

# Mental Health Among High School Students in MetroWest



## **Metro West Health Foundation Leadership Development Program**

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# What's Happening in MetroWest?

## Why We Chose This Topic

Poor mental health is a growing problem for high school students. In addition to an increase in the number of high school students reporting mental health difficulties, studies show students are not seeking the support they need. Systems such as schools and mental health clinics, who work closely with high school aged adolescents, must create strategies to alleviate the mental health challenges facing this population today.



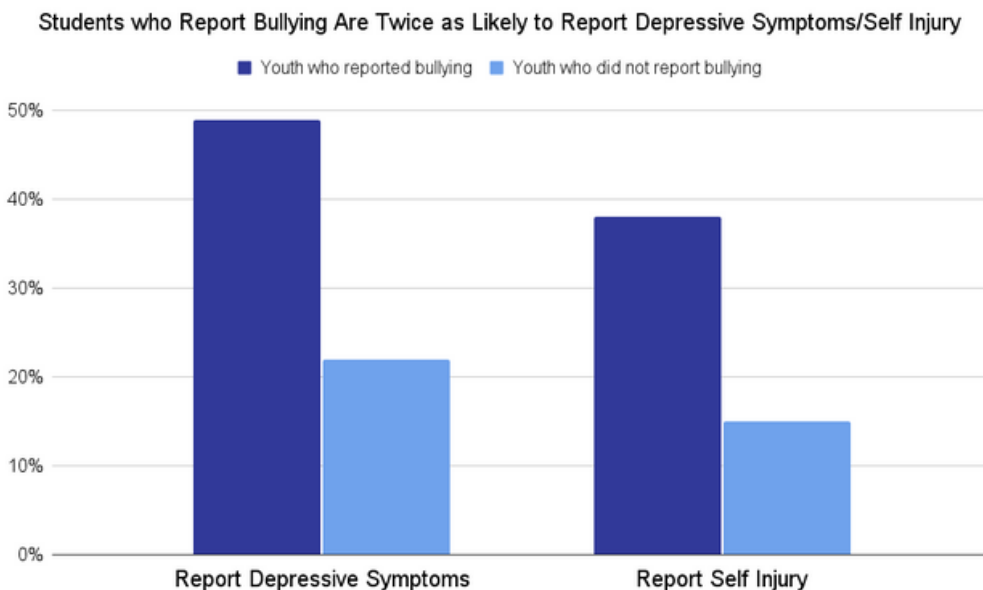
## Background:

The increase in mental health problems in MetroWest is consistent with national reports of a youth mental health crisis that is believed to have worsened during the COVID-19 pandemic. According to the MetroWest Adolescent Health Survey, there is an increased prevalence of serious mental health problems, such as anxiety, depression, self-injury, and suicidal ideation. Reports of mental health concerns have steadily increased since 2006, including:

- Reports of anxiety increased from 2018 to 2021:
  - 42% of students report feeling nervous, anxious, or on edge on “more than half the days” or “nearly every day” in the past two weeks compared to 35% in 2018.
  - 34% report feeling unable to stop or control worrying compared to 27% in 2018.
- Number of students reporting depressive symptoms rose from 20% in 2018 to 27% in 2021.
- Number of students reporting intentional self-injury rose from 14% in 2018 to 19% in 2021.
- Number of students reporting suicide attempts rose from 4% in 2018 to 5% in 2021.

# What's Happening in MetroWest?

Concurrently with increased reports of poor mental health from students, there has been a concerning increase in students' reports of cyberbullying from 2018–2021. After declining from a high of 22% in 2012 to 18% in 2018, cyberbullying victimization increased to 22% in 2021, surpassing reports of in-school bullying (20% of students reported being bullied in school in 2021). Of students who report being bullied or verbally harassed in the past twelve months, 10% of high school students report the bullying was due to their race or ethnicity, 7% due to their religion or culture, 7% due to their religion or culture, 7% due to their gender, 8% due to their sexual identity/orientation, 5% due to a disability, and 22% due to their appearance. (MWAHS 2021.)



**"Bullying victimization is strongly associated with mental health. Youth who were bullied at school are more than twice as likely to report depressive symptoms (49% vs 22%) and self injury (38% vs 15%) than those who weren't bullied"**  
–2021 MetroWest Adolescent Health Survey

## Adding to the urgency:

Despite an increase in the prevalence of mental health concerns, high school youth are not seeking the support they need. In fact, only 43% of high school youth who report a mental health need sought treatment or counseling from a therapist, psychologist, or another professional outside of school. Additionally, just 34% talked to a school counselor or other professional within the school. The proportion of middle school youth who have an adult at school to talk to if they have a problem decreased from 72% in 2018 to 66% in 2021, likely due to the pandemic. (MWAHS 2021)



# What the Research Says

An analysis of 22 studies reviewing young people's views related to seeking care have found that the most common barriers to young people seeking help include stigma, embarrassment, difficulties with recognizing problems and/or a desire to deal with difficulties themselves. (Gulliver et al, 2010)



Corroborating those findings almost a decade later, the 2021 MetroWest Adolescent Health Survey Report found that some of the barriers for high school youth seeking mental health help include\*:

Barriers to Seeking Help from Someone at School for Emotional Challenges or Problems (agree/strongly agree)	% of students (2021)
I wouldn't have time or wouldn't want to miss class to get help	49.4
I don't think counseling with someone at school would help	43.1
I should handle problems on my own	42.5
I would be too embarrassed or scared to talk about it	38.1
A school counselor/therapist might not understand me or my challenges	38.0
I wouldn't want other students to know I was meeting with a school counselor/therapist	37.8
I wouldn't want my parent(s)/guardian(s) to know I was meeting with a school counselor/therapist	27.6

A significant percentage of students who did report seeking support had sought it from peers, adults and mental health professionals outside of school, such as\*:

- Friends around the same age (59%)
- A parent, relative, or an adult outside of school (50%)
- A therapist, psychologist or another mental health professional outside of school (23%)
- From a school counselor, therapist or psychologist (19%)

## Lesser Used Resources\*:

- Telehealth or online therapy services (15%)
- Informal supports from a person or a group on social media (Instagram, Facebook or Snapchat) (17%)
- From another adult at school, such as a teacher or another school staff member (12%)
- School Nurse (4%)
- Crisis/Text Line (4%)





# What We Can Do

## >>> Mental Health Service Providers

- Encourage counseling and social work students to choose careers working with youth. Conduct outreach to local universities to educate students on community needs and the rewards of working with youth.
- Increase hiring and retention of mental health professionals.
  - Offer higher compensation aligning with market rates.
  - Create enhanced benefits packages: paid time off, self-care, student loan forgiveness programs.
  - Host company initiatives for employee appreciation.
- Implement strategic practices to support mental health professionals in working more efficiently and increasing access to care for youth.
  - Reduce and/or streamline documentation requirements; designate non-clinical staff to complete required non-clinical forms.
  - Offer increased compensation/perks for mental health clinicians offering appointments between 5-8pm.
  - Allow clinicians the option to offer a hybrid of in-person, telehealth and in-home therapy appointments.
- Create a more effective flow for youth from access to mental health care through service termination and aftercare.
  - Build connections with community and school resources that can be used as supports in the therapy process and as step-down supports after youth complete therapy.
  - Engage parents/guardians in the process of therapy to equip families with the education and skills they need to understand their youths' mental health needs and provide sustainable support.



# What We Can Do

## >>> Schools

- Promote bullying prevention as well as access to intervention and treatment for mental health challenges :
  - Social norming/Stigma reduction campaigns for youth regarding mental health and seeking mental health services.
  - Promote existing text lines for youth to anonymously seek support for mental health issues and suicidal thoughts.
  - Supplement existing anti-bullying curriculum in schools by offering more peer-led efforts to prevent bullying from happening, and training for youth to help them be confident enough to stop bullying when they see it happening.
  - Offer youth training programs for supporting peer mental health/bullying prevention.
    - Example: Training Active Bystanders
  - Offer programs (e.g. Student Wellness Ambassador programs)
    - Example: Center for Teen Empowerment - Somerville
    - The Youth Mental Wellness Ambassadors Program offers teen-led workshops and events that teach coping skills and destigmatize mental health challenges.

## Conclusion

The increasing rates of high school students in MetroWest reporting mental health issues is alarming. Policymakers must find more effective approaches to addressing this issue. As outlined in this brief, there are practical steps that schools and mental health providers can take to improve mental health for high school students.