Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**

Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

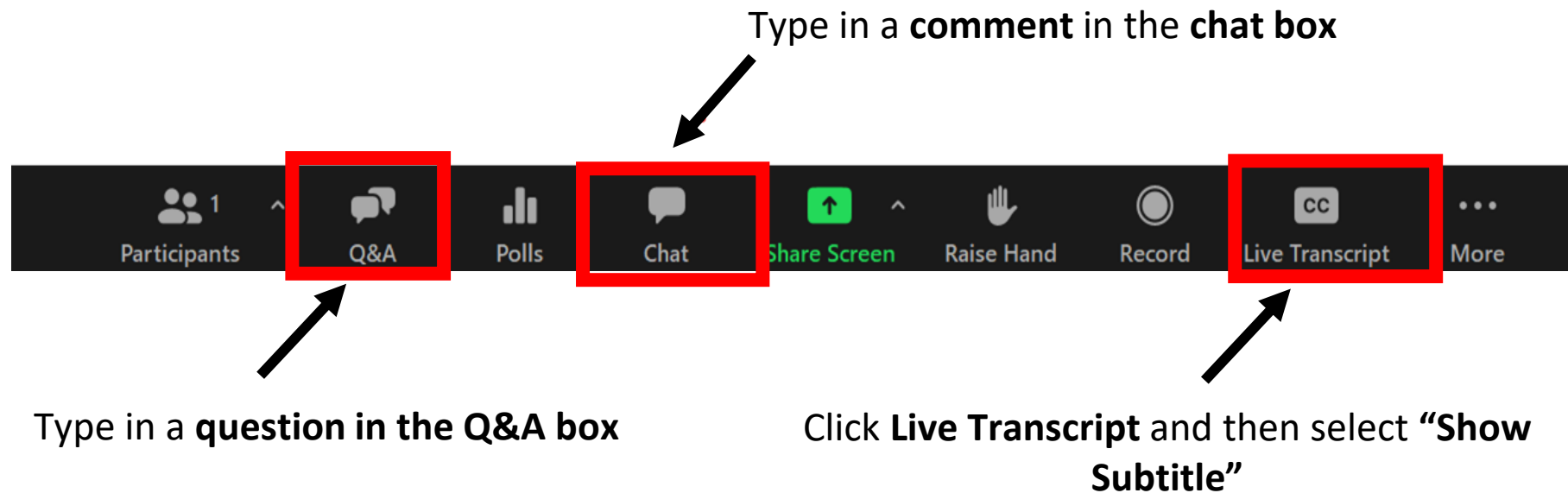TheNationalCouncil.org/program/Center-of-Excellence

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Disclaimer

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SAMHSA
Substance Abuse and Mental Health
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www.samhsa.gov

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Pediatric Integration Webinar Series

Upcoming Sessions

- Thursday, February 29th from 2-3pm ET: Pediatric Integration Part 4

Previous Session Recordings

- Part 1: The Youth Mental Health Crisis & Opportunities for Integrated Care

- Part 2: Pediatric Integration Opportunities in Early Childhood

Introductions

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Consultant
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Learning Objectives

After this webinar, participants will be able to:

- **Recognize** the value of integrated care during middle childhood and adolescence and the importance of achieving mental health equity for marginalized populations.

- **Understand** the impact of social media on the mental health and health outcomes of adolescents.

- **Understand** how integrated care and coordinated care models positively affect and influence health outcomes in adulthood.

- **Explore** paths to increase active participation in service pathways such as school-based health centers to support underserved youth.

- **Identify** trauma informed care models that facilitates integrated healthcare effectiveness using culturally responsive, antiracist & equitable (CARE) frameworks.

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Childhood Stages: Changes & Needs

Each childhood and adolescent stage has complex and unique needs:

- **Middle childhood: Ages 5-9**
  - Emotional needs should be accepted and understood
  - Cognitive changes lead to be more independent & increased perspective taking
  - Understanding their individual role in the world and in their environments
- **Adolescence: Ages 10-19**
  - During puberty: physical, hormonal & cognitive changes occur
  - Emphasis on independence and decision making
  - Frontal cortex activation

Source: Integrating Care for Children, Young People & Their Families

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Emotional Changes & Health Outcomes

- Increased observation and management of emotions.

- Available support and resources may influence a child's perception of their problem-solving skills.[1]

- Self-esteem can be a factor in childhood health and future health outcomes. [2]

Sources:
1. Cleveland Clinic: Adolescent Development
2. Health Direct: Self-esteem and mental health

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Childhood Changes & Needs: Integrated Care

With the changing needs of a growing child, the need for comprehensive and integrated health care from multiple specialties and service types is crucial.

Integrated care helps to:

- Identify comprehensive needs across entire health spectrum

- Identify risk factors from various lenses

- Increase likelihood of symptom reduction

- Increase adherence and effectiveness of treatment plans

- Lowers long term health costs

Source: Integrated Health Care: Collaboration between health professionals to provide complete treatment to patients and improve overall well-being.

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A Time of Exploration

Adolescence is a time of growth and exploration. Unfortunately, some of the health choices that teens make at this time are risky and can have negative health outcomes.

CDC data show that these behaviors worsened from 2011 to 2021 for adolescents:

- Protective sexual behaviors (i.e., condom use, sexually transmitted disease (STD) testing, and HIV testing)

- Substance Use

- Experiences of violence

- Mental health, and suicidal thoughts and behaviors.

Young people in the United States have markedly high rates of sexually transmitted diseases (STD), new HIV infections, and unintended pregnancy.

Source: CDC; Youth Risk Behavior Survey: Data Summary & Trends Report

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Adolescent Risk and Protective Factors

RISK FACTORS

Child
- Genetic influences
- Low IQ and learning disabilities
- Specific development delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem

Family
- Family disharmony, or break up
- Inconsistent discipline style
- Parent/s with mental illness or substance abuse
- Physical, sexual, neglect or emotional abuse
- Parental criminality or alcoholism
- Death and loss

School
- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships

Community
- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

PROTECTIVE FACTORS

Child
- Secure attachment experience
- Good communication skills
- Having a belief in control
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect

Family
- Family harmony and stability
- Supportive parenting
- Strong family values
- Affection
- Clear, consistent discipline
- Support for education

School
- Positive school climate that enhances belonging and connectedness
- Clear policies on behaviour and bullying
- 'Open door' policy for children to raise problems
- A whole-school approach to promoting good mental health

Community
- Wider supportive network
- Good housing
- High standard of living
- Opportunities for valued social roles
- Range of sport/leisure activities

Source: Emotionally Healthy Schools: Risk and Protective Factors

5

Identity Development in Adolescents

- Research has shown that a stable and strong sense of identity is associated with better mental health within adolescence.[2]

- Erik Erikson postulated that our personality develops in stages, and at every one of these stages a psychosocial crisis unfolds in a way that determines our personality development based on the outcome.[1]

- **Identity vs Role Confusion** occurring in adolescence has some of the most consequential results for individual identity development.[1]

- Milestone for this stage is a sense of self and personal identity, through an intense exploration of personal values, beliefs, and goals.[1]

Sources:
1. Erikson's Stages of Development A Closer Look at the Eight Psychosocial Stages
2. Links of Adolescents Identity Development and Relationship with Peers: A Systematic Literature Review

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Erik Erikson's
Stages of Psychosocial Development
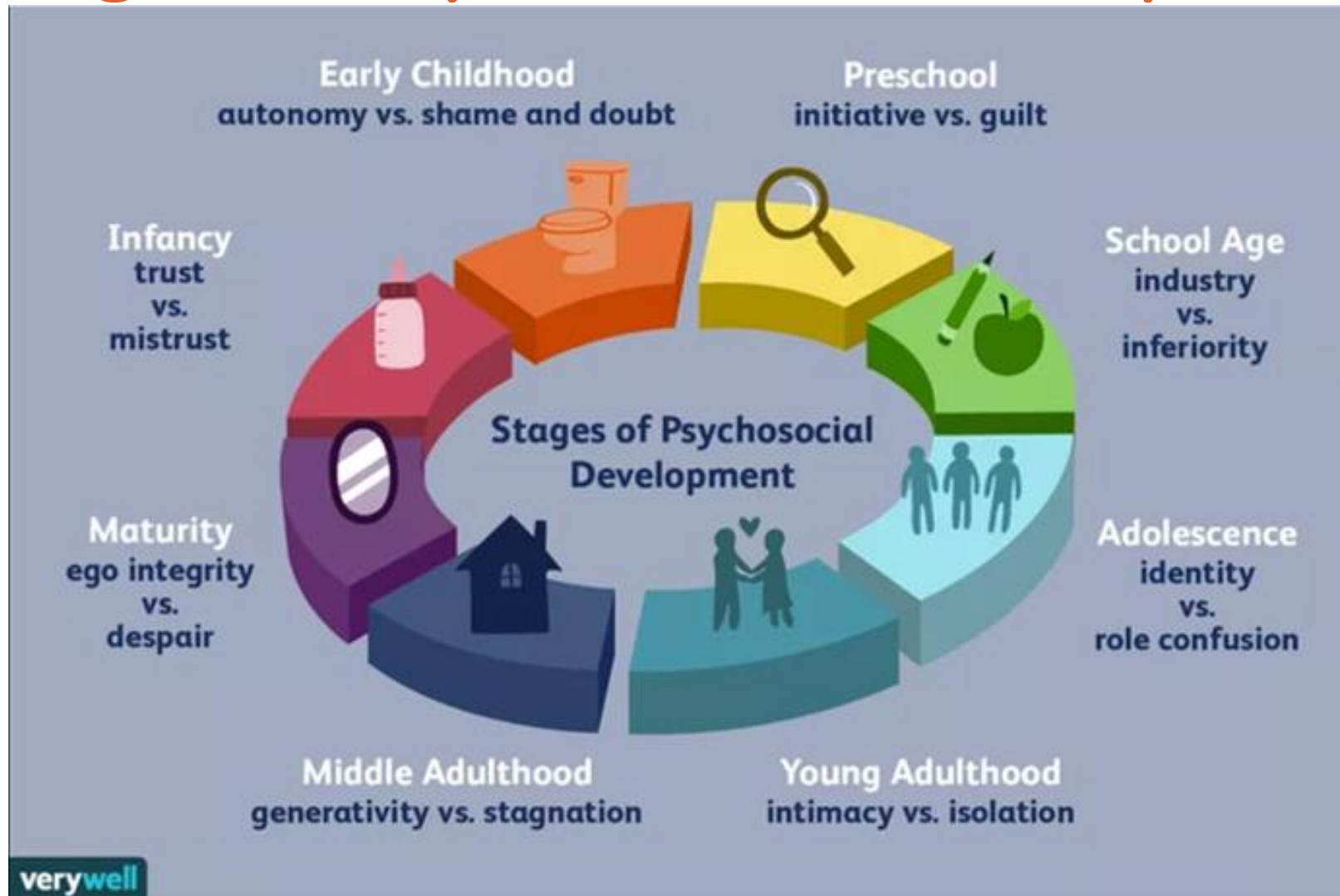
Stages of Adolescent Development

Identity development and movement towards independence

Future interest and cognitive development

Ethics and self-direction

Sexuality

Physical changes

Sources:
1. Healthy Children: Stages of Adolescence
2. Links of Adolescents Identity Development and Relationship with Peers: A Systematic Literature Review

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The Adolescent Brain

From the onset of puberty to around 25 years of age, adolescents and young adults undergo *functional changes in the brain* that inform their cognitive development, emotional regulation, and social development.

Functional Changes includes:

- Increase in Reward-Related activities

- Reduced Fear-Response

- Increased Mentalization

- Increased Socialization

Areas of Major brain changes:
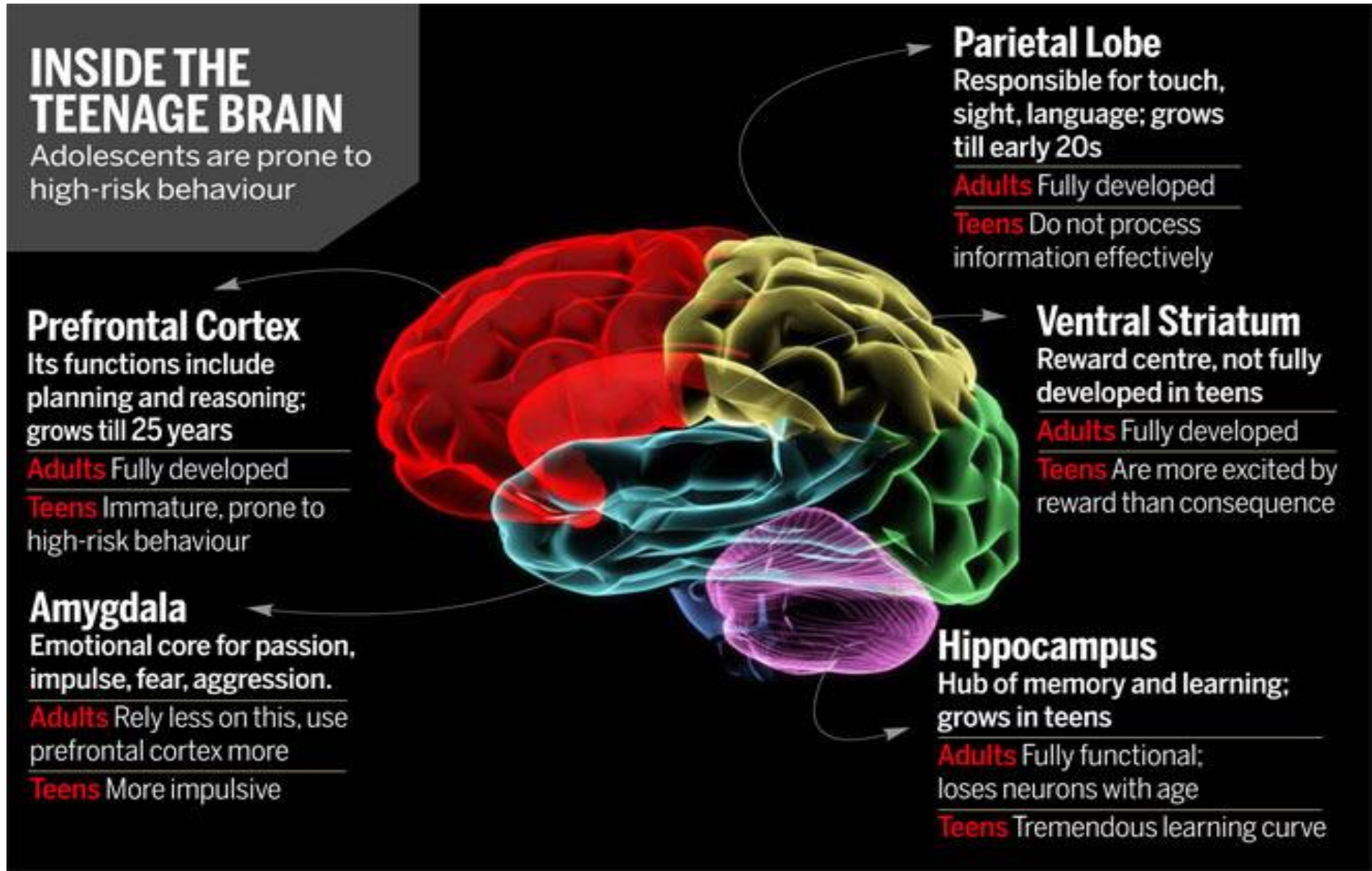
- Prefrontal Cortex

- Amygdala and Hypothalamus

- Corpus Callosum

Sources:
1. National Institute of Mental Health; The Teen Brain: 7 Things to Know
2. Sexual Health Tayside: the Adolescent Brain

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The Adolescent Brain cont.

INSIDE THE TEENAGE BRAIN
Adolescents are prone to high-risk behaviour

Parietal Lobe
Responsible for touch, sight, language; grows till early 20s
Adults Fully developed
Teens Do not process information effectively

Prefrontal Cortex
Its functions include planning and reasoning; grows till 25 years
Adults Fully developed
Teens Immature, prone to high-risk behaviour

Ventral Striatum
Reward centre, not fully developed in teens
Adults Fully developed
Teens Are more excited by reward than consequence

Amygdala
Emotional core for passion, impulse, fear, aggression.
Adults Rely less on this, use prefrontal cortex more
Teens More impulsive

Hippocampus
Hub of memory and learning; grows in teens
Adults Fully functional; loses neurons with age
Teens Tremendous learning curve

Sources:
1. National Institute of Mental Health; The Teen Brain: 7 Things to Know
2. Sexual Health Tayside: the Adolescent Brain

Childhood & Adolescence: Self-Esteem

- Self-esteem can be described as the way we think of ourselves and the value we assign to ourselves.[1]

- Self-esteem is a broader view of how a person feels about themselves.[1]

- Can be rooted in childhood experiences; such as neglect, abuse, and/or rejection.[1]

- Growing body of research points to social media as a factor in lower self-esteem in youth, including online bullying. [2]

Sources:
1. Health Direct: Self-esteem and mental health
2. Impact of Social Media on Self-Esteem
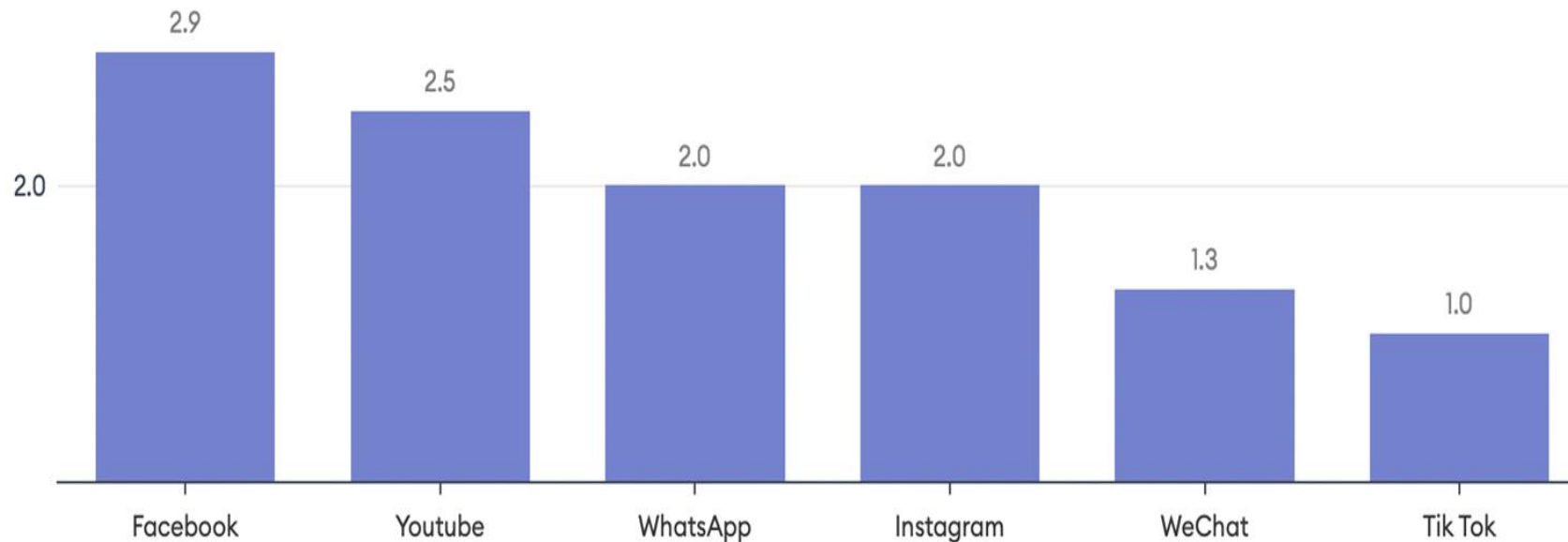
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Social Media & Adolescence

Social Media Use

Monthly Active Users by Social Media Platform (in millions)

Source: Statista

Platform	Monthly Active Users
Facebook	2.9
Youtube	2.5
WhatsApp	2.0
Instagram	2.0
WeChat	1.3
Tik Tok	1.0

Source: Forbes Adivsor • Embed

Forbes ADVISOR

Source: Forbes Advisor: Top Social Media Statistics and Trends of 2024

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Social Media Use & Age Groups

Percentage of each age group that uses at least one social media site

Source: PewResearch

Age Group	Percentage
18-29	84%
30-49	81%
50-64	73%
65+	45%

Source: Forbes Advisor • Embed

Forbes ADVISOR

Source: Forbes Advisor: Top Social Media Statistics and Trends of 2024

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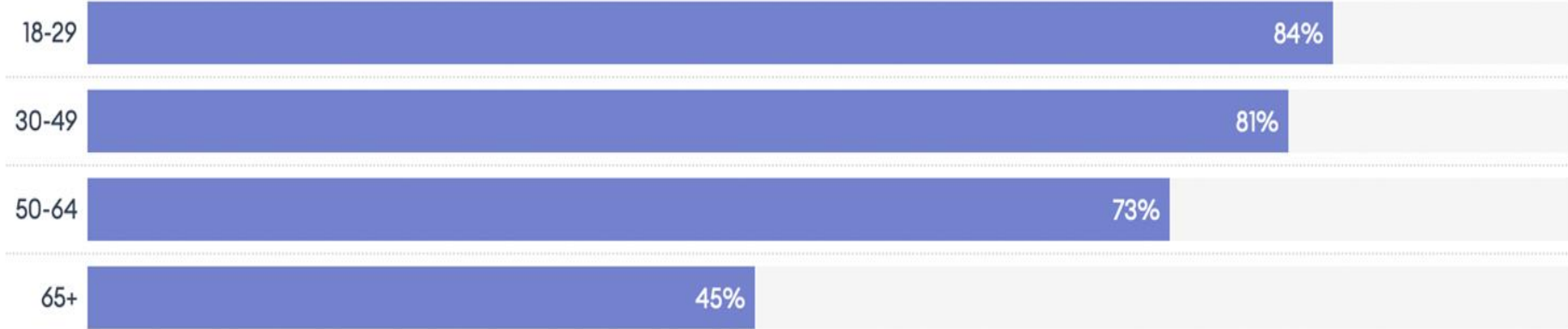
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Youth & Social Media Use

Popularity, number of platforms and frequency of contacts with social media has been on the rise in the last decade.

- In 2023, **4.9 billion** social media users
- Average user:
  - Visits **6-7 platforms** a month
  - Daily **145 minutes** on platforms
    - American users: 127 minutes daily
- Most engaging content are **short videos**
- Most common access point are mobile devices

Source: Forbes Advisor: Top Social Media Statistics and Trends of 2024

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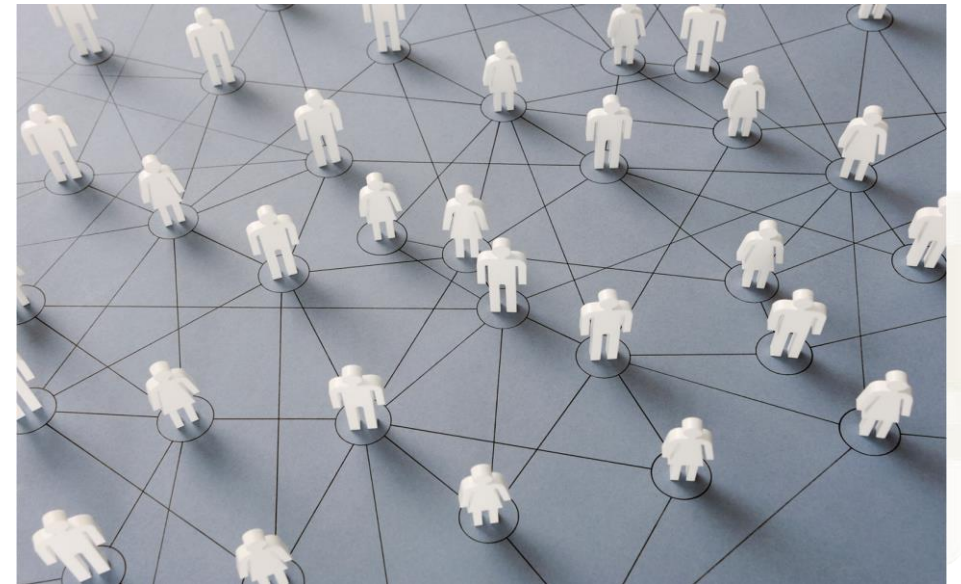
Social Media Use & Teens
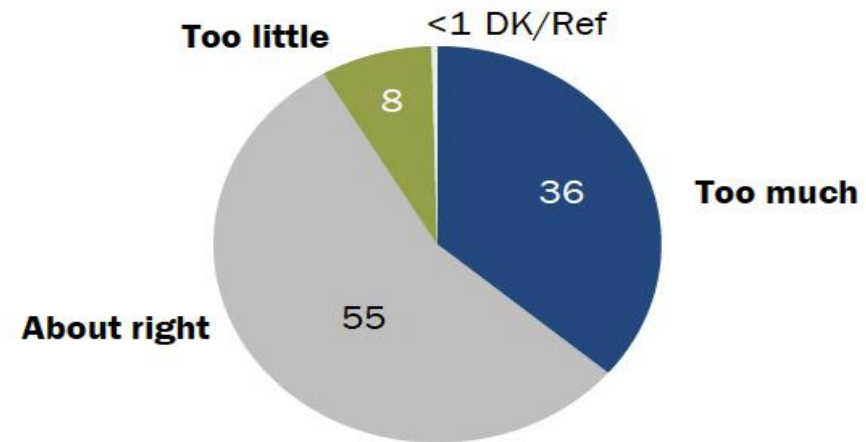

54% of teens say it would be hard to give up social media

% of U.S. teens who say that overall, the amount of time they spend on social media is …

Too little — 8
<1 DK/Ref
Too much — 36
About right — 55

% of U.S. teens who say it would be ___ for them to give up social media

NET hard	Very hard	Somewhat hard	Somewhat easy	Very easy	NET easy
54	18	35	26	20	46

Note: Teens refer to those ages 13 to 17. Figures may not add up to the NET values due to rounding. Those who did not give an answer are not shown.
Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

PEW RESEARCH CENTER

Contributing Factors: Social Media & Youth

Nearly half of teens now say they use the internet 'almost constantly'

% of U.S. teens who say they use the internet ...

Almost constantly — 24 / 46

Several times a day — 56 / 48

92 / **97 NET Daily**

About once a day — 12 / 3

NET Several times a week or less often — 8 / 3

2014-15 / **2022**

Note: Teens refer to those ages 13 to 17. Figures may not add up to the NET values due to rounding. Those who did not give an answer are not shown.
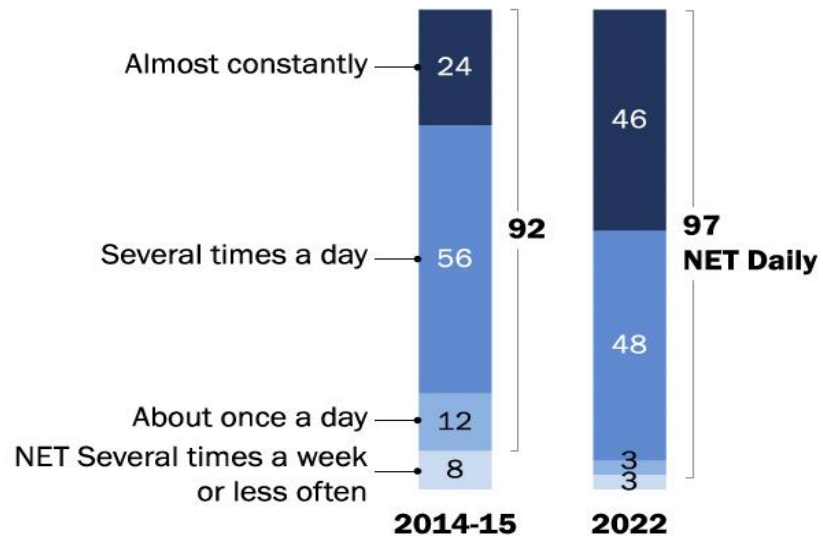Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

PEW RESEARCH CENTER

Nearly all teens in 2022 have access to a smartphone, up from 73% in 2014-15

% of U.S. teens who say they have access to the following devices

■ 2014-15   ■ 2022

Smartphone: 73 / 95

Desktop/Laptop computer: 87 / 90

Gaming console: 81 / 80
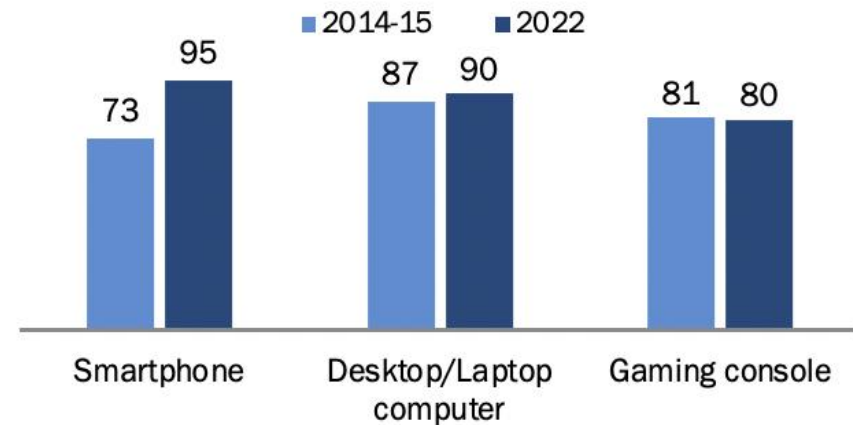
Note: Teens refer to those ages 13 to 17. Those who did not give an answer are not shown. The 2022 question wording further clarified access at home.
Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

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Social Media Use Impacts

- Social media use driving **youth mental health crisis**.[1]

- Surgeon General Vivek Murthy issued a warning that social media use is a **main contributor to depression, anxiety** and other mental health challenges seen in US youth.[1]

- **95% of teens ages 13-17** report use of a social media platform.[1]

- According to Pew Research Center, the most popular platforms amongst U.S. youth are Tiktok, Snapchat and Instagram.[2]

Sources:
1. U.S. Department of Health and Human Services; U.S. Surgeon General's advisory
2. Pew Research Center: Teens, Social Media and Technology 2022

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Self-Esteem, Social Media & Health Outcomes

Research points to:

- **39%** of U.S. social media users report feeling the addictive properties of social media.[1]
  - **9%** report being addicted to social media

- A correlation between social media use and **adolescent depression**.[2]

- **67%** of youth report a decrease in their self-esteem.[2]

- Youth who spend over **3 hours daily** on social media "faced double the risk of experiencing poor mental health outcomes, including symptoms of depression and anxiety".[3]

Sources:
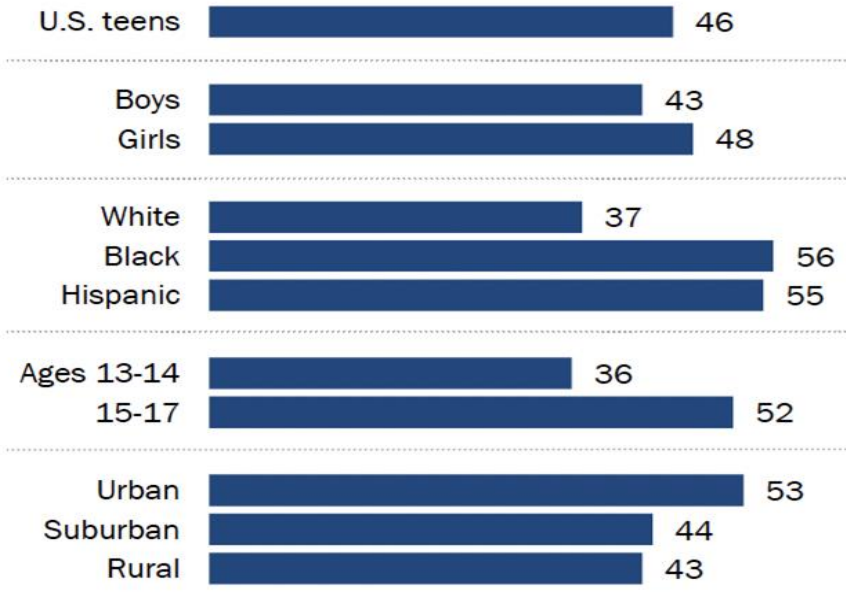1. Forbes Advisor: Top Social Media Statistics and Trends of 2024
2. Social Media Use and Depression in Adolescents: A Scoping Review
3. Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth

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Social Media Use by Race

Black, Hispanic teens more likely than White teens to say they are online almost constantly

% of U.S. teens who say they use the internet **almost constantly** either on a computer or a cellphone

U.S. teens	46
Boys	43
Girls	48
White	37
Black	56
Hispanic	55
Ages 13-14	36
15-17	52
Urban	53
Suburban	44
Rural	43

Note: Teens refer to those ages 13 to 17. White and Black teens include those who report being only one race and are not Hispanic. Hispanic teens are of any race. Those who did not give an answer or gave other responses are not shown.
Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

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Black, Hispanic teens more likely than White teens to say they are almost constantly on TikTok, YouTube and Instagram

% of U.S. teens who say they visit or use each of the following sites or apps *almost constantly*

● White   ● Black   ● Hispanic

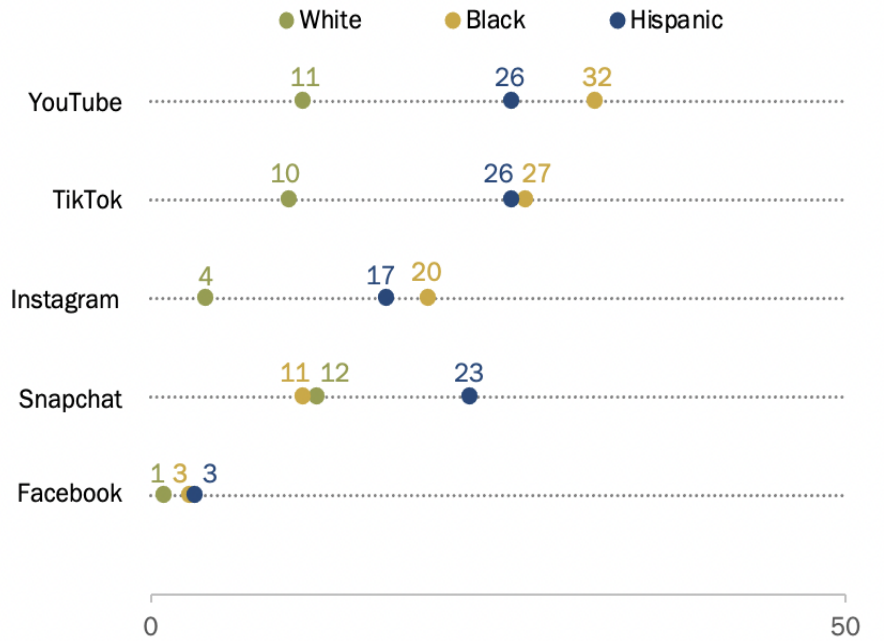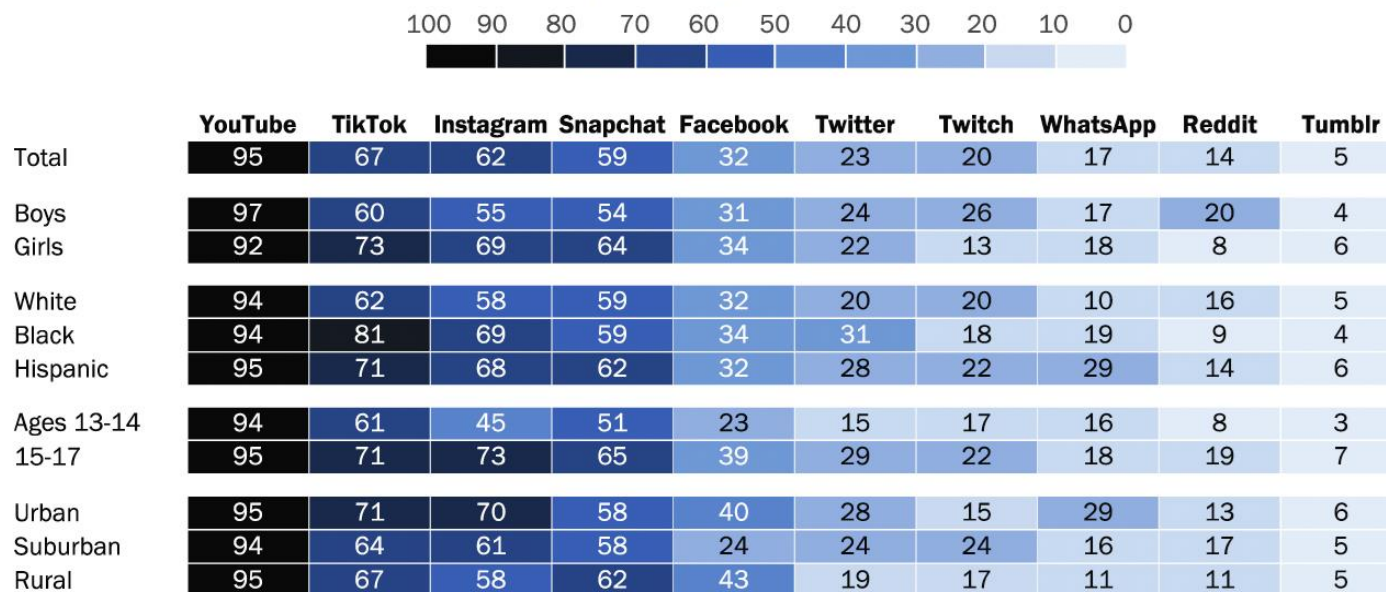|	White	Hispanic	Black
YouTube	11	26	32
TikTok	10	26	27
Instagram	4	17	20
Snapchat	11	12 (Black), 23 (Hispanic)	
Facebook	1	3	3

Note: Teens refer to those ages 13 to 17. White and Black teens include those who report being only one race and are not Hispanic. Hispanic teens are of any race. Those who did not give an answer or gave other responses are not shown.
Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

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Social Media Use by Gender

Teen girls are more likely than boys to use TikTok, Instagram and Snapchat; teen boys more likely to use Twitch, Reddit and YouTube; and Black teens are especially drawn to TikTok compared with other groups

% of U.S. teens who say they ever use each of the following apps or sites

100 90 80 70 60 50 40 30 20 10 0

	YouTube	TikTok	Instagram	Snapchat	Facebook	Twitter	Twitch	WhatsApp	Reddit	Tumblr
Total	95	67	62	59	32	23	20	17	14	5
Boys	97	60	55	54	31	24	26	17	20	4
Girls	92	73	69	64	34	22	13	18	8	6
White	94	62	58	59	32	20	20	10	16	5
Black	94	81	69	59	34	31	18	19	9	4
Hispanic	95	71	68	62	32	28	22	29	14	6
Ages 13-14	94	61	45	51	23	15	17	16	8	3
15-17	95	71	73	65	39	29	22	18	19	7
Urban	95	71	70	58	40	28	15	29	13	6
Suburban	94	64	61	58	24	24	24	16	17	5
Rural	95	67	58	62	43	19	17	11	11	5

Household income

	YouTube	TikTok	Instagram	Snapchat	Facebook	Twitter	Twitch	WhatsApp	Reddit	Tumblr
< $30,000	93	72	64	60	44	26	17	19	10	4
$30K-$74,999	94	68	62	57	39	24	19	19	13	7
$75,000+	95	65	62	60	27	22	21	17	16	4

Note: Teens refer to those ages 13 to 17. Not all numerical differences between groups shown are statistically significant. Those who did not give an answer or gave other responses are not shown. White and Black teens include those who report being only one race and are not Hispanic. Hispanic teens are of any race.
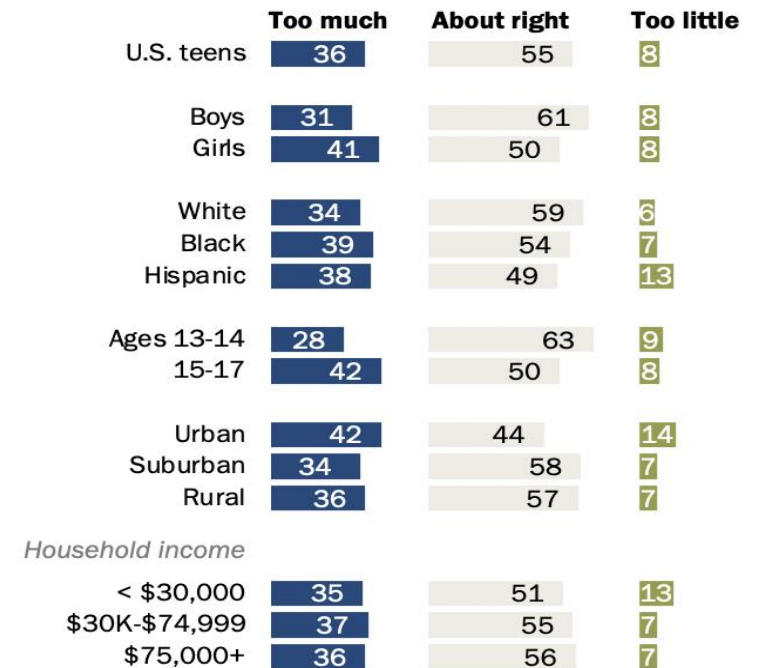Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

36% of teens say they spend too much time on social media; teen girls are more likely than boys to say this

% of U.S. teens who say the amount of time they spend on social media is ...

	Too much	About right	Too little
U.S. teens	36	55	8
Boys	31	61	8
Girls	41	50	8
White	34	59	6
Black	39	54	7
Hispanic	38	49	13
Ages 13-14	28	63	9
15-17	42	50	8
Urban	42	44	14
Suburban	34	58	7
Rural	36	57	7

Household income

	Too much	About right	Too little
< $30,000	35	51	13
$30K-$74,999	37	55	7
$75,000+	36	56	7

Among teens who use at least one of the five* platforms asked about and say they use ...

At least one

	Too much	About right	Too little
almost constantly	53	41	5
Less frequently	28	62	9

*The survey only asked about time on about Facebook, Snapchat, Instagram, YouTube and TikTok among users of these platforms.
Note: Teens refer to those ages 13 to 17. White and Black teens include those who report being only one race and are not Hispanic. Hispanic teens are of any race. Those who did not give an answer are not shown.
Source: Survey conducted April 14-May 4, 2022.
"Teens, Social Media and Technology 2022"

Social Media & LGTBQIA2S+ Youth

- **Over 85%** of LGTTBQIA2S+ participants had one social media account.
  - **91%** of participants used their social media platform at least weekly
  - Higher rates of social media use and mental health challenges increase the interaction of the two in LGTBQIA2S+ youth
  - Highlights the need for more and in-depth research

Source: A Systematic Review of the Evidence on Social Media Use and Depression Among Lesbian, Gay, and Bisexual Minorities

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Health Outcomes: LGTBQIA2S+ Youth

- **LGTBQIA2S+ often experience higher rates of mental health challenges.**[1]
  - Estimated rates of depression are between 1.5- 2 times higher than heterosexual counterparts.[3]

- **Growing need to understand the impact of social media for LGTBQIA2S+ youth.**[2]
  - Research is limited and statistical significance of findings is weak.[1]
  - Some research points to social media being a safe space for youth to explore issues of sexuality and gender.[1]
  - May support the mental health and well-being of this population through peer connection, identity management, and social support.[1]
  - Some research points to social media as a risk factor for mental wellbeing in LGTBQIA2S+ youth.[3]

Sources:
1. Social Media Use and Health and Well-being of LGBTQ Youth: Systematic Review
2. Safe Spaces in Online Places: Social Media and LGBTQ Youth
3. A Systematic Review of the Evidence on Social Media Use and Depression Among Lesbian, Gay, and Bisexual Minorities

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The Opportunity:
# Pediatric Integration

Pediatric Integration

Behavioral health integration refers to:

- The care that results from a practice team of primary care and behavioral health clinicians

- Coordinated care - working together with patients and families to provide comprehensive health services

- Using a systematic and cost-effective approach

- Patient-centered care for a defined population.

Source: Launching forward: The Integration of Behavioral Health in Primary Care

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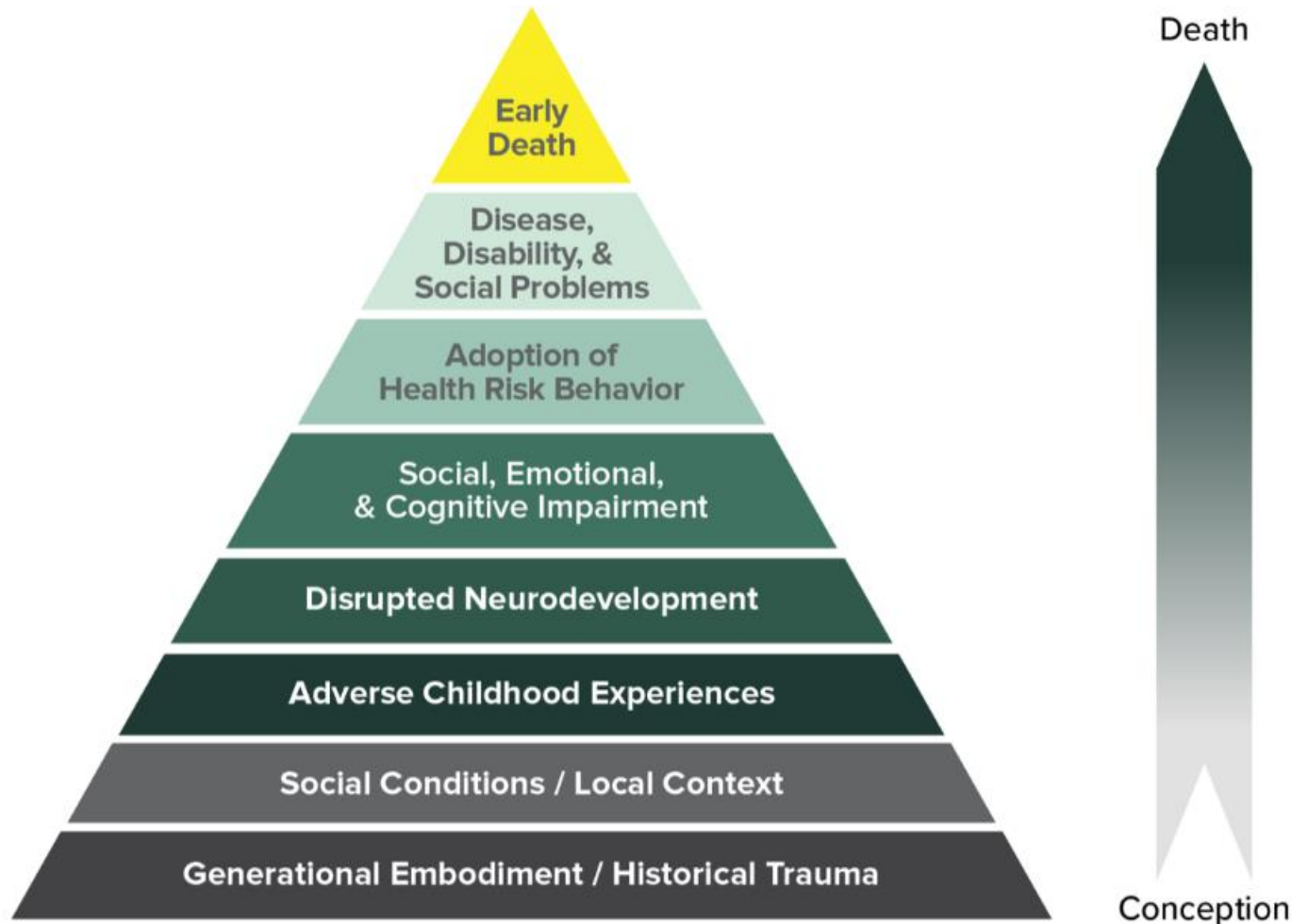
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

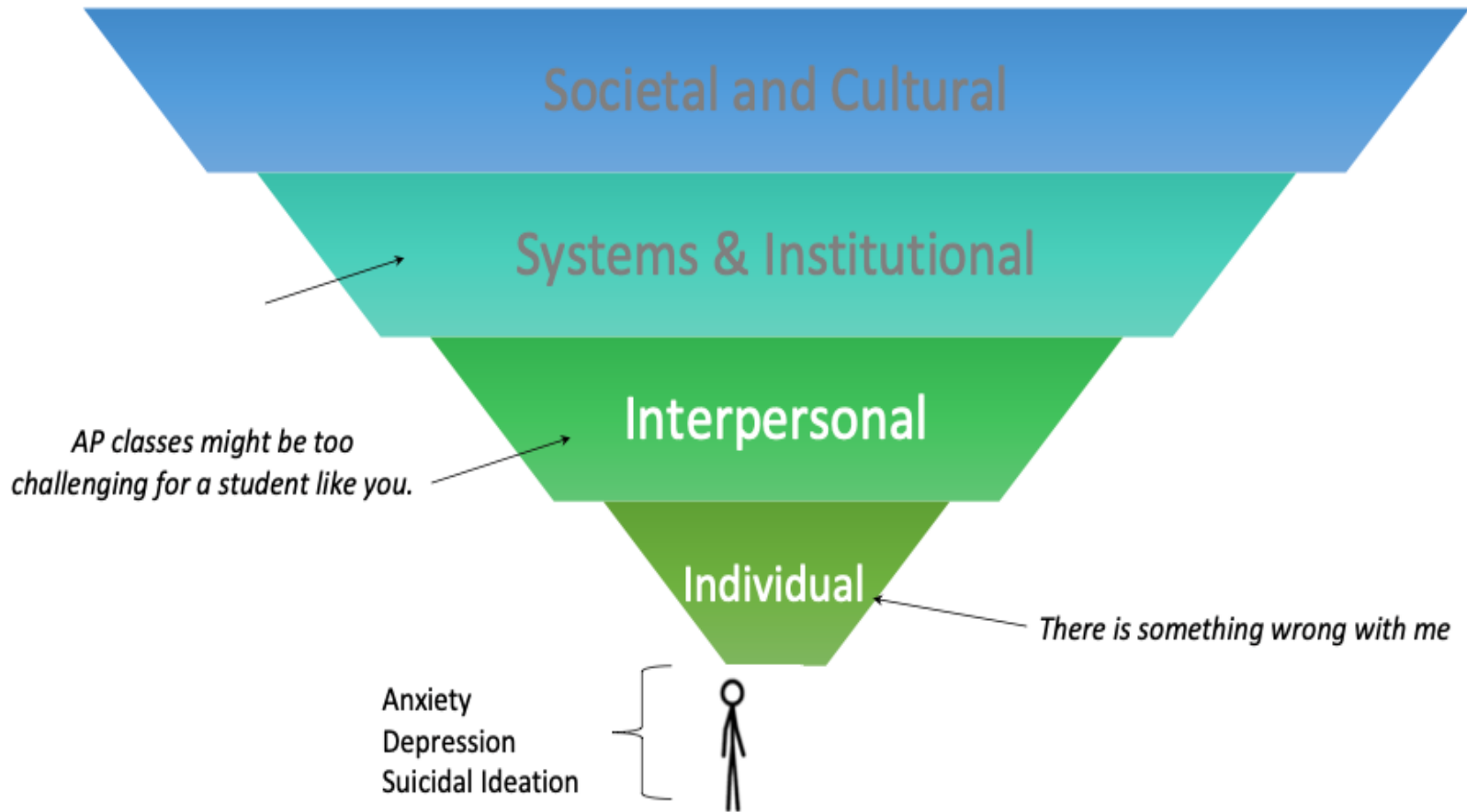Adverse Childhood Experiences (ACE) and Child Health

Source: Adverse Childhood Experiences (ACE) and Adolescent Health

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Minority Stress Model: Inverted Pyramid

Societal and Cultural

Systems & Institutional

Interpersonal

AP classes might be too
challenging for a student like you.

Individual

There is something wrong with me

Anxiety
Depression
Suicidal Ideation

Minority Stress Model

Sources:
1. The Role of Minority Stress in Second-Generation Black Emerging Adult College Students' High-Risk Drinking Behaviors
2. A developmentally informed adaptation of minority stress for sexual minority adolescents

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Social Identity Theory

Social identity theory, originally developed by Henri Tajfel and John Turner in the 1970s, focuses on the interplay between personal and social identities.

Intersectionality: Overlap of social identities and related systems of oppression or discrimination.

Key Concepts

- An individual's identity, or sense of self, is influenced both through:
  - Interpersonal Interaction
  - Intergroup Interaction

Examples

- Race, ethnicity, culture, religion, nationalism, professions, etc.
- By studying these social groups we can see how people use in-groups and out-groups to develop their social identities

Sources:
1. Editorial: Intersectionality and Identity Development: How Do We Conceptualize and Research Identity Intersectionalities in Youth Meaningfully?
2. Mapping the Intersections of Adolescents' Ethnic-Racial Identity and Critical Consciousness
3. Center for Intersectional Justice

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Trauma-Informed Integrated Care

Principals of Trauma-Informed Care:

Safety
Throughout the organization, patients and staff feel physically and psychologically safe

Trustworthiness + Transparency
Decisions are made with transparency, and with the goal of building and maintaining trust

Peer Support
Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery

Collaboration
Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making

Empowerment
Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma
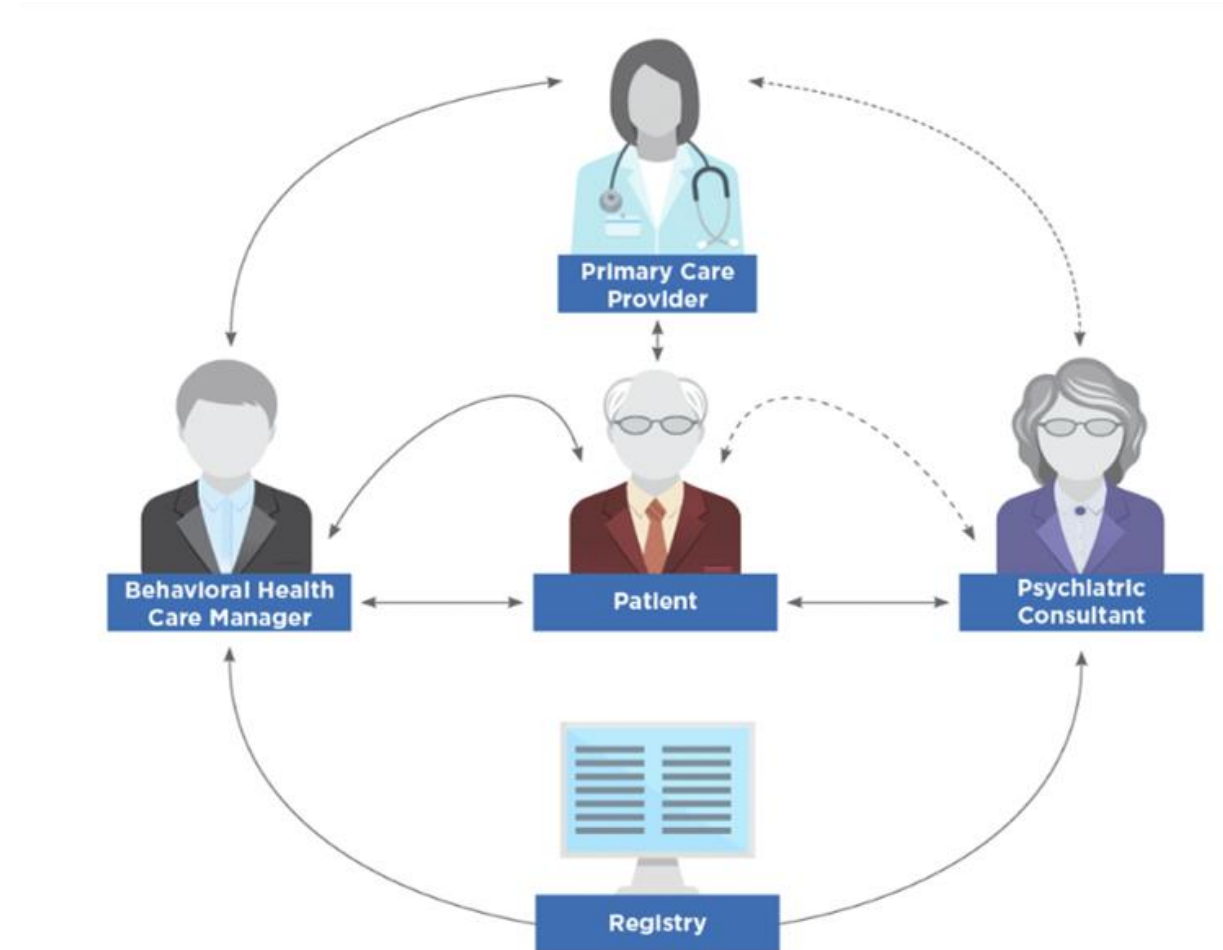
Humility + Responsiveness
Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

Source: Trauma-Informed Care Implementation Resource Center

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CARE Model

- Collaborative CARE Model of Psychiatric Services:
  - Led by Primary Care Physician (PCP)
  - In concert with: Behavioral health care managers, psychiatrists and frequently other mental health professionals.
  - Implements a measurement-guided care plan based on evidence-based practice guidelines.
  - Focuses attention on patients, not meeting clinical goals.
  - Unique in the use of replicated evidence supporting its outcomes, steady reliance on consistent principles of chronic care delivery, focus on accountability and quality improvement.

Source: American Psychiatric Association: Learn about the Collaborative Care Model

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Culturally Responsive, Anti-racist & Equitable (CARE)

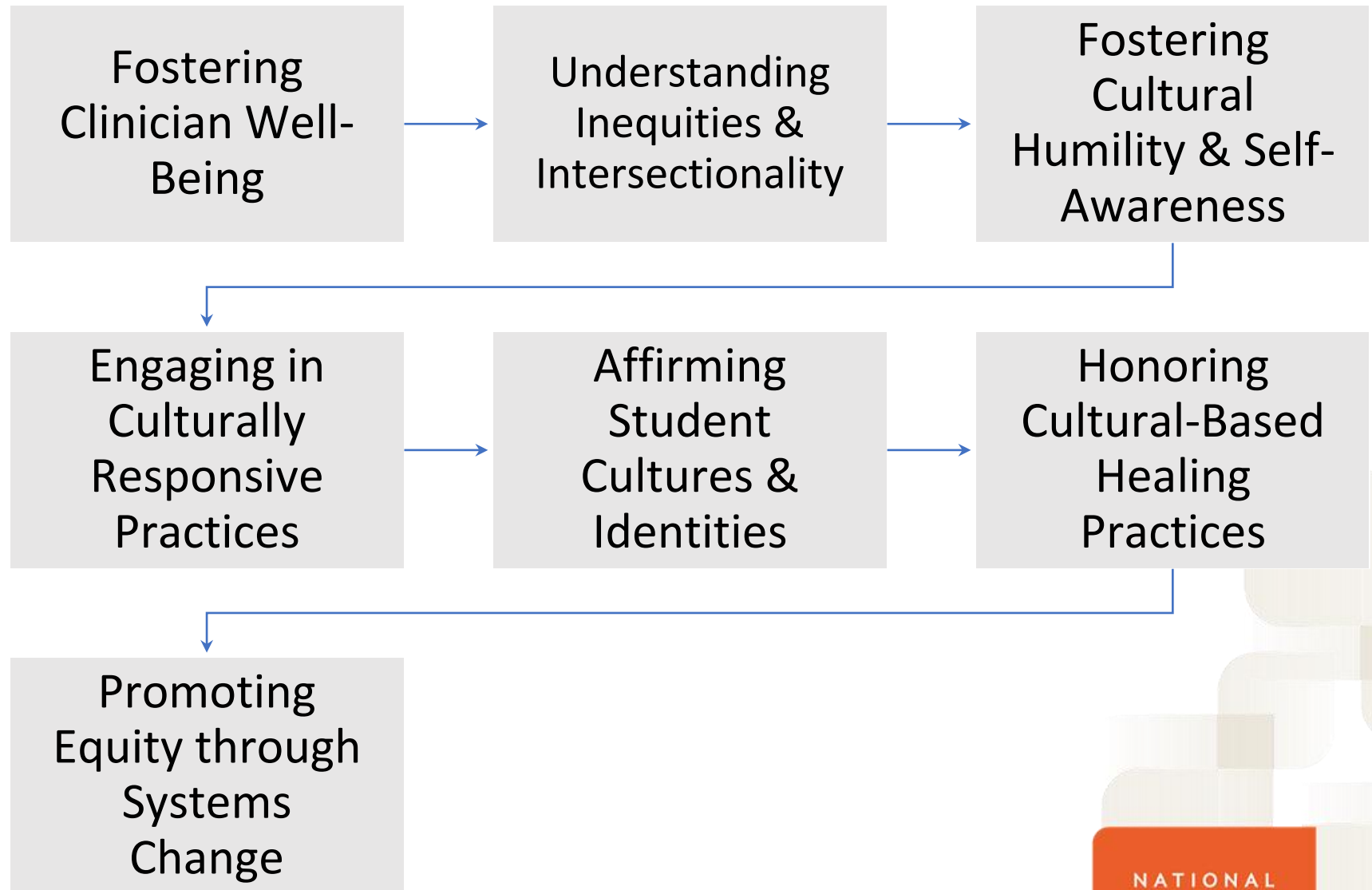| Cultural Responsiveness	Anti-Racism	Equity
Students', families', and educators' cultural references are included in all aspects of schooling, including supports and services that promote well-being and mental health	Actively and intentionally promoting school policies and practices that lead to equity and oppose racism and other forms of oppression	Ensuring that every student has what they need to achieve academically and experience positive mental health and well-being

Sources: National Center for School Mental Health (NCSMH) Webinars: Trauma-Informed Organizations & Language: Cultural Responsiveness, Anti-Racism & Equity in SMH

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CARE

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┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│   Fostering     │      │  Understanding  │      │   Fostering     │
│ Clinician Well- │ ───► │   Inequities &  │ ───► │    Cultural     │
│     Being       │      │ Intersectionality│      │ Humility & Self-│
│                 │      │                 │      │   Awareness     │
└─────────────────┘      └─────────────────┘      └─────────────────┘

┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│  Engaging in    │      │    Affirming    │      │    Honoring     │
│   Culturally    │ ───► │     Student     │ ───► │ Cultural-Based  │
│   Responsive    │      │   Cultures &    │      │    Healing      │
│   Practices     │      │   Identities    │      │   Practices     │
└─────────────────┘      └─────────────────┘      └─────────────────┘

┌─────────────────┐
│   Promoting     │
│ Equity through  │
│    Systems      │
│    Change       │
└─────────────────┘
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Why School Based Health Centers are Ideal for Pediatric Integrated Care

Schools can help increase student access to health services through provision of on-site school services. School-based health centers (SBHCs) can play an important role in providing adolescents access to information to help reduce their risk and to services if they are needed.

1. **Safe and Supportive Environments**
2. Health Services
3. Quality Health Education
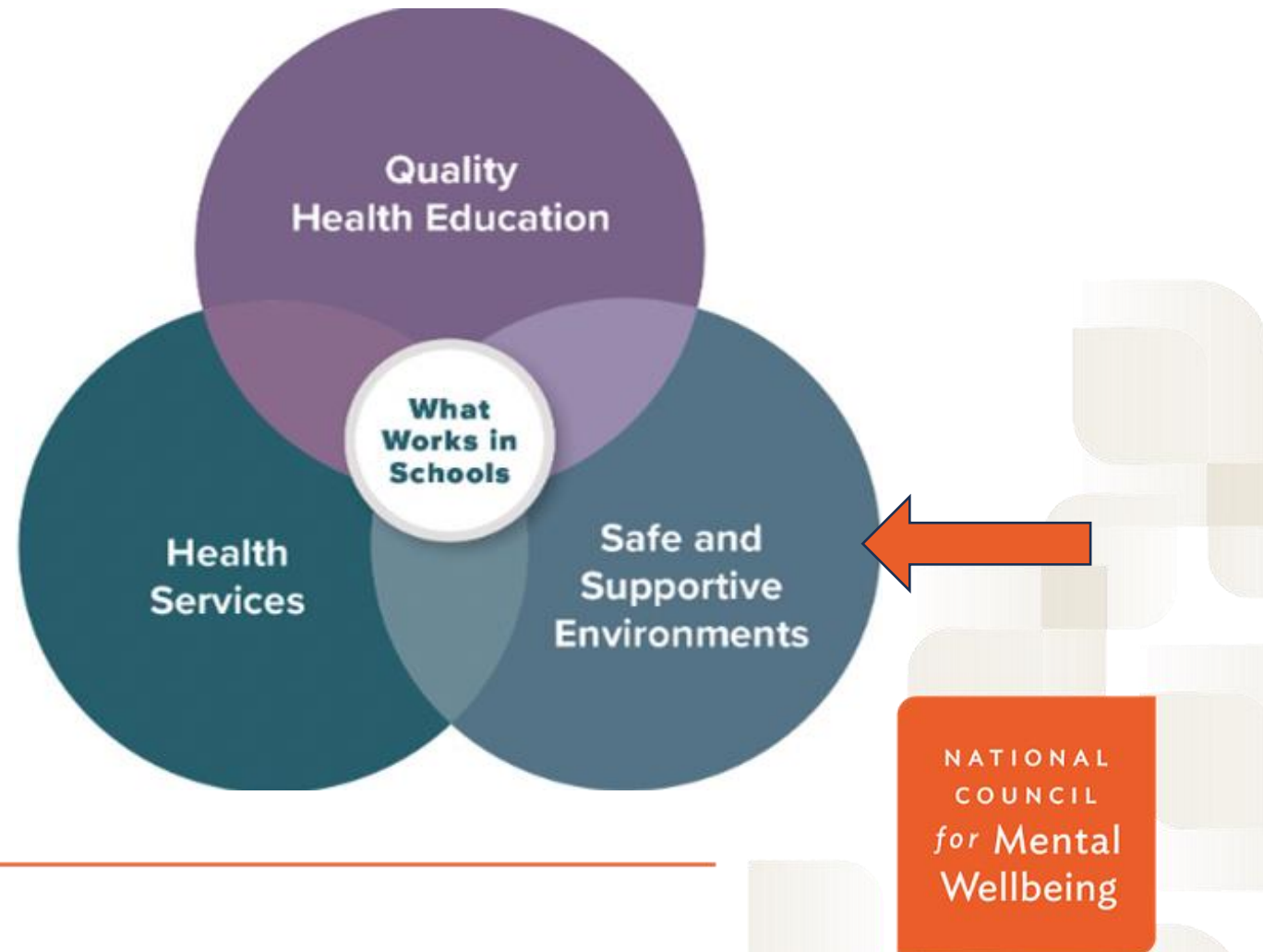
Sources:
1. What Works In Schools: Safe and Supportive School Environments
2. Integrated Models of School-based Prevention Logic & Theory

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Fostering Safe & Supportive Schools

Trauma-Informed/Healing-Centered

Culturally Responsive, Antiracist and Equitable (CARE)

Comprehensive School Mental Health Systems (CSMHS)

Tier 1
Tier 2
Tier 3

Sources:
1. School Mental Health Quality Guide: Early Intervention and Treatment (Tiers 2 & 3)
2. National Center for School Mental Health (NCSMH) Resources
3. National Center for School Mental Health (NCSMH) Webinars: Trauma-Informed Organizations & Language: Cultural Responsiveness, Anti-Racism & Equity in SMH

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The Maryland School-Based Health Center Program

Goals:

- Integrate with the larger system of healthcare, public health, and social services in Maryland to provide coordinated support for Maryland's children and adolescents.

- Reduce the total cost of healthcare by reducing costs related to unnecessary emergency room visits and hospital stays.

- Make quality primary care, preventive, and mental health services accessible and available, particularly in communities of need, in Maryland.

- Provide youth- and adolescent-friendly, trauma-informed care for all students,

- Maximize educational success through improved health and well-being.

Source: Maryland School-Based Health Center Program

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End-of-Session Poll Questions

See pop up box for **poll questions.**

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Questions and Discussion

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References

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- [Cleveland Clinic: Adolescent Development](#)

- [Health Direct: Self-esteem and mental health](#)

- [Integrated Health Care: Collaboration between health professionals to provide complete treatment to patients and improve overall well-being.](#)

- [CDC; Youth Risk Behavior Survey: Data Summary & Trends Report](#)

- [Emotionally Healthy Schools: Risk and Protective Factors](#)

- [Erikson's Stages of Development A Closer Look at the Eight Psychosocial Stages](#)

- [Links of Adolescents Identity Development and Relationship with Peers: A Systematic Literature Review](#)

- [National Institute of Mental Health; The Teen Brain: 7 Things to Know](#)

- [Sexual Health Tayside: the Adolescent Brain](#)

- [Health Direct: Self-esteem and mental health](#)

- [Impact of Social Media on Self-Esteem](#)

- [Forbes Advisor: Top Social Media Statistics and Trends of 2024](#)

- [Pew Research Center: Teens, social media & Technology](#)

- [U.S. Department of Health and Human Services; U.S. Surgeon General's advisory](#)

- [Social Media Use and Depression in Adolescents: A Scoping Review](#)

- [Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth](#)

- [A Systematic Review of the Evidence on Social Media Use and Depression Among Lesbian, Gay, and Bisexual Minorities](#)

- [Social Media Use and Health and Well-being of LGBTQ Youth: Systematic Review](#)

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References cont.

- Safe Spaces in Online Places: Social Media and LGBTQ Youth

- Launching forward: The Integration of Behavioral Health in Primary Care

- A Systematic Review of the Evidence on Social Media Use and Depression Among Lesbian, Gay, and Bisexual Minorities

- The Role of Minority Stress in Second-Generation Black Emerging Adult College Students' High-Risk Drinking Behaviors

- A developmentally informed adaptation of minority stress for sexual minority adolescents

- Adverse Childhood Experiences (ACE) and Adolescent Health

- Editorial: Intersectionality and Identity Development: How Do We Conceptualize and Research Identity Intersectionalities in Youth Meaningfully?

- Mapping the Intersections of Adolescents' Ethnic-Racial Identity and Critical Consciousness

- Center for Intersectional Justice

- Trauma-Informed Care Implementation Resource Center

- American Psychiatric Association: Learn about the Collaborative Care Model

- National Center for School Mental Health (NCSMH) Webinars: Trauma-Informed Organizations & Language: Cultural Responsiveness, Anti-Racism & Equity in SMH

- What Works In Schools: Safe and Supportive School Environments

- Integrated Models of School-based Prevention Logic & Theory

- School Mental Health Quality Guide: Early Intervention and Treatment (Tiers 2 & 3)

- National Center for School Mental Health (NCSMH) Resources

- National Center for School Mental Health (NCSMH) Webinars: Trauma-Informed Organizations & Language: Cultural Responsiveness, Anti-Racism & Equity in SMH

- Maryland School-Based Health Center Program

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Tools & Resources

- [Maryland School-Based Health Center Program](#)
- [National Center for School Mental Health (NCSMH) Webinars:Trauma-Informed Organizations & Language: Cultural Responsiveness, Anti-Racism & Equity in SMH](#)

- [NIMH-The Teen Brain: 7 Things to Know](#)

- https://www.sexualhealthtayside.org/lessons/the-adolescent-brain/

- [Healthychildren.org: Stages-of-Adolescence](#)

- https://emotionallyhealthyschools.org/risk-factors/risk-and-protective-factors/

- [CDC-Kaiser Adverse Childhood Experiences Study](#)

- [CDC – Risk & Protective Factors | Violence Prevention](#)

- [Center on the Developing Child: How Racism Can Affect Child Development](#)

- https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

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Tools & Resources cont.

- CDC-What Works In Schools: Safe and Supportive School Environments

- Partnering with Schools to Improve Youth Mental Health

- ySBIRT (youth SBIRT)

- Teen Mental Health First Aid

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Upcoming Events & Helpful Links

Feb 15
From 12-1pm ET

**Equity in
Action Session**

Register Here

Feb 29
From 2-3 pm ET

**CoE Webinar:
Pediatric
Integration
Webinar Series#4**

*Young
Adults Integration
Opportunities*

Register Here

Subscribe for Center of
Excellence Updates

Subscribe Here

Relias On-Demand Training

Learn More

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New ECHO Opportunity — Support Youth in Rural Settings

Kicking off in late February, this **six-session ECHO** learning collaborative will feature **didactic presentations and case discussions related to the following:**

- **Session 1: Trends in Whole Person Health Among Youth in Rural Communities**

- **Session 2: Providing Integrated Care Among Youth in Rural Communities**

- **Session 3: Enhancing Safety Among Youth in Integrated Care Services**

- **Session 4: Community Partnerships (with Faith-based and Spiritual Settings, Schools, other Community Groups) and Family Supports**

- **Session 5: Youth and Provider Lived Experiences: Receiving Health Care**
- **Services**

- **Session 6: Strategies for Supporting Health Providers and Addressing Workforce Challenges**

- **Session 7: Trends in Whole Person Health Among Youth in Rural Communities**
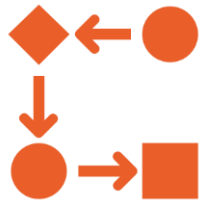
[Submit ECHO Application](#)

[FAQ](#)

Apply by Fri, Feb 2, 2024

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CHAT WITH AN EXPERT!

Schedule a free call with an integrated care expert to discuss:

| Implementing Models of Integrated Care | Health Equity through Integrated Care | Population Health in Integrated Care | Workforce Development | Integrated Care Financing & Operations |

Diversity, Equity and Inclusion

Ongoing Impacts of COVID-19 Pandemic

Submit a Request!

Thank You

Questions?

Email integration@thenationalcouncil.org

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