



# Addressing the Adolescent Mental Health Emergency: Community-Based Recommendations for Key Stakeholder Groups

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## The Upswing Fund for Adolescent Mental Health

The Upswing Fund for Adolescent Mental Health is a collaborative fund seeded by [Pivotal Ventures](#), an investment and incubation company created by Melinda French Gates to advance social progress in the United States. Further support is provided by [The Klarman Family Foundation](#) and other donors. The Fund is advised by a renowned set of mental health experts with deep clinical and research expertise and a passion to support youth and communities. The Fund is powered by [Panorama](#), a platform for social change dedicated to solving global problems through audacious thinking and bold action.

If you share our goals and want to learn more about partnering with The Upswing Fund, get involved at <https://theupswingfund.org/get-involved>.

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# Executive Summary

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Community-based programs and organizations play a critical role<sup>1</sup> in the care and development of adolescents. Now, more than ever, the need for community programs serving the mental health and well-being needs of adolescents is critical. As evidenced by our expansive network of grantee partners of The Upswing Fund for Adolescent Mental Health (Upswing), there are many organizations across the country directly providing mental health and well-being support to adolescents in culturally responsive ways. We share examples of culturally responsive care in our first report, [An Investment in the Future of Adolescent Mental Health](#). However, many systemic challenges hinder the growth of community-based organizations and, by extension, the expansion of culturally responsive mental health care for adolescents at a time when support is undeniably at an all-time high.



Over the past few months alone, a national emergency was declared on the state of child and adolescent mental health and the U.S. Surgeon General released a Public Advisory<sup>2</sup> highlighting an urgent need for addressing youth mental health challenges. The time to act is now, but the question remains, what can I do?

In the report that follows, we present action-oriented recommendations for relevant stakeholders across four areas that prevent adolescents of color and LGBTQ+ youth from getting the culturally responsive care that they need: funding community-based programs, building community partnerships, building and sustaining a mental health care workforce, and measuring the mental health and well-being of adolescents.

Across these challenges, some common recommendations arise.



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## For Funders

**Be willing to fund direct service organizations in this time of particularly acute needs.** Testing and supporting models of care for adolescents of color and LGBTQ+ youth can ultimately inform approaches to scale. Funding general operations can help close gaps in costs that aren't reimbursable by insurance, including the time and effort needed to build community partnerships, provide holistic and non-clinical wrap-around care, and train and retain high-quality staff.

**Offer partnership beyond the check.** Facilitate access to networks and funders to help build fundraising capacity, acknowledging the disproportionate challenges diverse leaders experience in accessing those spaces and capital. As a partner, also seek out ways to relieve administrative burden so grantees can focus on mission-critical work. This looks like application and reporting processes that are a light lift and allowing grantees to define and share progress using their own measures of impact. To learn more about steps you can take, use [this guide](#) from the Trust-Based Philanthropy Project.

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## For Community-Based Organizations

**Leverage partnerships** to increase organizational impact and set expectations with funders on the time needed to develop them.

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## For Higher Education, Training Institutions, and State Licensure Associations

**Center cultural responsiveness** as a core value of curriculum and licensing standards to better prepare new professionals to serve the needs of diverse communities. Also, intentionally recruit and support diverse students to, and through, training programs.

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## For Policymakers

**Expand insurance reimbursement policies and Medicaid eligibility** to allow for the reimbursement of critical coordination and wrap-around services.

In the spirit of taking action towards closing gaps in mental health care for adolescents of color and LGBTQ+ youth, we urge funders, policymakers, professional associations, community-based organizations, and all others who share in our goal to improve the mental health and well-being of youth to read on.



# Funding Community-Based Programs

## Thoughts from Upswing Advisor, Ken Zimmerman

Philanthropy has a critical role to play in addressing the crisis among youth, particularly youth of color and who are LGBTQ+. The issue is straightforward: what in this time of ongoing crisis do these youth, and the youth-serving organizations focused on them, need?

What emerges clearly is how what is needed involves many of the most important tools philanthropy has to offer: connecting movements such as racial equity and mental health, advancing innovation by supporting novel approaches created by and for LGBTQ+ teens and adolescent mental health communities of color, and furthering the leadership of those most impacted by current policy and practice.

Through the report that follows, The Upswing Fund offers valuable insights into some of the most pressing funding and organizational challenges faced by their grant recipient partners. These insights inform how philanthropy can advance meaningful change. They are well worth reading.

## Why Community-Based Programs are Important

Through conversations with our grant recipients, we've learned that adolescents of color and LGBTQ+ youth feel more comfortable frequenting community-based organizations rather than clinics, where they are less likely to seek out specialized care due to barriers such as stigma, lack of insurance, and insufficient knowledge of how to navigate complex health systems. As such, it's critical to understand that supporting community-based organizations allows for more nuanced, place-based, and holistic approaches to care.

Yet funding for these important programs is limited, as the vast majority of state and federal funding flows to larger institutions. In a survey of Upswing grant recipients, 82% reported that fundraising and grants management was their organization's primary need. This lack of funding and resulting lack of access disproportionately impacts people of color, who are less likely to be insured.<sup>5</sup>

# Recommendations

## For Funders

**Provide flexible, multi-year funding for general operations.** Restricted funding—including public, private, and insurance sources—is a shared challenge across the non-profit sector. It requires organizations to stitch together resources from multiple sources in order to provide holistic, culturally responsive programming. This limits the ability of community-based organizations to direct funding to where they know it is needed most and will have the greatest impact in supporting adolescent mental health.

### *What we're hearing:*

"To have funding that is aware of the need for intersectional solutions to intersectional problems is a gift."

"In the world of behavioral health service provision, much of our funding is based on fee-for-service contracts. This creates a challenge for community-rooted organizations like us to build the administrative capacity needed to take our work to scale. In New Mexico, our behavioral health safety net was dismantled in 2013 and there has been no serious investment in rebuilding the long-term sustainability of organizations that are currently doing the work. We are working to build awareness of the organizational challenges that exist and the long-term vision required to build sustainable solutions."

"Particularly on the government side, the funding is really siloed and restricted in its use... Government funding is usually based on old data and is not reflective of today's needs. Even on the private foundation side, they can be really programmatically focused and only contributing to specific projects and activities."

## **Prioritize funding for non-clinical wrap-around services to help reach and serve diverse youth.**

Care coordination, for example, isn't reimbursable, forcing non-profits to seek out funding elsewhere.

### *What we're hearing:*

"There's this expectation that if a young person has access to a therapist, they can work through their trauma, so [funders] will pay for a staff therapist. But, sometimes if they're hungry, they can't talk about their friend that got shot. It's about understanding that nothing is a silo. Their primary needs have to be met before we can scratch the surface of systemic, generational trauma."

"It takes more than just the face-to-face substance use or mental health treatment session to help someone through recovery. They need food, they need stable housing, they need new clothes. They need enjoyable life experiences that can uplift them and show them that there is more in their life that they can have beyond their substance use and mental health disorder."



"The challenge when [potential donors] aren't specific funders for adolescent mental health and care is helping them understand how everything is connected. Our housing, our community programs, and belonging—all of those things that are typical for adolescent development are integrated with mental health. So, it can be a challenge to make sure we can tell our story and integrate those approaches in a way that reaches them. For our homeless and home security programs, we don't go for federal HUD dollars because of all these barriers. We want our programs to be low barrier and to reach as many people as possible. We do not accept funds or apply to funding opportunities that we believe will limit that for us."

**Avoid the bias towards innovation on its own—there are many existing approaches that have solid results and fill key needs.**

***What we're hearing:***

"Many potential funding partners want to be the main/exclusive funder for a new, novel idea to address mental health, but they also want it to be evidence-based... It worries me a little bit. The way that some organizations and funders have gone about it seems performative, something to just stick their name on. A new issue we have encountered consistently is evaluating the alignment and intentions of potential partners and donors. We're trying our best to stay on course for our cause and work with organizations that truly care and align with our work and values."

**Be mindful of potential discrimination and bias, including microaggressions, in the funding process.** Also, be aware of related challenges like access to funding networks, which can be a challenge for emerging organizations with diverse leaders.



***What we're hearing:***

"When I asked for feedback to understand why we didn't get certain funds and what we can do to improve, I was told, 'Well, you don't know how to code switch'... They seem to view our organization as unstable and maybe not a strategic investment, especially since I am a DACA [Deferred Action for Childhood Arrivals] recipient. They wonder if I will get deported and what will happen to our organization and community members. They view us as almost a risk, but it means they aren't taking steps to support vulnerable populations."

"In my role, one of the first challenges that I faced was walking into rooms to network and having people doubt that I was the person in charge. People who were sort of taken aback and unsure that I, as a Black woman, am the Executive Director. I've even had people ask me 'Oh, what was your experience for this role?' as though we were sharing resumes."

**Make a targeted effort to support organizations that work to address inequities in the health care system.** Prioritize funding to improve the mental health and well-being of communities who traditionally face higher barriers to care (e.g., youth of color, LGBTQ+ youth, rural youth, low-income youth, etc.).

***What we're hearing:***

"Right now we only have about \$210/patient/year from the federal government to take care of all of their needs. One of our biggest issues is just calling attention to the fact that the Native population really needs dedicated funding and support for services."

"I love the fact that [The Upswing Fund] supported African Americans and LGBTQ+ youth. They are our main populations that we work with here and there is never funding specifically for African American populations here in Maryland."

"I really want funders to recognize the needs of LGBTQ+ youth, particularly trans and nonbinary youth, who are not being served. But sometimes, funders just don't think about them when designing their applications, their forms, or their requirements."

**Simplify the application process and minimize reporting requirements to reduce administrative burden.**

***What we're hearing:***

"Many of the leaders in this field have lived experiences with mental illness themselves. These life-long mental health struggles, say with anxiety or depression, can impact application processes when funding RFPs are too vague or very long. It can be very overwhelming completing those on top of doing everything else."

"With federal grants and some other funders' applications, they have all of these very specific requirements, and you almost have to prove that you know what you're doing. Those kinds of applications force us to box in our work trying to meet their criteria while also staying true to our mission and continuing to serve our youth."

"It is much harder for smaller, grassroots non-profits to get federal funding due to the application process and lack of 'big' numbers, but grassroots efforts are needed for inner-city and rural areas."

"One of our other funders was advising us to be prepared to apply for the funding that's going to come down from the [American Rescue Plan Act of 2021], but it takes a lot of time to prepare those applications and make that lift possible. Just trying to manage the grants that we already have feels like a full-time job for our staff already. So, it becomes, 'how do we address that need?'"

**Form genuine relationships with grant recipients and make reporting and sharing needs and progress easy.** One way to do this is to “solicit and act on feedback” and “simplify and streamline paperwork,” two of the six trust-based grantmaking practices. In our experience, in-depth conversations guided by an interest in partners’ work can offer a wealth of information in less than an hour and can serve in place of an extra reporting requirement.

***What we're hearing:***

"Of our funders, The Upswing Fund is the first to have a conversation with me like this—asking about our system-wide needs and organizational learnings."

"What you are doing for us now in asking us what we need and advocating for us—that really matters."

**Consider what you can offer beyond grantmaking.** Once you have a sense of what resources would be valuable to grant recipients, leverage your networks and network-building capacities to make introductions and facilitate peer learning. In our survey of grant recipients, 96% expressed that networking opportunities with other grant recipients, experts, and funders in the field would be meaningful.

***What we're hearing:***

"Additional support in capacity building for public speaking, communications and marketing work, etc. can be so impactful for supporting leaders in their organizations."





# Building Community Partnerships



## Thoughts from Upswing Advisor, Teresa Halliday

Today, youth of color and/or LGBTQ+ youth face an increasingly complex array of risk factors that can compound to inhibit healthy development and resiliency. No single social program can address such challenges—this requires a multifaceted response. Indeed, a collaborative approach can also help to identify and address mental health issues earlier, preventing further deterioration and trauma that may result from involvement with clinical or punitive systems.

## Why Community Partnerships are Important

To fully address the diverse mental health needs of youth, community-based youth-serving organizations must work in partnership with other actors in the community. According to Upswing grant recipients, partnerships fill gaps in reach and knowledge, improving access to, and effectiveness of, whole-person care. No one entity can meet the holistic mental health and related needs of youth. A cross functional, community-wide approach is needed.

However, developing strong and lasting partnerships requires time and resources that are often scarce. Funding partners often overlook the importance and resource needs of relationship-building amongst partners while expecting positive outcomes of such partnerships. Vulnerability is required to build the trust between unfamiliar, dissimilar, or even competitive partners. Yet, the benefits to mental well-being for youth of color and LGBTQ+ youth, and the community at-large, are of exponentially valuable return. Below we highlight key recommendations and challenges to building meaningful community partnerships.

# Recommendations

## For Funders

**Fund capacity within organizations to drive partnerships and community collaboration. Don't expect existing staff who perform direct service to fulfill this function.**

***What we're hearing:***

“Our leadership team is doing so much doing, there's just not enough time to go out and network with funders and partners.”

“It took five years to establish a memorandum of understanding with a local school district.”

“We maintain close staff relationships with local housing programs so we can refer youth into those that we know are LGBTQ-competent. We have provided training on culturally competent care and how to support LGBTQ+ youth, but shelters and transitional living programs don't pay well so frontline workers have high turnover. As a result, we continually have to establish new relationships with their staffs to ensure LGBTQ-competence.”

**Be mindful of the strain of funder requirements on organizations. Streamline requirements by aligning them with other funders or reducing them outright.**

***What we're hearing:***

“We so appreciate the rising tide in philanthropic funders to provide resources other than funds to grantees. That said, we are now responsible for attending many virtual gatherings hosted by multiple funders and this is becoming an increasing strain on staff time. If there's a way to share resources and build networks between organizations that does not require significantly more meetings, that would be preferable.”

## For Policymakers and Funders

**Support the development of culturally responsive partnerships within state institutions like public schools.**

***What we're hearing:***

“Some school districts have social workers contracted through the district/county. All schools need them but not all have them—some districts have ‘student services specialists’ doing social work...we offer referrals to vetted professionals who are culturally competent.”

"Funding for LGBTQ+ equity and inclusivity training for public school counselors is not supported by schools outside of our district. Politically speaking, we are still battling legislation that is anti-LGBTQ+ in our state, which led us to develop and disseminate these trainings on a broader scale. While we haven't faced any push-back from school administration, we are really sensitive about that...When we provide training, we work to make them accessible for counselors who choose to participate (offered off-site/virtually, outside of school/work hours) and we pay stipends for counselors to participate. So far we've trained just under 200 counselors across the state."

**Support partnerships to fill an array of needs from direct support to youth to organizational needs of the community-based organizations supporting them.**

***What we're hearing:***

"We provide behavioral services, but we understand that you can't feel good and get better if you are hungry or have unstable housing. So, through a grant, we have licensed social workers (LSWs) who collaborate with other organizations...[to] refer youth, connect them with resources for these other wrap-around services like shelters, soup kitchens, etc. and we can walk them to the building near us to get it."

**Be mindful that differences in infrastructure, processes, and schedules among partners limit opportunities for collaboration. Support creative approaches to address them.**

***What we're hearing:***

"[The] school schedule is really restricted and that can make programming and partnership a little difficult."

"We currently have 130 kids on the waitlist to receive services (doubled from pre-pandemic). One barrier is the ability to find and reserve space on-site [at the school]. Scheduling a private room to meet with youth has limited our capacity to see more youth...It's tough to partner with outside agencies. Everyone has the same goal to serve kids but we all have to make sure we're following our own policies and procedures."



**Spotlight Example:**

SaintA and the Boys & Girls Clubs of Greater Milwaukee received \$2 million in federal SAMHSA funding to place SaintA therapists in eight Boys & Girls Club sites to provide trauma-informed services to 2,700+ youth. The Medical College of Wisconsin will collect data on these youth and perform rigorous research and analyses of youth mental health needs and effective community interventions. In this way, a mental health non-profit, a youth development organization, and a mental health research institution are working together to make exponential impact.





## For Community-Based Organizations

**Leverage partnerships to increase your organizational impact—and convey the time needed to develop them—in your grant proposals and conversations with funders.**

***What we're hearing:***

"As an emerging, Black-led non-profit with initially no money to get started with, it was important for us to partner with a well-established NGO who could guide us and expand our network."

"Pairing [our organization's] experience with group learning programs and peer support with [another organization's] expertise and background in serving youth holistically has built a partnership rooted in a deep level of trust and respect. Whatever comes our way, we feel confident that we navigate it together."

**Be open to ways to monetize or underwrite valuable training for external partners without losing sight of organizational focus.**

***What we're hearing:***

"We're looking to package our way of supporting girls' emotional and mental health expertise into a curriculum/professional development course and use that to train others and as a revenue stream. In this way, we can increase awareness around what the girls are asking for and provide support to other professionals working with girls."

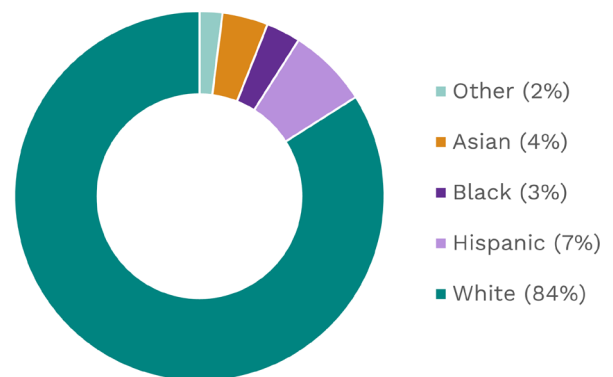
"We are being sought out as a subject expert more and more and we're really the only game in town. So, we receive frequent requests from larger organizations, from law enforcement folks, from parents and more with these training needs and a desire to understand transgender and gender nonconforming youth."

# Building and Sustaining a Mental Health Care Workforce

## The Case for a Strong Workforce

Core to creating a comprehensive and accessible mental healthcare system is a well-trained and diverse workforce of mental health professionals equipped to meet growing demands for services. Prior to the COVID-19 pandemic, the behavioral healthcare workforce was already strained—experts estimated that the U.S. would need four times the number of child psychiatrists we have today.<sup>1</sup> Since then, the pandemic has further exacerbated these workforce shortages.<sup>2</sup> Mental health providers are reporting record-breaking waitlists paired with the inability to refer patients to other, equally strained practices.<sup>3</sup>

Workforce shortages take on a new context when it comes to serving youth of color and LGBTQ+ youth, who need culturally responsive and, in many cases, trauma-informed care. People of color are underrepresented in the behavioral health workforce, with only 3 percent of psychologists identifying as Black, 4 percent identifying as Asian, 7 percent identifying as Hispanic, and 2 percent identifying as American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander, or having two or more races.<sup>4</sup>



Meanwhile, few mental health professionals receive comprehensive training in culturally responsive care for youth of color and LGBTQ+ youth<sup>5, 6</sup> despite the evidence that these trainings improve practitioner knowledge and quality of care.<sup>7, 8</sup> Addressing these gaps in mental health workforce development is critical to providing quality services to youth of color and LGBTQ+ youth. In an April survey of Upswing grant recipients, 90% had staff and leadership reflective of the youth they serve (of color, LGBTQ+, lived mental health experience). Through our interviews with some of these organizations, we took a closer look at the workforce development approaches and challenges experienced by their communities and share below six recommendations for building and sustaining a culturally responsive mental healthcare workforce.

# Recommendations

## For Funders

**Provide multi-year general operating support to allow organizations to hire and retain high-quality staff through fair and competitive compensation practices.**

***What we're hearing:***

"100% of my team is BIPOC. Retention has been hard. We have really great people and really excellent workers, but they don't exist in a vacuum. They will experience family stresses and have to leave for a higher paying job in order to support their families... In many cases, we are our parents' retirement plans."

"Keeping seasoned staff with strong engagement and clinical skills is challenging, as these staff often leave community mental health organizations for private practice after receiving their full license."

**Fund policy and advocacy to address root causes of workforce gaps including insurance reimbursement rates and policies.**

***What we're hearing:***

"Rarely does the reimbursement rate for services provided in community mental health centers cover the cost of 'doing business,' especially considering the amount of overhead required in a fee for service environment. This results in a funding gap that organizations must fill with philanthropy and grant funding in order to keep its doors open."

"Our program is primarily supported by Medicaid funding where we don't get nearly the cost to run the program. Reimbursement rates are low and we do many things that don't get reimbursed."

**Allow funding to support staff development, particularly for entry-level therapists.** To be fully licensed, many entry-level therapists are required to complete a two-year postgraduate internship. Organizations are often unable to bill for services provided by these pre-licensure professionals, which limits their capacity to hire and train them. This has a negative impact on the inclusion and development of a new generation of culturally responsive providers.

***What we're hearing:***

"The trend that I hope to see is funders allowing resources to be dedicated to staff development. There are never enough resources to maintain training and support for staff who are ultimately the ones directly serving our youth on the ground. We know that the quality of training and support for staff directly correlates to the quality of services that we can provide."



"Community Mental Health organizations frequently hire young, inexperienced staff who come directly from the classroom and enter a high-stress, challenging setting.... This leaves an incredible burden on organizations to train 'green' clinicians..."

"We have a young staff who are able to reach young populations in these programs. That has been helpful to draw people in, but the leadership component and training needs to be available to those young staff and it's expensive. The demographics of who is on the frontline of non-profits need to change in order to make a real transformation with participants."

## For Higher Education, Training Institutions, and State Licensure Associations

**Center cultural responsivity as a core value of curriculum and licensing standards to better prepare new professionals for serving the needs of diverse communities.** An understanding of systemic barriers and population-specific needs must be integrated across training topics, rather than truncated into a singular course.



### *What we're hearing:*

"We have so many youth who tell us that before they came to [our organization], they were really struggling to find and access culturally competent care. We recently had a client who lives in a very rural, conservative region of the state whose father was doing massive research to try and find a culturally competent provider. He said our webpage gave him more information and insight that there was no [bias] in service compared to all of these other services he had looked at.."

"When COVID-19 hit and we adapted to a 100% virtual model, we were preparing tutorials for just using the technology in both English and Spanish. We really didn't see any other culturally competent trainings in the space for our people to learn how to navigate that virtual process."

**Recruit and intentionally support diverse students to obtain their degree and professional licensure.** This looks like support with financial aid and scholarships and the inclusion of programs and testing materials in languages other than English to develop a workforce reflective of the youth and communities that they serve.

***What we're hearing:***

"We have so many of our youth from the leadership development program who go on to attend social work and mental health programs in college. And they come back. When it's time to do their practicums, their internships, their graduate training, they want to come back and work with us to help others like them."

"One thing that I've really tried to do is make sure that we are hiring staff that are part of our communities which means hiring candidates that don't necessarily fit the mold due to the systemic challenges that LGBTQ+ and BIPOC providers and young adults face. Not everyone has the opportunity or ability to go directly from high school to college to graduate school for licensure."

## For Community-Based Organizations

**Invest in youth as peer specialists and consider engaging them in hiring processes.**

***What we're hearing:***

"We have a three-round hiring process and, in that, we have built in a part where we get to introduce our youth to a candidate, and they can ask them questions. This has a two-fold benefit because we get to see what our youth want to know and what they value in staff, but the youth also get to learn interview skills and professional development. It's a really great system."

## For Policymakers and Professional Associations

**Support licensure reciprocity across state lines through policy initiatives such as the [Counseling Compact](#), an interstate contract which allows licensed counselors to practice in member states without additional licenses.** This can alleviate shortages of culturally responsive professionals while offering greater flexibility, supporting growing telehealth infrastructure, and improving continuity of care.

***What we're hearing:***

"Many [therapists] had researched the rules for practicing across state lines and found it untenable... The rules for tele-counseling between states vary state-to-state. Some states are not reciprocal and the rules allowing interstate counseling also to vary by type of license (Ph.D., LCSW, etc.). Some of the newly implemented waivers on in-state licensing requirements, made to permit interstate mental health service provision, were time-limited for COVID-19 and later revoked. The ability for any given therapist to see clients nationwide was very complex and therefore most were choosing only to serve clients within their own state."



# Measuring the Mental Health and Well-Being of Adolescents

## Why Measuring the Mental Health and Well-Being of Adolescents Is Important

Understanding the mental health and well-being of adolescents is an important first step in delivering effective and high-quality care. From a clinical perspective, this is typically achieved through standardized assessments, survey instruments, and clinical interviews. However, since these tools are often designed to measure and serve adult populations, there is a lack of well-researched measures to evaluate the mental health of youth, particularly diverse youth.<sup>3,4</sup> As a result, culturally relevant assessment approaches that capture an expansive notion of wellness have varied widely, have had little opportunity for reliability and validity research, and are difficult to measure quantitatively. This gap exists for two reasons: youth of color are underrepresented in mental health research samples and there is a lack of funding for mental health research projects specifically focused on diverse youth populations.<sup>4</sup>

Once a thorough assessment of strengths and needs is conducted, clinical interventions, support tools, and treatment plans can be put into action. However, there is also a lack of culturally relevant outcomes research to determine what interventions and strategies are truly effective in supporting youth of color and LGBTQ+ youth. Following an intervention, appropriate measurement of outcomes and mental health improvement is necessary to develop a broad evidence-base for what works and what doesn't in serving wellness needs.<sup>4,5</sup>

It is important to note that a majority of Upswing grant recipients are providing care outside of clinical settings and using a wide range of tools and treatment interventions designed to best meet youth where they are. In the section that follows, we share the challenges in measuring mental health and well-being experienced by a handful of Upswing grant recipients and offer ways funders, researchers, and policymakers can help to alleviate them.





### **Insights from Upswing Advisor, Dr. Kimberlyn Leary**

Although psychological research provides the basis for development of mental health assessment measures, outcomes, and support tools, few research publications tackle issues related to race.<sup>1</sup> Youth of color and LGBTQ+ youth experience different risk and strengths factors that impact their mental health and they use different, culturally relevant language to describe these experiences. Upswing Advisor **Dr. Kimberlyn Leary**, associate professor of psychology at Harvard Medical School and health policy and management at the Harvard T.H. Chan School of Public Health, has conducted research on mental health and girls of color. She notes, “We don’t yet know [...] how to design school-based mental health care so that programs may be maximally responsive to the needs of girls of color.”<sup>2</sup> In order to improve mental health care for our target population, we need to take a hard look at the cultural relevancy of the assessment and support tools currently available to mental health professionals.



# Recommendations

## For Funders

**Allow applicants and grant recipients to define and share progress using their own measures of impact.** This requires funders to broaden understanding and acceptance of different qualitative measures of impact. Almost all grant recipients interviewed shared that they knew their programs and approaches were working because youth overcame the first barrier: they showed up. With broad need for programs, and greater barriers to care faced by youth, one of the biggest challenges can be finding the place in which they are comfortable letting their guard down and engaging in mental health programs.

### *What we're hearing:*

"Whenever we use traditional, non-Westernized methods, those aren't accepted... these things that we as Indigenous people have been using for thousands of years, but because it doesn't fall into this Westernized idea, it doesn't count for some reason and that's kind of frustrating to be faced with... those barriers [that] exist being an Indigenous person."

"There's those moments where you see these [LGBTQ+] youth be able to put on garments or personal items that reflect their identity, and you can just see them stand up straighter and come to life. And if you're paying attention, you can see those differences. So that's really the subjective aspect that comes in."

**Be mindful of the challenges of collecting impact data overall, particularly amid pressing operational concerns.**



### *What we're hearing:*

"Some of the data collection challenges are the barriers that exist in asking for certain information. Sometimes, we have to ask questions a couple different times in a couple different ways to actually get to the core information that we need to connect them with the services they really need."

"We have struggled with outcomes. We've gotten pulled away from working on measurement in order to deal with the day-to-day struggles of responding to COVID changes and needs. We have a partnership with [a university] which has been really great, but creating the reports is just taking so much longer than anyone anticipated."

**Support staff training and targeted measurement, learning, and evaluation capacity building.**

Organizations serving this population often need to customize or create assessment tools from scratch so that they are culturally relevant. Unrestricted funds and/or targeted training opportunities to support capacity building in this area can enable organizations to develop tools that better reflect the needs of the young people they serve.

**What we're hearing:**

"We really want to know what areas in our work we can improve...there's been powerfulness behind evaluations we've created but having someone who has already went through that—it would be helpful to ask, 'how have you done it?' and how to present that to people that are outside of your community as well."

"Our [evaluation model] is founded on strong relationships with youth. Our staff are often the best window into understanding what's going on with a young person's mental health needs. The best methods of access are always changing with the changing needs of the community. We need to be trained and have the tools to stay relevant in diverse and adapting communities."

## For Funders, Researchers, and Policymakers

**Adapt clinical measurements, tools, assessments, and process to be culturally responsive.****What we're hearing:**

"A lot of these trainings, therapies, and measures were not designed or created with our diverse populations in mind or based on their needs."

"The documentation that EHR (Electronic Health Record) systems require is governed by Medicare regulations designed for medical visits, resulting in irrelevant, time-consuming, and unnecessary documentation. Our telehealth platform is directly embedded in our EHR; it features our clients' legal names, and we are not able to customize that name during telehealth visits. For our transgender clients, this means that each time they have a virtual visit with their therapist, their 'dead' name is front and center."

"There needs to be not only a closer examination of how surveys and assessment tools can be more inclusive, but also to create space and opportunities for organizations that stand for youth of color to utilize the assessment methods and survey tools that are best for our work and populations."

**Use language and methods that resonates with youth and parents/caregivers.*****What we're hearing:***

"Organizations serving youth of color want to use existing survey methods to ensure we are in alignment with donor, stakeholder, and reporting best practices, but a lot of the most relevant and common survey questions that speak to our work and help measure impact and feedback are confusing to our demographic, offensive, or not culturally appropriate for the groups we work with. For example, internally we use 'mental health difficulties' instead of 'mental illness.' Youth don't want to say they or someone in their family is ill."

"We do pre- and post-workshop surveys and we can really see a great reduction in anxiety. But I don't think we've found effective methods or language that stays true to our values. We don't want our participants to feel exhausted by long surveys or feel like lab experiments, yet we still want their feedback and insights."

**Invest in clinical and participatory research models which prioritize the development of equitable, culturally relevant data tools with, and for, communities of color.*****What we're hearing:***

"... if a consortium of researchers were to develop or modify a few baseline measurement tools and then make those tools available across, for example, [Upswing] grantees, this would be groundbreaking."

"A lot of communities, they know what they need. I want to see our field move toward not just the biophysical and biopsychosocial markers (those are important), and I also want to see us lean into 'What are the strengths of these communities? What are the social factors? What are the factors that we never talk about like race and ethnicity?'"

**Provide access to population-level data and research to support benchmarking and collective impact tracking by community-based organizations.*****What we're hearing:***

"Market data that allows larger providers to demonstrate outcomes is available by expensive subscription only and is inaccessible to organizations like us. Access to population health data is critical to prove outcomes and resultant cost savings in healthcare. In order to do that, we need assistance to be able to access expensive population health data, and/or work-arounds like tracking our own client outcomes using Fitbits or other wearable technology."

"On the measurement, learning, and evaluation side of things, we would love to do more of that. I would love to be able to do a statewide needs assessment—not only for our own data and understanding needs so that we can make the case for greater funding, but also so that we can contribute to the field and contribute to the long term impactful preventative work."

# Appendix

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## Methodology

The Upswing Fund generated insights from grant recipients on organizational characteristics, service strategies, and challenges to delivering culturally responsive care through two primary data collection methods, a Needs Survey and In-Depth Interviews.

### Grant Recipient Needs Survey

In April 2021, a voluntary survey consisting of 11 items was sent to our 88 grant recipients (at the time, the full grant recipient pool). Respondents were asked to indicate the top needs of their organizations, disclose how organizational leaders identified (e.g., ethnicity, if a member of the LGBTQ+ community, and/or having lived mental health experience), and their communication and support preferences for working with The Upswing Fund. A total of 74 responses from unique organizations was received, representing 84% of the grant recipient pool.

### Grant Recipient In-Depth Interviews

In-depth interviews sought to capture insights about each organization's challenges and daily operations. A total of 26 interviews were conducted with recipients representing a mix of emerging and established community-based organizations. Selection criteria were applied to ensure a balance of perspectives across organizational size, target population served, and leadership representation.

The in-depth interviews consisted of six sections of inquiry detailed further in the Appendix. Each section contained two to five open-ended questions and all grant recipients were invited to share additional information not covered in the questions at the close of each interview.

### Limitations of Our Methods

While our qualitative approach allows us to capture and broadly share themes about successes and challenges experienced by community-based mental health organizations, there are limitations in the insight and applicability of these data collection methods.

For the Grant Recipient Needs Survey, the focus of the questions was split between gathering organizational needs and opportunities for engagement between The Upswing Fund and grant recipients. In this way, the survey was not narrowly focused on identifying the needs of organizations. However, these responses served a key role in understanding broader grant recipient concerns and informed our overall learning and knowledge strategies.



The in-depth interviews were conducted in 30-minute sessions to protect grant recipients' time and capacity. As questions were open-ended and allowed grant recipients freedom in response, there were a few occasions where there was not enough time to cover every question from the prepared items. In these cases, some grant recipients prepared responses that they shared via e-mail following the close of the interview. During interview follow-up over e-mail, all grant recipients were invited to communicate any items they felt were important that were not previously covered in the interview questions.

## Interview Participants

Listed in alphabetical order by organization. City locations denote organization headquarters though many serve larger metro areas and/or are national in reach.

The Upswing Fund Grant Recipient	City	State
Aliento	Gilbert	AZ
Aliviane	El Paso	TX
Asian Health Services	Oakland	CA
Attic Youth Center	Philadelphia	PA
Black Girls Smile	Atlanta	GA
The Bridge	Philadelphia	PA
BUILD	Chicago	IL
Centro Savila	Albuquerque	NM
The Children's Center	Detroit	MI
Choosing Our Roots	Anchorage	AK
The Door	New York	NY
Friends of the Children - Portland	Portland	OR
Girls Empowerment Network	Austin	TX
Girls for Gender Equity	Brooklyn	NY
HeartSmiles	Baltimore	MD
Hopebound	Atlanta	GA
Indian Health Care Resource Center	Tulsa	OK
Indigenous Peoples Task Force	Minneapolis	MN
Kaleidoscope Youth Center	Columbus	OH
Lambert House	Seattle	WA
Lead4Life	Rockville	MD
Maryhurst	Louisville	KY
Mending Matters	San Diego	CA
Oasis Center	Nashville	TN
Project DIVA	Minneapolis	MN
Reclaim	Saint Paul	MN

## Grant Recipient In-Depth Interview Questions

### GENERAL

1. How does your leadership identify [BIPOC, LGBTQ+, Lived Experience, etc.]?
2. How did you hear about The Upswing Fund's RFP?

### CULTURALLY RESPONSIVE CARE & MEASURING SUCCESS

1. Can you share more about specific ways your organization delivers mental health care, particularly non-clinical approaches?
  - a. How do you know these approaches are working? If they are new, what are some early signs or measures of success that inspire you to keep going?
2. What have you learned about the unique mental health needs of BIPOC and/or LGBTQ+ adolescents since the onset of the pandemic (especially compared to their non-BIPOC/LGBTQ+ peers)?
  - a. Has anything surprised you?
  - b. What do you think they'll need more or less of in the months/years to come?

### COMMUNITY-BASED INTEGRATION

1. How are most of your youth finding and engaging with your organization?
  - a. Do you receive referrals from other institutions (e.g., schools, justice system) or organizations? About how many annually?
  - b. Have you seen any change in the amount, frequency, or source of referrals during the pandemic?
2. Does your organization provide mental health services in other community organizations or schools?
3. Does your organization have partnerships or contracts with large clinics/state-based healthcare orgs to deliver care?
  - a. What barriers to collaboration have you experienced in integrating care with other organizations/systems?

**ORGANIZATIONAL GROWTH & SUSTAINABILITY**

1. Do you feel that you have sufficient in-house resourcing for things like measurement learning & evaluation, cybersecurity, human resources, grant writing, etc.?
2. What are 1-3 specific barriers to growth your organization is experiencing?
3. Roughly, about what percentage of your annual operating budget would you estimate comes from federal and state sources as compared to private ones?
  - a. What are your rough percentages of restricted vs. unrestricted funding sources?
  - b. Have you received multi-year grants?
4. What barriers/challenges have you experienced in accessing federal and/or state resources in particular?
5. Do you feel trusted by your funders? What kind of funder relationship would be ideal for your organization?

**LEADERSHIP & WORKFORCE DEVELOPMENT**

1. What would you consider are unique challenges you face as a [BIPOC, Native, AAPI, Latinx, LGBTQ+] leader of this program/organization?
2. What are some of the workforce needs you're experiencing in your community? Are there any federal or state-based efforts locally that are helping to develop this workforce?

**OPPORTUNITIES IN THE FIELD**

1. Are there innovative mental health programs/initiatives that you're aware of that you wish funders would fund to launch or scale?

**CLOSE & FOLLOW-UP**

1. Is there anything we didn't ask about that you think is important or would like to share with us as funders?

## Endnotes

### Executive Summary

<sup>1</sup> Settapani, C.A., Hawke, L.D., Cleverley, K. et al. "[Key attributes of integrated community-based youth service hubs for mental health: a scoping review.](#)" International Journal of Mental Health Systems 13, no. 52 (2019). DOI: 10.1186/s13033-019-0306-7

<sup>2</sup> United States. Public Health Service. Office of the Surgeon General. "[Protecting Youth Mental Health: The U.S. Surgeon General's Advisory.](#)" (2021).

### Funding Community-Based Programs

<sup>1</sup> Zimmerman, K. "[Mental Health Needs to Be a Top Priority for Philanthropy. Here's Why.](#)" Inside Philanthropy (2020).

<sup>2</sup> World Health Organization, United for Global Mental Health, The World Federation for Mental Health. "[World Mental Health Day: An Opportunity to Kick-Start a Massive Scale-Up in Investment in Mental Health.](#)" (2020).

<sup>3</sup> National Council for Mental Wellbeing. "[Unite for Behavioral Health.](#)" (2019).

<sup>4</sup> Christidis P., Lin L., and Stamm K. "[An unmet need for mental health services.](#)" American Psychological Association (2018).

<sup>5</sup> Altiraifi A. and Rapfogel N. "[Mental Health Care Was Severely Inequitable, Then Came the Coronavirus Crisis.](#)" Center for American Progress (2020).

<sup>6</sup> National Alliance on Mental Illness (NAMI). "[NAMI Celebrate Wins for Mental Health in COVID Relief and FY2021 Federal Budget.](#)" (2020).

<sup>7</sup> U.S. Department of Education. [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs.](#) (2021).

### Building and Sustaining a Mental Health Care Workforce

<sup>1</sup> Axelson, D. "[Meeting the Demand for Pediatric Mental Health Care.](#)" Pediatrics 144 no. 6 (2019).

<sup>2</sup> Clay, R.A. "[How to meet increased demand for services.](#)" Monitor on Psychology 52 no. 3 (2021).



- <sup>3</sup> Caron, C. “[‘Nobody Has Openings’: Mental Health Providers Struggle to Meet Demand.](#)” The New York Times (2021).
- <sup>4</sup> American Psychological Association. [Demographics of U.S. Psychology Workforce](#) [Interactive Data Tool]. (2020).
- <sup>5</sup> Cenat, J.M. “How to provide anti-racist mental health care.” The Lancet Psychiatry 7 no. 11 (2020): 929-931. DOI: [10.1016/S2215-0366\(20\)30309-6](#)
- <sup>6</sup> Whaibeh E., Mahmoud H., and Vogt E.L. “Reducing the Treatment Gap for LGBT Mental Health Needs: the Potential of Telepsychiatry.” The Journal of Behavioral Health Services & Research 47 (2020): 424-431. DOI: [10.1007/s11414-019-09677-1](#)
- <sup>7</sup> Jones S.C.T., Anderson R.E., Metzger I.W. “‘Standing in the Gap’: The Continued Importance of Culturally Competent Therapeutic Interventions for Black Youth.” Evidence-Based Practice in Child and Adolescent Mental Health 5 no. 3 (2020): 327-339. DOI: [10.1080/23794925.176546](#)
- <sup>8</sup> Rhoten B., Burkhalter J.E., Joo R., Mujawar I., Bruner D., Scout N., Margolies L. “Impact of an LGBTQ Cultural Competence Training Program for Providers on Knowledge, Attitudes, Self-Efficacy and Intentions.” Journal of Homosexuality (2021). DOI: [10.1080/00918369.2021.1901505](#)

## Measuring the Mental Health and Well-Being of Adolescents

- <sup>1</sup> Roberts, S.O., Bareket-Shavit, C., Dollins, F.A., Goldie, P.D., Mortenson, E. “Racial Inequality in Psychological Research: Trends of the Past and Recommendations for the Future.” Association for Psychological Science 15 no. 6 (2020): 1295-1309. DOI: [10.1177/1745691620927709](#)
- <sup>2</sup> Leary, K. & Greenbaum, C. “[The Promise and Challenge of School-Based Mental Health Care for Girls of Color](#)” [Issue Brief]. Georgetown Law Center on Poverty and Inequality, Initiative on Gender Justice and Opportunity (2019).
- <sup>3</sup> Kwan, B. & Rickwood, D. “A systematic review of mental health outcome measures for young people aged 12 to 25 years.” BMC Psychiatry 15 no. 279 (2020). DOI: [10.1186/s12888-015-0664-x](#)
- <sup>4</sup> Breland-Noble, A. Community Mental Health Engagement with Racially Diverse Populations (2020). ISBN: 9780128180129
- <sup>5</sup> Russell, S. T., & Fish, J. N. “Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth.” Annual Review of Clinical Psychology 12 no. 1 (2020): 465-487. DOI: [10.1146/annurev-clinpsy-021815-093153](#)

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