

Youth Voices - Report on Behavioral Health

First-Hand Perspectives on What Youth Want and Need



November 2020



History/Background

First Things First...

In 2019, Kronkosky Charitable Foundation and the San Antonio Area Foundation commissioned a [study](#) on children and youth behavioral health in Bexar County, and then coalesced more than 40 nonprofits, utilizing a [collective impact framework](#), and [Results-Based Accountability](#)TM to establish a common agenda/purpose, set of goals, and indicators that would determine if we were “turning the curve” successfully.

From those community discussions arose a need for a “backbone” to organize the work further, and an extensive, seven-month request for proposal process was initiated by Kronkosky Charitable Foundation.

In July 2020, the Ecumenical Center was selected by a cross-section of community leaders to host the backbone. Initial staffing was completed in October of 2020.

Gaining youth voice and input into the process was a priority for the newly established backbone, now named as the Center for Young Minds, and this report demonstrates the results of that focus.





Methodology

Multiple nonprofit organizations that serve youth directly and through schools were engaged in the effort to gain youth voice and input into behavioral health needs and supports. The approach was to offer virtual, guided discussions online with small groups of youth of similar ages. A clinician was available to any youth who may have been triggered by the discussion. The full methodology was piloted in partnership with Rise Recovery's young adult counselors to determine if any adjustments would be needed.

A parent/guardian authorization was completed online, prior to the young person's participation. An email survey link was shared with the participant following the session, and youth received a \$10 gift card as a thank you. The appendix contains a list of participating organizations, the discussion format, the parent/guardian authorization form, and detailed survey results.

In two instances, a face-to-face group was held in a socially distanced setting. In total, 14 sessions were held, encompassing 40 youth during September and October of 2020.



Research That Supports Our Findings

The San Antonio community and as well as our nation have become much more aware of the Adverse Childhood Experiences (ACEs) scale and have likely taken the ACEs [quiz](#) themselves. ACEs [predicts](#), based on measuring the number of traumatic or adverse events experienced, which individuals are likely to struggle into adulthood, eventually leading to shorter lifespans with the co-morbidity of physical illnesses.

A small percentage of youth with high ACEs scores somehow have normal development, despite the adverse experiences. This resiliency can create a pathway to help youth who have encountered ACEs or may in the future. This work can be complementary to the immense effort communities have engaged in to reduce ACEs. While we work to *reduce* ACEs, we can also be working collaboratively to *increase* resiliency. In summary, how do we move toward developing resiliency, starting in childhood?

A [study](#) released in 2019 by researchers at Johns Hopkins University sought to identify “Protective Childhood Experiences” (PCEs) that are the keys to resilience in spite of ACEs encountered. Seven PCEs were identified from the large-scale study of more than 6,000 adults.

The hallmark of resilience is social connections, and social connectedness is linked to adult mental health. Adult survey respondents who reported high levels of adulthood social and emotional support (e.g., family, partners, and friend circles they trusted, were open with, and looked to for support) were more likely to have experienced a high number of PCEs during their childhood.

Kids who experience many PCEs during childhood become adults who can seek support and get care, and adults who have this ability have improved symptoms even if mental illness is present. The relationship between PCEs in childhood and good mental health in adults is “dose-responsive”, meaning that the more PCEs a child receives, the better their adult mental health is likely to be.

Seven Positive Childhood Experiences (PCEs)

1

Ability to talk
with family
about
feelings

2

Felt that family
was supportive
in difficult
times

3

Enjoyment in
participation in
community
traditions

4

Feeling of
belonging in
high
school

5

Feeling of
being
supported by
friends

6

Having at least
two non-parent
adults who
genuinely care

7

Feeling safe
and protected
by an adult at
home

Executive Summary

Across the multiple one-hour sessions with youth, whether Zoom™-based or in-person, common themes emerged. The high-level themes follow along with salient points youth made that reinforce the theme presented. Following the key themes, we have included even more detail of what was shared (verbatim, where possible) so that the full context of youth voice is understood.

Most youth indicated a *desire to be with peers in a casual setting that creates a sense of shared connection.*

“Can we start a children of divorce support group? I think this would be really helpful.”

Emma, age 12

“We need a club where we can share our feelings, so we don’t feel like outcasts.”

Lily, age 11

“My school counselor put together a group for new students. That’s where I gained real friends and felt supported.”

Rory, age 19

“We do a wellness check in my immediate family. We are open with what we are experiencing, and we don’t pretend to know everything or have all the answers. We research and find resources.”

Matthew, age 20

“My teachers have been helpful. I go to talk to them, and it’s calming. They are an outside source giving me coping skills for everyday situations. I feel better getting another point of view from my teachers. I sometimes get trapped in my own thoughts, and their objective feedback helps. I have anxiety and ADHD, which play a role in how I feel from moment to moment.”

Julie, age 17

Many youth shared *positive experiences with adults*, whether the adult was a parent, extended family member, teacher, counselor, or therapist. When youth experienced disconnection or a negative experience with an adult figure in their life, the common thread centered around the adult *discounting the young person's feelings and/or not listening*. The young person did not feel seen and heard.

“Adults don’t understand your situation. They blame you instead of just listening. Can you just listen, not judge and hear our perspective? My friends help more, because they are going through the same thing.”

Antonio, age 13

“Youth have plenty of authority figures in their lives; we don’t need more. We need people we can trust and talk to.”

Madeleine, age 18

Most youth have asked for *school systems to be more attentive to mental health needs*. Youth feel schools are not resourced to provide help, with the term “resourced” meaning lacking education, awareness, tools, staffing, and empathy.

“We need education and information on mental health. Every student should have this information. It reduces stigma and gives us a pathway to manage our own health.”

Aaron, age 19

Youth expressed that they *do not desire clinical settings* to manage their mental health. Casual settings are indicated, and aspects are outlined in the verbatims.

“I don’t want to go to a clinic and see a doctor. No ‘name badge’ type people are needed. I just need a real, human connection with someone I feel safe with and can trust.”

Angela, age 14

Some youth have embraced *coping mechanisms*, yet caution that it's *not a one-size-fits-all* approach. Youth who do not have coping mechanisms voiced a *desire to gain those skills*.

“I like creating collages, but not painting or drawing. Each person is different in what may work for their particular needs.”

Irene, age 16

“I can be sitting next to three people my age with the same issues, and we all experience it differently and have different needs. You can't use the same, cookie-cutter approaches with kids. Our needs are unique. Everyone's struggle is different; everyone's trauma is different.”

Cara, age 17

“I can't meditate – it doesn't work for me. I need to create and keep busy. I like to spray paint as an art form.”

Gail, age 14

“I'm in therapy to deal with my grandmother's death. I learned about what triggers me and how meditation and breathing exercises can help.”

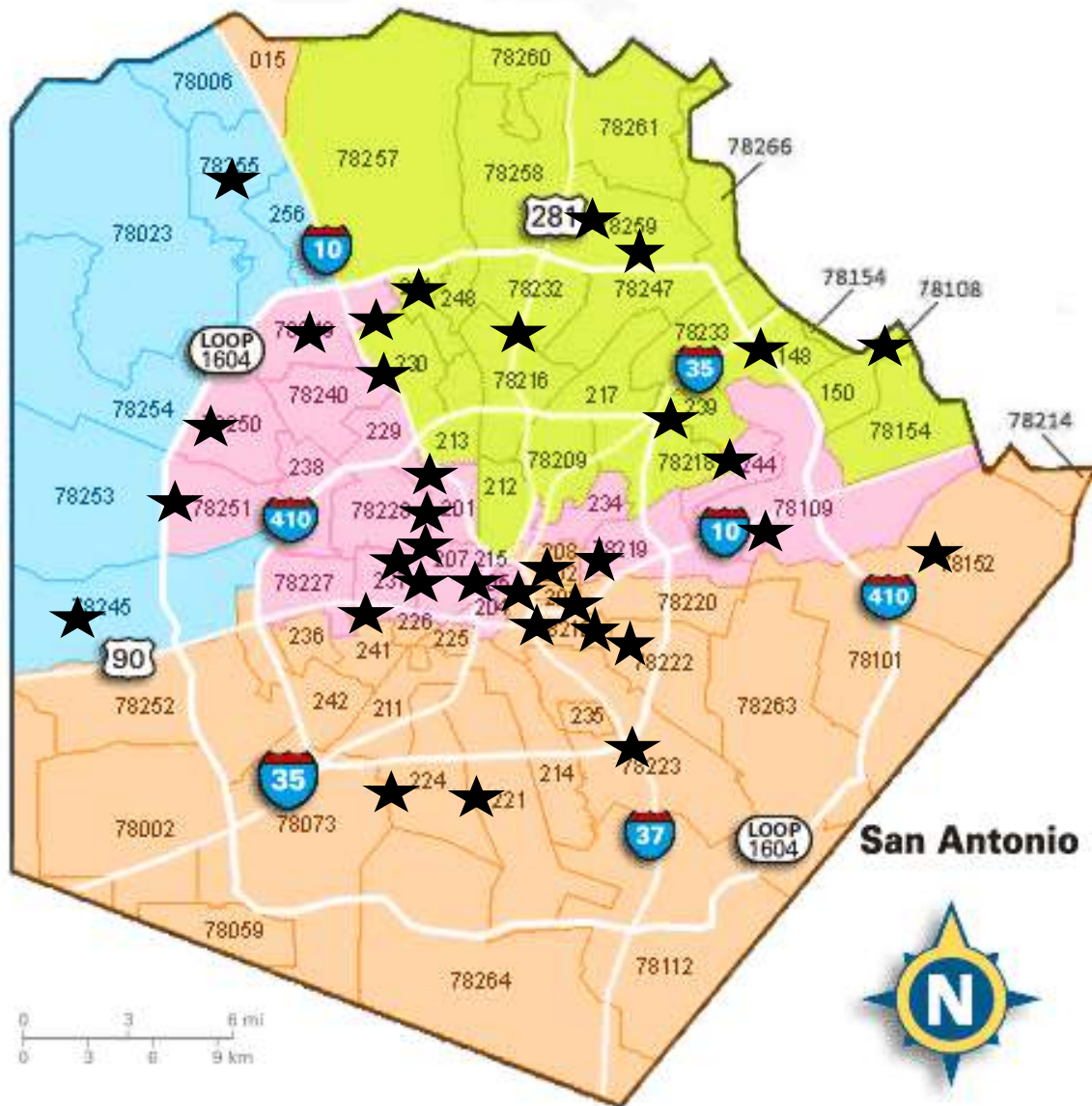
Anna, age 15



About Our Youth Participants

Following each discussion, participants were provided with a survey link. The survey offered the participant the opportunity to provide feedback on the discussion itself, provide additional thoughts, share demographic data, and indicate whether they preferred a Walmart or Target gift card. Not all participants completed the survey, yet the majority did provide feedback. Verbatims are located in Appendix C.

Participants represented a wide geographic area within our community:



About Our Youth Participants (continued)

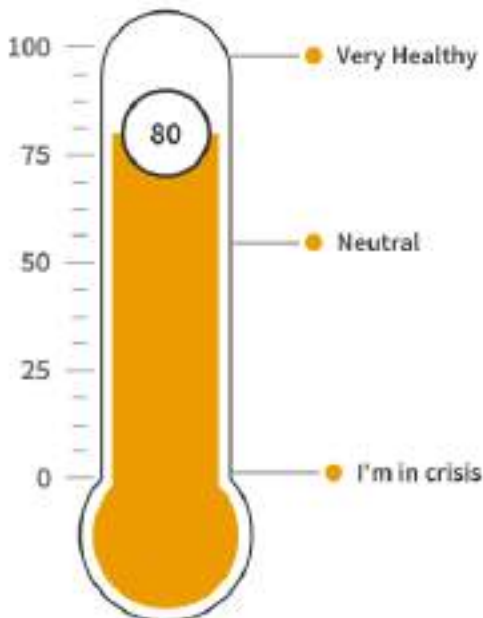
Participants reported feeling respected and comfortable in the guided discussions:



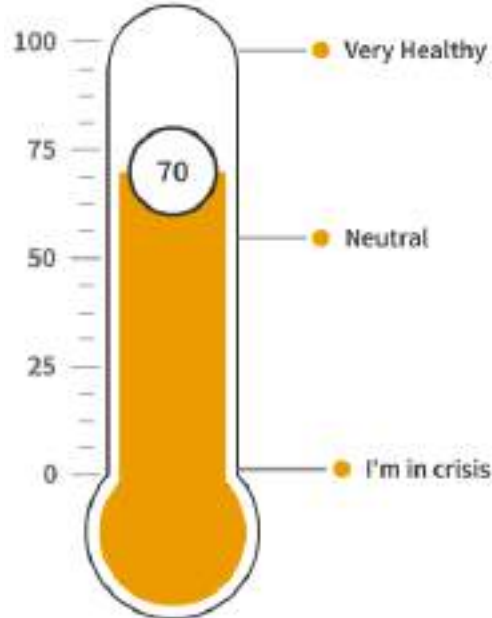
Youth behavioral health has declined during the pandemic:

The median score participants annotated for their behavioral health *prior* to the pandemic (before March 2020) was 80, and the *current* median score of our participants is 70, a drop of 10 points. However, in reviewing each respondent’s scores, 65% of respondents reported a decline in their behavioral health, and the median decline was 15 points. The remainder of the respondents reported no change (9%) or improved behavioral health (26%).

Pre-Pandemic Behavioral Health Score



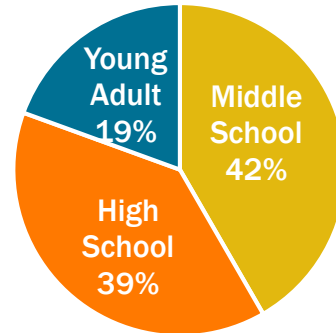
Current Behavioral Health Score



About Our Youth Participants (continued)

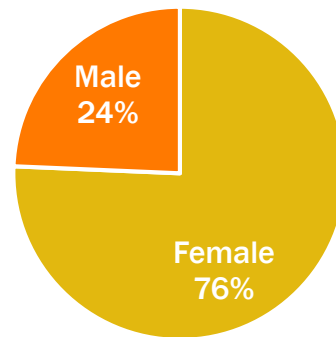
Participants represented multiple age groups, genders, ethnicities, and sexual orientation:

Age Groups: Middle school students were comprised of youth ages 11 to 14 and 46% of our study’s composition. High school students were 33% of the attendees in our sessions, and represented ages 15 to 18.

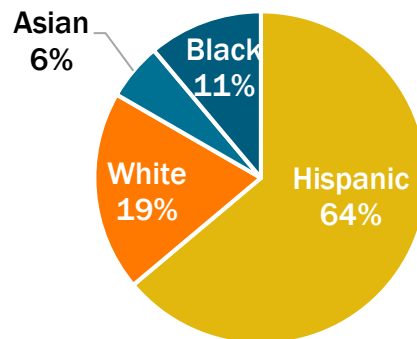


Young adults were ages 19-25, with the majority being 19-20 years of age, and 21% of the feedback obtained.

Gender: 76% of the attendees in our discussion groups identified as female, and 24% identified as male.

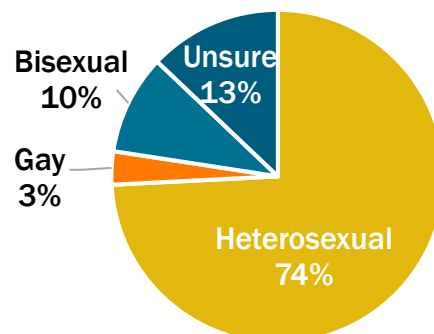


Ethnicities: Hispanic/Latino ethnicities led the way in the study with 64% representation, in deference to Bexar County’s minority majority.



White or Caucasian representation was 19%, African American/Black representation was 11%, and Asian or Pacific Islander representation was 6%.

Sexual Orientation: 74% of our participants indicated they are heterosexual, 10% identified as bisexual, 1% identified as gay, and 13% of our participants are unsure of their sexual orientation at this time.



Additional identifiers such as faith experience, sports, and other elements are located in the Appendix.

Verbatims - What We Heard

Who (roles emphasized, not names) has been helpful to your or others' behavioral health?

Peers

"I've talked to family members, friends, my pastor. Everyone cared, but it wasn't until I sat down with someone who has been where I've been, who had already shared my lived experiences that things changed."

Nico, age 21

"Friends are especially helpful. When I'm with friends on a call or Facetime, we are really supporting each other academically *and* personally. We have a dark humor that helps."

Lucy, age 18

"I have had a friend for six years, since sixth grade. She's been there for me through thick and thin. She'll tell me, 'Cara, that was stupid.' She keeps me accountable if I have problems being accountable to myself. She's a really good listener; we care for each other and help each other."

Cara, age 17

"Talking to my friends helps because we are all going through the same thing."

Anthony, age 13

"We are building a community in our school that talks about mental health. We [the students] can lean into each other for support."

Matthew, age 20

"What helps me is hanging with my friends and just laughing."

Hannah, age 14

"I go to my friends more often than my parents when I'm stressed. They are more empathetic; they have gone through similar stuff. They don't beat around the bush – they tell me the truth."

Brad, age 17

Who (roles emphasized, not names) has been helpful to your or others' behavioral health? (continued)

Peers

"My good friend from middle school moved, but we stay in touch through gmail. I miss her, but we still can stay in touch. I feel better when we connect."

Emily, age 11

"My school counselor put together a group for new students. That's where I gained real friends and felt supported."

Rory, age 19

"The past few months, I made some new friends during quarantine, and I can tell them about what's going on."

Aarav, age 15

Parents/Family

"My mom has been a strong backbone for our family. She's a geriatrics physician on the frontlines of COVID but still cares for me and my sisters."

Lora, age 17

"We do a wellness check in my immediate family. We are open with what we are experiencing, and we don't pretend to know everything or have all the answers. We research and find resources."

Matthew, age 20

"My family and friends are helpful, because we are all experiencing the same situation. My Mom is a teacher as well. She understands virtual school. We talk about our struggles, and it relieves the stress we have."

Reina, age 15

"My parents have been very helpful. Not all the time, but me and my Mom are best friends. We are open with each other. If I'm having an anxiety attack, I go straight to her, and she knows how to help."

Cara, age 17

Who (roles emphasized, not names) has been helpful to your or others' behavioral health? (continued)

Parents/Family

"My big brother helps me a lot, and my dogs help calm me down. Their support all add up to one specific trait – how funny they are. My big brother is hilarious, and my dogs do dumb stuff that makes me laugh."

Aaliyah, age 14

"My mom has really grown as a person. We share a lot, and I'm proud of her."

Gail, age 14

"My sister and I are really close. We are only a year apart, and she's basically my best friend. We tell each other everything. I don't know what I'd do without her."

Jay, age 15

"My dad has gotten a lot better. He used to be so machismo, but we're talking more, and he's starting to understand what I think and feel."

Ana, age 17

"I'm involved in a lot of sports. I know if I wanted to try something new, my parents would support me and give me what I needed to be successful. We often talk about what happened during each other's day."

Lina, age 15

"I was feeling really stressed, and my mom thought a hot bath with a bath bomb and some music would help me. I tried it, and it did help."

Sharon, age 15

"I don't really like talking about my feelings. I just like to laugh and talk at the end of the day with my sister."

Addy, age 13

Who (roles emphasized, not names) has been helpful to your or others' behavioral health? (continued)**Teachers**

"My teachers have been helpful. I go to talk to them, and it's calming. They are an outside source giving me coping skills for everyday situations. I feel better getting another point of view from my teachers. I sometimes get trapped in my own thoughts, and their objective feedback helps. I have anxiety and ADHD, which play a role in how I feel from moment to moment."

Julie, age 17

"I've always had amazing connections with my teachers. We speak the truth. They let me de-stress, give honest and truthful feedback."

Matthew, age 20

"I felt I could talk to my teachers. They were easy to talk to, and they are not your parents. They can see things that perhaps you can't see for yourself."

Rory, age 19

"I couldn't get into my Zoom classroom and ended up missing five assignments. My teachers helped me, and I got extra tutoring. I'm caught up and feeling so much better."

Lily, age 11

School Counselor

"I had to really step up and help my younger siblings when my parents got divorced. That was really difficult. My high-school counselor really helped. She just listened."

Rick, age 17

"My school counselor related to some of the things I was going through. That helped."

Addy, age 13

Who (roles emphasized, not names) has been helpful to your or others' behavioral health? (continued)**Therapist**

"My weekly visits to a counselor have helped. Someone to help me figure out what was going on internally to help me get to a point where I knew what to address."

Ray, age 23

"Some of my friends didn't have a good support system, so they turned to therapy, and that seemed to be helpful for them."

Rory, age 19

"I'm in therapy to deal with my grandmother's death. I learned about what triggers me and how meditation and breathing exercises can help."

Anna, age 15

Coach

"My middle-school coach is someone I'm close to. I was part of Fellowship of Christian Athletes, and he ran that program. I would be the only athlete that would show up, so we became close. Once school shut down for COVID, I needed his support. My sister had gotten sick with a stomach bug, and we got worried because it was similar to symptoms of COVID. I'm really close to her, and I had a lot of anxiety about her condition. He helped me with my anxiety and helped me to be okay."

Albert, age 13

Fur Friends

"My dogs are basically therapy dogs. They aren't trained, but they calm me and make me feel better."

Alexa, age 11

Who has *not* been helpful to your or others' behavioral health (roles emphasized, not names)?

Adults (generally)

"Adults don't understand your situation. They blame you instead of just listening. Can you just listen, not judge and hear our perspective? My friends help more, because they are going through the same thing."

Antonio, age 13

"If you feel like you are a problem when you share with an adult, you actually do damage."

Matthew, age 20

Parents/Family

"My mom tried to be helpful, but she has her own mental health issues."

Madeleine, age 18

"No one helped me yesterday. I was mad, out of control, and couldn't figure out how to calm down. It led to a fight with my father."

Lorena, age 11

"It's great to have a family support system, but, personally, it was hard to talk to my parents. I didn't want to add to the problems and give them something new to worry about. So, I hid what was happening."

Rory, age 19

"Pressure from parents is something I see a lot of. Many parents have high expectations of their kids, and it can create tension in the household."

Lucy, age 18

"I'm from India. My parents are immigrants. The Indian community can be really toxic. My parents have really high standards and so do all their friends. They pressure us to be the best. It's hard to be confident when [the pressure] is always there. The brown community doesn't prioritize mental health, and they don't understand."

Aarav, age 15

Who has *not* been helpful to your or others' behavioral health (roles emphasized, not names)? (continued)

Parents/Family

"I didn't necessarily like my step-dad but needed acknowledgement from a father figure. He told me that my recovery was 'BS', and he was able to overcome his own use of drugs without recovery."

Madeleine, age 18

"My relationship with my dad has been tough and difficult. Specifically, supporting my academic endeavors. I took 15 college credit hours over the summer as a high school student, but he wouldn't help financially. That was really stressful. I end up taking care of my sisters, who I love, but I have to make sure there's food in the house since my Mom works in the hospital all the time."

Lora, age 17

"Sometimes I wish my parents had an objective point of view. My parents can be harsh."

Julie, age 17

"Parents, please don't be overbearing, but at the same time, support your kids. Don't compare kids to other kids. It really does hurt. It may not look like it hurts, because we'll laugh or walk away, but it does hurt. The only person you can be is YOU."

Julie, age 17

"My dad was abusive and ignorant with his words, and this makes me very aggressive, and I come across as defensive. I don't want to be like that. His words have hurt me."

Aaliyah, age 14

"My grandpa doesn't listen to me. He only wants to talk about himself."

Abby, age 14

"My dad tells me to 'suck it up'."

Bree, age 14

Who has *not* been helpful to your or others' behavioral health (roles emphasized, not names)? (continued)

Parents/Family

"My grandparents are misogynists and culturally, we have differences. They don't believe I should share my feelings, so I don't speak up around them."

Sharon, age 15

"We were supposed to go to Six Flags as a family the day after my grandfather died. I didn't want to go, but my dad told me that 'I wasn't really a part of [my grandfather's] life' and to just go and have fun. That was hard."

Anna, age 15

Teachers

"My teachers are not as helpful. They acknowledge it is tough right now with COVID and virtual school, but they don't do anything else other than to acknowledge how difficult things are."

Reina, age 15

"My geometry teacher keeps typing the wrong grade in the system. She doesn't correct it, and I'm stressed out trying to get it changed."

Hannah, age 14

"Teachers say they understand, but they just keep piling on the assignments. I have about 20 that are nearly due."

Gail, age 17

School (Generally)

"I attend a difficult, rigorous school. It's normal to have ups and downs, but there isn't a way for me to talk to someone at school other than the counselor, who will end up helping me get into college. I don't want to talk to the person who determines my college potential with my emotional difficulties."

Lora, age 17

Who has *not* been helpful to your or others' behavioral health (roles emphasized, not names)? (continued)

School (Generally)

"I have a friend who may be depressed, but she isn't sure. Our school ignores mental health. We need events where professionals explain symptoms or a website we can go to. Many friends are unsure if they need help, and their parents are strict and don't believe in the idea of depression. We need a resource to help ourselves."

Reina, age 15

"My school counselor only focused on academics. Our school pushes for high academic standards, and the counselors didn't care about what was going on in our life."

Matthew, age 20

"I go to school in-person now, but I still have to log into the online session. I hate Zoom. It's not helpful at all."

Emily, age 11

"I've tried to talk to my school counselor about how I'm feeling, but she just changes the subject to academics."

Bella, age 17

"A school's dress code can create unstable mental health, especially for girls. You think I'm distracting people because my shoulder is showing? What kind of message is that? And school counselors have hundreds of kids they are responsible for helping. That's just wrong, and schools won't acknowledge any of this. I've brought it up to our school board, but nothing happened."

Sarah, age 17

"We need more educational supports. I'm an 'A' student whose grades are suffering because online learning is terrible. I'm stressed about my grades dropping. We need tutoring and free support outside of school to help us get through this."

Ivana, age 16

Who has *not* been helpful to your or others' behavioral health (roles emphasized, not names)? (continued)

School (Generally)

"The school system needs to be more accountable. Teach us coping mechanisms. Give us real information about topics like sexual health and consent, so we can avoid sexual trauma."

Sharon, age 15

"Consistency of school counselors is needed. Sometimes they change, and it's hard to build new relationships."

Rick, age 17

Friends

"I have had friends in the past who just think that giving me advice or telling me 'it's all okay' or to 'calm' down that it will help the situation. They just wanted me to shut up and weren't interested in helping me. I've lost a lot of friends because they aren't benefitting me, and I'm not benefitting them."

Cara, age 17

"I was student council president and wanted to better my community. I was running for another term, and my friends tried to hurt me because they didn't want me to succeed. It all piled up - school work, community, and more. I started experiencing anxiety and lots of other symptoms."

Matthew, age 20

"I like talking to my friends, but I was having mood swings, and because my friends hadn't gone through that themselves, they didn't know how to help me."

Brad, age 17

"Teenagers in high school can be vicious. I surrounded myself with older toxic girls. I didn't feel supported and made decisions that were counter to my values."

Rory, age 19

"I'm accomplishments-oriented. When I'm at church, the adults support what I'm doing, but the rest of the kids criticize me. The kids don't want to do the work and get irritated with me for bettering myself."

Julie, age 17

What has been helpful to your mental health, or that of a friend or family member's? (continued)

"Knowing you aren't alone helps you function better. My mother was deployed to New York to help with the COVID situation, so I quarantined in my house by myself. Facetiming with people and talking to friends really helped me."

Lucy, age 18

"'Weird' and 'stupid' are words we [kids] use a lot, but we need to dive into those words to understand what they really mean."

Nico, age 21

"Just listen. Active listening helps, and repeating back what the person meant makes me feel better, as if someone really cares. It's so easy, but it's really effective."

Rick, age 17

"When people just sit and listen. I don't want someone to tell me what to do, like go paint (which I like doing). I just want someone to hear me out and not try to solve it."

Cara, age 17

"I like it when someone drops an 'F-bomb'; it keeps things real."

Madeleine, age 18

"I didn't know I was an extrovert until the pandemic. I've had to come up with strategies to allow myself to feel connected during this time."

Anna, age 14

"I had to write a paper for my English class, and my mom helped me with the technology because I was struggling. That reduced my stress level."

Reina, age 15

"Learn about each kid; approach each young person how THEY want to be approached. Kids are acting out because something is wrong. Take the time to learn why."

Aaliyah, age 14

What has been helpful to your mental health, or that of a friend or family member's? (continued)

“Honesty is a huge thing. [Adults] need to be honest with us. We can smell when you are BS'ing us. We're smarter than you think. Tell us straight up the truth. We can comprehend it and take it well.”

Madeleine, age 18

“I also just came up with another idea of what has helped me open up to my counselor -- a mini sandbox that is always on her desk. I found that playing with the blue sand was helpful when I was having a difficult time opening up. It relieved the tension of talking about my home life and made the professional-like talk seem less formal and more like a talk with a friend.” [via email after the discussion]

Rick, age 17

“Having a weekly support group has helped. It shows me the progress I'm making. It's been harder online versus when we were in-person; I'm lacking that emotional connection.”

Ray, age 23

“The majority of the time people don't know how to necessarily ask for [help]... they just don't know how to approach it. I went to counseling, I wouldn't say forcefully, but it was greatly advised. It was the push I needed. I needed someone to push me to go forward.”

Alicia, age 13

“Talking about something that isn't recovery or behavioral health-related is the pathway to creating connection with youth.”

Madeleine, age 18

“When I got high for the first time, I didn't realize how much tension I was carrying. I felt comfort. I needed a way to regulate my emotions, and I used substances. Later, I learned about meditation. That helps.”

Nico, age 21

“Having a goal-oriented environment with people who push me and stand by me as I pursue that goal is what helps me to thrive.”

Addy, age 13

What has been helpful to your mental health, or that of a friend or family member's? (continued)

"Texas teaches abstinence around drugs and that addicts are bad people. That doesn't work. It's a scare tactic, when in reality if you try drugs, it feels good. We need to be taught that it's a medical dilemma and not a moral failing."

Nico, age 21

"During COVID quarantine, our counselors reached out to us individually to see how we were doing. I know it was a lot of work to write hundreds of personalized emails, but I felt important."

Rick, age 17

"Substance abuse needs to be replaced with something. You are asking young people to give up something that is a coping mechanism. What will you give them in return?"

Nico, age 21

"Youth have plenty of authority figures in their lives; we don't need more. We need people we can trust and talk to."

Madeleine, age 18

"I work the 12 steps in my recovery; that's helpful. It's tangible. It's being dependent on something bigger than yourself."

Trevor, age 25

"Using personal stories with the people you are talking to creates a stronger connection. I would share my frustration, and when someone shares back and is vulnerable, it helps."

Rick, age 17

What setting(s) work well?

"I don't want to go to a clinic and see a doctor. No 'name badge' type people are needed. I just need a real, human connection with someone I feel safe with and can trust."

Angela, age 14

What setting(s) work well? (continued)

“School can provide support, but it needs to be people who are focused on our lives and needs, and listen, and aren’t solely interested in our academics.”

Matthew, age 20

General feedback on this topic from multiple participants included:

- Provide lots of snacks: Hot pockets, ramen, mac ‘n’ cheese
- Create a welcoming, safe space; non-triggering
- Incorporate music
- Humor, often self-deprecating humor, is desired
- Warm, smiling, welcoming people
- Language needs to be youth-based, not adult “speak”
- Energy, love and compassion – bring it to the room/setting
- Youth need to feel like they are equals in the setting provided
- Incorporate meditation and/or physical fitness (variety of suggestions around adding coping mechanisms to the setting, whether that be art, music, play, etc.)
- Create engaging activities, not just online presentations

“Can we start a children of divorce support group? I think this would be really helpful.”

Emma, age 12

“We need a club where we can share our feelings, so we don’t feel like outcasts.”

Lily, age 11

“I think a reading club at the library would help kids feel connected.”

Hannah, age 14

“Organized peer groups within school helped me to fit in.”

Rory, age 19

“My school hosted a mental health symposium and a day dedicated to helping students cope with mental setbacks. We had posters, ambassadors, and approaches like poetry, dance, songs, an information session, and more. It really got the students to start talking to each other and helped to normalize that we all have mental health.”

Matthew, age 20

What setting(s) work well? (continued)

“Give space and time for the young person to share their thoughts. Keep the conversation focused on the youth, not you.”

Aaron, age 19

“Exercise, baking, and hands-on activities help me to relax.”

Reina, age 15

“We started doing breathing exercises. It actually helps.”

Addy, age 13

“Exercise helps. I’m kind of a nerd, but a quick workout really calms me down and makes a difference. And you get smarter, because your blood circulation improves to the brain.”

Rick, age 17

“Being outside helps. Going for a run, talking with friends, and praying are all things that calm me. There’s a bench in my neighborhood park that I like to sit at. It helps my mind to open up and not be stressed.”

Albert, age 13

“I like creating collages, but not painting or drawing. Each person is different in what may work for their particular needs.”

Irene, age 16

“I can’t meditate – it doesn’t work for me. I need to create and keep busy. I like to spray paint as an art form.”

Gail, age 14

“Not every approach works well for every type of kid. Music depresses me, but people kept suggesting that as a solution.”

Rory, age 19

“Physical fitness is important. It’s part of body, mind, spirit.”

Trevor, age 18

“Roller skating with my friends or even on the phone with my friends – it’s really about being present.” –

Aaliyah, age 14

What setting(s) work well? (continued)

“Giving back to others helps us to feel better about ourselves. Service work in the community would help us.”

Lily, age 11

“Silent and/or guided meditation helps you stay calm throughout the day.”

Nico, age 21

“I read to de-stress, but right now, most of my de-stressing is surfing YouTube or being on my phone. I can tune out, disconnect, and just laugh.”

Lucy, age 18

“My teachers will ask me to write if I’m stressed, but I don’t like writing. It seems that my teachers only have this one technique to help me, but it doesn’t help.”

Reina, age 15

Are there any other thoughts you have that we haven’t already covered?

“People who need help don’t know who to ask. If every student could talk to someone, feel safe, and not be judged, that would help a lot.”

Addy, age 13

“I feel like adults should care more about our view on things.”

Iylah, age 11

“Kids don’t want to call a hotline for support. We need people in our lives who will listen to us and share that it’s okay to talk about what’s happening in our lives.”

Rory, age 19

“We need education and information on mental health. Every student should have this information. It reduces stigma and gives us a pathway to manage our own health.”

Matthew, age 20

Are there any other thoughts you have that we haven't already covered?
(continued)

"Get over it' is not helpful language. That phrase degrades all the work I put into myself."

Julie, age 17

"We can't miss school, or figure out how to get transportation to get help. They [providers] may not accept Medicaid, may not offer Spanish-speaking services, and there are so many barriers to getting help."

Matthew, age 20

"I've been to three mental health hospitals. The employees – it's a job. It's frustrating that many of the mental health care providers are just crap. I had a psychiatrist who would prescribe me anything. It's all trial and error with people whose job is to provide clinical care. There needs to be reform."

Cara, age 17

"Support early on is what kids need. Kids keep things to themselves until it gets really bad. There has to be a way to intervene. Changes in sleeping patterns, attitude changes, and other signs – people need to bring those changes up to the young person and be proactive. I think that young adults should be given more information about what to do when a friend or classmate is exhibiting suicidal behavior."

Lucy, age 18

The following quote from a participant was shared when it was explained this study was being done to gain youth voice and input in order to create effective interventions for youth:

"You are doing it for the right reasons, and what you create will be helpful for us, because I can tell you care."

Cara, age 17

Acknowledgements

This study would not have been possible without the support of the Kronkosky Charitable Foundation and the leadership of Mary Beth Fisk, CEO of the Ecumenical Center. Marisa Castro, music therapist-intern at the Ecumenical Center supported every discussion. Marisa, along with study lead, Rebecca Helterbrand, hosted nearly every session after-hours and on weekends with a focused dedication to providing youth voice into this community effort.

Every young person who participated provided tremendous insight and shared with great vulnerability and authenticity. The participants were solicited by respected nonprofits and organizations in our community.

Without these partners, including the Ecumenical Center, the study would not have been possible. The listing of partners contacted to participate in this effort is noted in table 1.0.

Organization	Primary Points of Contact	Able to Participate?
Boys & Girls Club	Angie Mock, Ada Saenz, Jessica Jackson	✓
Communities in Schools	Jessica Weaver, Lauren Geraghty	
East Central ISD	John Hernandez	✓
Girls, Inc.	Lea Rosenauer, Belen Plasencia, Sherry Cook	✓
Gus Garcia Middle School	Henri Munoz, on behalf of Texas A&M University's partnership	
Healthy Futures	Eleni Pacheco	✓
Rise Recovery	Evita Morin, Roy Reina	✓
South Alamo Regional Alliance for the Homeless	Katie Vela, on behalf of the Youth Advisory Board <small>(did not engage until 10/15/20; limited notice)</small>	
South San ISD	Susan Arciniega	✓
Southside ISD	Dr. Genene Bell	✓
Texas Grandparents Raising Grandchildren	Mercedes Bristol	
UP Partnership	Kimberly Sama, Leroy Adams	✓
UT Health Teen Group	Dr. Kristen Plastino, Dr. Jennifer Todd	✓
Young Minds Matter	Fuji Walker	

Table 1.0 – Participating Organizations

Appendix A – Guided Discussion Materials

What follows is the presentation utilized during the virtual, guided discussions. Participants were welcomed, discussion norms were set, and the goal of the dialogue was shared. Time was spent explaining that behavioral health is a continuum, and everyone has behavioral health. The bulk of the time was spent asking questions and listening to participants. In closing, participants were told that a survey link would be sent to them, and any questions were answered at the conclusion of the session.

First Things First

- Participation is voluntary
- Small gift for helping
- Dignity, Respect and Confidentiality for all
- One speaker at a time
- Offer thoughts
- If the Discussion Causes Distress or Anxiety, Please let Help

Who has been helpful (family, friends, pastor, teacher, coach, etc.), or not?

What has been helpful, or not?

When and where did you/family/friend feel supported? Or not?

Why?

The Goal of Our Discussion

- Goal: We want to gain an understanding of what has worked for you in maintaining your mental health; and also what hasn't worked as well.
 - This could be your own personal experiences, a family member's or friend's experience!

Next Steps

- Survey Coming Soon
- Summary & Final Report
- Ongoing Engagement

Behavioral Health Continuum

Disease	Poor Health	Mixed	Good Health	Optimal Health
Very poor quality of life, inability to function in daily life	Significant problems with mood, sleep, concentration, energy	No sleep, but no suicidal or other thoughts	Negative emotions, reduced mood fluctuations	Little to no symptoms
Excessive anxiety, severe depression	Typing normal functions	Stable mood, independent	Good mood fluctuations	Addressed thoughts
Substantial impairment for personal	Stability or lack of sleep	Stable mood, independent	Stable mood fluctuations	Stable mood fluctuations
Lack of interest/motivation	Stability or lack of sleep	Stable mood, independent	Stable mood fluctuations	Stable mood fluctuations
Stability	Stability or lack of sleep	Stable mood, independent	Stable mood fluctuations	Stable mood fluctuations

Appendix B– Parent/Guardian Consent

Youth Focus Group Research Release Form

Your permission is being sought to participate in a focus group, either as a young adult yourself (age 18-25) or as the parent/guardian of a youth who will participate. Please read the following information carefully before you decide whether or not to give your permission.

Project Overview

Facilitator(s):

Rebecca Helterbrand, EVP, Ecumenical Center; Marisa Castro, music therapist intern, Ecumenical Center

Purpose of the focus group:

To gather youth voice and input into approaches and strategies that aid youth behavioral health, versus those strategies that were not helpful. Insight into the “who”, “what”, “where”, “when” and “why” will be elicited during a guided conversation.

Procedure to be followed:

All focus groups are anticipated to be held virtually with small groups of similar-age youth solicited from organizations who routinely deliver services to youth. Groups will be small in size, <10 participants. The sessions will range from 30 minutes to a maximum of 60 minutes. A slide demonstrating the continuum of behavioral health care will be shown as a prompt to ask youth to share their thoughts on how San Antonio and the surrounding Bexar County community can provide supports to aid youth in maintaining behavioral health, and/or strategies to increase resiliency in the face of difficulties. A recording will be made for the purposes of annotating summary notes, in which an alternate first name will be utilized to protect the identities of each participant. Ages will be attributed to any summary notes as well, but with an effort to ensure no identification of the student/youth can be made.

Discomforts/risks:

The risks in this focus group session are minimal (i.e., no greater than those ordinarily encountered in daily life or the performance of routine physical or psychological examinations or tests). However, in deference to the subject matter, a therapist-intern will be present virtually in the event that a youth participant develops a need for support during the focus group. In that event, a virtual breakout session will be enabled with the youth and the therapist that will not be recorded. In the event this occurs, the partnering youth organization’s contact will be notified in order to provide information to the parent/guardian.

Benefits of Participation:

No direct benefit is anticipated from participating in this research study; however, a small gift for participating will be provided to each attendee. The results of this study, however, will increase our knowledge of strategies and approaches to minimizing the crisis of youth behavioral health, which ultimately is of benefit to the community at large.

Statement of confidentiality:

All records are kept confidential, and following documentation of each session’s results and the overall results of all focus groups, any recordings or manual notes will be destroyed in lieu of the formal research report-out, which will maintain anonymity of all participants, identifying only the partner youth organizations, pseudonym and ages of participants.

Voluntary participation:

Your participation is voluntary. If you feel you have in any way been coerced into participation, please contact either the President/CEO of the youth organization who informed you of this opportunity, or the President/CEO of the Ecumenical Center, Mary Beth Fisk, at mbfisk@ecrh.org. We also ask that if this release is on behalf of a minor, that the guardian/parent read this letter to the child (if age-appropriate) and inform your child that participation is voluntary. At the time of the focus group, participants will be reminded of voluntary participation by the facilitators, and may exit the focus group at any time.

Termination of participation:

If at any point during the focus group you (or your child) wishes to terminate the session, we will do so. Questions regarding the focus group should be directed to: Rebecca Helterbrand, rhelterbrand@ecrh.org, 210-710-4812 (cell). If at any time before, during or after the focus group your child experiences any physical or emotional discomfort that is a result of his/her participation, or if you have any questions about the study or its outcomes, please feel free to contact Ms. Helterbrand.

Appendix C– Comments from Post-Discussion Survey Results

Comments about feeling comfortable or respected during the guided discussions:

- Not one second did I feel uncomfortable for the questions being asked. Y'all did an amazing job of making everything feel like a safe place.
- They listened to me and made me feel like it was a safe space.
- The mediators did a wonderful job creating a safe space that welcomed the sharing of ideas.
- I loved it so much. I hope my device [sic] [advice] was helpful.
- I felt that I was being listened to and understood.
- They were really nice and open with me.
- Great presentation.
- No, everything was great. I have high hopes.
- I think everything was handled so well and the entire process felt very comfortable and open.
- NO, so good.
- No, I think you guys did a good job.
- Nothing, it was really good.
- Nope, I think you're good.
- I thought it was perfect.
- Nothing, it was very nice and safe. I felt welcomed and listened to.
- I think you guys are perfect in the methods you use.
- I honestly felt pretty comfortable in sharing my thoughts in the focus group. I am usually a very quiet person. However, I was able to convey the thoughts and opinions that came to me in the focus group.

Is there anything you thought of after the discussion you would like to share?

- In terms of what can the adults do, and my only further comment is that adults should try to not implement their own standards but rather let the person speak freely.
- Schools need to be there for the kids and not just for educational support.
- Adults shouldn't be talking about what they don't know and instead be a proactive listener.
- Thank you for making me feel comfortable and for providing me with a voice. I feel strong now to speak up more.

Is there anything you thought of after the discussion you would like to share? (continued)

- Talking more about mental health with our younger generation can have a positive impact, letting them know that's it's okay to feel this way and their feelings are understandable.
- Using research from the UT Teen Health Mental Health Study (published with the help and guidance of OBGYN, medical school students, and high school students). [The study evaluators are now in contact with the originators of this study.]
- Giving youth responsibilities in the group is always a great way to pull them in. Having solution-focused individuals where youth can bring any problem to a counselor and talk about solutions for them.

What can we improve upon in future discussions?

- [Incorporate] interactive activities
- Maybe have some music playing and do an icebreaker
- Maybe what other techniques we used to help
- I would like to know ahead of time the questions - maybe I can think about it more.
- More talking
- We might have to call on people to get the ball rolling

What was your favorite moment from the discussion?

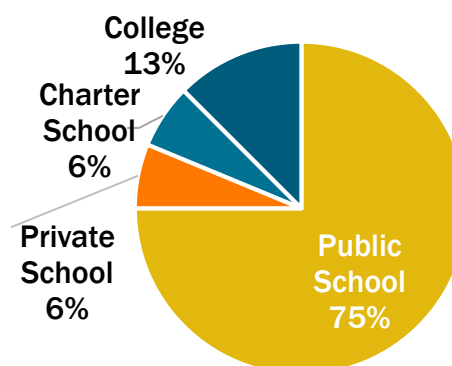
- I really liked how comfortable I was able to share things within the room and how we were able to connect better with one another.
- Sharing my story about school stress and wellness.
- I like that we were all sharing out loud and girls were calm.
- I quite enjoyed the entire process, as well as being able to cross collaborate with other ideas and just feel open enough to share.
- Everything.
- I liked hearing everyone's thoughts.
- The feeling of being respected and comfort in the meet-up.
- That you were very friendly and comforting. I liked that the groups were small and personal.
- Listening to what other people are going through, and it's not just me, and it helps to understand each other.
- It felt very comfortable.
- The environment.

What was your favorite moment from the discussion? (continued)

- I loved that fact that everything that was asked and said was truthful. It really gave an inside view of how this happens from someone who has gone through mental health issues viewpoints.
- You are nice and helped me relax and speak up without trying. thank you.
- The speakers
- Sharing with my peers
- We felt safe.
- I loved just speaking with them; they let me tell my story and go on. They were very, very nice, and they did an amazing job of welcoming and making it a safe space.
- It was a calm environment and you all recognize and validated my experiences.
- An open opportunity to find out what this initiative is about and how to improve mental health through policy!
- I love the two women who conducted the meeting.
- Very laid back and comfortable.
- The overall discussion.
- I don't express my emotions often, so I liked this experience as I got to talk about some things and it felt good to get things off my shoulder a little.
- How open and inviting y'all made the meeting feel.
- What I liked best is that I could actually relate and correlate ideas with my other participants in the focus group.

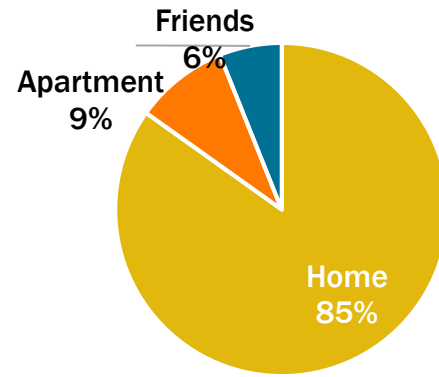
Source of Education:

Participants primarily attend public school (75%) .



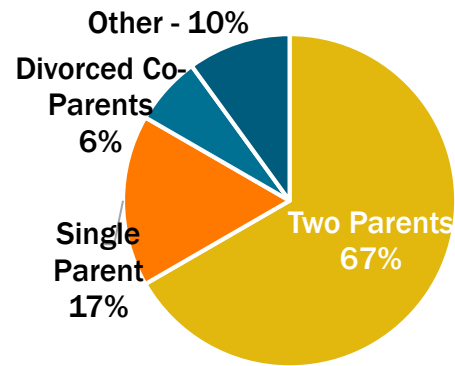
Where youth are living:

The majority of participants live in a home (85%), with 9% living in an apartment and a small number (6%) living with friends. The 6% living with friends represents young adults in college.



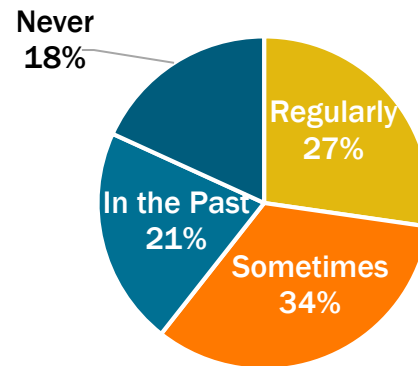
Youth living arrangements:

67% of our participants are living with both parents, with 17% living with a single parent. Another 6% report co-parenting for their living arrangements, and 10% noted “other”. The descriptions for “other” included college-age youth living on their own and a participant who lives with a grandparent.



Youth faith engagement:

Participants engagement in a church or faith-based youth group revealed 27% attend regularly, 34% sometimes, and 21% had attended in the past. Only 18% of the participants had no faith engagement of this kind.



Additional insights included:

- 61% of participants engage in sports or healthy activities weekly or more. Another 21% report engagement every two weeks, with 9% being physical monthly. Only 9% do not engage in sports or healthy activities.
- 70% of participants do not work, 17% work part-time, and 13% perform odd jobs for extra income.



Funding Graciously Provided By



The Center for Young Minds is a Collective Impact initiative within the Ecumenical Center, a San Antonio-based nonprofit with extensive reach into South Texas.



For questions related to this study, please contact Rebecca Helterbrand, Executive Vice President at the Center for Young Minds at rhelterbrand@ecrh.org.