

Engage & Empower: Youth-Driven Mental Health Outreach in the Online Era

Meredith Nechitilo, MPH

weitzman institute inspiring primary care innovation

CME and **CE** Information

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



Through Joint Accreditation, credits are also available under the following bodies:

- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- · Association of Social Work Boards (ASWB)
- · Commission on Dietetic Registration (CDR)

he Weitzman Institute was founded by Community Health Center, Inc. and is part of the Wilson Health Sustain

weitzmaninstitute.org

weitzman institute inspiring primary care innovation

Financial Disclosures

- With respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Moses/Weitzman Health System, Inc. or its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.



NEW YORK PRESBYTERIAN'S SCHOOL-BASED HEALTH CENTERS (SBHCS)







- NewYork-Presbyterian

Adolescent wellness programming



Health promotion & engagement campaigns



Classes, workshops, & small groups



Support for parents & school staff



Bridging to community resources



Peer education (NYPeers)









LET'S GO BACK TO THE BAD DAYS.

(Sorry.)

What did the Peers tell us about teen mental health during the pandemic?

#1: Mental health concerns are often minimized and invalidated by parents, peers, and even oneself.

Sometimes friends don't do it intentionally, because I know I've done this in the past. I'd be with my friends and something would happen and I'd make some type of joke about depression or anxiety. I wouldn't do it to be like. "Oh. vou're depressed, ew." I would just joke around, and there was probably someone there who was depressed who would hear this and be like, "I feel uncomfortable, vou just put me down." I feel like some of us do it without realizing it or we do it unintentionally.

I hate when people belittle me and my feelings.
I'm not wrong for feeling how I feel.

- MG

Whenever I would open up, my mom would invalidate my feelings, so I was like, "Okay, let me not go to her anymore."

Then I started seeing that it started to affect me, not just mentally, but also the way that I interacted with people. I was very closed off, I didn't want to open up to them, because I was afraid that if I told them something, they would either use it against me or invalidate the feelings that I had and make me feel like I was insane for feeling those feelings or even thinking of that thought in the first place.

— DL

[Parents] always hit you with the, "Oh, I went through this, that, and I'm still here. I'm still fine. You're over here crying over nothing." They always want to make it seem like what they went through is bigger than what you're going through, and it just makes you feel like, oh, wow, maybe I'm taking this too far.

Parents do this thing where it's like, "Oh, but you should be grateful because other people have it worse," or they'll be like, "Oh, back in my day it wasn't like that."

Times change. How things were in your time is not how things are in our time.

- GM

I can't talk to [my mom] about things. She's always like, "Oh, you can tell me anything, I'm your mom, you should be comfortable with me," all that. But then at the end of the day, once you approach them, it's like, "No you don't, you don't

#2: There are layers of stigma around mental health concerns - and around accessing care for them.

I think it may be harder for parents to reach out to their child especially when that parent is an immigrant. I know that some Hispanic parents don't believe in mental health and may deem their child as lazy because it is something that has a stigma around it.

- CV

[People sav] psychologists are just for crazy people.

– AM

Society makes it seem like if you're depressed or you have some type of mental health issue, that you're broken, that something is wrong with you, when in reality it's so normal. And some of these people who think [that way], they're probably going through [the same things].

- AD

- MG

That stigma that having a therapist means you're crazy just sucks. I really enjoyed having one but I was told [by others] that I was fine so I left it at that [and stopped seeing them].

Guys feel like they can't go to their friends about weak spots in their lives, because they feel like it makes them look weak. Guys are allowed to feel, they're allowed to have these emotions, and society teaches them that they're not. and that's something really wrong. That's something we have to fix, because guys are sometimes the ones who more quietly take it. There's guys who you won't notice that they're hurting, and then those are the same guys that commit suicide.

– GM

My friends, my family, my church – they kept telling me to pray. "Go to God! If you need better mental health, go to God!" I definitely needed [therapy], and it took me a while, because there's a bad stigma in the church saving how if you need to go to a therapist then you're weak in the Lord, like you're not praying enough or you're not being spiritual enough. So I always felt like if I went to a therapist, that was saying I wasn't strong enough in my faith. It took me a while to get over that bad stigma and stereotype [to] go help myself. – DL

#3: Destigmatizing mental health concerns, normalizing care-seeking, and facilitating access to care are all key to meeting teen mental health needs.

Asking for help is hard.

- SD

If it's hard to ask a teacher for help with a [homework] problem, it feels awful to ask help for a big issue like mental health.

AK

As a teen, sometimes it's harder to look for somebody who can listen to you and understand you and give you the right advice.

-AG

Q: What makes it hard? What's the concern or fear there?

Being disregarded. – EM

Some people don't want to feel like a bother.

I feel like I'll be annoying to the person I'm talking to. – MG Not being taken seriously.

Sometimes it's just a fear of not being listened to.

– CR

I don't talk about my feelings with my parents, you know, we don't have that relationship. Same thing with my friends. And I feel like that's a big issue that we've got to do something about. I feel like it's important to talk about teen mental health because it follows you into adulthood, and that really impacts you, and if you have kids it's going to impact your kids, and then it's just going to keep on going. It's going to have a huge domino effect. So we should start now.

- AD

I don't think we have more mental health issues than those before us, I think there are many of us who are brave enough to start the conversation and to normalize mental health issues, which makes more people open up.

– AK

[It's important to] destigmatize the conversation around mental health, and also make it more accessible, so that everyone knows mental health is important and you don't have to be going through depression. You can go through hard times, and it's okay to get a therapist and lean on someone else.

– SD

Action steps to meet teen mental health needs

- 1 Destigmatize and validate mental health concerns
- 2 Normalize care-seeking
- 3 Provide skills to support mental and emotional health
- 4 Create opportunities to connect to care

Okay. Now what?

1. Online



1. Online

2. Social



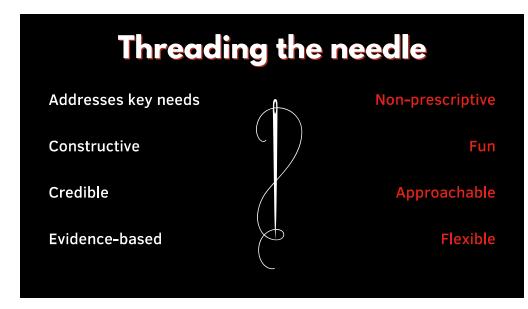
1. Online

3. Sleep

2. Social









Time I work to skep: * Tree: : AM ~ Time I woke up: * Time I woke u

I nanned for more than 30 minutes vesterday

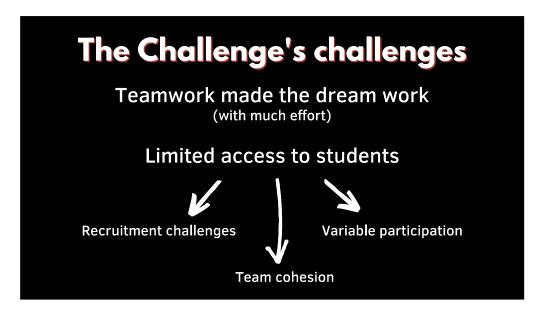












Did we accomplish our action steps?

- Validated sleep issues and related concerns (e.g., stress, feeling detached or adrift, "pandemic snacking")
- Normalized care-seeking
- Provided skills to support healthier sleep
- Created opportunities to connect to care















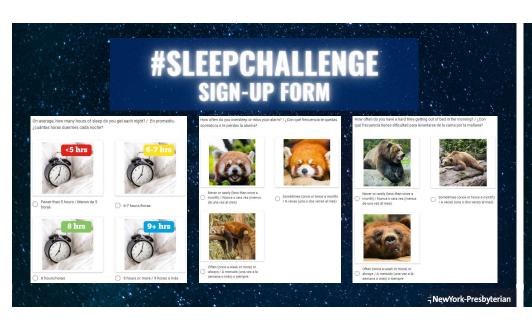




















Characteristics of mental/emotional health programming

- 1 Approachable
- 2 Flexible
- 3 Skill-based
- 4 Participant-led

What is
"youth-driven"
programming?

"As a classroom community, our capacity to generate excitement is deeply affected by our interest in one another, in hearing one another's voices, in recognizing one another's presence."

- bell hooks, Teaching to Transgress

"I cannot think for others or without others, nor can others think for me. Even if the people's thinking is superstitious or naïve, it is only as they rethink their assumption in action that they can change. Producing and acting upon their own ideas – not consuming those of others – must constitute that process."

- Paulo Freire, Pedagogy of the Oppressed

Takeaways

There is power in the collective

Everyone is the hero of their own story

Look for what you can do

People change by feeling good

Thank you! Any questions? men7007@nyp.org