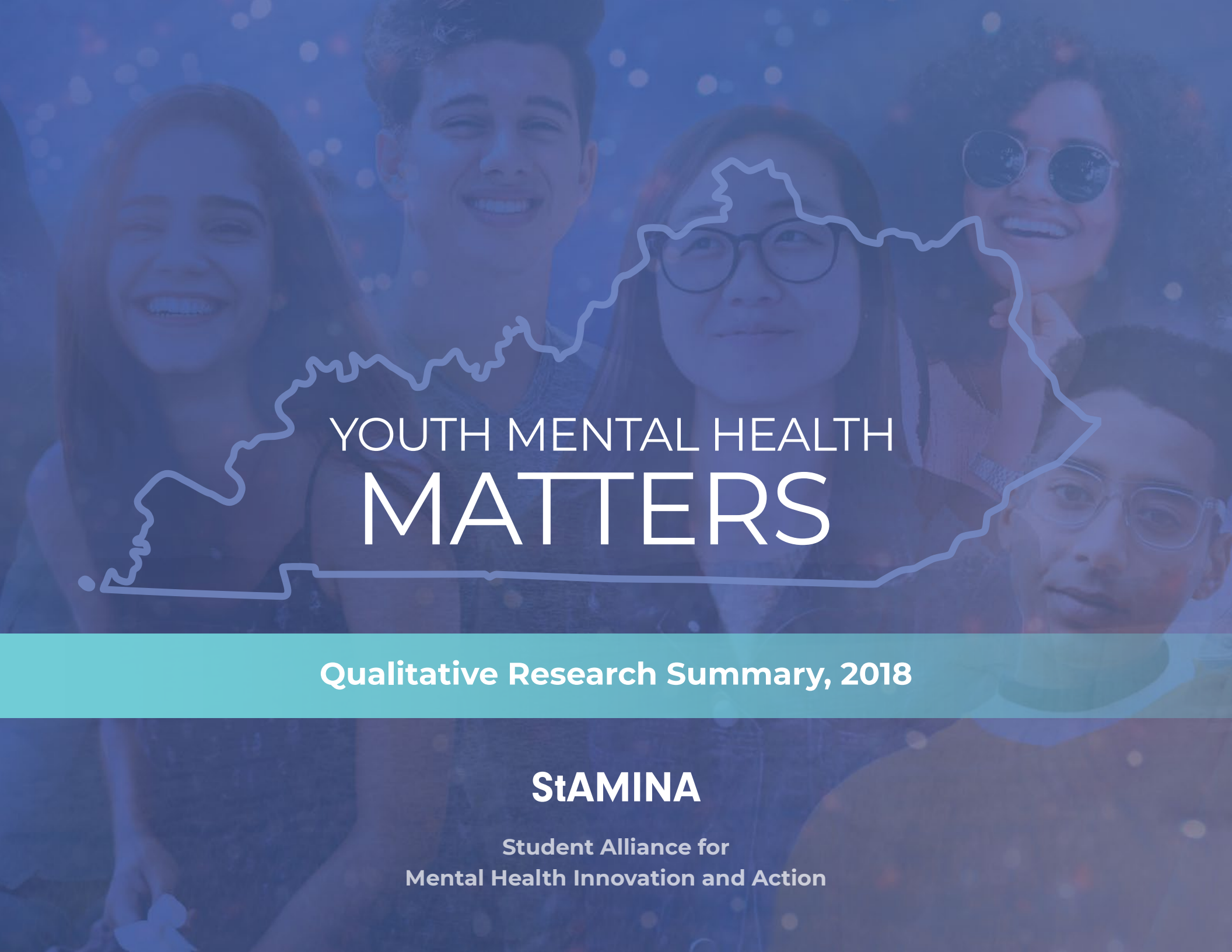


YOUTH MENTAL HEALTH MATTERS

Qualitative Research Summary, 2018

StAMINA

Student Alliance for Mental Health Innovation and Action

YOUTH MENTAL HEALTH MATTERS

It sets the stage and critically impacts readiness for college, work, and life

National youth mental health data[1]

20% of 13 – 18 year olds have a mental health condition

50% of lifetime mental health conditions develop by age 14 (75% develop by age 24)

37% of youth, ages 14+ with a mental health condition drop out of school (highest rate of any disability group)

70% of youth in justice systems have a mental health condition

90% of those who completed suicide had an underlying mental health condition

Employer data[2]

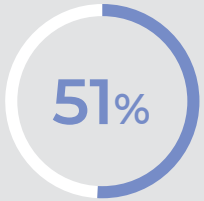
Depression is estimated to cost **200 million lost workdays** each year in the U.S. = **$17 - $44 billion of lost productivity**

80% of persons with depression reported some level of functional impairment because of their depression

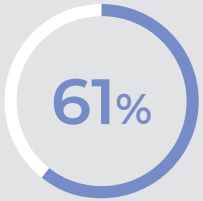
27% of individuals with depression reported serious difficulties in work and home life

National Business Group on Health **Call to Action for Employers** to address mental health, November 2016

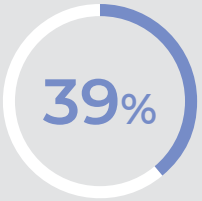
College mental health data[3]



of U.S. college students reported feeling hopeless in the last 12 months, 2017



reported overwhelming anxiety in the last 12 months, 2017



reported feeling so depressed it was difficult to function in the last 12 months, 2017

increase in college counseling center utilization, while enrollment increased only 5%, 2015[4]

Kentucky youth mental health data[5]

30% of high schoolers reported feeling sad or hopeless to the point of stopping some usual activities, 2015 - 2017

57% of youth ages 12 – 17 with a major depressive episode did not receive mental healthcare between 2011 – 2015[6]

15% of high schoolers reported seriously considering suicide, 2015 – 2017

13% of high schoolers contemplating suicide who made a plan about how to attempt suicide in 2015 – 2017

2nd leading cause of death among 15 – 34 year olds is suicide[7]

16% cut in Kentucky's per-student spending since 2008[8]

1/1500 proposed minimum ratio of mental health professionals to students (HB 604, 2018 KY legislative session)[9]

1 www.nami.org/getattachment/Learn-More/Mental-Health-by-the-Numbers/childrenmhfacts.pdf

2 www.cdc.gov/workplacehealthpromotion/health-strategies/depression/evaluation-measures/index.html

3 www.acha.org/documents/ncha/NCHA-II_SPRING_2017_REFERENCE_GROUP_DATA_REPORT.pdf

4 https://ccmh.psu.edu/files/2018/02/2017_CCMH_Report-1r4m88x.pdf

5 https://education.ky.gov/curriculum/CSH/Documents/YRBS%20High%20School%20Summary%20Tables.pdf

6 www.samhsa.gov/data/sites/default/files/2015_Kentucky_BHBarometer.pdf

7 https://afsp.org/about-suicide/state-fact-sheets/#Kentucky

8 https://courier-journal.com/story/news/education/2017/12/26/kentucky-budget-cuts-school-outreach-education/886376001/

9 http://lrc.ky.gov/record/18rs/HB604.htm

STUDENTS AS SOLUTIONS PARTNERS

A Bottom-Up Approach to Addressing Kentucky's Youth Mental Health Crisis

StAMINA's Mission

Elevate student perspectives and insights to improve youth mental wellbeing, readying our generation for school, work, and life

Engage students as program design & policy partners. Cultivate youth mental health leaders

Decrease stigma surrounding mental health & increase effective mental health education, prevention, and treatment for KY youth

StAMINA's Framework

LEARN

Wide-ranging assessment of mental health perceptions, contributing factors, and barriers to engaging with resources

BUILD

Develop organizational capacity, recruit key stakeholders and partnerships, and secure sustainable grant funding

ACT

Leverage youth insights and leadership for impactful innovation at state and local levels, in partnership with community stakeholders

14
FOCUS GROUPS

9 youth focus groups (59 youth)

5 parent focus groups (32 parents)

StAMINA
FIELD RESEARCH

Voices & Insights from Kentucky youth, parents, professionals

5
INTERVIEWS

pediatrics

state outreach & community mental health providers

youth drop-in centers

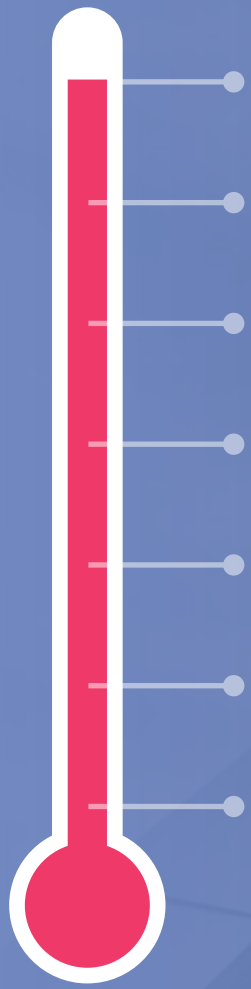
URBAN and **RURAL representation**

1200+ MINUTES OF INTERVIEWS

FOCUS GROUP LOCATIONS

STUDENT STRESSORS & COPING MECHANISMS

Stressors



- **Time pressure:** struggling to balance numerous responsibilities
- **Academic concerns:** overwhelming workloads
- **Social pressure:** struggling to fit in
- **High external and internal expectations** to succeed
- **Social media:** creates unrealistic expectations and superficial relationships
- **Uncertain identity and future plans**
- **Noxious home life**

Desire to Help and Be Helped

The ways youth spoke about mental health revealed that, despite the numerous challenges they discussed, students were interested in taking action to improve wellbeing.

Most students expressed strong interest in supporting friends experiencing mental health challenges and would welcome more educated parents and communities

Students are open to better education about mental health symptoms, signs, coping mechanisms, and resources

Students want to know where to go to get help

StAMINA *FIELD RESEARCH FINDINGS*

StAMINA *FIELD RESEARCH FINDINGS*

STIGMA

an actual or inferred attribute that damages the bearer's reputation and degrades them to a socially discredited status[10]

STAKEHOLDERS IDENTIFIED SEVERAL SOURCES OF MENTAL HEALTH STIGMA

Media/ Social Media

Frank misinformation (e.g., mental illness inherently predisposes to crime and violence)

Broad misrepresentation spectrum: romanticizing and glorifying, to denigrating

Perpetuates stereotypes

"You're not a whole person **you're just one label** that overshadows everything else about you."

Peers & Family

Internalization of peer and family's negative attitudes about mental health

Judgmental attitudes from family

Joking, dismissive posture of friends

Students felt that poor mental health would **burden** friends and family

Community & Heritage

Urban vs. Rural divide

Rural: pick-yourself-up-by-your-bootstraps attitude: students told they should **cope on their own** and help should not be needed

Urban: African American, Asian, and immigrant students noted that **mental health is taboo and avoided** as a topic of discussion in the home

School differences: More parents in rural areas reported feeling their children were bullied and stigmatized about mental health concerns, often by teachers themselves

Religious Beliefs

Urban vs. Rural divide

Rural: **religion influenced stigma** more prominently than in urban locales

Some rural students felt that **their church would support them** if their mental health declines, while others felt the opposite

"When I go to church, **I just feel down about myself** all the time because I am a 'bad person'"

Mental Health Literacy

The most important factor that perpetuates stigma

Lack of good mental health education facilitates stereotyping and negative perceptions among students themselves

Most students said they **would not recognize** symptoms or signs of a mental health condition

"They [parents and peers] don't see mental health problems as being as serious as physical health issues."

"In the black and people-of-color community, it's like you shouldn't even talk about mental health or illnesses that you have because it's all about being proud and strong"

"You don't really get educated on mental illness. You may not know anything about this other than what you see in print and the media."

10 Mukolo, A., Heflinger, C. A., & Wallston, K. A. (2010). The stigma of childhood mental disorders: A conceptual framework. Journal of the American Academy of Child and Adolescent Psychiatry, 49(2), 92–198.

FEEDBACK FROM HEALTHCARE PROFESSIONALS & EDUCATORS

Key Observations

- Healthcare providers and educators are not engaging in effective dialog with youth about mental health
- Youth have different expectations of healthcare than prior generations (more wiling to use digital platforms and apps, open to virtual care)
- Pediatric well visits are often a wasted opportunity to openly converse about mental health
- Youth do not respond well to “dictatorial” service providers

BARRIERS TO MENTAL HEALTHCARE UTILIZATION FROM PROVIDER VIEWPOINT:

- Service providers have a more traditional view of mental health and medical provider roles than their youth customers
- Healthcare providers have been slow to embrace digital platforms in engaging with youth
- Bureaucracy and agency procedures make it difficult to expedite help for youth
- Parents and youth may have different perceptions of youth mental health symptoms and signs
- Transportation is particularly challenging in rural areas

Education and communication materials created by adults often don’t resonate with youth

Provider goals often do not align with youth goals, particularly for treatment programs

“This is what’s wrong with you” attitude further alienates youth

Youth sensitive to involvement of potentially unsupportive parents

Mental health concerns more acceptable for girls than boys; boys referred to juvenile justice system

Parental attitudes very heavily influence youth attitudes

Lack of parental openness and support results in internalized stigma among youth

Lack of home-based mental health conversations push youth to other outlets of information (peers, social media)

Parents often concerned about being labeled ”bad parents” if their child has mental health issues

StAMINA *FIELD RESEARCH FINDINGS*

StAMINA *FIELD RESEARCH FINDINGS*

BARRIERS TO RESOURCE UTILIZATION *STUDENTS vs. PARENTS*

SOCIETAL STIGMA

Students may be dismissed or ridiculed by friends or family members they reach out to, increasing feelings of isolation.

Parents keep child's mental health issue away from public attention, avoid exposing themselves/children to judgment. In rural communities, parents concerned about employability.

INTERNALIZED STIGMA

Fearing judgment, students have to overcome internalized mental health stigma before reaching out for help.

Fearing it may reflect poorly on their parenting, some parents resist admitting their child has a mental health issue.

PERSONAL ATTITUDES

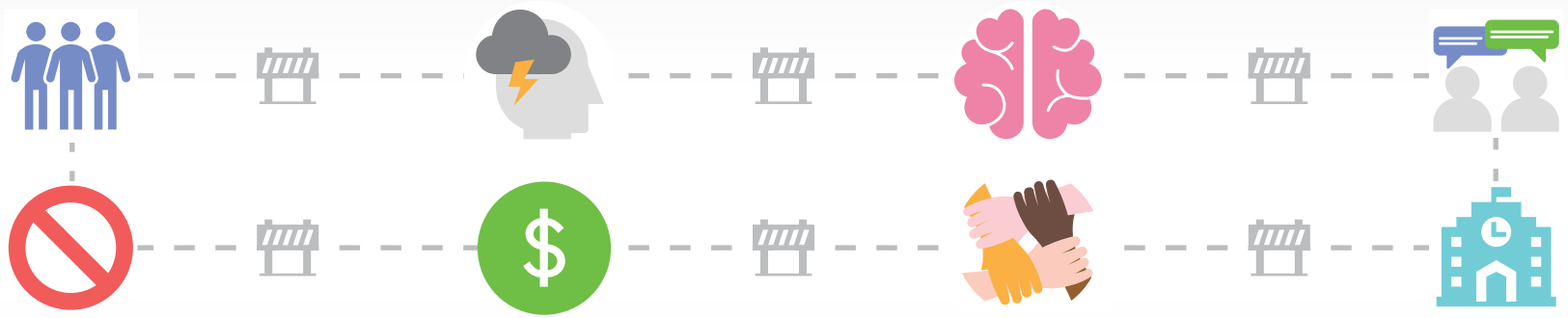
Students may feel that they don't deserve help, prefer independence over discussing mental health, or do not wish to be a "burden" on others.

Mental health issues happen to "other people's kids," are signs of weaknesses, character deficits, or are overblown. Children should develop strength in face of adversity.

SUPPORT

Students feel most comfortable talking to people they have a familiar relationship with, and will reach out to friends and family first, before a trained resource such as a counselor.

Parents don't have safe, structured peer forums to discuss children's mental health. Peers with first-hand knowledge are helpful. Peer forums would ease loneliness/isolation.



MENTAL HEALTH LITERACY

Students are aware of their feelings but are unsure whether, when, and how to seek help.

Many parents don't know how to differentiate between normal teen behaviors and significant issues requiring attention. Parents consistently mentioned need for mental health education.

COST AND LOGISTICS

Cost of resources and logistical barriers, including transportation, prevent many students from accessing help, particularly when not supported by family members.

Cost of resources and logistical barriers, including transportation, low number of mental health providers accepting health insurance, and internet access were challenges for many parents.

LOW AWARENESS OF COMMUNITY RESOURCES

Students and peers are often unaware of community resources available for youth mental health support.

Parents are often also unaware of community resources available for youth and family mental health support.

UNDERSTAFFED SCHOOL RESOURCES/PRIVACY

School counseling departments are often understaffed and unable to handle extra load of mental health counseling. Students afraid counselors will share sensitive information with parents/teachers.

Parents report limited access to counselors trained in mental health support. In rural areas, parents report lack of literacy and empathy among teachers.

StAMINA's CALL TO ACTION

Youth mental health matters. Its impact on school, work, and life readiness has broad implications for Kentucky's vitality and success. There is no societal stakeholder immune from the consequences of youth mental health struggles.

Let's work together to equip youth, families, and communities to prioritize and invest in youth mental health.

Learn how you can help: **www.staminaky.com/take-action**

StAMINA **Student Alliance for Mental Health Innovation and Action**

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