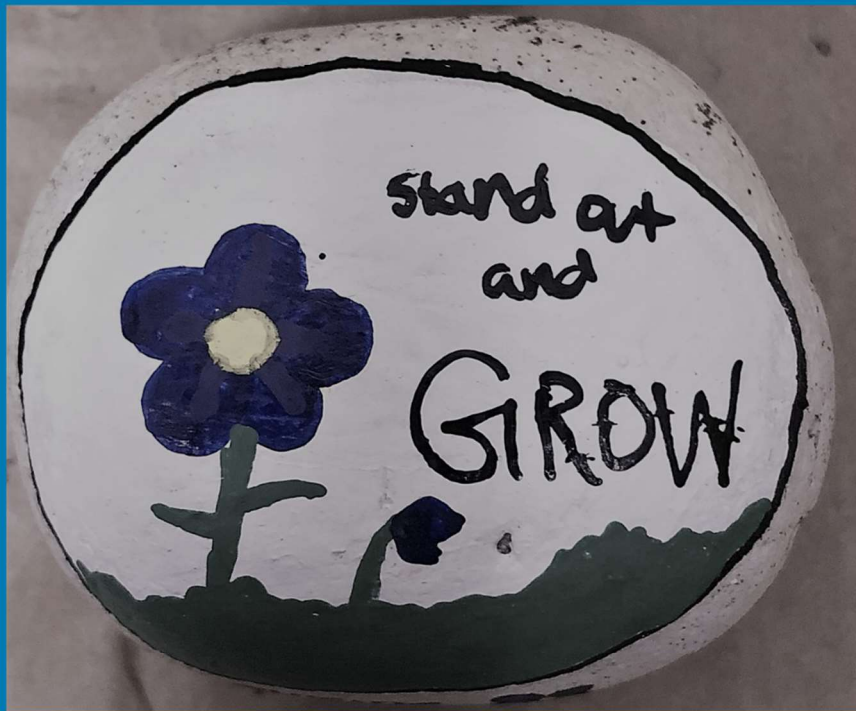
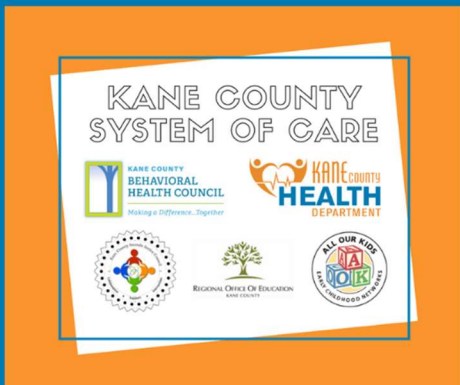


2022 YOUTH VOICES FORUM ON MENTAL HEALTH Full Report



Rock & Photo by Dundee-Crown Fights the Stigma



Youth Voices Forum on Mental Health 2022: Full Report

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Introduction

During the **2022 Youth Voices Forum on Mental Health**, a student talked about the importance and difficulty of the art of **noticing**. He described how challenging it can be to notice when something is wrong and that it is time to use a coping skill. Noticing is a challenge in both our personal lives and in our communities. In order to take any reparative action, we must first pause and notice the problem and sit with it for a moment. We must notice pain within ourselves to make personal change and we must notice the pain of others before we can take any actions to alleviate it.

So before beginning to read the report or actions steps, I invite you to pause and **notice**. What are you bringing with you into this community conversation on mental health? What do you hope to take away? What can you contribute to this ongoing dialogue?

Thank you for taking the time to notice, to hear what young people in Kane County affiliated districts had to say about their mental health, their experiences of the pandemic, and their recommendations for change.

We hope that noticing the problems identified in the report will be a first step towards addressing them collectively.

To help our young people, we must listen to them!

About the 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, hosted the 3rd annual Youth Voices Forum on Mental Health on February 23rd, 2022. This virtual event created a space for high school students to have their voices heard as they shared their thoughts, experiences, and insights related to youth mental health and current challenges. This year's event included students and school staff from eleven high schools across Kane County and affiliated districts (Bartlett High School, Burlington Central High School, Dream Academy, Dundee Crown High School, Elgin High School, Geneva High School, Jacobs High School, Larkin High School, South Elgin High School, Streamwood High School, and West Aurora High School.)

Students participated in facilitated group conversations where they shared their insights about mental health and the COVID-19 pandemic. They also participated in themed conversations of their choice: self-care, healthy relationships, peer support services, mental health leadership and advocacy, and supporting their mental health in the transition from high school and beyond.

This report adds background research and policy recommendations to the themes identified by the student participants.

Kane County students identified and amplified in their own words many of the same trends reported in national studies.

Four key themes identified by the students in 2022:

1. Need for recognition and validation from adults in their lives that they are still being affected by the COVID-19 pandemic and the many challenges, changes, and losses they endured
2. Need for improved access to formal and informal mental health services, professionals, and accurate information
3. Mental health stigma is still prevalent and negatively impacts help seeking behavior
4. Their generation is facing unique challenges due to their complex relationship with technology which was exacerbated by the COVID-19 pandemic

How to use the Report:

The 2022 Youth Voices Forum on Mental Health report can:

- Provide valuable information and insight to assist youth serving institutions with their program development and grant writing;
- Assist schools and youth serving organizations think more deeply about how they are incorporating youth voices;
- Assist in decision making regarding how to direct resources to improve youth mental health.

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 assist with system and resource mapping, data collection, survey development, and creating spaces for intra-agency collaboration.

Contact Kate McCormack to schedule or with questions: mccormackkatherine@co.kane.il.us

Background:

Key Findings from Recent Studies:

The COVID-19 pandemic, increased the need for youth mental health services and supports, and brought to light problems that have been growing for more than a decade. The prevalence of both mental health symptoms and mental health diagnoses in youth and children had been increasing prior to the COVID-19 pandemic. The stress, isolation, and loss brought about by the pandemic increased the need for mental health services for adults and youth. Experts have been calling attention to the youth mental health crisis including:

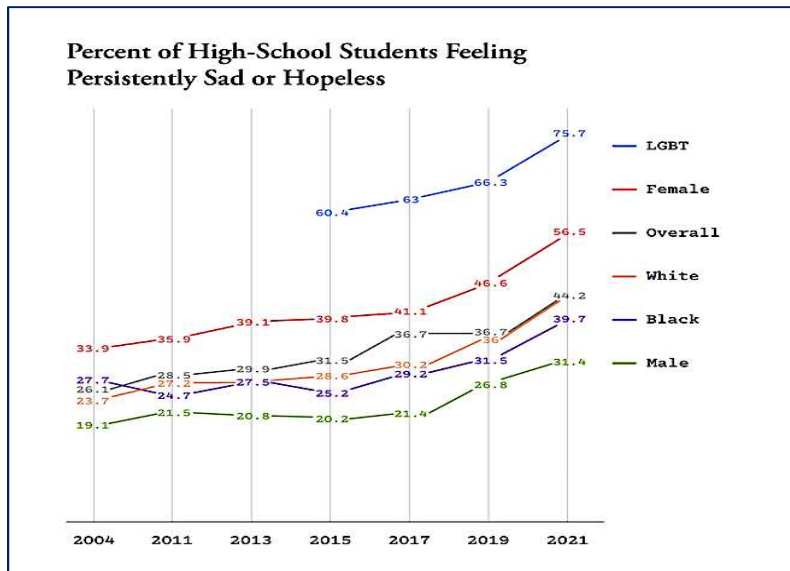
The U.S. Surgeon General issued an advisory to highlight the urgent need to address the Nation's Youth Mental Health Crisis.¹

¹ The US Surgeon General's Advisory 2021, "Protecting Youth Mental Health, 3."

President Biden announced a strategy to address the unprecedented mental health crisis, that noted “our youth have been particularly impacted by losses from COVID and disruptions in routines and relationships have led to increased social isolation, anxiety, and learning loss.”²

The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association have declared a National Emergency in Child & Adolescent Mental Health.³

According to a recently released report from the Centers for Disease Control (CDC), from 2009 to 2021, the share of American high-school students who say they feel “persistent feelings of sadness or hopelessness” rose from 26 percent to 44 percent. The survey was conducted during the first six months of 2021 and showed variability across groups⁴ as illustrated in the graphic below.



These trends are not only present in the United States but globally youth have reported increases in symptoms of anxiety and depression:

1 in 4 youth globally are experiencing clinically elevated depression symptoms, while 1 in 5 youth are experiencing clinically elevated anxiety symptoms. A comparison of these findings to prepandemic estimates (12.9% for depression² and 11.6% for anxiety¹) suggests that youth mental health difficulties during the COVID-19 pandemic has likely doubled.⁶

² The White House, “Fact Sheet: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union.”

³ American Academy of Pediatrics, “AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health”

⁴ Everett Jones, et al. “Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021”

⁵ Graphic Credit: Derek Thompson, The Atlantic; data from the CDC, 1.

⁶ Racine, N., et al “Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis.”

Another concerning study, showed a dramatic rise in pediatric emergency room visits for suicide attempts about among girls 12-17.⁷



Kane County Behavioral Health Statistics

Behavioral Health trends locally are concerning as well. The below figures are for all residents not only youth:

45% of residents identified mental health as the number one health problem in community and another 24% indicated alcohol and other substance use was most pressing.

12% of residents indicated that they could not access mental health services.⁸

Kane County averages more than one overdose death every day with 419 total overdoses reported in 2021.⁹ 90 residents died of overdose in 2020, average age was 40 years old.

Kane County loses a resident to suicide every 8 ½ days.

42 deaths by suicide reported in 2020.¹⁰

While these statistics are not youth specific, half of all mental health disorders begin by age 14 and 75% of them begin by the mid-20s.¹¹ Untreated or undertreated mental health disorders can contribute to the development of substance abuse disorders.

⁷ Yard E, Radhakrishnan L, Ballesteros MF, et al. "Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021," 1.

⁸ Kane County Community Health Needs Assessment, 2021.

⁹ Kane County Health Department, Data from Essence Hospital Surveillance System, 2021.

¹⁰ Kane County Health Department, Data from Kane County Coroner, 2021.

¹¹ World Health Organization, "Adolescents and Mental Health"

What we are talking about when we talk about mental health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.¹²

When experts are talking about measuring mental health or the mental health crisis among youth they are talking about changes in 3 main categories:

-Mental Health Symptoms

-Mental Health Diagnoses

-Health Risk Behaviors

Mental health symptoms can include feeling sad or down, difficulties concentrating, excessive fears or worries, extreme mood changes of highs and lows, withdrawal from friends and activities, and/or sleeping too little or too much, and thoughts of suicide. The recent CDC survey,¹³ captured the dramatic rise in the number of students who answered yes to questions about mental health symptoms: sadness and thinking about suicide. COVID-19 diagnosis itself may play a role in the increase with, the National Alliance on Mental Health reporting that 1 in 10 people under age 18 experience mental health symptoms following a COVID-19 diagnosis.¹⁴

Roughly one in six U.S. children have at least one **mental health diagnosis**. According to the CDC, Attention Deficit Hyperactivity Disorder, Anxiety, Behavior Problems, & Depression are the most common mental health diagnoses among children ages 3-17.¹⁵

Health Risk behaviors include substance use, self-harm, eating disorders, and suicide attempts. These behaviors are measured by survey data, utilization of crisis services, and pediatric emergency room visits. Truancy, dropping out, fighting, and arrests can also be included in this category.

All categories provide important information about the state of youth mental health and changing trends. It is important to have current information because health risk behaviors and diagnoses rates can change dramatically and trends vary across subpopulations including, race, gender, age, economic status, and sexual orientation.¹⁶ Current data is important to know how to adequately direct resources.

For example, for many years, African American youth had the lowest rates of death by suicide among all racial and ethnic groups, however, in recent years, this trend has reversed. Suicide rates among Black children (below age 13) have been increasing rapidly, with Black children now more likely to die by suicide than White children.¹⁷

¹² U.S. Department of Health and Human Services, "What Is Mental Health?"

¹³ Everett Jones, et al. "Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021"

¹⁴ National Alliance on Mental Illness, "2020 By the Numbers"

¹⁵ Whitney, D. & Peterson, M., "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children"

¹⁶ The US Surgeon General's Advisory 2021, "Protecting Youth Mental Health, 8."

¹⁷ Bridge JA, Horowitz LM, Fontanella CA, et al. "Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015"

What Schools Should Know

The prevalence of mental health disorders in children and adolescents has been increasing since approximately 2010. There is no current, widespread scientific consensus as to the exact reasons why at time of this writing. What is well established, is that there is a large gap between children and adolescents who have been diagnosed with a mental health disorder and those who are receiving the recommended treatment. In the time that mental health needs among children and adolescents have grown, availability of mental health providers and services have not kept pace. Availability of mental health services particularly for the most vulnerable communities, have even decreased.

There are many barriers to accessing mental health supports including stigma, financial strain, transportation, and sociocultural and religious beliefs. Low income families, LGBTQ+ youth, African American youth, Latino/x youth, AAPI youth, Native American youth, immigration and refugee youth, rural youth, are all less likely to receive adequate mental health care.

Therefore, on any given day, in Kane County schools, there are significant numbers of children and adolescents who are experiencing symptoms of a mental health disorder, developmental difference, or learning disability for which they are not receiving treatment. This creates stress for the young person, their teachers, their parents, 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.

A percentage of children and young people experiencing unidentified, untreated, or undertreated emotional and psychological distress also present with behavioral challenges to the learning environment and can create safety concerns for other students.

Grief and adverse childhood experiences (ACEs) for which a child or young person does not receive sufficient support from trusted adults can then lead to other mental health diagnoses such as depression or PTSD or health risk behaviors such as substance abuse and aggression.

A risk factor for trauma development is feeling unsafe, alone and like no one will help. For young people, the pathway to resilience is access to supportive adults who help protect and process. Student engagement requires safety and therefore, this is still a vital time to INCREASE access to supportive adults for all students as a preventative measure from students developing long term trauma related problems due to pandemic related stresses they have experienced.

In addition, it is also important for schools to remember that even students who do not formally qualify for IEPs or 504s may still need mental health support. Academic accomplishments and the ability to function in a school environment are not always signs of mental wellness. In addition, students with IEPs and 504s may not be receiving adequate services to address their needs outside of the school setting.

Prevention, Identification, Treatment, Supportive Services, & Crisis Services

There are 4 important phases to know when discussing youth mental health: prevention, identification, treatment, and crisis services.

Prevention is a general term that can be used to describe the promotion of general protective factors that have been shown to be correlated with mental well-being or resiliency. Prevention can also refer to

programs that have been studied and found to prevent specific negative health outcomes. Early Intervention, Home Visiting, Head Start, and lead abatement are all evidence based programs that have been shown to prevent problems later. Restorative justice, trauma informed care, social-emotional learning, free and reduced fee school lunches, and education about sexual abuse, are all examples of preventative care utilized in the school system. Social connectedness is a key preventative factor for any age, but it is particularly important for the development and wellness of children and adolescents. Social connectedness provides powerful protection against negative mental health outcomes (e.g. anxiety, loneliness, & depression) and can increase students' motivation and academic success.

Identification is the process of assessment and/or evaluation to identify young people who have or are at risk of developing mental health disorders, developmental differences, learning disabilities, or ACEs. School mental health staff, pediatricians, therapists, psychologists, and psychiatrists can all diagnosis certain mental health disorders. Different professionals specialize in different aspects of care. Professionals may provide care for certain conditions depending on their own levels of mental health training.

Pediatrician, pediatric APN, family doctor (medical providers): depending on training may be able to diagnose and treat certain conditions but will likely refer to psychologist for clinical evaluation and psychiatrist for medication management. Can perform evaluations to identify children and adolescents who require follow up and referral for services.

Psychologist (PhD): Performs clinical evaluations to evaluate for ADHD, Autism Spectrum Disorders, Sensory Processing Disorders, and learning disabilities among others. Does not prescribe medication. May provide long term therapy but many do not and will refer to therapist and psychiatrist for long term care.

Psychiatrist (medical): Medical doctor with training in psychiatry. Provides medication management when medication is recommended for the management or treatment of a condition or disorder. Most often brief visits related specifically to use of psychotropic medication.

Social Worker/School Social Worker (LCSW, MSW): Can diagnose and treat many common conditions but cannot perform detailed clinical evaluations. In community and private practice settings provides both short and long term therapy. In the school setting provides crisis intervention, IEP management, among other tasks.

Therapist (LCSW, LCPC, MFT): Can diagnose and treat many common condition cannot perform detailed clinical evaluations or prescribe medication. In community and private practice settings provides both short and long term therapy. Wide variety of specializations and therapeutic modalities (types of therapy). Will refer to psychiatrist for medication management and psychologists for more detailed psychological evaluations.

Treatment is the process of engaging the youth in services that will help to manage the symptoms of their mental health diagnosis. One-on-one therapy, group therapy, psychoeducation, medication management, partial hospitalization programs, in-patient hospital programs are all different levels of treatment.

Supportive Services (e.g. IEP, tutoring, 504) include special plans at school, tutoring, mentoring and activities which support mental health but are not considered medical treatment.

Crisis Services are called in when a child, adolescent, or family are experiencing serious health risk behaviors, most commonly, risk of suicide or violence.

Due to the structural problems in the mental health care system, many children and adolescents do not receive services until they are in crisis.

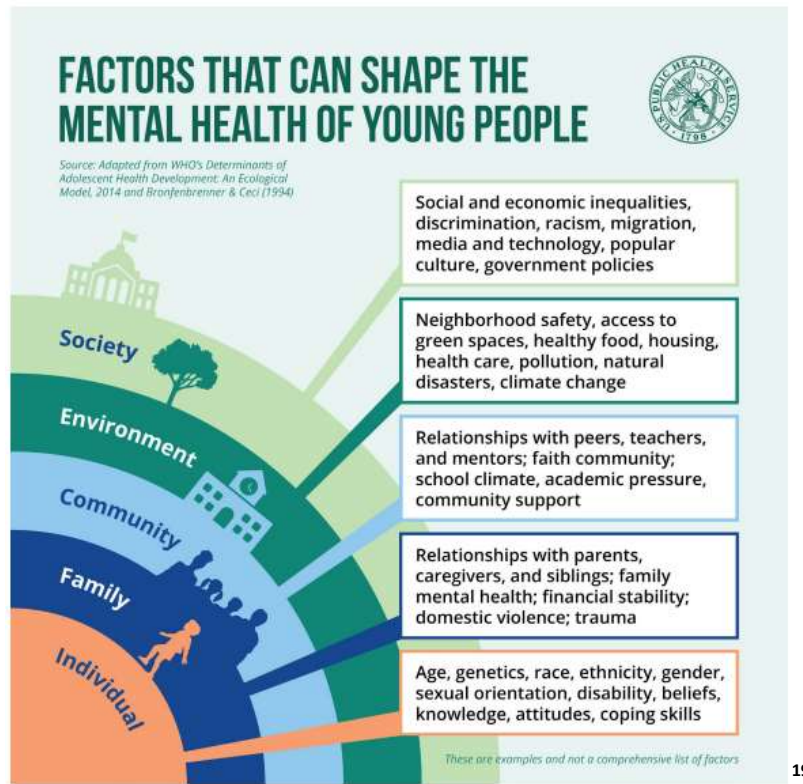
Structural problems in the mental health care system are many and include: services being provided in a wide array of settings, shortage of mental health providers in general and especially child psychiatrists and therapists, inadequate mental health training for medical providers and school staff, inconsistent use of screening, failures of communication between systems, inadequate funding, lack of parity for funding of mental and physical health care.¹⁸

Waiting until there is a crisis, is an inefficient way to provide care. It creates unnecessary suffering for young people and their families and ultimately requires the use of more resources. Even once in crisis, many children and adolescents often are not connected with adequate resources or receive an accurate diagnosis and will continue to cycle in and out of crisis services.

Why do young people develop mental health symptoms or disorders?

The diathesis-stress model explains that mental health disorders result from an interaction between inherent vulnerability and environmental stressors. Inherent vulnerabilities include temperament, genetics, history of trauma. The COVID-19 pandemic, racial upheaval, technology and other personal pressures and worries have created stressors that have elicited mental health symptoms in those who may not have had them had they lived in calmer times.

¹⁸ Warner, J. "We have essentially turned a blind eye to our children for decades," in the Washington Post, 2022.



The above chart from the US Surgeon General’s Advisory on youth mental health shows the different factors that influence the mental health of young people.

Development differences or conditions of neurodiversity (Autism Spectrum Disorder, ADHD) are currently understood to be primarily influenced by genetics. Other mental health diagnoses such as Bipolar disorders are also thought to have a strong genetic component.

ACEs or traumatic experiences do not by themselves cause mental health issues but often contribute to the development of PTSD, depression, anxiety, and substance abuse disorders when young people do not receive adequate support from trusted adults to help them process the adverse experience.

Interpersonal violence, domestic violence, childhood sexual abuse, and sexual assault are all adverse experiences which can result in the development of mental health conditions particularly depression and PTSD and severely impact the quality of life of individuals who live through these experiences. There are different risk factors that make the damage from adverse experiences more likely to create long term mental health challenges. Secrecy, lack of support, feelings of helplessness, development age at time of experience are all critical factors. For example, there are high rates of PTSD seen in survivors of sexual assault in large part because of the stigma around these crimes mean those that have lived through these experiences are not able to receive community or family support which would aid in healing. People who identify as girls and women are much more likely to report experiencing domestic or sexual violence in their lifetimes, which may contribute to higher rates of mental health diagnoses in these populations.

¹⁹ The US Surgeon General’s Advisory 2021, “Protecting Youth Mental Health,” 7.

Other subpopulations at high risk for development of PTSD include Veterans, police officers, first responders and other groups due to trauma exposure through their professions.

The COVID-19 pandemic & Mental Health

The stress, grief and loss, isolation and anxiety caused by the COVID-19 pandemic all impacted the mental health of youth and the health of society as a whole. The pandemic also spurred innovation and personal growth.

Stress

The COVID-19 pandemic created stresses on individuals, families, and systems. As we saw above in the diathesis-stress model of disease, stress can lead to crisis in those already vulnerable.

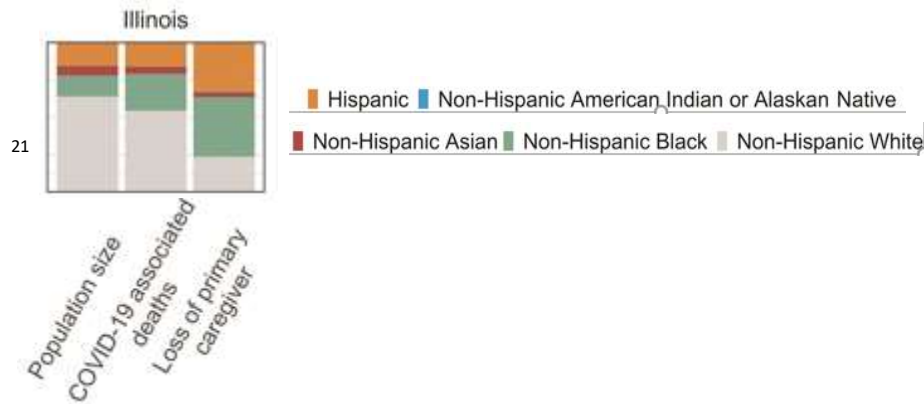
- Disruptions to normal routines, school, and peer interactions increased stress for many young people. School closures, cancelled proms and extracurricular events, and few opportunities to connect with friends in person created an atmosphere of uncertainty and hopelessness.
- Parents and families reported extreme stress. During the pandemic, demands placed on parents were too high and parents didn't have the resources necessary to meet them. Parental stress not only impacts the well-being of the parent, but it also impacts their ability to keep their child(ren) safe, healthy, and thriving. Stress also increases emotional reactivity in the house, decreases parents' ability to be emotionally attuned and supportive to their children.
- The pandemic has caused extreme stress on Medical professionals and healthcare systems. Medical professionals are working in environments with less staff and not enough resources to do their jobs adequately. Medical professionals are experiencing anxiety, frustration, exhaustion, moral injury, and burnout which has a negative impact on their overall quality of life and reduces their efficiency at work.
- School Administrators and Educational leaders have been under extreme stress and the energy that would have gone into new programming has gone into keeping classrooms staffed and enacting policies and procedures to keep up with the ever changing COVID-19 mitigation strategies.
- Demands on teachers have increased as they enforce COVID-19 mitigation strategies in the classroom, re-establish classroom routines following a long period of remote learning, address learning loss, and respond to increased behavioral challenges and social/emotional needs of students. Teachers have been under stress and may not have the energy they once had to notice the unique challenges their students are facing or to provide additional emotional support to students who are struggling given their own personal challenges.

Grief & Loss

The loss of a caregiver is one of the most destabilizing events that can happen in the life of a child or young person. Sudden loss of a caregiver can lead to a cascade of stressful events and health risk behaviors.

From April 1, 2020, through June 30, 2021, >140 000 children in the United States experienced the death of a parent or grandparent caregiver.²⁰

The pain of the pandemic was not distributed equally with Black and Hispanic/Latino children and youth more likely to have experienced the loss of a caregiver to COVID-19. The graphic below illustrates IL specific data and disparities.



The death of a primary caregiver also has economic consequences for families. In Kane County, from 2020-2021, Hispanic men were more likely to die from COVID-19 related causes at younger ages than men of other racial and ethnic backgrounds²². This statistic means it is more likely that they were still working, parenting, and providing emotional and economic support to children and youth.

Trauma

Adverse childhood experiences (ACEs) can become traumatic and lead to subsequent physical and mental health symptoms when the person who has experienced the adverse event does not receive sufficient support in coping with it. A COVID related job loss may be traumatic for families on the edge or simply a difficult rite of passage for another depending on how much support they receive and the family's financial situation prior to the job loss.

Anxiety and Isolation

The experiences of anxiety and isolation varied by circumstance. But a substantial number of children and youth were more isolated than ever before during the early months and years of the COVID-19 pandemic.

Resilience and Innovation

Telehealth and virtual meetings and expanded access to work from home are just a few innovations to come from the pandemic which will have long term positive impacts.

Young people can grow from stressful or adverse experiences when they receive sufficient support to deal with them.

²⁰ Hillis, S.D, et al., "COVID-19–Associated Orphanhood and Caregiver Death in the United States," 2021, 1.

²¹ Isaacson, Michael, Kane County Health Department, Data from Hillis, et al.

²² Kane County Health Department, Disparities Presentation, data from IL Department of Public Health and Kane County Health Department

The COVID-19 pandemic profoundly shaped the developmental years of children and young people.

Racism, Political divisions, Climate change & Mental Health

Life has gotten really political, and it creates tension between friendships. Friendships can be ruined based on different morals and views brought to the surface. -Student, YVF 2022

The US Surgeon General's Advisory on Mental Health:

During the pandemic, young people also experienced other challenges that may have affected their mental and emotional wellbeing: the national reckoning over the deaths of Black Americans at the hands of police officers, including the murder of George Floyd; COVID-related violence against Asian Americans; gun violence; an increasingly polarized political dialogue; growing concerns about climate change; and emotionally-charged misinformation.²³

There have been numerous other societal challenges that young people have been affected by in recent years. Exposure to racism impacts physical and mental health. Climate change is also contributed to anxiety in young people. LGBTQ+ youth are at higher risk for mental health problems and suicide due to family and societal rejection and discrimination. Increasing political polarization has presented challenges to relationships. Changes in the media environment and young people's increasing presence in online spaces has meant that they have more and faster exposure to difficult national and world events than any previous generation.

Technology, Social Media & Changing Information Environments

We were on our phones all the time and we missed out on things. -Student, YVF, 2022

The theme of technology and social media runs through this report. The lives of young people are shaped by technology and social media in ways that were unfathomable just thirty years ago. The way young people spend their time, how they socialize, and where they get their information are all shaped by technology. The pandemic only heightened reliance on technology and social media for connection, entertainment, and information.

²³ The US Surgeon General's Advisory 2021, "Protecting Youth Mental Health," 9.

Screen time almost doubled during the pandemic and was higher for black and Latino/a youth. This may be due to lack of access to other activities. In addition, because it was one of the few available ways to connect and because of the lack of childcare, many families relaxed their rules on screen time.²⁴

Social media played a vital role in keeping young people informed and connected during the pandemic. One survey showed that about half (53%) of young people felt social media was “very” important to them during the pandemic for staying connected to friends and family and about a third said it was “very” important for keeping themselves informed about current events (34%) and learning how to protect themselves against COVID-19 (31%).²⁵

The same survey also found that, while some students felt that social media helped them during the pandemic, other students had negative experiences online. Exposure to hate speech on social media has substantially increased over the past two years. According to a survey, 69% of Black youth and 67% of Hispanic youths reported encountering racist content online. About 74% of youth who identified as (LGBTQ+) said they encountered homophobic content on social media. Body dissatisfaction and body shaming also increased on social media, with 53% of girls exposed to at least 1 form of weight stigmatization.

Young people with depressive symptoms have been using social media more frequently. In the same survey, it was also found that young people with moderate to severe depressive symptoms are nearly twice as likely as those without depression to say they use social media almost constantly (34% vs. 18%). Mental health professionals theorize that those already experiencing mild depression are more vulnerable to addictive qualities of social media, which in turn deepens their social isolation.

Disinformation & Conspiracy Theories

While the internet and social media have created unprecedented opportunities to access information, they have also exposed young people to disinformation, conspiracy theories, and intense content that may not be age appropriate at best and can be disturbing at worst.

Adults need to take an active role in their child and adolescent’s online life and keep open lines of communication about what young people are consuming online.

There is a lot of accurate mental health information that can be found online but there is also information that is inaccurate and misleading.

Teaching young people media literacy skills will be a vital skill to help them stay healthy throughout their lives²⁶

²⁴ Nagata, J.M., et al. “Screen Time Use Among US Adolescents During the COVID-19 Pandemic Findings From the Adolescent Brain Cognitive Development (ABCD) Study,” 1.

²⁵ Rideout, V., Fox, S., Peebles, A., & Robb, M. B., “Coping with COVID-19: How young people use digital media to manage their mental health,” 37.

²⁶ Geraee, N. et al, “Impact of media literacy education on knowledge and behavioral intention of adolescents in dealing with media messages according to Stages of Change,” 9.

Uplifting Youth Voices 2022

To better understand how we can provide meaningful mental health supports for young people, we need to listen to them. The 2022 YVF created a space for students to share their experiences and insights related to the mental health challenges they have experienced.

The purpose of this report is to create a channel of communication between the students and adults in the community who are in positions to support their mental health needs. The forum and report create one channel for students to weigh in on what they need and how parents, schools, and community organizations can provide meaningful supports in response to their identified needs.

Mental Health & The COVID-19 Pandemic

What do you want to tell adults about what it's been like being young people living through the pandemic and times of great change?

It (all the change) takes a toll on you, it is different how we (young people) are processing it (the pandemic) than how they (adults) are processing it.

-Student, YVF, 2022

Challenges Reported by Students at the 2022 YVF:

Students reported that experiences of the pandemic varied depending on their individual circumstances. If a student felt they had a supportive family, then the experience was often much better than for a student who didn't feel supported by their family. This is consistent with research which has found that different groups of youth reported different levels of mental health symptoms. Social connectedness was found to be a protective factor against depressive symptoms.

The most common challenges student's reported included dealing with change and uncertainty, isolation, loss of friends, overreliance on technology, and loss of normal social skills and activities.

For all youth, the uncertainty and ongoing changes throughout the pandemic created stress and tension. The age of the student when the pandemic began also affected the types of challenges they experienced.

Students all felt it was difficult when teachers and school staff didn't regularly acknowledge the challenges of the pandemic and returned to business as usual. Students appreciated teachers and staff who validated their experiences and showed flexibility given the circumstances.

Opportunities:

While the pandemic created many challenges, students reported that there were some positive experiences and outcomes as a result of the pandemic. Students reported enjoying having more time to study, connecting with family, and developing new hobbies and skills. Students reported learning to be more independent and figuring out how to focus on what they liked to do vs their friends.

Technology & Social Media

A Complex Relationship:

There's a large generational gap of knowledge and acceptance...added stressors related to social issues and social media and it's easy to compare to others online.

—Student, YVF, 2022

Students reported that their relationships with technology were complex. Students identified several benefits of technology during the pandemic. Social media allowed them to stay connected with friends and family and access mental health

information. Some students enjoyed zoom classes and others felt unable to connect with peers or teachers because of it.

Many students reported that they became more dependent on technology during the pandemic. The downsides of social media include the challenges to time management, the “time suck” and also the comparison. One female student described Instagram as “toxic perfection.”

Stigma & Accessing Mental Health Services

For the third year in a row, students again identified the need for more mental health professionals in both school and community behavioral health settings. Students described going to the counseling office and feeling disheartened seeing a line of other students waiting to talk with a counselor.

Access to mental health services and supports was described by one student simply, “there are not enough people to help!”

Youth also reported that stigma continues to be a barrier for many of their peers in seeking help.

IN THEIR OWN WORDS

“Waiting does not help, sometimes we need that immediate care.” (YVF 2022)

“it's a very big ask to ask families/kids to wait weeks or months before they can be seen”

“700:1 is too much. Better ratios of students to social workers. “

“Get rid of waitlists, hire more social workers, mental health professionals”

One new theme that emerged this year, was students who felt that they were perceived by friends and teachers as helpers or high achieving did not want to seek help because they worried about burdening others especially when mental health support resources are limited.

Students also discussed the importance of creatively providing mental health support because advertising “Mental Health Support” may turn some students away due to stigma around experiencing mental health challenges.

Students who had been able to access mental health services, also felt it was important for adults to understand that even with access to mental health services, healing takes time and work.

Increased Need for Mental Health Support Following Loss

Students identified that it was incredibly difficult to navigating their feelings of loss after the death of a friend and classmate by suicide. They expressed not wanting to burden others with their feelings, including school mental health professionals, when many people were also grieving.

School where a student has died by suicide are in particular need of additional mental health resources and supports in the immediate aftermath of the event.

Student Ideas to Enhance Mental Health Supports in Schools

Students shared many creative ideas and suggestions for change they would like to see:

- Incorporate more discussions about self-care and provide opportunities for students to practice self-care during the school day.
- Students would like more open communication from school leadership and teachers acknowledging that there needs to be a balance between work and self-care. Students feel they are being asked to do all the work and then told to do self-care when they are having trouble.
- Increase Peer Support programs to increase social connectedness. Examples of Peer Support Programs students would like to see more of include: Link Crew, Peer Tutoring or Mentoring, Peer Leaders, Coach/Teacher meetings, Weekly Lunch Meetings, and Mindful Mondays, Black Student Union.
- Add or increase opportunities for informal drop in groups led by student leaders and school mental health staff or trained adults.
- Add calming rooms that are safe, soothing spaces for students. Calming rooms can include low lighting, comfy chairs/furniture, therapy books, calming activities, and therapeutic manipulatives.
- Create opportunities for “fun” or unique activities that promote conversations about mental health. Examples shared by students include: small groups of students in a space with a comfort animal (e.g. therapy dog), or a trip to go bowling, etc.
- Engage students who may be hesitant to access “mental health support” due to stigma by using different language to describe mental health supports and their intended outcomes. Examples

of more neutral language to describe outcomes include: happiness, de-stress, resilience, balance, build connections, etc.

- To increase social connectedness, students suggested creating Peer Leader type groups of Juniors/Seniors to help Freshmen/Sophomores. For example, Junior/Senior Peer Leaders could wear a t-shirt identifying them as members of the group on the first day of school. Throughout the remainder of the school year they could be identified by a special lanyard, rubber bracelet, or pin. The idea is that Junior/Senior Peer Leaders are a “safe” person to ask simple questions, such as directions or who to go to if they need help with something. Students also suggested having an identifier if they need to discuss something more in depth or personal.

The act of listening to student voices is in itself an empowering and potentially healing process. Finding ways to implement ideas shared, poses many challenges including deciding how to prioritize need and allocate resources. The next section offers ideas for actions steps to take to being to address the youth mental health crisis.

Action Steps:



Streamwood High School Students, Paint Mental Health Awareness Rocks May, 2022

Mental Health Action Steps: Superintendents, Principals, and School Leadership Staff-

*see below for funding possibilities

1. Expand Your School Based Mental Health Workforce²⁷

Rationale: Students will stop communicating and will stop seeking help if initial requests for help are not responded to in a timely manner. If over worked adults are unable to respond adequately to student requests due to time challenges, this can have long term negative effects on student willingness to seek help or cooperate.

- Find creative ways to increase student-adult ratios in the building. Adult supervision and presence in schools at lunch, in hallways, on buses (prevention); utilize parent volunteers in conjunction with paid staff to fill staffing gaps. Create district level part-time worker or volunteers to send to different schools to fill staffing gaps. Train volunteers in restorative justice principles.
- Invest in interpretation, translation, and hiring multilingual staff
- Invest in hiring staff that reflect the diversity of the communities being served
- Hire case managers, community navigators, parent liaisons to support work of school mental health staff

2. Identify a High Ranking Administrator to “Own” Mental Health at the District Level

This Administrator would be responsible for:

- Working with all stakeholders to identify district’s mental health priorities
- Assessing and cataloging existing mental health, social-emotional support programs across schools
- Review IEP processes –there is evidence that recommendations in IEPs are often overly general and not specific to student’s clinical mental health diagnosis even when evidence based guidelines for the diagnosis exist.²⁸
- Sharing best practices from IEP processes across schools and districts
- Participation in the IL Youth Survey
- Collecting district and school level data and track year to year – share internally and publicly
- Creating capacity to support specific schools when tragedies occur – additional mental health workers assigned to school following student suicide or death in accident.²⁹
- Creating flexible policies to respond to ways that major events impact mental health and make adjustments to academic requirements.
- Implementing restorative practices, trauma informed care, social-emotional learning in meaningful ways
- Signaling acceptance of LGBTQ+ students and create safe spaces for these students

²⁷ The US Surgeon General’s Advisory 2021, “Protecting Youth Mental Health,” 20.

²⁸ U.S. Department of Education, Office of Special Education and Rehabilitative Services, “Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs,” 17.

²⁹ Student group, YVF 2022

- Coordinating drop in after school hours with behavioral health providers or school mental health professionals
- Sharing information between districts about interventions being utilized
- Increasing opportunities for student mental health education (health classes) including suicide and violence prevention
- Utilize state funding to open school-based health centers

3. Uplift Youth & Parent Voices to Create Meaningful Solutions

- Create a channel of communication that allows students & parents to share thoughts and opinions for ways to address mental health concerns that are unique to your students and community.
- Create & Invest in Peer Support programs
- Involve families in creating solutions at their school level. Work to build community among parents especially in elementary schools. Invest in connecting kindergarten families to school community.
- Find ways to address issues of racism and acknowledge students' experiences
- Create spaces to process changes wrought by pandemic – collect testimonies, share your own memories and losses, validate ongoing challenges and losses, don't just move on and act like it never happened
- Provide incentives for students and parents to participate in important initiatives

4. Develop & Strengthen Partnerships with Community Behavioral Healthcare Providers

- Support and improve existing partnerships with behavioral health providers and after school care providers
- Develop partnerships with behavioral health providers to improve screening for common developmental disorders and mental health disorders particularly at ages of emergence
- Create a Formal Process to Support Students Returning from Inpatient Hospital Programs
- Streamline bureaucratic processes when working with outside behavioral health providers
- Join IRIS to track community referrals
- Utilize IRIS to streamline the referral process to community mental health supports
- Increase use of school-based health centers including mental health services

5. Prioritize Staff Wellness³⁰

- Create meaningful opportunities for interested staff to participate in setting school and district priorities and brainstorming solutions

³⁰ U.S. Department of Education, Office of Special Education and Rehabilitative Services, "Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs," 19.

- Provide mentoring to increase new staff retention and connect them with school community
- Provide opportunities for advancement especially for paraprofessionals and other district staff who may be interested in pursuing further education
- Provide additional wellness opportunities for staff in high needs environments or following traumatic or stressful events in the school community
- Provide educational opportunities for staff regarding mental health risks for care professions including vicarious trauma, moral injury, and burn out

Funding Opportunities:

*Dedicate portions of the Elementary and Secondary School Emergency Relief (ESSER) Fund, including the American Rescue Plan ESSER (ARP ESSER) program, the Governor’s Emergency Education Relief (GEER) Fund, and the Higher Education Emergency Relief Fund (HEERF) to support mental health priorities.

*Assess current collection levels and maximize available Medicaid funds for services already being provided. **In IL, schools can now bill for services provided to non-IEP students who receive Medicaid.**

*All young people under 18 are eligible for All Kids Medicaid in IL. Have staff assist or make referrals to ensure that students are enrolled in Medicaid if eligible.

*Maximize Medicaid funding by aligning staff time with funding– IE not having mental health staff who can bill Medicaid proctor exams.

* According to the report, “Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs (29) ”you can utilize federal funds available: *through programs and statutes such as IDEA, Social Security, Children’s Mental Health Services Program, Medicaid (EPSDT), formula grants (e.g., grants under the ESEA or administered by the Office of Juvenile Justice and Delinquency Prevention), grants (e.g., Garrett Lee Smith Suicide Prevention, Project AWARE, U.S. Department of Education Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs 30 SAMHSA Systems of Care, HRSA Workforce.*

Mental Health Action Steps: School board Members, County board members, Mayors, Township Supervisors, Sheriff, Police Chiefs-

1. Invest in Mental Health and Prevention

- Advocate for increasing reimbursement rates for Mental Health Services (Federal and State level)
- Provide supplemental funding for safety net social service and behavioral health agencies
- Support closing policy loopholes that have prevented parity for mental health services from being implemented
- Invest in high quality daycare and preschool (prevention)
- Invest in high quality after school and summer programming (prevention)
- Invest in Education (prevention)
- Invest in violence prevention programming
- Invest in public health education campaigns and education about identifying disinformation on the internet
- Invest in programs that promote community connectedness
- Expand mental health screening and services for juvenile justice involved youth

2. Invest in the Mental Health Workforce

- Pay professionals in these fields adequately and find ways to keep them in the field
- Recruit mental health professionals particularly child psychiatric providers to locate in the community
- Develop local experts within existing institutions instead of outsourcing vital functions to expensive contractors with incentives to sell a particular model
- Programs to keep professionals in the field: loan forgiveness, pay for trainings, childcare support
- Support the mental health of front line workers: police, firefighters, paramedics

3. Invest in Health Navigators, Community Health Workers, and Case Managers

- Invest in health navigators and case managers who help enroll and keep people in enrolled in health insurance programming so they can access services
- Advocate that state of IL re-activate COVID-19 navigator program and train workers in supporting mental health programming
- Invest in community health workers and train them in screening and referring for mental health distress and disorders
- Establish SAIL office in the community to assist parents of children with disabilities in accessing social security disability funds

From the US Surgeon General’s Advisory on Youth Mental Health:

Promote enrolling and retaining eligible children in Medicaid, CHIP, or a Marketplace plan, so that children have health coverage that includes behavioral health services.

The Connecting Kids to Coverage National Campaign also has outreach resources for schools, providers, and community-based organizations to use to encourage parents and caregivers to enroll in Medicaid and CHIP to access important mental health benefits. Families can be directed to [HealthCare.gov](https://www.healthcare.gov) or [InsureKidsNow.gov](https://www.insurekidsnow.gov).

Schools can use Medicaid funds to support enrollment activities and mental health services.

4. Actively Seek & Support Additional Funding Sources to Support Mental Health

- Support 708 boards and promote coordination across 708 boards
- Hire staff to navigate and leverage complicated funding streams
- Apply for CDC and SAMSHA grants, etc. to support mental health programming

5. Facilitate Community Collaborations to Support Mental Health

- Encourage local data collection & data sharing on the way mental health impacts local communities: homelessness, violence, child abuse, substance abuse related accidents.
- Collect mental health related data from police departments, emergency rooms, schools, and behavioral health care providers
- Invest in researchers to investigate local challenges and identify best practice programming

From the US Surgeon General’s Advisory on Youth Mental Health (21):

Combine the efforts of clinical staff with those of trusted community partners and child-serving systems (e.g., child welfare, juvenile justice).

For example, hospital-based violence intervention programs (HVIPs) identify patients at risk of repeat violent injury and link them to hospital- and community-based resources to address risk factors for violence.

Another example initiative is school-hospital partnerships, such as behavioral health urgent care clinics supported by schools.

Mental Health Action Steps: Community Mental Health Professionals and Agencies

Community MH Professionals

1. Practice self-care

- Maximize parts of the job you most enjoy
- Engage in reflective practice
- Seek support
- Be mindful of symptoms of vicarious trauma and burn out

2. Uplift youth and family voice in your practice

- Create space for youth and families to contribute ideas through focus groups, advisory councils, etc.

3. Engage in continuous assessment and improvement

- Create evaluation processes that include client feedback
- Keep up to date on research and best practice
- Seek consultation for challenging cases

4. Promote Health Equity

- Engage in health equity trainings and initiatives
- Reflect and address personal biases that may impact care provision

Community Behavioral Health 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

- Create evaluation processes that include client feedback
- Keep up to date on research and best practice
- Provide ongoing training to staff

4. Promote Health Equity

- Engage in health equity trainings and initiatives
- Work to recruit and retain bilingual staff
- Work to recruit and retain staff who reflect the populations being served
- Regularly review policies and practice with a health equity lens

5. Engage in Community Collaborations and Initiatives

- Engage in community councils and task forces
- Share relevant mental health data with the community

School MH Professionals

1. Practice self-care

- Maximize parts of the job you most enjoy
- Engage in reflective practice
- Seek support
- Be mindful of symptoms of vicarious trauma and burn out

2. Uplift youth and family voice in the school community

- Create space for youth and families to contribute ideas and feedback
- Moderate student groups focused on mental health promotion
- Weave mental health education into existing school groups and activities

3. Engage in continuous assessment and improvement

- Create evaluation processes that include student feedback
- Thoughtfully implement preventative screenings
- Catalogue existing support programs and assess how student needs are being met by current offerings
- Engage in dialogue with school leadership staff regarding student mental health needs
- Keep up to date on research and best practice
- Seek consultation for challenging cases

4. Promote Health Equity

- Engage in health equity trainings and initiatives
- Reflect and address personal biases that may impact care provision
- Utilize interpretation and translation services effectively

5. Engage in Community Collaborations

- Stay engaged and up to date with existing community resources
- Make thoughtful referrals to supportive community agencies
- Utilize IRIS referral system if an option in your school or program
- Engage in community councils and task forces

Mental Health Action Steps: Medical Providers and Institutions

Medical Providers (individuals)

1. Practice self-care & Self-Compassion

- Maximize parts of the job you most enjoy
- Engage in reflective practice
- Seek support
- Be mindful of symptoms of vicarious trauma and burn out

2. Uplift youth and family voice in your practice

- Allow families and youth time for questions and check for understanding
- Engage in trauma informed practices

3. Engage in continuous assessment and improvement

- Regularly screen for developmental differences, mental health conditions, and ACEs
- Pay attention to mental health of caregivers and make referrals for them as well
- Refer to supportive programming
- Connect families with resources
- Create evaluation processes that include client feedback
- Keep up to date on research and best practice
- Seek consultation for challenging cases

4. Promote Health Equity

- Engage in health equity trainings and initiatives
- Reflect and address personal biases that may impact care provision
- Utilize interpretation services instead of relying on families to interpret especially for matters related to children's mental health or behavioral concerns

Institutions (FQHCs, Hospitals, etc.)

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
- Allow appropriate amounts of time for patient visits
- Manageable caseloads and predictable schedules to allow staff to care for their own families

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

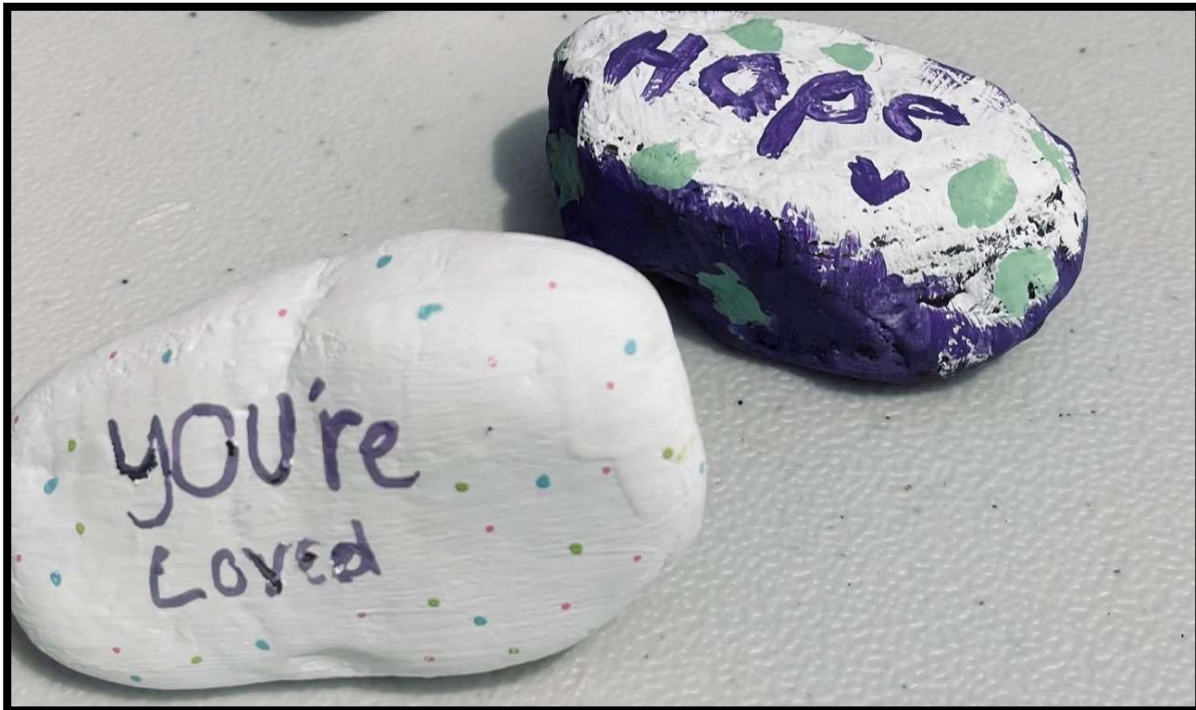
- Craft policies, practices, and environments following trauma informed principles
- Create evaluation processes that include client feedback
- Keep up to date on research and best practice
- Provide ongoing training to staff
- Implement screening and referrals processes and train providers to use them
- Utilize multi-disciplinary teams including mental health professionals and case managers
- Help families connect with telehealth services especially when childcare or transportation challenges make attending in person difficult
- Minimize sending bills to collections; engage families first

4. Promote Health Equity

- Engage in health equity trainings and initiatives
- Work to recruit and retain bilingual staff
- Work to recruit and retain staff who reflect the populations being served
- Regularly review policies and practice with a health equity lens
- Provide and utilize interpretation and translation services

5. Engage in Community Collaborations and Initiatives

- Engage in community councils and task forces
- Share relevant mental health data with the community



Rocks by Streamwood High School Students, May, 2022

Mental Health Action Steps: Youth Serving Community Agencies-

Youth Serving Community 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, and surveys
- Incorporate feedback from youth and families when making policy change

3. Engage in continuous assessment and improvement

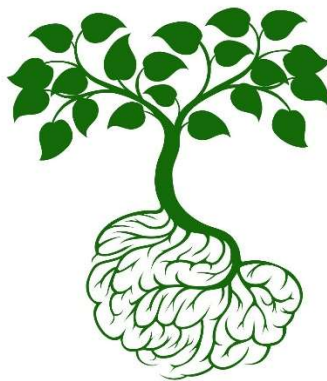
- Create evaluation processes that include youth feedback feedback
- Keep up to date on research and best practice
- Provide ongoing training to staff

4. Promote Health Equity

- Engage in health equity trainings and initiatives
- Work to recruit and retain bilingual staff
- Work to recruit and retain staff who reflect the populations being served
- Regularly review policies and practice with a health equity lens

5. Engage in Community Collaborations and Initiatives

- Engage in community councils and task forces
- Share relevant mental health data with the community



Mental Health Action Steps: Parents, Caregivers and Families-

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 of 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

3. Create Predictability and Structure

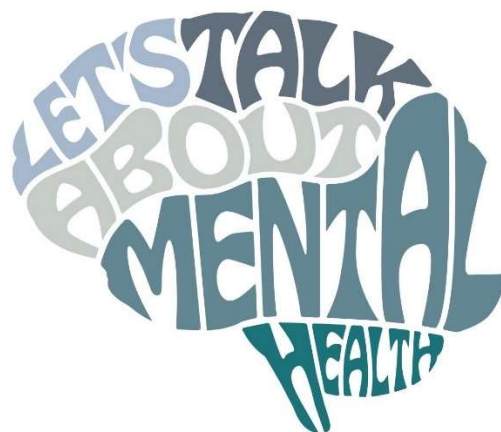
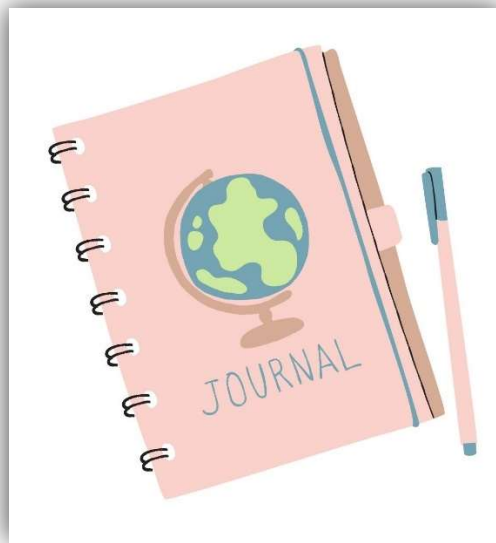
- Create predictable routines
- Talk openly about mental health in the home
- Be aware of your child's online activities and actively monitor and set boundaries
- Remember that extreme irritability, anger outbursts and "disrespectful" behavior can also be signs of distress or emerging mental health challenge. If you find yourself frustrated by your child's behavior – get curious.
- Try to 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

When You're Concerned Your Child is Experiencing Signs of Distress/Mental Health Disorder

1. Provide your child additional attention and love. Increase positive interactions.
2. Keep a symptom journal or tracking sheet of concerning behaviors noticing **FREQUENCY, INTENSITY, DURATION**
3. Create space for your child to talk with you about what's going on
4. Consult with other loving adults in your child's life to gather their perspectives
5. Talk with other professionals in your child's life such as teachers and school social workers
6. Seek professional assessment and treatment
7. First steps for seeking professional help: pediatrician, school social worker or counselor, local health department, recommendation from another parent with child in services
8. In case of mental health emergencies – start with 911 or ER



Mental Health Action Steps: *Students & Young People*

1. Practice Self Care and Compassion

- Develop self-care skills that work for you
- Spend time figuring out what you care about and what you like to do
- Reflect on your choices and relationships

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

- Put attention into your relationships
- Work on being the kind of friend you want to be

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



Rock by DC Fights the Stigma, May, 2022

Conclusion

Organizations and individuals that work with children and young people especially schools and school staff have tremendous potential to promote youth mental health.

Noticing or reflection is a key first step towards change. Listening and being curious about what the children and young people we teach, care for, live in community with, or parent have to say can serve both to bolster their sense of self and inform successful solutions.

Promoting healthy connections, respectful relationships, and opportunities for connection are all ways to begin to address the crisis of youth mental health that has been fueled by disconnection, isolation, and loss.

Listening is only a first step and then the slow and hard work of planning, finding resources, building coalitions, and implementing new programs must come next if we are to show young people that we, the adults in their community, value what they have to say.

We hope this report has provided you with new inspiration to continue or to continue to find creative ways to promote youth mental health in your family, professional practice, organization or institution.

Acknowledgements

We owe tremendous gratitude to the school mental health professionals who made time during an extremely distressing year to participate in the planning and hosting of the Youth Voices Forum on Mental Health. The forum would not be possible without their dedication and commitment.

Thank you to all the students, panelists, support staff, leadership staff, and volunteers who helped make the 2022 Youth Voices Forum on Mental Health possible and who generously shared their time, insights, and expertise.

A special thank you to Terry Roman for her support in organizing the forum.

The Kane County System of Care for Children's Mental Health initiatives are made possible by a grant provided by the IL Children's Healthcare Foundation.

Thank you to MSW Intern, Kaitlyn Ehler, who assisted in compiling this report.

Report Authors

Kane County Health Department staff are available to provide free consultations to schools and agencies seeking to develop mental health initiatives or looking to incorporate youth and family voice into their decision making processes.

Contact Kate McCormack mccormackkatherine@co.kane.il.us for questions about the report or consultation requests.

Kate McCormack, LCSW, Bilingual (Spanish) Community Health Initiatives Coordinator. Kate brings fifteen years of experience working in the social service sector in various roles including working in the adult and juvenile justice systems, providing child and family therapy in community mental health, providing in-school therapy, and promoting 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 language access and bilingual services, and trauma informed care.

Anna Czerniak, LCSW, Children’s Mental Health Program Manager. Anna brings more than fifteen years of experience working in human services including supervising SASS crisis services, providing therapy in the prison system, working in the child welfare system, providing family therapy and coaching, and managing the Kane County System of Care’s mental health initiatives. Anna has special interests in promoting health equity, access to care for LGBTQ+ individuals, and trauma informed care.

Michael Isaacson, MPH, Assistant Director of Community Health. Michael brings more than twenty years of experience working in public health. He currently leads the Kane County Behavioral Health Council and Opioid Task Force. He has been instrumental in supporting behavioral health safety net agencies providing services in Kane County.

Rosa Cardenas, MSW Intern, Aurora University. Rosa brings experience supporting individuals and children who have lived experiences of domestic violence. Rosa is passionate about providing support to parents to help them achieve their parenting goals especially in the Latino community.

Appendices



Rock by DC Fights the Stigma student, May, 2022

Appendix 1: 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

0-2:

- Gross motor delays
- Autism Spectrum Disorder
- Other developmental differences
- ADHD is not diagnosed at this age but behavioral challenges may emerge

Stresses:

- exposure to ACES (adverse childhood experiences)
- exposure to grief, loss, caregiver disruption

Where to get help (first step):

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

3-4:

- Speech and language delays
- Communication disorders
- ADHD is not often diagnosed at this age but behavioral challenges may emerge
- Autism Spectrum Disorder
- Sensory Processing Disorders
- Separation Anxiety

Stresses:

- exposure to ACES (adverse childhood experiences)
- exposure to grief, loss, caregiver disruption

Where to get help:

- Pediatrician
- 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

5-9:

- Reading processing disorders
- Other learning disabilities
- ADHD
- Anxiety, Depression, Obsessive-Compulsive Disorder
- Behavioral Challenges

Stresses:

- exposure to ACES (adverse childhood experiences)
- 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

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 ACES (adverse childhood experiences)
- 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

16-21

-Schizophrenia with first psychotic break episodes

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

-Substance abuse disorders

-PTSD

Stresses:

-exposure to ACES (adverse childhood experiences)

-exposure to grief, loss

-transitioning to independence and adulthood

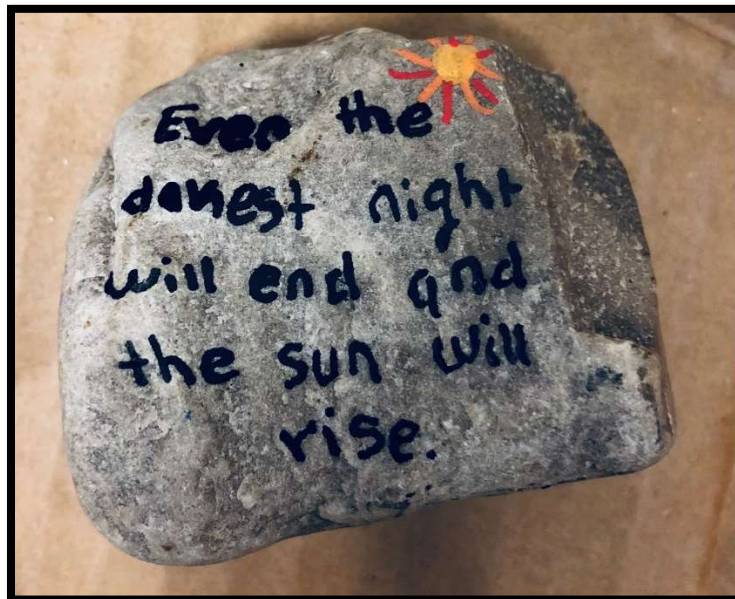
Where to get help:

-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



Rock by DC Fights the Stigma students, May, 2022

Appendix 2: IRIS Referral System

KANE COUNTY IRIS COMMUNITY

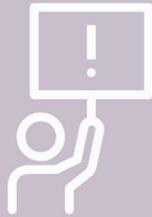
WHAT IS IRIS?

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.).

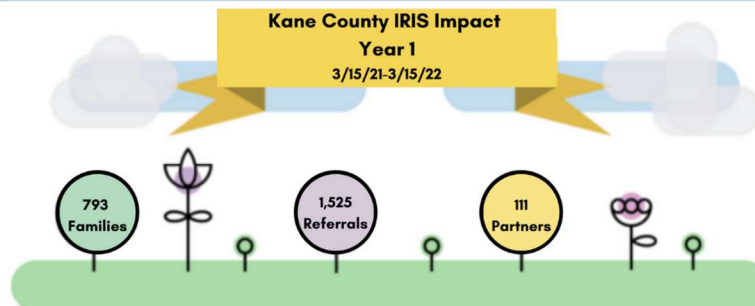
Kane County Providers lacked an understanding of available services and missed opportunities to make referrals.

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 3: iGrow



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

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Notes

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