

Improving Youth Mental Health Care

Research Brief

Prepared at the Request of New York County Leaders
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THE PROBLEM

Within New York, mental health disorders among youth (age 12-17) have become a major issue:¹

100k+

Number of youth with depression who did not receive mental health treatment in the last year; equals **61% of all youth**.

Proportion of youth who suffered at least one major depressive episode in the last year.

13%

In rural counties, this issue is particularly alarming. Nearly 65% of nonmetropolitan counties do not have psychiatrists and **over 60% of rural Americans live in designated mental health provider shortage areas.**²

POSSIBLE SOLUTIONS

Solutions might include utilizing virtual programming or making more substantial shifts in the workforce at the county level.

Virtual Programming

Virtual options for supporting youth are a promising initiative. They lessen – and even eliminate – some barriers to in-person care, such as transportation to appointments and availability of providers. In a meta-analysis of 12 studies including a total of 1,370 participants, smartphone-based programs, on average, resulted in **reduced anxiety and decreased rates of depression.**³

Examples of Smartphone-Based Interventions

Four sample smartphone programs (ranked alphabetically, not by effectiveness):

- **BlueIce** – an application focused on reducing urges to self-harm (<https://www.oxfordhealth.nhs.uk/blueice/>).
- **iDOVE** – a brief in-person session initiated during an emergency department visit followed by an eight-week text-message curriculum (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5035565/>).
- **Moodgym** – a self-paced online depression prevention program developed in Australia (<https://moodgym.com.au/>).
- **SPARX** – an online game designed to promote and build resilience developed in New Zealand (<https://landing.sparx.org.nz/>).

Core Components of Digital Interventions

When looking at the many digital mental health interventions available, consider which programs include particularly effective core components. In a meta-analysis (158 studies including over 3,000 students) of digital and face-to-face mental health programs, the authors identified three core components of programs with the strongest benefits:⁴

Core Component	Description
Interpersonal relationships and/or skills	Skills to develop or improved close, strong relationships between ≥ 2 people
Regulation of emotions	Ability to effectively manage and respond to an emotional experience
Stress management	A large range of techniques to control levels of stress, especially chronic stress that impedes everyday functioning

Workforce Considerations

In addition to understanding digital training programs and smartphone-based interventions, there are three programmatic approaches to providing mental health care to youth to weigh:

- **Mental Health First Aid**
- **Task-Sharing** (also called task-shifting)
- **Peer Support Workers**

1 MENTAL HEALTH FIRST AID (MHFA)

What is it? MHFA functions in the same capacity as general medical first aid, in that individuals are trained to provide immediate assistance to someone in crisis or in need of mental health services until they can be supported professionally.⁵ MHFA skills taught to trainees include active listening, providing reassurance and information, and encouraging professional help-seeking.⁶

Does it work? An MHFA program was rolled out citywide in New York City by the Mayor's Office of Community Mental Health in 2015, resulting in the training of over 155,000 residents and city agency employees by 2020. A 2022 survey found that most respondents (90 percent) used MHFA skills in the last six months to help an average of four people per respondent, while CBOs reported that the MHFA program decreased the stigma of accessing mental health care, increased mental health knowledge, and led to the organic diffusion of skills and knowledge within their communities.⁶

2

TASK-SHARING

What is it? Task sharing entails the shifting of tasks from more to less highly trained individuals to make efficient use of resources and enable providers to work at the top of their practice.⁷ Tasks involve strategies to improve mental health and promote well-being, including screening to identify mental health needs, education to help youth understand mental health disorders, and activities to strengthen emotional skills and help individuals directly manage symptoms of mental health disorders.⁸

Does it work? Connections to Care (C2C) is a New York City-based task sharing initiative that began in 2016 and integrates mental health strategies into the everyday work of community-based organizations (CBOs). CBO staff who, through C2C, have received training and supervision to screen for mental health symptoms, deliver evidence-based psychosocial support, and refer to a clinician where appropriate.⁸

3

PEER SUPPORT WORKERS (PSWs)

What is it? PSWs are individuals who have experienced a mental health disorder and who work with an individual currently seeking mental health care. Peer support helps individuals seeking treatment by connecting them with someone who has been in a similar position, has sought care, and has been able to participate in recovery.⁵

Does it work? Studies that have compared outcomes of youths served by mental health teams with and without PSWs reported improvements in mental health, positive social behavior, and everyday living skills.⁵

OTHER APPROACHES & RESOURCES:

- Involving healthcare providers such as family physicians and pediatricians:
 - Melnyk, B. M. (2020). Reducing healthcare costs for mental health hospitalizations with the evidence-based COPE program for child and adolescent depression and anxiety: A cost analysis. *Journal of Pediatric Health Care*, 34(2), 117-121. <https://www.cope2thriveonline.com/>
- Integrating school-based community health workers into the community:
 - Nelson, E.-L., Zhang, E., Bellinger, S., Cain, S., Davis, A., Lassen, S., Sharp, S., Swails, L., Engel, I., Giovanetti, A., Punt, S., Stiles, R., & Heitzman-Powell, L. (2022). Telehealth ROCKS at home: Pandemic transition of rural school-based to home-based telebehavioral health services. *Journal of Rural Mental Health*. <https://doi.org/10.1037/rmh0000222>
- PracticeWise: online tools and services to help improve the quality of youth services, including practice guides, evidence-based services database, and clinical dashboards
 - <https://www.practicewise.com/>

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METHODS

Findings presented in this brief come from a literature review of academic peer-reviewed studies, as well as a review of research and findings from non-partisan think tanks, foundations, and organizations. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal statistical methods for summarizing results and exploring reasons for differences in findings across studies.

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- ⁷ Hoeft, T.J., Fortney, J.C., Patel, V., & Unützer, J. (2018). Task-Sharing Approaches to Improve Mental Health Care in Rural and Other Low-Resource Settings: A Systematic Review. *The Journal of Rural Health* 34 (1):48-62. <https://doi.org/10.1111/jrh.12229>.
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