

# Needs Assessment of Youth Mental Health and Well-being in Northeast Minnesota

*Prepared for United Way of Northeast Minnesota*

Author: Melissa Serafin, Amanda Petersen, Maria Robinson, and Austin Thao

**D E C E M B E R 2 0 2 3**

451 Lexington Parkway North | Saint Paul, Minnesota 55104  
651-280-2700 | [www.wilderresearch.org](http://www.wilderresearch.org)

**Wilder  
Research**<sup>®</sup>  
Information. Insight. Impact.

# Contents

Project background .....	1
Limitations .....	2
Key findings and recommendations.....	3
Mental health services and resources.....	3
Mental well-being .....	8
Home environment .....	9
School environment and peer relationships .....	11
Community environment, relationships with caring adults, and prosocial activities ...	14
Interview findings .....	18
Barriers to accessing services and resources .....	18
Suggestions for supporting youth mental health and well-being.....	18
Reactions to proposed initiatives .....	25
Survey data tables .....	29
Youth survey.....	29
Caregiver survey .....	40
School staff survey.....	51
References.....	62

## Project background

In 2022, United Way of Northeast Minnesota (United Way) contracted with Wilder Research (Wilder) to conduct a needs assessment of youth mental health and well-being in Northeast Minnesota. This project involved a survey of youth in grades 6-12 (N=799), caregivers (e.g., parents, guardians, and other types of primary caregivers that hold different relationships with their youth) of youth in grades 6-12 (N=106), and school staff who work at schools that include grades 6-12 (N=149).

To recruit survey respondents, United Way developed a list of schools in their service area, and Wilder invited each school to share the survey invitation with their students, students' caregivers, and school staff. Schools were asked to send the survey link directly to students age 18 and older. For students under age 18, schools were asked to send an initial pre-notification to students' parents/guardians. Parents/guardians were given three weeks to opt their students out of participating. After three weeks, schools were allowed to send the survey link directly to these students. At the end of the survey, respondents had the opportunity to enter into a drawing for a \$50 Amazon or Target gift card.

Additionally, this project initially included a series of focus groups with youth and caregivers. However, due to recruitment challenges, Wilder pivoted to conducting interviews with youth and caregivers. Twelve youth and eight caregivers expressed interested in participating, and Wilder ultimately completed a total of 16 interviews (nine with youth and seven with caregivers). Interview respondents received a \$50 gift card for their choice of Amazon or Target.

Lastly, this project involved a high-level search of secondary sources to identify specific strategies that could be implemented in response to the recommendations.

Note that this report generally uses the term “caregiver” instead of “parent/guardian.” The authors recognize that there are a wide range of family structures, and a youth's primary caregiver may not necessarily be their parent or guardian. However, because only parents and guardians have legal authority over youth under age 18, this report uses the term “parent/guardian” regarding consent for youth to participate in this study or to receive clinical mental health services. Additionally, this term is used for survey items taken from the Minnesota Student Survey. Additionally, note that this report uses the term “school staff” to refer to teachers and other types of school staff to optimize readability.

# Limitations

It is important to note several limitations of this project, including:

- Survey and interview respondents self-selected to participate, and thus the sample is not representative of the Northeast Minnesota region.
- Wilder invited 18 school districts (29 schools total) to participate in the survey, and eight districts (15 schools) agreed to participate. Youth most frequently reported attending South Ridge High School (19%), Hibbing High School (16%), or Nashwauk Keewatin High School (13%). Caregivers most frequently reported that their youth attends Hibbing High School (53%), Nashwauk Keewatin High School (21%), or East Range Academy of Technology and Science (14%). School staff most frequently reported working at Hibbing High School (29%), South Ridge High School (18%), or Cherry School (18%).

Additionally, Wilder conducted a relatively small number of interviews (N=16).

Accordingly, survey and interview results do not represent all youth, caregivers, or school staff across all schools in the United Way service region, and the survey results may be biased specifically toward youth who attend Hibbing High School. See the [Survey Data Tables section](#) for the schools that participated in the survey.

- Most survey respondents identified as white (89-91%), and most youth respondents did not identify as LGBT+ (67%). Accordingly, survey results may not fully represent the views or experiences of Black, Indigenous, or people of color (BIPOC) and/or LGBT+ people.
- Note that results for some survey items varied by at least 15 percentage points between youth, caregivers, and school staff. However, these differences should be interpreted with caution. While they could indicate a true difference, it is also possible that the difference could be attributed to the study's methodology (e.g., school staff may have based their responses on the youth they work with most often; youth and caregivers with consistent and reliable access to the internet may have been most likely to respond to the survey given the invitations were emailed).

## Key findings and recommendations

This section presents the key findings and recommendations based on the survey and interview results. Note that only selected findings most actionable and relevant to youth mental health and well-being are reported in this section, while all findings can be found in the [Interview Findings section](#) and the [Survey Data Tables section](#). Additionally, survey item wording varied across the three versions of the survey (i.e., youth, caregiver, and school staff), and the data tables in this section only present data for close-ended survey items. For the exact wording of survey items and open-ended item themes, see the [Survey Data Tables section](#). Lastly, note that some response options are collapsed in this section's data tables, and these percentages may not total the sum of the individual response options reported in the [Survey Data Tables section](#) due to rounding.

### Mental health services and resources

***Recommendation: Support initiatives to improve access to mental health services, such as increasing the number of providers and clinics, reducing financial barriers, and addressing transportation barriers.***

- Youth, caregiver, and school staff survey respondents agreed that their communities need more mental health services for youth (75-92%; Figure 1).
- Youth and caregiver interview respondents also emphasized the importance of increasing service availability and access. They spoke to the importance of ensuring services are available in school and outside of school and identifying ways for youth to receive services anonymously.
- When asked for one thing their school or community could do to improve youth mental health and well-being, survey respondents commonly suggested increasing access to services for youth (18% of youth, 29% of caregivers, 45% of school staff; open-ended item).
- Additionally, caregivers and school staff survey respondents were asked what would help them better support youth and their well-being, and they frequently suggested increasing mental health services (41% of caregivers; 63% of school staff; open-ended item).
- When asked to identify the most significant challenges school staff have encountered during the referral process, survey respondents often cited wait lists (29%) and lack of service availability (26%; open-ended item).

- Caregivers and school staff survey respondents were also asked to identify barriers to youth receiving mental health services. They reported cost (45% of school staff and 14% of caregivers), transportation (37% of school staff and 14% of caregivers), and lack of providers or wait times (31% of school staff and 48% of caregivers; Figure 1). These barriers were also identified in youth and caregiver interview themes, and some caregiver interview respondents also identified a need to diversify the mental health workforce.

***Recommendation: Improve understanding of mental health, consider privacy concerns, and address stigma.***

- Many interview respondents, including many youth respondents, identified a need to improve understanding of youth mental health concerns, particularly among caregivers, school staff, and the other adults in youths' lives.
- Additionally, interview respondents, including many youth, also described privacy or stigma-related concerns related to accessing services, with some respondents suggesting finding ways for youth to receive services anonymously.
- Some school staff (34%) and caregiver (14%) survey respondents identified stigma or privacy concerns as barriers to youth receiving services.
- When asked for one thing that their youth's school or community could do to improve youth mental health, some caregiver survey respondents suggested addressing stigma or increasing mental health awareness (21%; open-ended item). Some school staff also suggested raising awareness about mental health and addressing stigma (12%) and providing mental health education for youth (11%) as their one suggestion for how to improve youth mental health and well-being.

***Recommendation: Engage caregivers in youth services.***

- School staff survey respondents most commonly identified engaging caregivers as the most significant challenge they experience during the process of referring youth to community-based services (40%; open-ended item).
- Interview respondents also emphasized the importance of engaging caregivers in youth services, as collaborative relationships between youth, caregivers, and providers can help ensure caregivers feel supported and ultimately increase service effectiveness. They also suggested providing guidance and support to help caregivers have conversations with their youth about topics related to mental health and well-being.

***Recommendation: Streamline the referral process and provide service navigation assistance to families.***

- About half of school staff survey respondents (52%) reported being slightly familiar or not familiar at all with the process of referring youth to community-based services.
- When asked which types of resources or services would help school staff better support the youth they work with, one of the most common suggestions was improving the referral process and/or providing more information or guidance regarding navigating services (20%; open-ended item).
- When asked to identify the most significant challenges school staff have encountered during the referral process, some survey respondents identified a lack of familiarity of existing services or how the process works (11%) and that the process takes too long or is too cumbersome (10%; open-ended item).
- School staff survey respondents also frequently identified families' lack of awareness of available services as a barrier preventing youth from receiving services (44%).
- Similarly, interview respondents identified a lack of awareness of existing services and the significant amount of time and effort required to find information and navigate services and resources as challenges to ensuring youth receive services.

## 1. Selected survey results related to mental health services and resources

	Youth (N=701)	Caregivers (N=100)	School staff (N=132)
<b>Respondents who agreed or strongly agreed that their community needs more mental health services for youth</b>	75%	92%	85%
<b>Familiarity with the process of referring youth to community-based services</b>			<b>School staff (N=131)</b>
Not at all familiar			19%
Slightly familiar			33%
Somewhat familiar			29%
Very familiar			19%
<b>Most common barriers that prevent youth from receiving mental health services<sup>a</sup></b>	<b>Youth</b>	<b>Caregivers (N=63)<sup>b</sup></b>	<b>School staff (N=131)</b>
Cost		14%	45%
Families don't know what services are available		13%	44%
Transportation		14%	37%
Wait times are too long or providers aren't accepting new clients		48%	31%
My youth doesn't want to receive mental health services/youth don't want to receive services		40%	21%
Stigma or privacy concerns		14%	34%

■ One of the top three most commonly reported responses among youth, caregivers, and/or school staff.

■ Indicates a difference of 15 percentage points or greater between youth, caregivers, and/or school staff.

Note: Youth and caregiver respondents were not asked about familiarity with the referral process, and youth were not asked about the barriers that prevent youth from receiving mental health services.

<sup>a</sup> Check-all-that-apply item. Note that the response options presented here do not include the full list included in the survey item. See the [Survey Data Tables](#) section for all data for this item.

<sup>b</sup> Among caregivers who indicated that their youth needs mental health services.



## Strategy ideas for improving mental health services and resources

- Strengthen telehealth infrastructure (Centers for Disease Control and Prevention, 2023; MDH, 2021; Serafin, 2020). See the [Telemental Health Services for Youth in Rural Areas: Meeting Service Gaps and Best Practices](#) report for more information about the role of telehealth in meeting rural youth mental health service gaps.
- Support transportation initiatives (e.g., contracting with transportation services for non-emergency situations, creating discretionary funds for transportation) and increase resources available to mobile crisis services (e.g., funding or trainings for crisis team members; MDH, 2021).
- Create career pathways and develop recruitment initiatives to promote careers in mental health (MDH, 2021). Additionally, support providers-in-training by addressing licensure barriers (e.g., facilitate access to supervision) and providing financial resources (e.g., funds for supervision hours, loan forgiveness).
- Implement programs and initiatives that serve whole families or aim to increase engagement among caregivers, such as the Parent Support Outreach Program, the Family Connections program, mental health education, peer-to-peer support opportunities, raising awareness of the importance of engaging caregivers among mental health providers, and implementing shared decision-making processes (Boritz et al., 2021; MDH, 2021; Sheikhan et al., 2021; Woodard et al., 2020; Yoo et al., 2018).
- Support efforts to increase residential and crisis services (MDH, 2021). However, note that MDH (2021) emphasizes that more information is needed, as youth have varying levels of needs, and provider shortages will likely pose a challenge to adequate staffing. Similar concerns were reported by respondents interviewed for this project, as described in the [Interview Findings section](#).
- Facilitate collaboration and integration between mental health and primary care (e.g., creating consultation pathways; Centers for Disease Control and Prevention, 2023; MDH, 2021; Tobin Tyler et al., 2017). Additionally, ensure high levels of collaboration and information sharing across relevant agencies, organizations, coalitions, and other groups related to youth mental health and well-being in Northeast Minnesota (e.g., coordination protocols across the service spectrum, ensuring representation from key partners during meetings and initiative decisions).
- Ensure contact information for mental health services and resources (e.g., the National Suicide Prevention Lifeline) is widely and easily accessible (e.g., on county and organization websites; MDH, 2021).
- Launch campaigns to raise awareness of services, normalize and increase understanding of mental health, and address stigma, with a focus on tailoring campaigns to specific populations and including educational and social contact components (Bartelink & Edvardsson, 2019; Corrigan, 2011; Minnesota Department of Health [MDH], 2021; Thornicroft et al., 2016).

# Mental well-being

**Recommendation: Provide nonclinical activities and programs that support well-being, particularly coping and emotion regulation skills.**

- While most youth survey respondents agreed with several statements about their mental well-being (60-82%), the remainder disagreed (Figure 2). Caregivers generally reported higher levels of well-being among youth (67-90%), and school staff generally reported lower levels of well-being among youth (48-70%) compared to youth themselves.
- Across youth, caregivers, and school staff, survey respondents least commonly agreed that youth deal with disappointment without getting too upset (48-67%) and express feelings in proper ways (53-76%).
- Interview respondents also suggested providing non-clinical well-being programs and resources to support youth, particularly opportunities for youth to receive support and opportunities to develop coping skills.

## 2. Selected survey responses related to mental well-being (agree or strongly agree responses)

	Youth (N=721-728)	Caregivers (N=103-104)	School staff (N=133)
Youth feel in control of their lives and futures.	82%	87%	53%
Youth feel good about themselves.	70%	82%	68%
Youth deal with disappointment without getting too upset.	61%	67%	48%
Youth feel valued and appreciated by others.	75%	90%	70%
Youth express feelings in proper ways.	60%	76%	53%

■ Indicates a difference of 15 percentage points or greater between youth, caregivers, and/or school staff.

### Strategy ideas for promoting mental well-being

- Provide other types of programming that support well-being and positive development. These include programs that aim to promote a positive sense of identity, mental health, intervention skills, social and communication skills, self-esteem, empowerment, and emotion regulation skills (e.g., social emotional learning programs, emotional skills training curricula; Dotterweich, 2021; Scott & Krinke, 2018; Waid & Uhrich, 2020; Youth.gov, n.d.). Examples include [Sources of Strength](#), [Lifelines](#), [Youth Mental Health First Aid](#), [social-emotional learning](#), and [Kognito](#).
- Provide youth leadership programs and opportunities to foster empowerment, allow youth to explore interests, and build new skills, such as youth advisory boards and youth-led initiatives (Centers for Disease Control and Prevention, 2022; Felter et al., 2023; Ginwright & James, 2002; Ozer, 2017; Waid & Uhrich, 2020).

## Home environment

***Recommendation: Provide programming and resources to build strong, positive family relationships, promote resiliency among youth experiencing family-related stressors, and encourage families to have conversations about mental health.***

- While most youth (92%) reported that they feel safe and respected at home, about a quarter (23%) of youth survey respondents reported they do not live with at least one caring and supportive adult (Figure 3).
- One of the top three most common life stressors youth reported was their relationship or conflict with a parent/guardian (28%), with nearly half of school staff (46%) reporting the same. This was less commonly reported by caregivers (18%).
- Similarly, about half of youth (53%) shared they would reach out to their parent or guardian if they were feeling distressed, compared to 90% of caregivers.
- More than a third of youth survey respondents (39%) reported that someone they live with or used to live with struggles with mental health concerns. Some youth also reported that they live with or used to live with someone who struggles with drug use or alcohol use or has been in jail or prison (17-24%).
- Additionally, interview respondents emphasized the importance of promoting family conversations about mental health and a need to provide guidance to help caregivers discuss mental health issues with their youth. Moreover, youth interview respondents emphasized the importance of increasing understanding of youth mental health concerns among the adults in their lives, including caregivers, as described in a [previous section](#).

### 3. Selected survey results related to home environment

	Youth	Caregivers	School staff
<b>Home environment and relationships</b>	<b>Youth (N=734-749)</b>	<b>Caregivers (N=104-105)</b>	<b>School staff (N=134)</b>
Youth who live with at least one caring and supportive adult	77%	82%	a
Youth who live with or used to live with someone who struggles with mental health.	39%	59%	a
Youth who live with or used to live with someone who struggles with drug use.	17%	19%	a
Youth who live with or used to live with someone who struggles with alcohol use.	24%	19%	a
Youth who live with or used to live with someone who has been in jail or prison.	21%	23%	a
Youth feel safe and respected at home	92%	94%	76%
<b>Stressors in youths' lives related to home environment<sup>b</sup></b>	<b>Youth (N=719)</b>	<b>Caregivers (N=103)</b>	<b>School staff (N=138)</b>
Relationship or conflicts with a parent or guardian	28%	18%	46%
<b>Most common people or places youth would reach out to if they were feeling overwhelmed, depressed, anxious, or otherwise distressed<sup>c</sup></b>	<b>Youth (N=711)</b>	<b>Caregivers (N=104)</b>	<b>School staff (N=132)</b>
Parent or guardian	53%	90%	24%

■ One of the top three most commonly reported responses among youth, caregivers, and/or school staff.

■ Indicates a difference of 15 percentage points or greater between youth, caregivers, and/or school staff.

<sup>a</sup> See the [Survey Data Tables section](#) for school staff perceptions regarding the proportion of youth in these situations.

<sup>b</sup> Youth were asked to select all the stressors in their lives, caregivers were asked to select all the stressors in their youth's life, and school staff were asked to select the three most common stressors in the lives of the youth they work with. Note that this was a check-all-that-apply item, and the response options presented here do not include the full list included in the survey item. See the [Survey Data Tables](#) section for all data for this item.

<sup>c</sup> Youth and caregivers were asked to check all that apply, while school staff were asked to select up to three options. Note that this was a check-all-that-apply item, and the response options presented here do not include the full list included in the survey item. See the [Survey Data Tables](#) section for all data for this item

### Strategy ideas for promoting positive home environments

- Promote resources that help caregivers discuss mental health and well-being concerns with their youth, such as the [“Talk. They Hear You.” underage drinking prevention campaign](#), the [Game Changers initiative](#), the [Seize the Awkward](#) campaign, and [UNICEF’s tips for mental health discussions with children](#) (Ad Council, 2020; Centre for Addiction and Mental Health, 2023; SAMHSA, 2023; UNICEF, n.d.).
- Offer opportunities for caregivers to practice parenting skills, increase understanding of child development, improve relationships with their youth, learn about effective and positive discipline techniques, and learn how to set expectations (Fortson et al., 2016 Social Programs that Work, 2017c).
- Provide home visiting programs, in which professionals visit families to assess needs and assets, provide education, develop a tailored support plan, and promote positive behaviors and communication (Fortson et al., 2016; Healthy Families America, n.d.; Social Programs that Work, 2017a; Social Programs that Work, 2017b).
- Promote family-friendly work policies to support caregivers’ well-being and their ability to provide and care for their youth (e.g., livable wages, paid leave, flexible schedules; Fortson et al., 2016).
- Ensure clinical services and other intensive interventions are available to promote positive relationships between caregivers and youth, address caregiver mental health and substance use concerns, and prevent abuse or neglect (Child Welfare Information Gateway, 2021; National Institutes of Health, 2022; Fortson et al, 2016; National Child Traumatic Stress Network, n.d.; Substance Abuse and Mental Health Services Administration [SAMHSA], 2016; SAMHSA, 2020).
- Offer recovery coaching and peer support programs to support caregivers in recovery and address barriers to treatment (Child Welfare Information Gateway, 2021 Lyons et al., 2021; Social Programs that Work, 2017d; SAMHSA, n.d.).

## School environment and peer relationships

### ***Recommendation: Identify ways to reduce academic pressure and provide academic supports.***

- About two-thirds of youth (65%) and half of caregivers (55%) identified schoolwork as a stressor in the lives of youth, while this percentage was much lower among school staff (5%).
- Nearly half of youth survey respondents (46%) and a third of caregivers (34%) reported that being too busy with school or other activities prevent youth involvement with more activities.

- Youth and caregiver interview respondents also identified the high levels of pressure youth experience regarding school work and academic achievement. Youth respondents suggested providing accommodations, such as additional time; collaborating with their teachers to address academic problems; and implementing other types of resources, such as groups focused on helping students complete schoolwork.

***Recommendation: Promote positive peer relationships.***

- Most youth, caregivers, and school staff survey respondents agreed that youth feel safe and respected at school (71-79%; Figure 4).
- However, respondents less commonly agreed that kids at school respect people's differences, particularly youth respondents (38%).
- Survey respondents also commonly reported relationships or conflicts with friends (32-38%), peer pressure (23-30%), and being bullied (14-30%) as life stressors.
- Some interview respondents also identified concerns about peer relationships. Youth interview respondents specifically mentioned negative peer reactions to receiving services in school. Caregiver interview respondents described peer pressure and bullying concerns, and they emphasized the importance of ensuring positive peer relationships and related school policies and practices (e.g., intervening in a timely manner, restorative practices).

***Recommendation: Promote positive relationships between youth and school staff and encourage understanding of youth mental health among school staff.***

- Most youth, caregivers, and school staff agreed that school staff care about students (81%-98%) and respect people's differences (84-91%).
- However, youth respondents less commonly agreed that school staff understand student mental health concerns compared to school staff respondents (62% v. 78%).
- Additionally, when asked to suggest one thing their school or community could do to improve youth mental health, youth survey respondents most frequently identified a need to improve relationships between students and school staff, including ensuring mental health concerns are taken seriously and increasing understanding of mental health concerns among school staff (22%; open-ended item). They also frequently suggested improving the school environment (19%), including improving responsiveness to mental health concerns.

- When asked which resources or services would help school staff better support the youth they work with, some school staff survey respondents suggested providing mental health education or skills training for school staff (11%; open-ended item).
- Moreover, 20% of youth reported they would talk with a teacher if they were feeling distressed compared to 57% of school staff respondents.

#### 4. Selected survey results related to school environment and peer relationships

	Youth	Caregivers	School staff
<b>Agreement with statements related to school environment and peer relationships</b>	<b>Youth (N=748-759)</b>	<b>Caregivers (N=105-106)</b>	<b>School staff (N=141-143)</b>
Youth feel safe and respected at school	71%	75%	79%
Kids at school respect people's differences	38%	50%	64%
Teachers and staff at school care about students	81%	87%	98%
Teachers and staff at school respect people's differences	85%	84%	91%
Teachers and staff at my school understand the mental health needs of students	62%	65%	78%
<b>Stressors in youths' lives related to school environment and peer relationships<sup>a</sup></b>	<b>Youth (N=719)</b>	<b>Caregivers (N=103)</b>	<b>School staff (N=138)</b>
Relationships or conflicts with friends	35%	38%	32%
Peer pressure	23%	30%	25%
Being bullied	22%	30%	14%
Schoolwork	65%	55%	5%
<b>Most common people or places youth would reach out to if they were feeling distressed<sup>b</sup></b>	<b>Youth (N=711)</b>	<b>Caregivers (N=104)</b>	<b>School staff (N=132)</b>
Teacher	20%	20%	57%
<b>Barriers preventing youth from becoming involved with more activities</b>	<b>Youth (N=768)</b>	<b>Caregivers (N=106)</b>	<b>School staff (N=148)</b>
Youth are too busy with school or other activities	46%	34%	16%

■ One of the top three most commonly reported responses among youth, caregivers, and/or school staff.

■ Indicates a difference of 15 percentage points or greater between youth, caregivers, and/or school staff.

<sup>a</sup> Youth were asked to select all the stressors in their lives, caregivers were asked to select all the stressors in their youth's life, and school staff were asked to select the three most common stressors in the lives of the youth they work with. Note that this was a check-all-that-apply item, and the response options presented here do not include the full list included in the survey item. See the [Survey Data Tables](#) section for all data for this item

<sup>b</sup> Youth and caregivers were asked to check all that apply, while school staff were asked to select up to three options. Note that this was a check-all-that-apply item, and the response options presented here do not include the full list included in the survey item. See the [Survey Data Tables](#) section for all data for this item



### Strategy ideas for promoting positive school environments and peer relationships

- Promote positive and trusting relationships between students and school staff by encouraging empathic listening skills, self-awareness, and authenticity, and supporting school staff to care for their own mental health needs (Cacciatore, 2021; Consiglio, 2022; Making Caring Common Project, 2023; National Center on Safe Supportive Learning Environments, n.d.; Rimm-Kaufman & Sandilos, 2015).
- Train school staff on mental health-related topics and implementing mental health promotion activities (e.g., mental health check-ins). However, it's important to note that many schools are already under-resourced and may not have the capacity to implement new initiatives (Korbey, 2022). Training examples include [Classroom WISE](#), [Youth Mental Health First Aid Training](#), [Kognito](#), and [Mental Health Awareness Training](#).
- Implement restorative practices to improve conflict resolution and discipline processes, promote positive peer relationships, promote a sense of community, and improve school climate (Schott Foundation for Public Education, 2014; Stop Bullying, 2017). These often involve responding to an act of harm by focusing on repairing the relationship, with the victim and perpetrator sharing their experiences of the incident and its impacts and identifying ways the harm could be addressed and resolved. These practices may also include peer mediation, conflict resolution processes, and circle discussions. It is important to note that zero tolerance policies have been shown to be ineffective at improving peer relationships and preventing bullying.
- Implement anti-bullying and positive school climate rules, policies, and programming, such as identifying clear definitions of bullying and consequences for violations, facilitating discussion groups about bullying, providing trainings for teachers and school staff, and providing social-emotional learning curricula (Centers for Disease Control and Prevention, 2018; David-Ferdon et al., 2016; Gaffney, et al., 2021a; Gaffney et al., 2021b; Stop Bullying, 2017).

## Community environment, relationships with caring adults, and prosocial activities

***Recommendation: Provide opportunities for youth to engage in community-based and prosocial activities and address barriers to activity participation.***

- One of the most commonly reported barriers preventing youth from becoming involved with more activities was a lack of activities youth are interested in (34-42%; Figure 5).
- Youth and caregiver interview respondents suggested providing safe and comfortable spaces for youth to spend time in and opportunities for youth to learn skills and receive support.



- Additionally, when asked what type of resources or services would help caregivers better support their youth and their youth's well-being and what their youth's school or community could do to improve youth mental health, caregiver survey respondents commonly suggested providing more community activities or resources (24% for each item; open-ended items). Some school staff also suggested providing more community-based activities as their one suggestion for improving youth mental health and well-being (11%; open-ended item).
- School staff survey respondents commonly identified cost (39%) and transportation (73%) as barriers to increased youth participation. These percentages were lower among youth and caregivers (14-20%).

***Recommendation: Provide opportunities for youth to develop positive, trusting relationships with caring adults and promote community connections.***

- Most youth survey respondents reported feeling safe and respected in their communities (76%) and that they know their neighbors (75%). They also generally agreed that adults in their community respect people's differences (69%), and that the adults in their lives believe in them (88%) and encourage them to do better (92%).
- However, about half (49%) of youth reported that they had not been asked how they were by someone who truly wanted their honest answer within the past month or that they couldn't remember the last time they were asked. While 40% of youth reported they were asked within the past week, 78% of caregivers guessed their youth had been asked within the past week. School staff also reported that most youth are asked at least several times per week (80%).
- Lower proportions of caregivers and school staff agreed that adults in their community respect people's differences (40-45% v. 69% of youth). Compared to youth and caregivers, school staff also less commonly agreed that adults in youth's lives believe in them (76% v. 88-99%) and encourage them to do better (72% v. 92-99%).

## 5. Selected survey results related to community environment, relationships with caring adults, and prosocial activities

	Youth	Caregivers	School staff
<b>Barriers preventing youth from becoming involved with more activities<sup>a</sup></b>	<b>Youth (N=768)</b>	<b>Caregivers (N=106)</b>	<b>School staff (N=148)</b>
There aren't any activities youth are interested in	42%	37%	34%
They cost too much	14%	20%	39%
Lack of transportation	14%	17%	73%
<b>Agreement with statements related to community connections and relationships with adults</b>	<b>Youth (N=747-756)</b>	<b>Caregivers (N=105-106)</b>	<b>School staff (N=140-141)</b>
Youth feel safe and respected in their community	76%	81%	75%
Youth know their neighbors	75%	76%	69%
Adults in the community respect people's differences	69%	40%	45%
Adults in youth's lives believe in them	88%	99%	76%
Adults in youth's lives encourage them to do better	92%	99%	72%
<b>Caring and supportive relationships</b>	<b>Youth (N=726-749)</b>	<b>Caregivers (N=104)</b>	<b>School staff</b>
Youth without any caring and supportive adults in their lives	2%	0%	b
Youth with at least three caring and supportive adults in their lives	86%	97%	b
<b>Frequency youth are asked by someone how they are and truly want their honest answer</b>	<b>Youth (N=722)</b>	<b>Caregivers (N=104)</b>	<b>School staff</b>
In the past week	40%	78%	b
Longer than a week ago but in the past month	12%	11%	b
Longer than a month ago but in the past 6 months	8%	5%	b
More than 6 months ago	5%	4%	b
I don't know/can't remember	36%	3%	b

■ One of the top three most commonly reported responses among youth, caregivers, and/or school staff.

■ Indicates a difference of 15 percentage points or greater between youth, caregivers, and/or school staff.

<sup>a</sup> Note that this was a check-all-that-apply item, and the response options presented here do not include the full list included in the survey item. See the [Survey Data Tables](#) section for all data for this item.

<sup>b</sup> See the [Survey Data Tables section](#) for school staff perceptions regarding the proportion of youth in these situations.

### **Strategy ideas for promoting positive community environments, relationships with caring adults, and participation in prosocial activities**

- Provide mentoring programs to build one-on-one relationships between youth and adults (Centers for Disease Control and Prevention, 2019; Raposa et al., 2019).
- Implement community and prosocial activities and programming across a wide range of topic areas, particularly activities that promote relationships with caring adults (e.g., coaches, volunteers, school staff; Arnold, 2020; Centers for Disease Control and Prevention, 2019; Li & Winters, 2022; Syvertsen et al., 2023).
- Promote caring relationships with adult professionals or volunteers who work with youth through trainings and policies, such as raising awareness of the importance of caring relationships with adults, improving understanding of communication and relationship styles, and learning best practices for connecting with youth and ensuring they feel safe and understood (Anderson & Sandmann, 2009; Search Institute, n.d.-a; Search Institute, n.d.-b).
- Provide community centers and community events and programming to promote community belonging and interaction (Colistra et al., 2019; Ohmer, 2007).

## Interview findings

This section presents the themes reported by at least two respondents from the interviews with youth and caregivers. Wilder completed a total of 16 interviews (nine with youth and seven with caregivers).

### Barriers to accessing services and resources

Commonly mentioned barriers to accessing mental health services and resources included:

- Transportation and distance.
- Lack of services and long wait times.
- Cost of services. Some respondents described how mental health services are often deprioritized over meeting their basic needs (e.g., housing).
- Lack of awareness of existing services and resources and significant time and effort needed to find information and navigate services and resources.
- Stigma. Respondents described how some caregivers are reluctant to seek out services for their youth, and how some youth are reluctant to disclose mental health concerns. Additionally, some respondents described how stigma prevents adults, including caregivers, from seeking services to support their own mental health.

Additionally, several caregiver respondents described how barriers related to transportation and distance, the lack of services, and the cost of services are interrelated and compound stress or other mental health concerns. Specifically, they shared that families need to dedicate significant time, money, and cognitive energy to ensure their youth receives services. These increase stress levels and negatively impact their mental health and/or their youth's mental health.

### Suggestions for supporting youth mental health and well-being

Commonly reported suggestions for improving youth mental health and well-being included:

- **Increase services, diversify the mental health workforce, and reduce wait times.** Many respondents described the need to increase the number of services and providers in the region. Some respondents suggested ensuring mental health providers represent a broader range of backgrounds and identities (e.g., race/ethnicity, gender), reducing caseloads among current providers to ensure they can provide adequate

attention to the clients they serve, providing virtual telehealth options, and ensuring there are enough providers to allow clients to find the right fit. Some respondents also specifically emphasized the importance of minimizing wait times for youth who are experiencing crises.

*Having services in any place you could be at... Counseling centers, stuff to relieve stress... In school as well, more [counselors] in schools would help people socialize better and would definitely [lead to] less fights and bullying.*

– Youth

*Rather than having one person, have a pool of people... And a diverse pool, race, gender, background, to make sure you are getting the right connections and help you need.*

– Caregiver

*More counselors in general, more people to see. My youngest daughter went to see a counselor the past school year. It was hard to find one who accepted new patients and not booked a month out. If someone needs to seek mental health services, they shouldn't have to wait to see someone.*

– Caregiver

- **Reduce the cost of services and/or provide financial assistance** to help youth and caregivers access services.

*[Take] cost into consideration. Everyone comes from a different background. Take a look into cost to make sure it would work for people.*

– Youth

*Services that don't have costs like co-pays or deductibles.*

– Caregiver

- **Raise awareness of available services and offer navigation assistance.** Many respondents, particularly caregivers, shared there is a lack of awareness of available services and resources and a lack of understanding regarding how to access them. Additionally, respondents described how the process of searching for services their youth or family may be eligible for can be complicated or overwhelming. Respondents emphasized the importance of ensuring information about available resources and services is available in places where youth and families already are (e.g., school, social media, National Night Out events, dentist and doctor offices, caregiver workplaces, coffee shops). They also suggested providing service navigation assistance.

*Advertisements for [services] in school because that's where a lot of kids get their information from.*

– Youth

*Kids don't know where to turn or who to call. They feel trapped. Kids... tell me horror stories, and they don't know there is help [available].*

– Caregiver

*Talking with kids about x, y, and z is not always happening. If I'm making my kids aware [of mental health information], they are passing it along to their friends. I think it's wherever we can make resources available, where kids are hanging out... like at a coffee shop. I'm always seeing things at Caribou. Find out where the local hot spots are.*

– Caregiver

*[More information is needed about] where to get help... Information on who and where to go. A roadmap, since mental health is a complicated thing, and you don't know where to start.*

– Caregiver

- **Ensure services are available in school and out of school.** Some respondents emphasized the importance of embedding services within school to address time and transportation barriers. However, they also described several potential concerns of school-based services, such as stigma, bullying, and missing out on classroom time, and some respondents indicated a preference for out of school services.

*More [providers] in school. It would help people socialize better and would definitely [reduce] fights and bullying for sure. Help with kids being able to talk to someone in the school building because no one has time to talk to anyone.*

– Youth

*Feeling like [students] have a safe space to talk to someone if they need help, and can provide comfort, in my opinion, and it can take the stress off them so they can do more student work and activities if they need to. Having someone to talk to can help a lot. The location depends on what's going on around them. We don't have enough at school at times. And more community help since people can't always get help in school because they are busy.*

– Youth

*I don't think that they would like to go to a counselor in school because of that stigma. There is still a stigma. Even though [people say], "Mental health is great and everything, and we need to focus on it," there is still a stigma that you are going.*

– Caregiver

- **Provide educational and non-clinical programs and resources** for youth to help them learn about mental health and well-being concerns and learn coping skills. Several respondents specifically suggested integrating mental health education and resources into school curricula and the school environment. Respondents described how these initiatives can help address stigma and reach students who face barriers to receiving formal mental health services.

*More non-clinical services. I know if I was in the hospital for a mental health issue, I would feel uncomfortable and embarrassed. [People] might think I'm crazy, tell a bunch of people. Non-clinical, you could say, "I'm here for my appointment," and there's no judgment... Meet with someone at a Caribou and talk to them outside of a public space and listen and make you feel better about what you have to say.*

– Youth

*There are [community activities that help] kids feel good about things and be involved, but is there anything that's really deliberately aimed toward mental health and wellness? I know all those [activities] can contribute to it. But, are there specific things to give kids those tools [to support their mental health]? ... Maybe there are things out there. I just haven't haven't seen them locally.*

– Caregiver

- **Prioritize anonymity and consider innovative ways to provide services anonymously**, such as text-based services. Several respondents suggested ensuring youth have access to programs or resources that don't require parent/guardian consent, given that some youth may not feel safe or comfortable talking with their parent or guardian about their concerns and some parents or guardians may be reluctant to acknowledge concerns and/or help their youth seek services. Several youth interview respondents specifically mentioned stigma and/or privacy concerns with receiving mental health services in school.

*More counselors and safe places to talk for students who have problems. A closed off area that other people can't see into.*

– Youth

*If there is an anonymous way for them to get the help they need, and for people who can't or don't feel like they can talk to their parents about it too. I think that would be hard if you didn't have a good relationship with your parents, and you felt that you needed some help and didn't have the support at home.*

– Caregiver

*Texting services. The majority of the age group in 6-12th grade communicates via texting. Some may use texting for anonymity. Some resources get tricky when they are minors and need parent and legal guardian consent. Knowing who can and cannot access services without parental consent or legal guardian. Youth can access some services without a legal guardian knowing, but not all youth know this. There is only one place in the Hibbing area that lets them be seen without parent or guardian consent.*

– Caregiver

- **Increase understanding of mental health, particularly among adults, and normalize mental health services.** Many interview respondents identified a need to raise awareness of mental health and increase understanding of mental health concerns, particularly among caregivers who may be hesitant for their youth to receive services. Note that these themes were very similar to the themes reported by respondents when asked for their reactions to implementing resources or efforts to improve understanding of youth mental health among adults, as reported in the [next section of this report](#). Similar to the previous suggestion to prioritize anonymity with services, some respondents also described a need to normalize mental health services, particularly youth respondents.

*[School initiatives to encourage] people to take notice that some people have really bad mental health. Awareness.*

– Youth

*[Help adults understand] that mental health isn't just a phase. It's something real, and something can be going on in school that you don't know about or somewhere else.*

– Youth

*Promote [school-based services more, because] people would judge you for leaving a class for services... It's difficult to leave a class for services if everyone knows your leaving a class for these services.*

– Youth

*[Accessing services should be] encouraged more than it is now... More posters that promote mental health and getting help when you need it instead of looking down when you get a therapist. Anything that encourages youth that [seeking help] is not a bad thing.*

– Youth

*Information that talks about real life stressors... Our community doesn't realize how many issues we have. They think, "Oh, these things are happening in the Cities." But they don't realize it's happening here. Open people's that it's here. People don't know how bad it really is.*

– Caregiver

*Kids reaching out for help, [some] parents or guardians say "toughen up." So there is no family support, and stigma to mental health is very generational... There are kids who reach out for help, but their parents don't want them to get help, so they block access to help, they don't sign permission slips for services. They think kids should power through and figure it out because that is what they did.*

– Caregiver

- **Engage caregivers when possible.** Additionally, similar to the previous suggestion to improve understanding of mental health concerns among adults, some respondents emphasized the importance of ensuring caregivers are engaged in their youth's care. They described how positive, trusting relationships between providers and caregivers can help ensure caregivers feel supported, increase the effectiveness of services, and encourage buy-in among caregivers.

*If you can work with the caregivers or parents too [in addition to the youth] and build those relationships, those positive relationships sure go a long way.*

– Caregiver

*If you have a parent who's not working and not involved, they likely are not viewing it as a priority, and that spills over into their children. Find ways to get parents to buy in. If there's buy-in, then kids can get involved [in services].*

– Caregiver



- **Offer guidance and support to facilitate conversations between caregivers and youth about mental health and well-being.** Respondents specifically suggested resources specific to certain ages, particularly young children; guidance for discussing substance use concerns; and information to help caregivers better understand and identify mental health concerns with their youth, including when to seek help from a health provider. Note that related themes were reported by interview respondents when asked for their reactions to implementing resources or efforts to improve understanding of youth mental health among adults, as reported in the [next section of this report](#).

*Adults don't understand culture these days, because they don't understand social media as much as we do... They don't understand what we have to go through.*

– Youth

- **Provide supports and services for caregivers.** Respondents suggested providing mental health and other types of services (e.g., support groups) to caregivers, in addition to services for youth. Some noted the importance of considering barriers caregivers face in accessing services, such as a lack of time, child care, and costs of services.

*Adults [have] the stress of kids and a job, and a lot to go through... Both adults and kids [have mental health concerns]... [Providing] help for both would be good.*

– Youth

*I try to put myself in the shoes of someone who is just making ends meet and has struggled with single parenting, doesn't have enough food... They're just trying to meet basic needs. There are a lot of parents in northeastern Minnesota in that situation... If you're just trying to get your basic needs met, it's going to be pretty hard to reach out and try to get your kids mental health help.*

– Caregiver

- **Reduce academic pressure and provide academic resources to help youth cope with academic responsibilities.** Several respondents identified the high levels of pressure youth feel regarding their school work and academic achievement. Youth suggested providing accommodations, such as additional time; collaborating with their teachers to address academic problems; and implementing other types of resources, such as groups focused on completing schoolwork. Some caregivers specifically mentioned standardized testing, including how the focus on testing comes at the expense of learning about other topics.

*Don't push students if they need more time, like more time for work, or if they need help with homework or tests.*

– Youth

*Study groups because most of the common stressors are from peers and homework. Being able to sit there and complete it there together can prevent that a bit... It would reduce their stressors and help them do better with working with other people and making peer pressure less.*

– Youth

*My teachers [give] way too much work and expect the absolute best... Usually teachers give students homework as punishment. It just doesn't really make sense, and it just makes them mad... [It would be better to] talk to the kids and work something out, [and help adults understand] how school can be sometimes and talking about the bad stuff they're experiencing... Having more understanding teachers and helpers. Teachers that talk to students and understand their problems.*

– Youth

*I see the biggest stressor for kids is how they are given way too much homework they don't need. History is important, but we can Google anything and check out a book. But teaching life skills and mental health to normalize it more so it can be more accessible to get more help.*

– Caregiver

*Schools could ease up on Minnesota state testing. Minnesota puts too much pressure on kids and schools to perform well on state tests. This time could be used for kids to do other things.*

– Caregiver

- **Create safe and comfortable spaces for youth** to spend their time, particularly high school students, including community activities and places to learn skills or receive support (e.g., mental health education, homework help or tutoring, life skills). Some youth suggested ensuring youth have a safe place to stay overnight.

*A place to cool off. A place to go with some friends and get away from school. A place to chill and play games together.*

– Youth

*A place to go and stay for a night and get out and go be somewhere else and have people that will take care of you.*

– Youth

*Make it feel more homey... Have games like mental games or anything like that or physical games... Stuff that makes it seem more inviting than just sitting there and talking.*

– Youth

*A place to stay just for the night. It would be better for teens or anyone to be able to take a break... It would improve overthinking [and] any mental health [concern].*

– Youth

*Maybe if they had more study groups, because most of the common stressors are from peers and homework. Being able to sit there and complete it together can prevent that a bit.*

-- Youth

- **Provide prosocial community activities.** Caregiver respondents identified a need for youth to be involved with community activities, including options available through school (e.g., sports teams) and out of school (e.g., volunteering). They also emphasized the importance of providing a wide variety of activities to ensure youth can find an option they're interested in.

*Finding what youth are interested in and what they can relate to. It's not easy since it's not a one-size-fits-all type of thing... They need to offer diverse programs.*

— Caregiver

- **Improve transportation systems** to make it easier for youth to access services as well as other types of activities that support well-being (e.g., community activities).

*If [providers] had a way to give people rides, it would increase the amount of people that [are able to receive services].*

— Youth

*Transportation is a huge issue around here for kids and adults. We are very limited in transportation to get to and from mental health appointments. Maybe more buses and volunteer drivers or maybe a discount for taxi rides and rideshares.*

— Caregiver

## Reactions to proposed initiatives

Respondents were also asked to share their reactions to three ideas developed by United Way to better support youth mental health and well-being in Northeast Minnesota: a crisis center, efforts to improve adult understanding of youth mental health concerns, and efforts to address barriers to accessing school-based services.

### *Crisis center*

- **Benefits:** Respondents described how the crisis center could help fill existing service gaps, especially if there were a wide range of service formats, including call-in or virtual options and overnight options.
- **Concerns:** Respondents often shared that they would need more information about the details of the crisis center before providing their opinion about the idea. Respondents described concerns related to transportation and distance, and how distance could cause further trauma if youth stay for extended periods. They also identified concerns related to existing mental health provider shortages, costs of services, and potential limitations to serving youth who aren't experiencing crises or that the center would only provide certain types of services.

*I really like that idea. We have school counselors but don't have a place to go to and talk to for everyone outside of school hours. We don't have much of that up here.*

— Youth

*[It would] give people a place to go and talk and be open, and my teachers aren't going to find out [that I used the crisis center].*

– Youth

*It could be helpful [for] learning how to deal with certain situations. We don't have many in the Iron Range, and getting resources like that can help a lot of people. I think it's a good thing. It will help them learn new coping skills and deal with problems they have.*

– Youth

*If it is a drop-in center, you would need multiple centers. If it was a call-in center or Zoom center, that may be different. I'm just thinking about my [child], they would not go to a place called a crisis center. If they just needed someone to talk to, they would think that place would be just for an emergency end-of-the-line kind of thing. If it was more of a youth support center instead of a crisis center. I'm thinking about the label itself.*

– Caregiver

*There are many kids having crises...I think every parent/ guardian's doing their best, the idea of, "Now we're going to whisk your kids away in this crisis situation 110 miles away, and we know you don't have any money or access to transportation or whatever"... I think that would be an upsetting and frightening prospect to think about your child not being closer.*

– Caregiver

### **Resources or efforts to help adults better understand youth mental health concerns and how to support youth**

- **Benefits:** Respondents described how these efforts and resources could provide useful information for teachers, school staff, and caregivers, particularly raising awareness and helping caregivers have conversations with youth about mental health and well-being concerns, such as peer pressure. Respondents also expressed interest in forums, workshops, support groups, and classes.
- **Concerns:** Respondents identified a need to ensure high awareness of available resources and opportunities. Additionally, offering resources won't ensure caregivers are engaged with their youth's life and/or support them to receive services. They also identified concerns related to time limitations, costs of resources, and a lack of child care to help caregivers attend events. Respondents also emphasized the importance of ensuring the setting is welcoming, non-judgmental, and inclusive.

*[It would be] very helpful because some people's parents don't understand and get mad if the kid is depressed.*

– Youth

*Something [to help] teachers know what's going on. Maybe like an info paper that tells teachers about mental health, or parent-teacher conferences so everyone is on the same page.*

– Youth

*[It would help] adults understand their youth and just communicate better. And have a better relationship with their youth.*

– Youth

*Peer pressure, [helping adults] understand it's not always going to be perfect with friends and everything... A pamphlet or something of the sort or have a little talk with youth about school work, school, peer pressure, anything... Just kind of like guidelines.*

– Youth

*I like the support group idea, and workshops and information would be helpful... Resources available and knowing what to do is the most important thing to think of. Here is what to do and how to help the kids. It's very individualized, but it gives you a plan or rough idea.*

– Caregiver

*To offer a workshop or support group, someone else would have to care for [young children]. Finding ways to make it enticing to bring in the whole family. Something for little ones to do during that period of time. Drawings for family, fun [activities] for kids, and find a way of connecting with caregivers while the little ones are there. That's how I view family fun nights at elementary school. Want families to feel welcome and comfortable*

– Caregiver

*I like that [idea]. There are probably multiple times a week I think to myself, I have no idea how to help these girls or my son. I don't know what they are thinking or what they are going through, even though I was once young, but the world changes. The world I grew up in isn't the world we are in now, or how I was raised isn't how they are being raised.*

– Caregiver

*The parents who want to be parents and want to help kids would do it or use it, but the parents who need it the most are not going to use it.*

– Caregiver

### **Addressing barriers to receiving school-based services**

- **Benefits:** Respondents described how addressing transportation and cost barriers would likely increase access for some students. Additionally, some respondents described how these efforts could also address stigma if the effort was paired with a campaign to raise awareness and encourage students to access services.
- **Concerns:** Respondents identified concerns related to stigma, existing attendance issues (i.e., students can't receive services if they're not attending school regularly), and students missing out on classroom time.

*Cost is probably one barrier [that would be helpful to address].*

– Youth

*Location and accessibility, since a lot of [students] won't go if it's too far or if they don't have a ride.*

– Youth

*[School-based services] are easier to promote [since youth are already at school]... [But] I feel like people would judge you leaving a class for services... It's difficult to leave a class for services if everyone knows you are leaving a class for these services.*

– Youth

*Cost of it definitely would be a barrier. The other thing I think of is the stigma around services in the school... They don't want to be looked at different, and getting services can alienate kids or make them feel that something is wrong. So maybe having the option for it to not be at the school, but still have funding available so parents don't have to pay out of pocket or deal with insurance.*

– Caregiver

*Have to miss class. Every time they miss class, their teacher has to take the time to catch them up. Once you miss class, grades fall, and kids are dealing with more stress. Also, other kids are seeing them leave and may make fun of them. There is still a stigma with mental health and receiving services.*

– Caregiver

*It would go back to education on [mental health stigma]. They need to say, "It's okay to not be ok," and it is ok to get support. People seek support all the time, some are just depressed all the time or anxious all the time, or have a rough patch. The more that they put this out in the schools, even if it's on bulletin boards or orientation-type stuff, the better off they will be.*

– Caregiver

*I think a lot of the time, kids are scared to talk to someone at school if they are struggling with problems and parents and parents aren't on board or with friends and their friends are in the school. So if the friends saw that they were going to a counselor's office, it might cause some issues there. What were you talking about, and why do you need that? If it was just more laid back and widely available, and there was no stigma attached.*

– Caregiver

## Survey data tables

This section presents tables for every survey item in the youth survey, caregiver survey, and school staff survey.

### Youth survey

#### 6. Which of the following activities are you involved in? Check all that apply.

	% (N=799)
I am not involved in any activities	21%
Sports (e.g., school teams, lessons)	59%
Artistic activities (e.g., drama, band, choir)	33%
Leadership activities (e.g., student government, youth councils, Leos, Key Club)	14%
Academic activities (e.g., National Honor Society, Knowledge Bowl)	13%
Tutoring or homework help	5%
Cultural heritage programs	4%
Religious activities or youth groups (e.g., attending church, temple, synagogue or mosque)	19%
Other community groups (e.g., 4H, Girl Scouts, Boy Scouts)	6%
Another activity, please specify (e.g., fishing, motocross, esports, trap shooting, airsoft, four-wheeling, dirt-biking, EMS or fire explorers, archery, tabletop or role-playing game clubs, LGBTQ+ groups, year book, robotics)	10%

■ Top three most commonly reported responses among youth.

**7. Which of the following prevent you from getting involved with more activities?  
Check all that apply.**

	<b>% (N=768)</b>
I don't know what activities are available	12%
They cost too much	14%
My parents or guardians won't let me participate	5%
My friends aren't involved	22%
I'm too busy with school or other activities	46%
I'm too busy with work	20%
I have to take care of other family members	9%
I don't have transportation	14%
The activities aren't safe for me (e.g., bullying)	5%
There aren't any activities that I'm interested in	42%
Another reason, please specify (e.g., would rather stay at home or spend time with family, would rather spend time on current activities, social anxiety or other mental health concerns, fear, nervousness, discomfort, feeling too tired, asthma or other physical limitations, activities aren't well run or won't provide a quality experience, want to learn how to drive first, scheduling conflicts, laziness, negative experiences with adults running the activity or other youth involved, prefer spending time alone, would rather focus on school, lack of child care, lack of accommodations for a disability, parents have to work, live too far, peer conflict, inadequate grades to participate)	12%

■ Top three most commonly reported responses among youth.

**8. Please share whether you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I feel safe and respected at school. (N=759)	6%	23%	60%	11%
Kids at my school respect people's differences. (N=755)	23%	39%	33%	5%
Teachers and staff at my school care about students. (N=748)	5%	14%	58%	23%
Teachers and staff at my school respect people's differences. (N=752)	5%	10%	59%	26%
Teachers and staff at my school understand the mental health needs of students. (N=757)	12%	27%	46%	16%
I feel safe and respected in my community. (N=753)	5%	19%	60%	17%
I know my neighbors. (N=755)	7%	18%	53%	22%
Adults in my community respect people's differences. (N=747)	8%	23%	55%	14%
Adults in my life believe in me (e.g., that I can reach my goals, succeed in school, etc.; N=756)	4%	9%	48%	40%
Adults in my life encourage me to do better (e.g., in school, to make good choices; N=756)	3%	5%	48%	44%

Note: Percentages may not total 100% due to rounding.



**9. Please select each statement that is true for you. Check all that apply.**

	<b>% (N=749)</b>
I do not live with any adults (i.e., on your own or only with other youth).	1%
I live with at least one caring and supportive adult.	77%
I live with at least one parent or guardian.	69%
I live with grandparents or other relatives.	8%

**10. Please select each statement that is true for you. Check all that apply.**

	<b>% (N=734)</b>
Someone I live with or used to live with struggles with mental health.	39%
Someone I live with or used to live with struggles with drug use.	17%
Someone I live with or used to live with struggles with alcohol use.	24%
Someone I live with or used to live with has been in jail or prison.	21%
None of these are true for me.	49%

**11. Have you ever been in foster care?**

	<b>% (N=745)</b>
Yes, I am currently in foster care.	3%
Yes, I have been in foster care before, but I am not currently in foster care.	5%
I have never been in foster care.	88%
I don't know if I have been in foster care.	4%

**12. Which of the following do you have or have access to? Check all that apply.**

	<b>% (N=747)</b>
Permanent place to live	91%
Safe housing	95%
Clean clothing	97%
Healthy food	94%
Internet access at home	92%
Smart phone	92%
Computer or tablet	85%
Books	92%
Reliable transportation	85%
Health care	95%
Dental care	91%
I do not have or have access to any of these	<1%

### 13. Which of the following causes stress in your life? Check all that apply.

	% (N=719)
There are no stressors in my life	16%
Not having enough food to eat	5%
Limited access to hygiene items (e.g., toothpaste, soap, deodorant)	3%
Transportation issues	16%
Living situation or your housing (e.g., staying in a shelter)	5%
Feeling unsafe at home	7%
Relationship or conflicts with a parent or guardian	28%
Caring for family members	12%
Peer pressure	23%
Relationships or conflicts with friends	35%
Lack of friends	19%
Being bullied	22%
Dating	16%
Schoolwork	65%
Extracurricular activities	19%
My work or job	16%
Social media	22%
Another stressor, please specify (e.g., conflict with other family members, mental health, social anxiety, anxiety, or feeling inadequate, conflict between parents/guardians, oppression, discrimination or harassment, chores, loss of a family member, concerns about crime, negative home environment, environmental concerns, responsibilities generally, lack of places to spend time with friends, physical health concerns, lack of family support, financial stressors, physical health concerns among a family member, relationship or conflict with teacher)	9%

■ Top three most commonly reported responses among youth.

### 14. Please share whether you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
I feel safe and respected at home. (N=728)	2%	7%	42%	50%
I feel in control of my life and future. (N=728)	4%	14%	46%	35%
I feel good about myself. (N=725)	11%	19%	43%	27%
I deal with disappointment without getting too upset. (N=721)	12%	28%	45%	15%
I feel valued and appreciated by others. (N=722)	5%	20%	53%	22%
I express my feelings in proper ways. (N=725)	12%	28%	45%	15%

Note: Percentages may not total 100% due to rounding.

**15. How many caring and supportive adults are in your life, including your parents or guardians, relatives, teachers, school staff, counselors or therapists, or another adult?**

	<b>% (N=726)</b>
0	2%
1-2	12%
3-4	21%
5 or more	65%

**16. When was the last time someone asked how you were and truly wanted your honest answer?**

	<b>% (N=722)</b>
In the past week	40%
Longer than a week ago but in the past month	12%
Longer than a month ago but in the past 6 months	8%
More than 6 months ago	5%
I can't remember	36%

Note: Percentages may not total 100% due to rounding.

**17. If you're feeling overwhelmed, depressed, anxious, or otherwise distressed, who or where would you reach out to? Check all that apply.**

	<b>% (N=711)</b>
I am not the kind of person who would reach out to anyone	20%
Friend	61%
Parent or guardian	53%
Coach	12%
Teacher	20%
Someone at church	8%
Mental health therapist or school counselor	20%
Crisis hotline	5%
Social media/online community	7%
Doctor	8%
I don't know who or where to reach out to	4%
Another person or place, please specify (e.g., another relative, boyfriend, girlfriend, or another romantic partner, I don't have anyone to reach out to, homeless shelter, Jesus, pets or farm animals)	7%

■ Top three most commonly reported responses among youth.

**18. If one of your friends was feeling overwhelmed, depressed, anxious, or otherwise distressed, who or where would you suggest they reach out to? Check all that apply.**

	<b>% (N=711)</b>
I am not the kind of person who would suggest they reach out to anyone	4%
Friend	69%
Parent or guardian	73%
Coach	17%
Teacher	36%
Someone at church	14%
Mental health therapist or school counselor	53%
Crisis hotline	21%
Social media/online community	7%
Doctor	22%
I wouldn't know who or where to suggest they reach out to	4%
Another person or place, please specify (e.g., relatives, me, mental health provider, God, police, any trusted adult or person they feel safe with, friend)	8%

■ Top three most commonly reported responses among youth.

**19. Which of the following places can youth in your community get mental health services if they are feeling overwhelmed, depressed, anxious, or otherwise distressed? Check all that apply.**

	<b>% (N=685)</b>
There are no places youth in my community can get mental health services.	9%
School	63%
A local hospital, clinic, or doctor's office that provides services during the day	54%
Places to stay overnight that also provide services	19%
Crisis hotlines	40%
Another place, please specify (e.g., church, friends, family, homeless shelter, nowhere, anyone they feel safe with, I don't know, library)	6%

**20. How strongly do you agree or disagree with the following statement? My community needs more mental health services for youth, such as therapists, counselors, or places to stay overnight that also provide services.**

	<b>% (N=701)</b>
Strongly disagree	7%
Disagree	18%
Agree	54%
Strongly agree	21%

**21. Have you received mental health services before, such as counseling or therapy?**

	<b>% (N=698)</b>
I currently receive mental health services.	19%
I do not currently receive mental health services, but I have in the past.	22%
I have never received mental health services.	49%
I'm not sure if I have received mental health services.	10%

**22. Where do you or have you received services? Check all that apply. (Among respondents who reported receiving mental health services)**

	<b>% (N=283)</b>
School	47%
A local hospital, clinic, or doctor's office that provides services during the day	51%
Places to stay overnight that also provide services	8%
Crisis hotlines	10%
Another place, please specify (e.g., my home, church, shelters)	25%

**23. If there was one thing your school or community could do to improve the mental health and well-being of youth in Northeast Minnesota, what would it be? (Open-ended item)**

	<b>% (N=529)</b>
Improve relationships between students and teachers or school staff (e.g., improve understanding of youth concerns about teachers or school staff, encourage teachers and school staff to pay more attention to mental health concerns or take crises more seriously, encourage teachers and school staff to talk with students or check in)	22%
Improve the school environment (e.g., reduce workloads for students, specific class or schedule suggestions, improve the quality of food available at school, ensure students feel comfortable sharing about mental health, make school less strict or reduce disciplinary actions)	19%
Increase access to mental health services (e.g., in school, outside of school, unspecified)	18%
Don't know	17%
Improve peer relationships or increase intervention in harmful behavior (e.g., stop bullying, stop discrimination)	10%
Raise awareness or provide education about mental health (e.g., raise awareness of available services and resources, address stigma, encourage discussion of mental health, train teachers and school staff on how to handle mental health concerns)	6%
Community-level improvements (e.g., improve community health, provide more activities)	4%

Note: Percentages do not total 100%, as many respondents provided multiple suggestions.

## 24. What school do you attend?

	% (N=689)
Assumption Catholic School	0%
Cherry School	6%
Chisholm Elementary School	<1%
Chisholm High School	7%
East Range Academy of Technology and Science	6%
Ely Memorial High School	0%
Eveleth Gilbert Secondary School	0%
Falls High School	0%
Floodwood Schools	<1%
Hibbing High School	16%
Indus School	0%
Lake of the Woods Elementary	0%
Lake of the Woods High School	0%
Laurentian Elementary School	0%
Lincoln Elementary	3%
Littlefork Big Falls School	0%
Marquette Catholic School	0%
Merritt Elementary	3%
Mesabi East Elementary School	0%
Mesabi East High School	0%
Mountain Iron Buhl High School	5%
Nashwauk Keewatin Elementary	5%
Nashwauk Keewatin High School	13%
North Star Elementary School	0%
North Woods School	1%
Northland Learning Center	0%
Northome School	0%
Northeast Range School	0%
Rock Ridge High School	0%
South Ridge School	19%
Tower Soudan School	2%
Vermilion Country School	0%
Virginia Secondary School	0%
Another school	<1%

Note: Percentages may not total 100% due to rounding.

## 25. What city or town do you live in?

	% (N= 686)
Hibbing	23%
Other	16%
Nashwauk	9%
Chisholm	7%
Cook	6%
Iron	4%
Orr	4%
Virginia	4%
Keewatin	4%
Saginaw	4%
Alborn	3%
Eveleth	2%
Meadowlands	2%
Culver	2%
Cotton	2%
Cloquet	1%
Cherry	1%
Kelsey	<1%
Zim	<1%
Makinen	<1%

Note: Percentages may not total 100% due to rounding.

## 26. What grade are you in?

	% (N=694)
6 <sup>th</sup>	16%
7 <sup>th</sup>	14%
8 <sup>th</sup>	16%
9 <sup>th</sup>	15%
10 <sup>th</sup>	17%
11 <sup>th</sup>	14%
12 <sup>th</sup>	8%

Note: Percentages may not total 100% due to rounding.



## 27. How old are you?

	% (N=692)
11 or younger	3%
12	14%
13	14%
14	17%
15	14%
16	16%
17	13%
18	7%
19 or older	1%

Note: Percentages may not total 100% due to rounding.

## 28. How do you describe your race or ethnicity? Check all that apply.

	% (N=687)
American Indian or Alaskan Native	15%
Asian, South Asian, or Asian American	2%
Black, African, or African American	5%
Hispanic or Latino/Latina	4%
Middle Eastern or North African	<1%
Native Hawaiian or other Pacific Islander	1%
White	89%
Another race or ethnicity, please specify (e.g., don't know)	<1%

## 29. How do you describe your gender?

	% (N=594)
Male	45%
Female	48%
Prefer not to answer	5%
Another gender identity, please specify (e.g., non-binary, transgender)	2%

Note: Some participating schools chose not to include this item in the version of the survey they distributed to their students, and thus these data are not fully representative of all survey respondents.

### 30. Do you consider yourself a member of the LGBT+ community?

	<b>% (N=548)</b>
Yes	21%
No	67%
I'm not sure	7%
I do not know what this question means	2%
Prefer not to answer	3%

Note: Some participating schools chose not to include this item in the version of the survey they distributed to their students, and thus these data are not fully representative of all survey respondents.

## Caregiver survey

### 31. Which of the following activities is your youth involved in? Check all that apply.

	<b>% (N=106)</b>
My youth is not involved in any activities	18%
Sports (e.g., school teams, lessons)	65%
Artistic activities (e.g., drama, band, choir)	38%
Leadership activities (e.g., student government, youth councils, Leos, Key Club)	22%
Academic activities (e.g., National Honor Society, Knowledge Bowl)	10%
Tutoring or homework help	6%
Cultural heritage programs	4%
Religious activities or youth groups (e.g., attending church, temple, synagogue or mosque)	28%
Other community groups (e.g., 4H, Girl Scouts, Boy Scouts)	4%
Another activity, please specify (e.g., work, ranching, racing, snowmobiling, hunting, four wheeling, camping, dirt car racing, fishing, gaming, archery, volunteering)	10%

■ Top three most commonly reported responses among caregivers.

**32. Which of the following prevents your youth from getting involved with more activities? Check all that apply.**

	% (N=106)
We don't know what activities are available	12%
There aren't any activities that my youth is interested in	37%
They cost too much	20%
My youth's friends aren't involved	14%
My youth is too busy with school or other activities	34%
My youth is too busy with work	9%
My youth has to take care of other family members	3%
My youth doesn't have transportation	17%
The activities aren't safe for my youth (e.g., bullying)	6%
I don't want them to be involved with more activities	1%
Another reason, please specify (e.g., too shy, social anxiety or other mental health concerns, social or bullying concerns, already participating in all the activities they're interested in, other family responsibilities, physical limitations, favoritism concerns, activities aren't accessible for youth with hearing or visual impairments)	11%

■ Top three most commonly reported responses among caregivers.

**33. Please share whether you agree or disagree with the following statements.**

	Strongly disagree	Disagree	Agree	Strongly agree
My youth feels safe and respected at school. (N=106)	3%	23%	62%	12%
Kids at my youth's school respect people's differences. (N=106)	15%	35%	46%	4%
Teachers and staff at my youth's school care about students. (N=105)	1%	11%	74%	13%
Teachers and staff at my youth's school respect people's differences. (N=106)	2%	14%	73%	11%
Teachers and staff at my youth's school understand the mental health needs of students. (N=106)	6%	29%	53%	12%
My youth feels safe and respected in my community. (N=105)	2%	17%	75%	6%
My youth knows their neighbors. (N=106)	5%	20%	59%	17%
Adults in our community respect people's differences. (N=106)	9%	51%	40%	0%
Adults in my youth's life believe in them (e.g., that they can reach my goals, succeed in school, etc.). (N=106)	0%	1%	46%	53%
Adults in my youth's life encourage me to do better (e.g., in school, to make good choices). (N=106)	0%	1%	47%	52%

Note: Percentages may not total 100% due to rounding.

**34. Please select each statement that is true for your youth. Check all that apply.**

	<b>% (N=105)</b>
My youth does not live with any adults (i.e., they live on their own or only with other youth).	0%
My youth lives with at least one caring and supportive adult.	82%
My youth lives with at least one parent or guardian.	78%
My youth lives with grandparents or other relatives.	5%
I don't know who my youth lives with.	0%

**35. Please select each statement that is true for your youth. Check all that apply.**

	<b>% (N=105)</b>
Someone my youth lives with or used to live with struggles with mental health.	59%
Someone my youth lives with or used to live with struggles with drug use.	19%
Someone my youth lives with or used to live with struggles with alcohol use.	19%
Someone my youth lives with or used to live with has been in jail or prison.	23%
None of these are true for my youth.	35%
I don't know whether these are true for the people my youth lives with.	0%

**36. Has your youth ever been in foster care?**

	<b>% (N=105)</b>
Yes, they are currently in foster care.	0%
Yes, they have been in foster care before, but they are not currently in foster care.	6%
They have never been in foster care.	93%
I don't know if they have been in foster care.	1%

**37. Which of the following does your youth have or have access to? Check all that apply.**

	<b>% (N=104)</b>
Permanent place to live	99%
Safe housing	99%
Clean clothing	99%
Healthy food	98%
Internet access at home	97%
Smart phone	95%
Computer or tablet	91%
Books	97%
Reliable transportation	94%
Health care	98%
Dental care	96%
My youth does not have or have access to any of these resources.	0%
I don't know if my youth has access to these resources.	0%

**38. Which of the following causes stress in your youth's life? Check all that apply.**

	% (N=103)
My youth does not have any stressors in their life.	9%
Not having enough food to eat	2%
Limited access to hygiene items (e.g., toothpaste, soap, deodorant)	0%
Transportation issues	11%
Living situation or your housing (e.g., staying in a shelter)	0%
Feeling unsafe at home	0%
Relationship or conflicts with a parent or guardian	18%
Caring for family members	0%
Peer pressure	30%
Relationships or conflicts with friends	38%
Lack of friends	26%
Being bullied	30%
Dating	12%
Schoolwork	55%
Extracurricular activities	19%
My work or job	12%
Social media	19%
I do not know what stressors are in my youth's life	3%
Another stressor, please specify (e.g., mental health concerns, loss of loved ones, relationship with specific teacher, lack of accessibility and accommodations for youth with hearing or visual impairments, developing sense of identity, being treated unfairly at school)	14%

■ Top three most commonly reported responses among caregivers.

**39. Please share whether you agree or disagree with the following statements.**

	Strongly disagree	Disagree	Agree	Strongly agree
My youth feels safe and respected at home. (N=104)	5%	0%	38%	58%
My youth feels in control of their life and future. (N=104)	1%	13%	58%	29%
My youth feels good about themselves. (N=104)	2%	16%	62%	20%
My youth feels deals with disappointment without getting too upset. (N=104)	1%	32%	60%	8%
My youth feels valued and appreciated by others. (N=104)	2%	9%	63%	27%
My youth expresses their feelings in proper ways. (N=103)	2%	22%	59%	17%

Note: Percentages may not total 100% due to rounding.

**40. Taking your best guess, how many caring and supportive adults are in your youth’s life, including your parents or guardians, relatives, teachers, school staff, counselors or therapists, or another adult?**

	<b>% (N=104)</b>
0	0%
1-2	3%
3-4	11%
5 or more	87%

Note: Percentages may not total 100% due to rounding.

**41. Taking your best guess, when was the last time someone asked how your youth was and truly wanted their honest answer?**

	<b>% (N=104)</b>
In the past week	78%
Longer than a week ago but in the past month	11%
Longer than a month ago but in the past 6 months	5%
More than 6 months ago	4%
I don’t know	3%

Note: Percentages may not total 100% due to rounding.

**42. If your youth is feeling overwhelmed, depressed, anxious, or otherwise distressed, who or where would they reach out to? Check all that apply.**

	<b>% (N=104)</b>
They are not the kind of person who would reach out to anyone	5%
Friend	63%
Parent or guardian	90%
Coach	13%
Teacher	20%
Someone at church	8%
Mental health therapist or school counselor	30%
Crisis hotline	4%
Social media/online community	5%
Doctor	9%
They wouldn’t know who or where to reach out to	1%
Another person or place, please specify (e.g., sibling, grandparents, aunts, uncles, cousins, family friends)	14%

■ Top three most commonly reported responses among caregivers.

**43. Which of the following places can youth in your community get mental health services if they are feeling overwhelmed, depressed, anxious, or otherwise distressed? Check all that apply.**

	<b>% (N=102)</b>
There are no places youth in my community can get mental health services.	9%
School	63%
A local hospital, clinic, or doctor's office that provides services during the day	72%
Places to stay overnight that also provide services	2%
Crisis hotlines	38%
Another place, please specify (e.g., family friends who are mental health providers, home, grandparents)	5%

**44. How strongly do you agree or disagree with the following statement? My community needs more mental health services for youth, such as therapists, counselors, or places to stay overnight that also provide services.**

	<b>% (N=100)</b>
Strongly disagree	8%
Disagree	0%
Agree	39%
Strongly agree	53%

**45. What type of mental health services does your community need more of? (Open-ended item)**

	<b>N=7</b>
Mental health services at school	1
Outpatient or day programs	2
Substance use services	1
Mental health providers (e.g., psychologists, social workers, therapists)	3
Unlicensed professionals (e.g., coaches)	1
Inpatient programs	1
Short-term treatment	1
Shorter wait times	1

Note: Percentages not reported due to low N.



**46. Has your youth received mental health services before, such as counseling or therapy?**

	<b>% (N=103)</b>
My youth currently receives mental health services.	29%
My youth does not currently receive mental health services, but they have in the past.	28%
My youth has never received mental health services.	43%
I'm not sure if my youth has received mental health services.	0%

**47. Where has your youth received services before? Check all that apply. (Among respondents who reported their youth has received mental health services)**

	<b>% (N=54)</b>
School	48%
A local hospital, clinic, or doctor's office that provides services during the day	95%
Places to stay overnight that also provide services	12%
Crisis hotlines	9%
Another place, please specify (e.g., home, family friend)	3%

**48. Which of the following barriers prevent your youth from receiving mental health services, if any? Check all that apply. (Among caregiver respondents who indicated their youth needs mental health services)**

	<b>% (N=63)</b>
Cost	14%
Transportation	14%
I don't know what services are available	13%
I don't know how to sign my youth up to receive services	6%
Wait times are too long or providers aren't accepting new clients	48%
Stigma or privacy concerns	14%
My youth doesn't have health insurance	2%
My youth is too busy with school, work, or other activities	14%
My youth has to take care of family members	0%
My youth doesn't want to receive mental health services	40%
Another reason, please specify (e.g., scheduling conflicts with school hours, lack of services generally or specialized services, lack of providers that serve teens, prior negative experience with services, providers don't take youth's insurance)	14%

■ Top three most commonly reported responses among caregivers.

**49. What resources or services would help you better support your youth and their well-being? (Open-ended item)**

	<b>% (N=49)</b>
Increase mental health services for youth generally or specific suggestion (e.g., crisis services, support groups, after hours availability, services for specific diagnoses, services for LGBT+ youth, group therapy, diagnostic assessment specialists, more summer services, inpatient facility, increased access overall)	41%
More community activities or resources (e.g., more bike trails, places to swim or play sports, opportunities for creative activities or social interaction)	24%
Mental health services for caregivers (e.g., communication or parenting education, ways for parents to connect and share resources)	8%
Services for families (e.g., mentoring programs for single-parent families, more activities for families, in-home services, family therapy)	8%
Mental health education, efforts to raise awareness, or increased willingness to help	8%
Basic needs supports (e.g., transportation, food, higher wages, etc.)	6%
Improved school communication, school policies that are more responsive to mental health, or stronger leadership commitment to mental health	4%
Academic supports (e.g., college planning, tutoring)	4%
Advocacy services or assistance navigating or finding services	4%
Supports to participate in extracurriculars (e.g., paraprofessionals)	2%

**50. If there was one thing your youth's school or community could do to improve the mental health and well-being of youth in Northeast Minnesota, what would it be? (Open-ended item)**

	<b>% (N=63)</b>
Increase or improve mental health services for youth (e.g., inpatient services, crisis services, schools for youth with disabilities or mental health concerns, support groups, psychologists)	29%
More community activities for youth or families or places for youth to spend time (e.g., YMCA, swimming pools, after-school programs, activities beyond sports, inexpensive options, off-season training options, activities specifically for youth with disabilities or mental health concerns)	24%
Efforts to address stigma, talk about mental health, or increase awareness or understanding (generally or specifically among parents/caregivers or teachers and school staff)	21%
Prevent or address bullying, discrimination, or harassment	11%
School policies or practices that are responsive to mental health concerns (e.g., regular check-ins, ensure privacy for youth receiving services, greater emphasis on mental health in class, collaborate with families about service decisions, less homework, more forgiving attendance policies)	10%
Opportunities for youth to talk to others or build relationships	3%
Other (i.e., raise awareness of available services or resources, service navigation assistance, higher student/staff ratios, school safety efforts, increase community pride, improve culture or climate generally, remove iPads from classrooms)	13%

## 51. What school does your youth attend?

	% (N=100)
Assumption Catholic School	0%
Cherry School	0%
Chisholm Elementary School	0%
Chisholm High School	0%
East Range Academy of Technology and Science	14%
Ely Memorial High School	0%
Eveleth Gilbert Secondary School	0%
Falls High School	0%
Floodwood Schools	0%
Hibbing High School	53%
Indus School	0%
Lake of the Woods Elementary	0%
Lake of the Woods High School	0%
Laurentian Elementary School	0%
Lincoln Elementary	2%
Littlefork Big Falls School	0%
Marquette Catholic School	0%
Merritt Elementary	0%
Mesabi East Elementary School	0%
Mesabi East High School	0%
Mountain Iron Buhl High School	0%
Nashwauk Keewatin Elementary	6%
Nashwauk Keewatin High School	21%
North Star Elementary School	0%
North Woods School	0%
Northland Learning Center	1%
Northome School	0%
Northeast Range School	0%
Rock Ridge High School	0%
South Ridge School	3%
Tower Soudan School	0%
Vermilion Country School	0%
Virginia Secondary School	0%
Another school	0%

Note: Percentages may not total 100% due to rounding.

## 52. What city or town does your youth live in?

	<b>% (N=100)</b>
Hibbing	57%
Nashwauk	11%
Keewatin	7%
Eveleth	3%
Virginia	3%
Iron	2%
Chisolm	1%
Other	16%

Note: Percentages may not total 100% due to rounding.

## 53. What grade is your youth in?

	<b>% (N=100)</b>
6 <sup>th</sup>	8%
7 <sup>th</sup>	23%
8 <sup>th</sup>	15%
9 <sup>th</sup>	20%
10 <sup>th</sup>	11%
11 <sup>th</sup>	13%
12 <sup>th</sup>	10%

Note: Percentages may not total 100% due to rounding.

## 54. How old is your youth?

	<b>% (N=99)</b>
11 or younger	3%
12	10%
13	21%
14	15%
15	18%
16	11%
17	13%
18	6%
19 or older	2%

Note: Percentages may not total 100% due to rounding.

**55. How do you describe your race or ethnicity, and how do you describe your youth’s race or ethnicity? Check all that apply.**

	Caregiver % (N=98)	Youth % (N=99)
American Indian or Alaskan Native	5%	7%
Asian, South Asian, or Asian American	0%	0%
Black, African, or African American	0%	1%
Hispanic or Latino/Latina	1%	2%
Middle Eastern or North African	0%	0%
Native Hawaiian or other Pacific Islander	0%	0%
White	91%	89%
Another race or ethnicity, please specify	0%	0%
Prefer not to answer	7%	7%

## School staff survey

**56. Which of the following activities are available in your community for youth to get involved with? Check all that apply.**

	% (N=149)
My community does not offer any activities for youth	2%
Sports (e.g., school teams, lessons)	93%
Artistic activities (e.g., drama, band, choir)	87%
Leadership activities (e.g., student government, youth councils, Leos, Key Club)	78%
Academic activities (e.g., National Honor Society, Knowledge Bowl)	79%
Tutoring or homework help	59%
Cultural heritage programs	60%
Religious activities or youth groups (e.g., attending church, temple, synagogue or mosque)	76%
Other community groups (e.g., 4H, Girl Scouts, Boy Scouts)	73%
Another activity, please specify (e.g., special education activities, robotics, LEGO League)	3%

■ Top three most commonly reported responses among school staff.

**57. Which of the following are the most common barriers preventing youth from getting involved with activities? Check all that apply.**

	<b>% (N=148)</b>
There are no barriers that prevent youth from getting involved with activities	3%
Families don't know what activities are available	32%
Youth aren't interested in the activities that are available	34%
They cost too much	39%
Caregivers won't allow youth to participate	12%
Youths' friends aren't involved	22%
Youth are too busy with school or other activities	16%
Youth are too busy with work	9%
Youth have to take care of other family members	18%
Youth don't have a way to get there or home	73%
The activities aren't safe for youth (e.g., bullying)	0%
Another reason, please specify (e.g., want to stay at home, caregiver work schedules or lack of support, lack of adult commitment to leading activities)	4%

■ Top three most commonly reported responses among school staff.

**58. Please share whether you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
Youth feel safe and respected at school. (N=143)	3%	18%	73%	6%
Kids at my school respect people's differences. (N=143)	6%	29%	60%	4%
Teachers and staff at my school care about students. (N=143)	1%	1%	46%	52%
Teachers and staff at my school respect people's differences. (N=141)	1%	8%	60%	31%
Teachers and staff at my school understand the mental health needs of students. (N=143)	2%	20%	59%	19%
Youth feel safe and respected in our community. (N=141)	2%	23%	69%	6%
Youth know their neighbors in our community. (N=140)	3%	29%	61%	8%
Adults in our community respect people's differences. (N=141)	7%	48%	43%	1%
Adults in youths' lives believe in them (e.g., that they can reach their goals, succeed in school, etc.; N=141)	2%	22%	67%	9%
Adults in youths' lives encourage them to do better (e.g., in school, to make good choices; N=141)	2%	26%	61%	11%

Note: Percentages may not total 100% due to rounding.

**59. Taking your best guess, what proportion of youth at your school...**

	<b>Very few or no youth</b>	<b>Some youth but less than half</b>	<b>About half</b>	<b>Most youth</b>	<b>All or nearly all</b>
Live with at least one caring and supportive adult? (N=142)	1%	8%	35%	51%	5%
Live with someone that struggles with mental health? (N=142)	2%	25%	45%	23%	5%
Live with someone that struggles with drug use? (N=141)	4%	55%	31%	9%	1%
Lives with someone that struggles with alcohol use? (N=141)	4%	42%	38%	14%	3%
Lives with someone that has been in jail or prison? (N=140)	18%	61%	15%	5%	1%
Have 0 caring and supportive adults in their lives? (N=142)	34%	50%	13%	4%	0%
Have at least 3 caring and supportive adults in their lives? (N=142)	8%	28%	43%	19%	2%

Note: Percentages may not total 100% due to rounding.

**60. Which of the following does your youth have or have access to? Check all that apply.**

	<b>Very few or no youth</b>	<b>Some youth but less than half</b>	<b>About half</b>	<b>Most youth</b>	<b>All or nearly all</b>
Permanent place to live (N=138)	1%	2%	17%	74%	7%
Safe housing (N=138)	1%	1%	32%	65%	2%
Clean clothing (N=139)	1%	4%	35%	60%	1%
Healthy food (N=139)	2%	7%	55%	36%	0%
Internet access at home (N=137)	2%	12%	34%	47%	4%
Smart phone (N=139)	3%	10%	19%	58%	11%
Computer or tablet (N=139)	3%	13%	30%	39%	16%
Books (N=139)	4%	18%	38%	36%	4%
Reliable transportation (N=137)	4%	18%	45%	33%	1%
Health care (N=138)	1%	9%	39%	48%	2%
Dental care (N=138)	1%	15%	50%	33%	0%

Note: Percentages may not total 100% due to rounding.

**61. Taking your best guess, which of the following are the most common stressors in the lives of the youth you work with? Check up to 3.**

	<b>% (N=138)</b>
Youth do not have any stressors in their lives.	0%
Not having enough food to eat	35%
Limited access to hygiene items (e.g., toothpaste, soap, deodorant)	11%
Transportation issues	31%
Living situation or housing (e.g., staying in a shelter)	24%
Feeling unsafe at home	23%
Relationship or conflicts with a caregiver	46%
Caring for family members	4%
Peer pressure	25%
Relationships or conflicts with friends	32%
Lack of friends	5%
Being bullied	14%
Dating	0%
Schoolwork	5%
Extracurricular activities	2%
My work or job	1%
Social media	36%
Another stressor, please specify (e.g., lack of communication skills)	1%

■ Top three most commonly reported responses among school staff.

**62. Please share whether you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
The youth at my school feel safe and respected at home. (N=134)	1%	24%	74%	2%
The youth at my school feel in control of their life and future. (N=133)	2%	46%	52%	1%
The youth at my school feel good about themselves. (N=133)	2%	30%	66%	2%
The youth at my school deal with disappointment without getting too upset. (N=133)	5%	47%	47%	2%
The youth at my school feel valued and appreciated by others. (N=133)	1%	29%	68%	2%
The youth at my school express their feelings in proper ways. (N=133)	6%	41%	51%	2%

Note: Percentages may not total 100% due to rounding.



**63. On average, how often do you ask the youth you work with how they are and truly want their honest answer?**

	<b>% (N=133)</b>
Daily	55%
Several times per week but less than daily	25%
Once a week	11%
Several times per month but less than weekly	5%
Monthly	2%
A few times per year	2%
Never	1%

Note: Percentages may not total 100% due to rounding.

**64. If a youth at your school is feeling overwhelmed, depressed, anxious, or otherwise distressed, which of the following would they be most likely to reach out to? Check up to 3.**

	<b>% (N=132)</b>
They wouldn't want to reach out to anyone	3%
Friend	75%
Parent or guardian	24%
Coach	11%
Teacher	57%
Someone at church	2%
Mental health therapist or school counselor	57%
Crisis hotline	1%
Social media/online community	17%
Doctor	2%
They wouldn't know who or where to reach out to	18%
Another person or place, please specify (e.g., other school staff)	3%

■ Top three most commonly reported responses among caregivers.

**65. How strongly do you agree or disagree with the following statement? My community needs more mental health services for youth, such as therapists, counselors, or places to stay overnight that also provide services.**

	<b>% (N=132)</b>
Strongly disagree	11%
Disagree	4%
Agree	38%
Strongly agree	47%

**66. What types of mental health services does your community need more of? (Open-ended item)**

	<b>N=14</b>
More mental health services or providers (unspecified)	11
Family-focused services (e.g., family advocates)	1
Substance use services	1
Specific types of providers (e.g., mental health coaches, school counselors, child psychologists)	4
Crisis services	1
Inpatient services	1
Group-based services	1

Note: Percentages not reported due to low Ns.

**67. Taking your best guess, what proportion of the youth you work with receive mental health services?**

	<b>% (N=131)</b>
Under 25%	34%
Between 25% and 50%	53%
Between 50% and 75%	9%
75% or more	3%

Note: Percentages may not total 100% due to rounding.

**68. Which of the following barriers prevent the youth you work with from receiving mental health services, if any? Check up to 3.**

	<b>% (N=131)</b>
There are no barriers that prevent youth from receiving mental health services	2%
Cost	45%
Transportation	37%
Families don't know what services are available	44%
Families don't know how to sign youth up to receive services	21%
Wait times are too long or providers aren't accepting new clients	31%
Stigma or privacy concerns	34%
Lack of health insurance	26%
Youth are too busy with school, work, or other activities	4%
Youth have to take care of family members	6%
Youth don't want to receive mental health services	21%
Youth don't need mental health services	1%
Another reason, please specify (e.g., lack of caregiver support or engagement, caregiver refusal, providers don't take specific health insurance plans, lack of providers)	10%

■ Top three most commonly reported responses among school staff.

**69. How familiar are you with the process of referring youth to community-based services?**

	<b>% (N=131)</b>
Not at all familiar	19%
Slightly familiar	33%
Somewhat familiar	29%
Very familiar	19%

**70. What are the most significant challenges you have encountered during the process of referring youth to community-based services? (Open-ended item)**

	<b>% (N= 62)</b>
Lack of caregiver engagement (e.g., caregivers refusing services, caregiver backlash to suggesting services, reluctance to acknowledge mental health concerns, lack of understanding of mental health concerns, lack of follow through or support to complete paperwork or provide transportation for their youth to receive services)	40%
Wait lists	29%
Lack of service availability	26%
Lack of familiarity of existing services, which services to refer to, or how the referral process works	11%
Referral process takes too long or is too cumbersome	10%
Lack of transportation preventing youth from receiving services referred to	8%
Stigma or youth not feeling comfortable asking for help	7%
Lack of follow through among professionals involved with the referral process	5%

**71. What resources or services would help you better support the youth you work with and their mental health and well-being? (Open-ended item)**

	<b>% (N=79)</b>
Increase mental health services for youth (e.g., increase the number of providers, specialty providers, telehealth services, options for services in the summer, at home services, inpatient or long-term services)	63%
Guidance navigating services (e.g., list of contacts, clearer process, make referral process faster, information regarding available services)	20%
Mental health education or skills training for school staff	11%
Mental health education or skills training for youth (e.g., social-emotional learning, communication or conflict resolution skills)	6%
Assistance and resources for caregivers (e.g., help with paperwork, plans for families to follow, resources to give to families, education for families)	5%
Transportation supports	5%
More teachers or school staff or increase the amount of time teachers and school staff can spend supporting students	4%
Physical space to use for managing mental health concerns at school (e.g., calm room)	3%
Increase caregiver engagement or provide supports that don't require parent/guardian consent	3%
Mental health services for families	1%
Supports for school staff mental health and well-being	1%
More community or after-school activities	1%
Address stigma	1%
Resources to help families meet basic needs	1%

**72. If there was one thing your school or community could do to improve the mental health and well-being of youth in Northeast Minnesota, what would it be? (Open-ended item)**

	<b>% (N=84)</b>
Increase access to mental health services for youth	45%
Raise awareness about mental health, address stigma, provide education or discuss mental health concerns	12%
Mental health education for youth (e.g., social-emotional learning, discuss well-being topics in school, check in with students, therapy animals, group activities)	11%
Provide more community or after school activities, including free or low-cost activities	11%
Improve school environment (e.g., increase understanding of mental health concerns, make environment more welcoming, foster a sense of community, improve responses to behavior concerns, incorporate restorative practices or conflict management training)	6%
Raise awareness of available services or resources, increase familiarity with referral process, or streamline referral process	5%
Improve response to bullying	5%
Address impact of technology or social media use in school	4%
Provide mental health education for caregivers	3%
Provide mental health education for school staff	3%
Improve quality of mental health services	3%
Increase the number of teachers	1%
Improve community safety	1%
Help youth meet basic needs	1%
Provide mental health services for caregivers	3%

**73. What school(s) do you work at? Check all that apply.**

	<b>% (N=126)</b>
Assumption Catholic School	0%
Cherry School	18%
Chisholm Elementary School	0%
Chisholm High School	0%
East Range Academy of Technology and Science	0%
Ely Memorial High School	0%
Eveleth Gilbert Secondary School	0%
Falls High School	0%
Floodwood Schools	1%
Hibbing High School	29%
Indus School	0%
Lake of the Woods Elementary	0%
Lake of the Woods High School	0%
Laurentian Elementary School	0%
Lincoln Elementary	3%
Littlefork Big Falls School	0%
Marquette Catholic School	0%
Merritt Elementary	0%
Mesabi East Elementary School	0%
Mesabi East High School	0%
Mountain Iron Buhl High School	1%
Nashwauk Keewatin Elementary	7%
Nashwauk Keewatin High School	3%
North Star Elementary School	0%
North Woods School	2%
Northland Learning Center	7%
Northome School	0%
Northeast Range School	14%
Rock Ridge High School	0%
South Ridge School	18%
Tower Soudan School	6%
Vermilion Country School	0%
Virginia Secondary School	0%
Another school	2%

Note: Percentages may not total 100% due to rounding.

**74. What grade levels do you primarily work with? Check all that apply.**

	<b>% (N=126)</b>
6 <sup>th</sup>	28%
7 <sup>th</sup>	48%
8 <sup>th</sup>	48%
9 <sup>th</sup>	52%
10 <sup>th</sup>	56%
11 <sup>th</sup>	50%
12 <sup>th</sup>	52%

**75. How do you describe your race or ethnicity? Check all that apply.**

	<b>% (N=130)</b>
American Indian or Alaskan Native	5%
Asian, South Asian, or Asian American	0%
Black, African, or African American	1%
Hispanic or Latino/Latina	2%
Middle Eastern or North African	0%
Native Hawaiian or other Pacific Islander	0%
White	90%
Another race or ethnicity	0%
Prefer not to answer	8%

## References

- Ad Council. (2020). *Seize the Awkward*. <https://seizetheawkward.org/>
- Anderson, K. S., & Sandmann, L. (2009). Toward a model of empowering practices in youth-adult partnerships. *Journal of Extension*, 47(2), 5. <https://tigerprints.clemson.edu/joe/vol47/iss2/5>
- Arnold, M. E. (2020). *Fostering developmental relationships*. Oregon State University Extension 4-H Youth Development Programs. <https://4h.extension.wisc.edu/files/2020/09/Fostering-Developmental-Relationships-1.pdf>
- Bartelink, V. & Edvardsson, K. (2019). *Interventions to reduce public stigma of mental illness and suicide—are they effective? A systematic review of reviews*. Public Health Agency of Sweden. <https://www.folkhalsomyndigheten.se/contentassets/b82b86d616724d548b305eb7a3b86928/interventions-reduce-public-stigma-mental-illness-suicide-19015.pdf>
- Boritz, T. Z., Sheikhan, N. Y., Hawke, L. D., McMain, S. F., & Henderson, J. (2021). Evaluating the effectiveness of the Family Connections program for caregivers of youth with mental health challenges, part I: A quantitative analysis. *Health Expectations*, 24(2), 578-588. <https://doi.org/10.1111/hex.13205>
- Cacciatore, G. (2021). *Teacher-student relationships matter*. Harvard Graduate School of Education. <https://www.gse.harvard.edu/news/uk/21/03/teacher-student-relationships-matter>
- Centers for Disease Control and Prevention. (2018). *Anti-bullying policies and enumeration: An infobrief for local education agencies*. [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/bullying/pdf/anti\\_bullying\\_policies.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/bullying/pdf/anti_bullying_policies.pdf)
- Centers for Disease Control and Prevention. (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence*. [https://www.cdc.gov/violenceprevention/pdf/aces-prevention-resource\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/aces-prevention-resource_508.pdf)
- Centers for Disease Control and Prevention. (2022). *Youth advisory councils*. <https://www.cdc.gov/healthyyouth/yac/index.htm>



- Centers for Disease Control and Prevention. (2023). *Mental health services for children policy brief: Providing access to mental health services for children in rural areas*. <https://www.cdc.gov/ruralhealth/child-health/policybrief.html>
- Centre for Addiction and Mental Health. (2023). *Game Changers resources*. <https://www.camh.ca/en/driving-change/game-changers/game-changers-resources>
- Child Welfare Information Gateway. (2021). *Domestic violence: A primer for child welfare professionals*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/parentalsubuse.pdf>
- Colistra, C., Bixler, R., & Schmalz, D. (2019). Exploring factors that contribute to relationship building in a community center. *Journal of Leisure Research*, 50(1), 1-17. <https://doi.org/10.1080/00222216.2018.1542527>
- Consiglio, B. (2022). *Positive teacher-student relationships lead to better teaching*. University of Missouri College of Education and Human Development. <https://education.missouri.edu/2022/03/positive-teacher-student-relationships-lead-to-better-teaching>
- Corrigan, P. W. (2011). Best practices: Strategic stigma change (SSC): Five principles for social marketing campaigns to reduce stigma. *Psychiatric Services*, 62(8), 824-826.
- David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). *A comprehensive technical package for the prevention of youth violence and associated risk behaviors*. Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/43085>
- Dotterweich, J. (2021). *Positive youth development 101: A curriculum for youth work professionals*. Bronfenbrenner Center for Translational Research, College of Human Ecology, Cornell University. [https://actforyouth.net/resources/pyd/pyd\\_pyd101curriculum.pdf](https://actforyouth.net/resources/pyd/pyd_pyd101curriculum.pdf)
- Felter, J., Chung, H. L., Guth, A., & DiDonato, S. (2023). Implementation and outcomes of the trauma ambassadors program: A case study of trauma-informed youth leadership development. *Child and Adolescent Social Work Journal*, 1-17. <https://doi.org/10.1007/s10560-022-00910-z>
- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and*

- programmatic activities*. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>
- Gaffney, H., Farrington, D. P., & White, H. (2021a). *Anti-bullying programmes: Toolkit technical report*. Youth Endowment Fund.  
<https://youthendowmentfund.org.uk/wp-content/uploads/2021/06/Anti-bullying-programmes-Technical-Report.pdf>
- Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021b). Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis. *Campbell Systematic Reviews*, 17(2), e1143.  
<https://doi.org/10.1002/cl2.1143>
- Ginwright, S., & James, T. (2002). From assets to agents of change: Social justice, organizing, and youth development. *New Directions for Youth Development*, 96, 27-46. <https://doi.org/10.1002/yd.25>
- Healthy Families America. (n.d.). *Our approach*.  
<https://www.healthyfamiliesamerica.org/our-approach/>
- Korbey, H. (2022). *What's the role of teachers in supporting student mental health?* Edutopia. <https://www.edutopia.org/article/the-doctor-is-in-your-classroom/>
- Li, J., & Winters, D. (2022). The power of simple, ordinary interactions in developmental relationships across contexts. In T. Akiva & K. H. Robinson (Eds.), *It takes an ecosystem: Understanding the people, places, and possibilities of learning and development across settings* (pp. 109-124). Information Age Publishing.
- Lyons, N., Cooper, C. & Lloyd-Evans, B. (2021). A systematic review and meta-analysis of group peer support interventions for people experiencing mental health conditions. *BMC Psychiatry*, 21(315). <https://doi.org/10.1186/s12888-021-03321-z>
- Making Caring Common Project. (2023). *How to build empathy and strengthen your school community*. Harvard Graduate School of Education.  
<https://mcc.gse.harvard.edu/resources-for-educators/how-build-empathy-strengthen-school-community>
- Minnesota Department of Health. (2021). *Recommendations on strengthening mental health care in rural Minnesota*: Workgroup of the Rural Health Advisory Committee.

- <https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2021rhacmhealth.pdf>
- National Center on Safe Supportive Learning Environments. (n.d.). *Engagement*.  
<https://safesupportivelearning.ed.gov/topic-research/engagement>
- National Child Traumatic Stress Network. (n.d.). *Interventions*.  
<https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/interventions>
- National Institutes of Health. (2022). *Moms' mental health matters: Depression and anxiety around pregnancy*. <https://www.nichd.nih.gov/ncmh/ncmh/ncmh/initiatives/moms-mental-health-matters/moms>
- Ohmer, M. L. (2007). Citizen participation in neighborhood organizations and its relationship to volunteers' self- and collective efficacy and sense of community. *Social Work Research*, 31(2), 109-120. <https://doi.org/10.1093/swr/31.2.109>
- Ozer, E. J. (2017). Youth-led participatory action research: Overview and potential for enhancing adolescent development. *Child Development Perspectives*, 11(3), 173-177. <https://doi.org/10.1111/cdep.12228>
- Raposa, E. B., Rhodes, J., Stams, G. J. J. M., Card, N., Burton, S., Schwartz, S., Yoviene Sykes, L. A., Kanchewa, S., Kupersmidt, J., & Hussain, S. (2019). The effects of youth mentoring programs: A meta-analysis of outcome studies. *Journal of Youth and Adolescence* 48, 423-443. <https://doi.org/10.1007/s10964-019-00982-8>
- Rimm-Kaufman, S. & Sandilos, L. (2015). *Improving students' relationships with teachers to provide essential supports for learning: Applications of psychological science to teaching and learning modules*. American Psychological Association.  
<https://www.apa.org/education-career/k12/relationships>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). *A collaborative approach to the treatment of pregnancy women with opioid use disorders: Practice and policy considerations for child welfare, collaborating medical, and service providers*.  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4978.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Preventing the use of marijuana: Focus on women and pregnancy*.  
<https://store.samhsa.gov/sites/default/files/d7/priv/pep19-pl-guide-2.pdf>

- Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Talk. They Hear You: About the campaign*. <https://www.samhsa.gov/talk-they-hear-you/about>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). Peers supporting recovery from substance use disorders. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peers-supporting-recovery-substance-use-disorders-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peers-supporting-recovery-substance-use-disorders-2017.pdf)
- Schott Foundation for Public Education. (2014). *Restorative practices: Fostering healthy relationships and promoting positive discipline in schools: A guide for educators*. <https://schottfoundation.org/wp-content/uploads/restorative-practices-guide.pdf>
- Scott, M., & Krinke, C. (2018). *Essential elements for positive youth development*. North Dakota State University Extension. <https://www.ndsu.edu/agriculture/sites/default/files/2022-08/yd1482.pdf>
- Search Institute. (n.d.-a). *Ideas for building developmental relationships*. <https://www.search-institute.org/developmental-relationships/ideas-building-developmental-relationships/>
- Search Institute. (n.d.-b). *The intentional relationships workshop*. <https://www.search-institute.org/intentional-relationships-workshop-2/>
- Serafin, M. (2020). *Telemental health services for youth in rural areas: Meeting service gaps and best practices: Literature review*. Wilder Research. [https://www.wilder.org/sites/default/files/imports/DHS\\_SoC\\_TelementalHealthServices\\_LitReview\\_10-20.pdf](https://www.wilder.org/sites/default/files/imports/DHS_SoC_TelementalHealthServices_LitReview_10-20.pdf)
- Sheikhan, N. Y., Wang, K., Boritz, T., Hawke, L. D., McMain, S., & Henderson, J. (2021). Evaluating the effectiveness of the Family Connections program for caregivers of youth with mental health challenges, part II: A qualitative analysis. *Health Expectations*, 24(2), 709-718. <https://doi.org/10.1111/hex.13220>
- Social Programs that Work. (2017a). *Evidence summary for Child FIRST*. <https://evidencebasedprograms.org/document/child-first-evidence-summary/>
- Social Programs that Work. (2017b). *Evidence summary for the Nurse Family Partnership*. <https://evidencebasedprograms.org/document/nurse-family-partnership-nfp-evidence-summary/>

- Social Programs that Work. (2017c). *Evidence summary for the Triple P System*. <https://evidencebasedprograms.org/document/the-triple-p-system-evidence-summary/>
- Social Programs that Work. (2017). *Evidence summary for recovery coaches*. <https://evidencebasedprograms.org/document/recovery-coaches-evidence-summary/>
- Stop Bullying. (2017). *Research summary: Understanding the role of state departments of education*. <https://www.stopbullying.gov/sites/default/files/2017-10/understanding-the-role-of-state-doe.pdf>
- Syvertsen, A. K., Scales, P. C., Wu, C., & Sullivan, T. K. (2023). Promoting character through developmental experiences in conservation service youth programs. *Journal of Positive Psychology*. <https://doi.org/10.1080/17439760.2023.2218331>
- Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123-1132.
- Tobin Tyle, E., Hulkower, R. L., & Kaminski, J. W. (2017). *Behavioral health integration in pediatric primary care: Considerations and opportunities for policymakers, planners, and providers*. [https://www.milbank.org/wp-content/uploads/2017/03/MMF\\_BHI\\_REPORT\\_FINAL.pdf](https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf)
- UNICEF. (n.d.) *Mental health and well-being: How to support your children and yourself*. <https://www.unicef.org/parenting/mental-health#talking-mental-health>
- Waid, J., & Urich, M. (2020). A scoping review of the theory and practice of positive youth development. *British Journal of Social Work*, 50(1), 5-24. <https://doi.org/10.1093/bjsw/bcy130>
- Woodard, G. S., Triplett, N. S., Martin, P., Meza, R. D., Lyon, A. R., Berliner, L., & Dorsey, S. (2020). Implementing mental health services for children and adolescents: Caregiver involvement in school-based care. *Psychiatric Services*, 71(1), 79-82. <https://doi.org/10.1176/appi.ps.201900160>
- Yoo, A., Kim, M., Ross, M. M., Vaughn-Lee, A., Butler, B., & dosReis, S. (2018). Engaging caregivers in the treatment of youth with complex developmental and mental health needs. *The Journal of Behavioral Health Services & Research*, 45, 440-453. <https://doi.org/10.1007/s11414-018-9604-0>

Youth.gov (n.d.). *Integrating positive youth development into programs.*

<https://youth.gov/youth-topics/integrating-positive-youth-development-programs>



## Acknowledgments

The authors would like to thank all the United Way of Northeast Minnesota staff who helped guide the development and execution of this project, including Elizabeth Kelly, Katy Lofquist, and Erin Shay. Additionally, we would like to thank all project partners who contributed their time and energy to this project, including Assumption Catholic School, the Backus Community Center, Chisholm High School, East Range Academy of Technology, Ely Community Resource, the Hibbing School District, Northland Learning Center, the Nashwauk-Keewatin School District, the St. Louis County School District, and Vermilion Country School.

The authors would also like to thank the Wilder Research staff members who contributed to this project, including Melissa Adolfson, Abbie Clapp, Jen Collins, Phil Cooper, Barite Dawud, Allie Devney, Kristin Dillon, Kyla Goux, Heather Loch, Audrey Mutanhaurwa, Maureen McGovern, and Dan Swanson.

Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700 | [www.wilderresearch.org](http://www.wilderresearch.org)

**Wilder Research**<sup>®</sup>

Information. Insight. Impact.

