

## Investing in behavioral health promotion programs protects youth

Proven strategies protect youth behavioral health. Many Washington youth face behavioral health challenges. There is hope!

There is a youth mental health crisis in Washington State, and in the United States more broadly.<sup>1</sup> In 2022, half of Washington's high schoolers reported feeling depressed, and nearly one in five seriously considered attempting suicide. Of those who reported feeling sad or more hopeless, over half reported being bullied in the previous 30 days.<sup>2</sup> One in five high schoolers reported not receiving help when seeking mental health services.<sup>3</sup>

Behavioral health problems are linked to other negative health outcomes such as substance misuse<sup>4</sup> and academic challenges.<sup>5</sup> For example, more than half of young people experiencing a substance use disorder also have a diagnosable mental illness.<sup>6</sup>

### Marginalized youth are the most affected

Minority racial and ethnic youth, LGBTQIA+ youth, youth with disabilities, and female youth in Washington State report feeling sad or hopeless at higher rates than other youth.<sup>2</sup> Marginalized youth have unique experiences with trauma, mental illness, stigma, and involvement in public systems of care which can lead to magnified inequities.

Despite these troubling statistics, more than half of Washington State high schoolers report moderate or high levels of hope.<sup>7</sup> Hope is linked with overall physical, psychological, and social well-being.<sup>5</sup> Students with higher levels of hope were less likely to report considering suicide than students with no or low hope.<sup>2</sup> Hope is known to protect against the effects of stressful events and studies have shown that hope can be increased.<sup>8</sup> Thus, expanding programming known to youth can enhance hope and resilience through useful tools and resources can help protect youths' behavioral health.

### What is being done

To effectively promote youth behavioral health, we must support effective community-identified solutions.

### Behavioral health promotion programming

Effective behavioral health promotion programs can save lives and save money. Washington State Health Care Authority has established a small grant program called the Mental Health Promotion Project (MHPP) for communities in need of programs to prevent behavioral health problems and to promote individual, family, and community strengths. These grants are also used to connect with local efforts to enhance and build on substance use disorder prevention efforts.

Each year, approximately \$500,000 is distributed in mini-grants to community-based organizations. These organizations are currently doing great work to protect youths' behavioral health. However, expanded programming would allow more communities to serve more youth over time.

The following components are proven strategies:



#### Implement screening

Behavioral screening tools, such as the Screening, Brief Intervention, and Referral to Treatment (SBIRT)<sup>10</sup>, the Washington Assessment of the Risks and Needs of Students (WARNS) survey<sup>11</sup>, and Healthy Youth Survey allow practitioners to identify and support areas where youth are at risk for experiencing behavioral health problems.<sup>3</sup> Increased support for MHPP would allow Washington State to offer these screening tools to more youth.



## Mental health literacy training

Mental health literacy includes knowledge about mental disorders, strategies for coping with difficult emotions, and attitudes toward mental health and help-seeking. It is a key component of behavioral health promotion.<sup>12</sup> Greater behavioral health literacy is associated with better well-being and physical health<sup>13</sup> and less shame over their mental health, which improves the chances that people will seek help for mental health problems.<sup>14-17</sup>

Training youth service providers in mental health literacy can improve their attitudes about mental health and increase their confidence to provide help.<sup>18</sup> However, youth in Washington primarily turn to peers, rather than trained professionals or staff, for behavioral health support; this suggests that it may also be helpful to train young people in mental health literacy.<sup>19</sup>



## Media literacy education and communication

Media use has sharply increased in recent years, with data suggesting that nearly half of all young people (45%) are online “almost constantly”.<sup>20</sup> This excessive media use may be related with increased depression, anxiety, sleep disruption, feelings that you’re not as good as others, and disordered eating, among other concerns.<sup>21</sup>

Media literacy education empowers young people to critically evaluate the time they spend online and the content they consume. Policymakers can pass legislation to require media outlets to follow best practices when reporting on or discussing suicide to prevent negative impacts on youth struggling with mental health problems.<sup>23-25</sup>



## School Climates Can Reduce Stigma

Schools are often the first and only point of contact for youth seeking and receiving behavioral health services, particularly among marginalized youth.<sup>26</sup> Schools must be a place where students feel safe and feel comfortable asking for help.<sup>3</sup> Further work is needed to understand which schools are most effectively cultivating climates of safety, promoting help-seeking, and reducing stigma.



## Continued program adaptation and improvement

Many behavioral health promotion programs have been proven effective through research. However, they were tested at a previous point in time and understudied among minoritized youth. Not all programs may be appropriate or effective for all types of youth. Also, as a population, youth are constantly changing in response to environmental and culture factors like the COVID-19 pandemic and advancing technology. Strategies in programming can provide youth high-quality and culturally sensitive behavioral health promotion programming with diverse groups of youth across Washington State.

## Examples of effective behavioral health promotion programs for youth and families

Program	Description
Positive Action*	A school-based program for middle school youth to improve social and emotional learning; includes school-wide climate change
Strengthening Families Program 10-14*	A 7-week family skills training program to increase family strengths and reduce early adolescent behavioral problems
Blues Program*	A school-based group program to prevent the onset and persistence of depression among high-risk high school students
Body Project	A multi-session group program for high school and college-age girls to prevent eating disorders
GenerationPMTO	A family-based program for families of middle and high school students to improve family management skills and decrease youth depression and conduct problems
Teaching Kids to Cope	A classroom-based program for high school and college students to reduce depression and stress by enhancing coping skills
Interpersonal Psychotherapy-Adolescent Skills Training	An 8-week program to prevent depressive symptoms by increasing problem solving and social skills
Learning Together	A school-based program for middle school students, with school-wide policies, to reduce bullying and aggression and improve health and well-being

\* Programs currently funded by the MHPP grant. Program information from: <https://www.blueprintsprograms.org/>.

### Additional information

More information can be found in these [research briefs](#). Questions: [prevention@hca.wa.gov](mailto:prevention@hca.wa.gov)

### Acknowledgements

This brief was a cooperative effort between members of the Prevention Research Sub-Committee, University of Washington Social Development Research Group, the WSU Impact Research Lab, and the Division of Behavioral Health and Recovery.

## References

1. United States Public Health Service Office of the Surgeon General. (2021). *Protecting youth mental health: The U. S. Surgeon General's Advisory*. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.  
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
2. Healthy Youth Survey Planning Committee. (n.d.). *2021 mental health and well-being fact sheet*. Retrieved October 5, 2022, from <https://www.askhys.net/FactSheets>
3. University of Washington Center for the Study of Health & Risk Behaviors, Washington Office of Superintendent of Public Instruction. (2022). *2022 COVID-19 Student Survey: State report for high schools (grades 9–12)*, Seattle/Olympia, WA.  
[https://www.k12.wa.us/sites/default/files/public/ossi/k12supports/healthyyouthsurvey/pubdocs/2022\\_css\\_report\\_washington\\_high\\_school\\_Final.pdf](https://www.k12.wa.us/sites/default/files/public/ossi/k12supports/healthyyouthsurvey/pubdocs/2022_css_report_washington_high_school_Final.pdf)
4. Roberts, R. E., Roberts, C. R., & Xing, Y. (2007). Comorbidity of substance use disorders and other psychiatric disorders among adolescents: Evidence from an epidemiologic survey. *Drug and Alcohol Dependence*, 88(S1), S4–S13.  
<https://doi.org/10.1016/j.drugalcdep.2006.12.010>
5. McLeod, J. D., Uemura, R., & Rohrman, S. (2012). Adolescent mental health, behavior problems, and academic achievement. *Journal of Health and Social Behavior*, 53(4), 482–497.  
<https://doi.org/10.1177/0022146512462888>
6. National Alliance on Mental Illness. (n.d.). *Dual diagnosis in adolescence*. Retrieved October 12, 2022, from <https://namiccobb.org/dual-diagnosis-in-adolescence/>
7. Healthy Youth Survey Planning Committee. (n.d.). *2021 hope fact sheet*. Retrieved October 14, 2022, from <https://www.askhys.net/FactSheets>
8. Fenwick-Smith, A., Dahlberg, E. E., & Thompson, S. C. (2018). Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. *BMC Psychology*, 6(1), 30.  
<https://doi.org/10.1186/s40359-018-0242-3>
9. Alegría, M., Green, J. G., McLaughlin, K. A., & Loder, S. (2015). *Disparities in child and adolescent mental health and mental health services in the U.S.* New York, NY: William T. Grant Foundation.  
[http://cfs.cbcs.usf.edu/projects-research/\\_docs/Disparities\\_in\\_child\\_and\\_adolescent\\_health.pdf](http://cfs.cbcs.usf.edu/projects-research/_docs/Disparities_in_child_and_adolescent_health.pdf)
10. Substance Abuse and Mental Health Services Administration. (2022, June 6). *Screening, brief intervention, and referral to treatment (SBIRT)*.  
<https://www.samhsa.gov/sbirt>
11. Washington State University. (n.d.) *What are the uses and benefits of the WARNS?*  
<https://warns.wsu.edu/uses-and-benefits/>
12. Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, 166(4), 182–186.  
<https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
13. Bjørnsen, H. N., Espnes, G. A., Eilertsen, M.-E. B., Ringdal, R., & Moksnes, U. K. (2019). The relationship between positive mental health literacy and mental well-being among adolescents: Implications for school health services. *The Journal of School Nursing*, 35(2), 107–116.  
<https://doi.org/10.1177/1059840517732125>

14. Tambling, R. R., D'Aniello, C., & Russell, B. S. (2021). Mental health literacy: A critical target for narrowing racial disparities in behavioral health. *International Journal of Mental Health and Addiction, 11*, 1–15. <https://doi.org/10.1007/s11469-021-00694-w>
15. Bonabi, H., Müller, M., Ajdacic-Gross, V., Eisele, J., Rodgers, S., Seifritz, E.,...Rüsch, N. (2016). Mental health literacy, attitudes to help seeking, and perceived need as predictors of mental health service use. *The Journal of Nervous and Mental Disease, 204*(4), 321–324. <https://doi.org/10.1097/nmd.0000000000000488>
16. Furnham, A., & Swami, V. (2018). Mental health literacy: A review of what it is and why it matters. *International Perspectives in Psychology: Research, Practice, Consultation, 7*(4), 240–257. <http://dx.doi.org/10.1037/ipp0000094>
17. Pretorius, C., Chambers, D., & Coyle, D. (2019). Young people's online help-seeking and mental health difficulties: Systematic narrative review. *Journal of Medical Internet Research, 21*(11). <https://doi.org/10.2196/13873>
18. O'Connell, J., Pote, H., & Shafran, R. (2020). Child mental health literacy training programmes for professionals in contact with children: A systematic review. *Early Intervention in Psychiatry, 15*(2), 234–247. <https://doi.org/10.1111/eip.12964>
19. Watson, T. (2022, June 15). *Adolescent behavioral health during the pandemic: Results from the Healthy Youth Survey & COVID-19 Student Survey*. [Presentation to Washington State Prevention Science Research Subcommittee]. <https://theathenaforum.org/PRSC>
20. Anderson, M., & Jiang, J. (2018, May 31). *Teens, social media and technology 2018*. Pew Research Center. Retrieved from <https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>
21. Nesi, J. (2020). The impact of social media on youth mental health: challenges and opportunities. *North Carolina Medical Journal, 81*(2), 116–121. <https://doi.org/10.18043/ncm.81.2.116>
22. Bhat, C. S., Chang, S. H., & Linscott, J. A. (2010). Addressing cyberbullying as a media literacy issue. *New Horizons in Education, 58*(3), 34–43. <https://files.eric.ed.gov/fulltext/EJ966658.pdf>
23. Forefront Suicide Prevention (2022). *Media guidelines*. <https://intheforefront.org/news/media-guidelines/>
24. Suicide Prevention Resource Center. (2020, October). *Safe and effective messaging and reporting*. <https://sprc.org/keys-success/safe-messaging-reporting>
25. Reporting on Suicide. (2020). *Best practices and recommendations for reporting on suicide*. <https://reportingonsuicide.org/wp-content/uploads/2022/05/ROS-001-One-Page-1.13.pdf>
26. Ali, M. M., West, K., Twitch, J. L., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of mental health services in educational settings by adolescents in the United States. *Journal of School Health, 89*(5), 393–401. <https://doi.org/10.1111/josh.12753>