

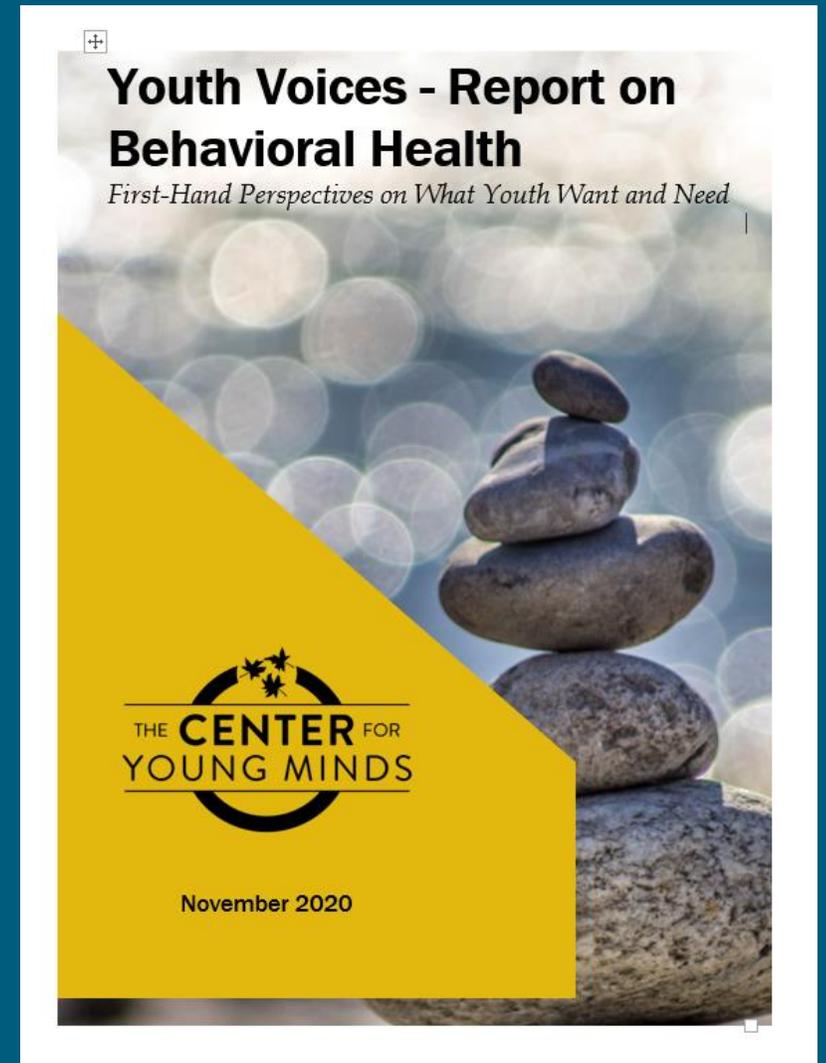
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THE **CENTER** FOR  
YOUNG MINDS

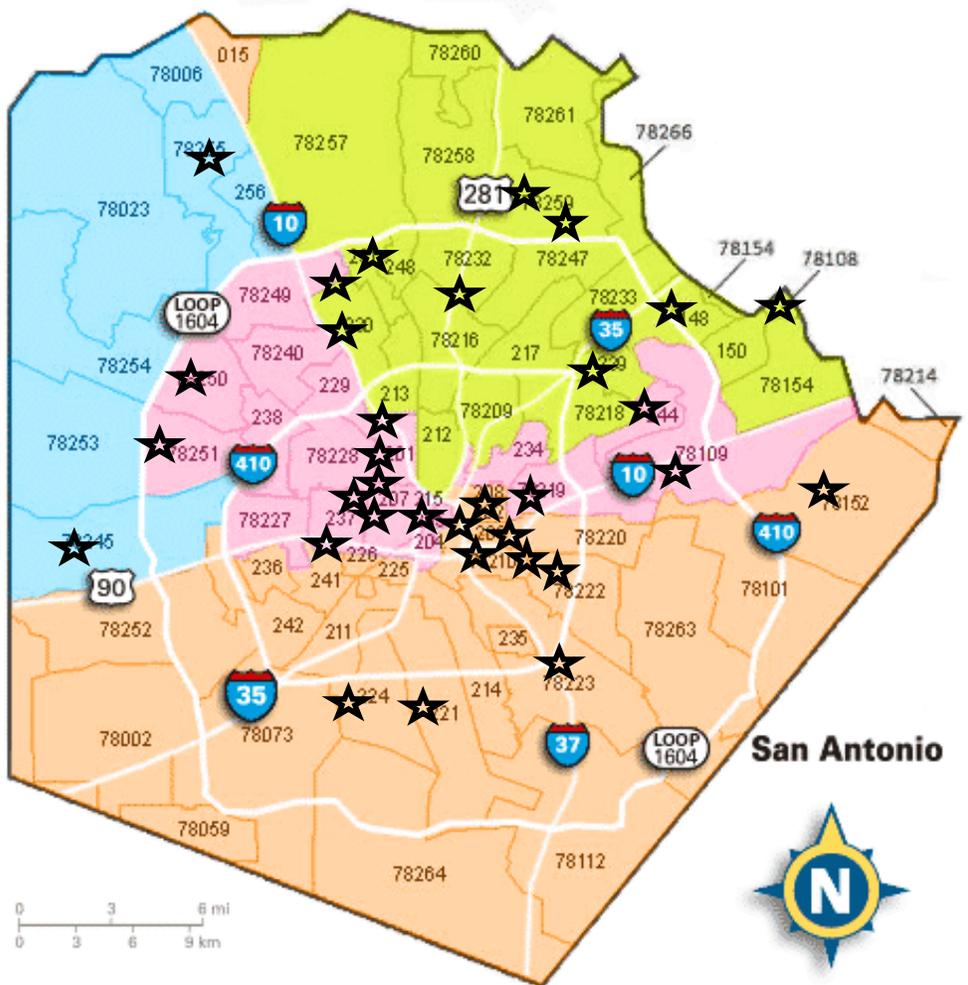
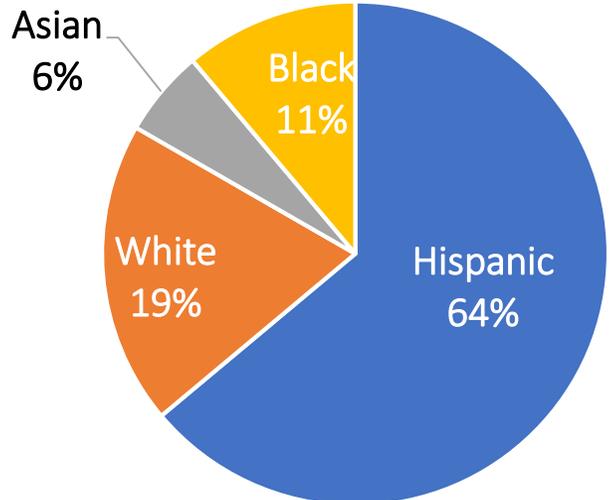
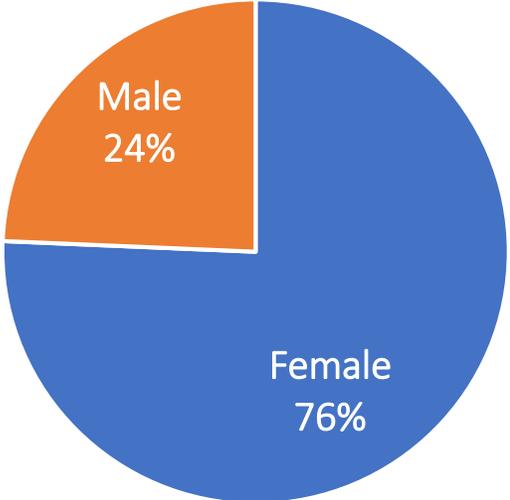
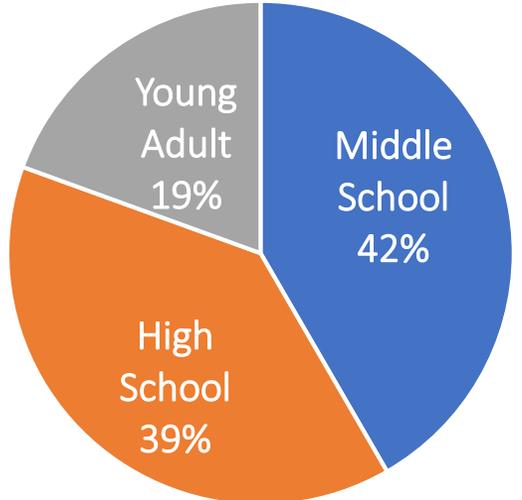
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# Methodology

- 14 in-depth, one-hour sessions with youth were held in late 2020
  - Sessions held with youth of similar age ranges
  - Mostly virtual, via zoom
  - Over a dozen nonprofits and schools promoted to their youth
- In total, 40 youth engaged in the intensive process
- Clinician present at each session in case a young person needed immediate assistance

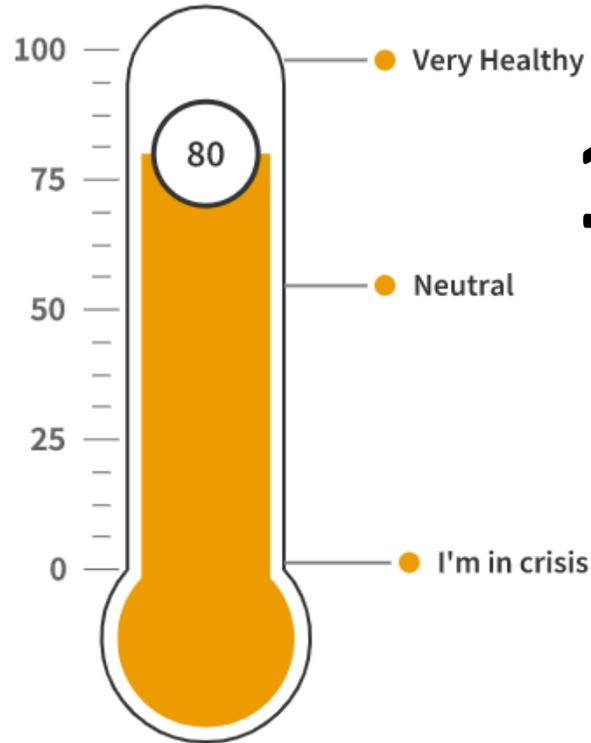


# About our Youth Participants

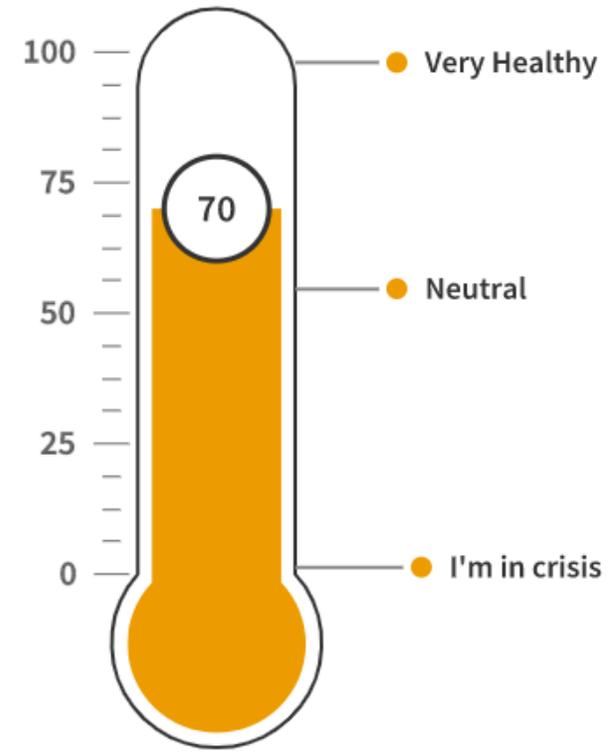


# Youth Reported a Drop in Mental Health

Pre-Pandemic Score of Mental Health  
(median)



Current Mental Health Score  
(median)



**10 point  
decline**

# Youth Study; Executive Summary

**Most youth indicated a *desire to be with peers in a casual setting that creates a sense of shared connection***

“We need a club where we can share our feelings, so we don’t feel like outcasts.”

Lily, age 11

“My school counselor put together a group for new students. That’s where I gained real friends and felt supported.”

Rory, age 19



# Youth Study; Executive Summary

**Many youth shared *positive experiences with adults*, whether the adult was a parent, extended family member, teacher, counselor, or therapist**

“We do a wellness check in my immediate family. We are open with what we are experiencing, and we don’t pretend to know everything or have all the answers. We research and find resources.”

Matthew, age 20



# Youth Study; Executive Summary

**When youth experienced disconnection or a negative experience with an adult figure in their life, the common thread centered around the adult *discounting the young person's feelings and/or not listening.***

“Youth have plenty of authority figures in their lives; we don’t need more. We need people we can trust and talk to.”

Madeleine, age 18



# Youth Study; Executive Summary

**Most youth have asked for *school systems at large to be more attentive to mental health needs*. Youth feel schools are not resourced to provide help, with the term “resourced” meaning lacking education, awareness, tools, staffing, and empathy**

“We need education and information on mental health. Every student should have this information. It reduces stigma and gives us a pathway to manage our own health.”

Aaron, age 19



# Youth Study; Executive Summary

**Youth expressed that they *do not desire clinical settings* to manage their mental health. Casual settings are indicated, and aspects are outlined in the verbatims.**

“I don’t want to go to a clinic and see a doctor. No ‘name badge’ type people are needed. I just need a real, human connection with someone I feel safe with and can trust.

Angela, age 14



# Youth Study; Executive Summary

**Some youth have embraced  *coping mechanisms, yet caution that it's not a one-size – fits-all approach. Youth who do not have coping mechanisms voiced a desire to gain those skills.***

“I can be sitting next to three people my age with the same issues, and we all experience it differently and have different needs. You can't use the same, cookie-cutter approaches with kids. Our needs are unique. Everyone's struggle is different; everyone's trauma is different.”

Cara, age 17





How does our study compare to  
other validated research?

# Adverse Childhood Experiences (ACEs) Study

- Longitudinal study of over 17,000 adults from the late 90's
- Youth experience an ACE when:
  - Emotional, physical or sexual abuse;
  - Emotional or physical neglect
  - Household dysfunction
    - Growing up in a household with alcohol or drug abuse; and/or mental illness
    - Household member is incarcerated
    - Domestic violence occurs
    - One or no biological parents
- Study identified a correlation between ACEs in childhood and poor health outcomes.
- ACEs are:
  - Very common, and strong predictors of health risks & disease from adolescence to adulthood.
  - One of the leading, if not the leading determinant of health and social well-being



# Recently Released Study!

- Johns Hopkins University released a study late in 2019
  - Included over 6,000 adults with high ACEs, yet healthy adult outcomes
- What were the common denominators that created resiliency, in spite of the trauma(s)?
  - Seven PCEs were identified; Positive Childhood Experiences
- They are “dose-responsive”, meaning the more a youth receives PCEs, the greater their resiliency and improved outcomes



# The Seven PCEs – Positive Childhood Experiences

① Ability to talk with family about feelings

② Felt that family was supportive in difficult times

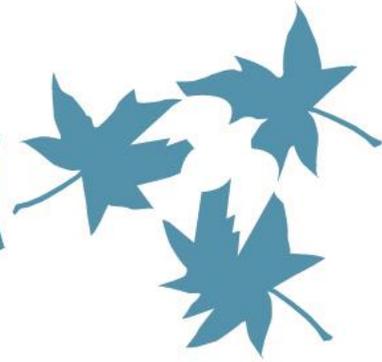
③ Enjoyment in participation in community traditions

④ Feeling of belonging in high school

⑤ Feeling of being supported by friends

⑥ Having at least two non-parent adults who genuinely care

⑦ Feeling safe and protected by an adult at home



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