Dr. Kineka Hull:	00:03	Welcome to Elevate Youth Programming, a podcast for adolescent pregnancy prevention programs and other youth-serving agencies. In each episode, we will discuss best practices, tips, and strategies to strengthen your programming. Each episode will cover a specific topic discussed with experts from the field. Listen along as our guests join me to discuss these relevant topics. I'm your host, Dr. Kineka Hull.
	00:30	[00:00:30] Mental health challenges are increasing in youth with one in six youth under the age of 18 experiencing a mental health condition. According to youth risk behavior surveillance data, one in three high school students experience persistent feelings of sadness or hopelessness, and one in six reported making a suicide plan in the past year. The recent US Surgeon General's report on protecting youth mental health emphasizes that youth should understand that mental health and well-being [00:01:00] are essential components of overall health and that they should learn to recognize, manage, and learn from emotions. Personal Responsibility Education Programming provides an opportunity to arm youth with tools that may reduce the potential impact of a mental health condition, including choose to identify changes in well-being and resources to restore well-being such as self-care practices and support across the spectrum of services.
	01:28	In this episode, we speak [00:01:30] with Hannah Rackers and Cherry Yamane to discuss mental health challenges youth face, the landscape of mental healthcare services, and strength-based approaches to support youth resilience by creating spaces where they can thrive. Cherry Yamane is a Kanaka Maoli scholar-practitioner with over eight years of experience working with indigenous communities. Their experience is grounded in land-based cultural practices and drawing [00:02:00] on ancestral wisdom as a source of healing and thriving. Their scope of public health practice includes mental and behavioral health, substance use, harm reduction, trauma-informed care, and positive youth development. Hannah Rackers has experience working with young adults with severe mental illness, program development aimed at reducing potentially avoidable emergency department use and community health improvement. Her research includes developing a rural [00:02:30] health program to improve screening and treatment of perinatal behavioral health disorders through consultation and telepsychiatry. So welcome to the Elevate Youth Programming Podcast, Hannah and Cherry. I'm glad to have you on today's episode. How are you?
Hannah Rackers:	02:47	I'm doing well today. I am excited to be here.

| Dr. Kineka Hull: | 02:49 | Great. How about you, Cherry? |

| Cherry Yamane: | 02:51 | Same. I'm super excited to share and learn. |

| Dr. Kineka Hull: | 02:54 | Perfect. Let's jump right into today's episode on youth mental health. [00:03:00] So let's start this conversation operationalizing some terms, some data, and some trends. When people say youth mental health crisis, what exactly does that mean? |

| Hannah Rackers: | 03:12 | I think it covers a lot of ground. A lot of people, I think, first think of the impact of COVID on youth mental health and school disruptions currently. But recently, the CDC released a retrospective report from the Youth Risk Behavior [00:03:30] survey that looks back from 2011 to 2021. So well before COVID, we have seen an increase from 28% of high school students experiencing persistent feelings of sadness or hopeless in 2011, up to 42% in 2021. And so that trend is similarly seen in youth seriously considering attempting suicide as well. [00:04:00] And so it is both encompassing of these pervasive concerns around mental health, but also more serious symptoms that put our young people at risk for injury or death. |

| Dr. Kineka Hull: | 04:14 | That's interesting that that is even pre-COVID. So I know a lot of our data is lagging a little bit due to the pandemic. But the fact that this was even before something that has had a significant impact on everyone's mental [00:04:30] health, I think sometimes we forget that the same adverse events that adults are going through, young people are going through it too, and we can't expect that the outcome of their ability to cope be much different than ours. And so if we were stressed and feeling feelings of isolation and loneliness and fear, that has had to have had an impact on them as well. And so when we think about that, we also [00:05:00] have to think about the ability to address those needs. And so can we talk a little bit about maybe access to care or shortages to assistance that young people may experience? |

| Cherry Yamane: | 05:14 | I can answer that. So as we know access to care, especially in rural communities, it tends to be a lot harder, let alone for young people. And this is just in general. It doesn't even matter about location because what we know about healthcare in general is that there are huge workforce shortages, insurance [00:05:30] issues, long wait lists, and other logistical issues, especially within scheduling appointments, all of these different things just within the healthcare system is difficult to navigate. But when we're adding on mental health services and access, that just creates another additional barrier because there aren't |

a lot of providers, let alone providers that reflect individuals of diverse communities and also providers that can provide gender-affirming care as well. It's challenging to navigate. And I'm speaking from experience, working more in a rural community and working with [00:06:00] indigenous populations where it just compounds and makes things a lot more challenging to navigate, especially when access to those services are not readily available or not even within transportation and distance concerns.

Dr. Kineka Hull: 06:12   I did a roundtable last year that talked with young people of color and it talked about access, and especially mental healthcare practitioners and wanting someone who reflected their diverse culture, [00:06:30] someone who understood the intersectionality of their needs. And so a lot of times when we think about workforce shortages and insurance issues, we can't forget that linguistic and culturally relevant piece. Thank you for bringing that up. Are there any other data or trends that we need to be thinking about when it comes to the youth mental health crisis?

Hannah Rackers: 06:53   I think to kind of build on that too, we know that there's a higher prevalence of mental health concerns [00:07:00] among youth who identify as queer, bisexual, or transgender, or have any same-sex relationships. Also, knowing that that aspect of identity development in adolescents and young adulthood is really important and stigmatized, and so practitioners need to be aware and learn how to support youth in navigating that. [00:07:30] And then also, it would be great to have more practitioners who could identify with those young people. And then we also know that similarly prevalence of concerns is higher among multiracial indigenous and Hispanic populations as well as young women. And so we do see some differential impact on different groups.

Cherry Yamane: 07:56   I wanted to add something about the challenges that youth might experience, particularly [00:08:00] around intersectional identity, because from a structural level perspective, young people may experience racism, sexism, ableism, classism, and all these different factors. And for individuals with intersectional identities, specifically if they have experienced racial and gender inequities, if they have experienced the lack of gender-affirming mental health care, those different compounded health disparities or compounded systemic level factors play a role [00:08:30] in the real negative impacts that young people may experience. And we know even within the Urbis report, especially for LGBTQ+ youth, 45% of youth identifying as LGBTQ may have seriously considered attempting suicide. And so when

we're not considering these different identities just within the care that's provided, it's an injustice and it's a disservice for people with compounded and intersectional identities. And so it's not just about reflecting on [00:09:00] that care for how we provide it to individuals, but it's also being mindful of how intersectional identities also creates barriers for access to those care.

Dr. Kineka Hull:	09:10	Thank you for sharing. I think that that was one thing that really came across in that roundtable that people were emphasizing that when they see someone who is able to identify with their diverse gender needs, right? They were not able to take into account their racial [00:09:30] or ethnic needs, right? And so they're saying, "I'm a multifaceted person who may need support on different levels." And so thank you for sharing with that. I think that that was something that was very prominent in that conversation that people are multilayered, right? And your needs vary and change, but needing someone who can be in tune to you was very important in finding a therapist. So let's talk about some challenges that young people are currently facing that may impact their [00:10:00] mental health. When it comes to adverse childhood experiences, what should we be mindful about?
Hannah Rackers:	10:06	I think it's important to kind of consider the life course and how cumulative exposures can increase protective factors or increase risk factors. And there's a lot of research that we have that some of those adverse childhood experiences can pose a challenge to some of those [00:10:30] core pieces of development that promote mental health, like self-regulation and corporation of stress. We've seen a correlation between exposure to toxic stress, like adverse experiences, poverty, unsafe communities that can negatively impact mental health down the road. And currently, I think both the toxic stress and the adverse childhood experiences kind of speak to this [00:11:00] piece where there can be kind of an intersection of systems that produce stress for people that is hard to incorporate and can tip people's stress and vigilance and trauma systems into a place where they aren't able to prioritize their own mental health and can also contribute to poor mental health.
Cherry Yamane:	11:25	Well, to add on to what Hannah was talking about regarding adverse childhood [00:11:30] experiences, I think one of the things that people tend to forget is that there's positive childhood experiences. Nobody talks about the PCEs as much as they talk about the ACEs. And I think that that's important to bring up because when we're fostering promotion, prevention,

and intervention at an early stage when social development and personal autonomy is being discovered in youth and adolescent development, when we foster that with supportive care systems, supportive relationships, then we are preventing long-term mental health concerns in [00:12:00] adulthood because we know that adverse childhood experiences increases the possibility of adverse adult experiences. But when we start to strengthen that through positive childhood experiences, we can nurture healthy spaces and nurture the growth that people need to excel in life.

	12:17	And then when I'm thinking about resiliency, a lot of the times people think about resiliency as, "Well, you were able to withstand that," like something bad happened and how has someone endured and overcome it? That's [00:12:30] how resiliency is talked about a lot in the field of psychology. But when we're looking at the origin of resiliency theory, it comes from ecological systems theory. So Mother Earth is beautiful and she's strong. And the way ecologists talked about it was when an environmental issue happens or a natural disaster, how has the earth been able to endure, withstand and still remain strong? So I don't think it's just about how much one has endured, but it's also recognizing the innate strengths that individuals have. That's how I talk about [00:13:00] resiliency is that-
Dr. Kineka Hull:	12:17	I like that
Cherry Yamane:	13:01	... we are innately strong and powerful people just like Mother Earth. And even though there may have been a brush fire, our roots are still strong beneath it all. And when we look innately within ourselves and then just within the relationships that we have to help us through things, it really does take a community to foster that resilience.
Dr. Kineka Hull:	13:20	It takes a community to help build strong roots. I like that.
Hannah Rackers:	13:24	And I really love that framing of resilience because I feel like it's kind of been twisted to [00:13:30] be so individualized, but it's really about these systems and how people fit within systems too. And so we talk about mental health on an individual level a lot and how health behavior can be modified to promote mental health, but really mental health is shaped through also supportive relationships, systems that ensure that you have economic mobility and stable housing [00:14:00] and food security. So we know that some of these ineffective broken systems and also systems of oppression and exclusion from systems can shape folks' mental health as well. And so thinking

about resilience as individual strength in the context of these systems that are going haywire, I think, is beneficial too.

Dr. Kineka Hull: 14:28   Thank you for that. Are there [00:14:30] any other unique challenges that youth may be facing that may impact their mental health?

Hannah Rackers: 14:36   So many. It's kind of like a brave new world in terms of technology and social media in young people's lives. And so I think one piece there is it adds a layer of complexity when it comes to interpersonal interaction. Now you have to kind of have a whole new set [00:15:00] of expectations and social norms around interacting through technology. And I think we've also seen some studies coming out around excessive use of social media, screens, being online and that having negative impacts on mental health. But at the same time, it's this piece where people who may live in a rural area or not feel like they have a community in that place can get online and [00:15:30] connect with people that they never may have been able to meet where they live. And so it's this double-edged sword of a lot of developing risks, but a lot of positives that I think we're still trying to figure out how to navigate.

Dr. Kineka Hull: 15:44   My niece is 11, and she recently asked me in her quest to convince her parents that she needed a cell phone. She asked me how old I was whenever I got my first cell phone, and I told her 21 because [00:16:00] that's when cell phones became popular. And then ended the conversation with nevermind because that was not going the way that she thought. I think that we are constantly connected. I am still in awe as I go throughout my day at the number of people who are not making eye contact, who are head down in their phone, can't disconnect. And that's across all ages.

     16:26   And so like you said, that constant connection, that constant [00:16:30] sometimes overstimulation of information, right? And so you're constantly seeing the news, you're constantly seeing life events that can be positive as Cherry said or negative. You're constantly internalizing and absorbing this information without completely ever disconnecting for some. And so you're sometimes not aware on how that can shift your mood. And so I like that you brought that up. When it comes to [00:17:00] COVID, and we've seen a shift when it comes to technology, what other aspects with post-COVID should we consider when it comes to young people's mental health?

Hannah Rackers: 17:10   I think anyone who's working with young people has seen kind of the disruption to self-regulation that's happened as

adolescents were out of school for at least one, maybe multiple years. And so they weren't having those interpersonal interactions that are really important [00:17:30] for development. They weren't in a structure like school that kind of supports that self-regulation and executive functioning development. And so I think I heard from programming folks in the midst of COVID and as kids were returning to school that classroom management had been way more difficult, that interpersonal interactions for young people were more difficult. I imagine for myself working from home, when I [00:18:00] got into the office, I dreamed that day just because-

Dr. Kineka Hull: 17:10 Absolutely.

Hannah Rackers: 18:05 ... there's so much more that happens in an interpersonal reaction that you don't necessarily think about that you just don't do as much in your online interaction. And so I think that shift and that transition out and that transition back in was difficult for young people. And then a reality for a lot of young people is that they experienced grief [00:18:30] around loved ones that they lost, major milestones that they didn't get to participate in and that they were looking forward to. And just this swath of time that felt a little lost and that they had to find a way to make meaning out of.

Cherry Yamane: 18:50 Yeah. And I'll give the example of what it looked like for indigenous communities, especially back home because COVID highlighted the ongoing historical and cultural [00:19:00] traumas that we've experienced as indigenous people, especially with a long history of genocide, unethical research practices, unethical governance and all that other stuff. And I'll speak from the Hawaiian perspective of what that looked like, there was no trust. And so that lack of public health trust, especially coming from the Department of Health and all that other stuff with the inconsistency of messaging, it created a distrust so much so that there was increased efforts for testing in public health education, but the result was less vaccination [00:19:30] rates because of the, "We're shut down. No, we're not shut down. We're going to prioritize tourism in Hawaii instead of community." So the focus was definitely more so on capitalism as opposed to communities.

19:41 And what we've also seen specifically for children, youth, and adolescents during that stage was a lot of families in Hawaii, because of the high cost of living, couldn't afford basic necessities like food access. So there was a lot of food drives that were going on because a lot of families relied on the school systems to provide that food. So [00:20:00] I think it over

exacerbated the realities of how hard it is for Hawaiians and Pacific Islanders to live in Hawaii because of the high cost of living, because of multi-generational household. And with COVID, especially with kids being in school, there's a multi-generational responsibility and that's hard to put on kids to also protect their elders. And it was just an overall systemic level failure. Because my community is so small, I've watched three generations pass in one household because of COVID and left children [00:20:30] orphaned because the family structures within Hawaiian homes look so different from what everybody else has known about COVID, and it just continues to create compounded distrust within the governance.

Dr. Kineka Hull: 20:44   I agree. It really highlighted structural inequalities. And so pre-COVID, I was a teacher. And so I remember sending the students home for spring break and being the public health professional saying, "You might want to take [00:21:00] a little couple extra things. I think this is not going to go exactly the way that they are saying." And them saying, "No, we'll see you in a week," right? And then getting the email saying, "Don't come back. We're shutting down." Things were happening. And sometimes we forget that young people are watching, right? They may not always understand adult behavior or the adult actions, but they understood not being able to go to work. They understood that [00:21:30] now you're having to go to school online and you may not have stable or reliable internet. They understood that, "Typically we get the majority of our meals from school," right? "And so now we're not able to do that."

21:43   And I watched how schools put routers on the school buses and the school bus drivers would take the buses home or park in certain neighborhoods during certain hours to allow young people to piggyback off of the internet, and they would also pass out lunches. But can you get to a place [00:22:00] safely to pick up the lunch? Right? And if your parents are not working, you can bring me the WiFi router. But if I don't have electricity to charge the laptop to do some other things, it was very interesting to watch to see how that went with people trying to, like you said, Cherry, just meet their basic necessities. Education for us was still a priority, but for some people survival mode, right?

22:28   And so as a young person, [00:22:30] you don't truly understand everything that is happening, but you feel the stress that's in your home, you feel the stress that is in your community, and you don't always know the proper way to articulate what you're feeling or what other people are feeling or how to express that. And so I like how you said earlier that we think of resilience as

our ability to keep rolling with the punches, and that is not the most healthy way to think about that. It [00:23:00] is, what do we have as far as our roots... I'm going to use that from now on. How strong are our roots community-wise and individually to be able to support each other and find what it is that we need to be able to recover? Is there anything else that you would like to mention about challenges that young people faced?

Hannah Rackers: 23:23   I mean, I think some of the same uncertainty and distrust is seen in kind of our societal [00:23:30] and governmental responses to natural disasters and climate change. I think that there is a more pervasive anxiety about climate change amongst young people and a feeling of betrayal that our systems aren't doing enough to make a difference or take that on.

Dr. Kineka Hull: 23:54   I'm very intrigued by the impact of health for climate change. The American Public Health Association, [00:24:00] a couple of years ago, had a whole conference planned around the impact of health on climate change. And it talked about climate change and environmental toxins that you mentioned earlier, and the impact they have on mental health. And so how it goes from depression as well as anxiety about the water that you're drinking, anxiety about hurricanes and other natural disasters. And so I'm very intrigued by that. And so I think that that is very interesting. And I'm also [00:24:30] intrigued by the advocacy that we see a lot of young people having or participating in when it comes to climate change. I know that when it comes to water quality and air quality and green areas and built spaces, young people are very passionate about climate in the environment. And so it's very admirable to see some things that they have done. Is there anything that you want to add about climate [00:25:00] change and mental health?

Hannah Rackers: 25:01   Yeah. I mean, I think your point too about environmental exposures and climate change kind of going hand in hand, they are both this kind of stewardship of the environment that we need to embrace that have both very direct effects on our health and well-being, and then more systemic effects on how our communities are operating and how we think about the future. And the youth [00:25:30] leadership is really exciting to see. And I think a place where we can embrace and support young people in taking up that mantle and not having to do it alone, but that they're ultimately the recipients of the world in the future. So listening to their needs and supporting them in developing a future that they want to live in, I think, is really [00:26:00] important. And so I love seeing those opportunities for youth to take their power and take on leadership too.

Cherry Yamane: 26:07   I love the topic of climate health, especially because I've been trying to look at the intersections between how climate health relates to human health, and not just mental health, but overall because it all affects one another when you're thinking holistically. And what we've been seeing lately is that many young folks are experiencing a lot of eco-anxiety or what is also coined as [00:26:30] climate anxiety. And some of those anxieties around what is happening to us environmentally could be a direct impact through natural disasters. And then the indirect effects of climate disasters or environmental disasters could be like what happens in the Lahaina wildfires, for example. So the wildfires happened, many people's lives were lost back home, and there's still many people who lost their homes. About 2,500, I believe, children were not able to attend schools as a result.

    26:59   So the economic [00:27:00] housing, educational instabilities all compounded together and still affect people today so much so that even many Hawaiian families are being displaced as a result of those wildfires. And that's a disruption to cultural connectedness and ties. That's a disruption to community ties as well. And all of those things compound with one another and affects the mental health of our community. And I think when we're looking at it in that sense, how do we prevent that? Especially as there's been an influx of wildfires within this last [00:27:30] year and even just within this very weird winter. It's been snowing in a lot of places. That's not normal. And it's been hotter in places in the North that during the winter season, you can see the impact of the way that the environment is changing. And I think that when we consider climate change and how it's affecting people.

Dr. Kineka Hull: 27:48   I agree. We are creatures of habit, right? And so if it's something that is a change, that goes back to that resilient piece, what are we and our communities built [00:28:00] to bounce back from? And so that can be very challenging for adults to cope with, not to mention young people. And so I feel like we've talked about a lot of things. Like you said, we spent a lot of time talking about adverse things. There's some positive things. So let's switch over to some positive things. And so we know that everything from community violence, natural disasters, climate change, the pandemic, and even technology [00:28:30] can have an impact on young people's mental health. What are some things that we can think of to prepare them on how to cope with these things?

Cherry Yamane: 28:39   I know I touched on this briefly with positive childhood experiences and fostering those supports and relationships as they are necessary components to youth development. And

specifically, if we're talking about prevention and promotion, I think it would definitely involve creating and fostering an environment where young people feel safe, and providing opportunities for [00:29:00] skill building, providing opportunities for those relationships to be built, and then fostering that sense of support and connectedness. This would also involve increasing youth autonomy as well, or young folks autonomy in those decision-making processes, and then in having their voices and what that space looks like. What does it mean to foster a space of joy and centering that within a space that promotes safety? Because I think safety is the number one thing.

29:26   Allowing that safe space where young people can talk about mental health, [00:29:30] can talk about what they're experiencing, can talk about what they're feeling so that they can feel safe and engaged while they're also in this phase of their life where they're doing self-exploration, identity exploration, identifying what their values are and all of those different components for identity development, specifically as it relates to mental wellness.

Hannah Rackers: 29:51   I loved what you said too about autonomy. Not to go doom and gloom again, but I think through all those things we just discussed, a piece [00:30:00] was powerlessness to the systems that be. And so I think really supporting an environment where young people can build their skills, they can exercise them and feel agent, they have that supportive and safe environment to do those things is really key to instilling and promoting their mental well-being that can also [00:30:30] have a positive effect in how they're exercising their power down the road. And we mentioned with youth leadership and climate change activities and of promoting youth leadership as a way to build that confidence, build those skills, and take on some of these big challenges can be a way of promoting youth autonomy and helping them have an impact on some of these things that are important [00:31:00] to them. I think too also focusing on what are the things that are important to them? Let's ask them so that they can lead their own learning and skill building in areas that they want to make an impact.

Dr. Kineka Hull: 31:14   And so a lot of our listeners are going to be individuals who work in program that provide sexual and reproductive health education. As we think about this in the context of programming, what might some of these ways [00:31:30] to make youth feel safe and increase their skill building? And how might that look?

Hannah Rackers:	31:35	I often come back to a trauma-informed lens about making a shared safe space. So co-creating your programming space and your lessons with youth to kind of establish shared expectations, support their values, support their goals, be aware of [00:32:00] materials that may be triggering or may make youth uncomfortable so they may need extra support or you may need extra processes for navigating that. And then I think asking young people what a safe space looks like for them, what makes them feel unsafe in accessing programming or being in programming can be really helpful too to center it on youth and young people's [00:32:30] needs and then their values so that they can do that self-exploration and skill building.
Cherry Yamane:	32:35	In my experience, I've done a lot of community-based, culturally driven programming specifically for native Hawaiians and Pacific Islander youth and adolescents. And when we developed that program, it was by the community. And so basically we wanted to situate it within a place. So it was within my ancestral homeland, and we really wanted to foster that connection and pride in being from that place. So I only asked four questions [00:33:00] and it was, what are some concerns that you see in our community? How would you address those concerns? What does it mean to be from our community? And how has it affected your life? And just off of those four questions on what that looks like for our community, they really highlighted the importance of community connectedness, cultural connectedness specifically to indigenous ancestral teachings, storytelling, cultural practices and all that sort, and what it looked like in terms of addressing the healthcare needs.
	33:27	There was a whole bunch of things, but at the top of identified [00:33:30] concerns, it was mental health and substance use. And then it trickled down to the systems level of the illegal occupation and historical and cultural trauma as concerns and how that has resulted in the health that we see today because of a lot of the disruption in our ways of being. And then on the programmatic side, it was advocated that we center our community through intergenerational teaching and through a family-based approach so that youth can thrive in a space that becomes sacred when we're engaging in it together. I mean, I'm not sure if this [00:34:00] will work for all communities because I look at differences between culturally adapted and culturally driven, culturally grounded interventions, and it could be different. What does culture mean to you? And I've had a lot of discussions around what does it mean for place? And I was just like, "Well, we think about making a place sacred by engaging with one another."

34:16   And we've seen that it really created a source of joy and acceptance within communities and even within culturally adapted programming, what it looks like with positive youth development and just talking stories with young people and being like, "So [00:34:30] here's this program. What would it look like for you?" And even just tailoring it to fit the needs of what young people have established as being very important for them and making it their own, I think it creates this space for them to take on a more advocacy role over their own lives and create that community where they can advocate and feel heard because I think that's one of the important things. Especially coming from a more socio-economically depressed community, we wanted to shift away from the disparities focus lens, but [00:35:00] rather look at like, "Well, what is our narrative? What are the strengths of our community? What does it mean to be from the moku o Wai'anae or the land district of Wai'anae?"

35:08   And then when you switch it to that and the kids are like, "Well, shoot. I'm proud of being from here," and just having a sense of pride that spoke so much more volumes. And I think when we shift that narrative and allow them to have that space to share and take pride in that, then it creates a whole community of everyone being proud of where they're from instead of the negative stigma that [00:35:30] a lot of people situate or orient with coming from a more rural community. There's a lot of strength in storytelling.

Dr. Kineka Hull: 35:36   Thank you for sharing that.

Hannah Rackers: 35:37   One thing that I think is a component of that, Cherry, that I really love is the connectedness piece and that sense of belonging, which I think is really important for all young people. And the Search Institute has some really wonderful materials on developmental relationships and how adults can serve in this role of being a [00:36:00] supportive, consistent, caring person, people, community that really provide that support and share power and help young people learn and grow and feel that sense of belonging. And so I think the caring adult relationship is really important and that anyone can be a caring adult. It can be caregivers, it can be facilitators and programming, it can be [00:36:30] someone that you regularly see at the library when you go to check out movies or books. It's kind of about an approach, and availability, and showing up. And so I think a lot of folks in programming can kind of prioritize being that caring adult first before thinking about all these other pieces because that is just so important and is a little bit of the secret sauce, I think, to a lot of youth programming.

Dr. Kineka Hull:	37:00	[00:37:00] And with that in mind as we are striving to be trusted adults, whether that be parents, guardians, grantees or other youth serving agencies, how might we think about the mental health service tiers and how they fit into what it is that we do?
Hannah Rackers:	37:18	Traditionally, we kind of think about mental health delivery a three-tiered model or what some people refer to as the public health approach. So tier one, or the base [00:37:30] of the pyramid, is universal health promotion, which is broad-based supports, campaigns, social-emotional learning, things that support behavioral mental health and well-being. And then tier two, the middle tier of the pyramid, is more targeted interventions for young people who may be at risk. And so those may be specific skill-building groups, they might look like [00:38:00] grief groups, things more in that realm. And then tier three, the very top of the pyramid, is kind of what we think of the more traditional healthcare piece of mental health. So there may be things like case management therapy, seeing a psychiatrist or doing med management.
	38:22	And I think a lot of people think of mental health as tier three, that tier one and tier two get [00:38:30] neglected a little bit. But they're really important for establishing a strong foundation for mental health and well-being and are a place where teachers, program facilitators, lots of people involved in supporting young people on a day-to-day basis can make a huge impact by integrating things like social emotional learning into their classroom [00:39:00] or their setting or doing even brain breaks when, "Hey, we've been talking about this one thing that's a little heavy for the past 20 minutes. Let's take a break and do this activity," or something like that that helps young people kind of de-stress and regulate their systems. And so I think there's a big missed opportunity in those tier one and tier two for kind of expanding [00:39:30] mental health promotion.
Dr. Kineka Hull:	39:33	Listeners, if you look at our resource card, there are several resources available to talk about how to integrate social emotional learning into your classroom or your youth serving agency. There is a fantastic resource to share with parents on how to speak with your young person about mental health and support them on their journey to well-being. There's a great resource to share [00:40:00] with young people on how to foster and increase their sense of well-being. I know I am a journaller, and so I actually love having my self-reflection time at the end of the day to talk about three things I'm grateful for, three things that went well, three things that I wish had gone better, and just finding a way to have a healthy outlet to self-regulate and how to articulate what I'm feeling and [00:40:30]

find great ways to cope. Are there any other recommendations, even though you've given us several great ones that you would recommend to trusted adults, parents, guardians or youth serving agencies on how to support youth mental health?

Hannah Rackers: 40:46 I think a lot of these people have a lot on their plates already. And so I would say too, be conscientious of your capacity and making sure your cup is full enough to be able to support [00:41:00] young people. So engaging in some of those activities for yourself, it's like on a plane where they're like, "Put your oxygen mask on-"

Dr. Kineka Hull: 41:09 On you first.

Hannah Rackers: 41:10 "... before you help your child or the person next to you, because that's how you're going to be able to provide effective support." And I think too, because there's so much on teachers and programmers that it can be hard to know what more you can do, and you don't have to do it alone. [00:41:30] I think being connected to community partners that work specifically in mental health can be helpful for connecting to trainings. Or if you don't have the capacity to do some of these pieces, making sure that you have a partner that you can refer young people to. And reaching out to local public health departments, local chapters of advocacy groups like the National Alliance [00:42:00] of Mental Health or NAMI, which you may have heard of, or Mental Health America can be a good place to start if you don't know of any organizations in the area, and they can point you to one. So they can be helpful for training, referrals, understanding where your program or where your school can strengthen pieces or where you could refer out.

Cherry Yamane: 42:24 Yeah. And I guess I would just want to reiterate the importance of fostering relationships and supportive environments [00:42:30] for young people because we really know that mental health can be heavily and greatly influenced by supportive systems. And I think creating that space, like I said, and being consistent in that relationship building, being consistent and caring, and leading with listening is definitely necessary for not just centering youth resilience, but creating an environment where young people can thrive as future leaders.

Hannah Rackers: 42:57 And I know some of this stuff can be hard to talk about [00:43:00] for young people even when they have a caring and supportive adult. So posting things like warm lines or hotlines that they may be able to access when they're nervous about talking to someone they know about things can be helpful too.

Dr. Kineka Hull:	43:15	Thank you. And so we have listed on our resource card several resources for training, several hotline numbers, several resources for grantees, youth serving agencies, parents, guardians, adults, and youth themselves. [00:43:30] This has been very valuable information. Are there any key takeaways that you would like to leave for listeners?
Hannah Rackers:	43:37	I want to recognize that a lot of sexual and reproductive health programs are doing a lot of pieces that are mental health promotion, like working on self-regulation, working on agency, healthy decision making, trying to get youth and families involved in [00:44:00] picking curriculums or programs that they're using as their intervention. So I think this is all just to kind of build on that and that a lot of those core components that they are integrating into programming already are mental health promotion components
Cherry Yamane:	44:19	Definitely lead with listening. But I think especially for young people with intersectional identities, I think one of the biggest takeaways is to tailor programs that fit the populations [00:44:30] being served. And being mindful of that both with a trauma-informed and harm reduction approach, I think that's incredibly important.
Hannah Rackers:	44:38	I think one takeaway for adults working with young people is leading with listening like Cherry said, and with empathy and a gentle curiosity so that young people feel that open space to share and that connection can go a really [00:45:00] long way.
Cherry Yamane:	45:00	Yeah. And definitely modeling it. I think one of the things too for people leading programs, I think modeling that it's okay to express feelings and emotions and to recognize that could at least let young people know like, "It's okay, they did it. It's okay to cry. I can express my feeling." And modeling healthy dialogue around mental, behavioral, and emotional health, that in and of itself can reduce the negative stigma around mental health topics and just also create that safe space.
Dr. Kineka Hull:	45:29	I love that. [00:45:30] And I'm glad that you mentioned stigma, which can be very strong in diverse communities. And so I think this has been a lot of great information. My takeaways were lead with listening, lead with empathy, understand that young people are going through and experiencing the same things that we are. And if we have difficulty coping, why would we not think that they also would have difficulty? So therefore, we need to really model [00:46:00] that it's okay to be vulnerable, it's okay to express your feelings, it's okay to create and crave a safe space of open communication and transparency and want

connectedness and community and belonging and that you can't pour from an empty cup. And so therefore, we have to make sure that our mental health and well-being are a priority for us, and that we're putting on that oxygen mask first [00:46:30] so that as we are teaching young people how to navigate this thing called life, they are flying in a well-equipped plane and able to support themselves and each other. I have thoroughly enjoyed this conversation. Thank you for joining us, Hannah and Cherry.

Hannah Rackers:	46:48	Oh, thank you so much for having us on. This was such a wonderful chat.
Cherry Yamane:	46:51	Thank you. Such a pleasure though.
Dr. Kineka Hull:	46:53	Wonderful. This has been another episode of the Elevate Youth Programming Podcast. Thank you for listening. [00:47:00] If you enjoy today's conversation, be sure to like and follow Elevate Youth Programming on your podcast platform of choice. For information on today's topic and resources in adolescent pregnancy prevention, visit The Exchangee at teenpregnancy.acf.hhs.gov. The Elevate Youth Programming Podcast is funded by the Family and Youth Services Bureau. The content in each episode is not the opinion [00:47:30] of FYSB, nor is training and technical assistance contractors. I'm Kineka Hull, and this has been another episode of Elevate Youth Programming.