



TAKING ACTION TO SUPPORT OUR YOUTHS' MENTAL HEALTH

Issue Brief

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**PUBLIC HEALTH INSTITUTE
OF WESTERN MASSACHUSETTS**
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Acknowledgements

We would like to express our gratitude to the many dedicated professionals, stakeholders, and individuals who generously shared their insights, expertise, and personal experiences in shaping this Youth Mental Health Roadmap for Western Massachusetts. Your contributions have been instrumental in charting a path toward improved mental health and a brighter future for all.

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- Clinical and Support Options Inc. (CSO)
- Community Action Pioneer Valley
- Community Foundation of Western MA
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- Franklin Regional Council of Governments
- Gándara Center
- Holyoke Medical Center
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- MiraVista Behavioral Health Center
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- River Valley Counseling Center
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- Springfield City Council
- Springfield Public Schools School Committee
- SquareOne
- The Brien Center
- The Massachusetts Health Policy Forum
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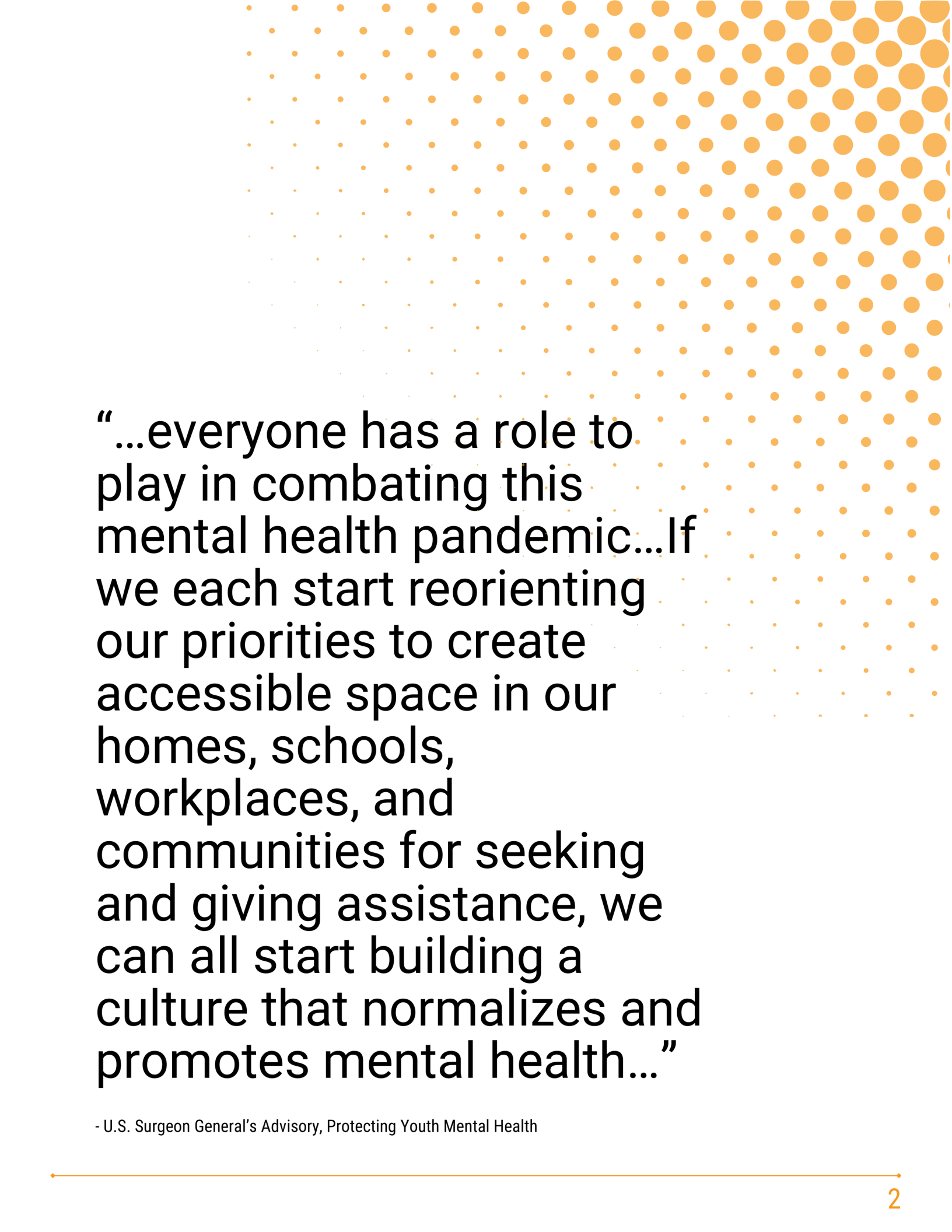
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“...everyone has a role to play in combating this mental health pandemic...If we each start reorienting our priorities to create accessible space in our homes, schools, workplaces, and communities for seeking and giving assistance, we can all start building a culture that normalizes and promotes mental health...”

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

Strengthening Infrastructure to Support our Young People's Mental and Behavioral Health

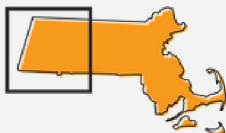
Good mental and behavioral health is essential for youth to thrive in their lives - from their homes to schools to relationships and beyond.¹ Western Massachusetts youth mental health was identified as a priority need in Community Health Needs Assessments prior to COVID-19. This need was made worse by the unprecedented challenges our youth faced during the pandemic. An estimated 45% of youth responding to the MDPH COVID-19 Community Impact Survey reported sustained depressive symptoms that impacted their daily activity in the fall of 2020. This finding is consistent with the high levels of anxiety and depressive symptoms reported from school-based youth surveys in our region.

Over the past year, the PHIWM has been convening people to create a mental health roadmap for Western Massachusetts. It focuses on **mental health wellness promotion** and **prevention of mental health conditions**. This roadmap builds off the work of the Commonwealth's Promote and Prevent Commission, led by former State Representative Jim Cantwell and staffer Benjamin Thomas, and the 2018 report, [Behavioral Health Promotion and Upstream Prevention](#).

This Roadmap also complements the much-needed work underway focusing on treatment, crisis services, and workforce needs as outlined in the 2021 MA Behavioral Health Roadmap. **While important, this is just one piece of the puzzle.** Similar infrastructure and funding are needed for prevention and promotion.



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

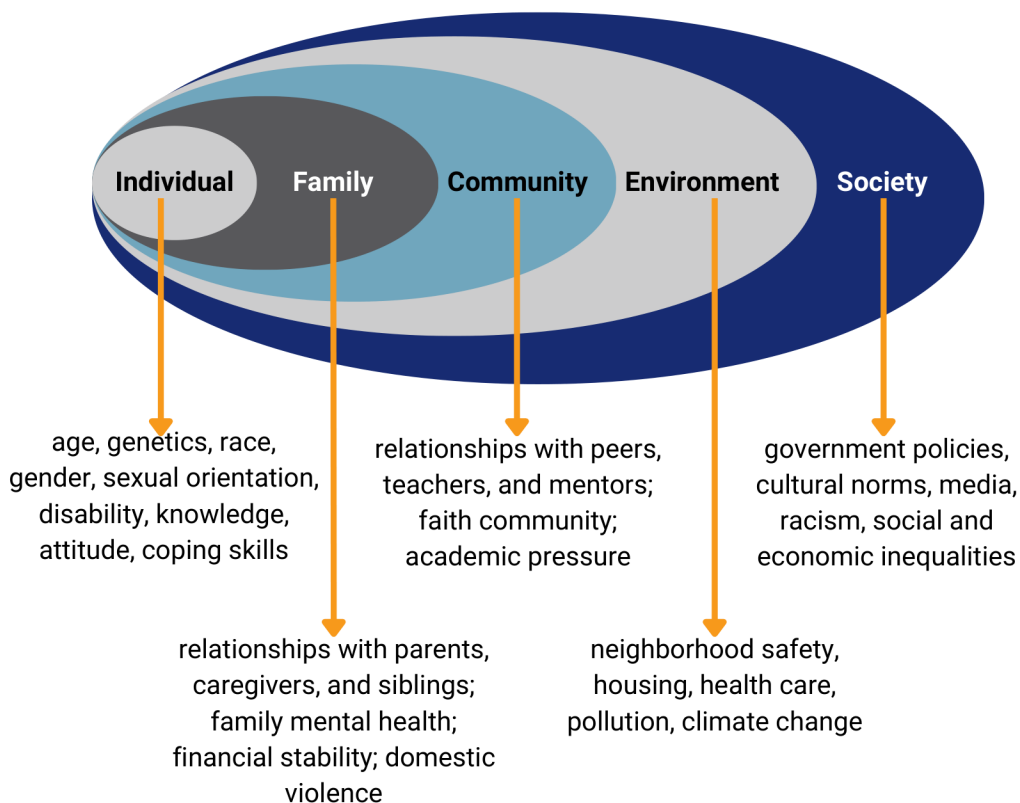


Focuses on **Black and Latine youth** while acknowledging inequities among those who are LGBTQIA+, youth of color, living with disabilities, living in poverty, and more

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.”² To support the promotion of mental wellness and prevention of mental health challenges, one must first understand the factors that influence our mental health. Mental health is shaped by our genetics and the relationships we have with our family and friends, among other factors. Community factors like school climate and the environment around us, such as access to safe housing, also matter. Finally, there are societal factors like government policy, cultural norms, racism, and other systems of oppression in our society. Experiences of trauma and chronic stress increase our risk for mental health conditions. 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 important factor for our youth to be resilient in the face of adversity, trauma, and major stress.³



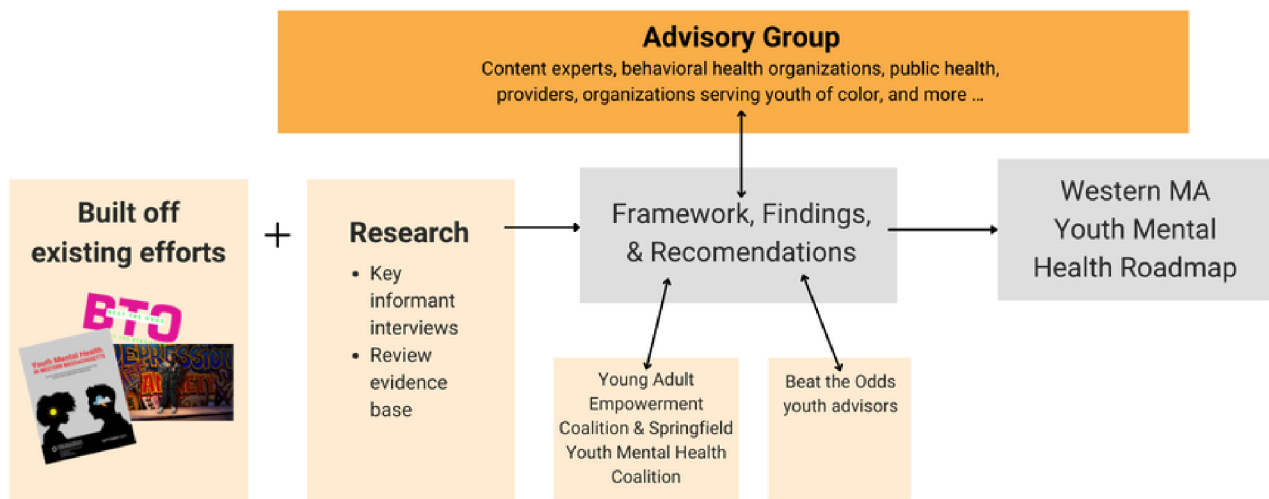
Source: Image adapted from “Factors that can shape the mental health of young people” in *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory*. 2021

“Behavioral health promotion and prevention initiatives implemented in childhood can and do affect individuals’ behavioral health trajectory for decades.”

- Commonwealth’s Promote and Prevent Commission, 2018 Behavioral Health Promotion and Upstream Prevention Report

Our Process

The Western Massachusetts Youth Mental Health Roadmap was developed through a robust partnership. We **built off existing efforts**, including the Community Health Needs Assessments for the Coalition of Western Massachusetts Hospitals and Insurer and the work of Beat the Odds/Springfield Youth Mental Health Coalition. An **Advisory Board of 24 individuals** with a wide variety of expertise has guided and provided input on the process, focus areas, findings, and recommendations. The research process included **reviewing the evidence base**. Then 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.



Their insights and expertise have been invaluable in crafting a roadmap that is **inclusive**, **responsive**, and **reflective** of the diverse needs within our community. We also vetted the Roadmap findings 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 the YMHC) to further validate and refine our findings.

Western MA Youth Mental Health Roadmap

The roadmap focuses on the following areas:



Through our research, we learned that there is a lot of great work going on to support these focus areas in our region. We can build off this work to partner with our youth, their families, and our communities 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 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
 - Share power with youth and parents/caregivers when designing and implementing promotion and prevention strategies
 - Be cautious when designing programming/interventions and when messaging 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

Mental health stigma has been decreasing over time, though it remains.⁴ 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. There are **generational differences**, with less stigma among younger generations.⁵ 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 and men than among girls and women. This finding aligns with research that males have a greater stigma about mental health than females and are less likely to seek help.⁶ Consistent with interview findings, research shows that **cultural differences** also impact how stigma may manifest.⁷ For example, interviews with providers of color highlighted how the legacy of slavery, along with ongoing instances of structural and interpersonal racism in our country, have created a need for individuals to be cautious about what they disclose. Many people seek to protect themselves and their families in a society of White dominant cultural systems and norms that often penalize Black people, including Black parents. Religion and faith have been described as one of the most preferred ways of coping with mental health in the Black community.⁸ Some of the service providers and community representatives we spoke to said it feels safer to talk about mental health with their faith community and leaders than with others. Yet several stated that the stigma was still there. In particular, it was noted that it felt unsafe for young people who were exploring their sexuality or gender identity.

Through our interviews with youth-serving organizations and prevention coalitions, we learned that there are some great youth-centered efforts underway to educate about mental health, destigmatize mental health, and center youth in the design and implementation of efforts to normalize and support mental health.



Recommendations

- Center **youth and parent/caregiver voice** in the design and implementation of strategies to destigmatize and normalize mental health
- Provide more **multi-pronged strategies** to destigmatize mental health that include the following: ^{9, 10, 11}
 - 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 is needed to see stigma reduction
- Partner with **media**
 - Educate local media about normalizing mental health and work with them to help reduce negative media portrayals of mental health issues
 - Partner in efforts to normalize mental health and 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 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](https://www.morethanmymood.org) for youth and families in the Greater Springfield area. To ensure the receptivity of the campaign, they included their Beat the Odds Youth (BTO) Advisors and community every step of the way. In 2021, YMHC formed a multi-sector 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 folks back to [MoreThanMyMood.org](https://www.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 MA, and City of Springfield.



#MTMM



SOCIAL CONNECTION

Background

We are biologically wired to need social connection. Data indicates that we are becoming **less socially connected** over time as a society and that loneliness is widespread.¹² Isolation can increase the risk of mental health challenges such as depression and anxiety, and these risks can persist over time. The forced physical distancing, remote schooling, and cancellation of activities that connected youth to other youth and adults during the COVID-19 pandemic had profound impacts. Though interviews with youth-serving organizations indicated that we have resumed some in-person activities for youth, they also indicated we are still rebuilding infrastructure for many in-person activities in the region. In addition to teenage youth, COVID-19 disrupted the older teenage transition years, impacting our young adults. They were already at risk, reporting the highest rates of loneliness among adults in our society.¹³ 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 with whom we vetted our findings.

Research has shown that social isolation increases the risk of anxiety and depression, and risk remained high up to nine years later.¹⁴





Recommendations

- Make **social connection** a high priority in our local governments, organizations, schools, and healthcare
 - Design programs, policies, and practices for connectivity,¹⁵ creating environments that foster and enhance meaningful social interactions between people
 - Consider building in youth opportunities for social connection in all domains: schools, community organizations, faith-based communities, healthcare, behavioral health care, etc.
 - Consider opportunities for youth to connect with their peers and also intergenerationally
- Create and support more **programs that connect youth**
 - Provide more mentoring and peer-mentoring opportunities; build on and expand existing local programs
 - Involve youth in the design of programming and support to (1) ensure they are youth-centered, and (2) foster youth leadership development
- **Educate** 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 taking into account 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 (YEA)

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 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**. Research has shown that SEL can boost young people's social and emotional skills, reduce emotional distress, and lead to a number of other positive outcomes such as reducing violence and aggression, and improving behavior issues and functioning at school.¹⁶

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.

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**. In addition, interviewees from community organizations and those we vetted our findings with repeatedly noted the need for SEL in the various community locations where youth are engaged, as well as **teaching parents/caregivers SEL skills** so that they can support their children.



Recommendations

- Support SEL in 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 staff¹⁷
 - 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 Department of Elementary and Secondary Education (DESE) funding
 - Embed SEL in **non-classroom settings**, such as team sports, other extra-curriculars activities, and after school programs¹⁸
 - Incorporate **Transformative SEL principles** into implementation, which includes consideration of key equity principles like power, bias, and voice
- Community-based SEL
 - Embed SEL in **community programs that engage youth**, such as youth development programs, summer job programs for youth, faith-based youth groups, etc.
- Support parents and caregivers
 - Educate parents and caregivers about social and emotional information and skills so they can **model and teach** SEL to the youth they care for
- Policy support
 - 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% of those aged 13-17 actively use these platforms and more than a third report near-constant use.¹⁹ The impact of social media is a complex mix of benefits and drawbacks. On one hand, it offers needed social **support for marginalized youth** who might not interact with peers with similar identities in their everyday lives, including youth within the LGBTQ+ community. On the other hand, it poses challenges such as **reduced face-to-face interactions, less sleep, potential negative effects on self-esteem and mental health**, the prevalence of **cyberbullying**, and **excessive use** driven by platform algorithms designed for maximum user engagement.

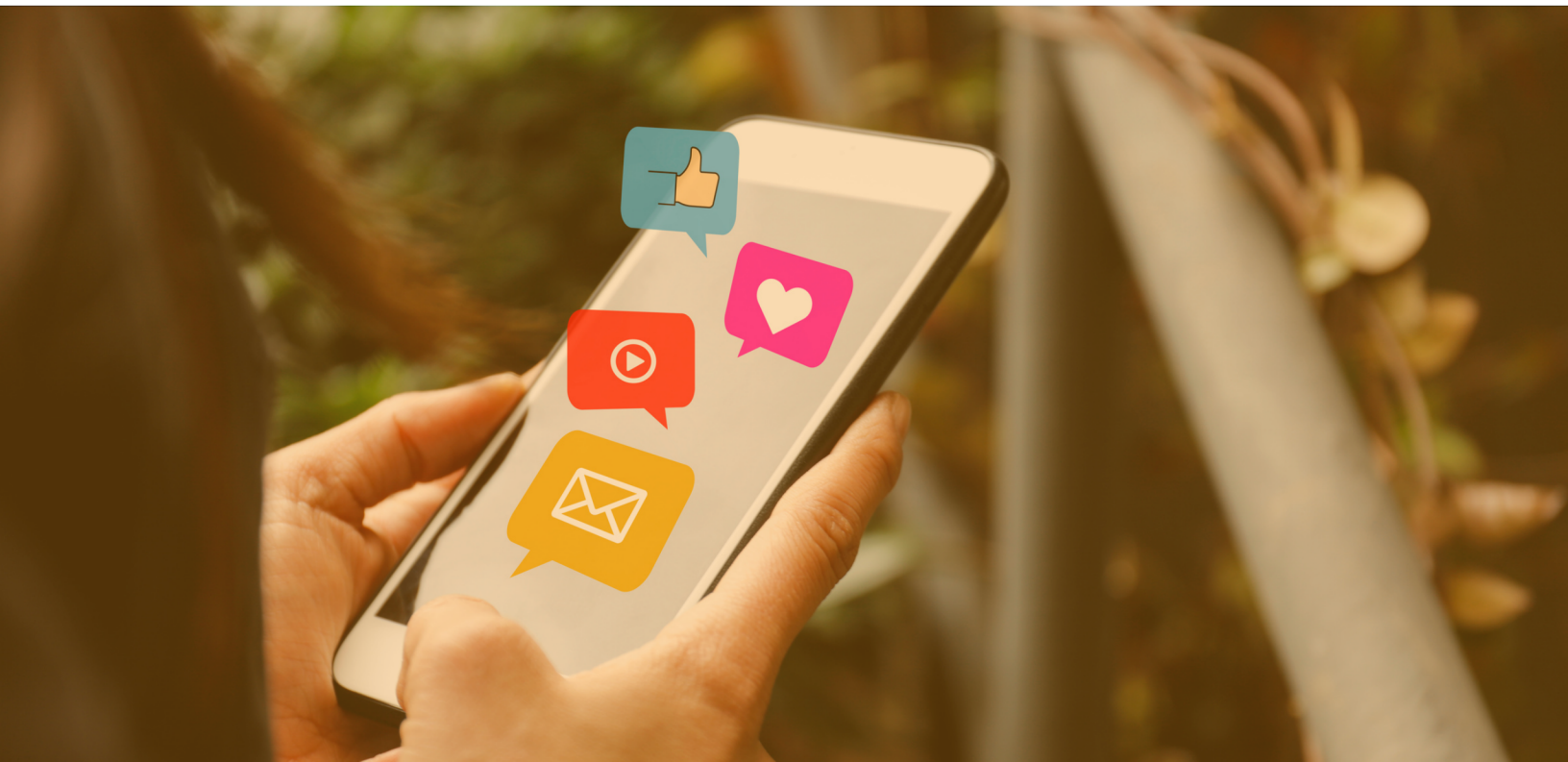
Currently, there are minimal regulations or incentives for social media companies to protect children. There are two **bipartisan bills** before Congress which together would create a '**duty of care**' to require tech companies to prevent harm to minors and also expand privacy protections of minors.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

In addition, **education** is needed for parents/caregivers and youth to help them understand the harms of social media and strategies and tools to support safe and healthy social media and tech usage.²⁰ There are some educational efforts taking place. For example, the Hampden County District Attorney's office provides education about the harms of social media. Also, the Communities that Care Coalition educates the Franklin County community and key stakeholders through videos of parents, educators, and others. However, more is needed to reach parents and youth across our region. 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 school policies that limit phone use is allaying some parents/caregivers and youth concerns about youth not having a way to directly reach parents/caregivers should an emergency arise. In addition, youth have highlighted the need for parents and caregivers to **model healthy social media use**, with adults often critical of youth social media and phone use while being very connected to their phones themselves.



Recommendations

- Educate students and parents/caregivers about the **harms** of social media and **strategies** for more healthy usage
- Implement **community-level education** about the harms of social media and strategies for more healthy 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 [Social Connection](#) section)
- Policy advocacy
 - Collaborate on federal legislation, e.g. COPPA 2.0, KOSA
- Keep **equity** in mind!
 - Remember the benefits of social media, which allows some youth to access social support they wouldn't otherwise have in their everyday lives
 - Make sure that schools that institute policies limiting cell phone use don't lead to unfair punishment, especially for Black and Latine students





Communities That Care Coalition's P.E.E.R. Ambassador Program

The Communities That Care Coalition of Franklin County and the North Quabbin 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 connecting families to community mental health resources. They also share information to help parents address social media use and 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 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

Youth mental and behavioral health must show up in many settings including primary healthcare, law enforcement, homes, community organizations, sports, arts and culture, and schools. **Connecting primary prevention strategies** outlined in this Roadmap with strategies aimed at identifying and treating mental health conditions across these settings will improve health outcomes for youth. 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. 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.²¹ Integrated behavioral healthcare models expand understanding of mental health and access for both provider teams and parents/caregivers.

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.

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 must 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 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, and SEL skills
 - Work with community health workers and community ambassadors to educate patients about risks of and actions to address inadequate social connection, and to provide peer support
 - 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 additional strategies for prevention and intervention (e.g. screen time limits)
 - Insurers should offer adequate reimbursement for assessing and addressing social disconnection and screen limit issues, 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, etc.
- 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.

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 MA Department of Mental Health to provide more *Young Adult Access Centers*

See information about the above legislation 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*


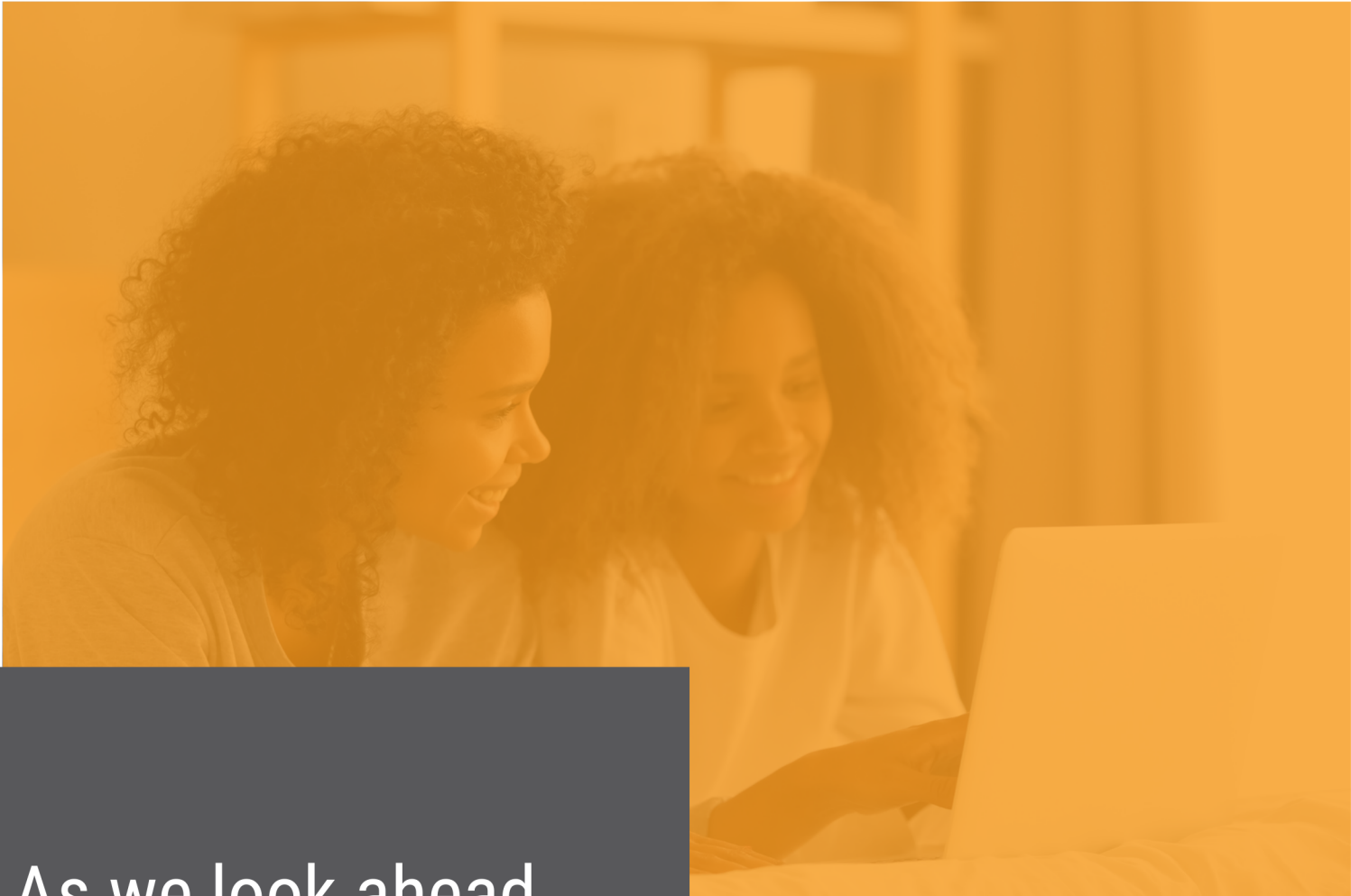
See information about the above legislation from the **[National Association of Social Workers-MA Chapter](#)**.

Federal Legislation

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

See information about the above legislation from **[Fairplay](#)**, the **[Bipartisan Policy Center](#)**, and **[Common Sense Media](#)**.





As we look ahead,
let us remember
that our youth
possess incredible
resilience. With our
support, we can
collectively shape a
brighter future.

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