2021 YOUTH VOICES FORUM ON MENTAL HEALTH

FULL REPORT

KANE COUNTY
SYSTEM OF CARE

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Youth Voices Forum on Mental Health Report 2021

In February, 2021, the Kane County System of Care ("KCSOC") and the Kane County Regional Office of Education (ROE) hosted the 2nd annual Youth Voices Forum on Mental Health. The KCSOC is a coordinated network of organizations representing early childhood, education, juvenile justice, mental health, primary care, social services, and substance abuse services. The foundation of this seven year project is to unify parents, youth, and child serving organizations to improve mental health outcomes for children and families. Youth voice is a fundamental value of the system of care framework. Authentic youth engagement provides opportunities for youth to be more involved in mental health services, including: giving and receiving support from their peers; gaining knowledge and skills that can be used to pursue their personal goals; and using their lived experience to make a difference in their school and community. The KCSOC promotes and supports partnerships with youth to better understand what types of services and supports matter most to them.

The Youth Voices Forum created a space for youth to have their voices heard as they shared their thoughts, experiences, and insights related to mental health. Students and staff from eleven Kane County High Schools participated in this virtual event , including: Geneva High School; Mades-Johnstone Center; Bartlett High School; Larkin High School; South Elgin High School; Dream Academy; Elgin High School; Dundee-Crown High School; Jacobs High School; Central High School; and Hampshire High School.

Purpose of the 2021 Youth Voices Forum on Mental Health Report

The purpose of the 2021 Youth Voices Forum on Mental Health is to provide a framework for creating conversations in our schools and communities about how we can listen to and act on the insights shared by young people about their mental health needs.

The three main points from the forum provide a framework for schools and youth serving organizations to examine their own institutions and reflect on how to address them given each individual entities' organizational resources and limitations.

The three overarching goals requested by youth who participated in the forum include:

- **More spaces for them to talk about mental health**
- **Greater access to supportive adults with knowledge of mental health**
- **More access to reliable mental health information**

Staff from the Kane County System of Care can be available to assist in facilitating these conversations and can assist in providing additional information related to mental health prevalence data and best practice interventions as requested.

Background Information on Youth Mental Health

A teenager sits alone in their room behind a closed door peering at a laptop or phone.

What should this image make us feel?

Without getting a closer look at the screen or many hours of search history, without multiple conversations with this young person, an outside observer, even a loving one, does not have any idea if this teenager is doing homework, chatting with friends, or if they could be in urgent need of mental health support. Mental health problems can be difficult to observe, assess, and to help. While we can judge a student's academic performance through attendance and GPA, we don't have such clear metrics for knowing how a student is faring emotionally. Half of all mental health disorders begin by age 14 and seventy five percent of them begin by the mid-20s.[1] As the adolescent brain is developing and maturing, mental health issues are also emerging. Behaviors such as self-isolating, moodiness, and less communication with family, that are normal in adolescence can also be signs that a young person is in need of help. Many young people may not be aware themselves when the normal challenges of being a teenager rise to the level of needing outside help.

Data & Prevalence

Given the challenges of identifying emerging mental health issues as well as the stigma often associated with discussing them, prevalence data can provide important reference points for how many young people in our schools and communities are likely experiencing mental health challenges. This section will provide an overview of the range of mental health challenges facing young people in our schools and communities.

Prior to the pandemic, many young people were experiencing life challenges due to mental health or substance abuse disorders as well as undiagnosed developmental challenges or differences and were not receiving adequate diagnosis or treatment. The pandemic has subjected all young people to varying levels of trauma exposure and increased the number of people experiencing mental health challenges.

Knowing how many young people are experiencing mental health challenges should increase our levels of urgency in looking for creative ways to expand access to mental health information and supports.

The majority of the data on prevalence rates for children's mental health comes from survey data conducted at regular time intervals to assess for changes overtime. Data summarized by the Center for Disease Control (CDC) is based on analysis of national survey data of youth, parents, and healthcare providers. For more local data, the IL Youth Survey is conducted every 2 years in IL. Participation by schools is voluntary and varies year by year. In 2018 the last year for which Kane County data is available, 8 of the 28 eligible schools in Kane County participated. The data reported from Kane County is based on the survey results from participating schools. There are limitations to all data collection, this section is designed to give a brief overview of prevalence rates.

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[1] World Health Organization, "Adolescents and Mental Health"

According to a 2018 analysis of 2016 survey data, 6% of youth ages 12-17 have been diagnosed with depression, 7% with anxiety, and 7% with behavior disorders.[2]

Treatment rates vary depending on the mental health diagnosis. There are significant numbers of children who receive a diagnosis but do not receive treatment. Per the CDC[3] from the same 2018 analysis:

- Nearly 8 in 10 children (78.1%) aged 3-17 years with depression received treatment.
- 6 in 10 children (59.3%) aged 3-17 years with anxiety received treatment.
- More than 5 in 10 children (53.5%) aged 3-17 years with behavior disorders received treatment.
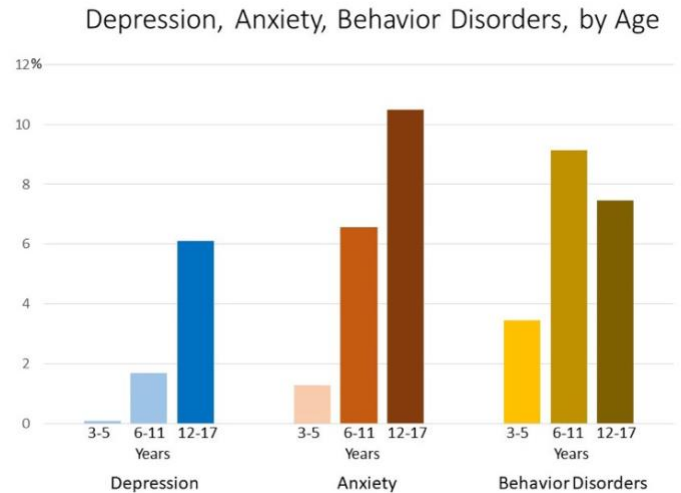
Rates of mental health diagnosis are higher among children living below 100% of the federal poverty level. Twenty two percent of children living below the poverty line were identified as having mental, behavioral, or developmental disorder. Poverty level also affected the chances that children received treatment.[4]

Figure 1 Centers For Disease Control

Substance Abuse & Substance Abuse Disorders

Another category of challenges that emerge during the adolescent years are substance abuse disorders. Adults are again faced with the challenge that experimentation with alcohol, marijuana, and prescription pills on a limited basis are common risk taking behaviors that a majority of adolescents and young adults will experiment with without long term consequences. However, a percentage of adolescents will go on to develop behaviors that rise to the level of substance use disorders, which require substance abuse treatment.

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[2] Ghandour, et al. Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children (2018)

[3] Centers for Disease Control, "Data and Statistics on Children's Mental Health"
[4] Centers for Disease Control, "Data and Statistics on Children's Mental Health"

It is estimated that 7% of adolescents aged 12-17 meet the diagnostic criteria for a substance abuse disorder requiring treatment.[5] Diagnostic criteria is a high threshold to reach and per the IL Youth Survey conducted in 2018 for Kane County, 17% of 10th grade students reported substance abuse rising to the levels that an assessment was recommended.[6]

High School Students Who May Benefit from an Individual Substance Abuse Assessment*
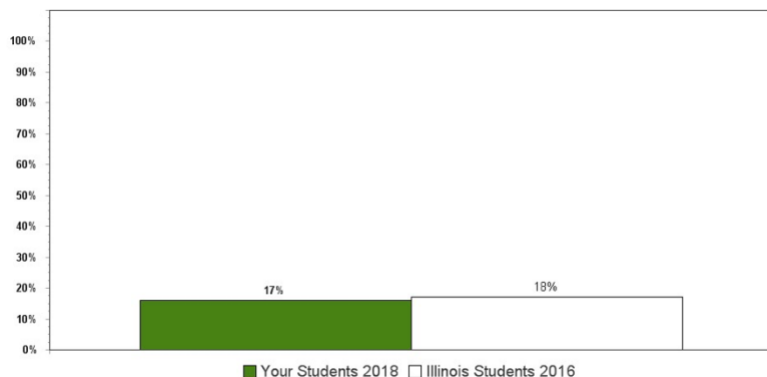
Among 10th Grade Youth

Figure 2 IL Youth Survey 2018

Some students with mental health disorders will also meet criteria for a substance abuse disorder. The common thread is that all of these challenges require the awareness and support of supportive adults and often professional support as well.

Trauma and Adverse Childhood Experiences

Adverse Childhood Experiences (ACES) are difficult and potentially traumatic events that commonly occur during childhood ranging from divorce to parental separation or community violence. The number and intensity of ACEs experienced in childhood have been found to have a graded relationship with many negative outcomes in adulthood including prevalence of depression, suicide attempts, and even disease and obesity.[7]

According to the CDC, approximately 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs. It is therefore common that in any given year, there are many young people who have suffered ACES as well as students who are living through traumatic experiences at that time. For example, taking one fairly uncommon but difficult ACE: death of a parent. By age 15, approximately 5% of children will have experienced the death of a parent. Therefore, in a sophomore class, schools will have students who have already experienced the death of a parent as well as during any given school year, one student may lose a parent. Grief, even normal grief, has the potential to profoundly impact

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[5] Mericle, Amy A et al. "National Trends in Adolescent Substance Use Disorders and Treatment Availability: 2003-2010."
[6] IL Youth Survey County Reports (2018)
[7] Centers for Disease Control, "Adverse Childhood Experiences Fast Facts"

that student's behavior and performance in school temporarily or for the long term depending on the support the child receives. Grief support in school is often provided on an as needed basis for specific students but is not commonly provided proactively to all students experiencing loss. The COVID-19 pandemic in many communities greatly expanded the population of students who experienced the loss of a family member in the last year.

At this time, there is no specific diagnosis for ACEs but young people who have experienced multiple ACEs are at greater risk for mental health and substance abuse disorders. In addition, even young people who will not meet diagnostic criteria for formal diagnoses may exhibit time-limited but challenging behaviors when they are experiencing ACEs in their lives. Common ACEs experienced in childhood include bullying, death or loss of loved one, physical injury or illness, domestic violence, and community violence.

Living through the COVID-19 pandemic created a collective ACE and many children and young people experienced additional trauma related to the pandemic.

Developmental Differences

Another category of young people and families that benefit from and struggle without accurate diagnosis, information, and flexibility within systems are young people with conditions that fall into the category of developmental differences. Developmental differences can refer to a wide spectrum of differences including Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Dyslexia, Down's Syndrome, and differences in intellectual functioning among others. The CDC refers to this category as "developmental disabilities" while parents and advocates are pushing for the use of other terms such as neurodiverse and other terms which embrace the strengths that come with the challenges inherent in this diverse category of diagnoses. As our knowledge evolves terminology will as well.

Sexual, Gender, Racial & Ethnic Identities & Public Health

Sexual orientation and gender identity along with economic status are populations that are at greater risk for experiencing mental health challenges and for having more difficulty accessing supportive and appropriate mental health care.

Young people who identify as LGBTQ or who do not identify with majority understandings of gender are at greater risk of developing mental health conditions, substance abuse disorders, and for experiencing ACEs and often face additional challenges in accessing identity affirming mental health care. LGBTQ young people are at greater risk of attempting suicide, experiencing discrimination, family rejection, and homelessness.

The relationship between racial & ethnic identities and mental health diagnosis is complex. For example, identifying as African American can be a great source of strength and a protective factor that appears to make some mental health diagnoses less likely, but across the course of the lifespan, racial discrimination and the resultant stressors create negative health outcomes at the population level.

Immigration status and home language are also important factors to take into consideration. Young people whose home language is not English often carry additional responsibilities in assisting their parents with translation and face additional challenges in accessing services. Overall, experiences of discrimination or difficulty accessing affirming mental health services can create additional mental health challenges for young people.

Finally, lower socioeconomic status is a risk factor for developing mental health conditions as well as factor that makes it more difficult to access appropriate mental health treatment. While, identify is not destiny, it is important to bring the lens of personal and population identities to our understanding of mental health.

Prevalence Summary

Our increased awareness of the different challenges experienced across the course of childhood challenges institutions that serve children and families to adapt and widen our understandings of school success.

The COVID-19 Pandemic, Racism, Social Upheaval & Trauma

The uncertainty and stress of living through a global pandemic and time of increased political stress have exposed all young people and their families to some level of trauma. The widespread closures and loss of transitional developmental milestone rituals such as graduation, theater, sports, and other extracurricular activities and social events have impacted all youth.

In addition, it has been well-documented[8] that the COVID-19 pandemic that has often hit hardest in the communities that were already experiencing other crises such as a poverty. In many communities, including Kane County, racial disparities in infection rates also located the burden of illness and quarantine in specific neighborhoods.

One way we can measure the increase in mental health crises is through emergency room visits. While emergency room visits dropped overall during the COVID-19 pandemic, emergency room visits due to mental health crises increased dramatically as illustrated in the below figure[9]:

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[8] The National Child Traumatic Stress Network (NCTSN), "The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives" (2021)

[9] Krass P, Dalton E, Doupnik SK, Esposito J. "US Pediatric Emergency Department Visits for Mental Health Conditions During the COVID-19 Pandemic." (JAMA New, 2021)

Monthly Pediatric Emergency Department (ED) Visits and Admissions for Mental Health (MH) Conditions, 2018-2020
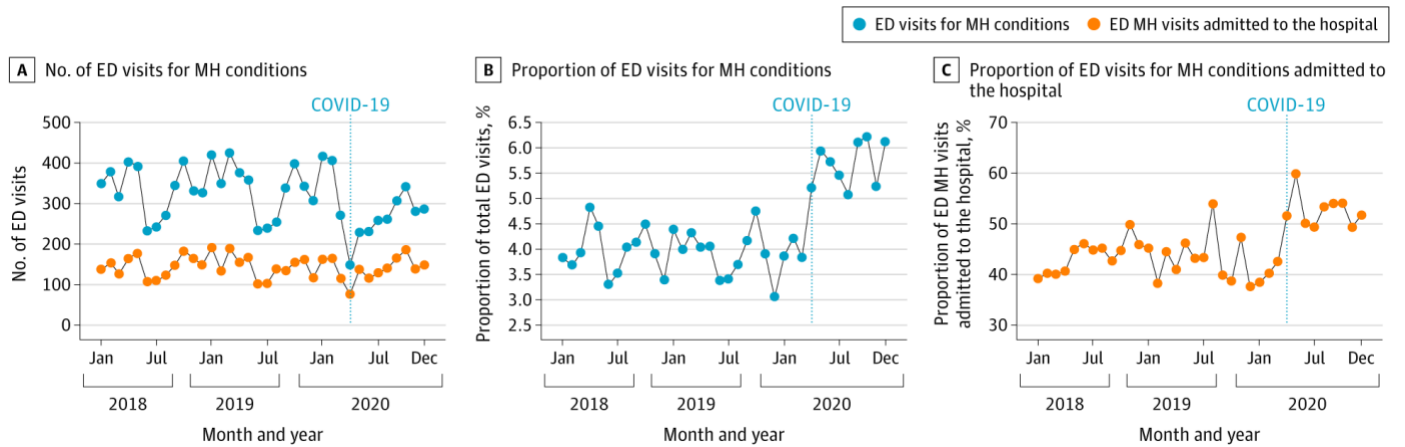

Figure 3 JAMA Network

The increase in visits is likely due to both increased trauma exposure as well as the disruption of mental health prevention and support services often provided by or co-located within schools.

Students who participated in the 2021 Youth Voices Forum provided insight into the struggles they experienced during the COVID-19 pandemic. One student described the way the COVID-19 pandemic disrupted support services for LGBTQ students::

> "People are ruder, less friendliness, less sense of community, fear due to COVID has especially affected LGBTQ community who may not be supported at home, support groups may not be happening."

Another student explained the challenges her peers were experiencing: :

> "Lack of support due to parents not consenting or not wanting parents to know things. Isolation from friends, difficult home environments."

Young people also talked about the stresses of social upheaval, political and social conflict, and racial injustice. Many high school students worked throughout the COVID-19 pandemic in grocery stores, food service, restaurants, or nursing homes.

> "But where I work it feels more polarized because people don't want to wear masks and people have thrown change at me because I've asked them to wear a mask." -Student, YVF, 2021

Students who identified as people of color and/or LGBTQ talked about the very personal worry and stress about the potential for violence and racism.

> "I worry about my Asian family. My Mom has experienced racism in the past and I really worry about the racism especially towards older people. They don't really know how to protect themselves. Especially since the violence at the capital and the radical right viewpoints, it makes me feel like some people think the violence is okay." -Student, YVF, 2021

> "When strangers talk at me, my anxiety, as a trans person is really hard to hide. A lot of people don't really like people like me because I'm "unnatural" or whatever they think, I've heard it all. But yeah, it feels scary a lot of time." -Student, YVF, 2021

Suggested Interventions for Schools & Opportunities

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love." -Dr. Bruce Perry[10]

Studies show that supportive relationships with adults as well as peers are a protective factor for students as well as keys to healing and healthy coping. Young people have also shown incredible resilience in the face of the many challenges the pandemic has created.

> "One thing that's helpful is that this is happening to everyone… It's not just one person going through the pandemic by themselves." -Student, YVF, 2021

> "If every parent tried to really understand their kid and why they're feeling the way they do, I think there would be a lot less anxious kids." -Student, YVF, 2021

A key lesson from the 2021 Youth Voices Forum is the healing power of social connection and relationships. Students identified that the pandemic was less traumatic than it might have been

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[10] Perry & Szalavitz (2008)

because everyone was going through it together. One key way schools can help students heal and cope with mental health issues and trauma is by creating places to foster collective connection and supportive relationships with adults.

There are several evidence based interventions that studies have shown to improve positive mental health outcomes for students. During small group breakout sessions at the 2021 Youth Voices Forum, students identified several interventions that they find helpful, including:

Peer Interventions

Peer mentoring, peer counseling, and peer support groups are programs that schools can utilize to assist students in forming healthy connections with their peers. There is a body evidence supporting peer recovery programs in the adult behavioral health system however, youth peer mental health programs have not been studied as extensively. Due to the high importance of peer social relationships during adolescence and the increasing need for schools to promote mental health, this is an area of tremendous potential.

Formal Mental Health Interventions: Therapy, Counseling, Social Work, Federally Qualified Health Centers (FQHCs), Psychiatry, Referrals, Crisis Response, Assessment & Screening

Adult led mental health interventions are also necessary. As described earlier, survey data shows that overall, children and youth do not receive the formal mental health supports that they need. Particularly, for young people living at our below 100% of the poverty line. Schools often fill this gap and have found many creative ways to provide formal and informal mental health services for students and families in the school setting. School based mental health centers, partnerships with community based mental health providers and mental health groups run by school staff, provide vital access to mental health supports. For many students this is the primary source of mental health services and mental health education that they will ever receive.

> "So I think if therapists check in with random students once in awhile, it would be helpful and that would take away the pressure of the student starting the interaction." -Student, YVF, 2021

> "The healing isn't linear and we need time to get the supports we need as well as being open to trying different forms of therapy and different therapist within that aspect." -Student, YVF, 2021

Informal Social Support

A majority of students will never access formal mental health supports but many children are connected to informal social supports such as sports, theater, music, or camps. Adults in these settings play an important role in keeping children safe, providing support from a trusted adult, and modeling

healthy relationships. Providing education and support for all adults working with youth in the school system on mental health and trauma informed care is another intervention for improving youth mental health outcomes.

Trauma Informed Practices

Any adult who interacts with young people has the opportunity to engage in trauma informed practices or to exacerbate unintentionally a student's existing issues. In addition, structures, rules, and practices within schools can foster safety and connection or unintentionally create conditions that exacerbate young people's mental health conditions. Trauma-informed schools and restorative practices are two examples of frameworks that can help schools examine the way organizational structures affect student mental health. Creating space for students to offer feedback on policy changes that affect them is another important practice.

Many of the principles of trauma informed care are designed to allow those who have suffered trauma to regain a sense of control over both their physical bodies and their spaces. Allowing students as much bodily autonomy and control as possible while balancing the need for an orderly and safe school environment is ideal.

One participant of the 2021 Youth Voices Forum expressed it this way:

> "Every student should be able to get a drink/use the bathroom whenever, because you never know what's going on with them." -Student, YVF, 2021

Lifting Up Youth Voices

Empowerment is one antidote to trauma. Youth are empowered by adults who listen and are able to create space for them to bring the entirety of their person into a relationship, including the painful parts. Without adequate training in youth mental health or trauma informed care, adults can inadvertently miss opportunities to identify students in need and support their wellness. Studies repeatedly show the positive impact adults can have when they are listening and connecting with students. Therefore, the act of listening to youth voices fosters both a sense of empowerment and confidence, as well as improving students sense of connection to supportive adults within their school.

Finding ways to lift up youth voice is a vital a part of the healing process. Young people learn and heal through relationships. However, students can also be hurt and traumatized through relationships when adults are dismissive or they do not have the skills to respond to a student's mental health concerns. Adults in the school setting who are in relationships with students have the opportunity to model healthy listening and communication and be part of the response to the trauma of the pandemic in their daily interactions with students.

One student shared an inspiring example of adults and students working together during the pandemic. The student expressed concerns about mental health and adults in leadership created a

survey to gather other opinions from other staff and students and the student felt positively and felt they were heard.

Below are some quotes from students explaining in their own words the importance of adults interacting with them in respectful and empowering ways:

> The way adults talk to us can affect us-words or tone can affect us. -Student, YVF, 2021

> "When we speak out we get ignored. We're the kids that will form the future, yet you won't listen to us. The status quo needs to be changed, and we all know it needs to be changed, so why won't you listen us and let us form our future."
> -Student, YVF, 2021

> "Not being taken seriously when we advocate for social change because we're young." -Student, YVF, 2021

Where Young People Get Information about Mental Health

Information is power. One important way to empower young people and facilitate their healthy coping in the face of mental health challenges is to provide accurate information about youth mental health. Schools are well positioned to provide this information to both students and their parents.

Students reported primarily receiving information from the internet, social media, and peers. However, they also reported great interest in receiving more mental health information through their schools.

In focus groups facilitated by the Kane County Health Department, school districts and school professionals have been repeatedly identified as a trusted source of health information by Spanish speaking residents.[11]

Schools have a unique opportunity to reach a large audience of children, youth and families through mental health education. Many school districts have developed successful parent education programming and also incorporate mental health education through health classes or assemblies. Districts have found many creative ways to share information with their student and family communities.

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[11] Kane County Health Department Resident Groups November, 2020 and February, 2021

Involving youth and families in designing mental health educational programming can increase understanding, participation and commitment. Students who participated in the 2021 Youth Voices Forum shared their thoughts on how education on a variety of coping skills contributed to their long term stability and wellness.

One student explained:

> More opportunities for exercise, meditation, yoga to maintain wellness. Sometimes we do meditation in gym class and that was where I first learned about it. -Student, YVF, 2021

Strengths of Existing Mental Health Supports

Addressing student mental health is critical to academic success. Research shows that students with good mental and physical health tend to perform better in school than students with poor health. Mental health issues can affect a students' energy level, concentration, dependability, and motivation. If not addressed properly, these issues can have long term consequences for students including, poor academic performance, lower grade point averages, truancy, and failure to graduate high school. Considering that mental health problems, have an influence on the overall performance of students, there is a need to look at what mental health supports are working for students and opportunities for improvement.

Students identified several strengths in mental health supports that are currently implemented in schools.

All of the students who participated in the 2021 Youth Voices Forum reported having at least one trusted adult in the school setting. Students who have accessed mental health supports in their schools reported benefiting from these services. While students expressed the need for more diversity amongst school staff, they expressed positive outcomes when school staff and therapists made an effort to understand their cultural identities.

Students shared the following comments during the Youth Voices Forum:

> "I've gotten a lot of support after my hospitalizations. The school social workers and my art therapist has provided a lot of support."

> "My therapist has been my biggest support. Every week she gives me goals to keep me moving, keep me active, and make me happy. I definitely rely on her to make me see reason and help me stay up."

> "I think it's good when a therapist is willing to step into your culture's shoes, even if its not their own, to help understand you."

> "Ms. Hesselbaum set up a wellness group which goes over some basic mental health as well as some techniques. I used it after outpatient therapy for about 6 weeks every Friday just to keep things refreshed and I recommended to my friend who was struggling with mental health to the group so she could get some basics while she works with her parents on accepting her mental health and trying to get help for it."

Opportunities to Enhance Mental Health Supports

An overarching theme that emerged from the 2021 Youth Voices Forum small group conversations was that students are often not aware of existing supports and how to access them. This creates an opportunity for schools to educate students on what services exist, how to access them, and what happens if they access them. Many students reported that young people do not know how to get linked with mental health supports within their school and/or in the community. Additionally, students were unsure whether or not they needed more formal supports and the benefits of accessing mental health services.

Students who had engaged in multiple forms of treatment including being hospitalized, wanted greater transparency from adults about what was going to happen related to their personal mental health information, including what information was being shared, why it was being shared, and who it was being shared with.

Another opportunity that was mentioned in multiple groups was that students wished for teachers and parents to understand more about mental health, trauma, and how to support LGBTQ students. Several students stated that they wished that teachers and school staff would take into account the totality of the challenges they are facing. Many students reported multiple stressors and responsibilities beyond school.

> "I wish teachers received more education/training when it comes to students' mental health-turning in late-not being lazy, sleepy in class-not bored-maybe not sleeping well. More training when it comes to dealing with things outside of classroom-like the quarantine….not enough understanding about how hard this is on the students."
> -Student, YVF, 2021

> "Education about different mental health diagnosis-not just depression/anxiety, but things like ADHD, bipolar, gender dysphoria, etc." -Student, YVF, 2021

Students identified opportunities to enhance mental health supports in the following areas:

- Spaces that foster connection with peers and adults to discuss mental health
- Opportunities for student voices to be heard and authentically engaging students to enhance cultural, racial, and social diversity efforts
- Opportunities for student autonomy and choice
- Greater diversity in race, ethnicity, gender, and sexual orientation of mental health staff
- Transparency regarding student privacy vs. safety
- Increased access to support from mental health professionals within their schools
- Greater access to therapy services in the school and community settings

Young People's Dreams & Visions for Mental Health Supports

> "Trauma happens in almost everyone's life so having a way to deal with that at school would be helpful"
> -Student, YVF, 2021

> "Teachers being educated on the mental health of students more so they can have more empathy and understanding regarding what students go through every day"
> -Student, YVF, 2021

As described in the introduction, students from the 2021 Youth Voices Forum expressed their top three areas to enhance mental health supports in schools:

- **More spaces for them to talk about mental health**
- **Greater access to supportive adults with knowledge of mental health**
- **More access to reliable mental health information**

Students shared many creative ideas from new mental health supports to changes and expansions of existing systems.

One student shared their vision to create "safe spaces for mental health" both in school and in the community where young people would know they could reach out to share their mental health struggles, receive support from their peers and/or school staff, and if needed, connection to mental health professionals. .

Additional ideas students shared included: mental health clubs; regular systems of proactive, mental health "check ins" for all students with mental health professionals or supportive adults; and support animals available in schools to help students manage mental health symptoms.

Students shared that they would like both parents and teachers to receive more education related to both mental health and trauma so they could better empathize and respond to students' struggles. Another request was to hear more success stories from adults or other students who had struggled with their mental health and are now managing well.

Other major themes that emerged during the student group conversations were related to existing systems included increasing flexibility and autonomy and greater availability of services.

Students felt that the COVID-19 pandemic showed that more flexible ways of learning were possible and they were interested in some changes continuing including – some classes being fully remote, option to learn remotely, later start times, and shorter week.

Students expressed an interest in more flexibility within the school day to accommodate changing social and emotional needs of students. This included the use of "any time" passes that can be utilized when a student's mental health symptoms become overwhelming and interferes with their learning in the classroom. Any time passes, or similar supports, allow students an opportunity to quickly manage their symptoms/stressors so they are able to safely return to the classroom and continue with their school day.

Students shared several ideas related to expanding existing services including:

- Additional mental health staff and/or school based therapists from community organizations that provide services within the school.
- Ensuring students are connected to mental health supports as they leave high school
- Mental health services that are accessible to all students, including those without insurance.
- Increase the use of trauma-informed supports and specially trained mental health professionals

"Some kids may need to take a break and walk, or take a break and talk, or take a break and color, draw, write, meditate, etc." -Student, YVF, 2021

"Therapy can be really expensive-need affordable resources."
-Student, YVF, 2021

"It takes different people different amounts of time depending on their problem, it's not one size fits all." -Student, YVF, 2021

Conclusions

> "Without dealing with mental health, students can't succeed in academics or sports." -Student, YVF, 2021

For the second cycle in a row, participants in the Kane County Community Health Needs Assessment have identified behavioral health as the number one need in our community.[12]

The primary role of schools is traditionally defined as the teaching of academic education but increasingly we are seeing the influential roles that schools and the adults who work within them have on shaping the social and emotional worlds of young people and their families. Given their central role in the lives of children, their families, and communities, schools are also increasingly called upon to support the physical and mental health of children and young people. Schools are often the primary provider for mental health care and education. The disruption of mental health and social emotional supports during the COVID-19 pandemic was as great of a loss for many families as the absence of academic instruction. Given that many parents will never receive formal treatment for their own mental health or substance abuse disorders, schools are often primary providers of mental health education for adults as well.

Schools are being asked to do more with less and for schools serving communities with high rates of poverty and less access to healthcare resources, their role as safe haven and source of guidance and evidence based information is even more influential and often less well-resourced.

The more that teachers, administrators, support staff, and mental health professionals can embrace a holistic vision of supporting youth mental health to increase academic success, the better student outcomes will likely be. Centering the mental health of students as a primary goal of educational institutions will take a monumental policy and priority shift at a national level and it will take visionary school leadership at the local level to help lead the way.

Centering young people's mental health is not only about offering mental health services within the school but incorporating mental health promotion as a factor in policy decisions that may not on the surface appear to be mental health related. A key strategy for improving youth mental health is to lift up their voices. Mental health providers who are implementing trauma informed practices recognize that the messenger matters and the process matters. The COVID-19 pandemic and the societal tumult of the last year and a half have shown the incredible power of young people to adapt to difficult changes and new realities when they are seen and heard by supportive adults and supportive communities. The most profoundly simple and impossibly difficult task we face as adults trying to support the young people in our lives and our institutions, is to listen when they tell us what they need.

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[12] Kane County Community Health Needs Assessment, 2021

Goal 1: Create more spaces for young people to talk about mental health.

Strategy 1: CONVENE leaders and stakeholders who value mental health in your institution, organization, or community to assess what spaces exist currently.

Strategy 2: CREATE channels of communication for the young people in your institution, organization, or community to share their opinions, insights, and dreams.

Goal 2: Greater access to supportive adults with knowledge of mental health.

Strategy 1: ASSESS existing systems of support and system gaps.

Strategy 2: CONVENE leaders and stakeholders who value mental health in your institution, organization, or community to brainstorm how to respond to results of the assessment and existing service gaps.

Goal 3: More access to reliable mental health information.

Strategy 1: ASSESS existing systems of support and system gaps.

Strategy 2: CONVENE leaders and stakeholders who value mental health in your institution, organization, or community to brainstorm how to respond to results of the assessment and existing service gaps.

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