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. In 2022, half of Washington’s high schools 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. One in five high schoolers reported not receiving help when seeking mental health services. Behavioral health problems are linked to other negative health outcomes such as substance misuse and academic challenges. For example, more than half of young people experiencing a substance use disorder also have a diagnosable mental illness.

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. 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. Hope is linked with overall physical, psychological, and social well-being. Students with higher levels of hope were less likely to report considering suicide than students with no or low hope. Hope is known to protect against the effects of stressful events and studies have shown that hope can be increased. 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), the Washington Assessment of the Risks and Needs of Students (WARNs) survey, and Healthy Youth Survey allow practitioners to identify and support areas where youth are at risk for experiencing behavioral health problems. 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. Greater behavioral health literacy is associated with better well-being and physical health and less shame over their mental health, which improves the chances that people will seek help for mental health problems. Training youth service providers in mental health literacy can improve their attitudes about mental health and increase their confidence to provide help. 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.

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”. 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. 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.

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. Schools must be a place where students feel safe and feel comfortable asking for help. 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

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

Additional information
More information can be found in these research briefs. Questions: prevention@hca.wa.gov

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References


