



Depression and Bipolar
Support Alliance

Position / Policy Overview and Recommendation

Position Title:

Youth Mental Health

Position Policy (provide brief description of the recommended position / policy)

All youth and families should have access to a robust crisis response system that has developmentally appropriate policies, staffing, and resources in place to respond to their needs equitably and effectively—the right supports, at the right time, delivered the right way.¹

In response to the mental health crisis facing children, youth, and transition-age youths (TAY), DBSA supports a framework provided by the Substance Abuse and Mental Health Services Agencies (SAMHSA) to support young people in crisis and their families by encouraging youth crisis systems to:

- Keep families in their home and avoid out-of-home placements, as much as possible.
- Provide developmentally appropriate services and supports that treat youth as youth, rather than expecting them to have the same needs as adults.
- Integrate family and youth peer support providers and people with lived experience in planning, implementing, and evaluating services.
- Meet the needs of all families by providing culturally and linguistically appropriate, equity-driven services.¹

Further, DBSA supports the ideas put forth by SAMHSA that promotion and prevention programs that address issues of parents and other caregivers increase the potential of positive outcomes. Family members and caregivers should be equal partners, along with school and community leaders in selecting, implementing, evaluating, and sustaining programs. Parents and other caregivers are more likely to be involved if services are provided in easily accessible settings and if they are culturally and linguistically appropriate.²

Justification (Explain the need for and the urgency of the position / policy.)

Executive summary of issue

The United States is experiencing a crisis in youth mental health that has only been exacerbated by the social isolation brought on by the COVID-19 pandemic. As the effects of the global pandemic endure, there will continue to be a profound effect on youth. Depression and anxiety

have increased over time. Up to one in five children has a reported mental, emotional, developmental, or behavioral disorder³ and youth mental health has worsened over the past decade.⁴ During the pandemic, rates increased for positive suicide risk screens, anxiety symptoms, and depression symptoms among youth.⁵ Youth with mental health challenges also experience higher risk or early substance use, regular substance use, and substance use disorders.⁶

Although the national rise is alarming on its own, some historically underserved youth populations are disproportionately burdened by behavioral health crisis. For example, non-Hispanic American Indian or Alaska Native children have the highest rate of suicide. LGBTQ high school students attempt suicide at a rate approximately four times greater than non-LGBTQ youth.⁷ Attempts among Black youth are rising faster than among any other racial or ethnic group, and children under age 13 are twice as likely to die by suicide as their White peers.⁸

Relevant legislative or regulatory concerns

In recent years, youth mental health has been recognized as a priority by members of Congress. Though our membership in the Mental Health Liaison Group, DBSA has the opportunity to:

- sign letters that support youth mental health initiatives,
- endorse legislation directly to members of Congress that are introducing legislation, and
- serve on policy committees that promote national legislation.

Recommended position / policy and call to action

Because early intervention demonstrates better long-term mental health outcomes for people living with mood disorders,² DBSA should embrace policies that recognize the value of early intervention and treatment for youth experiencing a mood disorder whether that is through clinical intervention or broadening awareness of resources to support youth, their families and their caregivers.

DBSA should adopt the SAMHSA framework that identifies the significant role for peers by supporting policies that:

- Hire youth and family peer support providers. As much as possible peer supporters should reflect the communities they serve (e.g. BIPOC, families, LGBTQ+ youth).
- Provide ongoing support, training, and developmentally appropriate supervision for peer support providers.
- Integrate peers within each of the core services (crisis call centers, mobile response teams, and at crisis receiving and stabilization facilities)
- Refer families and youth to peer support services in their local areas.¹

DBSA should promote policies that identify partnerships for peer support services in the workplace and for students attending high school and college, and promote the SAMHSA framework that recommends:

- TAY with lived experience have authentic, non-tokenized roles in planning, implementing, and evaluating crisis response systems that serve youth;
- Offering TAY-specific crisis stabilization facilities;
- Engaging youth and young adults as peer support provider, providing developmentally appropriate training, supervision and supports;
- Providing training and clear policies around obtaining caregiver consent for services and sharing health information with families;
- Referring TAY to county and community services that address a range of transition needs, including supports for life skills development, secondary education transitions, and employment.

DBSA should support policies that fund research to demonstrates the value of early intervention programs and peer support.

DBSA should continue to support regulatory and legislative efforts to broaden the adoption of peer support services for youth.

Citations

¹Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2022, November). National Guidelines for Child and Youth Behavioral Health Crisis Care.

² Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2007). Promotion and Prevention In Mental Health: Strengthening Parenting and Enhancing Child Resilience

³Perou et a., 2013

⁴Centers for Disease Control and Prevention, 2020

⁵ Lantos et al., 2022; Mayne, 2021; Office of the Surgeon General, 2021

⁶ Welsh et al., 2020

⁷ Johns et al., 2020

⁸ Emergency Taskforce on Black Youth Suicide and Mental Health, 2019; Lindsey et al., 2019