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COMMUNITY  
FOUNDATION

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*Cultivate neighborliness.  
Lift community voices.  
Invest in equity and hope.*

# Spotlight Briefing: Youth Mental Health

Updated April, 2022



# Local mental health experts

## Joe Fuller

*Program Specialist, Whatcom  
County Health Department*



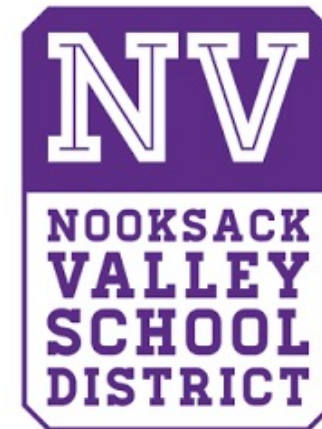
## Kristi Slette

*Executive Director, Whatcom  
Family and Community Network*



## Lindsay Anderson

*K-5 Mental Health Therapist,  
Nooksack School District*



# Mental wellness in the classroom

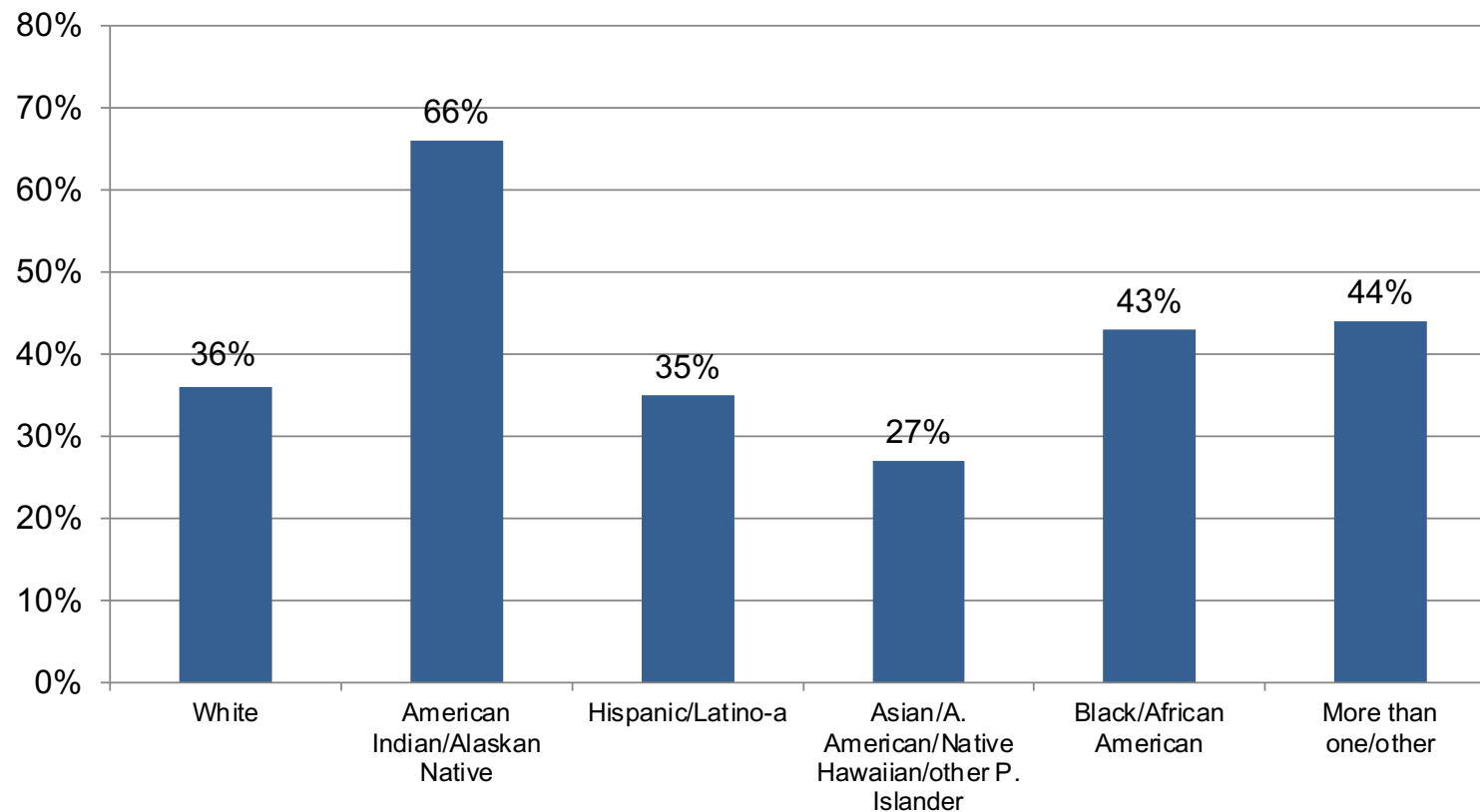
In a class of 30 students in grade 10 in Whatcom County:

- 21 are dealing with anxiety\*
- 11 are dealing with depression
- 6 have contemplated suicide
- 5 have made a suicide plan
- 2 have attempted suicide

\*feeling nervous, anxious, or on edge in the past 2 weeks

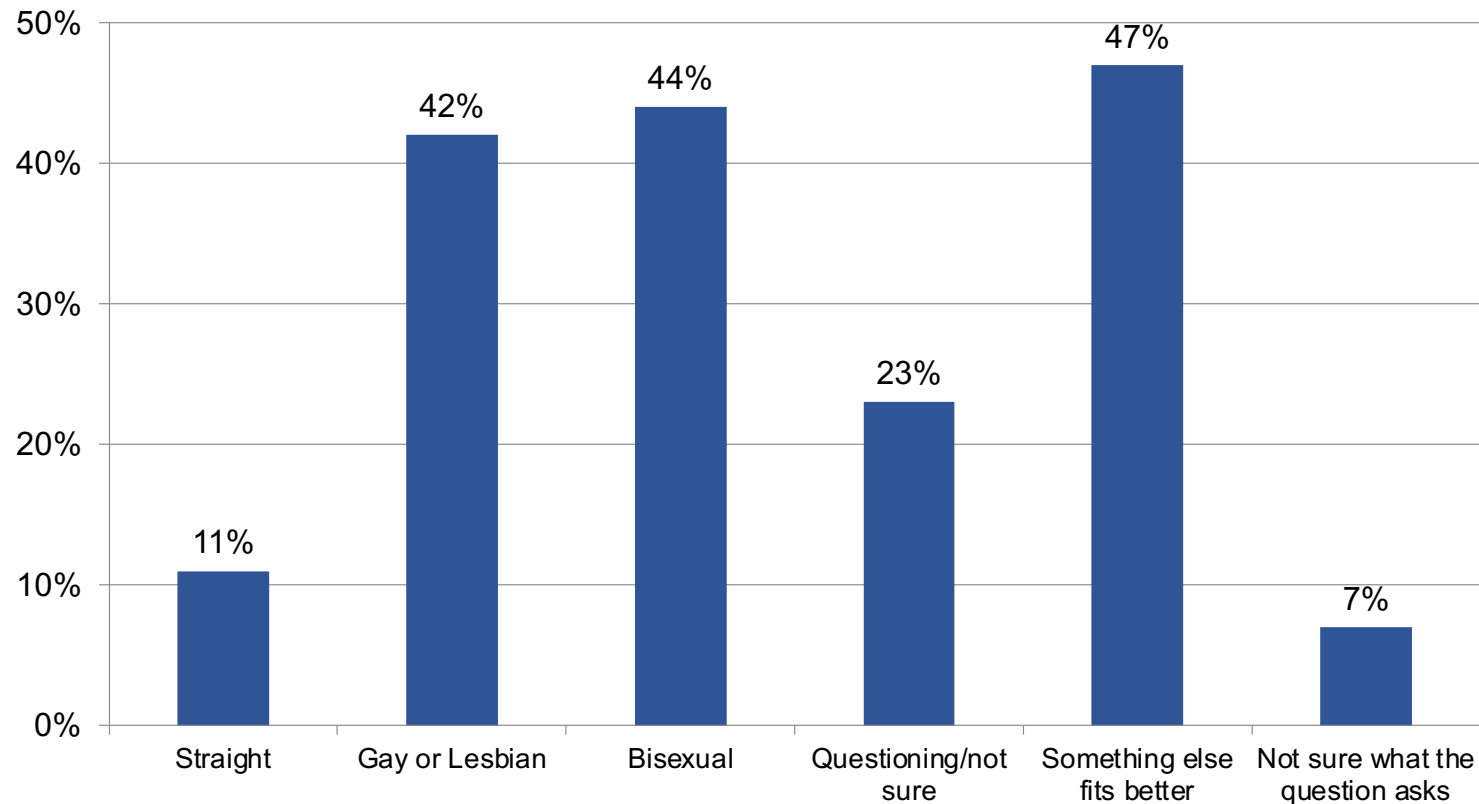
# Depression & ethnicity

Percent of Whatcom County 10th grade students who report experiencing depressive feelings in the past year & ethnicity



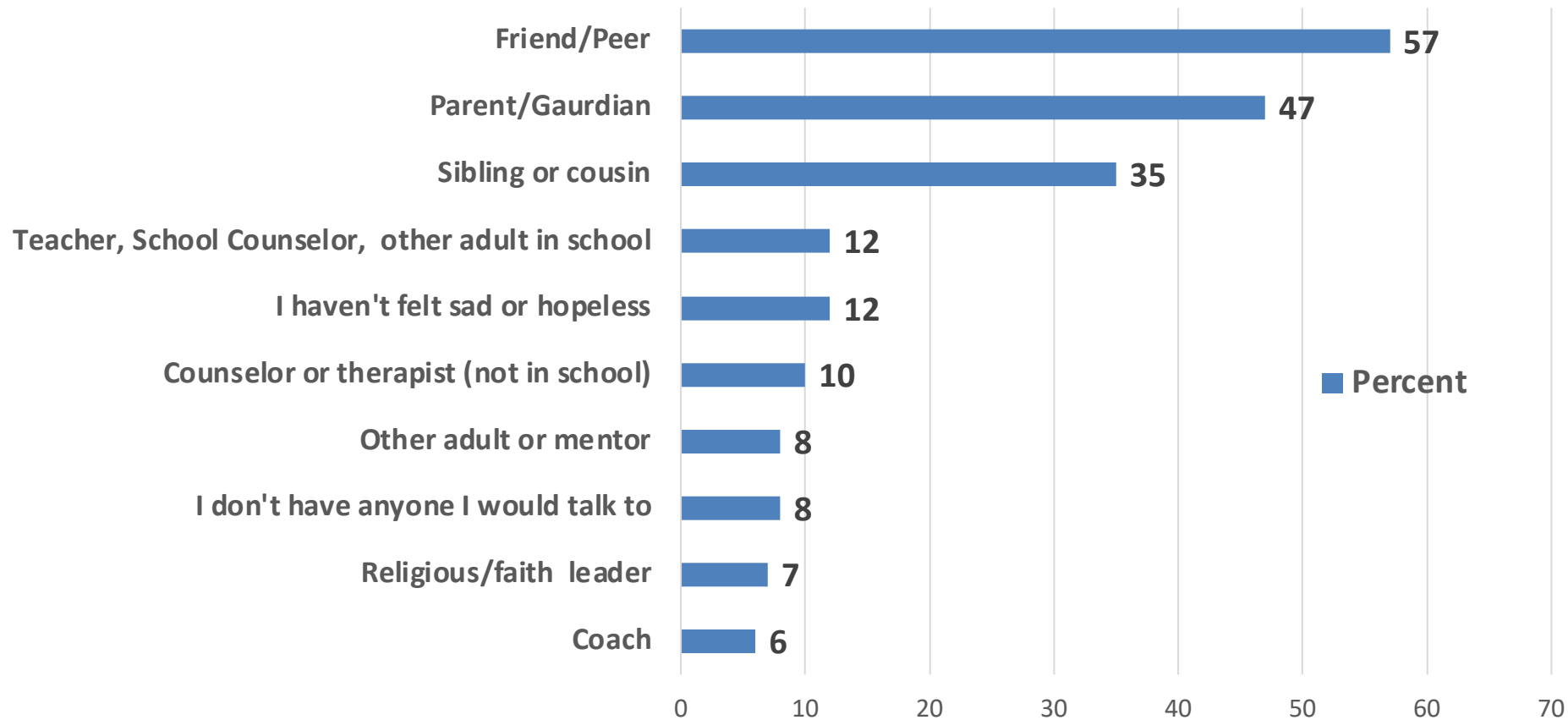
# Suicide contemplation & sexual orientation

Percent of Whatcom County 8th grade students who report having seriously considered suicide in the past year & sexual orientation



# Where youth turn for help (WA students grades 9-12)

*If you feel sad or hopeless, to whom would you most likely turn for help (check all that apply)*



Importance of:

connections

protective factors

engagement

positive childhood experience (PCE)

hope

hope science

# Protective Factors:

## PEERS

- Knowing right from wrong
- Interaction with healthy peers
- Social skills

## FAMILY

- Have fun with parents
- Eat dinner together
- Family rules about drugs are clear
- Could ask parents for help with a personal problem
- Involvement in family decisions
- Opportunity for healthy family involvement

## SCHOOL

- Participate in supervised after-school activities
- Have friends who participate in school clubs or activities
- Opportunities for students outside of class (sports, clubs, etc.)
- Opportunities for healthy school involvement

## COMMUNITY

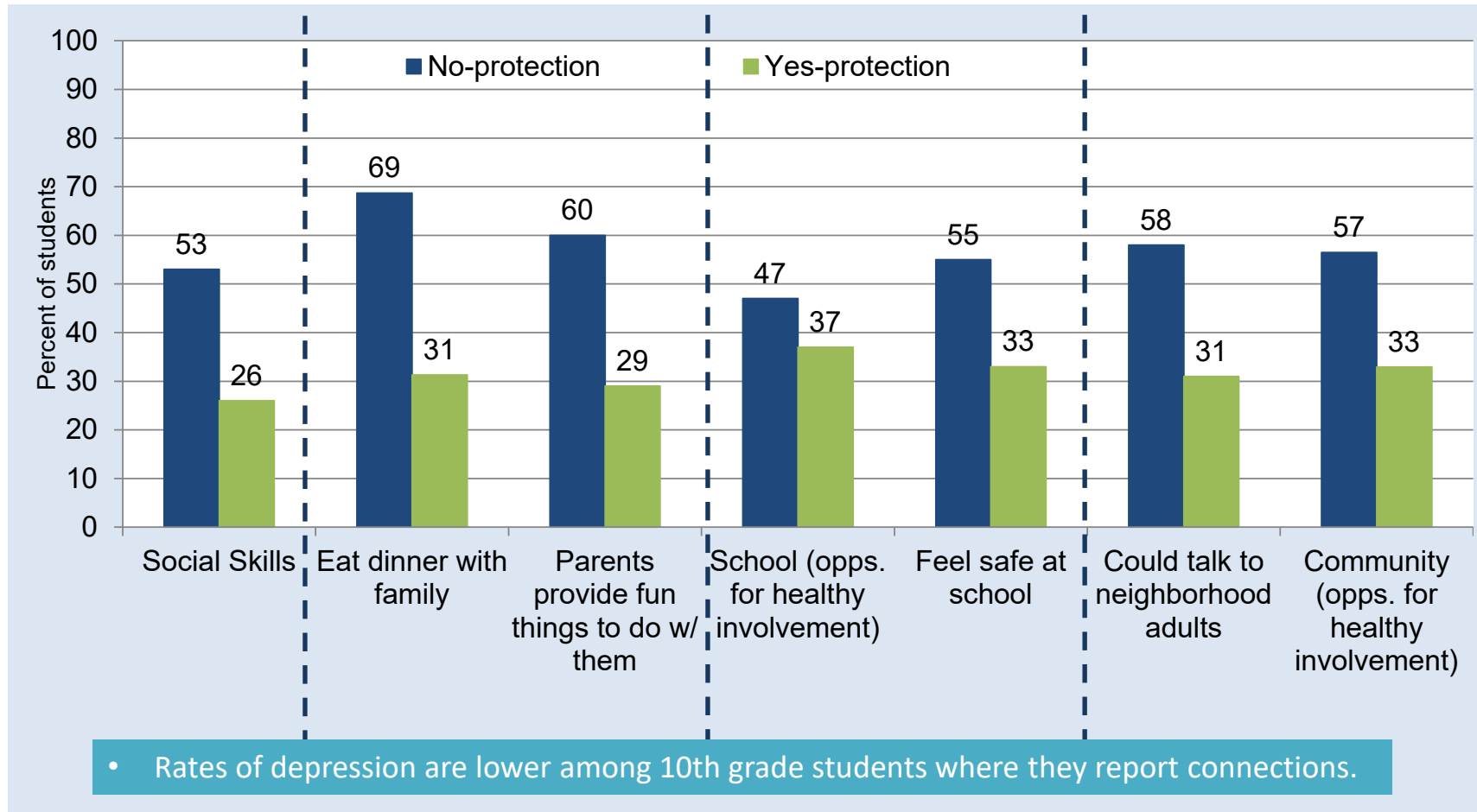
- Activity clubs available (YMCA, B&G Club)
- Service clubs available (scouts, camp, 4-H)
- Sports and Recreation
- Opportunities for healthy community involvement

➔ *Connection to one healthy adult can make the difference!*



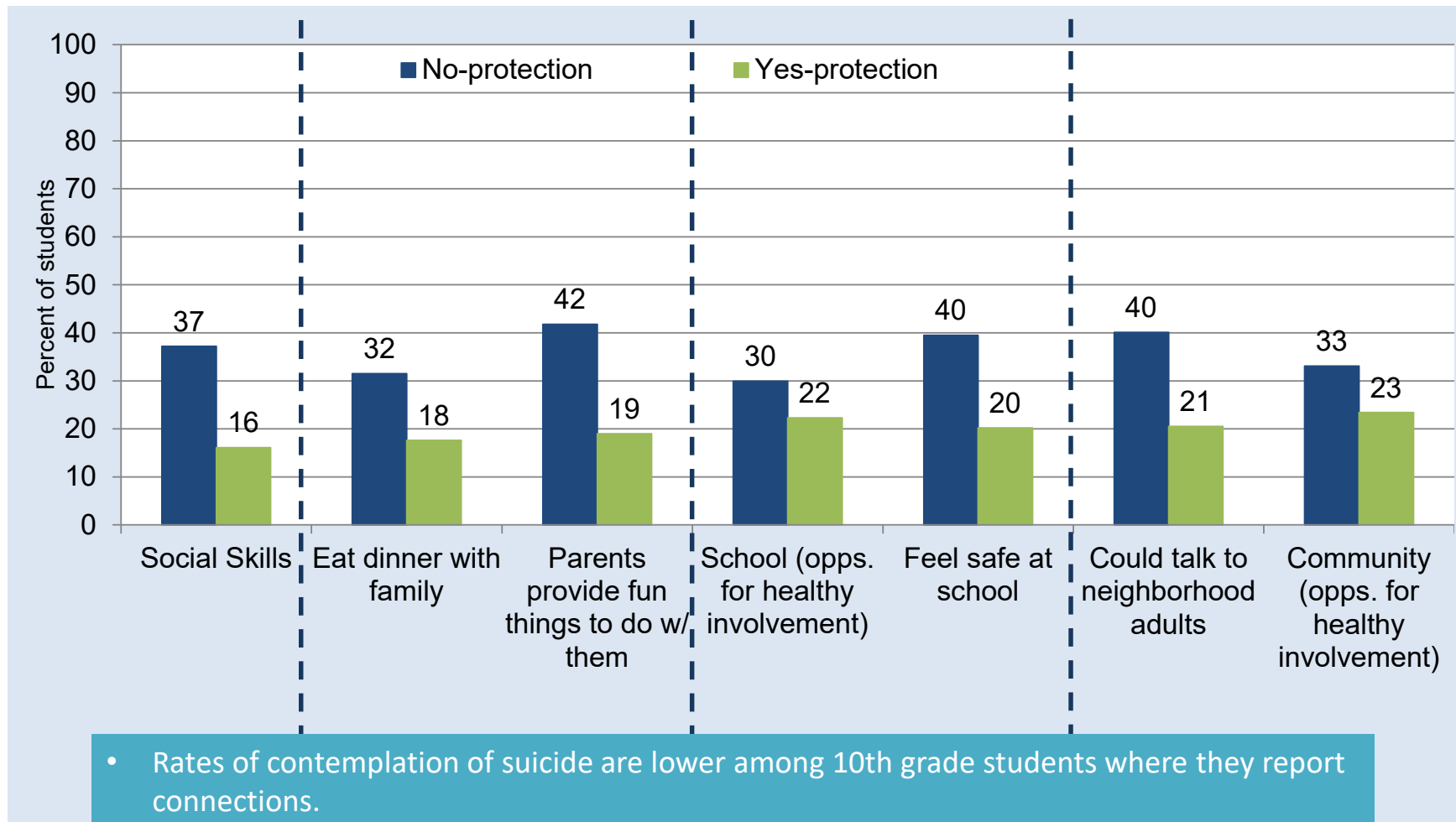
# Importance of peer, family, school & community connections

Protective factors and *depression rates*: Whatcom County 10th grade 2018



# Importance of peer, family, school & community connections

Protective factors and *contemplation of suicide*: Whatcom County 10th grade 2018



# Positive childhood experiences

*“Studies on positive childhood development and flourishing point out that the absence of negative health is not the same as positive health.”*

- ➔ Were able to talk with their families about their feelings
- ➔ Felt that their families stood by them during difficult times
- ➔ Enjoyed participating in community traditions
- ➔ Felt a sense of belonging in high school
- ➔ Felt supported by friends
- ➔ Had at least two non-parent adults who took genuine interest in them
- ➔ Felt safe and protected by an adult in the home

# Positive Childhood Experiences (PCE) reduce poor mental health

| PCE | Poor Mental Health Days (compared to those with 0-2) |
|-----|--|
| 6-7 | 72% lower  |
| 3-5 | 50% lower  |

| PCE | Report “always” getting the social/emotional support they need as adults |
|-----|--|
| 6-7 | 3.53 times greater   |

Among those with NO ACEs:

- ➔ Only one-third reported always getting the social emotional support they needed.
- ➔ This was half the rate as those with 6-7 PCEs.

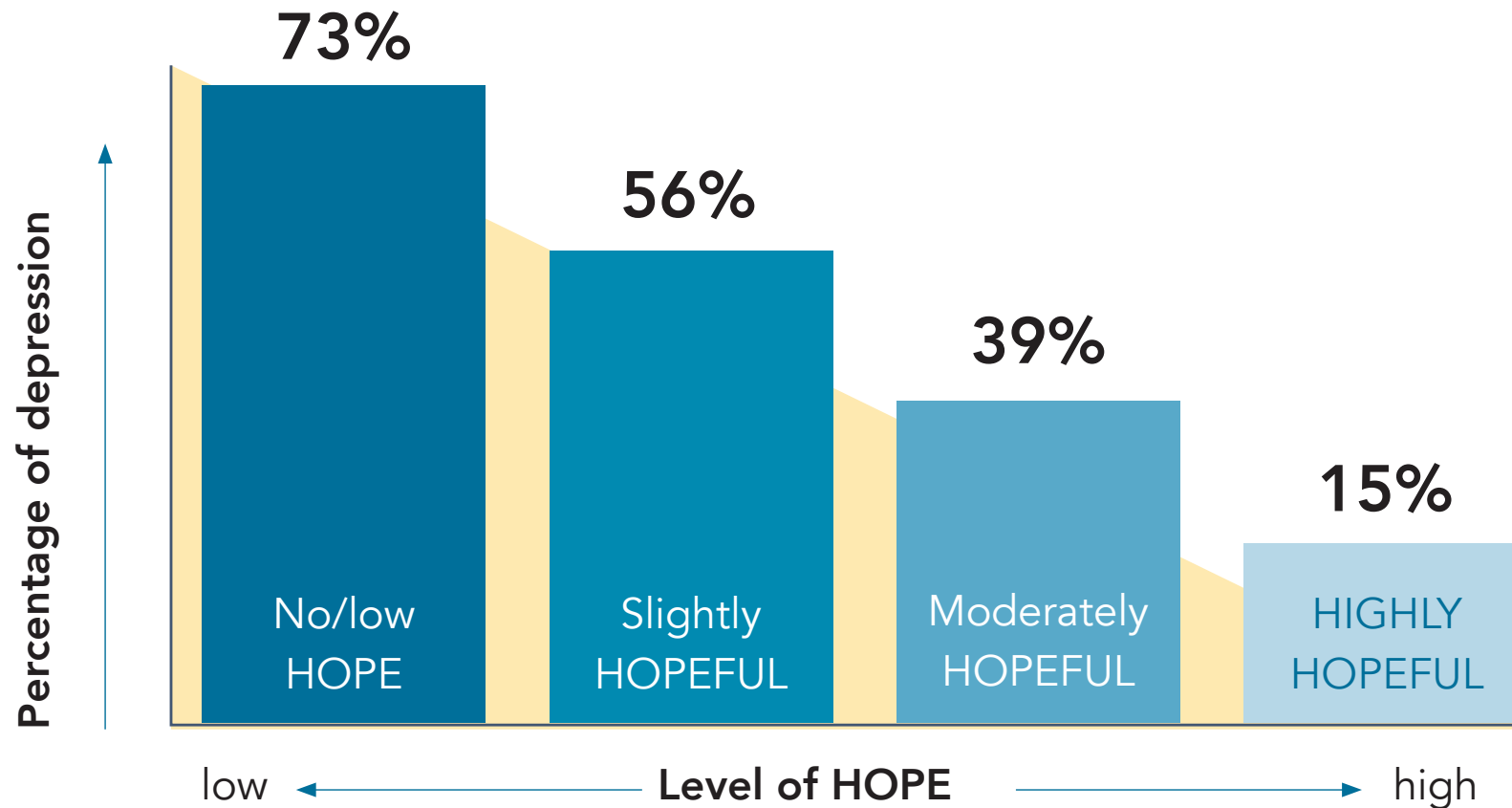
# HOPE

*Hope is the single best predictor of well-being.*

- ➔ Hopeful people experience improved social, psychological, and physical well-being across the lifespan.
- ➔ Hope is the belief that your future can be better than your past and you play a role in making it so.
- ➔ Hope is measurable, teachable, and cultivable.

# Impact of HOPE on depression

Percent of depression among 8th grade students by Hope Scale.

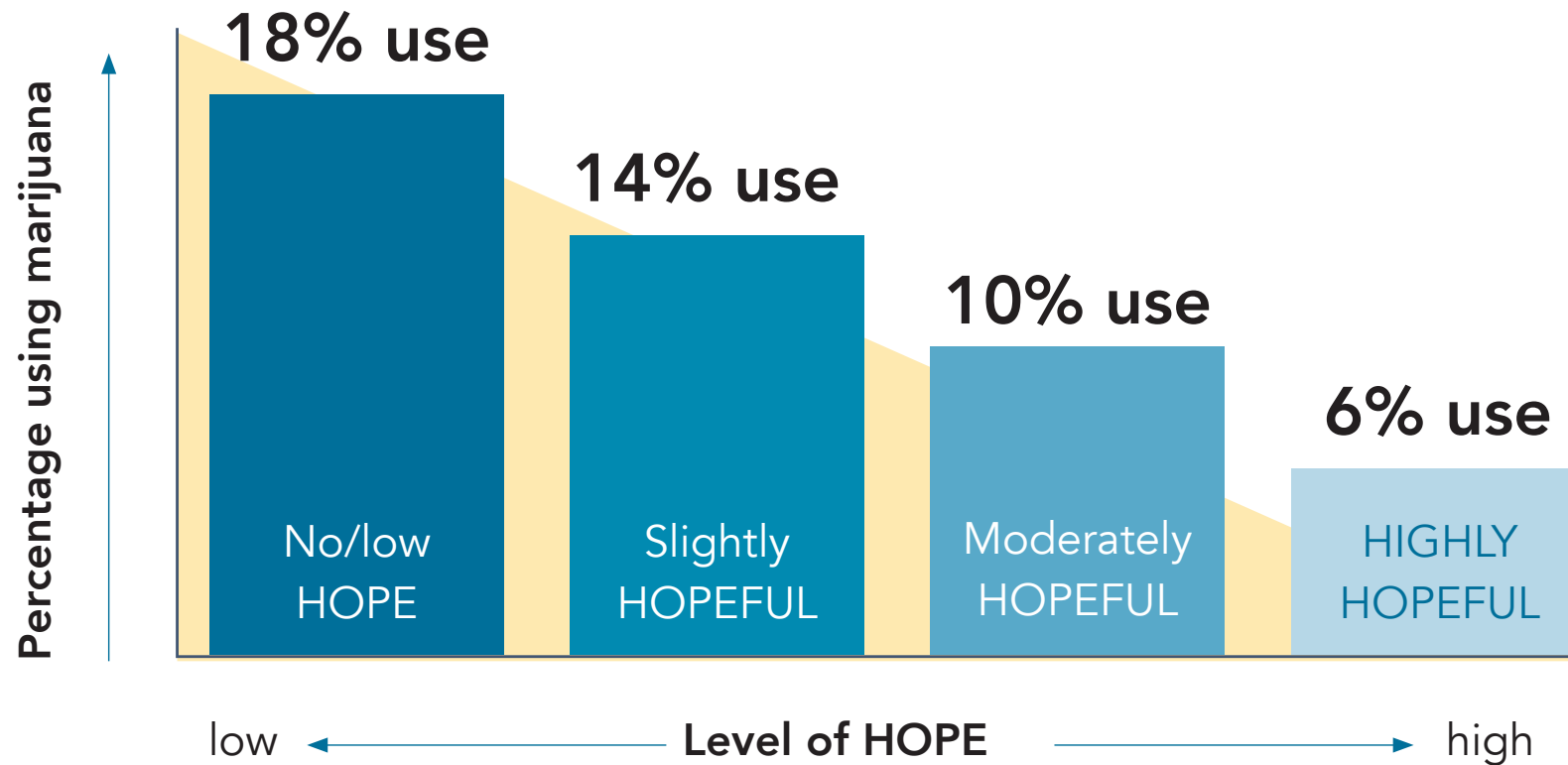


*Percentage of depression declines as hope increases.*

Source: Healthy Youth Survey 2021

# Impact of HOPE on marijuana use

Percent of marijuana use among 10th grade students by Hope Scale.



*Marijuana use declines as hope increases.*

Source: Healthy Youth Survey 2021

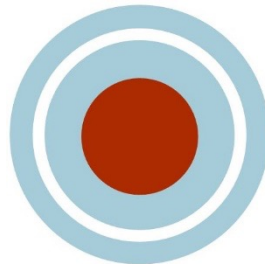
# Connection saves lives



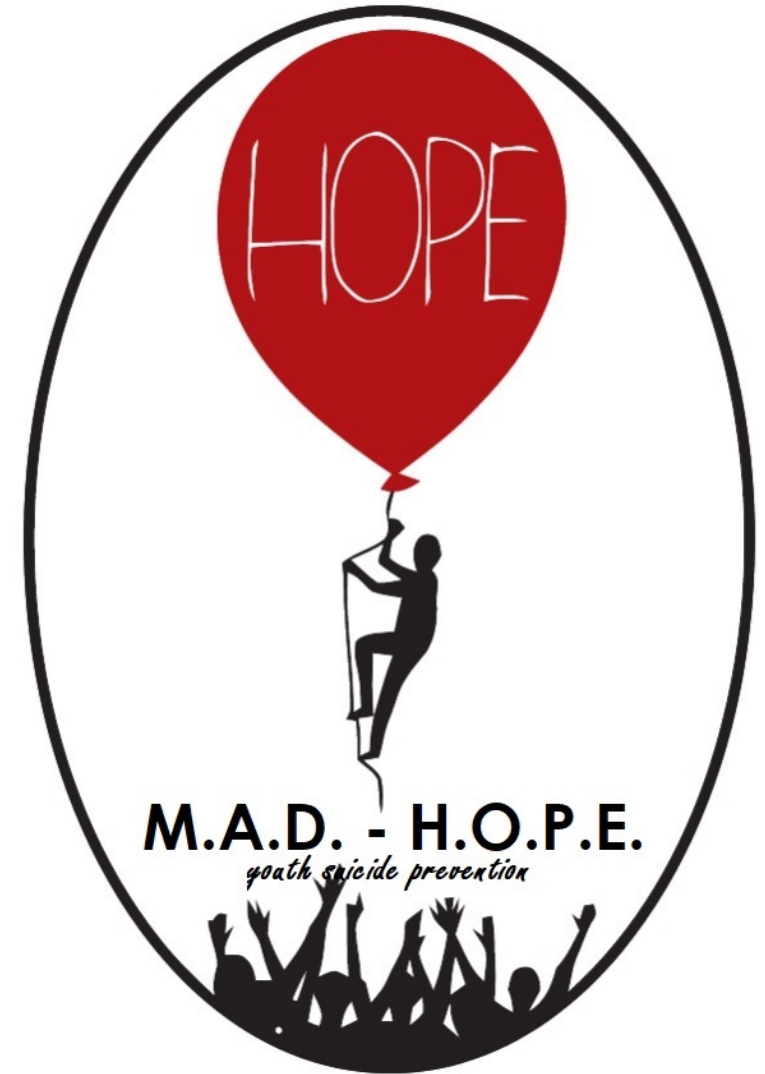
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*Youth Matter*





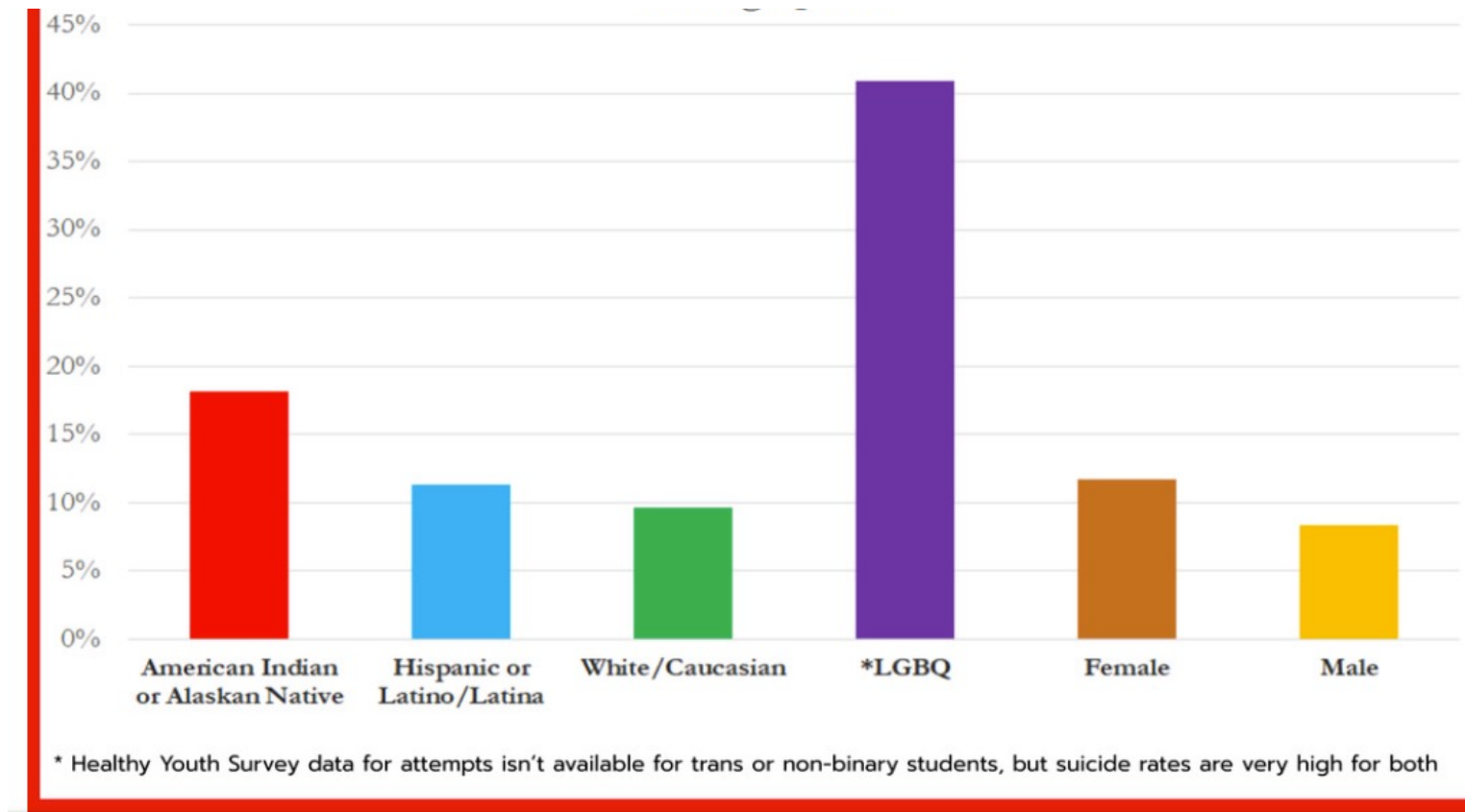
# Why we are here...

## Youth suicide statistics

- ➔ In 2021, **21% of Whatcom County tenth graders** seriously considered killing themselves
- ➔ In 2021, **40% of Whatcom County tenth graders** reported being seriously depressed in the past 30 days
- ➔ **89% of youth** think it's brave to seek help for mental health

# Who is most affected?

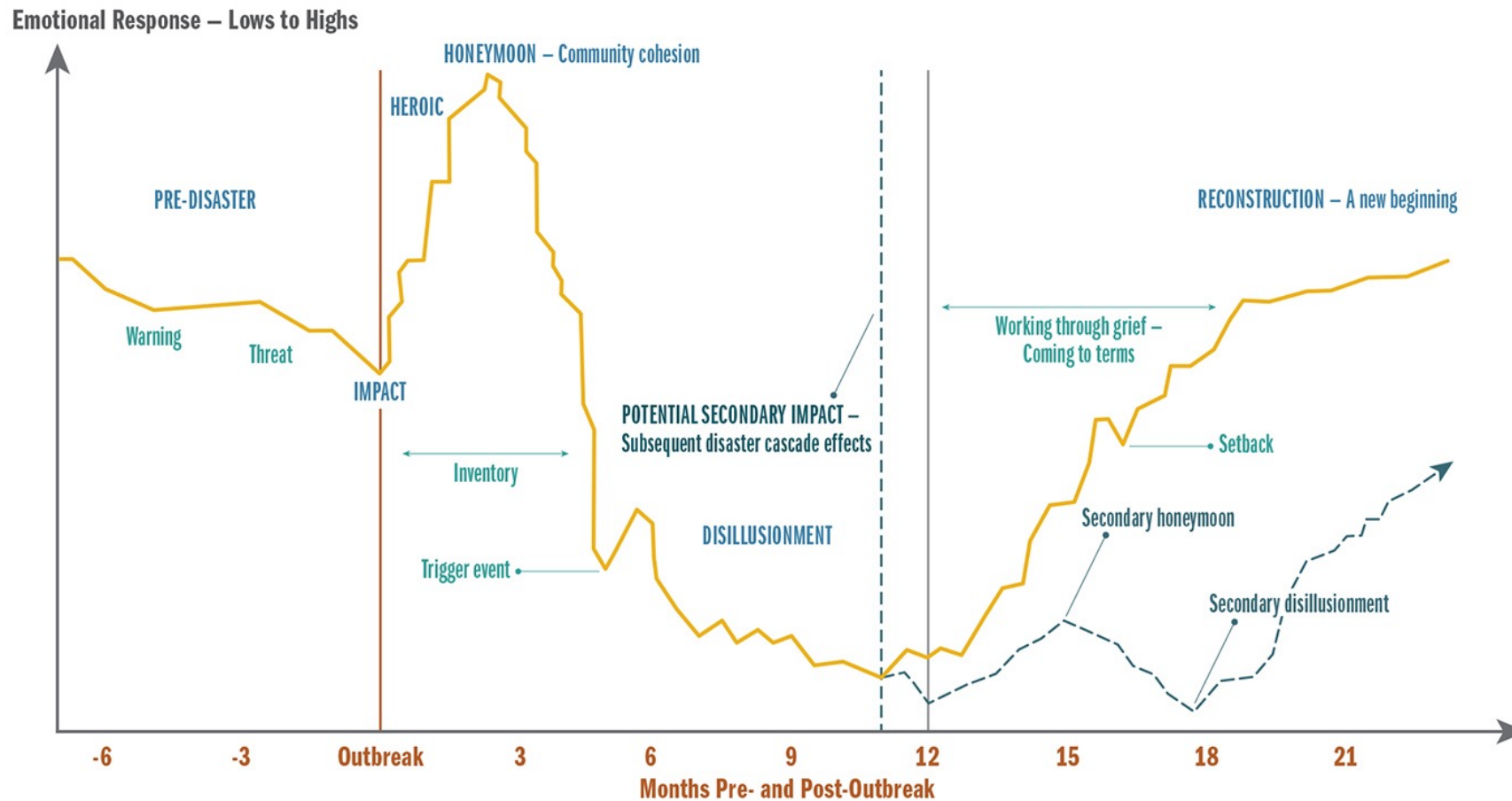
Percentage of WA State 10th graders that attempted suicide, disaggregated by demographics



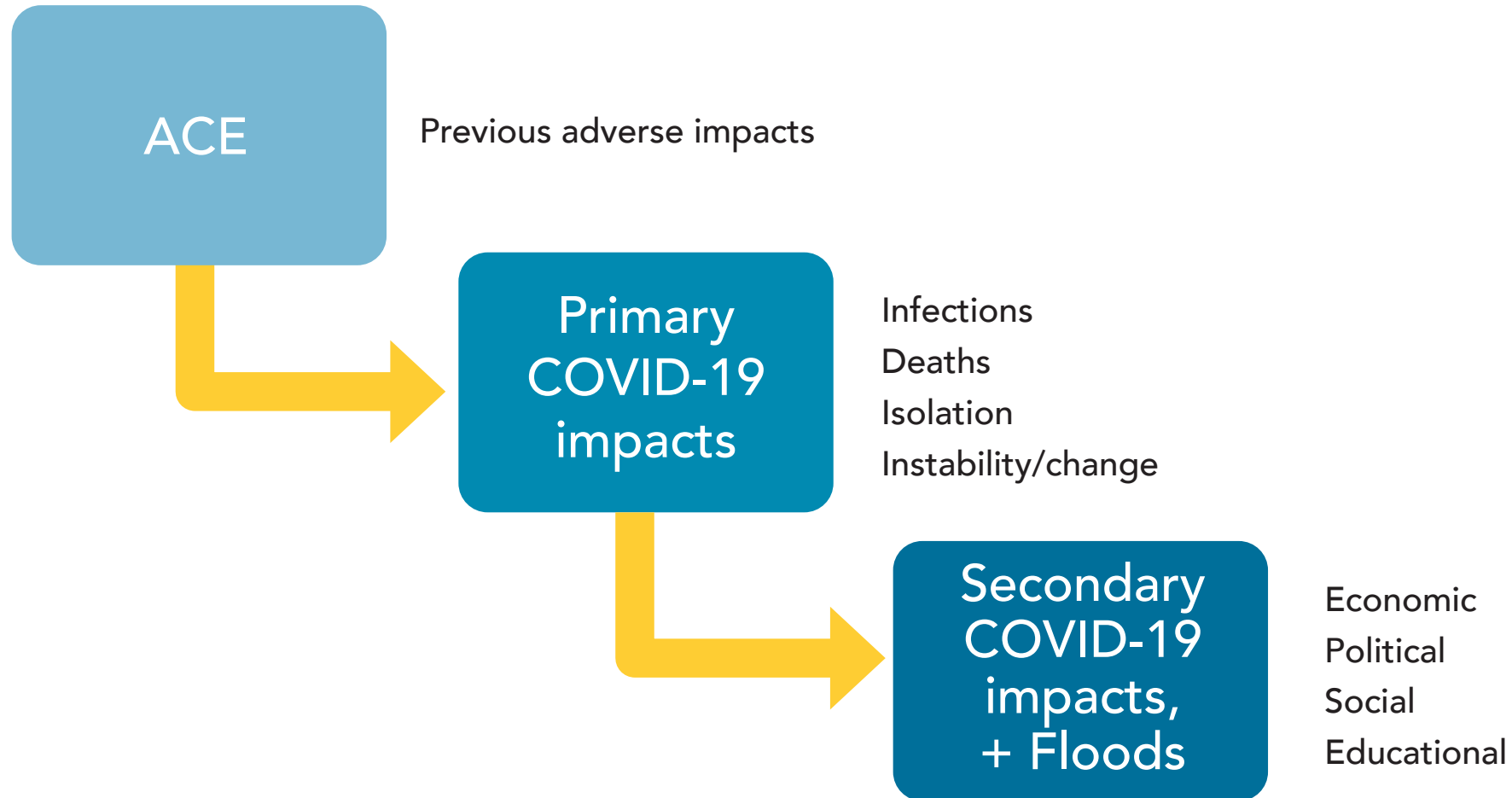
# Key things to know:

- ➔ **Three to four million** Washingtonians will likely experience *clinically significant* behavioral health symptoms within the next several months.  
Depression, anxiety, and acute stress will likely be the most common.  
Adolescents, teens, young adults, and older adults may need extra support.
- ➔ **Substance use related challenges are expected to continue.**
- ➔ **Pandemic apathy will drive acting “out” and acting “in.”**  
Acting “out”: Pretending like the pandemic no longer applies, refusing to comply with regulations, trying to act in a ‘business as usual’ capacity.  
Acting “in”: Giving up on things getting back to normal, hopelessness and withdrawal, many symptoms consistent with major depressive disorder or depression generally.
- ➔ **Self-regulation and co-regulation skills are part of resilience**  
These skills must be taught, practiced and accepted in a variety of settings (home, school, workplace, community).

# Reactions & behavioral health symptoms in disasters



# Trauma cascade potential



# Burnout, compassion fatigue, moral injury & exhaustion

- ➔ **Burnout** is defined as exhaustion of body and mind when there is an unequal balance between the demands of the job and the coping resources available to an employee.
- ➔ **Compassion fatigue** is the emotional and physical tiredness leading to a decreased ability to empathize or feel compassion for others. It is also described as secondary traumatic stress.
- ➔ **Moral injury** is defined as strong feelings of guilt, shame, and anger about the frustration that comes from not being able to give the kind of care or service that an employee wants and expects to provide.

# Burnout, compassion fatigue, moral injury & exhaustion

## **Burnout and similar phenomena continue to increase over time.**

Compounded by other factors, such as mental health stigma, PPE access, and added work/effort.

Burnout: Exhaustion of body and mind, unequal balance of demands and resources.

Compassion fatigue: Emotional/physical tiredness, less ability to empathize.

Moral injury: Strong feelings of guilt, shame, or anger due to not being able to provide the kind of care or service they want and expect to provide.

## **General fatigue, exhaustion, and feeling overwhelmed are common experiences.**

Sleep problems, diminished cognitive and high-level thinking, and increased impacts of existing behavioral health symptoms, such as depression, anxiety, or trauma.

Community/Institutions should address wellness and resilience, make it a priority, and model it.

Practicing self-care, building personal coping/resilience plans, and rest are key for individuals.

# Psychological distress—under age 18

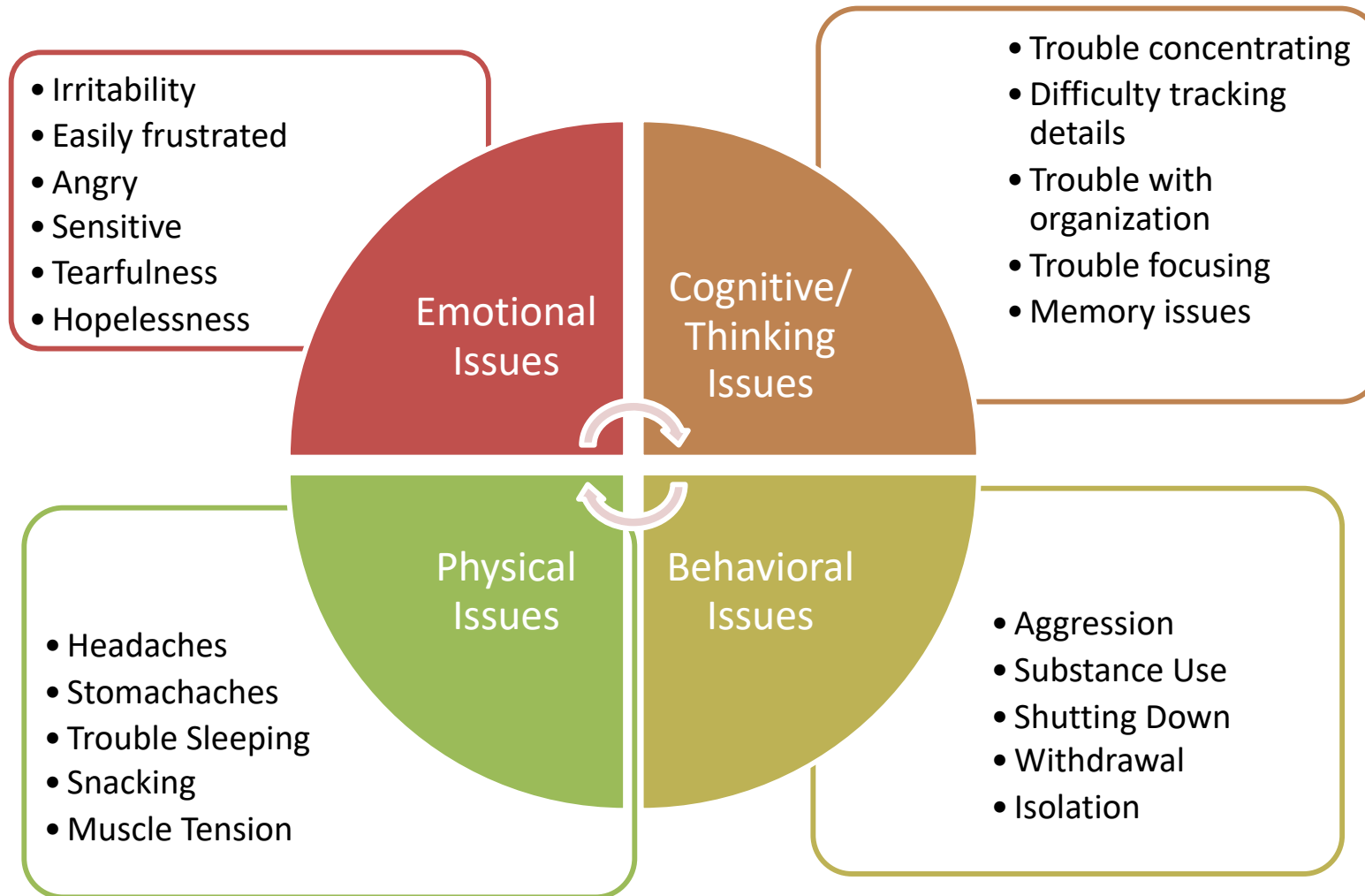
## All key indicators are up among those under 18

US Census data does not collect under 18 data, but the youngest cohort (18-29) are facing the highest rates of depression and anxiety, *usually 9-13% higher* than the next highest age group, and is reliably the 2nd indicator of who may be experiencing anxiety or depression.

Only poverty proved to be a more reliable indicator of key symptoms, with Race, family size, and even current unemployment all being less reliable indicators.



# Common responses to psychological distress



# The good news

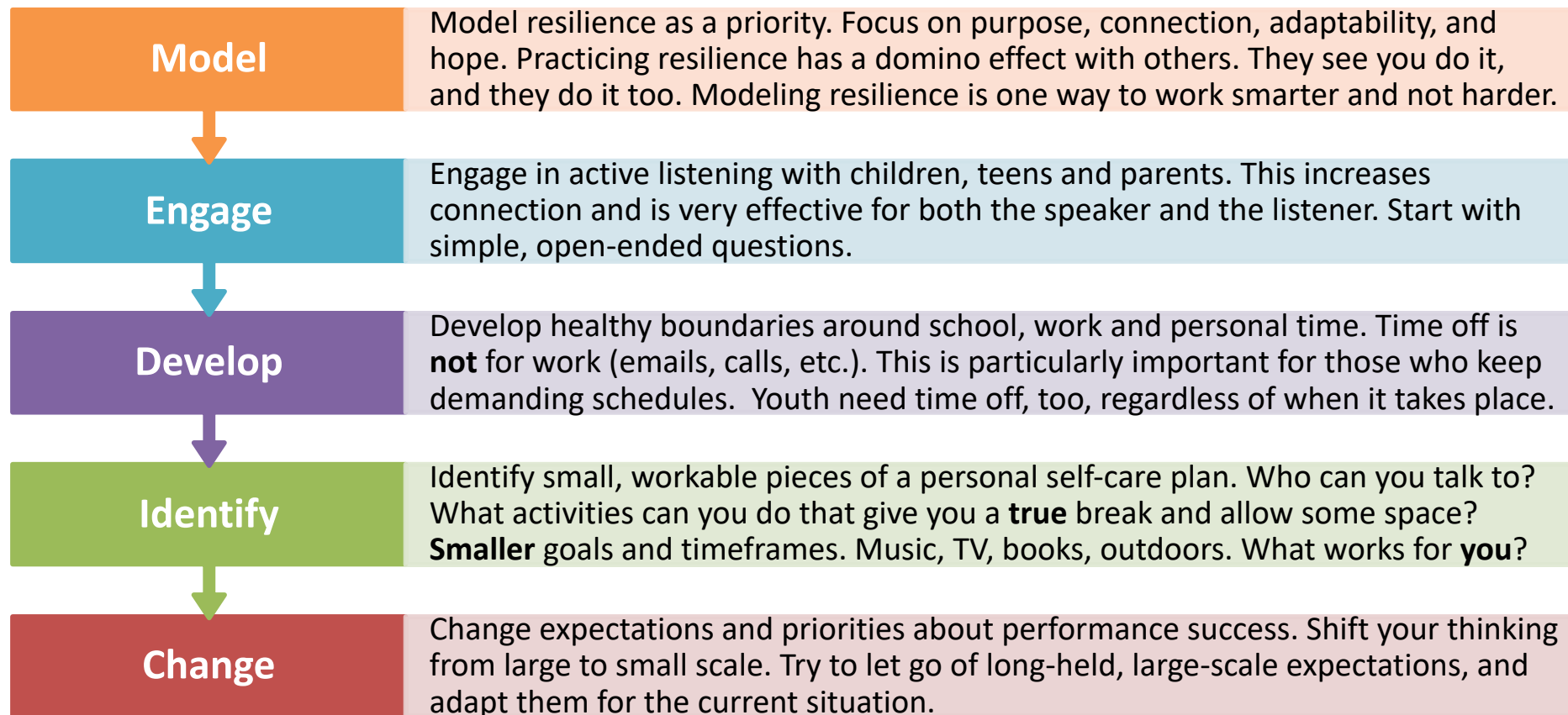
**Typical long-term response to disasters is resilience**, rather than disorder. Resilience is something that **can be intentionally taught**, practiced, and developed for people across all groups.

**Resilience can be increased by:**

- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose**.
- Becoming **adaptive** and psychologically **flexible**.
- Learning **Self-Regulation** and **Co-Regulation Skills**
- Focusing on **hope**.

# What can we do that doesn't add more work?

## MEDIC model for disaster recovery



# What to say, what to do & where to go for help

## Connect:

Connect to yourself—your body is communicating 100% of the time. Know how you feel and show self-compassion. Rest. Sleep. Give yourself a break. Modeling self-compassion and self-regulation starts with you.

Reach out to the youth you love, ask how they are doing and then actively listen. Avoid advice unless they ask. Or ask, “Is there anything I can do to help?” Mainly, show up, care, and say, “I am here if you need me.”

Reach out to parents, child care-givers and educators in your life and circles. Provide emotional support. Listen, care, bridge and link to resources.

## Learn:

Attend a QPR (Question, Persuade, Respond) 1-hour online class in suicide prevention.

Attend an 8-hour Youth Mental Health First Aid course.

Attend or watch a Trusted Adult Workshop hosted by the M.A.D. H.O.P.E. program to learn what youth need for you to be a “Trusted Adult.”

Learn self-regulation/co-regulation skills in a Power of Ease course or something similar.

Participate in a M.A.D. H.O.P.E. Youth Suicide and Well-Being class.

Find us at [www.madhope.org](http://www.madhope.org)

# What to say, what to do & where to go for help

## Learn:

Contact Northwest Youth Services to learn how to understand youth who experience life and identify as a member of the LGBTQ2IA+ Community.

Get to know the available resources in our community, region and nation to support the mental health of our young people

## Act:

Practice and model self-regulation/co-regulation daily.

Talk about mental well-being with others. Treat mental health as we do physical health. Let's stop the stigma.

Be a "Trusted Adult" for the youth in your life.

Bridge and Link: Tell others about available learning opportunities and resources. Be an informal youth mental health ambassador!

Volunteer with and Donate to local organizations providing youth mental health service.