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10 CORE

COMPETENCIES

FOR YOUTH AND YOUNG ADULT CENTERED MENTAL HEALTH SYSTEMS

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INTRODUCTION

Youth and young adults between the ages of 16 and 24 are a unique population. They are situated at the intersection of childhood and adulthood—a developmental period where their biological, physical, and psychological functioning changes rapidly.[1] Many mental health systems are not constructed to serve youth and young adults specifically. In most cases, they are required to receive services from child-serving systems until they're 18, and then from adult-serving systems, neither of which are developmentally appropriate to meet their needs. As a result, youth and young adults find themselves navigating the transition to adulthood in systems that were not built for them and whose policies, procedures, and practices are not designed to meet their needs.

One strategy to address these gaps is to promote core competencies, which reflect values that translate into skills, attitudes, knowledge, and abilities of system participants. They are the baseline tools needed by professionals to effectively perform a role. At the systemic level, they also inform policies, procedures, and practices defining how a system operates (process) and the work of that system (content).

This report outlines 10 core competencies for building youth- and young-adult-centered mental health systems. Each competency was purposely selected to:

1. advance the knowledge of youth-serving providers, agencies, and policymakers;

2. provide guidance to help practitioners meet the mental health needs of youth and young adults; and

3. inform state and local system leaders and policymakers about effective strategies for embedding these competencies into practice at the systems level.

Overall, these competencies are a starting point for removing barriers to youth and young adult mental health supports. The report also models authentic youth engagement throughout and provides concrete examples of how young people can inform system redesign.

The 10 core competencies are divided into two categories. Six are process-oriented: trauma-informed care, positive youth development, youth friendliness, authentic youth engagement, cultural responsiveness, and disability awareness. These competencies are about **how** youth-centered systems should operate. The other four speak to the **what** of mental health care: integrating physical and behavioral health, promoting prevention, addressing social determinants of health (SDOH), and focusing on wellness.

Each core competency is accompanied by one or more supporting competencies, which detail the underlying principles, skills, attitudes, and behaviors that make the core competency actionable. We then highlight the significance of each competency based on its impact on youth, provider, and system outcomes. The report concludes with some implementation strategies and next steps.

IDENTIFYING COMPETENCIES: RESEARCH INFORMED, YOUTH AND YOUNG ADULT VETTED

While we reviewed relevant research and consulted national experts to identify competencies, we knew we needed input from youth and young adults to validate/approve the proposed core competencies. We used a series of techniques to solicit feedback from youth and young adults in two Maryland counties about the meaning, relevance, and relative importance of these competencies based on their lived experience.

YOUTH PARTNERS

Ten young people ages 10-17 from a rural youth clubhouse program (after-school program for youth impacted by personal or familial mental health challenges) participated in the "photovoice" activities. Members of a youth advisory board in an urban, predominantly African-American county participated in the "clusters" and "artistic response" activities. Advisory board members are youth leaders ages 16-24 who have experienced homelessness.

PHOTOVOICE

Photovoice, a photographic method of community-based participatory research, empowers participants to record community needs and strengths, while promoting critical discussion among participants. Photovoice also helps create a platform for youth to use their own voices to engage with policymakers and systems leaders.

Each youth participant read through the competencies and picked those that meant the most to them; we wanted them to understand how the competency related to their lives. Each young person then received a specific prompt or a question related to the core competency they chose. Youth used cellphones to take pictures of people, places, or things that best illustrated their definition of the core competency and questions or prompts given. They then submitted their photos with a caption to articulate what the photo represents to them – bringing life and power to the core competencies.

CLUSTERS

Clusters is an icebreaker activity where participants are asked to form groups based on their responses to a given prompt. For example, the facilitator might ask participants to form clusters based on their favorite food or sports team. Through forming clusters, participants get to know each other better and learn about points of commonality and difference within the group. We adapted this activity by posting the 10 core competencies around the room and then asking youth and young adults to cluster according to three prompts:

1. Which of these competencies have you experienced the most in your county?

2. Which of these have you experienced the least?

3. Which do you think is the most important?

Participants were asked to note on chart paper why they stood by that competency, and if comfortable share with the larger group. From this activity, we were able to determine which core competencies were the youth's priorities.

ARTISTIC RESPONSES

Young people identify artistic expression as an important coping and communication tool.[2] We asked participants to choose one competency and either draw or write something about what that competency means to them. We received both poems and illustrations from participants. We include these poems and illustrations throughout the report.

CORE COMPETENCIES 1-6: MENTAL HEALTH CARE PROCESS

In this section, we discuss the following mental health process core competencies: trauma-informed care, positive youth development, youth-friendly services, authentic youth engagement, cultural responsiveness, and disability awareness. These competencies define the culture and climate of organizations and ensure that providers are centering the needs of youth and young adults. These mental health process competencies should be embedded into organizational structure, policies, and mission to articulate **how** work is done in the system.

1 TRAUMA-INFORMED CARE

Trauma-informed care is an organizational structure that acknowledges the deep impact of trauma on people in a system (including staff) and responds by incorporating education about trauma into policies, procedures, and practices while actively resisting re-traumatization.[3]

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[4]

- **Empowerment:** Using young people's strengths to empower them in the development of their treatment

- **Choice:** Informing young people about treatment options so they can choose the options they prefer.

- **Collaboration:** Maximizing collaboration among staff, young people, and their families in organizational and treatment planning.

- **Safety:** Developing health care settings and activities that ensure young people's physical and emotional safety.

- **Trustworthiness:** Creating clear expectations with young people about what proposed treatments entail, who will provide services, and how care will be provided.

- **Peer Support:** Building support for trauma survivors who can play key roles in establishing safety and hope, building trust, enhancing collaboration, and using their stories and lived experience to promote recovery and healing.

- **Cultural, Historical, and Gender Issues:** Offering access to gender-responsive services; leveraging the healing value of traditional cultural connections; and recognizing and addressing historical trauma.

WHY IS TRAUMA-INFORMED CARE IMPORTANT?

Youth and adult stakeholders share a broad consensus on the importance of trauma-informed care. During the clusters activity, youth stakeholders ranked trauma-informed care as a top priority competency. Trauma is the emotional and psychological impact of a distressing experience or event, including life-threatening illness of oneself or a family member, discrimination, or natural disaster. Adverse childhood experiences (ACEs) is the term for trauma experienced at a young age. ACEs are defined as "traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect, witnessing violence, parental separation or incarceration of a family member, living in a household with substance misuse or individuals with mental illness."[5] More than 60 percent of adults in the United States have experienced at least one ACE, and over 15 percent experienced four or more.[6] Trauma and ACEs symptoms can often be mistaken for other mental health diagnoses. Organizations, agencies, and systems can respond to trauma and avoid further traumatization by developing a trauma-informed system. Providers who accurately identify trauma symptoms can reduce exposing young people to more trauma and/or aggravating past trauma. Additionally, trauma can sometimes be debilitating and a barrier to successful transition to adulthood. Trauma-informed systems reduce negative outcomes and replace them with more positive ones, as well as foster cross-sector collaboration and reduce health care costs overall.[7]

I haven't been heard
because my words are sharp
shards from a broken heart.

I retain this pain
No one can bear it but me
So I hide behind eyes
that conceal

My true self.
I can hardly carry this weight
So I never bother asking for help.

Tramua informed Practice

I thought by now I'll feel
somewhat okay, but as
time goes by my heart
stop beating and became
numb. and frozen.
I'll never d imagine losing
someone close to me. I'm
slowly fading away from
the inside an out. I don't
smile the same. But one
thing that will remain
Is me, Dajfa
Welcome to my lonely life

Positive youth development[8] (PYD) is a model that affirms young people's strengths by providing opportunities and supports that help them reach their goals. By focusing on their strengths, young people can successfully transition into a healthy adulthood.

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[9]

- Involves youth as active agents. Youth are valued and encouraged to participate in the design, delivery, and evaluation of services. Adults and youth work in partnership.

- Involves and engages every element of the community — schools, homes, community members, and others. Young people, family members, and community partners are valued through this process. PYD is an investment that the community makes in young people. Youth and adults work together to frame the solutions.

- Is an intentional (purposeful and deliberate) process. It is about being proactive to promote protective factors, such as coping skills, high self esteem, and emotional self regulation in young people.

- Complements efforts to prevent risky behaviors and attitudes in youth, and it supports efforts that work to address negative behaviors.

- Acknowledges and further develops (or strengthens) youth assets. All youth have the capacity for positive growth and development.

- Enables youth to thrive and flourish, while preparing them for a healthy, happy, and safe adulthood.

- Instills leadership qualities in youth, but youth are not required to lead. Youth can attend, actively participate, contribute, and/or lead through PYD activities.

- Supports civic involvement and civic engagement; youth contribute to their schools and broader communities through service.

WHY IS POSITIVE YOUTH DEVELOPMENT IMPORTANT?

While participating in the clusters activity, youth stakeholders rated PYD higher than adult stakeholders, with young people who have experienced positive youth development programs noting their importance. Organizations that have adopted PYD have seen positive outcomes in the youth they serve, such as improved academic achievement, family relationships, mental health, and physical health.[10] For example, youth who participated in programs or organizations using a PYD approach showed recognizable results in skill building, problem solving, and communication. Additionally, youth had a decline in problematic behaviors such as bullying, skipping school, and violence.[11] PYD is a model that recognizes youth as a whole not just a part. PYD is beneficial to the youth and to organizations and systems. When systems implement positive youth development frameworks into their practices, they are much more likely to achieve authentic youth engagement, youth-friendly services, and cultural responsiveness.

"My sister empowers me because she is a great example for me, she's been to college and challenges and it proves to me that you can do anything and don't give up."
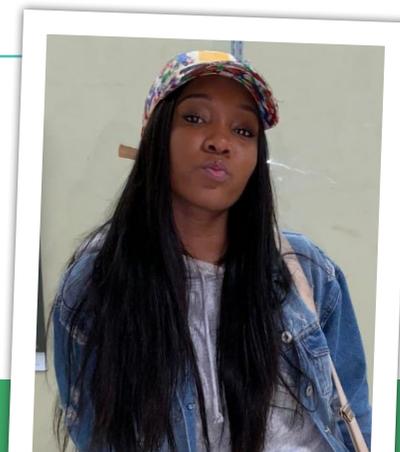
3 **YOUTH-FRIENDLY SERVICES**

Youth-friendly services are defined by an organizational culture that acknowledges: the overall culture of adolescence; the effect of the diverse cultural backgrounds of young people on their health and their health behaviors; the importance of having each adolescent or young adult feel supported and validated as a person with a unique sense of identity to enhance a positive youth-provider dynamic, dissipate fears, establish trust, and facilitate engagement; and the importance of helping every young person develop competence and a sense of agency in the world.

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[12]

- **Accessible:** Available services can be used by young people.

- **Acceptable:** Young people are willing to use available services.

- **Equitable:** *All* young people are able to obtain available services.

- **Appropriate:** Young people need the available services.

- **Effective:** Services are provided in a way that **contributes to young people's wellbeing.**

- **Climate and Culture:** Engaging the entire staff in creating a climate and culture that radiates warmth and welcome to all young people, their families, and companions as soon as they walk through the door.

- **Building Relationships:** Every young person has one on-one interactions with staff so that each can feel familiar and establish relationships with providers.

- **Confidentiality:** What the young people share is kept confidential; exceptions to the rule are explained.

- **Safe:** Young people feel safe in asking questions about behaviors or issues that they face honestly and directly.

"A youth friendly services is a calming place to express yourself. The [program] is a friendly services because they help you and is a calming place and take you places."

WHY ARE YOUTH-FRIENDLY SERVICES IMPORTANT?

Youth friendly services ensure that youth feel welcomed when they enter a facility. All staff, including security and support staff, administrative and billing staff, and providers themselves, are involved in making youth feel welcome. Youth-friendly services recognize the differences between youth culture and priorities and adult culture and priorities. For instance, youth spend most of their time in school, at work, or home. Therefore, youth-friendly facilities have weekend hours and flexible hours so youth can schedule appointments and receive services when they need care. Youth-friendly services can determine whether a young person receives services. Youth-friendly services provide a sense of safety, comfort, and belonging. More importantly, youth-friendly services show young people that the organization sees and values them -- not only as a patient, but as a thought partner and decisionmaker.

4 | AUTHENTIC YOUTH ENGAGEMENT

Authentic youth engagement is a guiding principle for positive youth development. It involves youth partnering with adults as the active decisionmakers in their own lives, in youth-serving systems, and in their communities. It is the mutual respect, trust, and value shared between youth and adults while working together, building a foundation that allows for meaningful connections and a genuine learning exchange between the youth and adult.

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[13]

- Young people are equal partners in all aspects of their own individual case planning and decision-making.
- Young people are equal partners in determining the direction of programs and activities, agency policy development, service design, evaluation, and training design and delivery.
- Young people expect and receive consistent opportunities to set goals, devise strategies, and act.
- Young people are respected for their ideas and opinions and state them freely.
- Young people participate in challenging experiences, with the necessary support to help them succeed.
- Young people can expect adults to listen to them, respect them, and engage them in meaningful programs and activities.

WHY IS AUTHENTIC YOUTH ENGAGEMENT IMPORTANT?

Our youth partners indicated that "if youth lack voice/choice they lose interest/trust." Authentic youth engagement requires smart and friendly leadership that understands youth are partners in process, not just the clients. Authentic youth engagement acknowledges that youth hold the power to their minds and bodies. Authentic youth engagement creates a pathway for youth and young adults to be compensated as experts for their lived experience. For authentic youth engagement to happen, adults must make intentional efforts to include youth in decision-making processes. Authentic youth engagement can lead to positive outcomes for both youth and adults. For youth, it promotes positive brain development as youth learn to problem solve, self advocate, and take ownership of different responsibilities. Youth-serving systems design more developmentally appropriate services and become more youth driven, guided, centered, and friendly.[14]

"Authentic youth voice is a person I can look up to. [She] is an example of authentic youth voice because she is smart and friendly and a leader because a leader is not a follower."

5 CULTURAL RESPONSIVENESS

Cultural responsiveness requires providing quality care and services that are effective, equitable, understandable, and respectful. Care and services should be responsive to diverse cultural beliefs and practices; preferred reading, writing, and spoken languages; health literacy; and other communication needs. Culture is defined as the shared behaviors, values, beliefs, and/or social habits of a group of people.[15] For instance, culture can be defined by race/ethnicity, sexual orientation, gender, neighborhood, job, or age – to be a youth is to be a part of youth culture.

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[16]

- A fully committed leadership and governance body ensures a racially and ethnically diverse workforce as a guiding philosophy of the organization.

- Strategies to support workforce diversity are integrated throughout all levels of the organization and are infused in needs assessments, planning, policy development, decision-making, and program implementation.

- Finding and hiring diverse qualified candidates in an inclusive, culturally appropriate manner is a specific goal.

- Hiring includes analyzing the real requirements of a job, attracting diverse potential employees to the job through innovative means, and screening and selecting applicants in culturally sensitive ways.

- The organization provides culturally responsive onboarding, orientation, and training that ensures new staff are acclimatized to the organizational culture and climate.

- Training is designed to increase staff members' ability to translate awareness of equity and diversity into practice.

- Professional development opportunities ensure that staff see pathways for growth, promotion, and enhanced job satisfaction leading to retention of qualified and diverse staff.

- The organization provides ongoing and accessible communication regarding its mission and values, policies, and procedures.

- The organization has an overall commitment to diversity, equity, and cultural and linguistic responsiveness.

- The organization has relationships with partners, vendors, and the community that support and promote equity, diversity, and inclusion to strengthen the organization's capacity and commitment to diversity, attract a more diverse workforce and patient population, ensure culturally and linguistically competent services, and help everyone feel supported and valued.

WHY IS CULTURAL RESPONSIVENESS IMPORTANT?

Our youth partners did not prioritize cultural relevance as highly as adult stakeholders; however, they did not indicate they had any experience with culturally relevant services. While youth stakeholders did not specify this as a priority, providers must still understand its significance. Culture is defined by many aspects of an individual's identity and is often intersectional. Many cultures follow traditions and are slow to evolve. However, youth culture shifts and changes more rapidly—usually aligning with the trends, attitudes, and behaviors of their time. Today's youth culture is strongly defined by technology and social media, which provides youth the freedom to create culture and set social

boundaries. Understanding youth culture and other cultures helps providers better serve young people and meet them where they are. For instance, some youth are not interested in traditional therapy and medication because of bad experiences with providers, often who come from a different cultural background.[17] Providers can meet young people where they are by offering other supports such as telemedicine through texting, and supporting young people through art, dance, and social media platforms. Additionally, when providers are culturally responsive they are able to meet youth needs, learn more about the youth they serve, and build relationships with them.

"I believe that [it] is a very diverse and accepting place to be, this is because no one is shamed or put down because of their race. We are all a family despite of race."

6 DISABILITY AWARENESS

Disability awareness means that youth with disabilities, including invisible disabilities, have equal access to high-quality services and supports. This combats biases about people who have disabilities, shifting our values and attitudes, while also giving providers the opportunity to be more inclusive in their work environment. Disability awareness—which is especially important because 61 million people in the United States have a disability[18], including those that are non-visible—also gives providers knowledge about the various types of disabilities, including learning, mental health, physical, intellectual, and health related.[19]

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[20]

- Programs are physically and programmatically accessible and adaptable to meet the changing needs of youth.

- Staff are aware, willing, prepared, and supported to make accommodations. The burden is not solely on the young person with the disability to advocate for their accommodations; rather, seeking accommodations will be a partnership and collaboration between the staff and youth.

- Staff has knowledge of national and community-specific resources for youth with any type of disability.

- The organization has developed partnerships and collaborations with other agencies serving or assisting youth with disabilities.

- Peer and adult role models and mentors include people with various kinds of disabilities.

- Service providers integrate self-advocacy skills building.

- Service providers offer independent living information and assessment (career, employment, training, education, transportation, recreation, community resources, life skills, financial, and benefits planning).

- Service providers are educated about disability history, law, culture, policies, practices and various kinds of disabilities.

WHY IS DISABILITY AWARENESS IMPORTANT?

Our youth partners described first-hand experiences of people with disabilities who experienced rights violations and discrimination. They argued for integrated settings, appropriate accommodations, and greater understanding for people with disabilities—1.3 million of whom are young people. People who have disabilities are one of the most oppressed groups in the nation, facing stereotyping, accessibility barriers, and discrimination that makes it harder for them to get the jobs, services, or justice they need. People with disabilities are overrepresented in the criminal justice system and underrepresented in employment. In 2017, only 33.8 percent of people with disabilities ages 16 to 64 years were employed, while 77.7 percent of people without disabilities were employed, about double that of people with disabilities.[21] Becoming educated on disability issues begins with disability awareness and seeing people with disabilities as human. Disability awareness understands that disabilities don't exclusively cause trauma; a disability can be an empowering identity and something that youth feel pride in rather than need sympathy for. More importantly, disability awareness shifts the power back to the people who have the disability to take ownership of their treatment and needs. Disability awareness is an essential step in holistic care.

"In most cases I feel that the disabled do not get equal rights but on rare occasions they do. Take my mother as example, she was fired from her last job because she was unable to do something the job required, but now her new job understands how and why her accident happened and now she gets equal opportunities at her workplace."

MT. SINAI ADOLESCENT HEALTH CENTER

The Mt. Sinai Adolescent Health Center (MSAHC) is a prime example of an institution that has embedded many of these competencies (trauma-informed care, youth friendliness, mental & physical health integration, authentic youth engagement, wellness focus, addressing social determinants of health, and cultural responsiveness) into its policies, climate, and culture. MSAHC was created in 1968 with the primary goal of serving underserved and at-risk youth, ages 10-24, in New York City. MSAHC follows an adolescent- and young-adult-centered care model that ensures the providers are centering the needs of the young people, as well as working with them to make their visit as pleasant as possible. The model is built on the philosophy that health care is a right for youth and young adults and, therefore, should be free of charge, confidential, culturally competent, developmentally appropriate, and youth- and young-adult friendly. MSAHC has established a culture and climate that is welcoming for young people and their families. Its employees are required to have a passion for working with young people. Each staff person is highly encouraged to spend one-on-one time with the youth who come into the facility. Staff must continue to uphold the values of the facility, which is warm, safe, and friendly to the youth who visit. Moreover, the staff must understand youth culture and all its nuances. Through this understanding, staff are better equipped to work with the youth who seek services from MSAHC, as well as build relationships with young people. MSAHC values young people, which is reflected in how they train their staff and how they provide their services. Because of this, young people show up to seek services. Every year, MSAHC serves over 11,000 patients through 50,000 visits.

CORE COMPETENCIES 7-10:
MENTAL HEALTH CARE CONTENT

In this section, we will discuss the Mental Health Care Content core competencies and their significance: integrated physical and behavioral health, prevention, addressing social determinants of health, and wellness focus. These competencies define **what** youth-centered mental health systems should do to improve quality-of-care and health outcomes for youth and young adults.

7   INTEGRATED PHYSICAL AND BEHAVIORAL HEALTH

Physical health-behavioral health integration is the management and delivery of health services so that clients receive a continuum of prevention, management, and treatment, according to their needs over time and across different levels of the health system.[22]

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[23]

- Sexual and reproductive health and mental health services available in primary care visits.
- Wellness assessments, health promotion, prevention, and risk reduction occur during each encounter with a young person.

- Assessment interviews and tools that identify a variety of health and intervention needs, regardless of the visit's purpose.
- Providing care to young parents and their children during the same visit.

WHY IS INTEGRATED PHYSICAL AND BEHAVIORAL HEALTH IMPORTANT?

Our youth partners noted that integrated physical and behavioral health services make it easier to connect to resources and overcome transportation and insurance barriers. Youth are more susceptible to mental health conditions including anxiety, depression, and substance use. And youth are more likely to see a primary care doctor for their mental health needs, often resulting in them not receiving the care they need to treat their mental health conditions. Integrating physical and mental health services reduces cost and improves the quality of care for youth, while also reducing mortality rates. Individuals living with serious mental Illness (SMI) die, on average, 25 years earlier than the general population.[24] Integration allows providers to diagnose and intervene early and to provide holistic care.
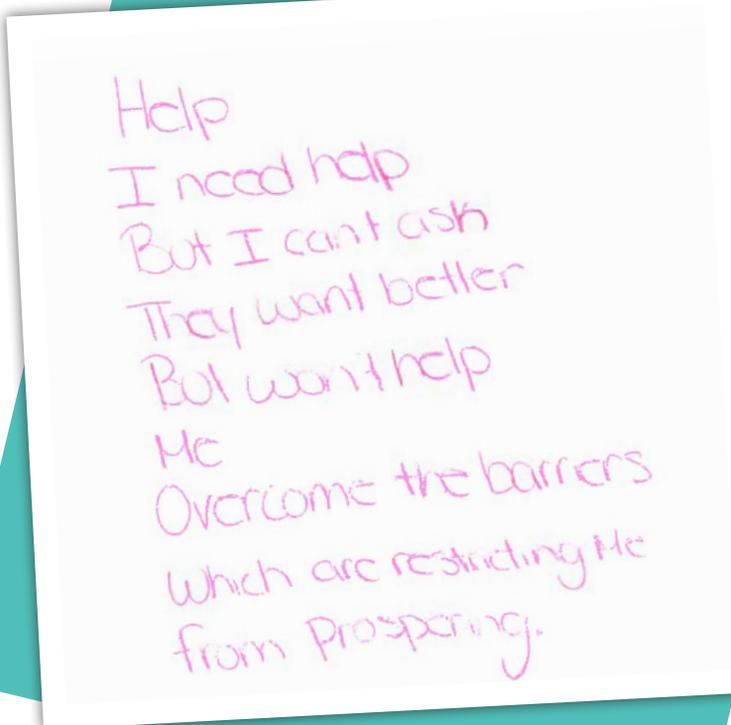
8 | PREVENTION

Young people should have access to preventative interventions at varying levels of risk without needing a formal diagnosis. These interventions are intended to reduce risks or threats to health and development by preventing problems from occurring (primary prevention), reducing the impact of a risk or threat that has already occurred (secondary prevention), or softening the impact of an ongoing illness or injury with lasting impacts (tertiary prevention).[25] Preventative interventions can be universal (of broad benefit in building resilience in all youth) or targeted (intended to build resilience among a subset of young people known to have experienced one or more risk factors for negative outcomes).

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[26]

- Available based on systematic assessments of public mental health needs.
- Address biological, psychological and social risk, and protective factors and their interactions over the lifespan.
- Must have a large reach in the population.
- Include information dissemination (describing the nature of risky behaviors and the effects of individuals, families, and communities), prevention education (to teach critical life and social skills, including decision-making, refusal skills, and critical analysis), and alternative activities (constructive, healthy activities) to address prevention at the individual level.

WHY IS PREVENTION IMPORTANT?

Our youth partners identified prevention as one of their highest priority competencies. Developmentally, youth are likely to engage in riskier behavior, but they also establish behaviors and habits that can follow them into adulthood.[27] During this developmental period, youth are more likely to have unsafe sex, experiment with illegal drugs, skip school, or smoke cigarettes – all of which can lead to poor outcomes in the future. While risky behaviors are common during this period for youth and young adults, studies also show that increased risk taking can be associated with a mental health diagnosis.[28] For example, illegal drug use can be related to post-traumatic stress disorder and depression.[29] Preventative interventions help young people build coping skills and replace harmful behaviors with healthy ones.

There are already millions of people with unmet mental health needs, including youth and young adults, and not enough professionals to service them. Nationally, for every 529 people with mental health conditions there's only one mental health provider. More than 15 million young people have a mental health disorder, but there are only 8,300 child psychiatrists.[30] By 2025, the shortage of mental health providers will be even more significant.[31] Preventative interventions can alleviate this problem by meeting the needs of youth before they develop a more serious mental illness. Additionally, preventative interventions can reduce mortality rates, physical health problems, and health care cost overall by addressing symptoms before they become serious.[32]

"The [program] protects me from risky behaviors, because it keeps me from being isolated."

9 ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social determinants of health (SDOH) are defined as social factors that influence an individual's health outcomes. These factors include socioeconomic status, education, neighborhood and physical environment, employment, social support network, and access to health care. No one is isolated from their environments; in the United States, place of birth is more strongly associated with life expectancy than race or genetics.[33] Additionally, there is a 15-year difference in life expectancy between people living in affluent and low-income neighborhoods.[34] To address SDOH, youth-serving providers must work upstream to address social needs that improve individual and community outcomes.

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[35]

- **Screening for necessary social, economic, and safety issues in clinical and other settings**
  Youth-serving agencies can offer best-practice screening materials and aggregate/analyze data on need across facilities.

- **In-house social services assistance (at clinical site where screening is performed)**
  Youth-serving organizations can convene health, community organizations, and representatives from other sectors to promote partnerships, link data sources, advocate for SDOH-related reimbursement, and develop community resource materials.

- **Anchor institutions promoting equity via hiring, investments, and community benefits**
  Youth-serving agencies can collaborate with one or more anchor institutions and assist them in prioritizing evidence-based approaches and community-wide strategies.

- **Community-based social and related services: single or multiple programs or services**
  Youth-serving agencies can demonstrate need with data, make the case to fund needed services, and/or fund programs themselves.

- **Change laws/regulations or community-wide conditions by working across sectors**
  Youth-serving agencies can provide evidence of need and demonstrate efficacy of policies and laws that promote health and address the SDOH.

"She helps me figure myself out in ways I couldn't even imagine."

WHY IS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH IMPORTANT?

Failing to address SDOH indicated to our youth partners a lack of care and energy around improving their livelihoods and environments. On the other hand, addressing SDOH helps young people to "figure myself out." Addressing social determinants of health helps to address health equity—defined as "when everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[36] Overall, when providers address social determinants of health, they are reducing health inequities and supporting improvements to young people's broader context, thereby providing comprehensive and holistic care.
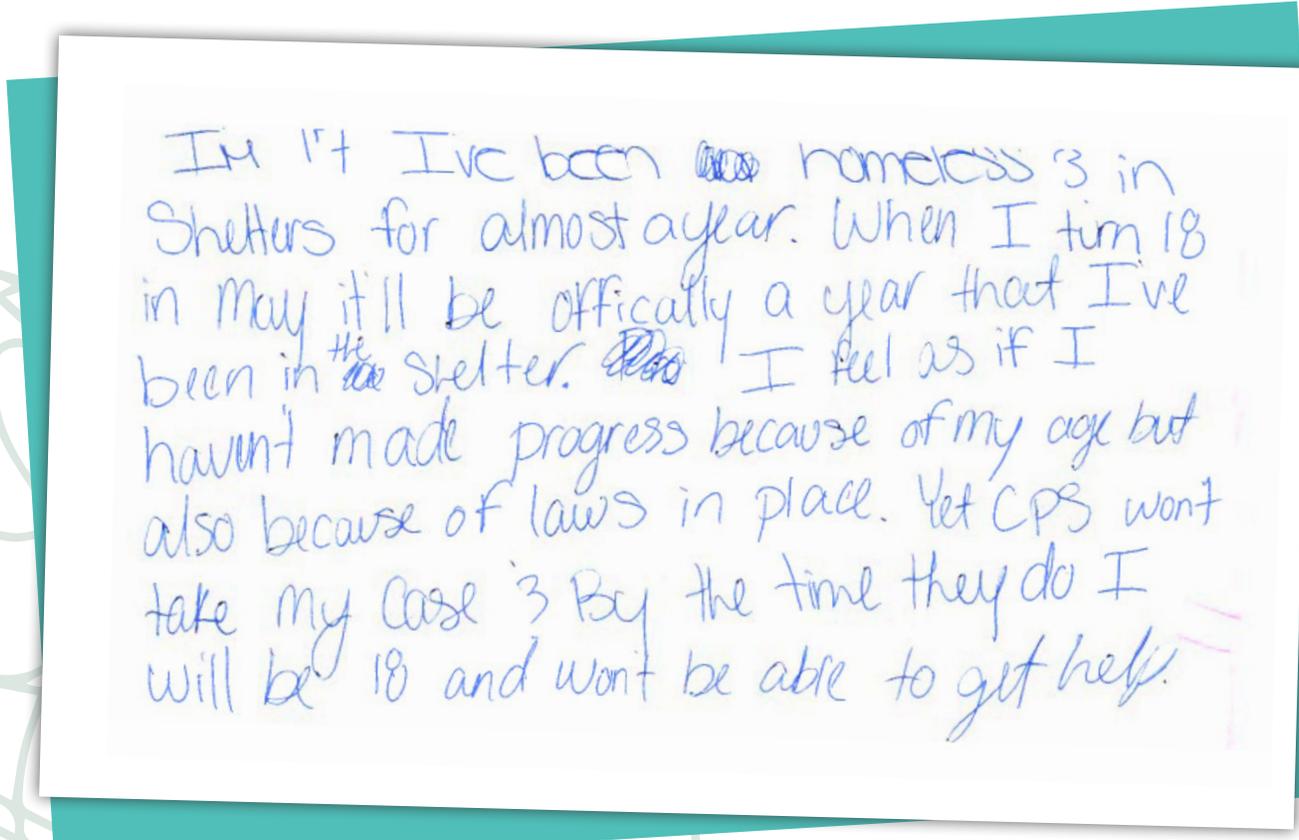
I'm 17 I've been homeless & in Shelters for almost a year. When I turn 18 in May it'll be offically a year that I've been in the shelter. I feel as if I havent made progress because of my age but also because of laws in place. Yet CPS won't take my case & By the time they do I will be 18 and won't be able to get help.

A wellness focus means that young people have access to wellness supports that build strengths, assets, and safety. For example, organizations provide youth with exercise classes, access to healthy snacks, meditation, and relaxation. Moreover, a wellness focus acknowledges that health is comprehensive and needs a holistic approach that not only focuses on reacting to illness, but also uplifts positive outcomes.

SUPPORTING COMPETENCIES FOR IMPLEMENTATION:[38]

- Enhance the ability of youth and young adults to achieve developmentally appropriate tasks.
- Address a range of relevant life domains, including education, employment, housing, and community relationships.
- Build resilience by recognizing the challenges that young people have faced, how they have coped, and how they can use past experiences to manage current challenges.
- Recognize and normalize the importance of safe experimentation, opportunities to learn, and the growing need for autonomy in decision-making.
- Foster a sense of safety by ensuring privacy and confidentiality, communicating with trust and honesty, and establishing meaningful connections.
- Promote health-enhancing attitudes and behaviors.

WHY IS A WELLNESS FOCUS IMPORTANT?

Our youth partners ranked wellness focus among their top-priority competencies. Adolescents value the idea of wellness. To them, it means living and leading a healthy lifestyle – physically, mentally, emotionally, and spiritually.[39] Having a wellness focus provides youth with a sense of self confidence, responsibility, and accountability to engage with the world around them. Promoting wellness can build personality and self-awareness, shaping belief systems and values about the world. Wellness is one component of a continuum of supports for youth and young adults, providing them with a holistic view and approach to care. When providers only focus on treatment and prevention without including wellness, the continuum of care becomes unbalanced.[40]

"I chose my mom because she brings strength to the community by keeping it clean and being involved. She is strong, kind and a generally nice person and inspires me to do my best."

KEY TAKEAWAYS AND IMPLEMENTATION RECOMMENDATIONS

How can local and state mental health systems begin to integrate these competencies to support youth and young adult mental health and wellness? Our work suggests that key next steps include identifying assessment tools; building out a training plan; integrating these competencies into position descriptions, contracts, and RFPs; and developing an accountability structure. As systems work to achieve these steps:

Youth input is essential to developing an implementation strategy that is responsive to system strengths and challenges as experienced by young people. Youth and young adults do not necessarily share the same priorities as youth-serving professionals. In this instance, youth and young adults were much more focused on the "content" competencies, particularly prevention and wellness. Youth-serving professionals focused more heavily on the process competencies, including authentic youth engagement, youth-friendly services, and cultural responsiveness. Youth and adult stakeholders have notable differences in how they prioritize cultural responsiveness. Frequently, African-American youth are not recognized by providers as and do not report having culture in the same way as other groups of youth.[41] It is possible that our mostly African-American youth partners had never encountered a system that recognized and valued a unique African-American culture and, therefore, had trouble imagining what cultural responsiveness might look like. This finding suggests that youth-serving agencies must be particularly attentive to which cultures are recognized and valued as well as how systems of power,[42] unique histories, and intersecting identities (race, ethnicity, age, gender identity, sexual orientation) shape cultural needs.

Trauma-informed practice, on the other hand, was a key shared priority for youth and adult stakeholders. Professionals in youth-serving systems should work in partnership with youth to identify key local priorities and to make sure they align training and accountability implementation efforts with youth priorities.

Systemic culture change does not happen overnight; the important thing is to start the process. There was remarkable consistency in the challenges that young people experienced across an urban and a rural county. Youth-serving professionals can sometimes get stalled in "needs assessment" mode; they worry that they have not obtained feedback from the full range of young people or that they don't have enough data to take definitive action. Young people often share perspective regardless of their unique situations. One of these shared perspectives is that young people demand action. Youth-serving systems should gather youth input on priorities and move the work forward through tangible steps including updating position descriptions and training plans, as well as building these core competencies into provider contracts and funding opportunities.

CONCLUSION

CLASP's youth and young adult mental health framework calls for policy and systems change that expands the definition of health care to improve mental health outcomes for youth and young adults.[43] Our core competencies work confirms the importance of addressing social determinants of health, integration of mental and physical health, a wellness focus, and prevention as essential mental health care content for youth and young adults. The six process competencies are core to the systems changes recommended by the framework. Providers must change the way they think about providing services, creating spaces for youth to be thought partners in their care, eliminating barriers for youth to access services, and understanding the nuances and complexity of youth culture. Providers must meet young people where they are – having flexible appointment times, providing various types and methods of treatments, and listening to the youth's priorities.

Collectively, these core competencies support providers in acknowledging youth and young adults as being in a unique developmental stage and provide practical guidance on how to better serve this population. Implementing these key skills into organizational policies, procedures, and professional development will change the climate and culture of the institutions for young people. Widespread adoption of these core competencies as standard practice will move our systems toward a shared goal of equitably and appropriately meeting the mental health needs of youth and young adults.

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