



National
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Justice Institute



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YOUTH-CENTERED STRATEGIES FOR HOPE, HEALING AND HEALTH

Sydney McKinney, PhD
Dayanara Ruiz, MPH

Angela M. Vázquez, MSW
Mayra E. Alvarez, MHA

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Executive Summary



In the spring and summer of 2020, youth in the United States experienced a cascade of community trauma and stressors. The global COVID-19 pandemic swept through communities of color at alarming and disproportionate rates compared to white communities. 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 COVID-19, have had severe consequences for young people's mental health, especially youth of color. The public health crisis also coincides with horrific incidents of police brutality, spurring calls for racial justice and healing heard across the country.

In light of the past year, the need for culturally responsive and gender-affirming mental health services is as apparent and urgent as ever. The nation's foremost experts on the mental health and wellness of children and adolescents have all raised the alarms about the distressing effects of the COVID-19 pandemic and racial injustice on the health and emotional well-being of our youth. In a joint statement, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in child and adolescent mental health¹, and the U.S. Surgeon General, Dr. Vivek Murthy, highlighted the critical need to address the youth mental health crisis.² **The sobering reality is that the COVID-19 pandemic has intensified a pre-existing mental health crisis**

among youth of color, placing a spotlight on the importance for us to collectively act now.

In response, The Children's Partnership (TCP) and the National Black Women's Justice Institute (NBWJI) formed a youth-led policy council: The Hope, Healing and Health Collective (H3 Collective). With support and thought partnership from adult allies within policy, research, direct service and government, the H3 Collective developed a policy agenda that builds the capacity of youth-serving systems to provide effective, compassionate and trauma-responsive care to marginalized youth and their communities.

The Collective's aim is to **expand the availability and accessibility of culturally-responsive and gender-affirming mental health services and support to marginalized youth**. Our work intentionally centers the experiences of Black and Latina girls, Indigenous youth and LGBTQ+ youth of color, who data show are disproportionately at risk for depression, anxiety, suicidal ideation and self-harming behaviors. Despite evidence of a demonstrated need, youth of color do not engage in traditional clinical mental health services at rates that are proportionate to the need. The reasons for their reluctance are well-founded and complex, **including limited access, social stigma, misgivings about the efficacy of treatment and distrust of predominantly white providers**. Addressing these issues will require policymakers to confront multiple sources of inequity across the mental health, health, education and other youth-serving systems.

In considering what serves young people well, it is imperative that we address these systemic barriers and **develop innovative strategies, leaving space for healing outside of and in tandem with the traditional mental health system. We must be expansive in our thinking about what supports and strengthens youth mental health – inclusive of community-based strategies that mobilize, organize and build power among marginalized youth – if our youth are to thrive.**

Youth-Driven Policy Recommendations to Address Barriers to Well-Being

Mental health and well-being in childhood and adolescence is identified by the achievement of positive identity development and emotional milestones, healthy social relationships, and effective coping skills, all contributing to a positive quality of life and functioning well at home, in school and in the community. Our policy recommendations seek to incorporate culturally-responsive, gender-affirming structures into our systems of care and youth development strategies. Still, we recognize that without transformational change in the social drivers of mental health and the elimination of systemic oppression of BIPOC youth, girls and LGBTQ+ youth, we will be unable to ensure hope, healing and health for all of our nation's young people.

1 ACCESS TO QUALITY CARE

Barriers to Well-Being

- ▶ Lack of diversity among mental health professionals
- ▶ High cost of confidential, quality services
- ▶ Limited update of virtual services

Youth-Driven Policy Recommendations

- ▶ Increase the number of therapists, counselors and other supportive adults that reflect the race, culture and community experiences of youth
- ▶ Increase youth access to and knowledge of mental health insurance and benefits
- ▶ Ensure youth can access confidential care without parent consent or notification
- ▶ Lower the cost of mental health services for youth and their families
- ▶ Ensure youth have in-person and telehealth options to meet their needs and preferences for mental health services

2 SCOPE OF AVAILABLE MENTAL HEALTH SERVICES

Barriers to Well-Being

- ▶ Over-reliance on clinical mental health modalities
- ▶ Culture as a healing intervention

Youth-Driven Policy Recommendations

- ▶ Expand what public and private youth-serving systems consider within the scope of mental health services to include promotion of racial and ethnic affinity practices, rituals and civic engagement for youth from historically marginalized communities
- ▶ Build the capacity of youth peer leaders to provide culturally responsive and gender-affirming peer support, mental health education and wellness promotion

3 FAMILY, RACE, AND CULTURE

Barriers to Well-Being

- ▶ Stigma and lack of community and family awareness
- ▶ Unmet mental health needs of family and household members
- ▶ Warranted mistrust of the mental health system

Youth-Driven Policy Recommendations

- ▶ Create policies that ensure BIPOC youth and their families receive care and treatment, rather than surveillance and discipline, in response to their distress
- ▶ Create and maintain "safe spaces" for all youth, particularly for girls, transgender youth and youth with immigration status concerns.
- ▶ Reduce the impact of family/cultural stigma by investing in family engagement and community education on the mental health needs of young people
- ▶ Ensure whole families and households receive adequate and culturally-responsive mental health care

4 SCHOOL-BASED SERVICES

Barriers to Well-Being

- ▶ Lack of sufficient school resources, staff and programs

Youth-Driven Policy Recommendations

- ▶ Increase staff capacity (administrative, programmatic, clinical and non-clinical) on school sites to meet the growing need of students, especially in those communities with poor healthcare access

5 YOUTH ENGAGEMENT

Barriers to Well-Being

- ▶ Youth are not engaged in co-creating the programs, interventions and community conditions that support their well-being

Youth-Driven Policy Recommendations

- ▶ Engage school-aged youth, especially those from marginalized communities, in community/school needs assessments, program development, implementation, and policymaking around mental health and well-being

Introduction

The Hope, Healing and Health Collective (H3 Collective) worked to elevate the voices of Black, Indigenous and People of Color (BIPOC) and other marginalized youth in developing policy solutions to address their own mental health needs, as well as the mental health of all youth of color in this country. **Fifteen youth leaders from across the nation worked together to identify strategies to improve the mental health of marginalized youth of color and their communities.** This report outlines the H3 Collective's public policy recommendations for improving the mental health and wellness of BIPOC youth. Specifically, it sets forth actionable solutions policymakers at the federal, state and local levels can implement to build a culturally-responsive and gender-affirming mental health care system for all youth, especially marginalized youth of color.



Background



Youth Mental Health Concerns

Prior to the pandemic, an alarming number of young people, particularly marginalized youth of color, were struggling with feelings of helplessness, depression and thoughts of suicide. The current emotional and mental health crisis for youth is an escalation of unaddressed socioemotional, identity development and health care needs.

- ▶ Before the COVID-19 pandemic, up to **20% of youth** reported a mental health challenge each year; and suicide was the second leading cause of death among youth aged 12-17 in 2010.³
- ▶ From 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness **increased by 40%**, to more than **one in three** students.⁴ In 2019, **nearly 50%** of youth who experienced a major depressive episode did not receive treatment.⁵
- ▶ According to the Youth Risk Behavior Survey, **22% of girls** had seriously considered suicide, and **nearly 12%** had attempted it.⁶
- ▶ 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 support from peers and adults with similar experiences.⁷



Racial and Ethnic Disparities in Youth Mental Health

Black, Indigenous and Latinx youth have borne the brunt of the consequences of centuries of colonization and violence. These generational and community traumas have collectively conspired to disconnect these young people from cultural protective factors that would serve as buffers to toxic stress and poor health and well-being. This is evidenced by the alarming trends in children's mental health – trends that are compounded for youth with several marginalized identities, including their gender identity, sexual orientation and their race or ethnicity.

- ▶ **Black** and **Latinx** youth were nearly **14 percent** less likely than white youth to receive treatment for depression, although just as likely to have a major depressive episode as white children.⁸
- ▶ **LGBTQ+** 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 LGBTQ+ peers.⁹
- ▶ 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.¹⁰

Black and 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.

Racial and Ethnic Disparities in Youth Mental Health, continued...

- ▶ **Black and Latina girls** were **nearly twice as likely** to attempt suicide as **Black and Latino boys**.¹¹
- ▶ **Black girls** are **six times as likely** to be suspended and **four times as likely** to be arrested at school than white girls.¹²
- ▶ 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.¹³
- ▶ Suicide death rates for **Black girls** ages 13 to 19 **increased by 182%** from 2001 to 2017.¹⁴

**An Exacerbated Crisis**

The pandemic escalated the mental health crisis, making it impossible to ignore, and strained systems that were not designed for the unique needs of children and youth, especially those with complex and community trauma.

- ▶ From the middle of March to October 2020, emergency room visits for mental health crises in teenagers **rose 31 percent**.¹⁵
- ▶ Emergency room visits for **suicide attempts rose 50.6% for teenage girls** during the pandemic, compared to only 3.7% for boys.¹⁶
- ▶ **14% of parents** said their child's behavioral health was worsening.¹⁷
- ▶ A recent study found that of the **140,000 children** under the age of 18 in the United States who became an orphan due to losing a caregiver during the pandemic, **65%** are children of color.¹⁸
- ▶ Compared to the number of white children who lost a parent or caregiver, **American Indian/Alaska Native** children were **4.5 times** more likely, **Black** children were **2.4 times more likely**, and **Hispanic** children were nearly **2 times more likely** to have lost a parent or caregiver.¹⁹

Trauma Compounds 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. Youth of color experience both direct and indirect harms to their mental health and well-being from racialized police violence.²⁰ 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 support for their healing. Only by uplifting the experiences of BIPOC, LGBTQ+, girls, and other youth from historically marginalized communities can we begin to develop culturally-responsive and gender-affirming solutions to generations of marginalization and systemic oppression—the effects of which persist and accumulate over time.



The Purpose and Aims of the Hope, Healing and Health Collective

Guided by the leadership and expertise of the 15 youth leaders, the Hope, Healing and Health Collective sought to address the following questions:

1

Where were BIPOC youth seeking mental, emotional and/or social support before the pandemic? How did the COVID-19 pandemic affect how BIPOC youth addressed their mental health and wellness?

2

What barriers impacted BIPOC youth's access to mental, emotional and/or social supports before and during the pandemic?

3

What can clinical mental health services learn from community-based strategies to improve the quality and effectiveness of services they offer BIPOC youth?





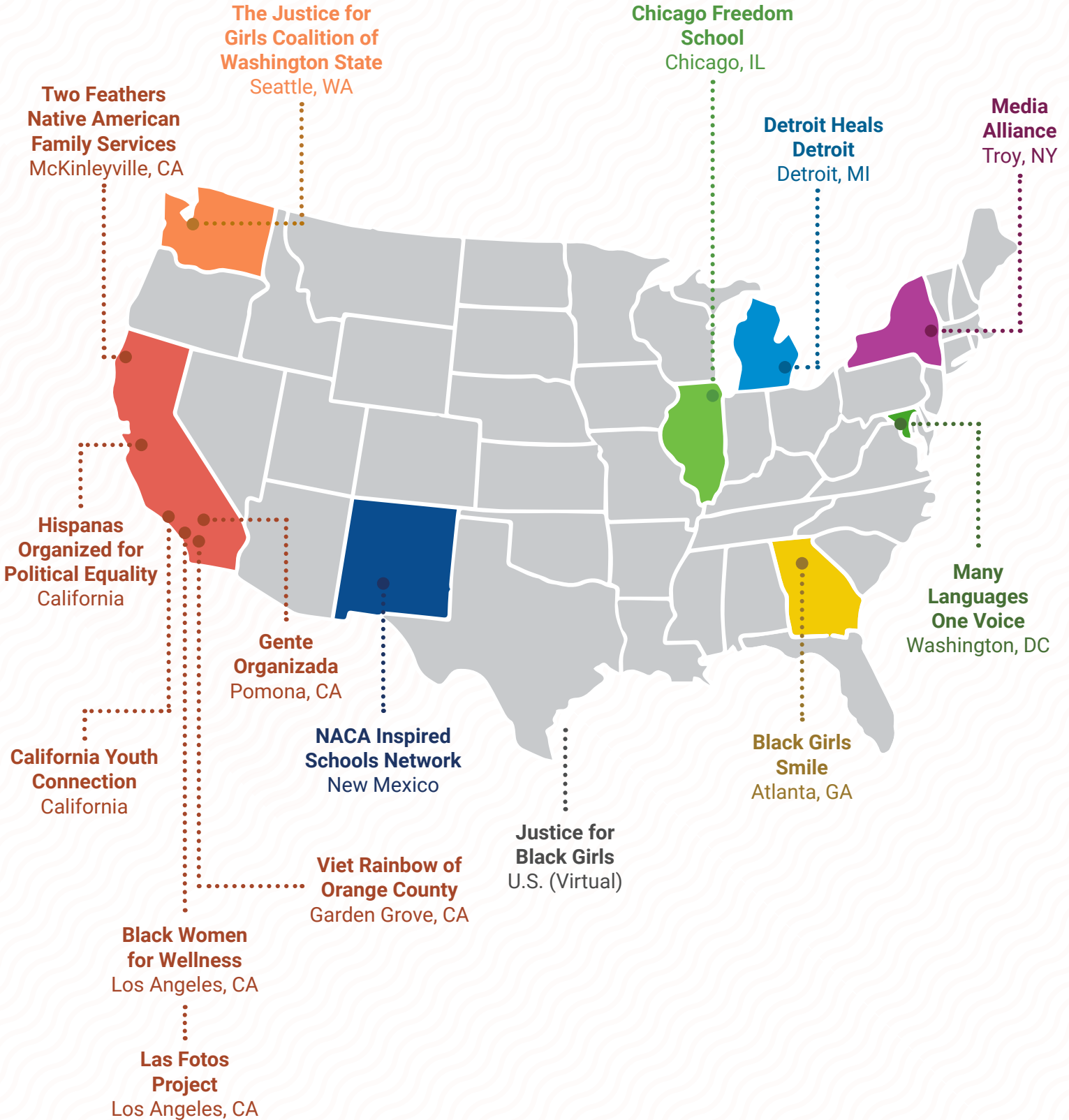
Establishing the Hope, Healing and Health Collective

The Children's Partnership (TCP) and the National Black Women's Justice Institute (NBWJI) convened youth leaders from grassroots organizations with expertise in community-based, trauma-informed care; healing-centered community engagement; and youth organizing. From a pool of 45 applicants, 15 youth leaders and organizations were selected because of their commitment to advancing policy and programs that support and strengthen the mental health and wellness of youth of color. The youth leaders and partner organizations represent a diversity of backgrounds, experiences and areas of focus, from photography to community mobilization. Although all of our Collective partners work to improve the well-being of marginalized youth, most of the partners do not offer clinical mental health services. Instead, they support healing and well-being of youth through positive youth development programs and youth organizing.

The H3 Collective worked together for six months, engaging in intensive discussions about the mental health needs of marginalized youth of color, as well as common barriers youth encounter when seeking help. These discussions were the foundation for listening sessions co-developed and facilitated by the youth leaders to broaden our understanding of the scope of the key issues impacting marginalized youth's ability to access the kind of support they need and desire. The H3 Collective led six listening sessions with a total of 42 youth. The policy recommendations discussed in the report are based on what we learned from the H3 Collective youth leaders and listening session participants.



H3 Collective Youth Organizations Across the Country



Supporting the H3 Collective

OUR WORK WITH THE H3 COLLECTIVE WAS FOUNDED ON THREE PRINCIPLES:



Positive Youth Development

It was important for us, as adults, to step back so the youth leaders could step into their leadership and guide the work of the H3 Collective. Throughout our work together, we sought to leverage and enhance their knowledge and expertise about mental health care access for marginalized youth of color, and strengthen their capacity and confidence as advocates for themselves and their peers.



Community Building

It was essential for us to create a safe space that honored all forms of participation and engagement. Despite working remotely, we successfully established a virtual community where the youth leaders felt a shared sense of belonging and commitment to each other and the aims of the H3 Collective.



Supporting Organizational Capacity

Often organizations are asked to identify and support youth in leadership opportunities without consideration for the staff time that work entails. We operated differently, providing \$20,000 grants for each partner organization to cover staff time, youth stipends and technology for youth.

WHAT WE DID:

Monthly Meetings

To establish camaraderie and shared commitment.

Workshops

To support skill-building and promote discussion on relevant topics. Workshops addressed the following issues: understanding the mental health care system, how to facilitate listening sessions, how to craft policy recommendations and achieve policy change.

Homework Assignments

To help reinforce and put into practice what they learned and discussed during monthly meetings in preparation for co-developing and facilitating listening sessions with other marginalized youth to better understand mental health needs, barriers and opportunities.

Barriers to Mental Health Care Access for Marginalized Youth

Access to culturally-responsive and gender-affirming mental health care is limited for marginalized youth of color. The H3 Collective youth leaders and listening session participants reported that these barriers fell into the following categories: access to quality care; scope of available mental health services; family, race, and culture; school-based services; and youth engagement. In this section, we describe how these issues impacted the mental health of marginalized youth and the care they received, or lack thereof.

1 ACCESS TO QUALITY CARE

2 SCOPE OF AVAILABLE MENTAL HEALTH SERVICES

3 FAMILY, RACE AND CULTURE

4 SCHOOL-BASED SERVICES

5 YOUTH ENGAGEMENT

Access to Quality Care

1. Lack of diversity among mental health professionals
2. High cost of quality services
3. Limited uptake of virtual services

LACK OF DIVERSITY AMONG MENTAL HEALTH PROFESSIONALS

Many of the youth we spoke to expressed the discomfort of seeking mental health support from a white professional or someone from outside their community. For example, one youth shared that white adults dismissed their experiences of racist bullying: *“I think that a lot of times BIPOC are made fun of a lot more than white people are. And people will say it’s just a joke. They are gaslighted into believing all their feelings are invalid.”*



I think that a lot of times BIPOC are made fun of a lot more than white people are. And people will say it’s just a joke. They are gaslighted into believing all their feelings are invalid.”

There was a general consensus among youth that white professionals typically had responses to their distress that ranged from invalidating to unhelpful. Consequently, youth felt more comfortable asking another person of color, preferably someone from the same racial/ethnic background, about resources. Youth shared that providers with similar lived experiences could connect them with services and programs designed with their culture and background in mind and concluded that it would be easier to access mental health supports and services if youth saw more counselors, social workers and therapists of color, especially in schools.

HIGH COST OF CONFIDENTIAL, QUALITY SERVICES

For many of the youth we spoke to, mental health counseling was a financial burden for their families; cost was an overwhelming concern. When asked: *How would you make finding resources easier for all youth?* Free resources was a top answer. Because of this financial burden, many youth of color do not even consider mental health services a viable option. Even youth with health insurance described challenges accessing care. Some had difficulty finding providers in-network. One young person explained that changes in their insurance coverage prevented them from continuing participation in peer support groups.

Youth also expressed trepidation about needing to disclose to parents their mental health concerns to access services covered by insurance. As a result, youth reported they turned to mostly free resources they could access without parent intervention or adult assistance, such as social media accounts and online videos. Youth also shared greater awareness of heavily advertised smartphone app-based therapy services over community providers, likely because these services are accessed directly and confidentially through youth’s phones. However, cost continued to be a concern as app-based services did not appear to be accessible without insurance or out-of-pocket expenses. Overall, youth felt that no-cost mental health services should be available to youth without oversight by adult gatekeepers.

LIMITED UPTAKE OF VIRTUAL SERVICES

Finally, youth had differing opinions about in-person and virtual therapy. **Some preferred in-person support, while others preferred the anonymity virtual platforms offer.** For youth who were interested in virtual services, access to technology was identified as a barrier. As the COVID-19 pandemic has shown, there are gross disparities in access to technology that fall along racial and economic lines and that limit access to services delivered via telehealth.

Scope of Available Mental Health Services

1. Over-reliance on clinical mental health modalities
2. Culture as a healing intervention

OVER-RELIANCE ON CLINICAL MENTAL HEALTH MODALITIES

Youth defined mental health services broadly, ranging from traditional talk therapy to advocacy and organizing. Although clinical therapy and counseling is the dominant approach in the field, young people are deeply impacted by the social conditions, community trauma, and racial injustice around them. *“A lot of times our issues are systemic and connected to socioeconomic issues that are still there regardless of mental health resources they seek or get, so in our communities it can seem pointless or a waste of time or be in the way of work schedules.”* **Youth reported that concrete action to address social conditions and oppression, such as advocacy and organizing in their communities was one of the most effective strategies in supporting their healing.**

“A lot of times our issues are systemic and connected to socioeconomic issues that are still there regardless of mental health resources they seek or get, so in our communities it can seem pointless or a waste of time or be in the way of work schedules.”

The youth we spoke to reported that they rarely spoke to therapists and counselors, and they seemed unlikely or unwilling to engage with the broader health care system. For example, though presented as an option, **Native youth did not identify the use of medical doctors, which is notable given public health messaging encouraging a stronger role of pediatricians and primary care providers in connecting young people to mental health services.** Some youth expressed concerns that engaging in therapy would require that they receive a stigmatized diagnosis. Meanwhile, they could engage in community-based services and receive the wellness support without the fear or anxiety of social stigma for receiving clinical services.

CULTURE AS A HEALING INTERVENTION

Another benefit to community-based wellness services for BIPOC youth – especially those grounded in a youth development framework – is that they offer young people opportunities to establish a positive identity in relation to their communities, especially when the organization's work with youth focuses on issues of racial, gender, and cultural affinity and identity. For youth of color, particularly the Native youth we spoke to, learning about their culture supported their mental health. One youth explained, *“I feel mentally healthiest when participating in [my] culture; singing and ceremonies.”* Youth noted throughout our conversations that for them, **strengthening their connections to their communities, elders and cultural practices were a necessary part of healing**, especially when other environments, like schools, felt hostile or were a place where they were a visible minority.

“I feel mentally healthiest when participating in [my] culture; singing and ceremonies.”

Family, Race and Culture

1. Stigma and lack of community and family awareness
2. Unmet mental health needs of family and household members
3. Warranted mistrust of the mental health system

STIGMA AND LACK OF COMMUNITY AND FAMILY AWARENESS

Youth highlighted how mental health concerns are often overlooked in BIPOC communities. Youth expressed how signs of mental health issues are invalidated, referenced as an exaggeration, a hoax, or labeled “crazy” or “lazy” by their family members. Specifically, Latinx youth expressed how in their households “machismo” (strong, stoic or aggressive masculine pride) can keep youth from comfortably accessing mental health

resources since “machismo” behavior is valued and praised in young boys and girls. One youth expressed, *“A lot of elders worked so hard, they don’t understand what we have to be struggling with our mental health.”* It can be challenging for youth to share concerns about mental health with their family because mental illness can be seen as a personal failing or weakness rather than a real, diagnosable and treatable condition. Youth believe they are viewed as “seeking attention” when they are really depressed or sad: *“Coming from the Black community a lot of us don’t believe in depression or anxiety so it takes a toll on me at times.”* For mental health challenges to be acknowledged, youth felt symptoms must be at the extreme end of the spectrum for families to respond or get involved. **Youth feel they must hit rock bottom before their concerns are taken seriously.** For those youth who tried advocating for their mental health, they were often dismissed.

“*A lot of elders worked so hard, they don’t understand what we have to be struggling with our mental health.”*

UNMET MENTAL HEALTH NEEDS OF FAMILY AND HOUSEHOLD MEMBERS

Cultural and generational trauma as a result of systemic racism and discrimination were highlighted as unique aspects of BIPOC youth experiences that need to be addressed. **Many youth reported parents or household members experiencing unmet mental health needs, from immigration trauma to police brutality and other community violence.** They also noted economic stressors and the overwhelming isolation that their family experienced, especially for those families who lost loved ones to COVID-19 infections and were unable to grieve with their community. **These unmet mental health needs impacted youth’s own mental health and well-being, directly and indirectly.**

WARRANTED MISTRUST OF THE MENTAL HEALTH SYSTEM

Youth expressed a strong mistrust of mental health professionals: *“My fear is that if I talk about my problem they will share with my parents or tell someone.”* BIPOC youth feared that a health professional would not understand their living situation and their culture, which made them reluctant to seek help. Many youth expressed often feeling culturally misunderstood by mental health professionals. When they had sought out therapy, some youth mentioned they felt their issues were dismissed, not taken seriously, or they did not receive coping skills that they thought were appropriate for their situation.

“*My fear is that if I talk about my problem they will share with my parents or tell someone.”*

WARRANTED MISTRUST OF THE MENTAL HEALTH SYSTEM, CONTINUED...

Some youth feared that their low economic status would negatively impact their parents, whether that meant being placed in the foster care system or their parents being deported. *“Therapy has always... been seen as something white people do.”* Even in situations where youth had a mental health professional to speak with, **they expressed the need to be cautious about what they shared.** In order for youth to feel safe when speaking to a mental health professional, they preferred to speak with someone who represents their race/ethnicity and/or has cultural and gender-affirming practices and knowledge. It was also important to youth that mental health professionals held what they shared in confidence and created safe environments where they could speak openly, for instance, about issues related to sexual identity and immigration status.

BIPOC youth are often misunderstood for their feelings and actions; **they reported that their distress is usually deemed a behavior issue, while the same behavior would be seen as non-threatening in a white peer.** School discipline policies embed implicit bias and systemic oppression of youth of color and disproportionately place young people of color in detention, suspension or expulsion for externalizing their pain, rather than meeting their mental health needs with care and compassion. Youth expressed the need to create BIPOC-led spaces that were trauma-responsive where they could be vulnerable, with confidentiality ensured, given the fear of repercussions they experienced.

School-Based Services

1. Lack of sufficient school resources, staff and programs

BIPOC youth recognize that a significant barrier to accessing mental health services is a lack of an adequate workforce and sufficient resources in the community to provide such services, especially in places that would be most accessible to youth, such as schools. Issues that youth brought up regarding accessing resources in the community included how frustrating it was to have to wait for an appointment or a call back and the struggles of navigating insurance coverage. Youth discussed the resources currently available to them, which included school social workers, school-based therapists and counselors, and 504 plans.²¹ **However, youth noted that even though there are mental health professionals available on campus, there is often only one staff person for the entire student body which makes it challenging to access support, which has deterred youth from seeking help.**



Counseling is available at my school but I haven't gone because there's only one counselor and it's hard to get time with them. But I would use it.”

- ▶ *“I have a school counselor available but because they operate on very limited schedules I don't feel comfortable leaving class to see if they're available and sometimes teachers don't offer that resource or ability to leave class.”*
- ▶ *“Counseling is available at my school but I haven't gone because there's only one counselor and it's hard to get time with them. But I would use it.”*

Youth stated there are not enough social workers or counselors to manage the large number of students at schools. They are overwhelmed and it's hard to connect with them. One expressed, *“I feel like the social workers are there to get a salary and nothing else. I understand social workers have been impacted by the pandemic too, but it's difficult. What is my counselor here for when we're spending so much time being asked to open up to other staff?”*

Youth Engagement

1. Youth are not engaged in co-creating the programs, interventions and community conditions that support their well-being

Youth felt that many existing interventions and resources did not take into consideration youth's voices and experiences. As experts in their own experiences, they believed that youth of color must be involved in the co-creation of mental health and wellness programs and interventions to ensure equitable access and impact for marginalized youth of color. Throughout our work with youth, we heard that the experiences of providing youth a space to connect with each other and caring adults, and being engaged as thought partners in understanding issues impacting marginalized youth and creating solutions, was both meaningful and impactful. **They shared that the process strengthened their connections to their peers and their communities.**

Our youth leaders agreed that participating in our policy council impacted them in the following ways:

- ▶ *I feel confident that I could make a strong argument to adults in power about why these services are needed in my community.*
- ▶ *I have a better understanding of what services youth like me need to support their mental health.*
- ▶ *I trust my staff mentor and share with them what I'm going through.*
- ▶ *I feel more confident to ask about and listen to what my friends are going through.*
- ▶ *The H3 Collective is a space where I felt safe talking about mental health issues.*

By both generating awareness and creating opportunities for advocacy, the youth we worked with shared that they had a greater sense of well-being and self-efficacy. Additionally, we heard that our Collective not only impacted the lives of our youth, but also their adult mentors by allowing them to build their organization's capacity to have policy discussions with young people, facilitate youth-led advocacy, and provide emotional support to youth from historically marginalized communities and identities.



Policy Recommendations

Positive mental health in childhood and adolescence is identified by the achievement of developmental and emotional milestones, healthy social development, and effective coping skills, and contributes to a positive quality of life at home, in school and in their communities.²² The following policy recommendations describe how systems of care can be part of the solution for youth well-being and promote protective factors for young people in historically oppressed communities. Additional action is needed to eliminate systemic racism and oppression, as well as to address the social conditions and upstream drivers of trauma and stress in marginalized communities such as, but not limited to, the lack of universal healthcare, economic and climate injustice, police violence and immigration enforcement, gender-based and anti-LGBTQ+ violence and discrimination, and the school-prison pipeline.

1 Increase the number of therapists, counselors and other supportive adults that reflect the race, culture and community experiences of youth.

2 Increase youth access to and knowledge of health insurance and benefits covering mental health.

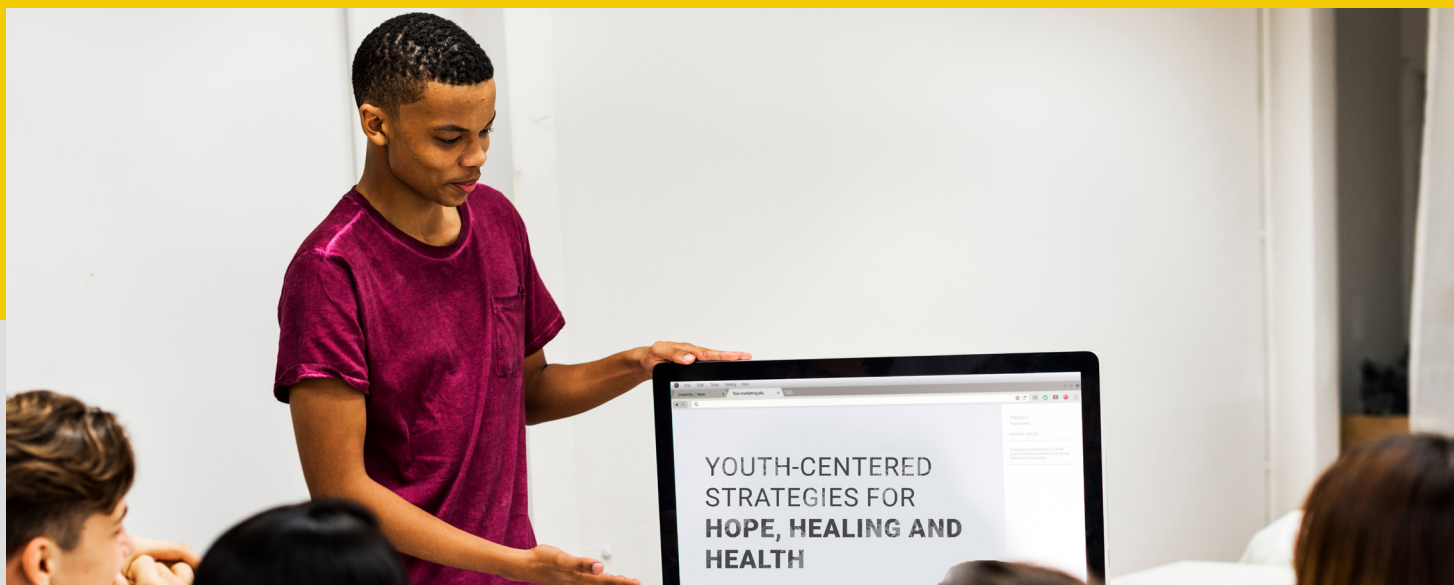
3 Ensure youth can access confidential care without parent consent or notification.

4 Lower the cost of mental health services for youth and their families.

5 Ensure youth have in-person and telehealth options to meet their needs and preferences for mental health services.

6 Expand what public and private youth-serving systems consider within the scope of mental health services to include promotion of racial and ethnic affinity practices, rituals and civic engagement for youth from historically marginalized communities.

7 Build the capacity of youth peer leaders to provide culturally responsive and gender-affirming peer support, mental health education and wellness promotion.



Policy Recommendations, Continued...

8

Create policies that ensure BIPOC youth and their families receive care and treatment, rather than surveillance and discipline, in response to their distress.

11

Ensure whole families and households receive adequate and culturally-responsive mental health care.

9

Create and maintain “safe spaces” for all youth, particularly for girls, transgender youth and youth with immigration status concerns.

12

Increase staff capacity (administrative, programmatic, clinical and non-clinical) on school sites to meet the growing need of students, especially in those communities with poor health care access.

10

Reduce the impact of family/ cultural stigma by investing in family engagement and community education on the mental health needs of young people.

13

Engage school-aged youth, especially those from marginalized communities, in community/school needs assessments, program development, implementation, and policymaking around mental health and well-being.

Grounded in the learnings shared by the H3 Collective youth leaders and further supported by academic and policy research, these high-level policy and programmatic recommendations present a path forward that is informed by the experience, wisdom and leadership of 42 young people from BIPOC communities. Many of the recommendations were developed within the context of an emerging mental health movement to prioritize community-defined evidence practices (CDEPs), which are practices that a (historically marginalized) community has mutually agreed to be healing, though are not typically empirically validated by Western standards.²³ These recommendations seek to respond to the needs of young people today and aim to create the community conditions and systems of care that young people need to thrive.





Increase the number of therapists, counselors and other supportive adults that reflect the race, culture and community experiences of youth.

The U.S. Surgeon General, in a report titled *Mental Health: Culture, Race and Ethnicity*, highlighted the challenging intersection between a growing recognition of the importance of a culturally-responsive mental health workforce combined with a severe shortage of clinicians trained to work with and in communities of color.²⁴ The growth of community care means there are opportunities to expand the existing mental health workforce by building the capacity of front-line social service providers such as community health workers, peers, educators, foster parents and mentors to be part of a mental health team.²⁵ As noted above, youth shared that working with trusted community partners that already interact with youth (like schools, youth programs and immigrant service organizations) is an effective strategy because it **builds on trusted relationships and often depends on a community-based workforce**. These caring adults are more likely to come from the communities and have identities and experiences more similar to youth they are serving and be able to serve as successful partners with youth and families in their care and well-being. **Policies that ensure a diverse workforce through building the capacity of youth-serving adults of color at many levels of intervention, from community to clinics, are essential to meeting the needs of youth in a more holistic and effective manner.**



Increase youth access to and knowledge of health insurance and benefits covering mental health.

Though cost was a prominent barrier in our conversations with youth, very few youth talked about accessing services through insurance. **While it is unclear whether the youth we spoke to had access to health insurance**, given its complexity, it is likely that youth were unaware or unfamiliar with their family's health insurance benefits and how to access them. It is also quite likely their families, if covered by health insurance, did not know how to access their mental health benefits, which are often administered separately from their physical health benefits, particularly for low-income families on Medicaid.²⁶ Based on research conducted by the [California Pan-Ethnic Health Network](#) that demonstrated a significant gap in awareness and understanding about mental health services available to low-income people on public insurance in California,²⁷ California State Senator Lena Gonzalez introduced [Senate Bill 1019](#), which would require health plans contracted with the state's Medicaid agency to conduct an approved outreach and education effort to families and individuals on Medicaid on their mental health benefits.²⁸ The bill would require that Medicaid health insurers work with community groups to develop culturally appropriate materials and leverage community group networks to conduct that outreach. Building on this effort, **an explicit youth-led public awareness and education campaign around accessing public mental health resources and how youth can help their parents or caregivers access insurance benefits can improve youth access to and knowledge of mental health benefits.**



Ensure youth can access confidential care without parent consent or notification.

The need for confidential services could preclude young people, especially LGBTQ youth or youth with significant family stigma around mental illness, from accessing their family's health insurance benefits or any type of care that requires them to go through adult gatekeepers. Youth must be assured that they can seek free and/or insurance-covered care without having to disclose their needs to a parent, guardian or caregiver. Most states allow youth under age 18 to consent to receiving mental health care on their own, however, the laws are inconsistent about the type of care (such as inpatient or outpatient) and treatment focus (such as mental health conditions or drug treatment/substance use) that youth can consent to.²⁹ A national minor-consent law that allows young people to consent to a broad range of mental health care would ensure that youth have *meaningful* access to mental health care, including free community or school-based mental health care that is not linked to their family's health insurance coverage.

Even if all states create policies to ensure youth can consent to mental health care on their own, providers and health insurance companies must be required to keep care truly confidential by forgoing communication to health insurance policyholders (i.e., the parent) about dependent youth mental health care, from appointment time and location to billing, costs and co-pays.³⁰ While these policies might require additional administrative labor for mental health providers and insurers, **securing true confidentiality for marginalized youth is essential to ensuring youth actually seek and continue using the mental health care they need.**



Lower the cost of mental health services for youth and their families.

Even youth with supportive families and access to insurance may struggle with the associated ongoing costs of receiving timely and quality mental health care.³¹ Additionally, the costs of treatment can be especially high when insurance is not accepted by a mental health provider. Providers often cite low reimbursement rates and heavy administrative burden as primary reasons for not participating in plan networks.³² Today, only half of child psychologists accept insurance. **When care is covered, insurance copays may accumulate based on the frequency and intensity of treatment, which means that costs quickly become significant for adequate mental health care and may not be feasible in a household with a limited budget.**³³ In order for mental health care to be truly accessible, the effective cost of services must be lowered and even eliminated for low-income youth and their families. Expansion of low- or no-cost confidential services in community settings where youth regularly attend, including schools, could significantly expand access to confidential mental health services and support for vulnerable and marginalized youth.



Ensure youth have in-person and telehealth options to meet their needs and preferences for mental health services.

The historic transition from in-person services to virtual services during the pandemic happened in many respects without an infrastructure to support the transition for low-income children and youth in particular. In general, telehealth options have the ability to mitigate or eliminate traditional barriers to services presented by inadequate provider networks, transportation and location, and arranging school and work schedules – barriers that disproportionately impact youth from marginalized communities.³⁴ **Still, barriers to accessing telehealth, such as lack of broadband access or smart devices capable of doing video visits, remain particularly pervasive in low-income and communities of color,** despite efforts to address them.³⁵ Additionally, insurance coverage for services delivered via telehealth – particularly once federal public health emergency orders expire – remains mixed and particularly tenuous for low-income families in states that have not or will not choose to reimburse for telehealth, including tele-mental health services.³⁶ Given the wide latitude provided to states to regulate Medicaid and private insurance, federal policy action, through greater accountability for and expansion of the [Mental Health Parity Act](#), may lead to more fully incorporating telehealth coverage into minimum requirements for insurance coverage. This will be essential to improving access to telehealth in addition to state and federal investments in the infrastructure and resources needed to close the digital equity divide.³⁷

As opportunities for expanding telehealth move forward, making additional options for care for youth is necessary. Youth in the Collective had mixed feelings and experiences with virtual services for their mental health, and these mixed feelings impacted their engagement with schools, youth development organizations, and mental health services. **Digital engagement with service providers from youth's home (as compared to school-based telehealth programs) presents unique complications for many youth, including increased surveillance for undocumented families³⁸ or families of color, especially Black families who could be subjected to destabilizing and unfounded child abuse reports,³⁹ and for LGBTQ youth who do not want to be overheard by family.⁴⁰** Further, the neurological impacts of extensive or exclusive digital learning, socialization and interaction is only in its infancy, with some indication that there are race/ethnicity and gender disparities that lead to greater “Zoom fatigue” for people of color and women.⁴¹ **Consequently, there is an urgent need for hybrid and mixed delivery systems for mental health and wellness services** for youth from historically marginalized communities that are tailored to meet the needs and preferences of youth in historically marginalized communities.





Expand what public and private youth-serving systems consider within the scope of mental health services to include promotion of racial and ethnic affinity practices, rituals and civic engagement for youth from historically marginalized communities.

The youth we spoke to engaged in a variety of non-clinical healing and wellness activities with their host organizations and community networks, reporting significant positive mental health benefits, and in many cases preferred these forms of support over traditional clinical services like therapy. This is aligned with the research that notes youth who have experienced adverse childhood experiences (ACEs) or other forms of toxic stress, including historical racial injustice, benefit from the protective effects that civic engagement has on their mental health.⁴² Civic engagement promotes positive identity development, self-efficacy, increased social connections, and communication skills,⁴³ and the more deeply involved youth are in organizing, the greater benefits to their well-being, as noted in a study of Pacific Islander youth.⁴⁴ Positive ethnic-racial identity is a strong protective factor for BIPOC adolescents and young adults, and connecting young people to family and communities of origin protect them from negative feelings as a result of racism and discrimination.⁴⁵ Community-based organizations play a key role in supporting community health and health behaviors, specifically through facilitating community organizing among low-income youth and youth of color.⁴⁶ **Policies should direct greater mental health resources to community-based organizations that engage youth in activism and support positive identity development.**



Build the capacity of youth peer leaders to provide culturally responsive and gender-affirming peer support, mental health education and wellness promotion.

Youth were especially vocal about the kind of support they gave and received from peers, as these relationships felt safer, more accessible, and held immense potential for shared healing. The Substance Abuse and Mental Health Services Agency (SAMHSA), as well as the US Department of Health and Human Services, have issued policy statements and guidance that validate the use of peer support as an evidence-based intervention for mental health conditions.⁴⁷ Peer support brings individuals with similar experiences, particularly in mental health, together to provide mutual acceptance, understanding and validation along with typically a peer leader or peer support specialist providing help navigating resources and systems.⁴⁸ Peer support is associated with several positive outcomes including increased self-esteem and self-efficacy, increased hope, improved perceptions of the benefits and responsiveness of clinical services, and even reduced hospital admissions.⁴⁹ States have the option of adding peer support to their Medicaid models of care, and as of 2018, 33 states fund peer support for youth via Medicaid.⁵⁰ **Further adoption of peer support models should be expanded to include high-school aged youth, allowing service providers to draw on the experiences of marginalized youth of color in particular to support their schools and communities.**



Address provider bias to ensure BIPOC youth and their families receive care and treatment, rather than surveillance and discipline, in response to their distress.

Implicit bias is the collection of attitudes, assumptions and behaviors that operate without an individual's conscious awareness and are generally present in interactions between white and BIPOC individuals.⁵¹

In addition to explicit bias and stereotyping, youth shared fears and concerns that reflected extensive experiences with adults with implicit bias against them and their families; their fears are not unfounded.

A recent study showed that half of Black children and half of Native American children experienced a child abuse investigation at some point during their childhood, compared to nearly a quarter of white children.⁵² The majority of the calls that come into child abuse hotlines are for the broad category of neglect, including cases of poverty, lack of resources and domestic violence, and 80% of these calls are not substantiated, resulting in undue trauma to parents and children.⁵³ Black and Native American families in particular experience increased surveillance,⁵⁴ likely as a result of being in greater contact with systems associated with poverty, including the criminal justice system, homeless services systems and public health care systems.⁵⁵ **Because of these experiences, BIPOC youth may be reluctant to seek support from mental health professionals due to fears that what they share may have punitive consequences for their families.** Further, the idea that children of color are viewed as more threatening plays an outsized role in punitive school discipline policies,⁵⁶ and negative assumptions about the validity or urgency of the distress of people of color makes them less likely to receive appropriate mental health care.⁵⁷

Part of ensuring BIPOC youth receive appropriate care and mental health support should include policies that limit the impact of implicit bias's role in adult responses to youth distress. For example, states should enact policies that mandate schools to hold implicit bias trainings that all school staff are required to complete. These trainings will help the adults youth interact with in school to build an awareness and understanding of implicit bias and how it may influence their perceptions and differential treatment of students. States should also move to limit the role of implicit bias on adult decisions to break confidentiality, such as California Assembly Bill 2085, which seeks to narrow the definition of neglect to limit the amount of implicit bias utilized by mandated reporters.⁵⁸ Further, exclusionary or punitive discipline policies should be replaced with restorative justice models that promote positive school climates in trauma-responsive ways, such as attendance recovery programs that address the health and mental health drivers of school absences over punitive responses to truancy.⁵⁹ Over time, policies such as this will start to diffuse the fear from youth and families of color about engaging with mental health providers and other forms of support.



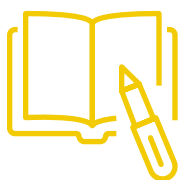


Create and maintain “safe spaces” for all youth, particularly for girls, transgender youth and youth with immigration status concerns.

The girls, young women, and LGBTQ youth of color we engaged with did not explicitly name sexual-orientation or gender-based issues in our conversations. However, the literature shows that these identities intersect with race and ethnicity in important areas impacting mental health. For example, having a strong sense of their gendered racial identity protects young Black women from feelings of depression they may have otherwise experienced by having to change their behavior to conform to racist social expectations.⁶⁰ In a small qualitative study, while “high risk” Latina girls saw themselves positively, they anticipated others saw them as “always pregnant” and “cholas.” Clinicians validated those assumptions – they framed “problematic” Latina behaviors as aspects of “Latino culture,” while ignoring important contexts of abuse, trauma, violence and poverty.⁶¹ Black and Latina girls in our Collective did share similar stories, though typically attributed these experiences to their racial or ethnic identity. Still, **policymakers have an obligation to respond to the data demonstrating gender differences in mental health outcomes. For example, state and federal health policy could incentivize or require greater investments in trauma-responsive care models that incorporate racial, ethnic and gender-based trauma and discrimination into interventions and engagement with youth.**

Gender-affirming care is particularly essential for transgender youth. Gender-affirming care for these youth describes developmentally-appropriate support for the young person’s gender-identity and overall well-being. It includes social support like using names and pronouns and supporting gender expression in clothes, and for older youth, medical support such as hormone therapy.⁶² Transgender youth of color, particularly Black transgender girls, experience many layers of trauma, abuse and discrimination and are most at-risk for poor outcomes.⁶³ In 2022 alone, there have been a shocking number of state and local policies targeting transgender youth’s access to gender-affirming care, putting them at risk for unfounded and traumatic child abuse investigations and escalated harassment.⁶⁴ In contrast, gender-affirming care and policies for these youth include allowing youth to affirm and change their gender, pronouns and names on identification and other government or school documents and ensuring schools and healthcare systems are prohibited from discriminating against transgender youth. **These policies should be federally-driven to ensure transgender youth in all states have equal protections from discrimination and harassment and have access to gender-affirming care.**

The fear of immigration enforcement was prominent among the youth we engaged, particularly among Latinx youth. **The framework of “safe spaces” in immigration policy characterizes systems, physical locations and relationships that are free from participation or connections to immigration enforcement. These “safe spaces” include places where immigrant families and youth obtain services or socialize, including child care, schools, churches, hospitals and clinic offices.**⁶⁵ State and local policies can prohibit immigration enforcement activity and surveillance in these settings and also prohibit administrators or staff from sharing information or coordinating with immigration enforcement about youth and families they work with and serve.⁶⁶ If these policies are well implemented, enforced and, importantly, communicated consistently to the public generally and youth specifically, immigrant youth and families will be more likely to engage with service providers and seek mental health support.



Reduce the impact of family/cultural stigma by investing in family engagement and community education on the mental health needs of young people.

Youth we spoke to often noted the stigma within their families limited their ability to discuss their mental health with parents and caregivers, but also limited their ability to seek care on their own. This aligns with studies that show youth of color experience disproportionate stigma from family and peers.⁶⁷ Rather than attempting to dismantle or eliminate cultural values that are associated with stigma, public education and family engagement strategies should attempt to reframe mental illness and mental health services to better fit with established values.⁶⁸ For example, while the research is still emerging, there is evidence to suggest that **culturally-specific stigma reduction is effective for historically marginalized communities by drawing appropriate comparisons to discrimination around race/ethnicity or immigration, gender, and the discrimination that people with mental illness experience.**⁶⁹ Involving BIPOC youth and their families in developing anti-stigma campaigns will be essential in order for messages to be culturally-appropriate and linguistically accessible.



Ensure whole families and households receive adequate and culturally-responsive mental health care.

Effective whole-youth approaches to mental health care will require ensuring access to services for the families of marginalized youth, who may also be struggling with grief, trauma, stress or mental illness. **Youth relayed a great deal of care and concern for their families' mental health and well-being, and noted that it had impacts on their own.** In addition to policies recommended in this report, most of which are applicable to expanding access to culturally-responsive services for marginalized adults, there are additional community and policy strategies that can improve access for whole family care. Factors such as an accessible program structure (frequency and duration of sessions), program content, stability of program funding, low provider turnover, and location in low-income areas have all been shown to improve accessibility to mental health services by families.⁷⁰ **Additionally, policies should direct more resources to two-generation approaches to mental health care, where the relationship of the child or youth and the parents or caregivers is central to supporting the mental health of both.**⁷¹ In California, the state's Medicaid agency has added a new benefit for dyadic care or family therapy as a preventive service, meaning a child does not have to display a concerning behavior or have symptoms of a mental health condition to qualify for this service.⁷² Investing in low-cost, secure family and community supports would allow youth and their family members to prioritize their mental health and seek out resources, and ideally allow them to get support before the family or youth reaches a crisis point. Finally, recognizing the long-term impacts of systemic racism and discrimination practices, addressing risk factors that increase the chances of developing a mental health condition, such as homelessness and exposure to violence, is necessary to support the mental health of families from marginalized communities.



Increase staff capacity (administrative, programmatic, clinical and non-clinical) on school sites to meet the growing need of students, especially in those communities with poor health care access.

Youth identified their schools as ideal sites for mental health support while also identifying the various challenges in accessing school resources. Students are six-times more likely to receive evidence-based services in a school as compared to other community settings.⁷³ **Traditional mental health services are especially difficult for low-income youth to access, given that clinic hours do not accommodate parent shift-work, and insurance coverage of nearby services is not universal.**⁷⁴ However, schools are rarely properly resourced to meet the prevention and early intervention needs of youth, nor are they prepared to support ongoing clinical interventions. School counselors, for example, report heavy levels of burnout due to inordinate amounts of non-counseling work.⁷⁵ Ensuring appropriate role-definition among student support professionals will be essential as “school counselors” typically represent a range of potential services, from administrative and program coordination to providing ongoing clinical interventions.⁷⁶ **In addition to increasing overall capacity to support the continuum of student mental health needs, school-based mental health programs have the potential to increase students’ access to primary care and more intensive mental health services, especially if services are embedded within a broad school-based health center approach.**⁷⁷ In California, the state has invested nearly \$7 billion dollars in a Children and Youth Behavioral Health Initiative and a Community Schools Initiative which together represent a potential transformational investment in connecting kids to whole-child school- and community-based care.⁷⁸



Engage school-aged youth, especially those from marginalized communities, in program development, implementation, evaluation and policymaking around mental health and well-being.

Best practices for youth engagement in mental health include facilitating youth participation in program development, strengthening parent/caregiver relationships, utilizing technology, creating engagement opportunities in schools and clinics, and use of social marketing.⁷⁹ Low-income and BIPOC youth are smart consumers, innovative creators and savvy disseminators of health information, and leveraging their skills in communicating with their peers and adults will ensure they are both culturally-responsive and gender-affirming, ultimately leading to greater efficacy of mental health interventions and well-being supports.⁸⁰ Much of the literature as well as our experience emphasizes the need for adult flexibility and accommodating youth availability, interest and skills in order to ensure authentic engagement and meaningful positive outcomes.⁸¹ With the right adult support, youth not only have the ability to inform local programming, but also have the ability to analyze community feedback and research and articulate them into policy goals.⁸² **Policymakers should strongly consider creating and maintaining ongoing youth committees with decision-making authority at all levels of government for systems and programs that impact youth mental health and well-being, with a strong emphasis on youth from historically marginalized communities, genders and identities.**



Where We Go From Here

Young people are the next generation of leaders in our communities. It is imperative we respond to the immediate youth mental health crisis in front of us, exacerbated by the global pandemic. Still, in order to promote true healing and secure a future of hope and resilience for historically marginalized youth and their communities, we must address centuries of colonization and oppression through policy and systems change that directly confronts historical inequities and generational trauma. Furthermore, the Hope, Healing and Health Collective serves as an example of how allied adults can provide young people with leadership opportunities in social change work to co-create new systems of care that are culturally-responsive, gender-affirming and readily accessible to youth from historically marginalized communities, genders and identities.

Our youth-leaders outlined the five key areas in which policy change is needed: **Access to Quality Care; Scope of Available Mental Health Services; Family, Race and Culture; School-Based Services; and Youth Engagement.** The H3 Collective policy recommendations can be implemented by policymakers at every level – county, state and federal – and we recommend that policy leaders involve young people from marginalized communities throughout the policy development, implementation and adaptation process

Mental health continues to be a growing concern in the United States, specifically for historically marginalized children and youth. As we seek to make advances in youth mental health we must prioritize solutions that are encompassing voices from marginalized communities. We recognize that there are current reforms being implemented across the country, including the Mental Health Youth Action Forum⁸³ presented by the Biden Administration as well as the White House's Mental Health Action Plan.⁸⁴ However, as outlined in this report and policy recommendations, youth engagement – advocacy, civic engagement, leaders development – are key areas in which we should invest our resources as a necessary prerequisite to transforming the mental health system of care for youth.

Marginalized youth of color face different challenges than their peers, and in order to address these challenges, their insights and experiences are assets to any mental health advances we choose to make. As we move forward, collectively, in advancing youth mental health, we urge you to use this report as a guide in producing systemic change.



Recommendations in Action

Looking to get started in advancing youth mental health? Here are a few strategies developed by our youth leaders to move this work forward in your communities:

YOUTH-LED STRATEGIES:

1**ADVOCACY
CAPACITY-BUILDING**

Invest resources in training, coaching or mentoring of youth in marginalized communities to increase the ability of community-based organizations or groups to lead, adapt, manage and implement youth mental health advocacy.

2**COMMUNITY
ORGANIZING**

Build and strengthen relationships between adult and youth leaders in communities to create youth-led advocacy plans to address their mental health needs.

3**INCREASE
KNOWLEDGE**

Co-create with youth leaders community feedback opportunities and public education campaigns to increase your and your community leaders' knowledge of the mental health needs and possible solutions of marginalized youth in your communities.

4**INFLUENCER
EDUCATION**

Share your youth-developed community knowledge with people who are influential in the policy arena about the unique mental health needs for BIPOC, girls, and LGBTQ+ youth in your community.

5**CHANGE ATTITUDES
AND BELIEFS**

Co-create culturally-responsible public education campaigns with youth leaders using youth and community knowledge to communicate the need for and benefits of proposed policies or programs in your community. Focus on audiences' feelings or emotions about an issue or policy proposal.

6**INCREASED
POLITICAL WILL
AND SUPPORT**

Identify political leaders and policymakers who support youth-led policy mental health solutions, share your community-based knowledge, and ensure youth leaders serve as key thought partners on mental health policy and program development and implementation.

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YOUTH LEADERS

<i>Adria M.</i>	<i>Lizeth M.</i>
<i>Chris W.</i>	<i>Mariah Y.</i>
<i>Evan B.</i>	<i>Reider C.</i>
<i>Genesis C.</i>	<i>Samantha G.</i>
<i>Hermela G.</i>	<i>Sara K.</i>
<i>Jessica A.</i>	<i>Tyra D.</i>
<i>Ki-Shan D.</i>	<i>Yanel L.</i>
<i>Kristian M.</i>	



ADULT ALLIES

Dr. Sergio Aguilar-Gaxiola ~ UC Davis Center for Reducing Health Disparities
Alanna Araujo ~ Las Fotos Project
Brianna Baker ~ Justice for Black Girls
Mañpiya Black Elk ~ NACA Inspired Schools Network
Whitney Bunts ~ The Center for Law and Social Policy
Lauren Carson ~ Black Girls Smile
Nathaniel Counts ~ Mental Health America
Naomi Cruz ~ Gender Spectrum
Sirrita Darby ~ Detroit Heals Detroit
Kelly Davis ~ Mental Health America
Milan Eatmon ~ Black Women for Wellness
Tristan Eddy ~ The Justice for Girls Coalition of Washington State
Jacquelyn Hamilton ~ Chicago Freedom School
Lara Khalil ~ City of Durham
Luz Marquez-Benbow ~ Media Alliance
Meribe Martin ~ California Youth Connection
Monica Martin, L.C.S.W ~ Montgomery County Department of HHS

ShayInne Masten ~ Two Feathers Native American Family Services
Henrika McCoy, Ph.D ~ University of Illinois, Interim Dean for Academic Affairs and Student Support
My Nguyen ~ Viet Rainbow of Orange County
Beatriz Perez ~ Hispanas Organized for Political Equality
Dr. Rose Pierre-Louis ~ NYU McSilver Institute for Poverty, Policy, and Research
Nikki Pitre ~ Center for Native American Youth
Camila Ramirez Tejeda ~ Many Languages One Voice
Jesus Sanchez ~ Gente Organizada
Anthony Shemayne ~ NACA Inspired Schools Network
Wakara Scott ~ Two Feathers Native American Family Services
Staff ~ Durham Youth Listening Project
Kayla Tawa ~ The Center for Law and Social Policy
Enrique Villa ~ Gente Organizada
Leticia Villareal Sosa, Ph.D ~ School Social Work Association and Professor at Dominican University
Amanda Wallner ~ California LGBTQ+ HHS Network
Nia West-Bey ~ The Center for Law and Social Policy

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MAY 2022

YOUTH-CENTERED STRATEGIES FOR **HOPE, HEALING AND HEALTH**



**National
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The National Black Women's Justice Institute (NBWJI) researches, elevates, and educates the public about innovative, community-led solutions to address the criminalization of Black women and girls. We aim to dismantle the racist and patriarchal U.S. criminal-legal system and build, in its place, pathways to opportunity and healing. We envision a society that respects, values, and honors the humanity of Black women and girls, takes accountability for the harm it has inflicted, and recognizes that real justice is healing.

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The Children's Partnership (TCP) is a California advocacy organization advancing child health equity through research, policy and community engagement. We envision a world where all children – regardless of their race, ethnicity or place of birth – have the resources and opportunities they need to grow up healthy and thrive. For more information, visit www.childrenspartnership.org.