

A Serious Response to Youth Mental Health and Substance Use

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“Not my kid!” How many times have you heard that? Maybe you’ve even said it. Or whispered it, like a prayer, “Please, not my kid.”

But we know, when it comes to mental health and substance use issues, it could be your kid ... or my kid. According to a study by the C.S. Mott Children’s Hospital, 46% of parents said they noticed a new or worsening mental health challenge for their teen since the start of the COVID-19 pandemic.¹

And, according to the National Center for Drug Abuse Statistics, drug use among 8th graders went up 61% between 2016 and 2020, and 62% of teens in the 12th grade have used alcohol and 50% have used a drug at least once.² Speaking as a parent, these statistics are terrifying. Nobody is immune. Every child is at risk.

We can’t ignore those concerns. The mental health and substance use crises won’t simply go away. If we ignore opportunities to address increasing rates of suicide, anxiety, and loneliness among our youth, we are failing them. That failure to act will also ensure that America’s youth crisis worsens.

At the National Council, we take this challenge seriously. And we’re taking a multi-pronged approach with actionable programs that can be embraced by every community across the county.

When we implemented *Youth Mental Health First Aid (YMHF)* in 2012, we did it with confidence based on a foundation of evidence supporting its parent program, *Mental Health First Aid (MHFA)*, which we introduced in the USA in 2008. Peer-reviewed studies from around the world show that individuals trained in *MHFA* expand their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions; have increased confidence in and likelihood to help an individual in distress; and show increased mental wellness themselves.³ To date, we have trained 2.7 million people in *MHFA* and our goal is to train 22 million nationally.

YMHF is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step Action Plan for how to help young people in both crisis and non-crisis situations. The demand for training has surged throughout the pandemic because of concerns over the mental well-being of our nation’s youth. But *YMHF* only addresses half the problem, and half the solution.

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Studies show that young people often turn to their friends for support before a parent, teacher, or professional/school service. However, teens often do not have the skills to provide effective support for a friend experiencing a mental health challenge; *teen Mental Health First Aid (tMHFA)* teaches teens in grades 10–12, or ages 15–18, just enough to help a friend or peer avoid a mental health or substance use challenge or crisis while waiting for help from a parent and/or other trusted adult, such as a guardian, teacher, coach, or school counselor.^{4,5}

To be clear, *tMHFA* does not teach teens how to diagnose or treat; it teaches them how to be a supportive friend, encourage their friends to seek help, and know when it's time to get a parent or trusted adult involved.

As my kids would say, “So, how’s that workin’ for you?” I’m happy to say, it’s working really well! Since early 2020, the *National Council for Mental Wellbeing* has brought teen *tMHFA* to approximately 700 schools and youth-serving organizations across the country with more inquiries from sites across the country every day. As of May 2022, we have trained 125,621 teen first-aiders.

But numbers don’t tell the whole story. Our follow-up surveys show that kids aren’t just learning the tools; they’re using them. Sixty-six percent reported they used their *tMHFA* knowledge or skills to deal with their own stress and 68% used their *tMHFA* skills to help others experiencing stress.⁶

When surveyed, 72% of youth reported they would be likely to listen to and trust health care providers advising them not to use or to stop using substances.⁷ But those conversations aren’t easy and even seasoned providers need guidance.

The National Council, in collaboration with the Centers for Disease Control and Prevention (CDC), created the *Getting Candid: Framing the Conversation Around Youth Substance Use Prevention Message Guide and Toolkit*. What sets the program apart is the preliminary work we invested before a single tool was developed. We couldn’t risk creating a program based on our assumptions, no matter how well-intentioned. The process was precise and complex, and worth every moment invested. After all, the CDC entrusted us with \$2 million.

We started with a literature review and environmental scan of data related to epidemiology and etiology of youth substance use and substance use disorder(s), prevention and cessation campaigns, and communications. Only then did we take the next step and convene key informant discussions with experts in youth substance use prevention, including high school students, researchers, program directors/managers, and youth-serving providers from a federal agency, non-profit organizations, and public and private schools.

Initial needs assessments were conducted to inform development of the message guide and resources within the toolkit to identify provider and youth perceptions of risks, drivers of youth substance use, the impacts of the COVID-19 pandemic on access to and delivery of youth substance use prevention services, and gaps in resources for providers. A second needs assessment tested the developed messaging and identified preferred messaging themes and language to inform final messaging.

Two rounds of virtual discussion groups further refined messaging and resources within the toolkit. Finally, we convened an expert advisory group of youth, youth-serving providers, researchers, and health communication experts to identify gaps in resources and provider knowledge and opportunities to improve and revise the message guide and toolkit materials.

All in all, it took the input of more than 2000 youth-serving providers and youth whose insights guided the content of toolkit and we’re grateful for the contribution of each and every one.

But I haven’t even talked about the product. It’s amazing! And, with all due modesty, I don’t know of another group that could have pulled it off like our team at the National Council.

The toolkit is housed on the National Council website and is composed of an array of guidance on communication and engagement, support for implementation, messaging on youth substance

use prevention, tip sheets, social media graphics and shareables, videos, webinars, interactive worksheets, and an educational course. It's all at www.TheNationalCouncil.org/program/getting-candid. I encourage you to check it out!

While the National Council programs revolve around prevention and early intervention, the reality is that sometimes our best just isn't good enough and young people go down a path leading them to the justice system.

This issue of *JBHS&R* features a special Sect. ⁸ devoted to public health in juvenile justice. It delves into such critical issues as using technology to increase access to behavioral health services for youth in juvenile justice and child welfare systems,⁹ the effectiveness of juvenile drug treatment courts,¹⁰ and the influence of childhood sexual assault on the stability of depressive symptoms among repeat juvenile offenders.¹¹

It could be your kid. It could be my kid. By creating a system with a strong preventive component combined with an effective, reformed, and responsive justice system, we can give all our kids a chance to live the kind of healthy and meaningful lives they deserve.

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