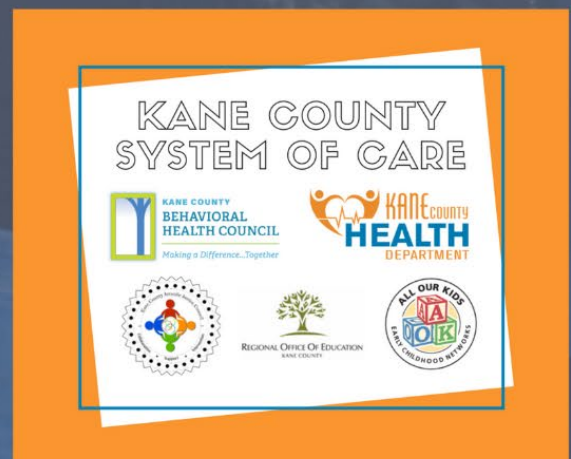


# KANE COUNTY YOUTH VOICES FORUM ON MENTAL HEALTH

2023



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## THE 2023 YOUTH VOICES FORUM ON MENTAL HEALTH AND REPORT

The Kane County Health Department (KCHD) and Kane County Regional Office of Education (ROE), as part of the Kane County System of Care (KCSOC) for Children's Mental Health, organized the 4th Annual Youth Voices Forum on Mental Health on February 3<sup>rd</sup>, 2023. We were happy to be back in person this year for the first time since 2020. High school students, school mental health professionals and community leaders gathered to listen as students bravely shared their thoughts, experiences and insights related to youth mental health and current challenges. This year's event included students and school staff from eight high schools across Kane County and affiliated districts: Bartlett High School, Dundee Crown High School, Elgin High School, Geneva High School, Larkin High School, South Elgin High School, Streamwood High School, and West Aurora High School.

Students participated in facilitated group and themed conversations where they shared their insights about mental health services.

A key innovation for the 2023 Forum was that student facilitators led the discussion groups rather than adult staff or volunteers. The students participated in a facilitation training led by Dr. Piper Stratton from Dundee-Crown High School in January, 2023, and developed the topics and questions for one of the discussion groups. This change was suggested and led by youth and the results were inspiring. Young people can do difficult things when given the support they need.

*KCHD STAFF ARE AVAILABLE TO PRESENT AND FACILITATE DISCUSSIONS ON THE 2023 YOUTH VOICES FORUM REPORT AND THE STATE OF YOUTH MENTAL HEALTH*

## FORUM GOALS AND HOW TO USE THE REPORT

The primary goal of the Youth Voices Forum on Mental Health and Report is to:

### **Lift youth voice and youth perspective on mental health**

Additional goals include:

- Raise awareness of the youth mental health crisis.
- Focus the attention of the community on finding ways to support youth mental health.
- Highlight the unique role of schools and school staff in providing youth mental health support.

The report highlights national research and trends as well as local youth voices. We hope it can be used to assist in the following ways:

- Educate school & community leaders as well as parents & caregivers about youth mental health.
- Inspiration to lift youth voice in your family or organization.
- Empower youth to speak out or seek help.
- Support grant writing and program development.
- Assist in decision making regarding how to direct resources to improve youth mental health.

## THE KANE COUNTY SYSTEM OF CARE (KCSOC)

The Kane County System of Care (KCSOC) also known as the children’s mental health grant is a collaboration of organizations and institutions who provide youth mental health services in the Kane County Region as well as parent leaders with personal commitment to youth mental health. Kane County Health Department staff lead the Kane County System of Care. Representatives meet monthly to collaborate and lead efforts. The Kane County System of Care was formed and is sustained by a 7-year grant from the Illinois Children’s Healthcare Foundation. Goals of the grant and of the KCSOC include strengthening the local system of care for children’s mental health and promoting the Child and Adolescent Service System Program (CASPP) principles<sup>1</sup>. Kate McCormack is the Project Director for the Kane County System of Care.

Kane County Health Department (KCHD) staff are available to provide consultation to schools and organizations looking to begin the work of assessing the strengths and challenges in their current processes for promoting youth mental health. KCHD staff can also assist with system and resource mapping, data collection, survey development, and creating spaces for intra-agency collaboration. Contact Kate McCormack:

[mccormackkatherine@kanecountyil.gov](mailto:mccormackkatherine@kanecountyil.gov)

## ACKNOWLEDGEMENTS

Every year, we at the Kane County System of Care are inspired and awed by the school mental health professionals, school leaders, and students who dedicate their time and talents to working to organize the Youth Voices Forum on Mental Health. Their generosity and dedication are incredible.

We are especially grateful to the students for bravely sharing their thoughts on topics that are both personal and painful. Their openness is teaching us to work daily to make our communities and schools places of healing and growth. Our youth facilitators demonstrated the power of peer support and youth leadership. We would also like to acknowledge our student speakers, Ryan D’Onfrio (Geneva High School) and Fatima Ahmed (Dundee-Crown High School). Ryan has participated in the Youth Forum Voices on Mental Health for all four years of his high school career, and we feel so privileged to have been part of his journey and thankful for his commitment and leadership. Thank you to both students, and all our participants, for bravely sharing your stories and for your commitment to working for mental health services for youth.

*SPECIAL THANKS TO  
STUDENTS RYAN  
D’ONFRIO AND  
FATIMA AHMED FOR  
YOUR COMMITMENT  
AND LEADERSHIP*

Special thanks to Josh Axelsen and the Kane County Regional Office of Education for their ongoing leadership and commitment to making the forum possible.

Thank you to our community speakers: State Senator Karina Villa; Marti Neahring, Executive Director of Student & Family Services at West Aurora High School District 129; Simon Rodriguez, Youth Services Manager, City of

<sup>1</sup>Pumariega, A. J., & Winters, N. C. (Eds.). (2003). *The handbook of child and adolescent systems of care: The new community psychiatry*. Jossey-Bass/Wiley.

Aurora; and Chairwoman Corinne Pierog for sharing their time and personal stories and for their passionate advocacy for youth mental health.

Finally, we thank all the organizational members of the KCSOC for their continued support, expertise, and leadership in striving to provide high quality mental health services for youth.

## REPORT AUTHORS

### **Kate McCormack, LCSW, Bilingual (Spanish) Children’s Mental Health Program Manager, Kane County Health Department**

Kate brings more than fifteen years of experience working in the social service sector including working in the adult and juvenile justice systems, providing child and family therapy in community mental health, providing in-school therapy, and developing children’s mental health initiatives at the Kane County Health Department. Kate has also lived and worked in both Mexico and El Salvador and has a special interest in working with Spanish-speaking Immigrant youth and families, improving access to bilingual services, and trauma informed care.

### **Maria Leon, MPH, Bilingual (Spanish), Community Health Initiatives Coordinator, Kane County Health Department**

Maria brings several years of community outreach experience in the Elgin, IL area. As a new addition to the Children’s Mental Health Program her focus has been fortifying initiatives surrounding parent engagement, process improvement, and supporting Kane County’s Integrated Referral and Intake System (IRIS). Maria’s background is in public health and health promotion and has a special interest in health equity and community collaboration.

### **Michael Isaacson, MPH, Executive Director, Kane County Health Department**

Michael brings more than twenty years of experience working in public health. He has been instrumental in supporting behavioral health safety net agencies providing services in Kane County especially during the COVID-19 pandemic.

## INTRODUCTION, KEY THEMES AND FINDINGS

***I want to be alone sometimes, but I don't want to be lonely.***

***-Student, YVF 2023***

At the heart of the Youth Mental Health Crisis is this question: how can young people develop both independence and connection? How can they be alone but not lonely - as described by a high school participant at the 2023 Youth Voices Forum on Mental Health.

The US Surgeon General declared a youth mental health crisis in January 2022, and the urgent need for communities, schools, and parents to keep focus on supporting youth and investing resources into better understanding the roots of the crisis.

In May 2023, the Surgeon General issued an additional advisory on loneliness which, *calls attention to the importance of social connection for individual health as well as on community-wide metrics of health and well-being, and conversely the significant consequences when social connection is lacking.*<sup>2</sup>

The COVID-19 pandemic altered and broke connections on many levels and exposed all members of society to stress and many to trauma. Healing trauma is best done through the establishment of healthy, caring relationships and routine. Schools are a place where young people establish relationships and the CDC has identified that school connectedness is an important prevention factor in the lives of young people and is encouraging all schools to create environments that foster it.

*School connectedness reflects students' belief that peers and adults in the school support, value, and care about their individual well-being as well as their academic progress.*<sup>3</sup>

Validating youth voices and opinions, respecting youth perspectives, responding to their identified needs, and incorporating their insights and ideas into solutions, are part of the solution for all the problems identified by students at YVF 2023.

### 4 Key Needs Identified by Students at YVF 2023

- 1. Need to be heard and validated by the adults in their lives including** parents, mental health workers, therapists, teachers.
- 2. Need for connectedness** and opportunities to develop social skills they missed out on during the pandemic shut down. Need for opportunities to unlearn bad habits related to school developed during the pandemic.

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<sup>2</sup> Our Epidemic of Loneliness and Isolation 2023, US Surgeon General

<sup>3</sup>Centers for Disease Control, "School Connectedness."

3. **The COVID-19 pandemic created, worsened or led to trauma exposure.** All youth are dealing with some level of trauma exposure which has not been seen on this scale since World War II.
4. **Need for increased access not only to mental health care but to high-quality mental health care and a diversity of well-trained professionals.** Help-seeking shouldn't cause additional rejection or trauma. For young people with unsupportive parents, professional and school support is even more important. Match between presenting problem and treatment are keys to success.

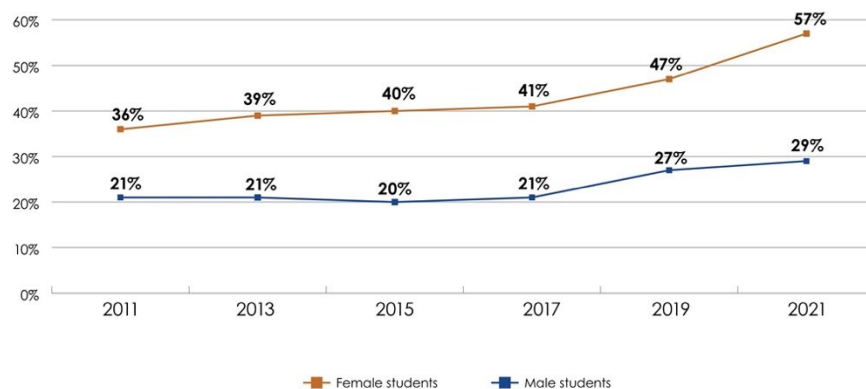
## The Youth Mental Health Crisis in 2023

***"There is a lack of hope. I don't care. I think a lot of students feel this way."***

***-Student, YVF 2023***

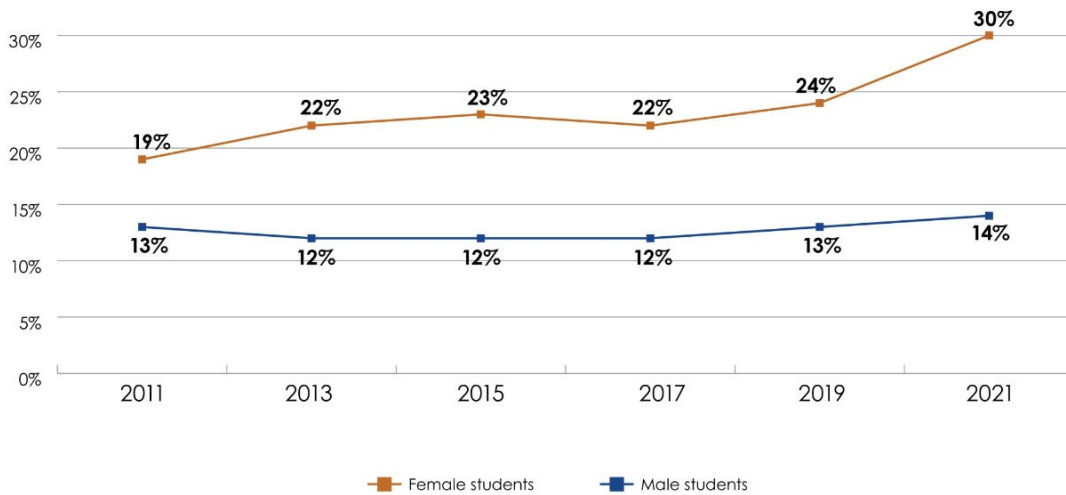
The CDC has reported nearly all indicators of poor mental health, behavioral, and suicidality have increased over the past 10 years. Surveys have shown increased rates of feelings of sadness and hopelessness, hospitalizations for suicidal injuries or thoughts, as well as academic problems and truancy.

**PERSISTENT FEELINGS OF SADNESS OR HOPELESSNESS  
AMONG U.S. HIGH SCHOOL STUDENTS, BY SEX, 2011-2021**



In 2021 women and LGBTQ youth were the groups who were more likely to consider attempting suicide.<sup>4</sup> Over the past 10 years the number of female high school students who seriously considered committing suicide increased at an alarming rate, especially when compared to their male peers. The graphic below displays the sharp increase overtime.<sup>5</sup>

### SERIOUSLY CONSIDERED ATTEMPTING SUICIDE AMONG U.S. HIGH SCHOOL STUDENTS, BY SEX, 2011-2021



While indicators point to several populations experiencing increase in poor mental health, behavioral, and suicidality, outliers worth noting are those that include suicidality in young women and the LGBTQIA+ population youth.<sup>6</sup>

Possible factors that could account for such dramatic increases in female high school students' thoughts of suicide include:

- increased isolation and decrease in social contact during the COVID-19 pandemic
- cyberbullying
- increased violence towards girls<sup>7</sup>.

LGBTQIA+ youth also experienced poor mental health outcomes due to isolation, violence, and the stigma they may face in their families and society at large.<sup>8</sup>

<sup>4</sup> CDC. Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2021 (YRBS)

<sup>5</sup> Slomski A. "Teen Girls Are Faring Worse Than Boys on Nearly All Mental Health Measures"

<sup>6</sup> Di Giacomo E, Krausz M, Colmegna F, Aspesi F, Clerici M. "Estimating the Risk of Attempted Suicide Among Sexual Minority Youths: A Systematic Review and Meta-analysis."

<sup>7</sup> Slomski A. "Teen Girls Are Faring Worse."

<sup>8</sup> Di Giacomo E. et al. "Estimating the Risk of Attempted Suicide."



## School-Based Mental Health Services

The current mental health crisis has created the need for widespread system reform. One of the potential areas of opportunity lies in school-based services. According to the Center for Disease Control (CDC) and Prevention's *Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2021 (YRBS)*,

*More than 95% of children and adolescents in the U.S. spend much of their daily lives in school, providing a considerable opportunity to foster the knowledge and skills to shape behaviors and experiences, but also the responsibility to ensure that all learning is done in a safe and supportive school environment.*

Therefore, one solution is to provide services in a setting that is easily accessible to both students and parents.

The same study advocates for evidence-based practices that have demonstrated improvements on several behaviors described in this report. An evidence-based approach mentioned in this report, *What Works In Schools: Safe and Supportive School Environments*, which calls for safe and supportive environments.<sup>9</sup> The YRBS ascertains that evidence-based approaches in school should aim for the following: increase in school connectedness in all grades for all youth, increase in needed services for youth and families through school-based services and community partnership, and providing quality health education.<sup>10</sup> One study suggests that school based mental health centers increase the utilization of mental health services and improve student outcomes.<sup>11</sup> Having school-based services would benefit students who may not seek care elsewhere due to a variety of barriers including transportation, cost, and availability of services. This remains true in the Kane County community where waitlists are frequently long, and school mental health professionals are not able to meet the need for support services.

## Mental Health Concerns in the Youngest Children

There are worrying signs that the mental health crisis is continuing. Service providers and elementary schools are reporting increases in the severity of problems in young children including aggressive behaviors as well as delays in the development of social skills and language. Staff from local agencies have reported more referrals than ever for 2-3 year-old children and

### WHAT SCHOOLS SHOULD KNOW

On any given day, there are significant numbers of children and adolescents experiencing symptoms of a mental health disorder, developmental difference, or learning disability **for which they are not receiving treatment or support....**

This creates **stress** for the young person, their teachers, their families, and classmates.



Undiagnosed mental health disorders, developmental differences, or learning disabilities for some young people will lead to **acting out behaviors** and other health risk behaviors and if not treated can eventually lead to **mental health or behavioral crises**.

The majority of mental health and substance abuse issues begin before the age of 18.

<sup>9</sup> CDC. Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2021 (YRBS)

<sup>10</sup> CDC. Youth Risk Behavior Surveillance.

<sup>11</sup> Satu et al. Chronic Childhood Trauma, Mental Health, Academic Achievement, and School-Based Health Center Mental Health Services

increased aggression in 4-5 year-old children including an overall tripling of need<sup>12</sup>.

When environments are stressful or hostile then those children with a predisposition to certain mental health or developmental disabilities are more likely to have them be expressed (develop) leading to an increase in their prevalence across the population. This increase further strains existing systems and services.

## YOUTH VOICES 2023

***"Schools MUST talk about mental health.  
Uncomfortable conversations have to happen."***

**-Student, YVF 2023**

### Key Themes in 2023

**Need to be heard and validated by the adults in their lives:** parents, mental health workers, therapists, teachers.

**Need for connectedness** and opportunities to develop social skills they missed out on during the pandemic shut down. Need for opportunities to unlearn bad habits related to school developed during the pandemic.

**The COVID-19 pandemic created, worsened or led to trauma exposure** – all youth are dealing with some level of trauma exposure which is unique to their generation.

**Need for increased access not only to mental health care but to high quality mental health care and a diversity of well-trained professionals.** Help seeking shouldn't cause additional rejection or trauma. For young people with unsupportive parents – professional and school support is even more important.

<sup>12</sup> SPARK meeting, April 2023.

## YVF Key Theme 1: Need to be Heard and Validated by the Adults in Their Lives

Validation is the act of listening without judgement. Validation requires one to put aside their own assessment of the situation and acknowledge as true the feelings or thoughts of the other person. Many adults become uncomfortable when a young person talks about difficult emotions. They cope by offering advice or by stating that the young person is overexaggerating. Many adults believe this is a helpful response and it is often well intentioned. However, children and young people hear that their perspective does not matter and will be less likely to share their thoughts and feelings in the future. If this happens persistently, it can affect self esteem and even identity development.

One of the most important and simplest action steps recommended in this report is to truly listen and validate the experiences and perspectives of children and young people. There are both personal and institutional strategies to accomplish this, but it is a vital and challenging action.

One recommendation that the student participants at the YVF 2023 is for schools and teachers to:

- Validate how difficult the pandemic was for them
- Make policy adjustments to acknowledge the new challenges many students face

Creative ways of creating space to validate the experiences of students include:

- Art
- Storytelling
- Memorials or days or special times of remembrance

Finding creative ways of weaving the pandemic into the daily life of the school is one strategy to validate and create feelings of safety and connection for students. Day of the Dead, celebrated in many Latin American cultures, could be a time to acknowledge loss of loved ones and missed milestones in students' own lives. Students could interview one another about what they remember or create memorial capsules. Anniversaries of school shutdowns could be another time to host an event. It is important that leadership staff also promote and participate in these conversations and planning to maximize impact and reach.

## YVF Key Theme 2: Need for Connectedness

*School connectedness is when students feel that adults and peers in school care about their learning as well as about them as individuals. This includes a sense of being cared for, being supported, and belonging at school.*<sup>13</sup>

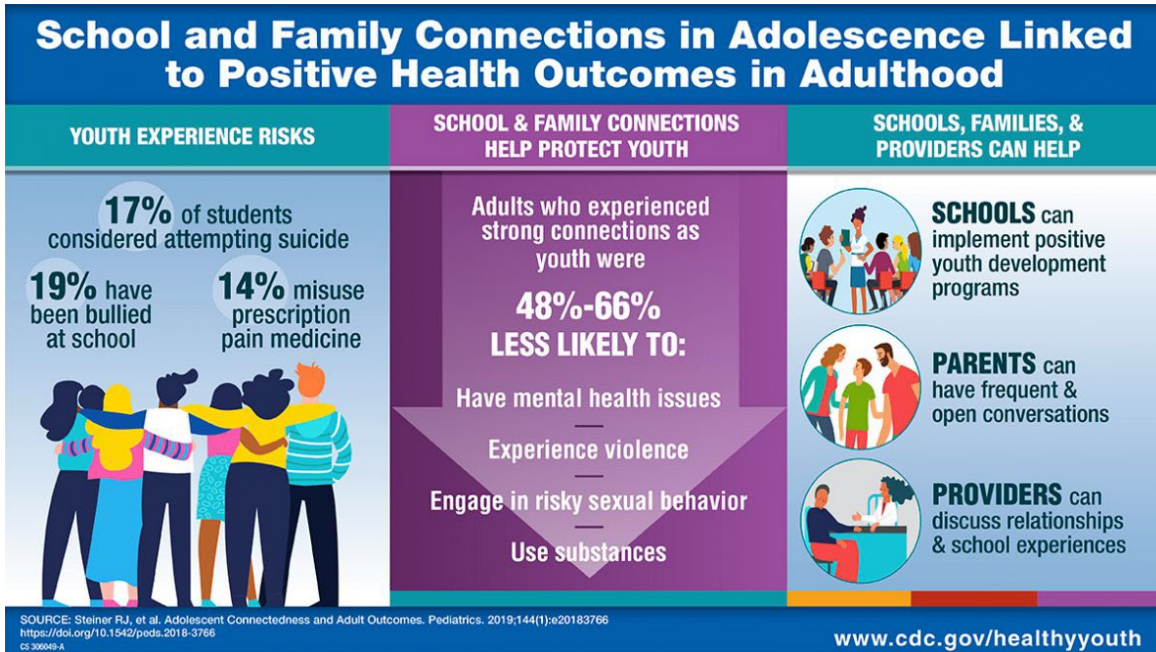
**“Threw a flaming ball into my mental health.”** -Student on virtual learning and little human interaction, Youth Voices Forum on Mental Health 2023

Many students identified that the isolation of the COVID-19 pandemic was extremely difficult. One of the major themes that emerged at this year's Youth Voices Forum 2023 was the need also for connectedness. Participants felt that the effects linger and that they are still trying to catch up both academically and with learning social

<sup>13</sup> (CDC), “School Connectedness”

skills. They also felt that they learned bad habits during the pandemic that they are now struggling to change. Students expressed a desire for more formal supports from schools in addressing these gaps. Students felt that schools focus on academics and have tried to go back to pre-pandemic expectations without helping students return to their previous levels of mental wellness.

Connectedness has proven to be a major factor in the well-being of students. A survey conducted by the CDC found that students who felt connectedness to adults at school and peers were less likely to report feelings of sadness and hopelessness, consider suicide, or attempt suicide.<sup>14</sup>



### YVF Key Theme 3: The COVID-19 Pandemic Created, Worsened or Led to Trauma Exposure

*Traumatic experiences can undermine children's sense of safety, magnify their perceptions of danger to themselves and others, and make it more difficult to distinguish between safe and unsafe situations.<sup>15</sup>*

Stress or trauma creates physical changes in our bodies as well as our brains; if it occurs for a prolonged period of time and as described above, undermine **the ability to feel physically or emotionally safe**. Therefore, educators need to intentionally work to make schools safe for the many children and youth who spend such a significant amount of time there. **Feeling safe is a prerequisite to effective learning and relationship development**. Connectedness is one of the components needed to create this sense of emotional and physical safety. Unfortunately, for children who have been or are being repeatedly exposed to adverse or stressful situations, connection forming is impeded. To reach these children and youth, early and proactive active steps

<sup>14</sup> (CDC), "School Connectedness"

<sup>15</sup> Absher, L., Maze, J., and Brymer, M. (2021). The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives from the NCTSN.

are most effective. School already is often a safe haven for children whose home lives are defined by unpredictability and stress. Undiagnosed learning disabilities or mental health issues can be misunderstood as defiance and a cycle of acting out followed by discipline strategies that further disconnection can take hold for some students and lead to additional disconnection. Longer bullying or social exclusion not addressed by school leadership also undermines a student's ability to learn and connect.

There is no one definition of a stressful or traumatic event – trauma occurs due to a complex set of individual and situational factors. Children and youth who had already experienced trauma and who had pre-existing mental health conditions are more likely to have found the pandemic traumatic and to suffer more long-term negative effects.

Even for those children and youth with strong support systems, the age at which the pandemic occurred can make them more vulnerable to experiencing long term negative effects. Children and youth are developing certain skills during specific age ranges and the pandemic appears to have delayed development in these milestone skills for a significant number.

#### **YVF Key Theme 4: Need for Increased Access Not Only to Mental Health Care but to High-Quality Mental Health Care and Diverse, Well-Trained Professionals**

Help-seeking behaviors shouldn't cause additional rejection or trauma. For young people with unsupportive or overwhelmed parents – professional and school support is even more important. This year more students than in previous years identified a negative experience with help seeking. There are many factors that likely contributed to these experiences.

Mental health workers, teachers, and school staff were also exposed to stress and are more likely than previously to be struggling with the negative effects of trauma and stress themselves. At the same time, students' needs became more intense, the resources both personal and institutional were also strained.

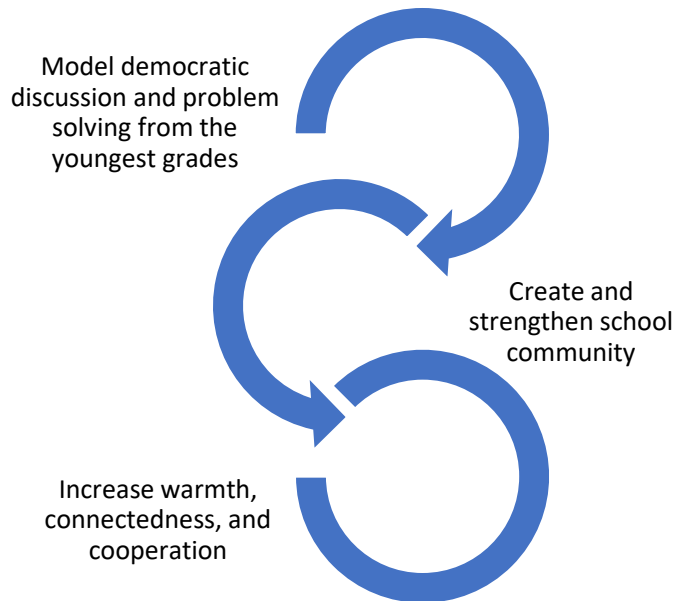
Unfortunately, invalidation whether intentional or due to a lack of time is very detrimental to student well-being and to future help seeking behaviors. If students reach out for help and do not receive it, it validates and strengthens the belief that school is unsafe and asking for help is not an option.

Prior to the pandemic, students consistently identified the desire for a more diverse and better trained mental health workforce. The pandemic has magnified this problem. In addition, there is now less time for agencies to train newer staff – meaning that the quality of services may not reach levels of quality provided pre-pandemic even when services are provided.

Schools have the ability to make investments in mental health and prevention, but creativity and commitment is needed on the part of administrators until more wide-sweeping structural changes are implemented. The first step towards addressing the youth mental health crisis is attention and the will to look for solutions. It can be difficult to acknowledge a comprehensive and difficult problem when school staff are already feeling overburdened. The same strategies utilized to tackle other problems need to be utilized – make it someone's job, assess current situation, lift youth voices, act, evaluate, and repeat this cycle.

It is not necessary for schools to re-invent the wheel. There are many schools and districts who are implementing innovative and effective programs that can be emulated.

## Lifting Youth Voice Is Important



Lifting youth voice in schools and organizations has many benefits. It is another avenue for students to develop connections and to feel heard and respected. Youth opinions can make programs more appropriate and better attended. Structures for youth participation model problem solving and increase youth understanding of systems. When youth feel heard, they are more likely to cooperate and to want to give back to their school communities. **This year, school mental health professionals identified that community building and cooperative discipline strategies were the number one need for supporting youth mental health.** These strategies can then themselves be an intervention – an opportunity to increase connection and to model health conflict resolution.

## Investing in Youth Mental Health is Vital for Schools and Communities

*“Traumatized kids do not think people will believe or understand. Scared to tell for fear that you could lose your family or get taken away.” -Student, YVF 2023*

Investing in youth mental health prevents more severe individual, family, and school problems later in life. Preventing trauma or providing sufficient support to families to minimize the long-term effects of adverse experiences has more far-reaching effects than treatment alone. Emotional safety and trust are needed for students to even seek help as evidenced by the above quote from the 2023 YVF.

The earlier mental health challenges are identified and treated or supported adequately, the less likely they are to increase in severity and to develop into permanent problems. Most mental health and substance abuse issues begin before the age of 18.

Due to structural problems in training as well as availability of services at all levels, most professionals and parents take a wait and see approach in response to challenging behaviors or symptoms, especially with young children. But research shows strongly that brain wiring is occurring at incredible speed between the ages of 0-3. During this time parents and caregivers are receiving few formal supports since children are not yet in school and young children are the most frequently abused. Therefore, more support is needed during these early critical years.

Based on public health prevalence data, most developmental disabilities are missed in early childhood as well as most cases of emotional or psychological abuse and domestic violence.

**Support and interventions need to be front loaded in the early years when problems are easier to treat and before children develop feelings of shame around school performance. This is a paradigm shift that will need to occur at leadership levels to allow frontline workers to adjust their practices.**

## Practices to Support Youth Mental Health



The above practices are all areas where schools and school leadership can expand or begin practices that will support youth mental health. Outpatient therapy is not the only intervention for helping students with mental health challenges or developmental differences. Mental health interventions are less needed and more effective when needed when school communities are safe and supportive.

## LARGEST SAFETY NET BEHAVIORAL HEALTH SERVICE PROVIDERS IN KANE COUNTY 2023

The Kane County region has several safety community behavioral health safety net agencies which provide mental health services to youth. There are many opportunities for both individual schools and districts to develop or expand partnerships with these agencies.

**All agencies listed below provide mental health services for youth through a variety of programs. All accept Medicaid and sliding scale payments based on income. See websites for details.**

\*\*Not a comprehensive list.

AID (Aurora)	<a href="http://aidcares.org">aidcares.org</a>
Ecker Center (Elgin)	<a href="http://eckercenter.org">eckercenter.org</a>
Family Service Association of Greater Elgin	<a href="http://fsaelgin.org">fsaelgin.org</a>
Family Counseling Services (Aurora)	<a href="http://aurorafcs.org">aurorafcs.org</a>
TriCity Family Services (Geneva)	<a href="http://tricityfamilyservices.org">tricityfamilyservices.org</a>

### Federally Qualified Health Centers (FQHCs)

VNA Healthcare (Kane County)	<a href="http://vnahealth.com">vnahealth.com</a>
Greater Family Health (Carpentersville, Elgin)	<a href="http://greaterfamilyhealth.org">greaterfamilyhealth.org</a>
Aunt Martha's Health and Wellness (Carpentersville, Elgin)	<a href="http://auntmarthas.org">auntmarthas.org</a>

### Domestic Violence Support Agencies

Mutual Ground (Thresholds) (Aurora)	<a href="http://mutualground.org">mutualground.org</a>
Community Crisis Center (Elgin)	<a href="http://crisiscenter.org">crisiscenter.org</a>



## BLUEPRINT FOR TRANSFORMATION RECOMMENDATIONS

Schools are a major part of the mental health care system for youth. Schools often do not think of themselves as providing mental health prevention or services, but they are the *de facto* provider for thousands of children who will never access more formal support. In 2022, the Pritzker Administration commissioned a study lead by Dr. Dana Weiner from Chapin Hall at the University of Chicago to examine the mental healthcare system in IL. Dr. Weiner and her team released *Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children* in February 2023.

The main recommendations from the report include the following overarching themes:

- Centralize and streamline services
- Adjust capacity to respond to needs
- Intervene earlier<sup>16</sup>

The report also recommended the creation of local/regional hubs potentially to be centered in regional Care Coordination and Support Organizations (CCSO). The local CCSO for Kane County is Family Service Association of Greater Elgin (FSA). FSA launched the Pathways program for the Kane County region in 2022, a large scale, wraparound intervention for youth identified as having multiple needs and risk factors.

Dr. Weiner and her team highlighted system of care and CASSP principles and recommend that all regions work to develop local systems of care and local parent leadership. Kane County has an advantage in implementing this recommendation because the Kane County Health Department received the System of Care grant in 2018 and therefore local providers, leaders, and parent leaders have familiarity with this system and the KCSOC has utilized grant funding to launch initiatives to improve the local system of care for children's mental health. The Youth Voices Forums and reports are initiatives of the KCSOC.

## CONCLUSION

When students have space to talk about mental health, they have much to say. They can help illuminate the challenges they are facing for the adults in their lives and leaders in their communities. Often families struggle with communication during the high school years but in a safe space, many teenagers will share important insights and ideas for solutions. We need to listen to them and then act to create the supports that they need. The years between birth and 18 are critical and precious and urgency is required to address the youth mental health crisis before problems become lifelong challenges.

Both the US Surgeon General and the CDC are working to raise public awareness about mental health crises facing our nation and communities.

- **New CDC report raises urgency to invest in schools as a vital lifeline to help struggling youth**
- **Teen girls are experiencing record high levels of violence, sadness, and suicide risk**

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<sup>16</sup> Blueprint for Transformation (2023), pg. 14.

- **LGBTQ+ teens continue to face extremely high levels of violence and mental health challenges<sup>17</sup>**

Schools are one of the most vital institutions in the life of a young person and even small investments of time, energy, and resources in mental health supports in schools will have wide reaching positive impacts on individuals and communities. Many schools already have incredible programs and dedicated staff and the work already being done is more vital than ever.

**Kane County Health Department staff are available to:**

- Give presentations
- Facilitate discussions
- Provide or connect with training
- Aid in program development and evaluation to support youth mental health

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with requests.

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<sup>17</sup> Centers for Disease Control, "U.S. Teen Girls Experiencing Increased Sadness and Violence"

## **APPENDIX 1: 2023 YOUTH VOICES FORUM ON MENTAL HEALTH ACTION STEPS TO IMPROVE YOUTH MENTAL HEALTH**

### **School Leadership**

#### **1. Lift Youth Voice**

- Community Building practices in classrooms and schools
- Create Student Advisory committees
- Conduct Surveys, Needs Assessments, Focus Groups
- Restorative Justice or alternative discipline
- Develop peer mentoring programs to provide educational and role modeling opportunities by high school students to younger students (K-8)

#### **2. Create safe and supportive environments in schools which promote connectedness**

- Prioritize taking active steps to create climates of emotional safety by building community from the youngest grades by utilizing community building, restorative practices or discussion-based discipline, connecting students to services, social emotional learning, and ensuring equity.
- Smaller class sizes, more safe adults in schools to supervise and support student needs
- Utilize trained volunteers and parents to fill gaps
- Create staff to staff mentoring programs to support staff mental health

#### **3. Invest in Mental Health Staff at school**

- More social workers, school-based services-- to remove barriers and improve access
- Create a position such as Student Assistance Coordinator to coordinate prevention and MH programming at each high school.
- Utilize Community Providers - streamline processes for utilizing community-based providers to support school MH staff (COVID-19 protocol, background check, parent permission)
- Explore telehealth as a way to deal with space/staffing issues
- Build in time for school MH professionals to meet regularly (counselors, social workers, psychologists, deans) to problem solve, train, and coordinate
- Provide additional staff training for management of aggressive behaviors in youngest children

#### **4. Involve Parents and Caregivers in school community**

- Build community with parents/caregivers. Provide childcare and food for in person events to allow for parent participation
- Utilize Parent Volunteers to provide additional supervision during lunch hours as well as in the classroom

#### **5. Invest in Prevention**

- Begin front loading social/emotional and mental health interventions in the youngest grades including kindergarten and pre-school – change culture of taking a “wait and see” approach
- Engage in pro-active planning to educate parents about this change to decrease stigma and rates of service refusal
- Find creative ways to teach and emotion regulation and social skills and offer more emotion regulation and social skills groups

- Create plans to help students cope with the aftermath of emergency situations. Utilize trained volunteers to supplement staff in aftermath of crisis
6. **Assess, research, plan for wider implementation of suicide risk screening**
    - Connect with other school districts, behavioral health providers, and suicide prevention organizations for guidance
  7. **Assess, research plan for wider implementation or new targeted screening earlier for developmental differences and learning disabilities in Elementary schools.**
  8. **Raise awareness of the connections between emotional safety, mental health, and academic performance**
    - Encourage ISBE to find ways to measure the whole student and whole school rather than current “report card” format.

## 2023 YOUTH VOICES FORUM ON MENTAL HEALTH ACTION STEPS TO IMPROVE YOUTH MENTAL HEALTH

### Elected Officials and Community Leaders

#### LEAD EFFORTS TO:

##### 1. Focus on Youth Mental Health and Track Progress

- Create consistent methods to monitor status of youth mental health in the County
- Consult with experts to create data points which can be tracked over time
- Develop channels of communication with youth
- Create processes for communication between policy makers, policy implementers, and those receiving the intervention to make evaluate and make improvements and changes as needed

##### 2. Education and Communication

- Educate yourself, other leaders, and the public with evidence based information
- Counter disinformation and stigma

##### 3. Gather Experts and Lead Problem Solving Efforts

- Find best practices from academia and other health departments that may be of use to solve local problems

##### 4. Sustainable and Consistent Funding

- Consistent funding is necessary in order to develop and maintain programming and services

## 2023 YOUTH VOICES FORUM ON MENTAL HEALTH ACTION STEPS TO IMPROVE YOUTH MENTAL HEALTH

### Behavioral Health Providers & Agencies

#### 1. Promote Staff Wellness

- Create space for interested staff to make meaningful contributions to agency direction and problem solving
- Provide supervision and support to new staff
- Seek to maximize staff compensation and benefits given agency constraints

#### 2. Uplift youth and family voice in your agency

- Create space for youth and families to contribute ideas through focus groups, advisory councils, etc.
- Incorporate feedback from youth and families when making policy change

#### 3. Engage in continuous assessment and improvement

- Education for newer staff including experiential training experiences since many staff missed out on in person training due to the COVID-19 Pandemic
- Create evaluation processes that include client feedback
- Analyze and evaluate clinical diagnoses and treatment outcomes to identify where diagnoses may be missed or interventions do not match problem

# APPENDIX 1: 2023 YOUTH VOICES FORUM ON MENTAL HEALTH ACTION STEPS TO IMPROVE YOUTH MENTAL HEALTH

## Parents & Caregivers

### 1. Practice Self Care and Compassion

- Manage your own emotions and history of trauma
- Develop your own ability to reflect on your parenting choices and relationships with each child
- Seek support from other adults or professionals not your children
- Talk openly with trusted people in your life about parenting challenges

### 2. Get Curious

- Be curious about your child and their interests
- Develop your listening skills
- Allow your children to feel and express distressing emotions without trying to fix them
- Read books about subjects that may be difficult to discuss: grief, sexuality, body and safety, disability and difference, substance abuse
- Educate yourself about common mental health challenges from accurate sources
- Be careful of misinformation which is common on social media

### 3. Create Predictability and Structure

- Create predictable routines
- Talk openly about mental health in the home
- Be aware of your child's online activities and actively monitor and set boundaries
- Remember that extreme irritability, anger outbursts and "disrespectful" behavior can also be signs of distress or emerging mental health challenge or that a child is being bullied or mistreated. If you find yourself frustrated by your child's behavior – try to become curious and observant and look for the why's
- Manage conflict in the home in healthy ways
- Remember all feelings are ok. All behaviors are not ok

### 4. Get Involved & Promote Connection

- Involve yourself in supportive communities
- Connection, community, and caring adults are all vital in lives of children and young people
- Engage with people and places where your children and young people spend time
- Consult with professionals in your child's life
- Join parenting support groups
- Many organizations including the Kane County Parent Council offer Parent Cafes, a safe space for parents to discuss the challenges and joys of parenting

## 2023 YOUTH VOICES FORUM ON MENTAL HEALTH ACTION STEPS TO IMPROVE YOUTH MENTAL HEALTH

### Youth

#### 1. Practice Self Care and Compassion

- Get enough sleep- enough restful sleep will help you maintain overall health
- Focus on your strengths
- Participate in activities that make you happy—hobbies, sports, art, music, exercise
- Keep social media time balanced

#### 2. Get Curious

- Learn more about mental health issues you care about from reputable sources
- Take a class, read a book, listen to a podcast

#### 3. Connect with Others

- Talk to or spend time with someone who cares about you—whether this be a friend, family member or trusted adult such as a teacher

#### 4. Get Involved in your School and Community

- Join or start a group at school or in your community
- Ask a group you are already in to do an activity or initiative related to promote mental health awareness
- Advocate for more mental health services



## APPENDIX 2: COMMON DISORDERS/CHALLENGES BY AGE OF EMERGENCE

### Development Differences/Mental Health Challenges by Age of Emergence 0-21\*

\*An overview for reference not a comprehensive list of all conditions, disorders, or challenges

#### **Birth-2**

- Gross motor delays
- Sensory and feeding challenges
- Autism Spectrum Disorder
- Growth Disorders
- Other developmental differences
- ADHD is not diagnosed at this age but challenges may be observed (sleep disturbances, activity levels)

#### **Stresses**

- Exposure to Adverse Childhood Experiences (ACES)
- Exposure to grief, loss, caregiver disruption
- Birth of sibling

#### **Where to get help (first step)**

- Pediatrician
- Developmental Pediatrician
- Occupational Therapist
- Home Visiting Programs
- Local Early Intervention & Assessment Office
- Early childhood mental health consultant affiliated with daycare program

#### **Ages 3-4**

- Speech and language delays
- Communication disorders
- ADHD is not often diagnosed at this age but behavioral challenges are present and it CAN be diagnosed by experienced professional
- Autism Spectrum Disorder
- Sensory Processing Disorders
- Learning Disorders (dyslexia)
- Growth Disorders

**Stresses**

- Exposure to Adverse Childhood Experiences (ACES)
- Exposure to grief, loss, caregiver disruption
- Birth of sibling, move

**Where to get help**

- Pediatrician
- Developmental Pediatrician
- Occupational Therapist
- Early childhood mental health consultant affiliated with daycare program or pre-school program
- Local School district assessment office for 3 and up
- Mental Health Professional specializing in young children (LCSW, LCPC, MFT, PsyD)
- Neuropsychologist for autism, ADHD, and learning disability testing

**Ages 5-9**

- Speech/communication challenges/disorders
- Reading processing disorders
- Other learning disabilities
- ADHD
- Anxiety, Depression, Obsessive-Compulsive Disorder
- Behavioral Challenges, Conduct Disorder
- PTSD, C-PTSD

**Stresses**

- Exposure to Adverse Childhood Experiences (ACES)
- Exposure to grief, loss, caregiver disruption
- Bullying or rejection by peers

**Where to get help**

- Pediatrician
- School Social Worker for IEP evaluation
- Mental Health Professional specializing in this age group for clinical assessment

### Ages 10-15

- ADHD (commonly missed initially until school requirements intensify)
- Anxiety
- Depression with and without suicidal ideation
- Obsessive-Compulsive Disorder
- Bipolar Disorders
- Self-harm behaviors
- Behavioral Challenges including aggressive behavior to peers or family
- Eating disorders
- Substance abuse disorders
- PTSD

### **Stresses**

- Exposure to Adverse Childhood Experiences (ACES)
- Exposure to grief, loss, caregiver disruption
- Bullying or rejection by peers or romantic interests

### **Where to get help**

-Pediatrician

-School Social Worker for IEP evaluation

-Mental Health Professional specializing in this age group for clinical assessment

### Ages 16-21

- **Schizophrenia with first psychotic break episodes**
- ADHD (commonly missed initially until school requirements intensify)
- Anxiety, OCD
- Depression with and without suicidal ideation
- Bipolar Disorders
- Self-harm behaviors
- Behavioral challenges including aggressive behavior to peers or family,
- Conduct disorders
- Personality disorders
- Eating disorders
- **Substance abuse disorders**
- PTSD and C-PTSD
- Domestic Violence/Abuse victims and perpetrators

**Stresses**

- Exposure to Adverse Childhood Experiences (ACES)
- Exposure to grief, loss
- Transitioning to independence and adulthood
- Violence and abuse in romantic relationships
- Peer rejection/bullying
- Post high school transitions including financial concerns

**Where to get help**

- Pediatrician or primary care provider
- School Social Worker for IEP evaluation for high school students
- College mental health professionals
- Mental Health Professional specializing in this age group for clinical assessment

## APPENDIX 3: KANE COUNTY SYSTEM OF CARE PARENT & CAREGIVER LEADERSHIP INITIATIVES

**Implementation Team:** formalizing communication and coordination across agencies and connecting them with parent leaders

**Kane County Parent Council/Concilio de Padres:** bringing parent voices to the table, lifting the voices of parent leaders

**Parent Café Support Network/Red de los cafes para padres:** bilingual pilot program to address unmet need of evidence informed peer support and drop in parent support

**Training Series for Community Mental Health Professionals:** strengthening therapeutic skills and promoting evidenced based practice among area providers

**Strategic use of funding:** to support work of behavioral health providers and schools via school mental health mini grants, system of care grants, etc.

**IRIS:** coordinated referral and data system

## APPENDIX 4: IRIS REFERRAL SYSTEM

# KANE COUNTY IRIS COMMUNITY

### WHAT IS IRIS?

IRIS is a FREE web based communication tool to help organizations connect the individuals & families they serve to the right resources in the community

- IRIS is technology enabled and provides closed referral loops, standardized forms, real time notification, and a partner capacity indicator
- IRIS is data driven, and HIPPA compliant
- IRIS provides meaningful reporting, detailed search capacity, and support for collaborative decision making



### THE NEED...



Kane County Residents were not getting linked with available and needed resources in a timely manner (e.g. delayed responses to referrals, no transparency with waitlists, families falling through the cracks during the referral process, etc.).

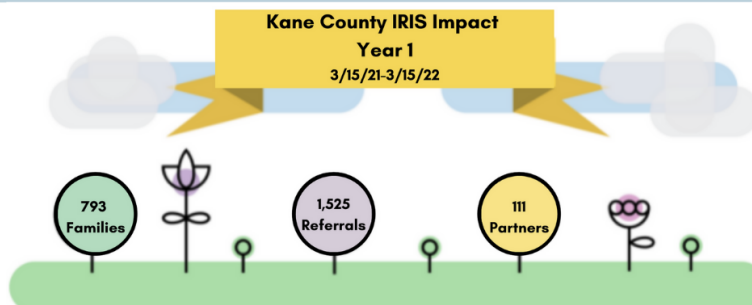
Kane County Providers lacked an understanding of available services and missed opportunities to make referrals.

The paper based referral process was tedious, inefficient, time consuming, and not always HIPPA compliant.

### THE SOLUTION: IRIS

IRIS increases operational efficiency and enhances existing referral processes for organizations

- IRIS offers streamlined communication for care coordination
- IRIS is a collaborative platform that strengthens relationships amongst providers
- IRIS brings transparency to organizational capacity leading to shorter wait times



### CONTACT A COMMUNITY MANAGER TO SCHEDULE A DEMO:

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## APPENDIX 5: KCHD IGROW HOME VISITING PROGRAM



iGrow serves families from pregnancy through their child's third birthday. The program will connect families with services that offer support for parents and get children ready for preschool.

Along with support and school readiness, the free programs can also help families access:

- Medical providers and dental care
- Childcare resources
- Employment and financial planning assistance
- Resources for nutrition and healthy eating
- General Education Development (GED) and college courses

iGrow sirve a las familias desde el embarazo hasta el tercer cumpleaños de su hijo. El programa conectará a las familias con servicios que ofrecen apoyo a los padres y preparan a los niños para el preescolar.

Junto con el apoyo y la preparación escolar, los programas gratis también pueden ayudar a las familias a acceder a:

- Proveedores médicos y atención dental
- Recursos de cuidado de niños
- Asistencia de planificación financiera y de empleo
- Recursos para la nutrición y la alimentación saludable
- Desarrollo de Educación General (GED) y clases universitarias

### Contact Us:



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TO LEARN ABOUT PROGRAMS FOR  
PREGNANCY-CHILD AGE 3

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