Indiana Department of Health

Adolescent and Young Adult (AYA) Focus Groups

Qualitative Findings

August 2021

Table of Contents

Summary of Results

Overview

During 2021, the Indiana Department of Health (IDOH) completed a two-year project called Adolescent and Young Adult Behavior Health Collaborative Improvement and Innovation (AYA-CoIIN). The CoIIN consists of a two-pronged approach, systems-level and clinical-level strategies to improve depression screening, follow-up for young people, and integrating behavioral health in primary care.

To gain feedback from youth and young adults related to this initiative, Diehl Consulting Group was contracted to conduct a series of focus groups targeting mental health topics. A total of six youth focus groups were held virtually during July 2021. Three sessions with unique questions were conducted, and afternoon and evening groups were offered for each session. Participants were recruited by IDOH and included youth and young adults aged 16 to 22.

Key Findings

Understanding Mental Health

Responses suggested that nearly all participants understood health to be multi-faceted, with different components (e.g., physical, mental, emotional) interacting to influence overall wellness. Their understanding of health and use of the healthcare system were generally guided by their families, personal experiences, and cultural norms.

Coping Strategies

When faced with mental health challenges, focus group participants generally responded by employing positive coping strategies. Mostly commonly, participants engaged in various self-care activities, such as hobbies and taking time off of work. Participants only identified personally engaging in one negative strategy: ignoring/denying mental health challenges. However, they noted that peers engaged in risky behaviors (e.g., drinking, drugs, self-harm) to cope with mental health challenges.

Mental Health Challenges

Participants identified a variety of challenges that contributed to mental health issues and/or affected their ability to get the support needed. Stigma, technology/social media, limited school resources, life changes, and school-related stress were the most common mental health challenges identified by participants.

Mental Health Resources

The most common resources available to youth and young adults were their families, teachers, high school classes and programs, high school coaches, and counseling programs provided by colleges and universities. While participants recognized that a variety of resources were available, several barriers were noted. In high schools, there were limited staff in place to provide mental health support, and in colleges, students had difficulty locating available resources.

To promote mental health resources to youth and young adults more effectively, participants provided a variety of suggestions. First, they recommended that trusted adults (e.g., teachers, coaches, physicians) check-in more frequently with youth in their care. Participants noted that young people are often hesitant to initiate conversations about mental health, but they can be engaged by trusted adults. Secondly, participants recommended that, when possible, trainings and resources be available virtually/electronically to make youth comfortable and alleviate transportation issues. Finally, they suggested that marketing strategies utilize schools and various media (e.g., print, radio, social media trusted websites).

Social Media

As noted above, social media was identified by participants as a key mental health challenge, and cyberbullying and unrealistic expectations were the most common issues associated with social media usage among young people. However, participants also identified several key benefits. Specifically, through social media, young people can create and maintain relationships, find commonality with similar individuals and groups online, and access entertainment and educational content.

Primary Care

Approximately half of participants utilized primary care regularly, and wellness checks and physicals were most common among participants who were still in high school. Outside of sports/school physicals, parents played a sizable role in decision-making (e.g., identifying providers, scheduling appointments). For those who did not see a primary care provider regularly, the most common barrier was family and/or community norms (i.e., use of healthcare for diagnosing/treating existing conditions rather than prevention).

Participants identified a limited focus on mental health as a core weakness in their primary care experience, and most participants had not received a mental health screening from their primary care provider. While many had not been screened, most participants recognized mental health screenings as a valuable tool for primary care providers. Specifically, they saw these screenings as an effective way to inform conversations about mental health issues and referrals to mental health professionals.

Detailed Results

Understanding of Mental Health

Participants' Understanding of Health

When discussing *health*, participants recognized its multiple facets, noting the importance of viewing health through the lens of general wellness, as well as describing the relationship between physical and mental health.

WELLNESS

For many focus group participants, *health* included multiple components that determined their overall wellness. These included physical, mental, emotional, and (for some) spiritual health.

> *"To me, health means being in a good space, physically, mentally, emotionally, spiritually, having all of those in order."*

> *"Health to me means overall quality of life, current and down the road. If you're in bad health, obviously you're going to have trouble down the road. Overall, how you're feeling basically."*

RELATIONSHIP BETWEEN PHYSICAL & MENTAL HEALTH

Participants described the role that mental health plays in influencing their physical health and vice versa. Participants provided a variety of examples, including the connection between mental health and exercise, headaches caused by stress and tension, and tiredness when feeling unhappy.

> *"For me, it's sort of a relationship where my mental health affects my overall health. If I'm feeling upset about something or feeling down, I feel that has physical effects too on my stress. I might feel more sluggish or tired, and that has a huge impact around the other aspects of my health, like physical."*

Factors Influencing Perceptions of Health

Generally, participants' understanding of health had been influenced by their surroundings and their personal experiences with their peers (i.e., other youth and young adults aged 16-22).

COMMUNITY

For some participants, their communities (i.e., hometowns, cities) had a strong influence on how they perceived health. In particular, participants noted that in many communities (especially in rural areas), mental health was typically not discussed even among families. However, after transitioning to college, older participants noted that they had been exposed to individuals who were more open about mental health.

> *"I don't know if it's just the school I go to, but I feel like there aren't enough people talking about [mental health]. They keep it hush hush almost. I think [adults] think if they talk about it too much, they'll make more people have mental health issue[s], which I don't think is true. I think that may be the reason."*

> *"It took me coming to IU to expand my horizons and get around new people and points of view… before I started taking my mental health more seriously."*

> *"Going to college made me perceive mental health differently. I see how other students deal with things."*

PERSONAL EXPERIENCES

Participants noted how their experiences had contributed to their perceptions of health, especially mental health. Mental health challenges experienced by friends and peers had raised participants' awareness of mental health. In some cases, suicides had illuminated the dangers of overlooking mental health challenges.

> *"You see somebody on campus that you talk to every day, and they just look really happy with everything… Next thing you know, you get a call that they committed suicide. A lot of that happened on my campus, and I started seeing that. Sometimes people are going through all these things, and you think they're really happy but they're not… They think they don't have to talk about their problems when really it's something bigger."*

FAMILY

Participants also noted that their families influenced how they approached mental health, especially when responding to challenges.

> *"Your family is the first people that you know and socialize with. For the first part of your life, everything you learn is from them and a lot of times people just echo what they learned from their families, so if your family had a negative relationship with mental health or getting help with mental health, you might internalize that. Or if it's positive, you'll have a positive relationship with getting help."*

> *"I feel like it depends. Sometimes certain parents are from a different generation, so back then, I don't feel they cared about any mental health or mental illness. They would just push it under the rug, and they continued that cycle. So sometimes they don't take you seriously and they say oh you're fine, you're a teenager or you're in college, you're fine. Sometimes I feel they just push it aside because they don't know how to help you. It can play a big part."*

Strategies for Identifying Mental Health Challenges

Participants used a variety of strategies to identify peers who were in distress. The most common strategies were recognizing changes to behaviors (e.g., eating, sleeping, missing school, drugs/alcohol) and looking for cues in their communication (e.g., joking about mental health, social media posts). Participants took worsening behaviors as a sign that it was time to reach out for professional help.

> *"I've had friends who are smart too, just skip a week of classes during the school year because they are 'too stressed' or something else… I know something's wrong because usually a whole bunch of smart people aren't going to take a week off of classes for a stress day."*

> *"I've seen people I know who have isolated themselves from their friends or not talked to them as much."*

> *"Something I usually see amongst kids my age would be joking about [mental health], but in a harmful manner or [with] self-depreciating jokes. A lot of times kids disguise their discomfort or pain in a joking manner… I feel it's their way of hiding it but also still expressing it at the same time so they're not just holding it in. They're not telling the full truth about it at the same time. I heard some of my friends making these jokes a lot and started to realize some of them had some issues that needed to be resolved and that was their way of asking for help."*

Coping Strategies

Participants recognized the value of coping strategies when managing mental health challenges in their lives. Participants identified a variety of coping strategies that they used when facing mental health

challenges. Generally, participants described using positive strategies (e.g., self-care strategies); however, they noted that negative strategies (e.g., drugs/alcohol) were common among people their age.

> *"What's important for me is having and developing good coping mechanisms. This is something I'm still working on. I have anxiety so it's really important for me to figure things out so I don't have a panic attack, so I don't feel things are out of control."*

Positive Coping Strategies

The majority of coping strategies employed by participants were positive, and as noted above, self-care was the most common method that participants used to cope with mental health challenges. Specific strategies varied by participant and typically aligned with their hobbies and interests.

> *"I personally found joy in things that I'm passionate about, so just spending time being creative, that's a really big release. Painting and drawing or going outside and finding random things to make something with. Spending that time outside is a huge thing too."*

> *"People my age tell me when they work out, they feel so much better and it helps cope with depressional stress."*

> *"To take care of myself, sometimes I think it's good to do yoga or destressing things. Some people believe in manifesting and writing down where I want my day to go and goals I have in my life. That's very helpful."*

> *"Personally, finding what I was passionate about and finding those things that make me happy and keep me going through rough times, I think that's important for anyone to find. "*

> *"Something else that's been helpful is that I got some time off work to pick up some new hobbies. I learned to knit, and I read some of my favorite books again, which was nice. It brought me back to reality."*

> *"Taking time off of work and school was beneficial. I didn't really get to see my family through the pandemic, so that really helped me a lot."*

When participants observed a peer with mental health challenges, they provided support by checking in with their peer regularly. However, when mental health issues were serious, most participants indicated that they had limited knowledge of or access to helpful resources. While some participants had support from parents or other trusted adults, other participants stated that they did not have these supports.

> *"The way I helped them was being there for them, talking to them, and not judging them. I feel we tend to judge our friends and if we do, they won't feel comfortable coming to you. They're going to think if they get help they'll judge too. So, it's important to not be judgmental, and that's the way I helped."*

> *"I would agree with the checking in. There's definitely a way to talk to someone about it without confronting them, I guess. I know I've had a friend that I tried to text her and make her feel validated and loved and welcomed to help her along her struggles. There does become a point where you can't do anything, but I feel like telling another person about it is what you can and should do in a situation where it's harmful or serious."*

> *"I don't know about other people, but I usually start off telling my mom about these things because I trust her and trust her opinion on things. We would discuss about this because if it's one of my friends, she knows them too, so it's not just walking up to a teacher who may not even have them as a student or walking up to the guidance counselor who in our school hasn't even met all the students. I go to her because she's a trusted adult but also because she knows the person. We can discuss this and if it's serious and what's going on and she might tell the friend's mom if it continues."*

Negative Coping Strategies

While most participants described using positive coping strategies, they recognized that they sometimes ignored their mental health, but this was the only negative coping strategy that they mentioned engaging in personally. They noted that peers often resorted to negative strategies, such as drugs and alcohol or self-harm.

> "A negative I do sometimes is ignoring my issues and putting them down and just having the mindset of grinding and keeping your head down, which leads to negative effects because you leave things unresolved."

> "I've seen a lot of friends or people I'm close to use marijuana to cope. A lot of people like to argue that it's not hurting them in any way. Once I see that they've been sober for a while or they stop using it, they start falling back down that hole of depression and anxiety and stuff just because you're not on it. It's a very iffy way to cope because in some ways it has helped people, but in other ways it's still damaging them."

> "For example, if someone has depression, they may turn to harming themselves. I knew someone who was really neglected by her parents, and she wanted attention. So, her version of coping is to hurt herself so that people would notice. It's harmful coping strategies like that. She felt like no one was paying attention to her, so she needed to fix that. Instead of doing something positive and get help for herself, she instead turned to do something negative like that to help her cope."

Mental Health Challenges

Participants identified a variety of challenges that they associated with mental health. These included stigma, technology and social media, limited school resources for mental health, life changes, and school-related stress. Challenges are explored in detail below.

Mental Health Stigma

Stigma was the most common challenge described by focus group participants. Due to stigma associated with 1) having a mental health issue and 2) seeking treatment for mental health, many youth do not access the supports that they need.

> "I would say the stigma is like a box and whenever someone mentions they have any sort of mental illness or problem, they get put into this box. Like depression, if you say you have it, a lot of people immediately label it as you're a negative person, you're sad all the time, things like that that keep people in this box… I think that's what really drives people to not want to say anything to keep it to themselves because you get fit into this box that maybe you don't fit in and not a lot of people fit in. That's really difficult to be stuck there."

> "One stigma, when you reach out to get help, you think it's considered weakness. I don't know if people have actually said that, but that's what I felt like. I felt it was a sign of weakness when you went to get help instead of bottling everything up inside and not telling anybody about it."

While stigma was identified as the most common challenge, many of the respondents believed that mental health stigma was improving and that specifically, their generation was very attuned to mental health and more accepting of those who need to seek supports. The pandemic was noted as contributing to increased mental health awareness.

> "To be honest, I think it's improved it a little bit because so many mental health issues arose from the pandemic. I'm not saying that's a good thing, but as more people have experienced it, the more the stigma

is kind of vanishing a bit. If someone's struggling with a certain mental illness…, they [may not] feel so insecure about it because there are more people struggling too."

"I would say this generation is more acceptable of different perspectives, different understandings of things. We take more points of view into our own thoughts and really assess ourselves, where we land in all those things. That's big that I've noticed."

"I know there's a stigma that men shouldn't have mental health issues, and now I feel that now that more people are struggling, there are more people who are male that will open up to it because they know this person was struggling so I can open up to it too."

Technology & Social Media

Participants identified technology and social media as a key mental health challenge. Specifically, they noted that social media created unrealistic expectations (e.g., body image, finances), emboldened bullies who could interact anonymously with victims, limited young people's in-person interactions, and negatively affected young people's productivity. *Note: Social media was discussed in greater detail in Session 2.*

"When you get on Instagram or Twitter, you see people younger than you are doing so much better than you in life. They're rich, driving Benzs, they're living a crazy lifestyle that you want to live. That leads you to feel like what am I doing wrong? Am I not doing enough? You're just failing in life and that leads you to drive yourself crazy. I've seen that happen so many times. That's how I feel social media plays a big part in that."

"It's also video games and social media in general. People tend to go toward that over actually interacting in person too. That makes us all a little more socially awkward and more alone because we're not talking to people in real life. That tends to make people more enclosed, and they don't want to open up as much."

"I feel like social media, when I would get on Instagram, I wouldn't want to get off of it until I reached the end of my feed, until I watched everybody's stories. I would spend too much time on there because I wanted to keep up with everything."

Lack of School Resources

Participants noted that schools often lack appropriate mental health resources to address the needs of students, which limits the extent to which youth struggling with mental health can access support. Based on responses, participants perceived the lack of resources in schools to be the result of 1) a limited focus on mental health and 2) insufficient funding.

"We never had anything specific to mental health [in school]. It was really looked over… We didn't have a school psychologist. We had a guidance counselor that doubled as trying to help us but also making your class schedule and making sure everybody was on track for college. I think mental health just got put on the back burner. I never remember getting pamphlets or resources for help."

"I think there are a lack of resources when it comes to schools. Especially public schools. I don't know where you went to school, but I know public schools don't have the funding for the psychologist or psychiatrist… Funding is really low, and there's not enough resources for the kids that need it… We didn't have a psychologist or counselor at my school. That was unheard of. I don't think any of our surrounding schools had that. We weren't given a survey or anything. It wasn't even brought up. So, if kids were having problems it was shoved under the rug to get worse. I'm just talking about how we were never given online resources, a psychologist, references. We were given nothing."

Life Changes

Participants noted that the increased responsibilities experienced during the transition to adulthood contributed to mental health challenges. This was especially prevalent among college students and recent graduates.

> *"I think one thing is major changes in life. When you go to college, you're starting something new and graduating from it is really hard and dealing with the aftermath and thinking about the future.*

> *"For people my age, I just graduated high school, so I see a lot of friends struggling with not knowing where to go next. A lot of people didn't decide to go to college, so that struggle of not knowing what to do is really hard on a lot of people."*

> *"More people could talk about the stress after college. Finding the job or becoming a "real" adult where now you're focusing on a career. Especially with the pandemic, it made it really hard to go into a career that I wanted."*

School-Related Stress

School-related stresses were a commonly identified mental health challenge for youth and young adults. Specifically, the competitive school environment (e.g., class ranking, SAT scores) and workload were described as key stressors.

> *"I think school can be another thing people struggle with. For me, school can be really stressful because it's become a competitive environment with lots of kids trying to get better grades than others and trying to do well on tests and better than other kids. Getting into college, even if you have straight As, what if this other kid has straight A+s? They might get into a college instead of you. It's not just about how you do, it's about how you do compared to others. Things like how SATs are scored, obviously it scores how well you did, but there's also a percentile score of how well you did compared to everyone else. This kind of environment has stressed a lot of kids out, including myself because I feel good about my grades until I look over at someone like my brother who gets better grades than me and it makes me feel bad about myself, and I know other kids probably feel the same."*

> *"I think school puts a lot of stress on our mental health. Very competitive environments stress me out a lot and makes me compare myself to others, and that's usually not a good thing... I wish things like that were just about the grades you get but there's class rankings, and I'm not going to feel good about myself if this many people did better than me."*

> *"I feel like the workload teachers expect [is too large]; teachers believe they're the only class. They don't understand that you have six other classes. I usually have three hours of homework for each class and then it's overwhelming. There's only 24 hours in one day and 10 of which you're sleeping. We can't do everything, especially when working too."*

Mental Health Resources

Participants recognized the importance of access to credible resources. Through the focus groups, participants identified the resources they relied on, resource barriers, recommendations for increasing youth input in resources, and recommendations for marketing resources to youth and young adults.

> *"What's important to me right now is having the resources available to be able to transition nicely, going from just finishing high school into a brand-new college student has been stressing me out. Knowing there*

are resources out there if I need them or friends, family, and support groups, that's what's most important right now."

Mental Health Resources Used by Youth & Young Adults

When asked about the mental health resources/supports that they relied on, participants identified family, teachers, high school classes and programs, high school coaches, and college counseling programs as the most common supports.

FAMILY

Participants identified families, including parents and extended family members, as key supports for mental health. As noted above, they felt that families strongly influenced how youth perceived mental health and approached challenges. In many cases, family members were some of the first people who youth turned to when they needed help with mental health.

> *"I go to my godparents because they're older figures in my life but also aren't my actual parents, so I feel less pressured telling them things and they're also more lenient. So, when you're going through things, you always go to somebody that you know isn't going to be super hard on you or won't judge you a lot so for me those are those people."*

> *"For me, it was definitely my mom because she also has dealt with a lot of mental health issues, so it was easier for me to talk to her about my own."*

TEACHERS

Participants also relied on support from teachers and other school staff when struggling with mental health issues. While teachers were a more common resource in high school, some college-age participants indicated positive, trusting relationships with their professors.

> *"The biggest one is teachers because kids are around teachers so often and there's some really good teachers out there who are willing and there to support and help you.*

> *"Some people go to trusted adults, maybe their favorite teacher or coach or their friend's mom or vent to somebody online that they actually trust or their diary."*

> *"Everybody always gravitates towards one teacher…. So anywhere you're going to go you're going to find that one trusted adult that teaches you that you trust."*

CLASSES AND PROGRAMS (HIGH SCHOOL SPECIFIC)

High school participants identified classes that included a consistent mental health focus, including health and PE courses, as a resource. Additionally, participants noted that mental health was also integrated into other high school courses and programs, though on a less frequent basis.

> *"We had a gym class that was [designed] around our mental health, which was weird because I'm from a really small town, so we didn't have resources. They found a way to have a PE class where you could sign up for pickle ball or fun stuff. It wasn't like you had to run or jump a certain amount of times. It was playing games… [It was offered] after or before lunch, so you took a break in the middle of the day. One of our guidance counselors actually ran it."*

> *"Our school offers specific classes towards mental health, but I can't think of any of them. Once a month we gather in our homework, about 20-30 of us in a classroom and have a 2.5 hour discussion about mental health. The teacher runs through a slide show."*

The Jobs for America's Graduates (JAG) program was also mentioned by participants as a valuable mental health resource that was available through their schools. The program helped youth build skills to successfully transition from high school to college and/or career, which was identified as a key stressor for young adults (see above). It also gave students a space to interact with others and discuss challenges that they encountered.

> "I was thinking of my JAG program that helped in college and careers and helped you learn how to speak in public. That helped a lot. "

> "I was also in the JAG program at my high school and what really helped me was that we were all pretty close and had an afterschool club portion of the program so we'd meet a couple times a week after school, and most of the time, we wouldn't really call it a group therapy session, but we were all comfortable with each other… We'd sit around and if people were struggling with something or if something was going on at home, we all felt comfortable talking to one another and being there for one another, which really helped me and a lot of other students as well. It was the two JAG teachers who were there most of the time supervising, but they were pretty involved as well. They'd either start the conversation or keep leading it and made sure everyone was okay."

COACHES (HIGH SCHOOL SPECIFIC)

Participants stated that because teachers often worked with large numbers of students, it was sometimes easier to make connections with coaches. They noted that the individualized nature of the athlete-coach relationship was conducive to discussions about mental health and greater concern for general wellbeing. Moreover, many of the qualities that coaches emphasized in their players (e.g., teamwork) aligned with efforts to support mental health.

> "My coaches, I played softball, volleyball, and basketball. I don't know if they were trained in this, but they were always really concerned about you…. They didn't just care about you [in the context of] your sport, they genuinely cared about every kid that was on their team."

> "I feel like coaches, this could just be my experience, but for me, I feel like coaches have always focused more on the individual and how they're doing and feeling and not just focusing on their ability to do something. I feel like a lot of times they focus on the health and wellbeing of the student, which I'm not saying teachers don't either, I'm just saying teachers have a lot on their plate and they don't necessarily realize that students are also struggling with certain things."

> "I started to realize how much my coach cared when I got hospitalized last year, and I wasn't able to do color guard anymore. I was really worried my coach was going to be disappointed in me… After five minutes of being there, he sent me flowers and he sent me all these messages saying, "I hope you're doing well." I really appreciated that he reached out because I didn't have any teachers ask, which is understandable because they have so many students and so much on their plate… While my coach, I felt like he was there to support me and really help me and it definitely helped with my mental and physical health overall."

> "My soccer coach, especially with all the stress last year provided, he definitely stressed mental health, especially over skill. He took the kids who cared about others over selfish, even though they had the skill. He really stressed mental health and a positive energy."

COUNSELING PROGRAMS (COLLEGE SPECIFIC)

For college students and graduates, the most commonly mentioned resource was free counseling services provided by colleges and universities (e.g., CAPS at Indiana University (IU)).

"I go to IU and it's a CAPS program. I haven't gone to one, but I know they give you three free sessions in your tuition. The idea around that is good. I know there's a lot of obstacles that they need to overcome to make their program better, but their idea of getting students involved or started in the process about caring about their mental health is there. It's super easy to find. The number is given to you, and it's 24 hours. They give you pamphlets and put it on the bulletin board. Your first day at the dorms they make sure it's super well known. It's out there."

"I go to IU, and we have something called a CARES referral, so you can go online anonymously and put in your name or somebody else's name you know might be experiencing some sort of hardship, whether it be physical, emotional, or financial… You can request whatever. It can be money or therapy, and they'll reach out to that person. We also have a mental health center with mental health therapists you can talk to."

"I also go to IU and before the pandemic they had CAPS, which was basically made with student counselors, so you were able to talk with someone else who was another student… They'd offer 2-3 meetings a semester, and that was helpful to use if you were tight on cash and really don't have the insurance, it was nice to see someone… Sadly with the pandemic that's no longer going on. I think they want to open it back up again but I'm not 100% sure."

Resource Barriers

Participants identified two common barriers associated with mental health resources. High school students reported limited staff, and for college students, resources were not always marketed in a way that was consistent with their preferred communication methods (e.g., college students did not read campus emails regularly)

LIMITED STAFFING (HIGH SCHOOL SPECIFIC)

High school students noted that their schools did not have adequate staffing to support mental health challenges for students. In particular, they highlighted a need for more counselors and school psychologists. In many cases, students reported that counselors' class scheduling duties limited availability for mental health issues.

"My school, I think we technically have someone we're supposed to go to about things, but we don't really have a set guidance counselor. I know that's not super common in schools but in my school it means we don't have someone we're supposed to go to that we know."

"Our school guidance counselor, I bet he's really good at what he does, but a problem we've often have is he's mainly in charge of schedules and different things like that… It's really hard for students to talk to him about different problems we're having because he's so busy putting together schedules and all these school related things… A lot of us feel like if we shoot him an email about something, he may not even get it because he's so busy. I think it would help if we had more designated, like a guidance counselor for schedules and a guidance counselor for mental health and things like that so that way it's more organized and we know who to go to in that case."

FINDING INFORMATION ABOUT AVAILABLE RESOURCES (COLLEGE SPECIFIC)

College students described challenges locating and/or accessing the resources that they knew were available through their schools. This challenge was more prevalent among students who did not attend IU. Students suggested that additional marketing strategies be employed, including an in-person presence on campus and at events, information provided through classes, and posters.

"I go to Ivy Tech, and I know that these resources exist but it's more of I don't know how to find them or get to them or anything like that. That could be incorporated to a syllabus for a class and put something in there

or however that would work. I just know they exist. I don't know if that's just the pandemic, everything online or what. I just go to the campus in Shelbyville, so by no means is it big at all."

"I go to Kentucky State University. I feel like they're doing a great job, but in college some students really don't check the email… Advertisement or posters about meetings or new therapists on campus, at our school they don't advertise that [way]. They do through emails a lot, but a lot of students don't check their emails. Sometimes I don't. I feel like they could advertise it more on campus. College students don't check their emails. If I see something on campus, I'd look at it. College students tend to look at things visually."

"It would be helpful to see them out and about. If they had a booth, at my school we had a four way and a street and people, fraternities and sororities would have a booth out there and coffee shop things. The counseling center could have a table because all the students walk through that so they could just have a table and information if you want to stop you can."

Strategies for Greater Youth Input in Resources

Participants provided a variety of recommendations for getting more input from youth, and two main themes emerged from these responses. For high school students, youth advisory groups were identified as a potential venue through which youth input could be gained, whereas college students and graduates identified incentives (e.g., direct payment, extra credit) as a potential strategy for getting more input from young adults.

YOUTH ADVISORY GROUPS (HIGH SCHOOL SPECIFIC)

High school participants identified existing youth advisory groups as an effective source of input for mental health resources. Additionally, participants recommended creating new opportunities (i.e., outside of existing groups) to provide input.

"Recently my school started interviewing people for a position and have a board panel that has students helping the interview process, which I think is a really cool idea. I agree with having students a part of it. Even if they're not a huge part of the actual decision making, having their input alone helps. Having the discussion with us, not just to us, helps so we can get our opinion across and make us feel more involved in the process."

"Give them the opportunity in general to give input. At my high school, a lot of things were done through teachers and administrators and kids didn't get to give their input and plan. I think if they gave them the chance."

"Just having more groups like this one of individuals who are interested and passionate about these sorts of things giving their input."

INCENTIVES (COLLEGE SPECIFIC)

For college students, incentives and compensation were the most common strategies identified for increasing input.

"Something similar to this where we're getting paid to do this. Colleges have a lot of money so if they put the word out there that this is something they're doing, I'm sure they'd have interest, and they have something in their budget where they could afford to give some money for their opinions. College students are always struggling with financial hardships and a lot of their mental health issues could stem from that so it's important to give them that extra opportunity."

"It might be harder for college in general, but when you get food at school and pay for your meals, there's surrounding businesses within the campus. The one on top of my head is Insomnia Cookies. If you could get

the businesses on campus to offer a coupon for a free cookie or whatever it may be to just get kids to participate to get their free cookie or whatever it may be."

Recommendations for Promoting Mental Health Resources to Youth

Most participants felt that they would benefit from additional resources when coping with challenges or supporting peers who were struggling with mental health. A common challenge described was a lack of knowledge of credible resources.

> *"A lot of people might not know about resources they have access to… In programs at school, they talk about mental health and what it is and what types of mental health issues people have, but they don't talk about as much what types of resources you have access to or things that you can do or places you can go for help if you are dealing with any of these mental illnesses."*

When providing recommendations for promoting resources to youth, participants highlighted formal/informal screening conducted by trusted adults (e.g., health providers, teachers, coaches), use of schools as a marketing tool, promotion of virtual opportunities, and using a multimedia marketing approach.

FORMAL AND INFORMAL SCREENING

Participants noted that due to stigma and other challenges, many youth who are struggling with mental health do not seek out treatment and other resources on their own. Moreover, youth may not recognize mental health challenges when they occur. Participants stated that young people would be more likely to utilize resources if trusted adults asked them questions about their mental health to uncover issues. Recommendations included formal screenings conducted by professionals and informal check-ins conducted by trusted adults (e.g., teachers, coaches).

> *"If there were mental health checks, that would definitely make someone more open."*

> *"I know in color guard a lot of girls struggle with eating disorders because we're wearing tight uniforms, and a lot of girls feel like they need to look a certain way… I think if our coach had a talk about that sort of thing and said if you're ever struggling with this you can come to me, I feel it would help normalize [seeking help for eating disorders]."*

> *"I think asking [youth about mental health] first is a huge thing. Some people make excuses for themselves. They don't feel comfortable to open up and don't know when to talk about it. With me, I don't know how to bring [mental health] up and don't want to burden the person with this. If someone were to ask me first about it though I would tell them yeah, I'm struggling with this."*

SCHOOLS

Using schools to promote programs and resources was also recommended by participants. Recommendations included communication strategies that target both the full student body (e.g., posters, assemblies) and individual students (e.g., communication from teachers, counselors). Using trusted adults in the schools as spokespeople was also recommend.

> *"Know your audience and market it towards young kids… schools are where they will be."*

> *"The other way I think would be a way to get to students is to have this information be presented at schools, so that it's right there and you know people are hearing about it for sure."*

> *"It would be better if [resources] were sent out to school officials and have them announced it at assemblies and during class… It needs to be more personally promoted. Teachers, school assemblies, things like that."*

MULTIMEDIA

Participants noted that to have maximum reach, a variety of strategies should be using for sharing information with youth and young adults. Suggestions included through social media, trusted websites (e.g., IDOH), radio, and print.

> *"the first thing that came to mind is if you could do something like with the public health alerts about COVID 19, that popped up on Instagram. For a while there they had a pop up at the top of your feed when you first opened it. It had click here to see resources and a blurb about what was going on. I don't know how it would be done, but I feel like something like that."*

> *"To reach the community, you could have ads or PSAs on radio stations."*

VIRTUAL TRAINING

Program participants noted that because of youth's comfort with technology (especially post-pandemic), more resources should be provided virtually. Moreover, transportation issues made virtual resources more accessible than in-person resources. When opportunities are available virtually, this should be included in the marketing.

> *"I think a lot of people my age are on our phones and if you made it virtual it would be very beneficial because if you had to go there, it would make it a lot more difficult. I'm not at home right now but am still participating in this meeting because it's virtual. I feel like if the training was virtual, it would be a lot easier to access and more appealing and comfortable too."*

> *"With the comfort of being at home and having the meeting virtually, it makes people more comfortable and willing to share and willing to come to the program rather than going to a class."*

Reaction to IDOH Resources

Generally, participants were unaware of resources provided by and/or promoted by IDOH (Mental Health First Aid, Be Well Indiana (211), Mental Health Training, and QPR Training). However, once these resources were described to them, responses were generally positive, and resources appeared to resonate with youth.

> *"[Mental Health Training] is something that should be required by all people. I think everyone should have the basic knowledge of what you need to look for with something like that. You take a health class and study things like substance abuse sort of, but you don't really know what to look for truly. I feel like having this training could really be beneficial to any age, except kids who are under 9. I feel it would be helpful to know what to do if you saw someone in a situation like that. You would know exactly what to do and how to help them. A lot of time if you see someone struggling you don't know if you're overstepping the boundaries and how to help them."*

> *"I think [Mental Health Training] would be useful because a lot of people our age rely on each other for mental health, for other people to talk to, whether to their friends or parents because they may not have access to a professional. Having someone our age with those abilities and skills would be really helpful. "*

> *"I feel like suicide is something a lot of teenagers deal with because we're going through stress in high school, stress at home, stress with a whole bunch of stuff, so providing [QRP Training] to teenagers will help us but will also teach us how to help out a friend who might be dealing with a high amount of stress causing them to have suicidal thoughts."*

"Suicide has become almost common, which is very sad. I think [QRP Training] would be helpful because it's not talked about enough at school. People try to keep it hush hush, and it is still happening. Obviously, we don't want to normalize it in a way that people think it's an option, but I think it should be talked about in a way that makes people think there are other options and things you can do. Something like this would be very beneficial because someone struggling might think there's more they can do for their situation."

"A lot of people don't know what to do, even when people joke about [suicide] in a more serious way, so I feel like maybe [QRP Training] could help with that too."

Social Media

Types of Social Media Used

Participants noted that the most common social media platforms used by youth and youth adults were Instagram, Snapchat, Twitter, Facebook, and Tik Tok. In addition to these platforms, youth also communicated through texting and video games. YouTube was commonly used for entertainment and education, but participants were not using it to create content or interact with others.

"Social media where you can post and message others like Instagram, Snapchat, Twitter, things like that. Those are the top 3 that I see other kids my age (high school) using a lot."

Benefits of Social Media and Technology

When describing their experiences with social media and technology, participants noted a variety of benefits. The most common benefits included YouTube, building/maintaining connections, and fostering a sense of commonality.

YOUTUBE

As noted above, participants typically used YouTube for entertainment and/or educational purposes, and they did not use it to create/share content or to interact with others. They felt that YouTube was a positive resource and contributed to better mental health by serving as a recreational (e.g., humorous videos or music for de-stressing) and educational tool (e.g., homework help, mental health resources).

"With YouTube it doesn't feel competitive because I don't even know my friends' YouTube [usernames] if they even have YouTube channels, and I don't feel an obligation to post anything. I can also remain anonymous too and watch these videos without having other people judge me for the things I do and watch. With Instagram you need to have a profile and put your name. Otherwise, your friends aren't going to follow you. But with YouTube you don't have that same obligation, and I can watch whatever I want without having any sort of judgement from anyone and at the same time I also feel like I'm supporting people by watching their videos, so that's important as well."

"YouTube is another way to destress, and you can watch funny videos or videos you find interesting about a range of different topics... The other thing I find really helpful for YouTube is to use it as a tool because a lot of people post videos about different subjects. Not only is it helpful as a way to destress, but it's also something that's helped me in school too."

"YouTube definitely helps me in school. I use it to watch tutorial videos on how to do certain stuff."

"With YouTube and can find a lot of mental strategies I can use to cope with my mental health that I may not have thought of... things I can do like yoga, or something. Stuff like that helps."

BUILDING & MAINTAINING CONNECTIONS

Participants noted that social media provides a platform for developing and maintaining relationships. For example, it was used as a tool to connect with people who had similar interests and to communicate with friends who had moved away.

> *"I think social media has given people a chance to connect with one another, people who may be in specific communities, social media has made them more open to talk about sorts of things. For example, if someone was part of the gay community and felt like there wasn't anyone else around them similar to them, they may reach out to others on social media similar to them and may be more open about [their] sexuality and that's what I think of."*

> *"Social media helps keep friendships together in a sense. A couple years ago, I had a friend move to California, and I was decently close to him, but I thought I wasn't ever going to see him again or talk to him. With video games in general and a whole bunch of social media, I can still keep in contact with him..."*

SENSE OF COMMONALITY

Through social media and technology, participants noted exposure to others who have had similar experiences and face similar challenges. Participants felt that individuals felt more comfortable and less isolated because of social media.

> *"I think social media is a really big reason that people are more comfortable coming out… They see that sense of community and that they're not alone. They might feel alone specifically where they're at, but they know they're not alone in the world."*

> *"You can normalize things using social media. If somebody shows something on social media…, it makes you feel a little more normal. It doesn't make you feel like you're so different from anybody else or that you should be ashamed of that."*

Social Media and Technology Challenges

As noted above, social media and technology were identified as key mental health challenges for young adults. Platforms that involved posting and commenting (e.g., Instagram, Twitter, Tik Tok) were the most prone to negative experiences. The most common challenges described were cyberbulling and unrealistic expectations (e.g., body image, finances).

CYBERBULLYING

Particiapnts stated that social media platforms provided a venue for bullying by giving perpetrators unlimited access to their victims, creating opportunities for anonymity (which can prompt behaviors that would not have a occurred in person), and in the case of platforms like Snapchat, leaving limited evidence that bullying had occured.

> *"In a lot of ways it gives people a way to bully or cyber bully people anonymously so they avoid taking responsibility for what they're doing or evade consequences."*

> *"It makes it easier for people to do that, not only because it's anonymous but because you can basically click onto anyone's profile and write something negative or mean. Social media, I wouldn't say it causes it, but it makes it a lot easier for people to do those things. They're also able to say things that they may not ever have the opportunity to say in real life or express hatred in ways you couldn't do in real life. That can be very negative. Or they can post embarrassing pictures and in real life you wouldn't take an embarrassing picture of someone, print it out and then show it to them. I think it brings a whole new opportunity of bullying, which isn't okay."*

UNREALISTIC EXPECTATIONS

Participants noted that because many social media users (including popular users and influences) present a highly curated version of their lives, it can create unrealistic expectations and insecurity for others (e.g., finances, relationships, body image, mental health).

> *"For body image purposes, seeing all these people post themselves living their best life or girls posting themselves in bikinis and comparing yourself to a lot of people who look a lot different from you is damaging. You might be sitting at home doing nothing and see someone on a yacht somewhere on an island and really wish you were there. It really effects your mental health because you're imaging things you want to be or that you wish you had."*

> *"You can compare yourself to so many people in so many ways. Financially, physically, other people's love lives, other people's mental health… They could have other things going on that they don't post, that you don't see. You just see the good things they post, so you don't understand why you aren't like them."*

> *"Then sometimes you feel bad about yourself because people only put if they're having a good time or if they look great, they're only posting that. It's hard to see when you aren't feeling that way and it brings you down."*

Primary Care

Participants discussed their experiences with primary care, and they described their usage, their parents' role, challenges, and recommendations. The also discussed their experiences (if any) with mental health screenings offered as part of primary care.

Primary Care Usage

Among participants, there was a fairly even split between those who received regular annual physicals and those who did need receive regular preventative care. Among those who did have regular primary care, the most common providers were physicians (e.g., "St. Francis physician," "I go to a family doctor in a clinic").

Younger participants were more likely to receive regular primary care compared to college students or recent graduates.

> *"I think in high school we took physicals once a year, and they had somebody come in and do that, but I don't think I've had one since. You had to have a yearly one on file to play sports."*

> *"When I still lived with my parents, my mom would schedule that stuff and I had no control over it, so I'd go once a year, but now that I'm on my own, it's up to me and I push a lot of that stuff off."*

Role of Parents in Primary Care

In most cases, parents played an active role in primary care decisions due to a variety of factors, including insurance, transportation, and youth's lack of knowledge.

> *"I could probably schedule and appointment on my own, but I feel like I don't have enough information. I don't know my SSN, my insurance. I don't know those things because I'm still a minor, and I don't have the information I need."*

> *"We need a ride to go to a checkup, and when they ask you all the questions like are you still on this medicine or symptoms, I feel like your parent or guardian helps you answer those questions."*

> *"I'm still on my parent's health insurance, so my choices are limited, and if it's not on the insurance card, I don't go. I feel like I don't have a say in where I go or what I get. It's whatever can be paid for by the insurance that's provided."*

Most participants who saw a primary care provider attended with their parents, unless they were receiving a school-related physical.

> *"I typically go with one guardian because I'm still a minor."*

> *"My mom always comes to my appointments for everything: doctors, dentists, all that."*

Some participants noted that as they had gotten older, decisions related to health had become more collaborative.

> *"It depends on your age. I had surgery as a very young kid and obviously I didn't get a say in if I wanted to have surgery or not. But now that I'm older, decisions like do I want to go see the doctor for this, do I feel like I'm sick enough to see the doctor or do I want to have surgery on this… I know recovery time if I get surgery will be fast but do I really want to have surgery? Questions like those can be answered for an older kid."*

> *"I remember having doctor's appointments and my mom would ask me do you want me to come or not want me to come? And sometimes I'd say yes and sometimes I'd say no. She always gave the option once I started to drive and take myself. She'd still ask me if I wanted her to come. When I got older she wasn't always able to come but either way I felt comfortable. It was fine both ways."*

Primary Care Challenges

Two main primary care challenges emerged for youth and young adults. First, participants felt that in many cases primary care did not focus enough on mental heallth to meet the overall health needs of youth and young adults. Secondly, many particpants had not been raised to use primary care, but rather utlized the medical system for diagnostic care (i.e., diagnosing/treating existing conditions).

LIMTED FOCUS ON MENTAL HEALTH

As noted above, nearly all participants understood health to be multifaceted, with interrelated components contributing to general wellness. In particular, they recognized the relationship between physical and menal health. For many participants, their experiences with their primary care providers were inconsistent with their healthcare expecations. Specifically, they stated that there was too little focus on mental health when receiving preventative care.

> *"When you say health it can be a general thing. It's a spectrum of mental health and physical health. When you go to a yearly exam I feel like it's only for your physical health, and I feel like they could do a better job with your mental health instead of just referring you somewhere else. Most of the time they don't even do that still. I still feel like doctors do a really good job with physical health."*

> *"I had a lot of head pain so that's what my doctor really focused on was trying to get rid of that head pain, but not so much on me recovering on the mental side of the blow I took to my head. I wasn't myself, and I wouldn't think straight and wasn't thinking normal. It was a progression on my own to get back on normal standards, which I eventually did, but it took a long time. My head stopped hurting, but I still wasn't mentally okay."*

While many participants described an inadequate focus on mental health, some noted that as they had gotten older, their primary care visits had focus more on mental health.

"I know in my case when I was younger it was more about checking vitals, your ears and eyes… Now, it's a lot of questions like do I feel safe at home, if my mental health is in the right place, and more questions about well-being altogether. It was more different, and I felt like I was being more taken care of it because it was more broad besides just physical wellbeing, and it was really surprising to see and I kind of enjoyed that they were checking on things like that."

CULTURE OF DIAGNOSTIC CARE

As noted above, about half of participants were not receiving regular preventative care, and for some of these participants, preventative care and wellness checks were not part how they understood the role of the medical providers. For these participants, they only saw providers when they were ill or injured.

"I'm not. It's never really been explained to me why [preventative care is] important and coming from where I've grown up, if you're fine, good. I don't think people really have providers like that, so I don't feel the need to go see one I guess."

"I agree. I had the same mindset that I don't really need to go to the doctor until someone tells me something's really wrong. I also think a lot of my peers are the same way or if they don't do things themselves, they don't have their parents to do it so it just doesn't get done."

Recommended Improvements to Primary Care

To improve primary care experiences for youth and young adults, participants were interested in opportunities for greater privacy and independence during visits. While participants recognized that providers may have certain restrictions, they noted that, if possible, youth and young adults (especially minors) could benefit from additional opportunities to have discussions with their provider(s) and make decisions without their parents present.

"Make it easier for us to go on our own because it's not just about going to the doctor, it's about going to a therapist and things like that because a lot of people don't feel comfortable going to their parents for that kind of thing. I'm not sure of all the HIPAA rules and how that works, but I definitely think there's something they can do for youth to get to the doctor on their own and take that step forward."

"When I had a PT for my concussion, it was required that a parent come with us and I didn't really feel comfortable with a parent around. Maybe letting us be independent. If a minor can drive themselves to an appointment, let them come in alone."

Mental Health Screening

The majority of participants had not received a mental health or depression screening as part of their normal primary care, school/sports physicals, or wellness visits.

"I recently had a physical for a sport and that's not something they looked at. They look only at physical aspects."

"It doesn't come up with visits with my regular doctor. I go to two different doctors because I have a chronic illness that caused me to have a lot of health issues, so I have to go see that doctor as well and neither one of my doctors ever talk about my mental health."

As noted above, participants recognized the importance of mental health in their overall wellness and felt that mental health was missing from their primary care. Generally, participants were supportive of depression screens and mental health checks administered by primary care providers.

"I think it's good. Sometimes I feel [primary care providers] might just bring it up if the patient brought it up. If they're asking it each appointment, then it would be good because you're checking in each time and not waiting for them to bring it up."

"I also think it's important because a lot of people won't take that extra step and need someone else to ask them first… It's important to start the conversation by asking them first so that maybe they can find them help."

RECOMMENDED COMMUNICATION OF RESULTS

Participants provided a variety of recommendations for how results of mental health screens should be communicated by primary care providers, but the most common recommendation was through a one-on-one conversation. While the responses suggested a preference for in-person conversation, respondents also appeared open to telephone calls. Participants also noted that they would prefer that these discussions occur with the provider who administered the screening.

"One-on-one conversation really eases the results."

"In-person. I feel like it's always better when I'm having a conversation about [mental health]. I'd rather come in in person or over the phone."

"I also would want to hear back from that specific doctor. I wouldn't want a nurse emailing me my results. That's not who I talk to or have that connection with now. It needs to be traced back to the same person because you're going to be more comfortable with that."

RECOMMEND USE OF RESULTS

Participants believed that results from mental health screenings should be used to inform discussions about mental health with their primary care provider and/or referrals to mental health professionals. Responses suggested that they were not comfortable with their results being used as a diagnostic tool or to inform medications prescribed to them.

"The most simple answer would be to provide feedback on how to improve your mental health. I don't feel like you should straight dive into medications because there are other ways to solve it, maybe therapy or different mental trainers."

"What they should do depends on what kind of doctor they are, but recommendations for health services or maybe a psychologist would be helpful."

Appendix

Appendix 1 - Focus Group: Methodology

During July 2021, a total of six youth focus groups were held virtually. Three sessions were conducted, and afternoon and evening groups were offered for each session.

Participants were recruited by IDOH and included youth and young adults aged 16 to 22. The number of participants per focus group ranged from 1 to 5.

Session	Number of Participants	
	Afternoon	Evening
Session 1 – July 7, 2021	1	5
Session 2 – July 13, 2021	4	4
Session 3 – July 27, 2021	3	5

Focus groups were facilitated by trained Diehl Consulting Group evaluators and audio recorded when possible. Verbatim transcripts were written from the audio recordings, and the framework method was used to analyze the focus group data (Ritchie & Spencer, 1994).

Facilitation

Trained evaluators of Diehl Consulting Group's (DCG's) team facilitated the focus groups. Focus groups were semi-structured, using open-ended questions and probing through conversational inquiry. In line with the principles of applied thematic research, this approach allowed attendees to speak about experiences in their own words. Inductive probing allowed DCG to clarify statements, meanings, and feelings associated with participants' experiences. This promoted accuracy and learning from participants' word-choice and descriptions (Guest, MacQueen, & Namey, 2011).

DCG used focus group protocols (see below) to guide the conversation. These protocols were developed in collaboration with IDOH. Focus groups were audio recorded and transcribed.

Qualitative Analysis

Verbatim transcripts were written from audio focus group recordings and used for the analysis. The content analysis process used the framework method (Ritchie & Spencer, 1994), which can be applied to either deductive or inductive research across various epistemological, philosophical, or theoretical approaches (Gale, Heath, Cameron, Rashid & Redwood, 2013; Pope, Ziebland, & Mays, 2000; Ritchie & Spencer, 1994).

The technique involved the following steps: familiarization, identifying a thematic framework, indexing and charting, and mapping and interpretation. During the *Familiarization* process, key ideas and recurring concepts through immersion into the text were identified (i.e., verbatim interview transcripts). Specifically, the DCG evaluators thoroughly read and re-read interview transcripts and listened to interview recordings to become familiar with the dataset. Next, the evaluators developed a *Thematic*

Framework by identifying key issues, concepts, and themes in the data to create a coding index. This process was informed by a variety of factors including responses and concepts present in the data, as well as by existing theory, research questions, and needs assessment objectives. During the *Indexing and Charting* stage, the evaluators applied the thematic framework (developed in the prior step) systematically to the dataset. Through the *Charting* process, the evaluators synthesized data by arranging them according to the themes to which they relate using a framework matrix. Specifically, charting allowed data to be arranged and summarized, with each column representing a theme and each row a case (focus group). Other evaluation team members were consulted throughout this process. Finally, through the *Mapping and Interpretation* process, the evaluators explored and described the associations between themes generated by the analysis (Gale et al., 2013; Moullin, Sabater-Hernandez, & Berimoj, 2016; Pope et al., 2000; Ritchie & Spencer, 1994). At this stage, the analysis focused on "defining concepts, mapping range and nature of phenomena, creating typologies, finding associations, providing explanations, and developing strategies" (Ritchie and Spencer, 1994, p. 186). Throughout the analysis, the full transcripts were regularly consulted to confirm participants' wording and the context of their remarks.

Appendix 2- Focus Group: Facilitation Guides

Session 1: Mental Health Culture

1. Youth understanding of health and mental health; Factors influencing this understanding
   a. What does health mean to you?

   b. What does mental health mean to you?
      i. Prompt: How is your health and mental health related?

   c. What has shaped the way you think about health or mental health?

2. Understanding challenges, coping strategies, and resources:
   a. What mental health challenges are people your age experiencing?
      i. What are young people experiencing that contributes to mental health challenges?
      ii. What role does technology play?
         1. How does being more connected through technology affect mental health?
      iii. What role does mental health stigma play in mental health?
      iv. What role do families play in mental health?
      v. What role do schools and communities play in mental health?

   b. What strategies are young people using to cope with mental health challenges?
      i. Prompt: What positive strategies?
      ii. Prompt: What negative strategies?

   c. Where do young people go to seek help for mental health challenges?
      i. What are the most trusted resources for information about mental health?
         1. What makes young people more likely to follow the guidance or recommendations from these resources?
         2. What trusted adults do young people go to for mental health support?
      ii. How well do existing resources address the needs of youth?
      iii. How do youth know when it is time to seek professional help?
      iv. Is mental health a part of regular health screenings (e.g., physicals, check-ups) for youth?
      v. What would make youth your age more likely to seek out support for mental health challenges?

Session 2 – School Resources, Social Media, & Supporting Peers

Facilitator Note: To provide a common understanding, orient the group by briefly reviewing the general perception that health and mental health are connected. Also, provide context to the term mental health challenges as including specific conditions that individuals may experience (e.g., depression, anxiety, body image) and barriers experienced while addressing challenges (e.g., lack of or unaware of resources).

Questions will be asked first for High School and next for College (as applicable)

High School-Based on your experiences in high school...
1. What programs, services, or supports did/does your high school provide that were the most helpful in improving the health and well-being of students? (e.g., specific programs, specific services)
   a. What made these programs, services, or supports helpful? (Why were these helpful?)
   b. What barriers impacted these programs, services, or supports?
2. What would you like/have liked to see to help meet the overall health needs of students during high school?
3. How can schools increase young people's input in the planning and implementation of mental health supports during high school?

College-Based on your experiences in college...
1. What programs, services, or supports did/does your college provide that were the most helpful in improving the health and well-being of students? (e.g., specific programs, specific services)
   a. What made these programs, services, or supports helpful? (Why were these helpful?)
   b. What barriers impacted these programs, services, or supports?
2. What would you like/have liked to see to help meet the overall health needs of students during college?
3. How can schools increase young people's input in the planning and implementation of mental health supports during college?

Social media challenges

1. What types of social media are commonly used by people your age?
   a. Are there other ways young people are communicating online?
2. What are the benefits of social media specific to helping improve mental health?
   a. Are there particular services that are more beneficial that others? Why?
3. How can social media be harmful to mental health?
   a. Are there particular services that are more harmful than others? Why?
4. How has social media influenced openness among people your age?
   a. How has this increased openness benefited young people?
   b. How has this increased openness been harmful for young people?
5. In your opinion, how has social media influenced bullying and harassment among young people?
6. How can social media be used to help encourage treatment for mental health?
   a. How can social media be used to reduce bullying/harassment?

Resources
1. Thinking about a time you knew someone who needed mental support:
   a. How did you know? What signs were visible or what did you hear that let you know they were in distress?
   b. How did you determine if it was serious or not?
   c. What did you choose to do?

       d.   What resources and supports were available to you to help in your response?
          i.   What other resources would have been helpful to you?
          ii.   What are the gaps?
          iii.   Are you familiar with any messaging from the Indiana Department of Health?
          iv.   If the Indiana Department of Health posted resources, where should they be posted so people your age could find them?
          v.   Are you familiar with…
               1.   Be Well Indiana—service you can call 211
               2.   Mental health first aid

Closing-Designed to end on a positive note

1. How to you best take care of yourself? How do you relieve stress?
      a.   Say you can't do this, what do you do, how can you adapt? [emphasize their own resiliency]
      b.   What is your self-care plan?

Session 3 – Primary Care, Reactions to Resources, Closing Thoughts

1. **Primary Care Experiences**
   a. Where do you go for primary care or wellness checks?
      i. How often do you go?
      ii. Does a parent/guardian attend with you?
      iii. Do your primary care or wellness checks address your health needs?
         1. If so, why?
         2. If not, how can they be improved?

   b. How do young people get access to primary health care or wellness checks?
      i. What role do parents/guardians play?
      ii. How can primary care visits and wellness checks be more accessible for young people?

   c. What role do young people play in decisions made about their healthcare? (e.g., where you go, the recommendation made)

   d. In prior discussions, we talked about depression screens. Specifically, we asked if a depression screen was part of your annual check-up (e.g., physicals, check-ups)? Prompt (PHQ-2)—example of questions (e.g., Over the last 2 weeks, how often have you been bothered by the following problems? *A. Little interest or pleasure in doing things; B. Feeling down, depressed or hopeless*)

      i. We heard that only about half remember these questions…
         1. Even if you didn't complete it, what do you think about a healthcare provider asking these questions?
         2. How would you like the information to be used?
         3. How would you like the information to be communicated to you?
         4. Do you understand why the questions are being asked?
         5. What recommendations do you have for providers as they administer the screening?

2. **Reaction to resources available through IDOH**
   a. Mental Health Training
      i. Does this resource resonate with you? Why or why not?
         1. How does this resource support the needs of young people?
         2. What gaps might there be in this resource?
         3. How could we make this resource more appealing to young people?
         4. How should the resource be marketed?

   b. QPR Training
      i. Does this resource resonate with you? Why or why not?
         1. How does this resource support the needs of young people?
         2. What gaps might there be in this resource?
         3. How could we make this resource more appealing to young people?
         4. How should the resource be marketed?

3. Open-ended
   a. What's important to you right now specific to your overall health and wellness?

   b. What do you want others to know about what you as a young person are experiencing specific to your health and wellness?
      i. Prompt: Is there anything we haven't talked about that you want to talk about?

   c. What have been some of your greatest health and wellness needs during the last few years?

   d. What has helped you the most over the last few years with your health and wellness?