



Youth-Led Research on Young Adult Access to Behavioral Health Supports



Introduction

The Coalition Supporting Young Adults, Kentucky Youth Advocates, and several young adult stakeholders conducted research on access to and utilization of mental health supports among young adults in Louisville. The goals of this project were to identify barriers and solutions and, ultimately, improve meaningful access to such supports. Essential to this research was gaining insight from young adults in the Louisville area and meaningfully utilizing youth voice to lift up their experiences. While cross-sector professionals who work with young adults were encouraged to participate and provide input via the survey and focus groups, the stakeholders of focus were primarily youth and young adults ages 16 to 24.

To that end, a small cohort of dedicated young adults led this work from start to finish. Utilizing the Youth Participatory Action Research (YPAR) framework, the cohort of young adults informed the survey creation and distribution, facilitated focus groups, analyzed data and determined themes, researched solution recommendations, and wrote the report. As a result, these young adults were in a unique position to enhance the work by bringing cultural relevance, fresh perspectives, and the ability to connect with their peers in ways that would not have taken place otherwise.

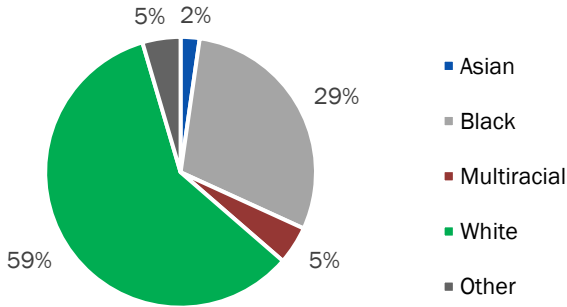
Survey Overview and Findings

As a part of the youth-led research, an online survey was distributed. The research team shared the survey with youth/young adults and youth/young adult-focused networks throughout Louisville. Young people and professionals who work with young people were invited to take the confidential survey. The survey consisted of fifteen questions, including demographic questions, questions about utilization of behavioral health services, the types of barriers young people face when accessing behavioral health supports, and several open-ended questions about potential solutions. There were 44 survey responses, 24 of which were youth/young adult participants. Of the 20 adult respondents, 8 were professionals who work with young adults, 4 were mental health professionals, and another 8 identified as “other”.

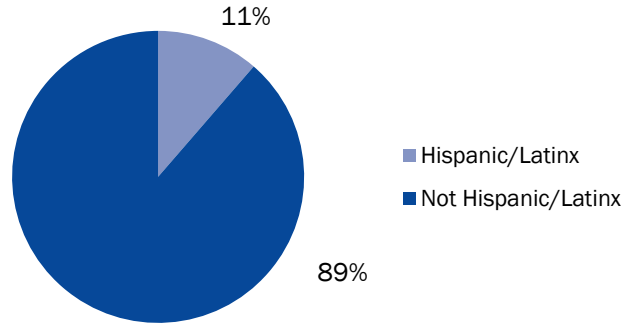
The survey asked participants to identify their race/ethnicity, gender identity, and other marginalized populations with which they identified. This data shows us just some of the risk factors young people are facing and how that can impact accessibility and knowledge of resources:

- 30% of the youth identified as part of the LGBTQ+ community
- 39% identified as a racial minority
- 13% identified as homeless
- 52% identified as unemployed

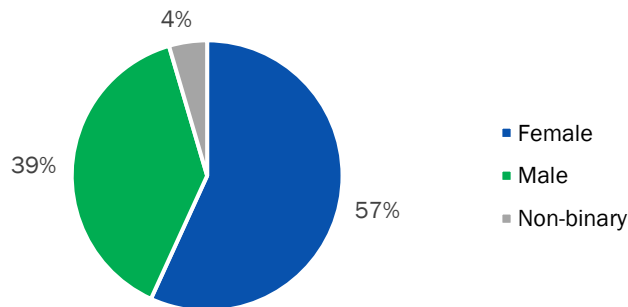
Respondents' race



Respondents' ethnicity

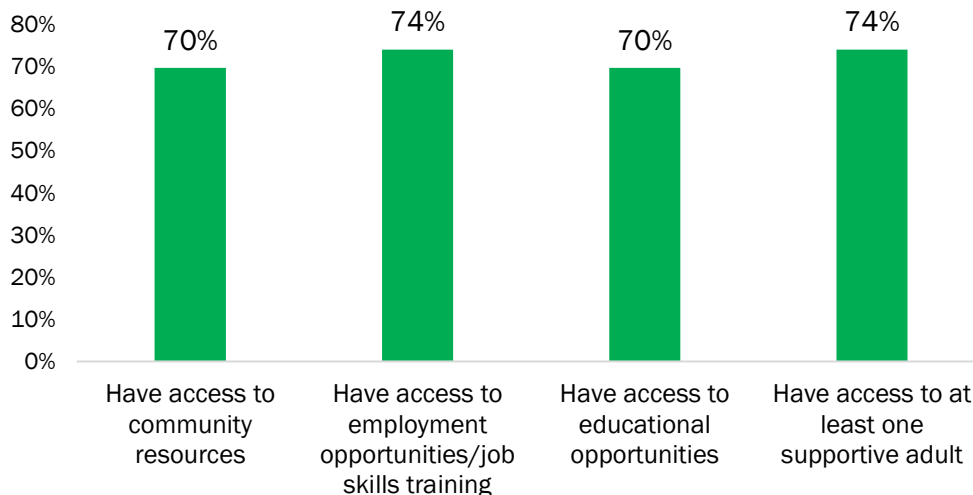


Respondents' gender identity



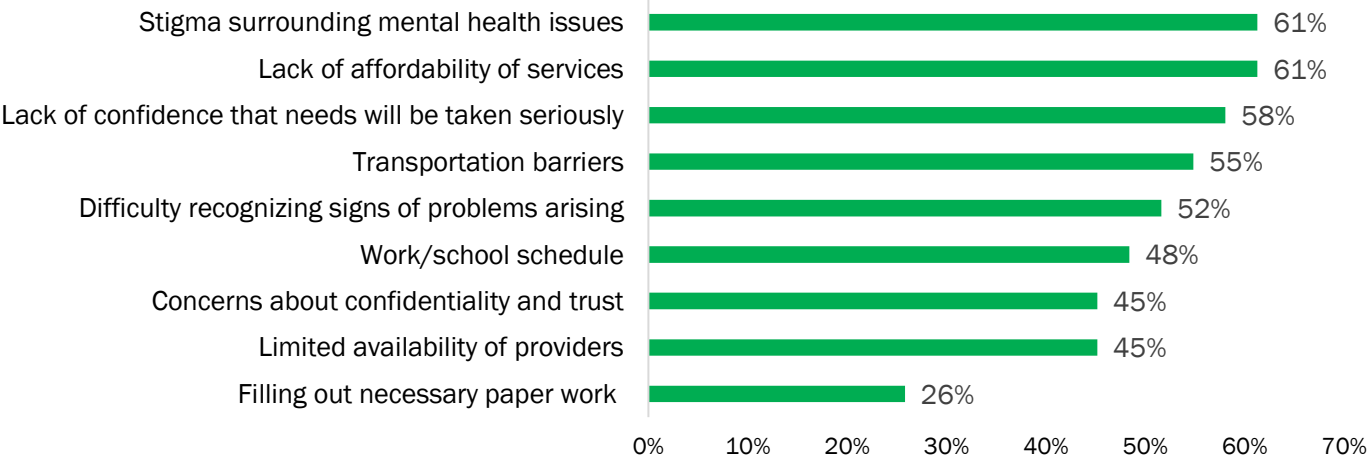
When asked about accessibility to resources as protective factors for preventing youth disconnection, the data tells us the majority of youth have access to different kinds of resources. Our survey showed that 70% of responding youth had access to educational opportunities and community resources. Also, 74% of youth had access to employment/job training and access to at least one supportive adult.

Youth/young adult respondents' access to resources



Additionally, 63% of surveyed young people said they are currently or had previously utilized mental or behavioral health services. Of the respondents that had previously accessed mental health supports, only 60% felt supports were of high or very high quality. There are many barriers to youth accessing mental/behavioral health services. Some of the top barriers identified in the survey included affordability (61%), stigma (61%), a lack of confidence that issues would be taken seriously (58%), and transportation (55%).

Youth/young adult respondents' barriers to accessing preventive and treatment services



Open-ended questions were asked about necessary behavioral health services that are not currently available to young people. A primary theme from these responses was that general mental health services are still needed for our young people, especially individualized and group therapy options. One youth mentioned they wanted a provider who specialized in trauma while another wanted providers who specifically work with young adults. Survey responses indicate that young people desire to have mental health professionals with whom they can trust and connect. Another emerging theme was creating a shared safe space for youth to go and connect to more resources, such as a “living room” concept. Although resources similar to this exist in Louisville Metro, the lack of knowledge youth have about them and programs’ limited availability remain a challenge. Finally, transportation barriers and location of services have both been a significant piece of this puzzle. As one youth mentioned in the survey, most of the resources are located downtown, which becomes an additional barrier to resource utilization.

Finally, the survey asked how life expectations affect a youth’s approach to mental health. Participants indicated that work, school, and family obligations can all be significant barriers to taking care of their mental health, and sometimes can even be the cause of their declining mental health. Furthermore, several participants commented about their inability to focus on improving their mental health due to being consumed with getting their basic needs (housing, food, etc.) met.

Focus Group Overview and Findings

Respecting the current climate regarding the COVID-19 pandemic, the focus groups were scheduled either in person or virtually, with enough time scheduled between each session to switch to a virtual meeting, if necessary. A total of eight focus groups were held, primarily through the Zoom platform with one focus group held in-person. Twenty-eight participants attended these meetings. Six of the participants were professionals from mental health or social service organizations, and twenty-two of the participants were young adults. The young adult participants were compensated for their time. Each session lasted between forty-five minutes to one hour, depending on how quickly the participants answered the questions provided, and all focus groups were facilitated by the young adults leading the project.

Top 5 Barriers to Accessing Services

The top five barriers identified fall into these categories:

1. Stigma - 14 mentions

Stigma is prevalent in many parts of the participants' lives. Participants feel reluctant to bring up mental health concerns when friends or family members do not understand what they are dealing with. This is especially true for young people of color. As one participant put it, there is “this idea that you are crazy if you are seeking help.” Stigma can also be encountered within the workplace, such as participants not asking for necessary time off to handle mental health responsibilities out of fear that they will not have a job to come back to if they need to leave to seek help. *“Most youth aren’t comfortable talking about mental health. It’s not something we talk about; we should talk about it more than we do. Adults and teens talk about it, but we don’t talk enough about the problems kids face.”*

2. Lack of trust or feelings of discomfort seeking help - 14 mentions

A lack of understanding of how to effectively ask for help compounds the feelings of lack of trust or discomfort when reaching out to friends, family, or providers. Participants feel paranoid when asking for help from providers, either due to previous trauma or re-traumatization through working with a therapist on past traumatic experiences. This contributes to reluctance when reaching out to other providers of mental health or support services. Questionable authenticity by providers also contributes to reluctance to accept offered help. One participant mentioned that “[young people] might not feel like the person reaching out is genuinely trying to help.”

3. Lack of awareness of service availability or need to receive services - 12 mentions

Young adults may have difficulty finding accurate information about providers, due to agencies

experiencing turnover in staff, out of date provider lists, or finding providers that offer treatment specific to their condition. Adults and professionals also may not understand mental health symptoms and the way they manifest behaviorally and emotionally. *“In the schools, teachers aren’t willing to help those that are struggling with mental health issues. They think that students are making it up to get out of work, or they allow bullying to happen without intervening.”* One participant said, “Before coming to TAYLRD, anyplace I went, they didn’t give me the correct information.”

4. Need for peer-support programs - 7 mentions

Participants identified that working with people of similar age, background, or diagnosis would help normalize experiences regarding mental illness and seeking treatment, as well as identify skills needed to support one’s mental health. *“Peer-to-peer support groups that would allow youth and young adults to talk about issues that they are experiencing and getting feedback from each other - talking about the “real thing” and not “sugar-coating” their issues. Maybe there could be an after-school group with a therapist.”* Another participant said that in peer support groups, “each person has the opportunity to share what is going on and support one another.”

5. Lack of personal awareness or denial of issues present - 6 mentions

Participants identified having difficulty understanding symptoms they may be experiencing, and/or identified that peers often do not address their mental health due to not understanding what constitutes a problem regarding one’s mental health. Participants acknowledged the need for more opportunities to access information on how to seek help and what effective help looks like, especially in school settings. One participant mentioned, “[Peers] are pushing issues under the rug,” while another said, “we need more emphasis placed on minority mental health and addressing the stigma within that population. Like creating centers and services specific to a community that would provide mental health support.”

Other Notable Barriers

- **Cost of services - 6 mentions**

Lack of affordability of services was identified as paying for therapy, psychiatry, and necessary medicine to treat their conditions. While the young adult participants stated that they are able to access services for free or low cost currently, paying for services would be a large barrier if their insurance (i.e. Medicaid) was no longer available, or if the services they received would no longer be available (i.e. aging out of aftercare for foster youth). *“Some people have trouble paying for medication or have to stop taking medication because they can’t pay for it.”*

- **Transportation - 5 mentions**

Louisville has a higher concentration of services in the downtown and East Louisville areas compared to South and West Louisville areas, creating transportation barriers for young adults that rely on TARC for transportation or do not have cars. This creates equity issues regarding access to services as young people of color are more densely concentrated in areas outside of downtown and East Louisville. Accessing services is difficult depending on “where it’s located, especially for young adults that don’t have a vehicle.” *“TARC should give youth, and especially foster youth, free rides to get around (to services).”*

- **Need to meet basic needs first - 5 mentions**

In order to access mental health resources or social supports, participants identified that meeting basic needs provides a substantial barrier to adhering to treatment or meeting basic requirements to qualify for support programs. This includes integrating into higher education and maintaining employment. “I have to find a balance around my 5-year-old and dealing with housing issues and finding a job,” said one participant. Another said that, “employment is hard to maintain when (I am) having mental health issues and experiencing stress.” A solution that one participant identified could be “providing basic needs for youth - providing hygiene items and clothes, and washing machines to allow kids to wash their clothes. Schools need to provide this because kids can’t focus on their schoolwork when they are worried about their basic needs being met.”

Themes and Recommendations

Based on the results of the survey and focus groups, five overarching themes emerged in the research:

- 1. Increase education and build awareness**

- Awareness and education of signs and symptoms that there may be a problem related to mental and/or behavioral health
- Awareness and education of existing resources in the community

- 2. Lack of trust or lack of confidence that needs will be taken seriously or will remain unaddressed**

- Overwhelming feelings that needs won’t be met if young people seek out assistance
- Previous experiences with low quality services exacerbates these feelings

- 3. Desire for youth-led programming**

- Need for peer-to-peer support group networks

Equity of resource availability

- Equity in location of services
- Equity in service availability regardless of demographics

4. Meeting basic needs

- Meeting the basic needs of young people in our community as a means of promoting mental and behavioral health and well-being

Recommendations

Based on the top five identified themes related to barriers in accessing services, the team has developed a number of recommendations to increase meaningful access around which our community can coalesce:

1. Provide emotional literacy training for young people and those that work with young people.

Emotional literacy curriculum, such as Adult and Youth Mental Health First Aid, provide participants with information on how to assist someone experiencing a mental health or substance use-related crisis. This course also teaches the risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. This knowledge can help young people build awareness of their personal mental health status, evaluate their triggers, and identify their coping skills. Additionally, it can help them be better equipped to provide support to their peers and loved ones. Such a training should also utilize a list of services and resources that are available to young adults in our community to increase knowledge of existing mental and behavioral health resources in the community.

2. **Teach mental health self-advocacy skills to young people** to ultimately provide reassurance in areas of mistrust and stigma surrounding mental health issues. This would help young people learn how to get matched with the right provider and improve their knowledge about what the process looks like to be connected to mental and behavioral health services. Providing young people with supports to ensure health coverage is also an important step.

3. **Establish a platform and structure for peer support opportunities.** A community-based peer support network would be led by and informed by young people. This endeavor would require community support to provide funding for scholarship opportunities for young adults to become certified peer support specialists and assistance with navigating that process through the KY Dept. of Behavioral Health. Ideally, such a structure would include collaborating with local behavioral health providers to oversee the peer support meetings and provide support where necessary. Finally, youth and young adult leaders would be given support and a structure in

media marketing and content creation for social media platforms to help get the word out about such opportunities.

4. **Ensure that resources are located equitably throughout the city and provide quality practice of care.** This would mean establishing services and resource centers to help meet the needs of specific minority populations and staffing them with diverse providers that are culturally competent. Additionally, all providers throughout the community need to be provided with training and awareness around racial trauma and healing, ensuring that all young people are being assisted in trauma-informed and healing-centered ways.

5. **Ensure funding for the basic needs of Louisville's young people to be met.** We must ensure that youth and young adults in our community have their basic needs met and ultimately promote physical, mental, and behavioral health and well-being. Additionally, creating and utilizing a list of resources that are already available to meet those needs is an important step to build awareness of the existence of such resources. Such resource may include but are not limited to:
 - Long-term and emergency housing options that are specific to young people
 - Food assistance
 - GED assistance and other educational programming
 - Job/trade training and other employment opportunities that welcome youth and young adult engagement
 - Addiction and recovery assistance, resources, and services
 - Transportation assistance

It is essential to note that this research project is only the beginning of this important work. Gathering data and information around barriers to accessing behavioral health supports is only helpful when the community can come together to address those barriers and ensure that equitable access to services is available to all young people in our community.

Closing

This project could not have been completed without the support of the Jewish Heritage Fund for Excellence and our partner organizations, though the findings and conclusions of this report do not necessarily reflect their opinions. The Coalition Supporting Young Adults and Kentucky Youth Advocates thank the following people and organizations for stepping up and helping gather information for this grant:

- The young adults that led this work: Eltuan Dawson, Roan Head, and Cynthia Schepers
- Muhammad Ali Center Youth Program
- NAMI Louisville
- TAYLRD Louisville

- YMCA Safeplace
- Youthbuild Louisville
- All participants in our focus groups and online survey