

The Hope, Healing, and Health Collective

The Hope, Healing, and Health Collective is a two-year project designed to connect youth-driven solutions to improve adolescent well-being with direct-service providers and policymakers, ensuring that especially in light of the COVID-19 pandemic and heightened public attention to historical and ongoing racial injustice, youth from marginalized communities have equitable access to effective and compassionate support for healing from trauma and toxic stress. This Collective centers the voices of young people through a series of listening sessions designed and led by a Youth Advisory Council with support and thought partnership from adult allies within policy, research, direct service, and government.

Introduction & Context

In the spring and summer of 2020, youth in the United States experienced a cascade of community trauma and stressors. The global COVID19 pandemic swept through communities of color at alarming and disproportionate rates compared to white communities.

As of the winter of 2020, the Centers for Disease Control found:

- ▶ Black people are dying from COVID19 at nearly **three times** the rate of white people.
- ▶ Latinx people make up a disproportionate share of confirmed cases, with eight states whose Latinx population experiences **four times** the number of cases as the white population in those states.
- ▶ Indigenous communities in 23 states have case rates of **3.5 times** that of white people.

The ensuing school closures, social isolation, and dramatically reduced access to services and care combined with the overall threat of the virus and the collective and individual grief over loved ones who died from COVID19 have produced alarming mental health trends for young people.

From the middle of March to October 2020,



Emergency room visits for mental health crises in teenagers **rose 31%**. (CDC, 2020).



29% of surveyed parents believed that the current social distancing policies were contributing to emotional or mental health harms on their children (Gallup, 2020).



14% of parents said their child's behavioral health was worsening (Pediatrics, 2020).

Trauma Coumpounds Trauma:

*On top of the global pandemic and sparked by yet another police killing of an unarmed Black man, George Floyd, the summer of 2020 brought renewed public attention and protests against racialized police violence and demands for reform. We know that youth of color experience both direct and indirect harms to their mental health and well-being from racialized police violence (The Children's Partnership, 2020). **Racialized state violence, including immigration enforcement, triggers a stress response in children and youth that accumulates over time, adding to existing social and cultural harms** based on race and ethnicity. It becomes yet another adverse childhood experience that youth of color must overcome without the proper investment in community supports for their resilience and healing.*

The Need for Hope, Healing, and Health

These stressors and community traumas from 2020 have only added to what were alarming trends in children's mental health – trends that are compounded for youth with several marginalized identities, including their gender identity and sexual orientation and their race or ethnicity.



In 2019, **nearly 50%** of youth who were severely impaired with a major depressive episode did not receive treatment (SAMHSA, 2020).

Black and Latinx children were about **14% less** likely than white youth to receive treatment for their depression overall, and though as likely to have a major depressive episode as white children, were less likely to receive treatment in inpatient settings (SAMHSA, 2020).



Suicide is the second leading cause of death for Native youth – nearly **3.5 times higher** than the national average, and higher than any other ethnic group (Center for Native American Youth, 2020).



High school girls across all races and ethnicities had made plans to attempt suicide more than boys (CDC, 2019).



22% of girls had seriously considered suicide, and **nearly 12%** had attempted it (CDC, 2019).



LGBT+ youth from American Indian and Alaskan Native backgrounds were **2.5 times more likely** to report a suicide attempt in the past year, compared to their non-Native LGBT+ peers. (The Trevor Project, 2020).



Youth in small, rural, and hard to reach communities, such as Native communities, experience comparable stressors to those of their Black and urban-based peers, such as financial hardship, a negative view of the mental health system and school supports, and a preference for supports from peers and adults with similar experiences (CLASP, 2019).

Black & Latina girls represent a distinct group of young women whose gender and racial or ethnic background intersect in ways that contribute to increased exposure to chronic stressors and traumatic experiences and simultaneously create barriers to accessing hope, health, and healing.



Black and Latina girls were **nearly twice as likely** to attempt suicide as Black and Latino boys (CDC, 2019).



Black girls are **six times as likely** to be suspended and **four times as likely** to be arrested at school than white girls (National Black Women's Justice Institute, 2018).



Black girls also experience disproportionate levels of other types of gender-based enforcement and discipline such as being suspended or removed from class for dress code violations and being **"disruptive"** – all euphemisms for being **"too adult-like"** (The Education Trust, National Women's Law Center).



Over half of Latina girls are worried about a friend or family member being deported, and **nearly a quarter** have been harassed because of their family name or country of origin. (National Women's Law Center, 2019).



And still, we must leave room for resilience and building on protective factors

Latinx youth may actually have experienced improvement in their mental health during the early days of the pandemic, with improved family relationships as a key factor

(Penner, Hernandez Ortiz, Sharp, 2020)

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Our aim is to **expand the availability and accessibility of culturally-competent and gender-responsive mental health services and supports to youth of color**, particularly Black girls, Indigenous youth, and Latina girls. Despite evidence of a demonstrated need, behavioral health services are underutilized among communities of color. The reasons why youth (and adults) of color do not engage in traditional mental health services at rates that are proportionate to the need within those communities are complex — **including limited access, social stigma, misgivings about the efficacy of treatment, and distrust of providers**. Additionally, a lack of mental health care coordination with the broader health care system and other service providers fails to effectively engage the youth being served.

In considering what serves young people well, greater attention is needed to understand **how building power through mobilization and youth organizing supports positive mental health and builds on community strengths**, especially as paradigms begin to shift in response to the global COVID¹⁹ pandemic and greater public support for racial justice. It is imperative that we address these barriers and **develop innovative strategies — leaving space for healing outside of the traditional mental health system** — that support the mental health and wellbeing of youth of color if we want our youth to thrive.

Policy Questions for The Collective

The driving questions and areas of exploration for the Collective and their networks include:

- ▶ Where were BIPOC youth seeking mental, emotional, and/or social support pre-pandemic?
- ▶ How have these adaptive strategies changed or been impacted by COVID-19?
- ▶ For BIPOC youth who are experiencing difficulties prior to and during the pandemic, what were the barriers to seeking mental, emotional, and/or social supports?
- ▶ For BIPOC youth who are experiencing difficulties, what are the barriers to seeking clinical care?
- ▶ What components of mental, emotional, or social supports already being used by BIPOC youth would improve clinical mental health care?



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