Youth Mental Health Roadmap for Western Massachusetts

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"…everyone has a role to play in combating this mental health pandemic…. If we each start reorienting our priorities to create accessible space in our homes, schools, workplaces, and communities for seeking and giving assistance, we can all start building a culture that normalizes and promotes mental health care…."

- U.S. Surgeon General's Advisory, Protecting Youth Mental Health

Strengthening Infrastructure to Support Our Young People's Mental Health

Our Youth Need Our Support

Good mental health is essential for youth to thrive in their lives—from their homes to schools to relationships and beyond.[1] Youth mental was identified as a priority need in our communities even before the COVID-19 pandemic through Community Health Needs Assessments. This need was made worse by the unprecedented challenges our youth faced during the pandemic. They had to physically distance themselves and to attend school remotely. In-person activities that connected youth to others were canceled to prevent the spread of COVID-19. In addition, they faced sustained fear and anxiety as people became sick and died from the disease. Other distressing societal issues also impact the mental well-being of our youth, including the highly visible horrific acts of racism in our country that have occurred with the murder of George Floyd and many others, as well as concerns about climate change and gun violence. Youth health surveys conducted across Western Massachusetts have generally seen an increase in students reporting depressive symptoms with more than 40 percent doing so in 2023.[2] [3] [4]

A Roadmap for Support

To support our youth's mental health, we need to target the full spectrum of support: promotion, prevention, treatment, and recovery. The Commonwealth of Massachusetts has allocated millions of dollars to create needed structures and systems to improve the ability for people to obtain **treatment and crisis services**. As these important initiatives have been rolling out, a similar effort is needed that focuses on mental health promotion and prevention. Mental health promotion and prevention focus on **creating the environments and conditions that support well-being and prevent mental health conditions**. Mental health is part of behavioral health, which also includes behavioral conditions such as substance misuse. Aspects of behavioral health are interrelated; thus, promotion and prevention strategies are similar for various behavioral health conditions. Targeting these strategies at young ages can have lasting impacts. As stated by the Commonwealth's Promote and Prevention Commission in their 2018 report *Behavioral Health Promotion and Upstream Prevention*, "behavioral health promotion and prevention initiatives implemented in childhood can and do affect individuals' behavioral health trajectory for decades."[5]

Based on this need and discussions with leaders of Western Massachusetts behavioral health organizations, the Public Health Institute of Western Massachusetts (PHIWM) sought and received funding to create a Youth Mental Health Roadmap for Western Massachusetts that prioritizes **promotion and prevention efforts**. Over the past year, PHIWM has been convening a range of stakeholders to create a roadmap that builds off the important findings from the Commonwealth's Promote and Prevent Commission's 2018 report, as well as the 2023 Massachusetts Behavioral Health Roadmap.

The Youth Mental Health Roadmap for Western Massachusetts focuses on the four counties that make up Western Massachusetts (Berkshire, Franklin, Hampden, and Hampshire), with a particular emphasis on Hampden County and Springfield. The Roadmap research team and the advisory group decided to focus on youth and young adults to build off existing efforts and to address mental

Promotion - Creating the environments and conditions that support mental, emotional, and behavioral health and the ability of people to withstand challenges.

Prevention - Interventions delivered before the onset of a mental, emotional, or behavioral health disorder that are intended to reduce the risks of developing a mental or behavioral health condition.

- Adapted from Behavioral Health Promotion and Upstream Prevention, 2018

health promotion and prevention at young ages. A special emphasis is placed on youth who are Black and Latine because of the Roadmap's focus on Hampden County and the many inequities experienced by these young people in the county. While this report focuses on these youth of color, other data and reports are available that highlight mental health inequities among various groups in our region.

Focus

Four counties of Western **Massachusetts**, with particular focus on Hampden County and Springfield

Youth and young adults: middle school, high school, young adult/transition age youth

Focuses on **Black and Latine youth** while acknowledging inequities among those who are LGBTQIA+, youth of color, living with disabilities, living in poverty, and more

Focusing on **mental health promotion and prevention** will support **behavioral health** overall
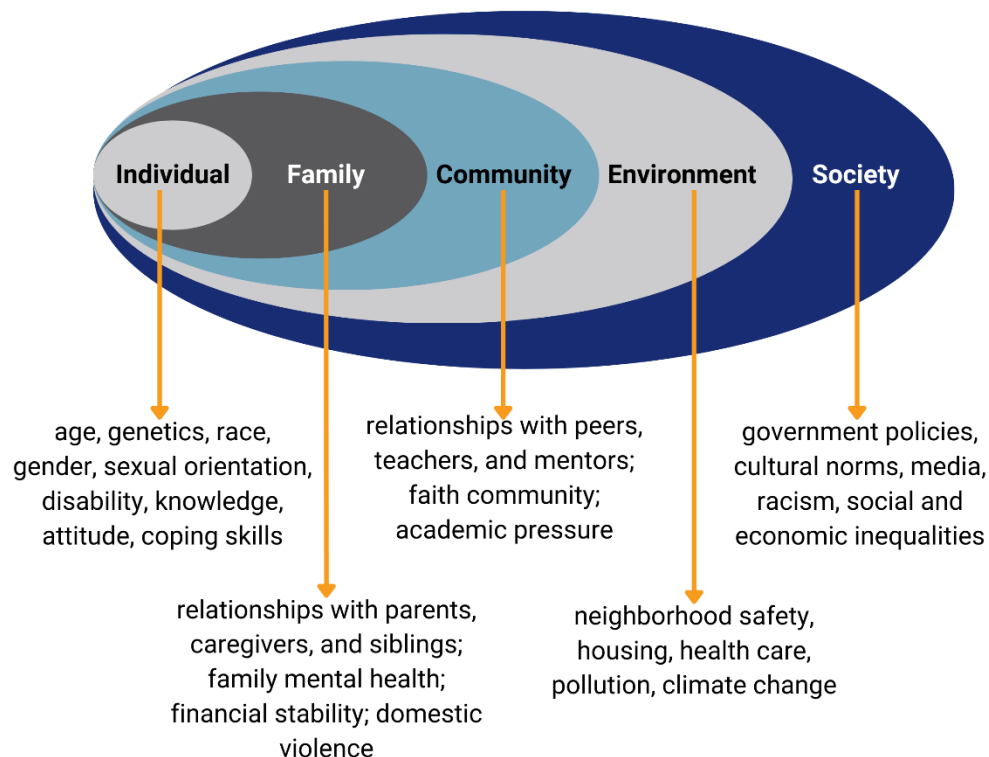
What do we mean by mental health?

Mental health is more than just the absence of mental disorders. It is "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."[6]

What affects our mental health?

The mental health of youth is shaped by many things at the individual, family, community, environment, and societal levels. We must understand these factors to effectively promote mental wellness and to prevent mental health challenges. They include our genetics and the relationships we have with our family and friends. Community factors such as school climate and the environment around us—such as access to safe housing—also play a role. Finally, there are societal factors such as government policy, cultural norms, racism, and other systems of oppression in our society that affect one's mental health.

Individual — age, genetics, race, gender, sexual orientation, disability, knowledge, attitude, coping skills

Family — relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence

Community — relationships with peers, teachers, and mentors; faith community; academic pressure

Environment — neighborhood safety, housing, health care, pollution, climate change

Society — government policies, cultural norms, media, racism, social and economic inequalities

Source: *Image adapted from "Factors that can shape the mental health of young people" in Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. 2021*

Experiences of trauma and chronic stress increase our risk for mental health conditions, which is why exposure to structural and interpersonal discrimination in our society impacts mental health. For example, we see much higher rates of poor mental health conditions among transgender and nonbinary youth. We also know that experiences of chronic stress can be

cumulative for youth who experience multiple forms of discrimination, such as youth of color who are also transgender. On the other hand, social support, coping skills, and other protective factors can help lessen these risk factors. For example, research has shown that having a stable, committed relationship with a supportive adult is the most crucial factor for our youth to be resilient in the face of adversity, trauma, and major stress.[7]

Our Process

We developed the Youth Mental Health Roadmap for Western Massachusetts through an iterative, collaborative process. We **built off what we learned from existing efforts**, including the Community Health Needs Assessments for the Coalition of Western Massachusetts Hospitals and Insurer, the work of Beat the Odds youth group/Springfield Youth Mental Health Coalition, and the Commonwealth's Promote and Prevention Commission in their 2018 report *Behavioral Health Promotion and Upstream Prevention*. An **Advisory Group of 24 individuals** with a wide variety of expertise partnered with us to guide and provide input on the process, focus areas, findings, and recommendations. The research process included **reviewing the evidence base** and **hearing from people in our region** about work that is successfully supporting youth mental health promotion and prevention and the additional supports and programs needed. We **conducted 29 interviews and a focus group** with content experts, youth-serving organizations, community entities, behavioral health providers, school representatives, organizations serving youth of color, parents, caregivers, and others.

The insights and expertise of our Advisory Group and all the people we have spoken with have
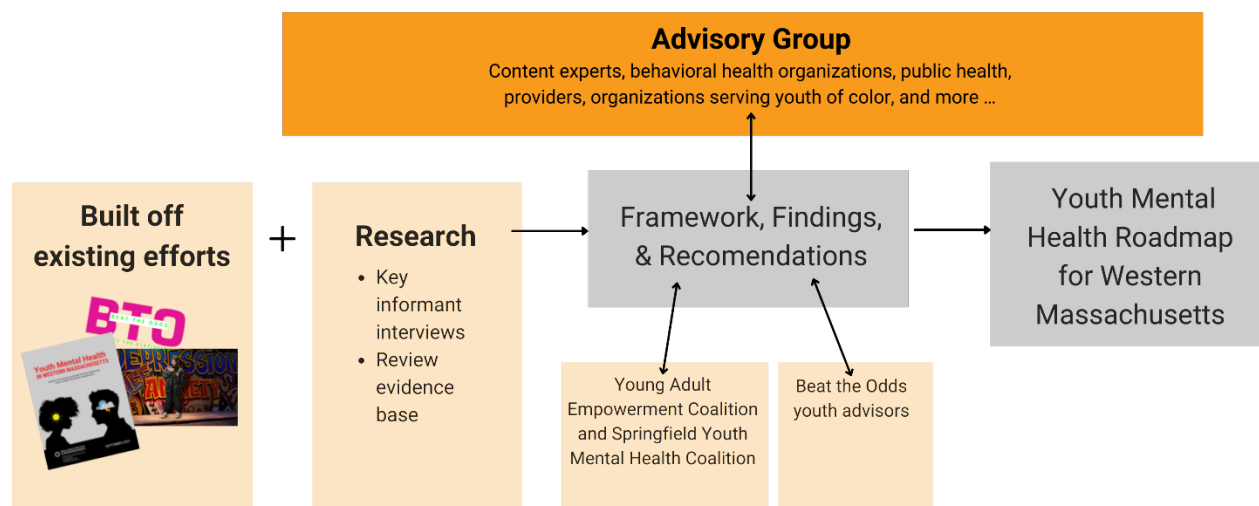
been invaluable in crafting a Roadmap that is inclusive, responsive, and reflective of the diverse needs within our community. In addition to vetting findings with our Advisory Group, we also vetted them with the Springfield Youth Mental Health Coalition (YMHC), the regional Young

Adult Empowerment Coalition (YAEC), and youth from Beat the Odds (BTO, an advisory group to YMHC) to further validate and refine what we learned and are recommending.

Youth Mental Health Roadmap for Western Massachusetts

The Roadmap provides recommendations for these promotion and prevention areas, as well as the important need to align community and clinical prevention, support, and treatment work:

Our research found a lot of great work going on in these areas in our region. We can build off this to better support all young people in our region.

Core Values

- Involve **youth and parent/caregiver voices** in designing and implementing youth mental health promotion and prevention strategies. Consider how youth and parents/caregivers can lead or co-lead efforts.
- Use a **data-driven** approach:
  - Use data to understand local needs and to drive action.
  - Evaluate to understand what is working and to modify based on findings.
- Incorporate principles of **health equity**:
  - Consider who is experiencing mental health inequities because of oppression and discrimination in our society and what extra support or tailored supports are needed to support mental health promotion and prevention.
  - Share power with youth and parents/caregivers when designing and implementing promotion and prevention strategies.
  - Be cautious when designing programming, interventions, and messages to avoid perpetuating stereotypes about mental health or causes of inequities.
  - Use asset-based framing.
  - Acknowledge how oppression contributes to stigma.
  - Acknowledge cultural differences related to dealing with mental health.

Destigmatizing and Normalizing

Background

Although mental health stigma has been decreasing over time, it still remains and continues to have an impact on people struggling with their mental health.[8] Stigma can affect one's ability or willingness to acknowledge mental health challenges, discuss mental health, and seek help. Stigma is complex and influenced by many factors. Although it persists across all ages, research suggests that stigma related to mental health has decreased over time and across generations.[9, 10] This is consistent with what we have heard from local providers from youth-serving organizations and among some youth.[11] One youth group we spoke with noted their inability to speak to their parents/caregivers about their mental health because their parents/caregivers were "brought up different." Stigma also varies by gender. For example, interviewees noted stigma manifests differently among boys/men than among girls/women. This finding aligns with research that men often experience greater stigma about mental health than women and are less likely to seek help.[12]

> **"I feel like students are much more willing to just come right out and say these are my struggles."**
>
> -Faculty member, Western Massachusetts Higher Education Institution, Department of Social Work

The Role of Media

Media contributes to stigma related to mental health. For example, portrayals of people with mental health conditions as violent or dangerous negatively influence public perception of mental health conditions.[13] Media also has the potential to help reduce stigma. Its coverage of well-known public figures' struggles with mental health conditions (such as Simone Biles, Selena Gomez, Lil Nas X, Pete Davidson, and many others) helps to normalize the discussion of mental health. Social media similarly can contribute to stigma, or it can reduce it. Similar to the media, it can perpetuate stereotypes, or conversely it can provide a space where people struggling with mental health conditions can engage with others who are struggling.

Cultural and Religious Differences

Consistent with interview findings, research shows that cultural differences also impact how stigma may manifest.[14] Key informant interviews with regional behavioral health providers who serve the Black and Latine community discussed stigma in these communities. Although we

highlight Black and Latine communities as populations of focus for the Roadmap, it is important to recognize that **stigma exists across all cultures.**

Several key informants noted that the history of slavery and the ongoing impacts of structural and interpersonal racism in our country have caused Black communities to be cautious about sharing information to protect themselves in a society of White-dominant cultural systems that often penalize Black people. Consistent with research findings, key informants commented on the use of more informal mental health support mechanisms often found in the Black community, such as saying to "go to family" or "pray about it" instead of seeking professional support.[15] In the Latine community, providers described the stigma that may occur with examples such as "you are weak" or "you need to pray on it."

Religion and faith have been described as one of the most preferred ways of coping with mental health in the Black community. Studies have found that religion can have a positive impact on mental health through community support and healthy forms of coping, yet it can also have a damaging impact through misinformation, miscommunication, and negative forms of dealing with mental health conditions.[16] While some of the service providers and community organization representatives we spoke to stated that it feels safe to talk about mental health with their faith community and leaders, others stated that the stigma was still there. In particular, it was noted that it felt unsafe for young people who were questioning their

> **"I don't know that we've moved clearly past the point of destigmatization, and without moving past that point, I think you always have folks that are going to come to the table guarded, with inaccurate information, and or representing those who are closest to the power and not necessarily closest to the pain.... I still feel like we have a lot of work to do around education and education that is culturally responsible."**
>
> - Springfield School Committee member

sexuality or gender identity. Thus, Black trans or nonbinary youth who are at elevated risk for mental health conditions may face additional challenges accessing support.

Given the importance of faith in these communities and many others, partnerships with the faith-based community to address stigma and to provide education are important in efforts to normalize discussing and supporting mental health.

Reducing Stigma

Sharing Lived Experiences

Research has shown that when people who have lived with a mental health condition share their stories ("contact interventions"), it can help address public stigma. This type of intervention is more successful if the storyteller is similar to the targeted audience.[17,18] Contact interventions are particularly effective when paired with education and information about mental health, such as in mental health literacy efforts. The framing and focus of messages that are part of contact-based education programs are important. Studies have found that some programs for young people have caused harm by reinforcing and solidifying negative stereotypes. The most successful interventions focused on stories of hope and recovery. In addition, training the person sharing their story was identified as critical. Research identified peer training and preparing the storyteller to be psychologically prepared to share their story, engage the audience, handle questions, and promote discussion as important components.[19,20]

Media Campaigns

Evaluation of the effectiveness of media campaigns has had mixed results. Some large-scale interventions that combined media campaigns with education and contact interventions were found to be effective. *One-time* education sessions or exposure to positive communications were not found to be effective. Ongoing engagement is needed.[21] Recognizing the role of media in perpetuating mental health stigma and its potential to help reduce stigma, the Surgeon General and other experts provided guidance for engaging the media to help normalize discussing and supporting mental health (see recommendations section below).[22, 23]

Local Efforts

Through our research, we learned that there are some promising efforts in our region that center youth in the design and implementation of mental health education and destigmatization activities. Several programs, communications efforts, and multipronged approaches are being implemented to address stigma in our region. Following are a few examples:

- **I Am More than My Mood:** a youth-centered communications campaign created by Beat the Odds (BTO) and the Springfield Youth Mental Health Coalition. It includes posters in schools and elsewhere that direct people to resources to support mental health. It is part of a multipronged initiative that includes education and community engagement.
- **Man Cave Monday**: a program at the Impact Center in Springfield that serves young adults. Youth voice is incorporated into the design of activities and services. The program aims to address stigma among young men.
- **Break the Stigma:** The Gándara Center created this media campaign to reduce the stigma of substance use and opioid use disorders. PSAs have played on English and Spanish television, radio, billboards, and social media. The campaign centers around four messages: Mental Health Is Health, Substance Use Disorder Is a Disease, Narcan Saves Lives, and Recovery Is Possible.

Recommendations

- Center youth and parent/caregiver voice in the design and implementation of strategies to destigmatize and normalize mental health.
- Provide more multipronged strategies to destigmatize mental health that include the following:[24, 25, 26]
    - Education about mental health being as important to one's overall well-being as physical health; this can happen among schools, parents/caregivers, youth, healthcare, and faith-based communities.
    - People with lived experience sharing their stories ("contact interventions"):
        - Stories should include hope and recovery,
        - Have people who are similar to the target audience share their stories,
        - Training of storytellers is important.
    - Frequent, ongoing communications about key education points and repeated engagement with key audiences over time are needed to see stigma reduction.
- Partner with Media:
    - Share information with local media about normalizing mental health and work with them to help reduce negative media portrayals of mental health issues. See the Surgeon General Advisory on Protecting Youth Mental Health for strategies.[27]
    - Partner in efforts to normalize mental health and to publicize the campaigns in the region.
- Partner with faith-based organizations:
    - Provide information about mental health and mental health stigma, and work together to engage and educate the communities they serve.
- Keep equity in mind!
    - Acknowledge and address how oppression and racism impact mental health stigma in our society.

I Am More Than My Mood

Out of a need to reduce generational stigma around mental health and to spread awareness about the impacts of stress, anxiety, and depression, the Springfield Youth Mental Health Coalition (YMHC) decided to create an awareness campaign for youth and families in the Greater Springfield area. To ensure the receptivity of the campaign, they included their Beat the Odds (BTO) youth advisors and community every step of the way. In 2021, YMHC formed a multisector communications committee to help inform the campaign. In the fall of 2022, YMHC hired the marketing firm Axiom Blue to develop the mental health awareness communications campaign. The campaign launched in February 2023. It consists of social media content, posters, postcards, banners, and billboards—all directing people back to MoreThanMyMood.org to access mental health resources for youth and adults.

The Springfield Youth Mental Health Coalition has received funding from the Massachusetts Department of Public Health Office of Problem Gambling Services, Davis Foundation, Trinity Health of New England, Whitcomb Foundation, Women's Fund of Western Massachusetts, and City of Springfield.

Social Connection

Background

We are biologically wired to need social connection. Social connection includes spending time with family and friends; taking part in sports, dance, or arts activities with others; engaging in traditional cultural practices; and many other ways that people connect.

In our society, data shows that we are becoming less socially connected over time and that loneliness has become widespread.[28] Isolation can increase the risk of mental health conditions such as depression and anxiety, as well as other physical health conditions.

Among children, studies have shown that the increased risk of depression and anxiety associated with loneliness can remain high up to nine years later.[29] The social disconnection and isolation due to physical distancing, remote schooling, and cancellation of group activities during the COVID-19 pandemic had profound impacts on our youth. Interviews with youth-serving organizations found that some in-person youth activities have resumed, but we are still rebuilding infrastructure for many in-person activities across the region. COVID-19 also disrupted the lives of older teenagers transitioning into adulthood—a group that was already at risk, reporting the highest rates of loneliness among adults in our society.[30]

We are biologically wired to need social connection.

In addition to the importance and challenge of connecting overall, our interviews also revealed a disconnect between youth and adults when it comes to feeling supported. It was noted that adults report feeling they are being supportive to youth, while youth report not experiencing feeling supported. This finding resonated with the youth and adults who vetted our findings.

Strategies to Foster Connection

Examples of strategies to foster connection that arose in our interviews and research process include:

- "**Meet youth where they are at**" by seeking to understand their perspectives and working from a place of nonjudgment. Interviewees noted the important balance of creating space for youth to be heard while providing supportive boundaries and rules.
    - Consider their multiple identities, cultures, customs, and traditions.
    - Recognize the dominant culture (for example, White, heteronormative, ableist) and how it may alienate and create a feeling of exclusion among students who are not part of it.
    - Intentionally shape a space to be inclusive.
- **Create and/or expand community spaces that youth see as their own** where they can connect with other youth. This is particularly important among those who are not involved with organized activities such as after-school activities. Some interviewees spoke to the need for more of these spaces and activities where youth can connect. Others commented that there are already a lot of activities for youth to be involved in, and the need is to help people understand what is available.
- **Expand peer and near-peer programs**, which were shown through the 2022 CHNA and our interviews as important ways to support connection and well-being. Although several peer and near-peer efforts exist, more are needed as well as more coordination among them. Efforts are underway to support more peer and near-peer programs, such as through the Springfield Youth Mental Health Coalition, MassMentoring Partnership, Project Coach, Out Now, Follow My Steps, and the Gándara Center's Impact Center.

> **"They have to have at least one person that they're connected to that they trust, you know, an adult…. I think the students that are the young people that struggle the most are the ones that are disconnected from support. We see it time and time again… sometimes it is just that one connection that can make the world of difference."**
>
> -faculty member, Western Massachusetts Higher Education Institution, Department of Social Work

Recommendations

- Make social connection a high priority in our local governments, organizations, schools, and health care.
  - Design programs, policies, and practices for connectivity,[31] creating environments that foster and enhance meaningful social interactions between people.
  - Consider building youth opportunities for social connection in all domains: schools, community organizations, faith-based, health care, behavioral health care, and so on.
  - Consider opportunities for youth to connect with their peers and intergenerationally with adults.
- Create and support more programs that connect youth.
  - Provide more mentoring and peer-mentoring opportunities. Build on and expand existing effective local programs.
  - Involve youth in the design of programming and support to (1) ensure they are youth centered, and (2) foster youth leadership development.
- Provide information to parents/caregivers, youth, and communities about the importance of social connection.
- Keep equity in mind!
  - Acknowledge the harms of White and other dominant cultures on youth. Intentionally design spaces and programs that foster a sense of belonging by meeting youth "where they are at" and considering culture, customs, and traditions.
  - Consider the importance of having similar identities in fostering connections between peers, near peers, and adults who are working with youth.

Northampton's Youth for Equity and Action

Youth for Equity and Action (YEA), a group of Northampton High School students collaborating with the city's Department of Health and Human Services, recently completed a Youth Participatory Action Research Project about their own health. Their findings highlighted the **need for connection** through (1) restorative practices in school (such as youth-led community-building circles), and (2) creating intentional time and space during the day to casually connect with peers, friends, and supportive adults.

Some of the other needs identified in the project included expanded access for all students to a **mental health curriculum** and **mental health counseling**; greater **equity in decision-making** by inviting youth to the table and sharing power**; more diverse representation** in the school staff, curriculum, and art; **updated health education** in all grades PreK–12 that is **inclusive, queer- and trans-affirming, and body-positive**; and increased **safety at school**, such as implementing a trauma-informed response after school lockdowns.

Adopting the mantra **"Nothing About Us Without Us"** coined by the disability justice movement, YEA recognizes the necessity of involving youth in addressing the mental health crisis. They are now taking leadership roles to change their school culture, including growing restorative practices in their district, demanding more diverse representation in their curricula and faculty, and meeting with local and state leaders to demand **more health education**.

Social and Emotional Learning

Background

Social and emotional learning (SEL) involves learning the knowledge, skills, and attitudes to support one's emotional and behavioral health, overall well-being, and productivity in school and society. With SEL, one learns how to develop a **healthy self-identity**, **control emotions**, **set and reach goals**, **understand and show empathy** for others, build and maintain **strong relationships**, and make **responsible and caring choices**. One commonly used SEL framework is CASEL,[32] which has been used in some of the Massachusetts Department of Elementary and Secondary Education's (MA DESE) frameworks. Research has shown that SEL can boost young people's social and emotional skills, reduce emotional distress, and lead to several other positive outcomes such as reducing violence and aggression, and improving behavior issues and functioning at school.[33]

Image source: Interactive CASEL Wheel

Many Efforts are Underway to Support SEL in Schools

Many schools in Massachusetts have recognized the importance of teaching students these skills to support well-being, mental health, academic success, and overall school functioning and have now adopted SEL curricula. In 2023, MA DESE revised its Comprehensive Health and Physical Education Curriculum Framework to include some emotional and mental health standards that are drawn from social and emotional learning frameworks, highlighting the recognition that these skills are important for student well-being and success. The state's framework draws from the CASEL social and emotional competencies.[34]

Support Structures are Needed for Successful Implementation

While most schools in Western Massachusetts and across the state have adopted an SEL curriculum, our interviews with those who work with schools on SEL indicated that the challenge is in effectively implementing a curriculum. An SEL expert who provides consultation to school districts indicated that SEL implementation is successful when accompanied by appropriate support structures. These include district-wide coordination, staff specifically responsible for district and school-wide implementation, SEL embedded throughout the day, and structures to support ongoing professional development for teachers and other staff. Aspects of these structures are happening in pockets in some schools in Western Massachusetts, but more support is needed for schools to systematically implement SEL.

Interviewees also described challenges to implementing SEL, including the need for funding to support implementation and for ongoing professional development, as well as the challenges in creating structures to support system- and district-wide SEL implementation. State funding and support can be very helpful to school districts in supporting their efforts. However, the different types of programming being promoted to support mental health in schools—SEL, PBIS, and mental health education—as well as the different laws and proposed legislation (for example, Section 37Q Mental Health Support Law, Act Relative to Mental Health Education) can be confusing.

"I'd like to see mandates for social and emotional learning in school—funded mandates...there are some mandates, but they're not funded or supported for restorative practices in schools. I think that really will help with connection and stigma and social emotional learning."

-coordinator, Franklin County Youth Prevention Coalition

Research has found that programs that were delivered by classroom teachers, included a focus on school climate, used multipronged approaches, taught intrapersonal skills first (versus interpersonal), and integrated SEL throughout academic curricula were more likely to be

effective.[35] In addition, those SEL programs that used a SAFE approach—**s**equenced, **a**ctive learning, at least one component **f**ocusing on developing personal or social skills, and **e**xplicitly targeting specific SEL skills—were more likely to lead to positive outcomes.

Resources to Support Implementation

There are resources available to support the implementation of SEL programs; however, many schools are not aware of their existence or have competing needs that make it challenging to access them. For example, interviewees noted that the University of Massachusetts BIRCh (Behavioral Health Integrated Resources for Children) project, which provides SEL professional development and technical assistance to schools, is underutilized. However, in our interviews, a few people who focus on SEL work were not aware of its existence. In addition, only some schools in Western Massachusetts have applied for the MA DESE funding, which is available for school districts to support SEL and other types of behavioral health promotion and prevention efforts. Given the many challenges our schools face as they recover from the pandemic—including youth behavioral and mental health needs, teacher and staff burnout, parent/caregiver exhaustion and mental health challenges—more support and coordinated efforts are needed to enable them to take advantage of these important resources.

Meeting Needs of Diverse Communities

Throughout our interviews with School Committee members and behavioral health providers, we heard the importance of ensuring that the SEL curricula and programs meet the needs of diverse cultures, backgrounds, and identities. Transformative SEL aims to address equity in education by meeting the diverse needs of students by including consideration of key equity principles in the implementation of SEL such as power, bias, and voice. [36]

Community-Based SEL

Interviewees from community organizations and those who vetted our findings repeatedly noted the need for SEL in the various community locations where youth are engaged. In addition to schools, some community-based organizations are implementing SEL curricula and/or embedding principles into their programs. The YMCA of Massachusetts is an example of a community-based program working to embed SEL in its programming. This approach was highlighted as important by our Advisory Group and the Springfield Youth Mental Health Coalition because youth and parents may be more open to coaches or other nontraditional providers educating about SEL given stigma related to discussing mental health among Black, Latine, and other communities. Similarly, recommendations were made to have coaches and other non-classroom teachers provide SEL given stigma.

Recommendations

- Schools:
    - Build in structures to support the implementation of SEL, including district-wide coordination, staff specifically responsible for implementation, SEL embedded throughout the day, and structures to support ongoing professional development for teachers and other staff.[37]
    - Use available resources to support SEL and mental health, such as the [University of Massachusetts BIRCh](#) (Behavioral Health Integrated Resources for Children) project, which provides SEL professional development and technical assistance to schools, and the MA DESE funding.
    - In addition to providing SEL in classrooms, also embed SEL in non-classroom settings, such as team sports, other extracurricular activities, and after-school programs.
    - Incorporate Transformative SEL principles into implementation,[38] which includes consideration of key equity principles such as power, bias, and voice.
- Community:
    - Embed SEL in community programs that engage youth, such as youth development programs, summer job programs, faith-based groups, and so on.
- Parent/Caregivers:
    - Provide information to parents and caregivers about social and emotional resources and skills so they can model and teach SEL to the youth they care for.
- Policy:
    - Provide more funding to support SEL implementation structures and parent/caregiver education.
    - Align school-based policies and overlapping regulations.
- Keep equity in mind!
    - Acknowledge cultural differences and approach SEL with cultural humility using principles of Transformative SEL.

Social Media

Background

Social media plays a significant role in the lives of young people. National studies show up to 95 percent of those 13–17 actively use these platforms and more than a third report using social media "almost constantly."[39]

Benefits and Harms

Social media has the potential to support youth mental health, but it also can be harmful. On one hand, it can be a powerful tool for connection and social support among peers.[40] This is especially the case for marginalized youth who might not interact with peers with similar identities in their everyday lives, such as youth within the LGBTQ+ community and/or some youth of color. It can also be used to stay connected to friends and family who live far away. On the other hand, it can be harmful to youth mental health because of cyberbullying, peer pressure to engage in risky behaviors, potential negative impacts on self-esteem, and excessive use driven by platform algorithms designed to maximize user engagement.[41]

Problematic Use

Some research suggests that overstimulation from frequent and problematic social media use may result in similar changes in the brain to that of addiction.[42] In addition, problematic social media use can reduce face-to-face interactions, which are important for social connection. It has also been linked to sleep problems, attention challenges, and feelings of exclusion among teens.[43] More time spent on social media has been connected to higher rates of depression and behavioral problems. [44, 45]

Modeling Healthy Use

Young people we spoke to emphasized the need for parents and caregivers to model healthy social media use. They noted that adults are often critical of youth social media and phone use while being very connected to their phones themselves.

Social Media and COVID-19

During the COVID-19 pandemic, youth used social media and online technology to connect with each other because of the physical distancing restrictions, remote schooling, and cancellation of activities. Although it was a needed source of connection for youth during this incredibly challenging time, it had negative consequences as well. One member of the Beat the Odds youth group spoke about the impact of COVID-19 on their development and identity, saying that

because of the pandemic, young people were not given the opportunity to "find themselves" and instead resorted to social media. This led to confusion about one's own identity.

> **"...All we see are screens. I love going outside and stuff like that, but I feel like I was cheated off of that because now everybody's on their phones. Nobody wants to go outside. Nobody wants to talk. Then I start doing that, and now I don't want to go outside, now I don't want to talk, but that's not who I am...."**
>
> -youth, Beat the Odds youth mental health group

As we continue to recover from the pandemic and its impacts on our young people and society as a whole, we need to work together to support strategies for healthy social media usage that can be adopted by young people and parents/caregivers. Simultaneously, we need to work on legislation that puts protections in place to support safer usage of social media.

## Federal Legislation to Protect Youth

Currently, there are minimal regulations or incentives for social media companies to protect children. There are two bipartisan bills before Congress that together would create a "duty of care" to require tech companies to prevent harm to minors and to expand privacy protections for minors. These bills, the Kids Online Safety Act (KOSA) and the Children and Teens' Online Privacy Protection Act (COPPA 2.0), have approval from the U.S. Senate Commerce Committee, but the U.S. House has yet to take up either of them.

Local Efforts

- **Education**: There are some educational efforts taking place to help parents/caregivers and youth understand both the harms of social media as well as strategies and tools to support safe and healthy social media and tech usage.[46] For example, the Hampden County District Attorney's office provides education about the harms of social media to youth. Also, the Communities that Care Coalition educates the Franklin County community through videos of parents, educators, and other key stakeholders discussing strategies to promote healthy social media usage. However, more is needed to reach parents and youth across our region.
- **School Cell Phone Policies**: Some local schools have taken steps to limit cell phone access during school time. We learned through our interviews that part of the challenge with these types of policies is addressing concerns about youth and parents/caregivers not having a way to directly reach each other should an emergency arise.

Recommendations

- Implement additional school and community-level education for students and parents/caregivers about the harms of social media and strategies for healthier usage.
    - Create safe spaces where youth can talk about their experiences and challenges with social media.
    - Support ways for students to connect with each other in person (see section about Social Connection).
- Keep equity in mind!
    - Remember the benefits of social media, which allows some youth to access social support they would not otherwise have in their everyday lives.
    - Make sure that schools that institute policies limiting cell phone use do not lead to unfair punishment, especially for Black and Latine students.
- Policy advocacy
    - Collaborate on federal legislation, for example, COPPA 2.0, KOSA.
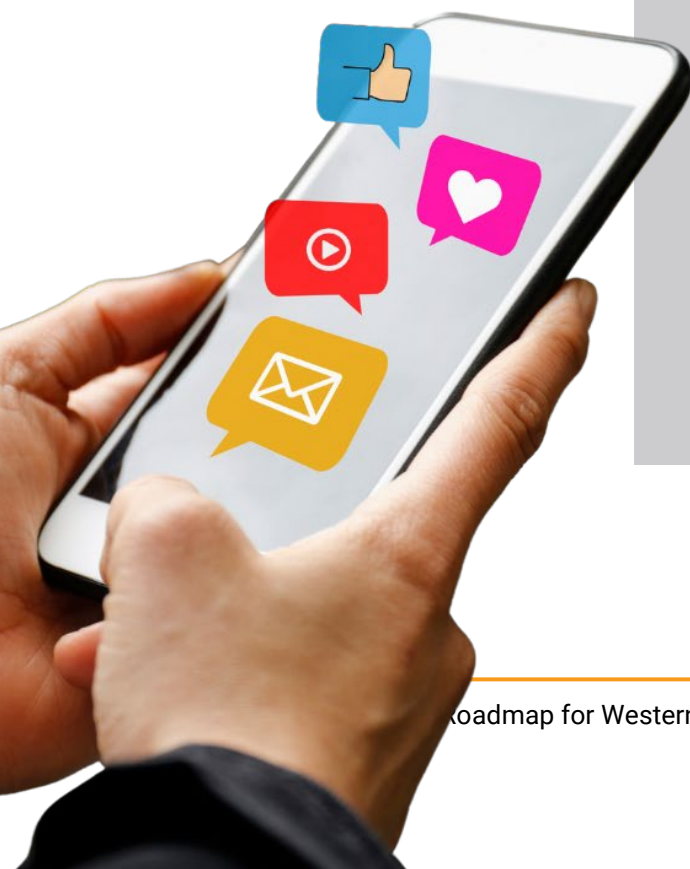
"**When we've talked to youth directly, they will acknowledge that it certainly can be detrimental to their well-being because of all of the social comparison that happens. And then they can also talk about how it's something that really matters to them, especially students who have marginalized identities.**"

-staff member, Hampshire County Youth Prevention Coalition

SPOTLIGHT

CTC's P.E.E.R. Ambassador Program

The Communities That Care Coalition of Franklin County and the North Quabbin (CTC) launched their "P.E.E.R. Ambassador Program" (where PEER stands for Parent Engagement, Enrichment, and Resources) in 2020. Its purpose is to (a) help connect parents to existing resources and tools, including parent education and support programs, (b) help spread parenting norms that promote healthy youth development, and (c) foster greater levels of participant leadership, engagement, and ownership in the Communities That Care Coalition and in the community. The program is particularly committed to promoting youth mental health through family connectedness and linking families to community mental health resources. They also share information to help parents address social media use and to reduce harms from screen time.

The program is a collaboration between a handful of different family-serving organizations in the area. PEER ambassadors are selected by their "Host Agency" to provide outreach to other parents and to give input into community programs. New PEER ambassadors participate in a self-paced, online training program and continue their learning through webinars, trainings, and classes on topics of particular interest. They receive a monthly stipend for their time. The program is funded by the Massachusetts Bureau of Substance Addiction Services.

Community-Clinical Linkages

Background

Connecting mental health promotion and prevention strategies outlined in this Roadmap with clinical care will improve health outcomes for youth.

Coordinate mental health efforts across clinical and community organizations

Successful prevention and treatment integration will foster interdisciplinary partnerships; normalize the presence of behavioral health professionals in everyday life; and connect local, regional, and state-level investments in prevention and treatment efforts. An example of coordination of these efforts are pediatric care teams, which are a critical component for children and families in promoting mental and behavioral health and preventing disorders. A recent approach that integrates behavioral health services into primary care has proven very effective in improving access to coordinated, high-quality behavioral health services.[47] Integrated behavioral healthcare models expand understanding of mental health and access for both provider teams and families/caregivers.

Embed mental health promotion and prevention in clinical care

The Roadmap research process identified the need to embed promotion and prevention services in medical and behavioral health care. Our healthcare providers are offering much-needed services to address the youth mental health crisis, and the new Community Behavioral Health Centers support early problem identification and timely intervention. In addition to providing clinical services, it is critical to assess factors that increase the risk for poor mental health (for example, social isolation), educate youth and their families, and connect them to community partners to support assessment and education.

Integrate clinical care into community spaces

As part of these coordinated efforts, embedding clinical care in the many settings where young people are found is critical to supporting youth mental health needs. Examples of these strategies that arose in our interviews included embedding behavioral health providers at libraries and creating more partnerships between schools and behavioral health providers to offer mental health services. We must also invest in promising practices that integrate behavioral health into other environments as well, such as police departments, counselors and social workers at schools, libraries, and other everyday places that youth and families go. We need to continue bringing behavioral health professionals into more environments.

Recommendations

- Coordinate mental health promotion and prevention efforts across clinical and community organizations.
    - Create partnerships with community organizations that provide support for young people related to the promotion and prevention areas identified in the Roadmap. This includes those who are at risk for, or are struggling with, loneliness, isolation, low social support, or poor-quality relationships; struggle with problematic social media use; or need SEL.
    - Convene insurers, clinical providers, youth, families, community-based organizations, and community health workers to address local gaps in prevention.
    - Provide funding to support community and clinical coordination efforts.
- Embed prevention in both medical and behavioral health clinical work.
    - Medical and behavioral health providers should explicitly acknowledge mental health and prevention strategies as health priorities and ask youth and parents who are their patients about social connection, healthy social media and screen use, attitudes about mental health, and SEL skills.
    - Work with community health workers and community ambassadors to educate patients about the risks of and actions to address inadequate social connection; SEL skills; how to normalize mental health; and other strategies for prevention and intervention (e.g., screen limits).
    - Offer health and behavioral health professionals formal training and ongoing education about the health risks of social disconnection, SEL skills, how to normalize mental health, and other strategies for prevention and intervention (for example, screen limits).
    - Insurers should offer adequate reimbursement for assessing and addressing social disconnection and problematic social media use, and include these metrics in value-based payment models for healthcare providers.
- Integrate clinical care into community spaces.
    - Embed behavioral health providers in community centers, libraries, and youth groups, with appropriate permissions, consents, trust building, and so on.
- Keep equity in mind!
    - Acknowledge how oppression and racism impact trust with providers, and approach work with parents/caregivers and youth of color with cultural humility.
    - Consider the importance of having similar identities in fostering connections between clinical providers and youth and parents/caregivers.

SPOTLIGHT

Southern Berkshire Community Care Coordination

Southern Berkshire Community Care Coordination (SBCCC) is a community outreach project of Fairview Hospital in Great Barrington, Massachusetts. Starting as a grassroots effort eight years ago, SBCCC has built strong service networks between pediatric practices and the two largest school districts in southern Berkshire County. The model of care connects pediatric providers with school staff in team-based care, where they support one another while providing optimal care and access to resources such as medical and behavioral health and educational, cultural, and social services for children struggling with issues such as anxiety, depression, ADHD, and learning difficulties. Care coordinators in the pediatric office prioritize family-directed goals informed by school and provider input; facilitate communication between families, schools, and pediatric providers; organize team meetings; support family navigation of the complex healthcare landscape, while enhancing families' self-management skills; maintain an up-to-date list of community resources; and track referrals and address barriers to success. SBCCC builds relationships with already-existing community resources including the Brien Center Community Behavioral Health Center and the Southern Berkshire Health Coalition.

SBCCC focuses on prevention by identifying and addressing problems early. SEL screening in schools and mental health screening in medical practices help identify children who would benefit from SBCCC's team-based care.

> "Having a direct line of communication and support from healthcare providers is a game changer…. We are no longer on an island; there is a foundation built around families to close the communication gap and partner to provide care as a team."
>
> - school clinician, Berkshire County

Implementation of the SBCCC model of care has increased the success of referrals from school to community mental health services from 6 to 50 percent. The model emphasizes equitable access to resources and increases family engagement. The program has financial support from the Massachusetts Legislature, the Austen Riggs Center, BHS, CHP, and several local foundations.

Policy Recommendations

State Legislation

- H.1979 - *An Act establishing a child and adolescent behavioral health implementation coordinating council*
- S.794 - *An Act relative to MassHealth reimbursement to schools*
- H.497 / S.240 - *An Act relative to mental health education*
- State budget Line Item #5042-5000 - More funding for the Massachusetts Department of Mental Health to provide more *Young Adult Access Centers*

See information about the legislation above from the MA Children's Advocacy Campaign.

- H.1253 / S.160 - *An Act relative to Social Work Uplifting Practices and Exam Removal (the SUPER Act)*
- H.144 / S.75 - *An Act to lift kids out of deep poverty*

See information about the above legislation above from the National Association of Social Workers-MA Chapter

Federal Legislation

- *Children and Teens' Online Privacy Protection Act (COPPA 2.0)*
- *Kids Online Safety Act (KOSA)*

See information about the legislation above from Fairplay, the Bipartisan Policy Center, and Common Sense Media.
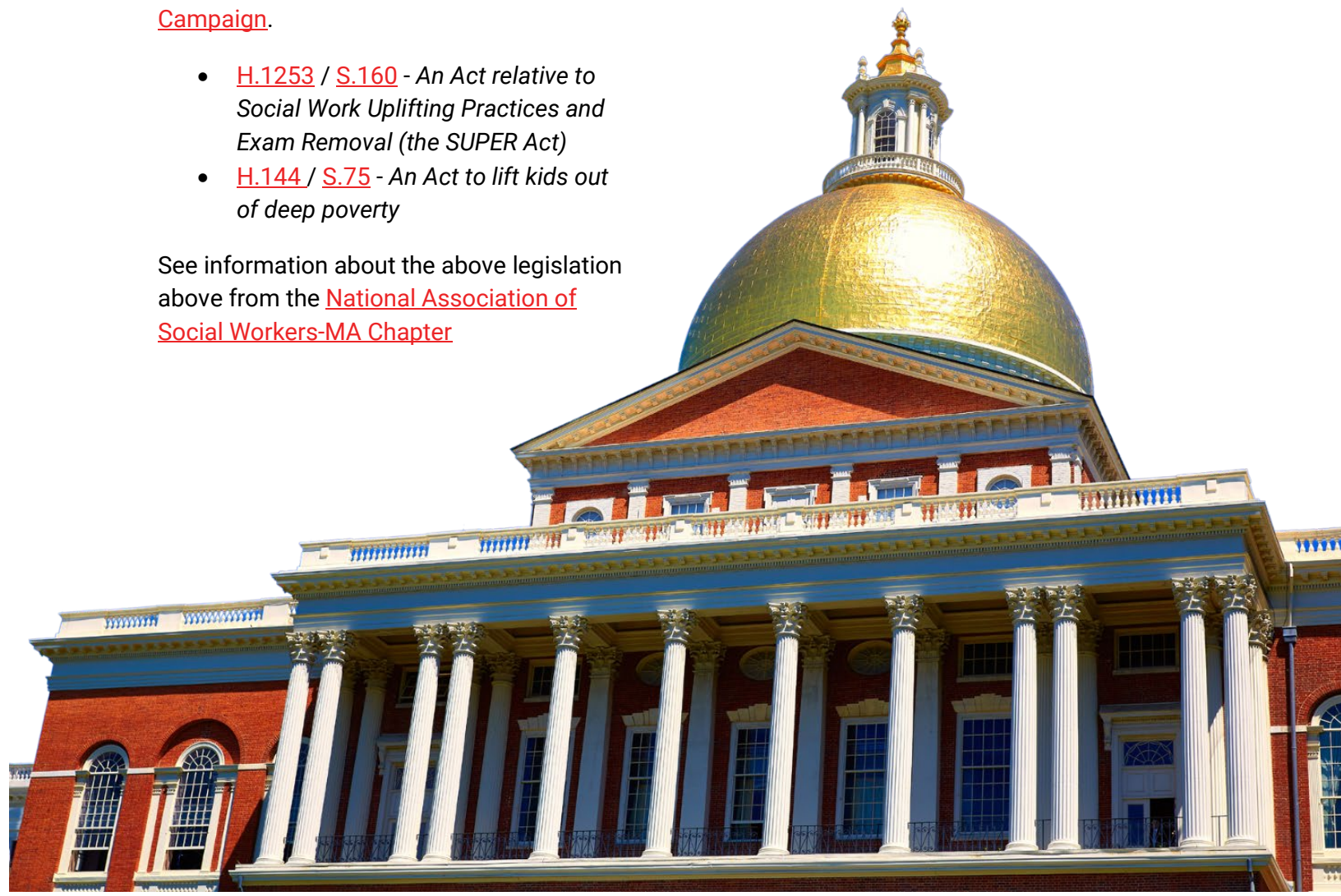
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