



# Addressing the Youth Mental Health Crisis: Recommendations of the National Youth Employment Coalition

*Adopted by NYEC's Policy Committee, February 2024*



Mental health complications are pervasive among youth and young adults, exacerbated by the COVID-19 pandemic. A [recent study by Mental Health America](#) found that 15.8 percent of young people in the U.S. experienced a major depressive episode in 2021.

A national shortage of mental health care affects all Americans, but disproportionality impacts rural and other hard-to-reach young people—an issue compounded by stigma, rising healthcare costs, lack of trauma-informed care, and lack of cultural competency. In particular, youth-serving education and employment organizations struggle to meet the mental-health needs of the young people they serve: [In a recent report by the National Youth Employment Coalition](#), 64 percent of providers surveyed reported they do not administer mental health screenings.

Young people deserve access to mental health care not only at crisis points, but in an integrated fashion at all ages and stages of development. Tending to mental health is not a province solely of the healthcare system, but should be woven into all organizations and systems that serve young people. Fully addressing the mental health crisis will require that the United States become a “trauma-informed society,” one with lower rates of poverty, chronic stress, violence, and other underlying causes of mental health challenges. *However, implementing the recommendations in this document will provide the tools for youth-serving organizations to address the mental-health crisis and blunt the impact of the ongoing traumas experienced by young people; they can meet young people where they are and meet their most immediate needs.*

The National Youth Employment Coalition has prepared the following recommendations as Congress considers legislation related to mental health. NYEC is an association of more than 120 organizations that work to connect young people to education and employment, including community-based organizations, workforce development boards and other intermediaries, municipal and state workforce agencies, and national nonprofits.

Throughout 2023 NYEC convened a Mental Health Subgroup of its Policy Committee, made up of mental health and workforce development practitioners who are working to expand mental health services nationwide. These recommendations reflect their experiences and expertise (see the appendix for a complete list of contributors).



## Recommendations Related to Mental Health

**Support for Frontline Workers:** Frontline workers – anyone at a youth-serving organization who primarily works directly with young people – should be trained to effectively identify and respond to signs of mental illness or substance use disorders. Mental Health First Aid trainings accredited by the [American Psychological Association](#), [National Association of Social Workers](#), [National Institute on Mental Health](#), or [American Academy of Pediatrics](#) are cost-effective ways to build this capacity, and should be a prerequisite for frontline workers. Frontline workers should also undergo comprehensive background screenings, and basic trainings on trauma-informed and culturally responsive practices. *The federal government, through legislation or regulation, should encourage youth-serving organizations that receive federal funding to devote resources to accredited Mental Health First Aid Trainings. This includes making MHFA training an allowable cost under the Workforce Innovation and Opportunity Act (WIOA). State governments should build on WIOA funding to ensure MHFA trainings are available to all frontline workers.*

**Expand the Use of Mobile Response Units:** Mobile Response Units (also called Mobile Crisis Teams or Mobile Response Services) [provide swift, community-based crisis intervention](#), and have been growing in prevalence in recent years. To better integrate them into comprehensive systems of care, we recommend that all Mobile Response Units include a licensed clinician who can assess and refer individuals to facility-based care. These units must be prevalent enough that response times are low, similar to those of other emergency calls. *State and local governments that currently support Mobile Response Units should ensure they are integrated into comprehensive systems of care and include licensed clinicians.*

**Establish Simple, Shared, and Appropriate Mental Health Screenings:** According to [SAMHSA](#), effective mental health screenings should be culturally responsive, identify young people at risk for poor outcomes, and lead to further monitoring or intervention. When implemented appropriately, regular and widely available screenings can normalize discussions related to mental health, thus reducing stigma. Implementation of screenings should avoid discrimination in application (i.e. who is identified for screening), carceral responses, and inappropriately invasive questions that may re-traumatize young people, especially when conducted by non-clinicians. *Federal and state governments should work across human-services sectors to establish screenings that are appropriate to the setting in which they are administered, simple to implement, and are similar across systems.*

**Improve the Implementation and Availability of State Resources for the 988 Suicide and Crisis Lifeline:** The 988 Suicide and Crisis Lifeline is meant to serve as a single, nationwide resource for suicide prevention and mental health crisis intervention. To bolster of the Lifeline’s effectiveness, we recommend partnering with the over 200 local crisis centers nationwide to recruit, hire, and train licensed 988 professionals, enhance



security measures to support Lifeline infrastructure, and improve responsiveness to high-risk and underserved youth populations. *State governments should ensure that a sufficient number of licensed and trained professionals staff their state's 988 line, and that their outreach related to 988 targets underserved young people.*

**Prevent Dangerous Child Labor:** [Decades of research illustrate the benefits](#) of connection to the workforce for youth and young adults, which can include increases in self-efficacy, accumulation of social capital, and improved academic outcomes – in addition to wages earned. However, dangerous workplaces are especially harmful for young people, for whom injuries and traumas endured in these jobs will remain with them for the rest of their lives. Initial reports suggest that rollbacks of child-labor laws in some states are resulting in [increasing violations](#) of federal labor laws. Young workers, especially minors, deserve access to information about their rights and connections to worker advocates. *Congress should ensure that DOL and state agencies have appropriate resources to rigorously enforce the Fair Labor Standards Act and state labor laws. Before employment placements, community-based organizations should provide know-your-rights trainings to young people.*

**Expand Peer Support and Credentialing Options:** Many of the mental-health challenges faced by young people can be addressed through non-clinical means, including mentorship and community-based supports. In addition to these longstanding approaches, peer-support models empower young people to address mental health issues. The substance-use and recovery field makes use of Certified Peer Recovery Specialists, a professionalized role for peer support workers. At minimum, peer support models should incorporate training for these workers. *States and the federal government should expand access to training and credentials for peer support specialists; possible funding sources for this include accessing Medicaid reimbursements and [state allocations of Opioid Settlement Funds](#).*

**Support CBOs to Offer Mental Health Services:** A promising avenue for expanding access to mental-health service for Opportunity Youth is for youth-serving organizations to offer these services themselves. Young people will be more open to receiving services from organizations they already trust. Organizations can become eligible for Medicaid reimbursement to pay for mental-health services, then hire in-house clinicians to provide those services. These in-house services can become self-sustaining, but seed funding is needed for licensure costs, developing policies and practices, and renovations to facilities. *State and local governments should offer seed funding and technical assistance to community-based organizations that wish to offer in-house mental health services.*

**Address National Shortage of Mental Health Professionals:** In the long term, the nation must address the significant shortage of mental health professionals. Providers of color and from other marginalized communities are in particularly short supply, as are providers in rural areas. Factors including low pay, poor working conditions, high caseloads, the complexities of the American health care system, and negative media depictions of mental



health professionals all contribute to burnout of mental-health professionals and shortages of new entrants to the field. Initial steps in addressing this problem include:

- Increasing public awareness of the value of mental-health professionals,
- Creating new pipelines to under-served communities for mental health professionals (as Teach for America does for educators),
- Recruiting a more diverse mental-health workforce,
- Preventing and mitigating violence against mental health professionals
- Increasing emphasis on cultural competence in programs that train professionals, and expanding who receives mental-health training (for example, through Mental Health First Aid trainings and more use of Peer Support Specialists).

*Federal and state governments should launch public-awareness campaigns related to the value of mental-health professionals and seek to expand the number of youth-serving professionals who receive different kinds of mental health training. Accrediting bodies should prioritize cultural competence in training programs for future mental-health professionals.*

## Table: Recommendations Summary

This table summarizes NYEC’s recommendations, applies a simple timeframe, and notes key actors related to each.

<b>Short Term</b>	<b>Medium Term</b>	<b>Long Term</b>
Support frontline workers, including with Mental Health First Aid training <i>(federal, state govts.)</i>	Expand peer support and credentialing options <i>(federal, state govts.)</i>	Address shortage of mental health professionals <i>(federal, state govts.)</i>
Expand the use of Mobile Response Units <i>(state, local govts.)</i>	Increase state resources for 988 implementation: address staff quality and expand outreach <i>(state govts.)</i>	Address stigma and taboos around mental health <i>(all)</i>
Establish simple, shared, and appropriate mental health screenings <i>(federal, state, govts.)</i>	Support CBOs to offer mental health services <i>(state, local govts.)</i>	Become a “trauma-informed society” <i>(all)</i>
	Leverage opioid settlement funds for mental-health care <i>(state govts.)</i>	
	Enhance enforcement of labor laws; reduce exposure of young people to harmful workplaces <i>(federal, state govts.)</i>	



## These Recommendations Come from the Field

These recommendations were developed by members of NYEC’s Mental Health Subgroup, which includes workforce-development and mental-health practitioners, as well as advocates and other experts.

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