Preliminary Results of the Touchstone Foundation Youth Listening Tour

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In 2014, the Touchstone Foundation performed a series of community outreach initiatives aimed at analyzing the then-current state of youth mental health within Lancaster County, Pennsylvania. The Foundation partnered with Millersville University and conducted focus groups with mental health professionals serving the area, and phone surveys with County residents. Since then, many changes and events have occurred throughout the County and the nation that have changed the overall landscape of mental health. For example, the COVID-19 pandemic has been linked to increased diagnoses of depression and anxiety, and the effects of social isolation on developing brains is still being studied. In addition, social movements such as Black Lives Matter and #MeToo have highlighted disparities based on race and gender.

In response, the Touchstone Foundation halted its ongoing requests for grant proposals in July 2022 to re-analyze the mental health landscape in Lancaster County. This was done through two aspects: a listening tour targeted towards youth aged 12-19 who live in the County; and an online survey targeted towards parents of County students. While the listening sessions and survey are still collecting data, this report is designed to serve as an introduction towards the trends and common themes emerging. It's important to recognize that the experiences and perspectives captured in this report are not exhaustive, and additional considerations may emerge as the listening tours and survey continue.

Youth Listening Tours

As of January 8th, 2023, five listening sessions have been held, hosting between 6 and 15 participants per sessions. Listening sessions averaged 1 hour in length and were kept entirely confidential. Two adult moderators and a note-taker were present for each session, and participants were incentivized to attend each session with food. The following trends were present:

1. **Pre-Existing supports and coping mechanisms**
   Focus group participants have already been able to identify practices and activities that are beneficial when their mental health is deteriorating. For example, eating, sleeping, exercising, talking to supportive adults (including in therapeutic sessions), and creative outlets such as writing, journaling, and crafting have been named.

2. **Structural barriers regarding access to therapeutic services**
   One of the most prominent trends regarding a deficit in Lancaster County's mental health landscape are the barriers present when a young person is interested in receiving mental health services. Young people report long wait periods (weeks or even months) to be seen by a new provider, and this wait can be even longer when a young person is

trying to receive a diagnosis or services related to neurodivergences such as autism spectrum disorders. This highlights the effects of the well-known and well-studied national provider shortage and supports the need for further solutions.

Additionally, young people name significant barriers once an appointment is secured. For example, transportation is a hurdle for many young people who do not have their driver's license or access to a car, and whose parent or guardian may be unable or unwilling to drive them; this is discussed in more detail within trend 3. Young people also have varying amounts of insurance coverage, which can lead to services being unaffordable.

3. **Interpersonal barriers regarding access to therapeutic services**

Another significant trend that emerged was the lack of support from other people when a young person is interested in receiving therapeutic services. Multiple listening tour participants reported a stigma for men/male identifying young people to "be tough" and not seek out mental health services, as doing so would be seen as a sign of weakness. There is also a trend described where young people tend to compare themselves to social media influencers on apps such as Instagram and TikTok. This has led to the development of a negative self-image and can both worsen their mental health and deter them from seeking help from others. Even when discussing relationships with friends, they stated that they were hesitant to refer them to help if needed due to the stigma and feeling like they would be "ratting them out".

There was also a trend in parents being a barrier towards accessing services. As previously mentioned, there may be hurdles when a parent is unable to transport a young person to therapeutic services. Numerous other young people also reported that their parents were not supportive of their desire to receive mental health services and would sometimes "peer-pressure" them out of pursuing services. It's also important to note that certain services could not be accessed without information their parents had (birth certificate, insurance cards, etc.). Young people frequently said that they would like to be able to access services without their parents' involvement.

4. **Barriers within the therapeutic environment**

Once a young person can successfully access therapeutic services, they report barriers that may prevent them from continuing services. For example, they express difficulties with connecting with therapists that may not share common factors such as their gender identity or sexual orientation. They also want to be able to feel comfortable during sessions, which they say is difficult when it's just them and the therapist talking in an isolated office. Many young people advocated for wanting options such as going for a walk or participating in different activities during each session in addition to talking

about their mental health and other reasons for seeing services (like how play therapy takes place with younger people).

Parent Survey

As of January 3rd, 2023, 1,813 survey responses were recorded. Once the data was cleaned regarding empty responses, responses where no children were indicated, and where respondents indicated that their children were enrolled in a school district outside of Lancaster County, Pennsylvania. After cleaning, 964 survey responses were analyzed and the following trends were identified:

1. **Parent-observed behaviors of concern**
   Parents were asked about certain behaviors and symptoms that their children exhibited to the best of their knowledge, and asked if they noticed it "never", "rarely", "sometimes", or "often". The most frequently noticed behavior was being distracted easily, followed by worrying a lot, having trouble concentrating, not understanding other people's feelings, and not following rules. It's important to note that while these were the most seen behaviors, they were not seen often. Parents stated that they were seen between "rarely" and "sometimes", but more frequently stated they were seen "rarely" rather than "sometimes".

2. **Parent-reported insurance coverage of children**
   Over 95% of parents reported that their children currently had insurance coverage, most commonly through the Children's Health Insurance Program (CHIP), followed by Medical Assistance and private insurance through a parent's employer.

3. **Sources of health-related information**
   When parents have questions about their child's health, parents reported most frequently asking their child's healthcare provider, followed by searching online, asking another family member, and asking on social media. This is encouraging, assuming their medical provider is providing accurate information, but also highlights opportunities for increasing health literacy tools and knowledge related to information found online to assure that the same quality of information.

4. **Bullying and Negative Behaviors Towards Child**
   Parents reported that, to their knowledge, their child was purposefully excluded by other children/students from non-academic activities approaching once a month. Less frequently, they reported their children being the subject of lies or false rumors spread by other children/students, being hit or kicked by other children/students, and being teased in a hurtful way. While parents are overall seeing these behaviors infrequently (less than once a month), we do know that these behaviors are occurring. According to the PA Youth Survey, 25.2% of all students reported experiencing bullying over the past

12 months, including cyberbullying. They reported that this bullying most often happens on school property, which could explain the lack of parental knowledge regarding the incidents. What's also interesting to note is that the bullying most commonly takes the form of emotional abuse, insults, and name-calling, rather than the social isolation the parents noticed.

5. **Social Supports**
   When given statements related to their local support network, parents commented that they felt like their child is safe in the current neighborhood they live in, and that there are trusted adults that could help if their child was hurt or scale. Appropriately, the least agreed to statement was regarding moving to a safer neighborhood.

Recommendations for Funding

As previously mentioned, it is important to note that the responses described are not complete, and data collection is still in process. However, based on the response trends described, there are opportunities for funding grant proposals addressing the following areas:

● Increasing provider availability and decreasing the wait time for therapeutic appointments
● Investigating modalities of therapeutic services outside of the traditional talk therapy model
● Funding and transportation resources for individuals to access therapeutic services once an appointment is secured
● Programs addressing the stigma surrounding mental health services
● Programs and resources addressing the impact of social media/celebrity influences on youth mental health
● Programs and resources targeted towards parents addressing the stigma surrounding their child(ren) accessing mental health services
● Programming and tools related to encouraging students to disclose bullying to their parents (assuming their parents are seen as safe people to disclose to)
● Tools to help parents evaluate online and non-medical provider sources of health information to ensure accuracy