

# Mental Health Inequities Among Springfield Eighth Grade Students

*Findings from the 2019 Youth Health Survey*

In 2018, the Public Health Institute of Western Massachusetts released the data brief, [Mental Health Inequities among Springfield Teens](#). This data brief highlighted the high rates of mental health risk factors and outcomes experienced by Springfield teens as a whole and illuminated mental health inequities affecting students who are female; identify as lesbian, gay, bisexual, and/or transgender (LGBT); or are students of color. These inequities reflected similar concerning trends seen across the country and identified in the literature.<sup>1</sup>

The brief was a call to action, and the Springfield Public Schools (SPS) and community partners have taken numerous actions to support student mental health and reduce health inequities. The following are some examples of actions aimed at raising awareness; education; changing the environment and systems; and collective action:

- **Increased Awareness** – As part of a community collaboration focused on improving youth mental health, Behavioral Health Network and other community partners worked with SPS to train all their educators and strategic staff on trauma, mental health and creating more trauma-informed environments.
- **Education** – SPS has purchased a social emotional curriculum for elementary students that will teach skills that support mental and behavioral health and well-being.
- **Changing the Environment and Systems of Support**– SPS is working with community partners to create more structure to support student mental and behavioral health through a Multi-Tiered Systems of Support framework. SPS has also worked to create more supportive environments by researching and adopting cross-curricular LGBTQ inclusivity.
- **Youth Mental Health Coalition** – Public Health Institute of Western Massachusetts is convening community partners and SPS to address youth mental health through Massachusetts Department of Public Health funding focused on addressing health issues exacerbated by the presence of a casino. Through this collaborative process, public health, behavioral health providers, SPS, community organizations and youth are working on programs, policies, systems change and environmental changes to support youth mental health in Springfield. Martin Luther King Jr. Family Services is convening the *Beat the Odds* youth mental health coalition as part of this work.
- **Youth Leadership** – To support youth partnership and voice in efforts to address youth mental health and health overall, youth were included as part of the planning process for the administration of the 2019 youth health surveys and are part of the Advisory Group for the youth mental health coalition that was recently formed. We shared our findings with *Beat the Odds* to hear their perspectives about youth mental health. Their feedback is incorporated in this report.

This data brief, which presents data from the 2019 Springfield Youth Health Survey (YHS), is an update to our report examining the 2017 survey results. A total of 1,267 eighth grade students completed the YHS in 2019 from 16 different Springfield schools with an estimated participation rate of 72%.

We recognize that each data point represents a young person and their lived reality. In addition, you will see that despite the efforts that have been taken since the last data brief, inequities continue to exist. Change takes time and the effects from the actions taken since the last report may not be reflected in the overall data.

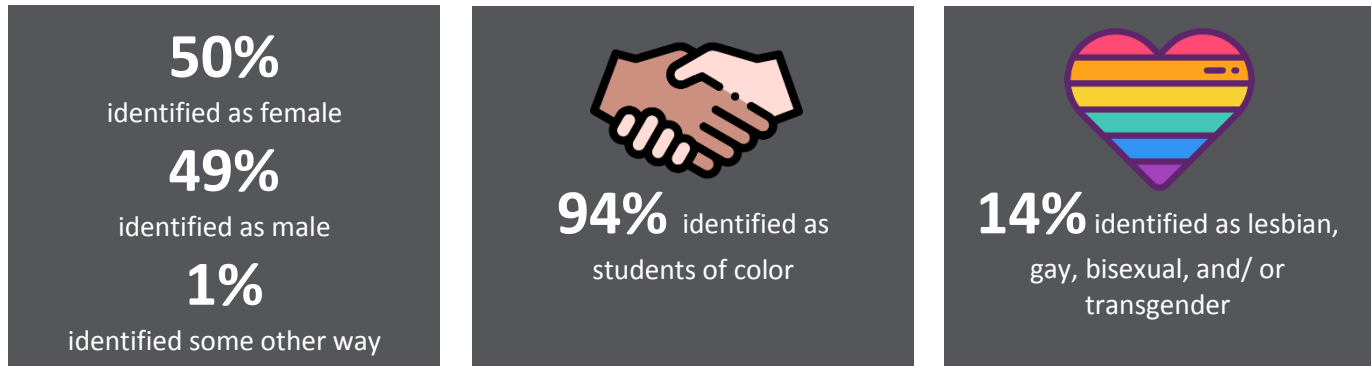
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<sup>1</sup> Centers for Disease Control and Prevention. Health Disparities Among Youth. <https://www.cdc.gov/healthyyouth/disparities/index.htm>

# Mental Health Inequities Continue to Exist Among Springfield Eighth Grade Students

Eighth grade students were surveyed on a variety of different health topics. These students’ backgrounds range widely, as do their lived experiences. Unfortunately, Springfield students continue to experience mental health inequities.

## Who was represented?



## What were students asked?

The Youth Health Survey had several mental health related questions to help understand the types of mental health concerns students are experiencing. There were questions about depressive symptoms, thoughts of suicide (suicidal ideation), and attempted suicide. For depressive symptoms, students were asked about “feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities” in the past year. This sustained feeling of sadness and hopelessness that impacts usual activity is both a symptom of depression and also can indicate major depression.<sup>2</sup>

## What did students say?

In 2019, more than a third of eighth grade students (35%) reported this sustained sadness or hopelessness that impacted their usual activities (31% in 2017, 34% in 2015). Preliminary data obtained from the Massachusetts Department of Public Health indicate that this was almost 1.5 times greater than students reporting this statewide (see table).<sup>3</sup> Similar to the 2017, a concerning proportion of students considered (15%) or attempted suicide (12%) in 2019, at rates greater than that of the state (see table).<sup>3</sup> Reflective of national trends,<sup>4</sup> the 2019 Springfield Youth Health Survey of eighth grade students demonstrate that mental health inequities continue to impact Springfield youth, especially those who are LGBT (defined as lesbian, gay, bisexual, transgender) or female. Students had high rates of sustained sadness or hopelessness overall when compared to that of the state.

**Mental Health Among Students in 2019**

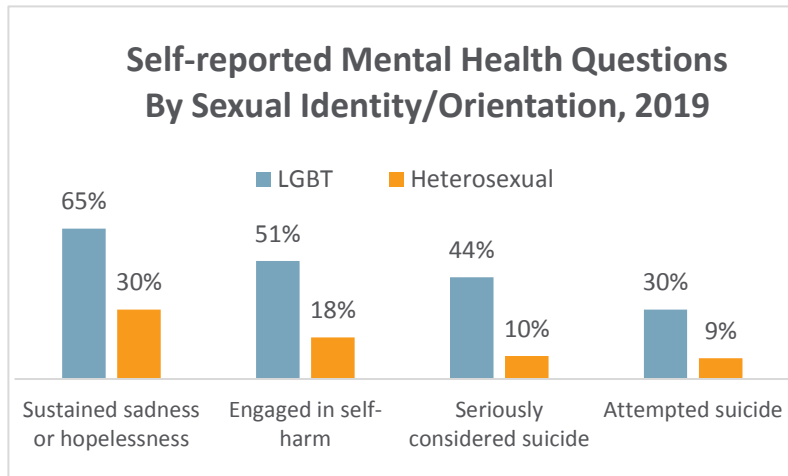
	Springfield	Massachusetts <sup>3</sup>
Sustained sadness or hopelessness that impacted usual activities	31%	24%
Seriously considered suicide	15%	11%
Attempted suicide	12%	5%

<sup>2</sup> U.S. Department of Health and Human Services. National Institutes of Health. NIH Publication No. 19-MH-8079. Revised 2016

<sup>3</sup> Massachusetts Department of Public Health. Preliminary data for select youth mental health questions from the 2019 Youth Risk Behavior Survey. Please note, as these numbers have not yet been released, they are “preliminary” and subject to change.

<sup>4</sup> Centers for Disease Control and Prevention. Health Disparities Among Youth. <https://www.cdc.gov/healthyyouth/disparities/index.htm>

## Mental Health Inequities Among LGBT Students



Notes: LGBT: 159 students; Cis-Heterosexual: 1,002 students

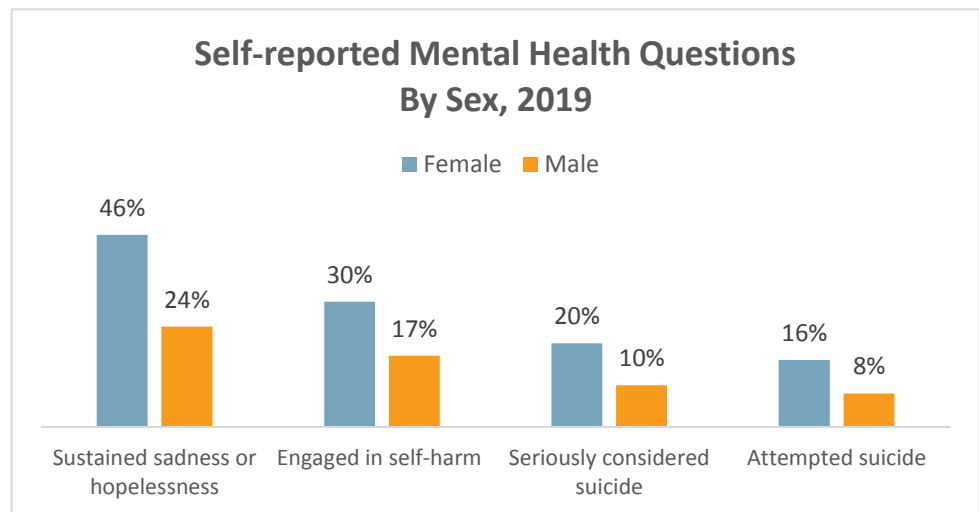
- Students who identified as LGBT reported feeling sustained sadness and hopelessness that impacted usual activity almost every day for two weeks or more in a row more than double the percentage of cis-gender<sup>5</sup> heterosexual students. Rates among LGBT students were similar to those in 2017.<sup>6</sup>
- LGBT students reported seriously considering suicide more than four times the rate reported by cis-heterosexual students. LGBT students also reported attempting suicide three times as much as their peers. Rates of considering suicide and attempting suicide among LGBT students were notably higher than in 2017.<sup>6</sup>

### What we heard from *Beat the Odds* youth mental health coalition

These disparities resonated with youth. They noted inadequate supports and services for LGBTQ+ students as a contributing factor. They also observed that depressive symptoms were exacerbated during the pandemic, particularly among students whose parents or guardians did not approve of their sexual orientation.

## Mental Health Inequities Among Female Students

- Similar to 2017, female students reported sustained sadness or hopelessness that impacted usual activities almost twice as much as male students.
- Similarly, female students reported engaging in self-harm, seriously considering suicide, and attempting suicide twice as much as male students. These rates were higher than in 2017.<sup>6</sup>



Notes: Male: 612 students; Female: 632 Students

### What we heard from *Beat the Odds* youth mental health coalition

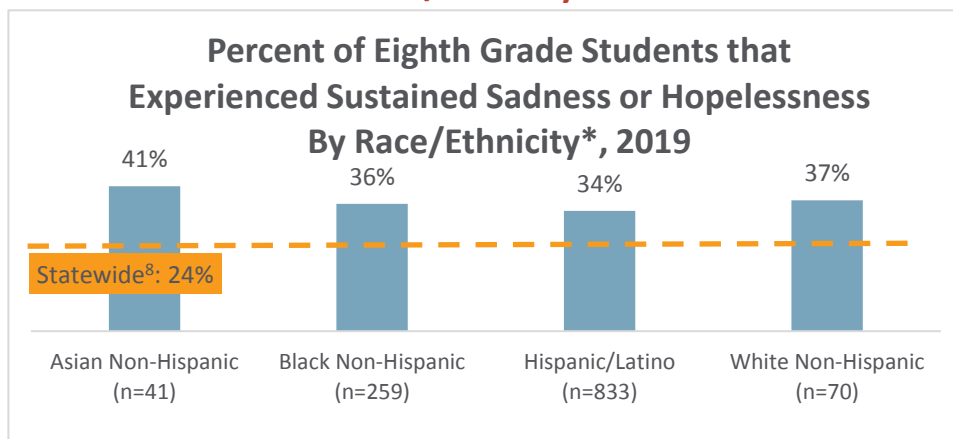
Youth think depressive symptoms among male students are higher than reflected in the data. They noted that mental health stigma for males might prevent some respondents from answering honestly

<sup>5</sup> of, relating to, or being a person whose gender identity corresponds with the sex the person had or was identified as having at birth (Merriam Webster)

<sup>6</sup> Public Health Institute of Western MA. Mental Health Inequities in Springfield Youth. 2017.

[https://www.publichealthwm.org/application/files/2616/0270/3000/Mental\\_Health\\_Youth\\_Preliminary\\_Data\\_Report\\_PHIWM\\_2018.pdf](https://www.publichealthwm.org/application/files/2616/0270/3000/Mental_Health_Youth_Preliminary_Data_Report_PHIWM_2018.pdf)

## Mental Health Across Race/Ethnicity



- High rates of sustained sadness and hopelessness that impacted regular activity were observed among Black, Hispanic/Latino, Asian, and White students when compared to the state preliminary 2019 estimates.

\*Race and ethnicity categories were created using MA DPH categories based on student responses to race and ethnicity question that was select all that apply. We did not have a sufficient number of respondents to look at other racial/ethnic groups.

## Youth Seeking Help from Adults

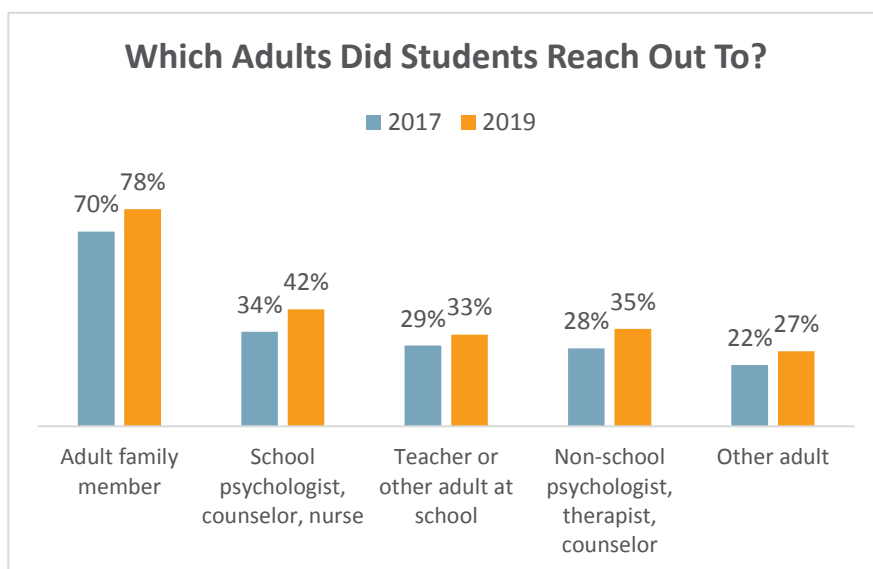
Close relationships with a parent or caregiver, as well as school connectedness which includes having an adult at school to talk to, can have a protective effect for risk behaviors related to mental health such as substance use, multiple sexual partners, and suicidal ideation.<sup>7</sup> In other words, students who have an adult to confide in may have lower rates of poor mental health outcomes. **Approximately three out of four students reported reaching out to trusted adults in their life when they need to talk to someone about how they are feeling, things that are going on in their life, or any problems they may be having** (76% in 2019, 71% in 2017).

Youth from *Beat the Odds* noted the need to improve trust between teachers and students. Fortunately, efforts are currently underway locally to strengthen student-teacher relationships.

For instance, the Hampden County Health Improvement Plan Coalition is currently working on developing strategies to create a network of support and mentorship for youth, including in school settings. Preliminary analysis shows that there is a difference in help seeking behaviors among female students and LGBT students:

- 63% of LGBT students reported needing to talk to an adult in the past 12 months compared to cis-heterosexual students (38%)
- Similar to LGBT students, female students reported a greater need to talk to an adult (52%), compared to their male peers (30%)

As adults continue to provide support to youth in need from marginalized populations, tailored training and culturally humble interventions are needed to better reach and support these youth.



<sup>7</sup> Riley J. Steiner, Ganna Sheremenko, Catherine Lesesne, Patricia J. Dittus, Renee E. Sieving and Kathleen A. Ethier. *Adolescent Connectedness and Adult Health Outcomes*. Pediatrics July 2019, 144 (1) e20183766; DOI: <https://doi.org/10.1542/peds.2018-3766>

# Thank you to our sponsors and planning team!

## 2019 Sponsors



## Springfield Youth Health Survey Initiative Planning Team

- Gándara Center
- Martin Luther King Jr. Family Services, including youth Peer Health Advocates
- Public Health Institute of Western Massachusetts
- Massachusetts Gaming Commission
- Springfield Health and Human Services
- Springfield Public Schools
- Elaine Puleo, PhD, (formerly University of Massachusetts, Department of Biostatistics and Epidemiology)

For more information about the Springfield Youth Health Survey Initiative, visit <https://www.publichealthwm.org/youth-health-survey-initiative>



## About the Public Health Institute of Western MA

The Public Health Institute of Western Massachusetts builds measurably healthier and more equitable communities through community engagement, collaborative partnerships, research and evaluation and policy advocacy.

## Health Equity Statement

A history of social, economic, and environmental inequities, such as racism and gender-based discrimination, are embedded in societal institutions and result in poor health. These unjust inequities affect communities differently with some bearing a great burden of poorer health. These inequities can influence health more than individual choices or access to health care. The Public Health Institute of Western Massachusetts recognizes its responsibility to dismantle these injustices by promoting health through policies, practices and organizational systems that benefit all.

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