

BEHIND *THE* ASTERISK

Perspectives on Young Adult Mental Health
from “Small and Hard-to-Reach” Communities



CLASP

Policy solutions that work for low-income people

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EXECUTIVE SUMMARY

Over the past three years, the Center for Law and Social Policy (CLASP) has consulted with marginalized youth and young adults living in poverty to explore their unique perspectives on mental health and center their voices in policy recommendations that better meet their mental health needs.

Our 2017 report, “Everybody Got Their Go Throughs,” based its findings on conversations with rural and urban African-American youth. This report expands and amplifies that work and describes findings from a new series of focus groups with “small and hard-to-reach” communities. Often these populations are represented with an asterisk because their numbers are too small in nationally representative samples to be reliable or they are likely to be undercounted using conventional methods—and thus are omitted from national policy discourse. Insights from these communities offer a valuable perspective on addressing mental health supports for a diverse range of youth experiencing poverty.

This report includes five main sections:

1. **Go throughs, too:** Threats to mental health and perspectives on effective and ineffective supports that align with findings from our earlier work.
2. **Unique perspectives:** Additional threats to mental health and valued supports uniquely identified by small and hard-to-reach communities.
3. **The role of health insurance:** Young adults’ understanding of health insurance and its interaction with mental health care.
4. **The meaning of mental health:** Young people’s understanding of mental health and the implications of that meaning.
5. **Policy implications and recommendations:** Opportunities to achieve positive, inclusive, and equitable change.

Focus Group Overview

In 2018, we spoke to 26 low-income youth and young adults, ages 16-25, across five focus groups. One focus group was conducted in a predominantly white rural community; two included Asian American, Native Hawaiian, and Pacific Islander (AANHPI) participants; one included Native young people living in an urban area; and one was a racially diverse group of youth experiencing homelessness with four Latino participants, four white participants, and one African-American

participant. Young people who self-identified as LGBTQ+ were part of two of the five focus groups. Focus group participants included 8 young women and 18 young men. Participants were recruited in partnership with a youth homeless services organization, workforce development program, youth-serving community health center programs, and youth-led advocacy organization.

Key Findings

- Youth in small and hard-to-reach communities experienced similar mental health threats to those of urban and rural African American youth. These include trauma in the form of financial strain, exposure to violence, and racism and discrimination. They also shared a negative view of medication, one-on-one therapy, and schools as sources of support, along with a preference for peer support and support from adults with shared experience.
- Youth identified substance use and abuse as prevalent in their communities and recognized the role of substance use as a coping mechanism to deal with unresolved trauma. Levels of substance abuse in these communities posed an additional threat to mental health.
- Unique threats to mental health identified in small and hard-to-reach communities included isolation, the role of the military and law enforcement in their communities, and historical and cultural trauma tied to oppression.
- The value of cultural supports in arts, cultural ceremony, and youth culture was both unique and critical to the wellbeing of all focus group participants and their communities.
- Youth participants were also relatively well informed on health insurance coverage, cut-offs, quality, and access, particularly in relation to physical health needs. This finding debunks the common belief that young adults don't need health insurance or are unaware of recent policy changes.
- Young people in these focus groups defined mental health as a shared vision of wellness focused on building key social, behavioral, and emotional assets and experiencing safety. Young people in these communities also explicitly described mental health in clinical terms, focusing on diagnoses of severe mental illness and societal perceptions of psychopathology.

Policy Recommendations for Systems Reform and Mental Health Equity

We conclude with a set of policy recommendations drawing on lessons learned from youth and young adults in small and hard to reach communities:

- Focus on addressing Social Determinants of Health to achieve high impact.
- Reimagine wellness initiatives to align with a focus on strengths, assets, and safety; increase access to wellness supports through Medicaid.
- Take steps to improve access to high-quality, culturally responsive clinical mental health services.
- Confront historical and cultural trauma with cultural healing.
- Expand Medicaid expansion to provide life-altering coverage for low-income young adults.
- Pair school-based mental health services with investment and comprehensive school climate reform.
- Scale suicide prevention efforts that are informed by context.
- Integrate a comprehensive approach to substance abuse with mental health.
- Prioritize peer support and support from adults with shared experience for youth and young adults.
- Adopt youth-friendly policies in existing programs.

Conclusion

Behind the Asterisk* highlights unique and shared perspectives on mental health from small and hard-to-reach groups of young adults to inform policymakers, practitioners, and advocates. By drawing on lessons from these communities, we can achieve more effective and more equitable policymaking on behalf of young adults and their mental health.



INTRODUCTION

“We’re not really known..”

****AANHPI young adult***

Learning about small and hard-to-reach populations presents a challenge for researchers and policymakers. Sometimes called “asterisk groups” because their data is replaced with an *, these groups’ numbers are often too small in nationally representative samples to be considered reliable or, in the case of hard-to-reach communities, they belong to groups that are likely to be undercounted by conventional sampling methods.¹ Behind the asterisk are hundreds of thousands of young adults with unique perspectives on mental health. This report shares findings from focus groups with Native, rural, Asian American Native Hawaiian Pacific Islander (AANHPI), and LGBTQ+ youth, as well as young adults experiencing homelessness, to inform policy and systems change conversations focused on young adult mental health.

Centering the voices of youth and young adults in identifying challenges and barriers as well as generating solutions is critical to developing effective policy recommendations for systems and issues that shape their lives. In 2017, CLASP published findings from focus groups with rural and urban African-American youth to begin to explore the perspectives of youth and young adults on mental health. This new report includes the findings from a series of focus groups with small and hard-to-reach groups that highlights unique and shared perspectives on mental health to inform policymakers, practitioners, and advocates.

Youth and young adults who are members of groups considered small and hard to reach experience many of the same threats to their mental health as urban and rural African-American youth. These include financial strain, exposure to violence, and racism and discrimination. Many of these communities also shared experiences with devastating

levels of substance use and abuse. They also conveyed similar views on psychiatric medications, traditional therapy, and schools. Youth and young adults in these communities identified additional unique threats to their mental health, including a deep sense of isolation, suicide, and historical trauma and oppression. Young people in these communities described complicated relationships with powerful institutions in their community, including the military and law enforcement. They also highlighted a critical role for cultural supports in healing and in some cases demonstrated deep knowledge of health insurance and its limitations.

Policymakers can learn powerful lessons from the experiences of small and hard-to-reach communities; our policies can't achieve equitable impact if we don't consider the implications of our policy choices for these populations. We identify lessons for policymaking broadly in the unique stories of these communities and their interactions with programs, systems, and policies. We conclude by highlighting some of these lessons and providing examples of young adult mental health policy recommendations that consider the experiences of small and hard-to-reach communities and draw on these lessons.



GO THROUGHS, TOO

***“People relate to what
you go through.”***

****AANHPI young adult***

Young adults living in poverty face high exposure to “go throughs”: lived experiences of structural disadvantage and trauma with lasting implications for educational, economic, and other life outcomes.² We found that young adults from small and hard-to-reach communities experienced several go throughs in common with African-American young adults. Like African-American young adults, they highlighted financial strain, exposure to violence, and racism and discrimination as traumas posing major threats to their mental health. Substance use and abuse was also a common theme in small and hard-to-reach communities. Young people in these communities described problematic school environments and a negative view of medication and traditional one-on-one therapy as primary tools for addressing mental health challenges. Understanding these shared go throughs generates the potential to identify key opportunities for intervention and high-impact policy reforms that are meaningful for meeting the mental health needs of a broad spectrum of young adults living in poverty.

Shared Traumas

Financial strain

Young adults experience some of the highest poverty rates of any demographic group in the United States, on par with the rates experienced by young children. In 2017, nearly one in six young adults lived under the federal poverty level (FPL), and 8.8 percent lived in deep poverty, defined as income less than half the FPL.³ Young people

experiencing homelessness are disproportionately impacted by deep poverty. Poverty rates are particularly high for young adults of color, with 20.2 percent of AANHPI and 20.8 percent of Native young adults living in poverty.⁴ Young adults of color and young adults living in rural areas are much more likely to be opportunity youth—young people ages 16-24 who are not engaged in school or work.⁵

Young adults from small and hard-to-reach communities sharpen the focus of this portrait in data by describing the stress that they and their families experience because of limited financial resources. Specifically, they discussed the challenges associated with unemployment and barriers to work, as well as the high cost of living and cycles of debt generated as families try to get ahead.

Unemployment and Barriers to Work

You know, like, the first thing you said, when you said what is our oppression and how others can relate to us. I realize like my oppression is like our families, perhaps. I think, like how we couldn't speak English and if they couldn't speak English, they wouldn't be able to get a job right. And then how that can relate to us, is like if our parents couldn't get a job, then they would have no money to pay for us. So like, I think that could be one of the oppressions that everybody around the world could have in common?

***AANHPI young adult**

One thing is that I get to witness a community that's depressingly in decline, because we're from an area that's known for coal and nothing else but coal. And since the coal-mining industry is dying out, um, I get to be a part of a group that is trying to improve the living standards, while we're losing our one source of income.

***Rural young adult**

Nationally, the unemployment rate is the lowest since before the recession of 2008, hovering around 4 percent.⁶ The youth unemployment rate, however, is more than twice as high, at 9.2 percent.⁷ Focus group participants, particularly AANHPI and rural participants, highlighted the challenges that immigrants experience when seeking work, and the lack of economic opportunity in rural areas.

High cost of living

Pretty much like what I was saying: everybody lives with family, because it's too expensive to live here.

***AANHPI young adult**

Now I don't have the money to pay for it, so I can't go into college or even attempt to get a bank to give me money to go into a lifetime of debt just to go to college. So I won't be in a lifetime of debt. So it is just a cycle of debt.

***Rural young adult**

In addition to the financial strain generated by unemployment, focus group participants also discussed the stress associated with high cost of living and cycles of debt. These challenges speak to larger trends; in no state, metropolitan area, or county can a worker earning the federal minimum wage or prevailing state minimum wage afford a two-bedroom rental home at fair market rent by working a standard 40-hour week.^{8,9}

AANHPI focus group participants described large families doubling up in small apartments and experiencing bouts of homelessness as these arrangements fell apart. Lack of financial resources and lack of access to financial support to pursue educational goals was also a key theme that caused young adults to feel trapped in poverty.

Exposure to violence

... murder rate go up—murder rate go down—like I said. But there's always killing.

***Urban Native young adult**

Community violence happens when complex environmental factors like poverty, structural racism, systemic disinvestment in economic opportunity, and easy access to alcohol, drugs and weapons coincide.¹⁰ Young people from small and hard-to-reach communities are often exposed to violence at high levels; AANHPI, urban Native, and young people experiencing homelessness all described experiences of community violence. Violence in these communities, however, rarely enters the public discourse. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.¹¹

At risk in the streets

I was stabbed six times with a screwdriver, and the second time I was stabbed six times in the night. So that makes me who I am now. I never trust anybody to be behind me. I always watch my back.

***Young adult experiencing homelessness**

Focus group participants experiencing homelessness spoke extensively about experiences of violence and risk for exposure to violence. Participants described risk of violence while out on the street and in shelters, with young women particularly noting risk for sexual violence. Young adults experiencing homelessness are at particularly high risk for exposure to violence, with more than half of such youth reporting that they felt unsafe while homeless.¹² AANHPI focus group participants also described experiences of community violence including stabbings and violent robberies in their communities.

Fatal gun violence

A lot of killings[...] It get hot out, they just start shooting people, just killing people. Especially in the city.

***Urban Native young adult**

In many ways, the experiences of urban Native focus group participants closely mirror the experiences of African-American youth. Focus group participants described the pervasiveness of gun violence in their community. One participant described in detail the murder of a close friend during her 11th grade year and the substantial impact this experience had on her mental health and relationships. Native young adults experience violence in their communities at astronomically high rates. Over 84 percent of American Indian/Alaska Native young women

report experiencing some form of violence, and in some communities, are murdered at a rate 10 times the national average. Young people in these communities identify the number of missing and murdered indigenous women in their communities as a substantial threat to their mental health.¹³

Racism and discrimination

But you just got to keep understanding that.. being brown is different. Being white is really different. Having the privilege and having the access and not having the privilege and the access.

***AANHPI young adult**

Racism and discrimination were another form of trauma described across focus groups. Young people talked about overt instances of explicit racism within their communities, as well as instances of microaggressions and social rejection.¹⁴ Biracial/multiracial focus group participants described the unique complications generated by their complex identities, and LGBTQ+ participants also discussed instances of discrimination and homophobia.

Racial discrimination

I'm Micronesian so like, I know it's no, we're not really known up in the mainland, but we're kind of known here. We're known for like, well, like the newcomers like, fresh off the boat. FOB, stupid, brown, dangerous, and so on. And when like, I tell people I'm Micronesian, they're kind of scared. Because I don't look Micronesian, at least that's what they say. And when I do tell them what I am, they hesitate around me... So I'm kind of like lonely in school. All my classes cause like I'm the only Micronesian

in my class. Mostly all Filipinos, Asians and other races. They kind of like cast me off.

***AANHPI young adult**

Race is a social construction;¹⁵ that fact is most clearly illuminated in places where it is constructed differently. In our AANHPI focus groups, ostensibly we were talking to a group of young people who are all of the same “race.” Yet these young adults described intense experiences of discrimination based on being Pacific Islanders, and Micronesians specifically. In that community context, many of the stereotypes typically attributed to African-Americans in the United States—dangerous, violent, thugs, lazy, welfare queens¹⁶—were attributed to Micronesians who are the most recent immigrant group to arrive in the area where we held our focus group. The consequences of these attributions on the identity development, self-esteem, and wellbeing of these young people were devastating, highlighting the toxic nature of racism and anti-blackness as a system of power¹⁷ and the ways they can be flexibly applied to perpetuate white supremacy in any context.

At my school, I was friends with this guy, Sammie, and he had to leave school because he would get in constant fights because people would be racist towards him. He wouldn't put up with that. He would get in a fight. And he would just get in trouble. And like, the people committing that actions aren't getting in trouble, but he's getting in trouble for standing up for himself. And a lot of people from [town name] specifically, because they have a large like population that's people of color. They, a lot of kids there, haven't been going to school because of it, because they just can't handle it, and even if they do something about it, they would get reprimanded for their actions.

***Rural young adult**

Interestingly, rural white young people also clearly identified instances of overt racism as a major challenge in their communities. Rural white focus group participants discussed the growth of hate crimes in their communities since the 2016 election, describing everything from “awful stares” when one participant was out with her African-American stepfather, to vandalism and hate crimes against Black churches, to school-based racism reinforced by the discriminatory response of the school’s administration. Political polling demonstrates that young adults of color are likely to identify racism as the first or second most important problem in the United States;¹⁸ our focus group findings suggest that for some subset of white young adults in disadvantaged communities, racism is viewed as a real threat to the entire community.

Multiracial/multicultural identity

When people try to talk to me in Filipino or in Japanese and I don't know what they're saying – I don't know – um... being mistaken for being a thug... whenever I would say I'm like all these type of, Filipino, Japanese, Korean, they're like oh, so you're related to like Kim Jong-Un, and stuff like that. And like oh, where are you from? And I'm from [neighborhood]. And they're like oh, that kid's from [neighborhood], we should stay away from him. That kind of sucks. [I feel] Lonely. Ashamed, a little... Ashamed of how I am... I'm a mixed plate.

***AANHPI young adult**

Our focus groups with small and hard-to-reach communities also illuminated the unique experiences of multiracial and multicultural youth and young adults with discrimination and racism within family and community. Multiracial youth and racially mixed families often experience unique types of discrimination and microaggressions. One

example is exclusion or isolation of multiracial people due to their mixed status.¹⁹

This participant experienced discrimination at school because of specific parts of his racial and ethnic identity and from community members who assumed that he would speak the languages of each his identities, compounded by assumptions and stereotypes linked to his low-income neighborhood. Intersectionality is the understanding that identity is complex and multidimensional, with different aspects of identity more salient depending on context.²⁰ For multiracial young adults, navigating this complexity can be a fraught experience when each component identity is devalued.

My grandmother is all white and I feel like she racist. She on my father's side too. My father half and half, Native American, white. My grandfather's all Native American. And I feel like he just kept it real from the start. My grandmother, she all white and I feel like she racist. I just feel like that.

***Urban Native young adult**

Racism and discrimination are particularly damaging when experienced at the hands of your own family members—a common experience for multiracial youth.²¹ Urban Native focus group participants—all of whom identified as multiracial—described difficult family dynamics driven in part by the racial identities of different family members.

LGBTQ+ discrimination

One thing that people in areas like this struggle with a lot, are just, there is a lot of queer people that are like, their struggle is and then as a person are just thrown to the side, because they want to ignore the fact that those people exist. So like even if

like a person, who is queer, is like struggling with like a drug addiction, even if he, like I mentioned, they would never get mentioned, because their struggle doesn't matter because of they don't identify with the gender they were born as. Or they were, they don't identify with the gender they were identified with at birth. Or they don't, they aren't straight. Just for who they sleep with or who they are, they even get ignored, while someone who is this perfect picture of a former addict that gets saved or put to the front. And act like, while religion can be a great tool to help certain people with addiction, they put that person to the front and say that it is the only tool and that it can work for everybody. And the people it doesn't work for, well they just weren't trying hard enough.

***Rural young adult**

Our conversations with young adults from small and hard to reach communities contribute to a more comprehensive understanding of a common set of traumas: financial strain, exposure to violence, and racism and discrimination, that are common threats to the mental health and well-being of low-income young adults.

LGBTQ+ focus group participants also described their experiences of discrimination based on their gender identity and/or sexual orientation. A homeless focus group participant identified coming out as a lesbian to her family as the precipitating event that led her to homelessness. LGBTQ+ youth have a 120 percent higher risk of experiencing homelessness than youth who identify as heterosexual or cisgender.²² In our rural focus group, an LGBTQ+ participant described the isolation experienced by LGBTQ+ young people in rural communities, particularly in a context where many social supports and community services are operated through religious institutions. LGBTQ+ students who experience severe victimization or discrimination in school based on their sexual orientation or gender expression are more likely to experience lower self-esteem and higher levels of depression.²³ Rural focus group participants drew the connections not only between anti-LGBTQ+ discrimination and these outcomes, but also substance abuse and suicide.



SUBSTANCE ABUSE

“The loss of my dad. That kind of taught me and showed me what not to do. Because I lost my dad to a drug overdose.”

****Rural young adult***

Across all our focus groups, participants identified substance use and abuse as prevalent in their communities. Participants discussed a range of substances, with some variability depending on the part of the country: alcohol, tobacco, marijuana, K2, methamphetamines, and opioids. On one hand, many participants described substance use as a coping strategy—self-medication to cope with painful past experiences. On the other hand, participants also discussed devastating consequences of substance use and abuse for individuals, families, and communities.

Substance use as a coping strategy

So like before [...] my way of healing was taking substances... Ganja-weed, um cigarettes, vaping. I just liked where it took me and I liked the feeling of not worrying, focusing on whatever's happening right in front of me. Or whatever's in front of you, block it.

****AANHPI young adult***

Sadly, drug use. Like not totally sadly, like I am not willing to be totally against someone doing drugs, recreationally. Sadly, some do abuse drugs to try to cope. But some people do do drugs in a more healthy manner. And there is a lot of people who are just coping that way because that's just the easiest outlets to try and cope. Especially if you, like barely have time off to yourself to think about things.

*** Rural young adult**

For African American focus group participants in our prior work, substance use was a common experience, with substance abuse rarer.²⁴ This finding aligns with participants in every focus group from small and hard-to-reach communities describing recreational drug use. In these focus groups however, participants made a clear link between substance use and coping with difficult past experiences and trauma. Young people were keenly self-aware that they were using substances to dull or numb painful experiences, a strategy that places young people at higher risk for addiction and accidental overdose. The term self-medicating is used when substances are abused to mask a mental health issue.²⁵ Our conversations with young adults in small and hard-to-reach communities suggest self-medicating through illicit drugs may be a common experience in these communities, particularly relying on highly addictive, potentially deadly drugs.

Individual, family, and community consequences

Struggling with drugs and I did ice. I did a lot of drugs, and it's a—I never felt like a normal human being, until I came here. I mean, so now, it's been seven months I've been sober. Struggling to figure out, like where is my path, where I'm going, everything else.

***AANHPI young adult**

Their personality, because I guess being an alcoholic, it affects something in the brain, and they have sort of like a temper problem, where they'll just rage out or have these random—I don't want to say episodes, but they'll just be angry for a certain amount of time out of nowhere.

***AANHPI young adult**

Participants in these focus groups were acutely aware of the individual and family consequences of substance abuse. These consequences ranged from derailing young people's educational trajectory, to extensive contact with the criminal justice system, to overdose and death. These individual and family consequences, in turn, can lead to a ripple effect across the entire community.

Let's go back to when you was saying, when they be doing stuff for people. They don't want nobody to do drugs, but they giving out meth. That's a drug. They giving out strips and butes and all this stuff to get off drugs, which is a drug. They're trying to take you off this drug and give you this, prescribed drug... So what they're going to do instead of prescribe drugs they can get what they want. Once you do something you going to look for that again. That's just like, you know what I'm sayin', you never smoked weed, you smoke a blunt. You going to be high as ever. You know what I'm sayin'? You might not like it, but then you might be oh, I'm trying to get that feeling again so now you going to smoke two of what you just smoked, because that's what's going to get you back to that high. People just be trying to keep up with that one high, so now they just too high. People killing theyselves. They can do a whole line of that stuff, gone.

***Urban Native young adult**

Among policymakers, attention on substance abuse is currently focused on opioid abuse, and in certain communities, opioids are a significant and growing problem. These focus groups highlight that directing resources and attention to a single drug will not comprehensively address the substance abuse challenges experienced by low-income communities. Until policymakers effectively address the underlying sources of trauma and mental health challenges, young adults will continue to use substances as a coping strategy with demoralizing consequences for low-income communities.

Ineffective and effective supports

I really and thoroughly don't believe in it.

***Young adult experiencing homelessness**

Focus group participants identified ineffective mental health supports, largely based on negative experiences. Much like African-American young adults, focus group participants roundly rejected psychiatric medications and traditional one-on-one therapy. Participants also identified schools as problematic settings. While schools should be a source of mental health support, they function as stressors because of toxic culture.

Medication and therapy

Many times, and they've given me the wrong prescriptions that have made me... They were supposed to make me less suicidal, but they made me more. And they're like, 'Oh, you've been on this medication for three years. Oh, yeah, by the way, you're not really this you're this' And I've been diagnosed with so many different things, so many different times, that I don't even care anymore.

***Young adult experiencing homelessness**

Well see, when I was in therapy, my therapist told me he couldn't see me anymore. I asked him why, and he's like, 'because I'm in the hospital.' And I'm like, 'What do you mean?' And he's like, 'I'm in the mental hospital.' And I'm like, 'Well, shit. I drove you there?... Apparently, I drive my therapists crazy.

***Young adult experiencing homelessness**

Focus group participants from different racial and ethnic backgrounds experiencing homelessness cited overdiagnosis and overmedication as significant problems. Participants were prescribed medications that were not appropriate to their diagnosis or had side effects that they perceived as far worse than the underlying mental health challenge. They also discussed therapeutic relationships where they felt the therapist either could not handle the challenges and traumas the young person had experienced or was too interested in talking about him or herself. To quote one participant, "therapists need a therapist." Negative experiences with formal psychiatric services seem to be the norm for young adults living in poverty who have engaged in such services, and disdain for these services as a primary response to mental health challenges is a common theme across communities and demographics.

Unsafe school culture

Um, the teachers, their attitude is like they just have to teach because they need a job. Or they like always complain about like, McDonalds making the same amount of money as them and stuff. And like the counselors, well, there's this one counselor, that he like—he has a lot of attitude and stuff. Yeah. His attitude is like, if you did this, dah, dah, dah, dah, dah, and stuff. But like there's teachers in like our school that did listen, but it's like really rare to find them in the school.

***AANHPI participant**

At my school there were a bunch of intelligent kids, like me, who would get like straight Ds and straight Fs, because they felt like nobody really cared for them and nobody at the school really did care for them, because the only people in the school that would make really good grades were the types of people who were like, really popular or like their parent was a teacher and then they would have like, this special privilege around the school and a lot people hated them, because of the fact that they got so much from teachers noticing them.

***Rural young adult**

In all our focus groups, we heard about toxic and challenging school cultures. The biggest problem identified by focus group participants was teachers who don't care. Caring, supportive teachers were perceived as the exception, rather than the rule, and focus group participants indicated that their mental health and academic performance suffered as a result. Relationship patterns that include social support and respect for diversity are a key component of an effective school climate.²⁶ These are the exact relationship patterns that young adults from small and hard-to-reach communities indicated were sorely lacking in their schools.

Favortism

I feel like the only reason my school had a more sterner response to the suicide that happened was that because they were, like a prominent football player. Like I felt like if it happened to your average run of the mill kid they would do the same thing that they mentioned doing. But for mine they did this big push for mental health care services and everything which, yeah is a good thing, but it still annoys me to know that if it wasn't someone who was a prominent football player, it probably woulda never happened.

***Rural young adult**

Another relational component of school culture identified by focus group participants was perceived favoritism towards certain groups of students. Focus group participants indicated that status and wealth were tied to access to resources, whether mental health services or college scholarship information. This favoritism perpetuated cycles of inequality for students from low-income households and contributed to cultures of competition. Even when the result of this favoritism was positive on the surface, underlying resentment about who is and who is not valued in school cultures limited schools' potential as sites of mental health support.

Despite increased emphasis on school-based mental health services in recent years, the experiences of our focus group participants in school systems around the nation raise a cautionary flag about school-based services as a panacea for youth mental health. Simply locating mental health services in a school will not effectively meet the needs of youth and young adults in low-income communities without significant improvements to school culture and climate, including fair resource allocation.

Preferred supports

I was like raised up, as like whatever before like, whatever problems you had, just speak it to your family. Because like what you say to them—like, for example, whatever you say to like the doctors, they're going to call like, CPS or whatever. It's really bad here. They call CPS whenever.

***AANHPI young adult**

Like African-American participants in our prior focus groups, participants in small and hard-to-reach communities reported that they often “get through” their go throughs without formal behavioral health supports. Many focus group participants identified family members as a key source of support, in some cases out of fear and distrust of existing public systems. African-American and Native children are dramatically overrepresented in the child welfare population, while AANHPI children are underrepresented—possibly because of cultural norms alluded to here that decrease the likelihood of a report.²⁷ Many communities of color experience deep distrust of the health system and systems broadly because of historic failures and abuses by these systems. This distrust extends to members of small and hard-to-reach communities who perceived going outside of the family with a mental health issue or challenge as a major risk.

For me it would be a program called Job Corps. And it helped me a lot as a person to like realize that there's a lot more to life than drinking what-not, partying, and being a completely dumb idiot. And there were a lot of great people there too, people that actually care about your future and wanted to help you out because a lot of them been down that road before.

***AANHPI young adult**

... over here, it's more like, we all grow together and we all learn off each other. And there's no one left behind. And it's very different...

***AANHPI young adult**

Also in line with prior focus group findings, participants from small and hard-to-reach communities emphasized the importance of supportive adults with shared backgrounds and experiences—and support from peers—as part of an effort to learn and grow together. Focus group participants across groups indicated that their best sources of support were in community-based programs where mental health support was not the stated goal. Participants praised programs ranging from a day-time drop-in center, to a youth workforce development program, to a youth-run bike shop. These programs provided tangible support to address immediate needs (transportation, food, housing, education, employment), included staff who could relate because of shared background and experiences, and culturally relevant support in a peer group.

The findings from focus groups with young people from small and hard-to-reach communities reinforce many common themes that are valid across a range of contexts. Policies that aim to improve mental health outcomes for youth and young adults living in poverty must consider the role of trauma—including financial strain, community violence, and racism and discrimination. Substance use and abuse is another key theme that must be integrated and understood in relation to mental health. Young people also need the support from community-based interventions that draw on the lived experience and expertise of adults and peers. These common themes must be central to any high-impact plan to improve mental health policy for youth and young adults.



UNIQUE PERSPECTIVES

“So like, you know you’ve been suffering challenges, but you don’t know they’re challenges until you like start talking about them in a different manner. Because like, for us, it is stuff that we live through day-to-day and don’t think of them as challenges, we just think of them as the norm.”

**Rural young adult*

Our conversations with young adults from small and hard-to-reach communities identified unique themes and challenges in their communities as well. Four additional threats to mental health surfaced from these conversations: isolation, suicide, the role of the military and law enforcement, and historical and cultural trauma.

Participants also prominently highlighted the unique role of cultural supports in effectively meeting their mental health needs—including the importance of the arts, elements of youth culture, and healing cultural rituals. These unique perspectives push us to think about how policymaking can and must effectively consider the experiences of small and hard-to-reach communities.

Additional Threats

Isolation

Like, but as long as you mind your business you're good . So that' mostly what it is now. You know, when you're younger, you always wanna be in stuff, minding people's business. Know what I'm sayin'? Now, no , you can't mind everybody's business. It'll get you hurt. So it's like even if you know suntin' just mind your business. Stay to yourself. Go get your money, go home. Naw mean?

***Urban Native young adult**

Social isolation—defined by youth as “staying to yourself” whether by choice or through force—was identified as a shared coping mechanism for most focus group participants. Native youth and youth experiencing homelessness in urban areas both gravitated toward social isolation for two primary concerns: their own immediate safety and protection from their environment. In both marginalized groups, youth removed themselves from an already strained, low-income community facing its own isolation challenges. As one Native youth put it, “minding everybody’s business will get you hurt.”

To cope with their immediate surroundings, participants turned to isolation to fulfill their basic need for safety. Social isolation is not young peoples’ first choice for safety, but they develop it as a self-preservation strategy if they have been failed by multiple systems. Betrayed and ignored by community and institutions, youth experiencing homelessness and urban Native youth expressed feelings of anger and distrust.

Social isolation as a coping mechanism reflects the community isolation that exacerbates missed economic opportunities, compounding the racial wealth gap for future generations.²⁸ Social isolation also is not conducive to positive mental health outcomes.²⁹

Symptoms of social isolation can lead to negative emotions like distrust and sadness, making it difficult to cultivate and form positive relationships for social and emotional support.³⁰ Human beings are inherently social creatures, we yearn for social connections to build new relationships and increase feelings of belonging, purpose, and improved self-worth.³¹ More importantly, social connectedness decreases a person’s risk of suicide because relationships can play a crucial role in protecting a person against suicidal thoughts and behaviors.³² Social isolation produces “safety” at the cost of seclusion that causes more harm than good.

Social isolation, however, is not always a personal choice. For rural youth, any resistance to the community’s beliefs, values, or ideology was enough to risk social isolation.

I guess an example might be myself, because like I wasn't religious and I tried to go on like this campaign sort of thing, like to talk to people who are struggling and who are going through things, even though they aren't religious and saying hey there are other options besides religion to help and I got put on the student council in my school and I got essentially shunned.

***Rural young adult**

Many of the threats that young people face stem from the vicious

cycle of poverty and social isolation in low-income neighborhoods and communities of color across the nation.³³ This cycle dates to the early years of this nation's history starting with the displacement and genocide against Native communities, slavery, and the beginning of racial segregation policies that legally segregated the way individuals received access to facilities, services, housing, medical care, education, employment, and transportation.³⁴ Today, these approaches exist under the guise of decisions such as economic policies and gerrymandering.³⁵ If these policies continue to isolate low-income communities and communities of color and deprive them of economic opportunity, safety, and the ability to meet their basic needs, the social cost will be years of missed economic opportunity, wealth, and educational attainment—all of which are vital support systems for lifting people out of poverty.

Suicide

I would say suicide is a big issue. Because we had[...] Three in our senior class to commit suicide.

***Rural young adult**

Perhaps linked to the experiences of isolation common in small and hard-to-reach communities, suicide was raised as a prominent issue in nearly every focus group in these communities. Participants spoke about the prevalence of suicide in their communities, the underlying causes of suicide, and the consequences for individuals and communities.

Prevalence

I've watched a lot of people commit suicide. And so a lot of times I get scared to get close to people because when they share

that stuff, like if they're in one of those moods where they just don't feel like going through the day, like it brings back all those memories because I have a fiancé who committed suicide, and I was the one that found her body.

***Young adult experiencing homelessness**

Because I've known at least 2 people to commit suicide and the school never even mentioned it, because they were just average, run-of-the-mill kids.

***Rural young adult**

Multiple focus group participants had personal, intimate connections to one or more young people who had committed suicide. These connections were present across race, ethnicity, and geography, and occurred in rural and urban settings. Suicide is a leading cause of death in the United States, and suicide rates increased in nearly every state from 1999-2016.³⁶ Among youth and young adults ages 15-24, suicide is the second-leading cause of death behind unintentional injury.³⁷ American Indian/Alaska Native (AIAN) communities and white communities have the highest suicide rates; AIAN youth and young adults are at particularly high risk.³⁸

Suicide is also a leading cause of death among Native Hawaiians and Pacific Islanders, with a suicide rate of 36/100,000.³⁹ Young adults identified suicide as both a consequence of mental health challenges and a stressor placing the mental health of community members at risk.

Causes

Well, um I think in a lot of cultures, men are pictured in a way where they don't really share their feelings or emotions. And um, that—not sharing your emotions is kind of bad. Or like even just talking about how you feel. Um, because holding it in is like

pressure in a bottle. And then when— if there's enough pressure, you'll blow up. And I think um, holding it in can lead to other things like feeling down and depressed, or even thinking about suicide.

***AANHPI young adult**

My homegirl mother just died from an overdose. But she wanted to die... She said she wanted to die because like, I mean she had a hard life... And she like, her mother just felt like she was tired. She said she had got put out so she was about to had to sleep in a U-Haul truck. She had lost her job, her kids told her they hate her. So it's just like no support, no nothing. So she just felt like, and she was on drugs when we was younger, but I don't know if she got off of them or not. And then she just overdosed. To kill herself.

***Urban Native young adult**

Young adults described how cultural norms and gender expectations for communication about feelings amplify suicide risk. They also discussed the role of difficult life circumstances in generating acts of suicide. This latter point aligns with national data indicating that suicide is often linked to relationship problems, substance use, or stress related to jobs, money, legal issues, or housing.⁴⁰ Young adults saw suicide as closely connected to social context, which in turn predicted individual and community consequences.

Consequences

And it makes me feel like I have to do something. And most of the time I can't do something, and it's just difficult getting close to people cause I'm always scared that I'm going to lose them.

***Young adult experiencing homelessness**

Because uh, the place I live, we didn't really have much mental health care access in schools. At least what we did, they didn't push for it or explain that it was there until an assembly when a student had committed suicide.

***Rural young adult**

Young adults who reported experiences with suicide in their network or community described feeling helpless in the face of loss. Supportive services were often too little, too late, with an influx of resources in the aftermath of a suicide. Suicide was thus both a consequence of unaddressed needs and mental health challenges in a community and a cause of additional trauma and mental health consequences for survivors and other members of the community. The experiences of focus group members suggest that suicide prevention efforts have not achieved scale in deeply impacted low-income communities and may not be sufficiently informed by the social context of small and hard-to-reach communities to be effective.

Powerful institutions: military and law enforcement

They always offer up military, and the Army. And they had a couple people come in and talk to us at our school about joining the Army... It was at least once every 2 months they would be in there.

***Rural young adult**

Young adults from small and hard-to-reach communities discussed the role of the military and law enforcement in their communities in very different ways than our earlier African-American focus group participants. Views of both institutions were mixed; while some participants described skills obtained through military service as a positive support, others raised concerns about the promotion of

the military to young people in their community as the only career option. Similarly, while some rural focus group participants identified law enforcement as a positive support that helped young adults feel safe, other youth in that context and elsewhere described law enforcement negatively, with instances of harassment predominating. The complicated relationship between low-income communities, the military, and law enforcement is important to consider, as both institutions had prominent roles in all communities where focus group participants lived.

Military as positive support

But I feel happy because we did more than other schools did. All the hard work we did was success to become better than them. And all of a sudden, almost like when we came to promotion day, I was all the way at the back. I didn't know. And the instructor like, Lieutenant [name] front and center. So I was walking straight. I don't know, I thought I was going to be in trouble. And then they told me they were going to promote me. So I feel so excited. 'Cause I became part of the color guard because I was the only freshman and all the color guard team they are seniors. So the first thing, they say I got promoted to, what you call, to first, um, first color guard team—primary color guard. And the second promotion they gave to me was like my rank. So I was the only freshman, and I had the highest rank in the freshman year. So I got second lieutenant... So that's the most exciting day of my life and that I feel healthy about that. So I continue to do my job helping us, not to do what the other officers they did. And I felt really, really good.

***AANHPI young adult**

Some youth and young adults identified the military as a positive source of support—in the case described above, it was through a JROTC program offered at a high school. There is some evidence that these types of programs have a positive impact on student educational outcomes, including grades, attendance, and graduation rates.⁴¹ Several focus group participants experiencing homelessness who came from military families described the importance of skills learned from military family members for survival in the streets, so they highly valued these family members' skills and expertise.

Military as a negative force

They've really pushed joining the military. You're not going to go to college? And I think that is an intentional thing, I think they are intentionally preying on people who don't feel like they want to go to college or don't feel like they could handle college. It's like, "Hey, um if you don't want to go to college or something, here you can go to another country and die for oil." Like they promote it as a noble cause where you can make a lot of money and not have to do, I wouldn't say not have to do much, but not have to go through college. And I think, um studies show, and I think from what I have seen here that they intentionally prey on people who are in poverty, and that leads to more people joining the military. And I think it is a very depressing thing. Because like, if you are going to go, I think you should go on your own accord, not just have it propagandized to you or shown as a way of you don't have to go to college if you join the military... Like, and it's not just like they do this when you are older. Like, they do this when you are a kid, largely engrained in the education system and go to school as much as possible to try and get people to join. And talk about how great it is and I rarely ever hear about the downsides of joining the military, which is interesting because you could die,

*but they don't talk about the downsides, they just talk about...
"Oh you'll be loved by your friends and your family and it's a way
to get a steady income."*

***Rural young adult**

Participants across focus groups identified very real concerns about the role of the military in their communities at multiple levels. For example, some praised the skills earned in the military and expressed pride in their participation in military-based programs, yet also described a culture of violence and abuse that undermined those positive attributes. Perhaps more insidious, rural focus group participants noted the problems of the presentation of the military from a very young age as the best and only option for better economic opportunity. Young adults felt that their communities were targeted because of high levels of poverty and believed that these pitches included tailored messaging focused on encouraging young women to join the military. A strong predictor of joining the military is family income, with those having lower family income being more likely to join the military than those with higher income. Thus, the military becomes a career option (if not the only career option) for those with few options.⁴² Young adults indicated that aspects of military culture as they experienced them, and the way in which military recruiting in their communities reflected lack of economic opportunities, were a threat to mental health.

Law enforcement as positive support

*I was going to say that I feel like we have good law enforcement,
like with the police officers.*

***Rural young adult**

Rural focus group participants were unique both within our focus

groups with small and hard-to-reach communities and when compared to African-American young adults in their perception of law enforcement as a positive force in their community. For instance, they described how police officers promoted safety in the wake of an incident where a student brought a weapon to school and indicated that the presence of officers at the school contributed to feelings of safety. Although this perspective was not widespread, it is important to acknowledge that for some young adults, law enforcement officers are viewed as key community helpers, particularly in response to community traumas.

Law enforcement as a negative force

I think where I'm at, it was an entirely different story with the police. The police didn't do anything, they had a legal obligation to do, they didn't try to go the extra mile either. Of course not, they weren't doing the things they wanted to do anyways. And the few people the cops did target were people of outside groups.

Like it was never a story of a popular kid being convicted of something, it was, "Oh, hey, this person that's making straight Ds or straight Fs, from a very poor family, is getting searched by the cops for doing something." Like I, myself, have gotten searched by the cops a lot. And, like, while some people have had good experiences with the cops, in my community, cops are super corrupt and like they don't arrest people for drugs, but the reason they don't arrest people for drugs is they want, they get some of the cut. Like there's, it's just common place to talk about the facts, like cops make a lot of money in the drug trade where I live, because nothing is ever going to get done about them. They don't do their job and the few people that could go after them, "Oh look, they are also cops."

***Rural young adult**

You can't really post on social media because the police follow that, too. So with that being said, you make a post on social media and tag people in it, the police watchin so now they know what time you coming, they're going to be there waitin'. It just be too much going on. It's not like they're not trying to find all these god danged murderers that's killing off these people kids.

***Urban Native young adult**

The experiences described here by rural and urban Native focus group participants much more closely align with the experiences of African-American youth. Participants from both groups describe targeting and harassment of young adults by the police, either because of aspects of social identity or because of efforts to participate in youth culture. LGBTQ+ youth are frequently targeted and harassed by police, with nearly half reporting in a large national study that they are not comfortable seeking help from the police as a result.⁴³ The Trump Administration has brought an increased focus on criminalizing youth culture through gang enhancements and other strategies that treat normal youth behaviors as criminal activities.⁴⁴ Participants from both communities expressed frustration at how law enforcement is more focused on harassing young people than addressing actual crime in the community.

Youth from small and hard-to-reach communities did not identify law enforcement as primary responders to mental health crises in the same way as prior focus group participants. However, because of unfavorable perceptions of law enforcement in these communities, particularly for the most marginalized community members, the use of law enforcement to address mental health needs could be problematic. The limited strength of law enforcement in some communities is likely outweighed by the threat that they pose to others.

“Is, like, everything alright with our people?”

***AANHPI young adult**

The legacy of oppression: historical and cultural trauma

Historical trauma refers to a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.⁴⁵ Cultural trauma is a related concept and occurs when members of a group feel they have been subjected to a horrendous event that leaves indelible marks on their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.⁴⁶ Both historical and cultural trauma are lasting legacies of oppression identified by young adults in small and hard-to-reach communities as substantial threats to their mental health.

Historical trauma

And immediately thought about like, how like the Japanese, and the Americans. Came over to Chuuk, Micronesia and had like a war, and how like a lot of Americans died. A lot of Japanese died. But they forgot about how much of our people died. All the bystanders. How like—my grandma told me this one story about like how her cousin was kicked out of—like her cousins and her people were kicked out of the island, so they could use the island for like military use...a base. So that kind of triggered me.

***AANHPI young adult**

I think my father, he had, he got them issues real bad. So he was coming to therapy here, I think...Your father Indian?...That explains it...Yeah. He Native American...

***Urban Native young adults**

Like my auntie. She had land, but I guess they what did she call it? They kinda like— It was back in the day. But, she said like— what's it called—the government before were like really harsh. Or like, you really didn't have a choice to give it up—to keep it or not. And she still wanted to keep the land even though how much the money the government gave her, but yeah.

***AANHPI Young Adult**

Historical trauma was a key theme for AANHPI and urban Native focus group participants who prominently described the ways in which historical events impacted the health of their communities today. Communities have suffered a lasting legacy of harm from intentional policy choices such as the destruction of islands in the South Pacific during World War II, the forceful confiscation of lands from indigenous people, and crimes against Native communities that included forced removal, broken treaties, and boarding schools. Scholars have identified several negative health outcomes associated with historical trauma, with psychological distress chief among them.⁴⁷ Although these events may seem far in the past to many, young adults readily articulated that their significance is palpable and present in the lives of the affected communities today.

Cultural trauma

And I was talking to her, we were talking, talking, and she was crying while we were talking because of different things I was telling her. Tryin' to make sure—is, is like everything alright with our people? Like, we have a lot of things going on. A lot of, yea, like he said, discrimination, segregation, you name it, sexist stuff. All these things and then it goes back to you. What are you doing? And she was telling me, she was tearing because, not all our people know. Not all of them know. Cause she went back to our homeland and she told me; she said this chant that all our people used to know, because it's native, like indigenous. And when she said the chant, like nobody even answered back. It's supposed to be a calling. So if none of the people back at home know their indigenous, I guess, believe in their own culture, believe in who they are and what they do. Like, think about what, the youth here.

***AANHPI young adult**

So I got really angry about it. And that's the first reason why I feel ashamed about that. Because we're not helping each other. There's thinking that they're just part of the States now. They're not Samoan [...] I feel like I don't trust my culture anymore.

***AANHPI young adult**

For young adults from small and hard-to-reach communities, cultural trauma was most acutely felt as cultural loss. They described home culture or culture of origin losing its valuable components—a chant that everyone knew, an orientation to helping others. The people in their respective communities in America suffered devastating consequences, forcing young adults to grapple with the meaning of culture in their lives and families, and how the culture is evolving.

The haunting question “is everything alright with our people?” succinctly captures the self-doubt generated in an oppressive context where one’s culture and identity are devalued by the dominant culture.

Yeah, when that happened at school, a lot of students who suffered mental illnesses got upset because they did this push of mental illness isn’t real ... And I went there and they started doing this whole spiel about how like mental illness isn’t real and it’s just because you don’t love Jesus and things like that. And it really upset me, and a lot of my friends, because we weren’t religious and the few that were, weren’t like that. And I think religion just has too big of a hand in the community that I grew up in.

***Rural young adult**

In rural communities, young adults experienced a different kind of cultural trauma. Religion and religious institutions functioned as a community backbone, the main source of community and social services ranging from meeting basic needs to substance abuse treatment. For young people whose religious views did not align with those organizations, or whose identities were marginalized by the religious community, these institutions created harm in the community. For instance, the idea that mental illness is a moral failing has a long history that continues to perpetuate cultural stigma around mental health.

Consequences

And when like, I’m at home, I ... see like my sisters like wearing traditional dresses or skirts. I’ll kind of like tease them – I would say like, you’re going to wear that outside? Why are you going to do that? They just go back to their room and change into some like modern clothes, I don’t know, and go to wherever they’re going. Sometimes I would like tease my own race. And I would think like it’s okay because like, oh, I’m Micronesian, I can tease you guys, because I’m, I just do it to like, just to like be like those people that fucking tease us. I would like, it just like feels kind of good but, when you think about it, it’s kind of a dick move.

***AANHPI Young Adult**

Well, like, it kind of runs in the family. Cause my family don’t really look Micronesian. And one day here, when things happen like oh, a Micronesian stabbed this guy. Something like that. We all like turn our heads and pretend we’re not our own race. We feel ashamed... Also, like when I’m out in public and when my aunt would like talk to me in Chuukese, I would like, reply back in English. And that’s like, something small, but it’s still like, a struggle cause I’m not really comfortable speaking my native language in public because I’m afraid of being discriminated.

***AANHPI young adult**

We’re going through the same battles, we are going through the same struggles, it’s just that we are the latest, the latest immigrants. We have to go through the phase. We have to be called brown, ugly, dangerous, no. It’s not, it’s—you have to understand the struggle, and move forwards to understanding.

***AANHPI young adult**

Anger. Shame. Self-hatred. Resentment. Heavy emotions for youth and young adults to carry as they navigate adolescence and young adulthood. Perhaps it is not surprising that psychological distress is a common response to historical and cultural trauma.

Central to the experience of cultural and historical trauma is their collectivity. These are experiences that sow devastation and despair across entire communities. Without tools to “understand the struggle, and move forward to understanding,” and a framework that acknowledges the real impacts of historical and cultural trauma, efforts to better address the mental health needs of young adults who have experienced historical and cultural trauma are likely to exacerbate harm.

The value of cultural supports

Cultural ceremony, youth culture, and cultural supports in the arts were key supports in small and hard-to-reach communities. Cultural supports were often a gateway to other support systems. The unique role of cultural supports emphasized by young adults validates the need for culturally tailored support systems that require investment outside of the traditional counseling and education models. The following quotes highlight how these cultural supports have aided disenfranchised youth in times of need and challenge.

Arts

The arts, including music and dance, were identified as a key support by homeless and urban Native youth. Several focus group participants described themselves as artists, and this description was central to their identity. Youth saw participating in the arts as a coping strategy, a way to release stress and negative experiences, and a way to grow and develop as a person.

Music and dance

And what keeps me, things that distract me from my feelings, you know? It's me playing my games and creating music. All that is just the only thing. The things that I'm doing is just making me stronger right now. It's stopped me from like breaking down and crying because of what's going on with my issue of being homeless.

***Young adult experiencing homelessness**

And I started listening to Michael Jackson. I started dancing like him. And then not even that, went to high school and started doing dance classes, and got better at dancing. Then I mean since I got better at dancing, like now I'm good at dancing...

***Young Adult Experiencing Homelessness**

Music was a common denominator among youth participants. It served many functions, from a favorite pastime to critical mental health outlet. Music provided youth experiencing homelessness with an opportunity to briefly forget their struggles and find strength, as one individual stated, “[music] **stopped me from like breaking down and crying because of what's going on with my issue of being homeless.**” The act of creating music and expressing oneself through lyrical form also proved to be a positive outlet for youth experiencing homelessness making them “stronger” and more “laid back” in the face of challenges. Similarly, dancing served as an outlet for participants, a way to build skills and identify a talent.

Traditional arts and culture

I came here every Thursday. We did culture class, we did dancin' and they also have activities here for the little kids like making dream catchers, everything like. Just you know, putting Native stuff so they can know their culture.

***Urban Native Young Adult**

Art through the expression of dance is central to Native American culture and identity; it is the main act at social gatherings like powwows, religious rituals, and other celebrations.⁴⁸ Urban Native youth described the value of attending weekly “culture classes” from early childhood to early adulthood as a way of learning about their culture through traditional dance. Similarly, AANHPI youth discussed the importance of programs that teach language and culture as central to developing a positive sense of self, identity, and maintaining good health.

Cultural ceremony

AANHPI and Urban Native youth identified cultural ceremonies as a best practice to relearn their people’s history or “social biographies” and reclaim their cultural identity. Young people from these communities described the value of coming together to learn traditional arts and culture and the healing practice of “circles.”

Circles and “talk story”

... while we were doing name, home, ancestor, usually we do this in our space with the kids. Part of it is to remember who we are, where we come from.

***AANHPI Young Adult**

“Circles” and “Talk Story”—cultural rituals described by AANHPI youth—offer an intimate and loving approach to address trauma and self-empowerment. These ceremonies were mainly dialogue conversations held in close and safe settings for participants to share their stories and their personal traumas with the aim of healing oneself. Being able to come to terms with one’s traumas was important for both the individual and the community. As one AANHPI youth put it, **“you can’t heal your community unless you heal yourself.”** During these “circle” conversations, participants would start the session by recalling their name, home, and ancestor. In fact, one focus group with AANHPI participants was conducted in a “circle” conversation. We were asked to practice this ceremony and were humbled to witness a healing practice that centered youth and their voices.

We also went to like the university to host a circle also with the public health students, and just to try to— like cause okay, for example, like you can't heal your community unless you heal yourself. And like not, like some people they don't even know their own social biography and they are like out there with their PhD's and stuff. So it's like they if you don't even know what you're doing with your own self, why are you helping out your community, like that's not healthy for them.

***AANHPI Young Adult**

One participant mentioned bringing the “circle” to her children “to remember who we are, where we come from.” This cultural ceremony was also used as a learning tool with peers in the broader community. AANHPI youth described using “circle” in churches, schools, and even in transportation (Uber). These ceremonies taught youth that these conversations do not need to be confined to a certain space and that they have the power to create those spaces and heal others now that

they have been healed in the process. This practice is scalable and can be replicated with any youth who want to share their stories and overcome their struggles.

Youth culture

In addition to arts and cultural ceremony, youth across focus groups described a reliance on elements of youth culture to meet their mental health needs. These practices included playing video games, riding bikes, and using social media. These youth-specific practices likely hold untapped potential to effectively meet the mental health needs of this population.

Gaming

My Xbox One. That the only thing that got me through my [issues]. You already know I be playing "Call of Duty." [Crosstalk] I got "Call of Duty III." I bought a new game called "The Assassin Creed Origin."

***Young adult experiencing homelessness**

One specific support mentioned by youth experiencing homelessness was playing video games as a coping strategy. Video games served as a distraction from the real world. Homeless youth also mentioned video games as the one **"thing that got me through my [issues]."**

Bikes

I just go ride a dirt bike. It's kind of like medicine for everything, most situations... Just be free, just doing what you want to do. Blow the steam off, let it pass. Eventually it's going to creep back up on you. You hit the streets again. Most people drink their pain

away and all that. I don't got time for that because I get sad as hell. Oh, I'm crying. I'm not trying to cry over nothing now. Naw 'm saying? I just got to get past it. So I just go have fun. Blow some steam off, go have fun.

***Urban Native young adult**

The sport of biking as a positive outlet, pastime, and bonding activity was heavily emphasized by both urban Native and AANHPI groups. Through this sport, youth found both a physical outlet and the perfect medium to build community, foster relationships, and nurture trust. Riding dirt bikes was a popular activity among urban Native youth because it was one of the few activities that brought all groups of people together in a divided and isolated community. Although law enforcement is actively trying to criminalize the use of dirt bikes, youth strongly advocated for an investment in a dirt bike park so they can have a safe place to ride. Every Sunday, especially in the summer when youth were not in school or not working, riding dirt bikes was the most popular leisure activity. One urban Native participant specifically turned to dirt bikes as his positive outlet after dealing with violence and substance abuse in his community.

He just told me like—or he told the whole class he works in a bike shop. And I was like what? He works in a bike shop? And then he also said that he was a massage therapist. I was like oh damn, he's a genius. Oh, and when, so I talked to him, I was like you told me you work in a bike shop? He was, yeah, you should come.

***AANHPI young adult**

For AANHPI youth riding bikes and working at the bike shop was their haven. It was through the bike shops that AANHPI participants were introduced to the cultural ceremonies and "circle." The bike shop also

provided a place for AANHPI youth to build bonds, learn bike mechanic skills, and perform a shared activity that gave them a physical outlet and relaxation.

and teach themselves cultural dances. Both groups used the internet to learn information that otherwise would not be passed down to them in their community due to isolation or lack of resources.

Social media

For me, it's access to the Internet and the freedom of information that happens because of that, which is why I would say I understand why I am so different than the people around me and like terms to define what exactly I am. And it's led me to have a bunch of great friends and people I can truly care about, that lives in many different places of the world and have different struggles locally to where they are, but also realize that on a national level we struggle with a lot of the same things.

***Rural young adult**

So I learned Fancy Shawl, YouTube watching footwork.

***Urban Native young adult**

More young people today are connected to the internet than ever before. With the rise in technological advancements, it is easier than ever to communicate with someone in a different part of the world. The use of social media as a platform to communicate and find online support was singled out by rural participants as effective cultural support. When their needs were not met by their community, they turned to the internet to learn about themselves as LGBTQ+ individuals. They also connected with peers who shared similar struggles as them, only to realize as one rural participant stated, "that on a national level we struggle with a lot of the same things." This awareness of national issues that affect marginalized youth was self-taught. Urban Native youth also turned to social media applications like YouTube to learn



THE ROLE OF HEALTH INSURANCE

**“... [He] signed to take the
good health
insurance away.”**

****Young adult experiencing homelessness***

The implementation of the Affordable Care Act (ACA) resulted in significant gains in health insurance coverage for young adults. The uninsured rate of 22 percent for young adults living in poverty, however, remains higher than the rest of the nation.

The majority of participants across all five focus groups were insured, and in contrast with our prior focus groups, most participants were quite knowledgeable about health insurance—including the impact of recent policy changes. In addition to highlighting the effect of policy changes under the current administration, young adults from small and hard-to-reach communities described such barriers as age cut-offs, poor quality care, and focused primarily on the role of health insurance in addressing physical health needs.

Policy

So I feel like Obamacare, like, people sick on the street don't got no money, don't got no insurance, and they sitting out here. Probably just going through it and it's taken away because of Trump, dying, yeah, dying. Like it's a lot. And like, it's a lot of insurance companies that's like low, like Medicare, something like that, that don't want to give you the best.

****Urban Native young adult***

I have health care from the government. Its, I have trouble differentiating which is Medicare and which is Medicaid, but I have whichever one is the one I fit into. And um, it like Trump's plans for like removing health care on certain issues, like LGBT issues. It is struggling for me because I'm having to pay for, start paying for hormones out of pocket, whenever I get them and it's just this large expense for me. It is like \$200. So access to certain kinds of healthcare, certain things that you need has become a lot harder. Especially since my senator is pushing a lot to take money from it, saying that we don't have the money even though he is the 11th richest senator. So it's just been very hard and I am losing health care because of it.

***Rural young adult**

Young adults noted recent changes in health care policy, and squarely placed the blame for these negative changes on the Trump Administration. They cited changes in benefits and coverage along with loss of coverage as substantial problems in their communities and recognized these were policy decisions that harmed their health. 2017 was the first year since 2011 where the share of Americans with health insurance did not improve.⁵⁰ Although efforts by the Trump Administration and many in Congress to completely dismantle the Affordable Care Act were ultimately unsuccessful, these sustained administrative efforts to weaken the program coupled with state policy actions are already being felt in small and hard-to-reach communities.

Being uninsured: cut off and locked out

Medicaid, I turned 21, it just copped out.

***Young adult experiencing homelessness**

It depends, like some of us received foster care Medicaid, but for the ones that were on CPS, and I think it's good until like you're 23.

***Young adult experiencing homelessness**

As noted by young people in prior focus groups, summarily losing coverage through Medicaid at 18 or 21 was a common experience, particularly for young men. Fourteen states, including one where we held a focus group, still have not chosen to expand Medicaid under the ACA. Although the ACA's provision that allows children to stay on their parents' health insurance until age 26 is one of the law's most popular provisions, policymakers in non-expansion states have failed to recognize that Medicaid expansion is the comparable support for young adults whose parents don't have or can't afford insurance through their jobs. Several expansion states, including one where we held a focus group, are seeking to tie Medicaid eligibility to work requirements, time limits, and other policies that place additional burden on recipients and force people off coverage.⁵¹ As debate rages about who deserves health insurance in the context of Medicaid expansion, it is critical to understand that many of the people in this category are low-income young adults from small and hard-to-reach communities.

Since 2014, former foster youth (who are disproportionately likely to experience homelessness) can automatically keep their insurance coverage through age 26. In many instances, youth who turned 18 before 2014 but are still eligible because they haven't turned 26 must reapply for Medicaid but do not necessarily know that they are eligible for this coverage.

So like, there was like a point in time where like, Micronesians didn't have health care. I was too young to even understand what's happening, but all I heard was like my family, they would just say oh, you can't go outside, you cannot get hurt cause we cannot pay for you.

***AANHPI Young Adult**

They say Micronesians take up all the benefits, not knowing that only 10 percent of Micronesians even have benefits. So when they look at you, and you, and possibly you, they say y'all always taking our food. Ya'll always taking our benefits. And then y'all lazy, y'all steal our stuff, y'all come here and y'all dumb and y'all brown. Not realizing, you, two out of three people don't even have insurance.

***AANHPI Focus Group**

The experience of Micronesians is a telling lesson in the consequences of making policy choices that systematically exclude a group of people from health insurance coverage. Young adults from this community were acutely aware of how their lack of health insurance affects their daily lives. Their decisions about what level of risk to engage in and whether to seek medical care when ill were highly dependent on whether they had insurance coverage. The decision to exclude this group from health insurance coverage also communicated a damaging message about second-class citizenship and exacerbated existing discriminatory narratives about the group. Policy choices have people consequences; the ways in which our current policies cut off and lock out young adults are not compatible with improved mental health outcomes for this population.

A Broken Promise: Micronesian Migration and Public Benefits^{52,53}

The Compacts of Free Association (COFA) are a series of treaties between the United States, the Federated States of Micronesia (FSM), the Republic of Palau, and the Republic of the Marshall Islands (RMI). These treaties were partially established as compensation for the loss of life, health, land, and resources due to the numerous nuclear weapons tests on the Marshall Islands and Bikini and Enewetak Atolls issued by the U.S. from 1946 to 1958. The Compacts allow citizens of Micronesia to live and legally work in the U.S. without a visa, as well as have access to social and health services. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) stripped COFA communities of eligibility for most federal benefits, including Medicaid.

Uses

I guess I went to a couple of clinics just to get x-rays and stuff like that. I've been in some pretty bad fights and I just don't... I've been trying to get x-rays on them, but they said I don't have the right insurance I guess, or MAP doesn't cover it, or something like that... You've got to go to the right place that MAP covers everything. MAP only works at certain places.

***Young adult experiencing homelessness**

Because I would say probably—the way to use it more would be to regularly have checkups and all that. Things like that for, um... Your hospital, or it could be for dental and the eye doctor.

***AANHPI Young Adult**

Like prior focus group participants, young adults in small and hard-to-reach communities primarily saw health insurance as a support to physical health. They described using health insurance for preventative health care, including regular check-ups and prenatal care, as well as for injuries, chronic conditions, and dental and vision care. These results align with prior work showing that very few young adults know that health insurance covers behavioral health services.⁵⁴ The exception to this exclusive focus on physical health came from some participants experiencing homelessness, who had a greater understanding of the role of health insurance in supporting mental health services.

Quality

Um, for Quest, we don't, because it's like, for people that are having a hard time. It doesn't really cover much. For like, it's hard to find like, places that accept Quest because everyone wants a better plan, I guess.

***AANHPI Young Adult**

I think it's hard to find like coverage like even when you have health insurance, it's hard to figure out what is covered, because that health care system is so poorly maintained. So like, things could be out of coverage, things could be out of district or things could outright not be covered and it's confusing. And even if you look up all the information, it's filled with a lot of medical terminology that many people don't understand. And the only reason I'm able to understand part of it and plan out what health care plan that is best for me, is just because I've had some training in the medical field.

***Rural Young Adult**

Also consistent with our prior findings, young adults in small and hard-to-reach communities perceived differences in the quality of available treatment from providers that accept Medicaid. This experience aligns with conversations with stakeholders around the country who consistently identify an insufficient mental health care workforce as a major challenge to effectively meeting the needs of young adults. Medicaid's low-reimbursement rates do not incentivize providers to accept Medicaid, and those that do typically can't sustain their business model relying exclusively on Medicaid dollars.⁵⁵

The young adults we met with perceived coverage rules as confusing, despite being more knowledgeable about health insurance than many young adults according to nationally representative data.⁵⁶ This perception bolsters the evidence of the substantial work needed to ensure young people have health insurance coverage and that they understand their benefits. We must also build a sufficient provider network to meet need and ensure that those providers serve young adults at a high level of quality.



THE MEANING OF MENTAL HEALTH

Taken together, how do young adults from small and hard-to-reach communities define mental health? As in prior work,⁵⁷ young people from this set of focus groups shared a vision of wellness focused on building key social, behavioral, and emotional assets and experiencing safety.

In contrast with prior work, young people in these communities also explicitly described mental health in clinical terms, focusing on diagnoses of severe mental illness and societal perceptions of psychopathology. These contrasting views on the meaning of mental health shaped young adults' perspectives on what it means to cope with mental health challenges and the consequences of those challenges.

Wellness

I just kept on coming back because it feels like family here and it feels safe. And it's just a place where I can learn to grow and make mistakes without being in trouble or insulted by it. And it's just very loving in here, in this space. It's all love.

***AANHPI young adult**

... just having a space where I feel my soul and spirit feels safe because like I can like open up to somebody and that person can like just help you with whatever.

***AANHPI young adult**

Wellness promotion recognizes that health extends beyond preventing problems or illness to promoting an affirmative set of positive outcomes focused on strengths, assets, and safety. Centered in ideas from the fields of positive and community psychology, mental health promotion includes enhancing individuals' ability to achieve

developmentally appropriate tasks and a positive sense of self-esteem, wellbeing, and social inclusion to strengthen their ability to cope with adversity.⁵⁸ Mental health as wellness was a key theme in our focus groups with AANHPI youth and young adults, with a particular focus on safety. Young people repeatedly articulated the importance of safety and the necessity of feeling safe to experiencing good physical and mental health.

But helping community experience is much more than I thought. And it really helped me through all the problems that I'd faced before, because like I what said, I used to work by myself, do things by myself. I feel sad sometimes if I do things by myself. But here it's more like a family, helping each other, teamwork. And also, the most important thing about me is that I'm having fun for it, part of my new family now.

***AANHPI young adult**

Another defining component of wellness identified by focus group participants was social connection—particularly in the form of helping the community. Participants had a strong sense that their mental health and wellness was integrally linked to the wellness of the entire community; as a result, working to better the community was of central importance to individual mental health.

We were, I was wearing my Micronesian shirt, which says 'Nothing Micro about Micronesia.' So I was like scared to walk around with the shirt, so I put on the jacket ... it tells all about me, that I'm ashamed of who I am, but these days I am changing that. These days I'm not, I don't want to be known as a boss, boss' kid or a landlord or a spoiled kid. I want to be called a Micronesian kid.

***AANHPI young adult**

And this is really good because um, it was very supportive. It was very uh, it wasn't like shaming. Um, it was healthy. And I think it prevented a lot of—especially starting from the younger boys, from them growing up to become more oppressed than they are. Cause they feel better about themselves at a young age, they'll feel better about themselves when they're older.

***AANHPI young adult**

Finally, focus group participants highlighted the central role of a strong racial and cultural identity and the development of a strong sense of self more broadly in achieving good mental health. This emphasis aligns with prior focus groups, where racial identity, sense of self, self-encouragement, self-discovery, self-motivation, self-improvement, and self-esteem were all defining features of mental health.⁵⁹

Young people from small and hard-to-reach communities, particularly AANHPI young people, amplify the importance of mental health policy that gives a prominent place to safety, social connections, and individual asset building to achieve an affirmative vision of wellness.

Clinical

Well, no. I mean it's just what society's labelled people that have, you know, mental health issues like anxiety or bipolar or whatever. You know? I've been diagnosed with.... I get very nervous around people whenever shit goes crazy. You just got us to talk too much and get all loud and I'll freak out a little.

***Young adult experiencing homelessness**

Like mental health, like you got things going on with yourself?... Like bipolar, schizophrenia, things like that where you got to take pills every day to keep yourself calm and make you not want to go crazy.

***Urban Native young adult**

Young people from some small and hard-to-reach communities went directly to a clinical understanding of mental health, with a focus on serious mental illness. Focus group participants named anxiety, bipolar disorder, schizophrenia, and depression, and they linked mental health to the need to take medication to manage illness. On one level, this perspective is somewhat surprising, as serious mental illness impacts less than 5 percent of young adults living in poverty—and is not significantly different than rates of serious mental illness in the population.⁶⁰

On another level, many of the participants in this set of focus groups had intimate knowledge of serious mental illness, either because of their own diagnosis, or that of close relatives. Clinical diagnosis is clearly much more central to young adults' conception of mental health in some small and hard-to-reach communities, although that conception is coupled with a recognition that clinical diagnosis is a societally driven narrative of the meaning of mental health.

I truly believe it's how you cope with it. You've got to learn how to teach yourself how to cope with it. I've learned several different ways. Usually it's me ending up walking away from the situation, or if I have a phone, I'll phone some people. I just try to channel it out and redirect it... me personally, I can't go out too much, so I know my boundaries. So that's why I personally don't think I need a mental health physician. But I do believe that some people do. You don't know how to live, so. It's good that we have them

because some people genuinely do need them. They haven't learned how to deal with it yet.

***Young adult experiencing homelessness**

Even in the context of a strong clinical orientation to mental health, young adults tempered their expectations for the role of medical professionals in addressing mental health needs. Although focus group participants allowed for the possibility that some people might need a "mental health physician," they also described skills and strategies they had developed to cope with mental health challenges. They reiterated the value of other types of support from peers and caring adults. Even when young adults from small and hard-to-reach communities hold a view of mental health that aligns with a traditional medical model, they recognize the value of non-medical supports and approaches to address their diagnosis and support their recovery.

Consequences

I'm angry at the world, so I don't do anything. I do whatever life drags my way... So pretty much all my dreams of what I wanted to be, and what I wanted to do with my life have gone out the window, so I really don't give a flying fuck anymore about where my life goes.

***Young adult experiencing homelessness**

I think staying committed. 'Cause when I was in high school, I wasn't going to class on time. I was skipping, to go drink and stuff. And now that I really want to do it, I have a hard time like staying committed and keep going. Because like there's always like this setback where I'm like, oh, I want to just stay home and sleep.

***AANHPI young adult**

Conversations with young adults from small and hard-to-reach communities once again demonstrate that unaddressed mental health challenges and unresolved trauma pose a substantial threat to the educational and economic trajectories of youth and young adults. Whether struggling to get out of the bed to go to class because of untreated depression or dealing with unchecked anger that disinvests them from their own futures, youth and young adults have mental health needs that policymakers can't afford to ignore. Taking steps to address mental health challenges, in turn, results in substantially improved outcomes.

I feel like I'm so healthy. It's not looking back at oh, I gotta go grab a rock to smoke. I gotta go grab this to smoke. I gotta watch out where I'm gonna go. I gotta watch out if those guys are gonna steal what I have. Maybe I should steal from this guy right here. Or maybe I should hurt this guy right here. It's not that anymore.

***AANHPI young adult**

When young adults' mental health needs are met, it changes the trajectory of their lives. All young adults—especially those from communities that are rarely explicitly considered by policymakers—deserve to have their trajectories altered and their lives transformed by our policy choices. We conclude with a discussion of policy implications that aim to do just that.



POLICY IMPLICATIONS

***“I can overcome this world,
and I will.”***

****Young adult experiencing homelessness***

Policymakers can facilitate efforts by young people from small and hard-to-reach communities to “overcome” by making policy choices and systems reforms informed by lessons from these communities. To achieve equity, policymakers must explicitly consider the unique histories, needs, and experiences of small and hard-to-reach communities, in particular around mental health. The findings reported here suggest that addressing sources of trauma, including financial strain, exposure to violence, and racism and discrimination have potential for high impact for a diverse range of young adults living in poverty.

Policy solutions must also address substance use and abuse in a way that is integrated with mental health. Policymakers must also consider the broad consensus among young people that traditional approaches to mental health treatment and treatment locations do not meet their needs effectively. To achieve high impact, policymakers can confidently move forward in these areas and know that the changes will make a difference for a substantial proportion of youth.

Policymakers should also be cautious about which systems they invite to serve as partners in reform. The findings from small and hard-to-reach communities along with our prior work with African-American youth suggest that close partnerships with law enforcement and the military risk further marginalizing young people who experience some of the greatest mental health challenges. Before requiring partnerships between mental health and other powerful community institutions, policymakers should consider the impact of those partnerships on the most marginalized young people in that community.

The unique experiences of small and hard-to-reach communities also offer lessons that should be applied to our policymaking broadly. For example, the experience of Micronesians being systematically excluded from health insurance coverage can and should inform broader debate about Medicaid expansion and restrictions on access to public benefits by so-called “able-bodied adults without dependents.”

States that choose to systematically exclude low-income young adults from health insurance coverage because of refusal to expand Medicaid or the addition of work requirements and other barriers that discourage enrollment while making it harder to find and keep a job risk multiplicative damage for young people who are already marginalized. The particular place of isolation, suicide, and historical and cultural trauma in these communities also should inform our national policy conversations, as these factors can cause communities to feel forgotten and left behind.

Policy recommendations

Instead of coming together, everybody nice, getting it together and get schools right for kids, stop building all these dangone jails and all this dumb stuff they spending money on. Put it in things they need to be put it into.

***Urban Native participant**

In the current political context, policymakers can invest in “things they need to put it into” according to the following recommendations.

1. Focus on addressing Social Determinants of Health to achieve high impact.

Social determinants of health (SDOH) is a public health framework that

describes a set of environmental factors linked to both physical and mental health outcomes, including economic stability, education, social and community context, health and health care, neighborhood, and built environment. Youth and young adults living in poverty identify social determinants of health, such as financial strain and exposure to violence, as key issues affecting their mental health. They also call for investment in addressing root causes and community-level change. Policymakers interested in effectively and equitably addressing the mental health needs of this population can take advantage of the SDOH framework and maximize Medicaid dollars to align their approach with the needs of youth and young adults and achieve future cost savings.⁶¹

2. Reimagine wellness initiatives to align with a focus on strengths, assets, and safety; increase access to wellness supports through Medicaid.

Wellness promotion recognizes that health extends beyond preventing problems or illness to promoting an affirmative set of positive outcomes focused on strengths, assets, and safety. Centered in ideas from the fields of positive and community psychology, mental health promotion includes enhancing individuals’ ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, wellbeing, and social inclusion to strengthen their ability to cope with adversity.⁶² Youth and young adults in a range of low-income communities around the country define mental health in terms of strengths, and their vision of wellness includes a range of positive attitudes, behaviors, and values that they seek to develop. Our findings from small and hard-to-reach communities confirm that exploring policy avenues to incorporate a wellness framework into what is considered “medical necessity” and “health care,” with ample opportunities for state and federal reimbursement, have the potential to transform young adult mental health systems and policy.⁶³

3. Take steps to improve access to high-quality, culturally responsive clinical mental health services.

Despite good coverage through Medicaid for traditional mental health treatment services, youth and young adults living in poverty who can access these services are not having good experiences. These findings align with federal Substance Abuse and Mental Health Services Administration (SAMHSA) data indicating that people with low incomes have less access to mental health services and people of color are disproportionately likely to receive low-quality behavioral health services.⁶⁴ Systemic challenges such as low reimbursement rates and an insufficient mental health workforce to meet the needs of youth and young adults contribute significantly to this challenge.⁶⁵ Young people's first-hand negative experiences with clinical services, however, can permanently sour them on these tools for addressing mental health challenges. Our findings from small and hard-to-reach communities confirm that improving the quality of clinical services available to youth and young adults in low-income communities has the potential to change norms and beliefs about these types of services for those young people who primarily view mental health through a clinical lens.

4. Confront historical and cultural trauma with cultural healing.

Policymaking must acknowledge and address the historical trauma caused by past and present policy choices. The long history of criminalization of both the mental health needs and the healing practices of communities of color helps to explain the discomfort of many people of color with traditional mental health services, providers, and settings—the very services most likely to be covered by Medicaid. To disrupt long-standing patterns of inequity and make policy changes that meaningfully affect marginalized youth and young adults, policymakers must address reimbursement for cultural interviewing and indigenous/culturally derived healing practices.

5. Expand Medicaid to provide life-altering coverage for low-income young adults.

Policymakers must prioritize Medicaid expansion and reject changes to Medicaid programs that create additional barriers to care. Medicaid expansion has been particularly helpful for low-income young adults. However, states are proposing new barriers to Medicaid access through waivers by requesting such changes as work requirements, lock-out periods, and increased cost-sharing (including premiums).⁶⁶ Work requirements and other proposed barriers undermine both the ACA's coverage gains and young adults' access to care.

6. Pair school-based mental health services with investment and comprehensive school climate reform.

In the wake of recent school shootings, policymakers have turned some much-needed attention to school climate and school-based mental health supports. Often, the resulting conversations have not centered the experiences of marginalized students and low-income school systems, resulting in proposals that are likely to cause more harm in these communities. School systems can leverage opportunities in the Every Student Succeeds Act (ESSA) to hold schools accountable for school climate as a key, non-academic quality indicator. ESSA also offers funding opportunities for low-income schools and schools in need of improvement to leverage resources for supports including mental health services. As school systems take advantage of these opportunities, they must understand that increasing school-based mental health services must be coupled with meaningful school climate reform to maximize the impact of those resources.

7. Scale suicide prevention efforts that are informed by context.

Current investments in suicide prevention are insufficient to meet the needs of young people in small and hard-to-reach communities.

Despite evidence that these may be some of the communities at highest risk, effective programs and practices have not sufficiently penetrated these communities. SAHMSA's largest current suicide prevention efforts are focused on college campuses and adults 25 and older. Suicide prevention efforts should focus on scaling in small and hard-to-reach communities and exploring the fit between effective programs and the social context of these communities.

8. Prioritize peer support and support from adults with shared experience for youth and young adults.

To be effective, trauma-informed mental health system building for youth and young adults must embrace young people's preference for peer support and support from adults with shared experiences. This practice is the norm in youth development and youth workforce development spaces and is exemplified by SAMHSA grant programs such as the Healthy Transitions Initiative and Systems of Care. These grant programs, and the advocacy of organizations such as Youth Move National, have helped to develop the evidence base for these approaches, and some states have successfully changed their policies to allow for Medicaid billing for the services of youth peer specialists and community health workers. Reimbursement rates and payment strategies should signal the value of this workforce.

9. Integrate a comprehensive approach to substance abuse with mental health.

Recently, policymakers interested in behavioral health have focused significant attention on opioid abuse. This attention has resulted in substantial new investments in communities. The challenge with this approach is that it is too narrowly focused on opioids and doesn't allow communities to address other substances that are more pressing. This focus on opioids also ignores the connection between substance abuse and other mental health issues, including unresolved trauma. Passed in

2018, the SUPPORT Act, colloquially referred to as the Opioid Bill, does include provisions with broad applicability. As the law is implemented, state and local decision makers should take advantage of provisions that support trauma-informed care, funding for peer support, prevention opportunities, and increased access to behavioral health professionals, many of which can generate impact beyond opioids. To best serve low-income young adults, future legislation should not narrowly focus on any one substance.

10. Adopt youth friendly policies in existing programs.

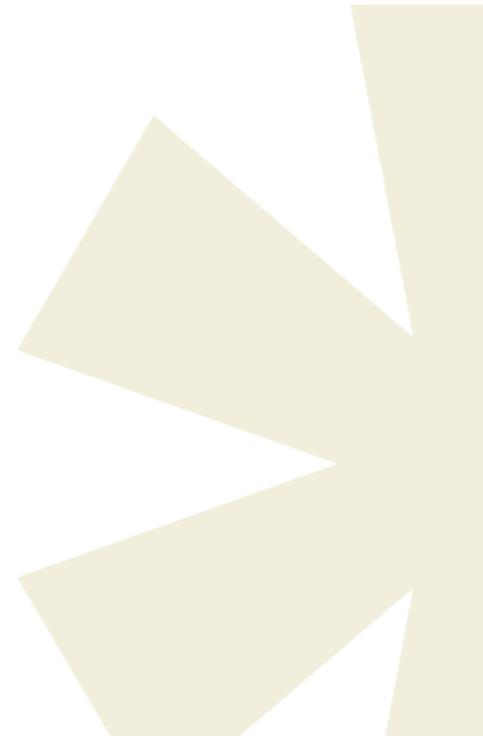
Several youth-friendly policies that have been or could be implemented by youth-serving systems would better meet young people's needs. For example, some states have rewritten their Medicaid policies to allow providers to bill under "presumptive eligibility." Providers assume service recipients are eligible for Medicaid, even if they can't produce the documentation to verify eligibility. This ensures that people can receive some care and lowers the financial risk for providers of serving uninsured populations.

Under the federal Workforce Innovation and Opportunity Act, some state and local workforce development boards use "self-attestation" as a strategy for determining eligibility for services.⁶⁷ By borrowing this approach in health and mental health settings, young people would be able to certify their status and access care by signing and dating a form without having to produce verification documents. In rural communities, young people would benefit from enforcement of existing non-discrimination requirements for federally funded, faith-based services to ensure that these services do not discourage young people who are not religious, from different faith backgrounds, or LGBTQ+ from accessing support.

Another example of youth-friendly policy is that states are required to cover former foster youth through Medicaid up to age 26, but until 2018,

most states chose not to provide Medicaid to former foster youth who aged out of the system in a different state. The 2018 SUPPORT Act fixed this provision, but it only applies to young people who will turn 18 after January 1, 2023. All states should exercise the option to cover youth from other states as soon as possible, so they can avoid gaps in coverage for a significant proportion of youth experiencing homelessness.

Finally, by embracing mechanisms for youth participation and leadership on these issues, young people from small and hard-to-reach communities would be more likely to have a regular seat in these policy conversations.





CONCLUSION

“Realizing youth justice” is CLASP’s advocacy framework calling for strengthening investments in workforce, education, health, and mental health. By making policy changes in these areas, we increase the likelihood that young people who are risk of economic insecurity will get the support they need.

Investing in the mental health of youth and young adults is a critical element in realizing youth justice. One of CLASP’s core principles for realizing youth justice is centering youth voices. These focus groups allowed us to hear from the young people directly about their experiences and challenges. Policymakers should heed this insight and seek other ways to engage youth and young adults as they grapple with policy change to address their mental health needs.

By focusing on both the shared and unique experiences of young people from small and hard-to-reach communities, and applying the lessons embedded in their experiences, we have an opportunity to dramatically improve our policymaking on behalf of all young people.



ACKNOWLEDGEMENTS

This work was made possible by the generous support of the Kresge Foundation. The authors would like to thank Andy Beres, senior communications manager, for his design assistance; Kisha Bird, youth team director, Isha Weerasinghe, senior policy analyst, Whitney Bunts, policy analyst, Suzanne Wikle, senior policy analyst, Hannah Matthews, deputy executive director for policy, and Tom Salyers, communications director for their editorial review; and Noel Tieszen, consultant, for her support during the rural focus group.

The authors thank the Asian American Pacific Islander Community Health Organization for the use of photos throughout the report.

We thank Three(i) Creative Communications, LLC for design.

The authors also thank Angel Hill, Grace Jean-Pierre, Velvet Fujita, Leinaala Nakamura, Thaddeus Pham, Darrin Sato, Mark Chavez, Liz Schoenfeld, and Dustin Richardson for assistance with organizing the focus groups.

Most importantly, the authors would like to thank the 26 young people who participated in our focus groups. Their honesty and engagement are the core of this work.

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