



SECTION #5

Youth Culture and Community

- National Institute of Mental Health Depression and High School Students
- Youth Culture Websites & Data Resources compiled by StarkMHAR
- Youth at the Center Youth: Engagement Sample Questionnaire
- Youth at the Center: 10 Valuable Lessons Learned in Engaging Young People
- The Cross Cultural Health Care Program Case Studies

Youth Engagement Questionnaire: Examining Your Authority, Authenticity and Accountability

- 1) I/We actively apply knowledge of the community in making internal decisions and working with external partners. (authority)
- 2) Those I/we serve would describe us as operating as part of the community rather than apart from it. (authority)
- 3) What I/we say and do rings true to the young people in the community. (authenticity)
- 4) I/We know the role we are expected to play in the lives of young people in our community— (accountability)
- 5) I/We have created ways to help young people understand the role they are expected to play in our community. (accountability)
- 6) I/We are focused on providing opportunities that are meaningful both to and for young people and we are careful to avoid tokenizing youth. (accountability)
- 7) I/We don't do things with youth just because they sound good; we are focused on what will make a real difference in improving the lives of our young people and our community's civic and economic health. (accountability)
- 8) I/We see and treat young people as capable and contributing, rather than drains on our community resources. (authenticity)
- 9) I/We have created ways to deeply listen to the young people of our community in an ongoing way. (authenticity)
- 10) Young people in the community believe I/we have their and their community's best interest at heart. (authenticity)
- 11) We hold deep knowledge about the community; we understand people, their lives, where they live, their aspirations and concerns. (authority)

We Got This

Making Real Progress

Getting Better

Lip Service

Business as Usual

Not on our Radar





10 Valuable Lessons Learned in Engaging Young People

Suspend Your Assumptions

(They become barriers to creating authentic relationships based on who people really are.)

Help Younger People Understand the Relevance to their life –

(it's not always obvious, so be clear about how it is)

Having some Relationship & Extending an Invitation matters

(Trust isn't easily given, so working to establish it is vital to building a relationship. *Sometimes WHO asks is most important*)

Clarify Definitions—see suspend your assumptions-

(It's important to know how young people define things like community, engagement and RESPECT)

Offer an Opportunity to utilize or develop a specific skill, talent or passion

(Youth don't always differentiate between skills to be developed and traits to model—help them explore these differences)

They care about things that are important --- see relevance--

(Every generation has had issues that define them, some enduring, some brand new as society evolves—their issues are no less important than ours were)

Meaningful Role

(Don't underestimate younger people by not giving them something substantive to be responsible for)

Be open to being a mentor and role model

(Some young people use the terms role model and leader interchangeably. Its important to be aware of how you are perceived and the responsibility that this entails)

Fun/Social

(If you can have fun doing serious things you can keep young people interested. Important does not have to mean boring)

OUTREACH IS NOT ENGAGEMENT—see relationship/invitation

(Sitting in our offices designing flashy flyers to “catch their attention” will not suffice to get young people involved. Go where they are, talk to them, extend an invitation)



“Youth development demands that adults play an important and vital role in cultivating young people’s ability to self-determine.”

ADULTISM

the power and privileging of adulthood over youth

GET’S IN THE WAY

- **Attitudinal Adultism:** Personal feelings, assumptions, and beliefs that form a person’s attitudes about young people. This is also called *internalized adultism*.
- **Cultural Adultism:** The shared attitudes, including beliefs and customs, promoting the assumption that adults are superior to anyone who is not identified as an adult, simply because of their age. This is also called *social adultism*.
- **Structural Adultism:** The normalization and legitimization of historical, cultural, institutional and interpersonal dynamics that routinely advantage adults while producing cumulative and chronic adverse outcomes for young people. This is also referred to as *institutional adultism*.

The IMPACT

The point is that no one act or policy or custom or belief is in itself necessarily adultist. Something can be labeled adultist if it involves a consistent pattern of disrespect and mistreatment that has any or all of the following effects on young people:

- ***an undermining of self-confidence and self-esteem;***
- ***an increasing sense of worthlessness;***
- ***an increasing feeling of powerlessness;***
- ***a consistent experience of not being taken seriously;***
- ***a diminishing ability to function well in the world;***
- ***a growing negative self-concept;***
- ***increasing destructive acting out;***
- ***increasing self-destructive acting "in" (getting sick frequently, developing health conditions, attempting suicide, depression, etc.);***
- ***feeling unloved or unwanted.***

Strategies to Effectively Engage Youth

June 8, 2017

Youth at the Center
David Weaver & Tynisha Worthy

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- Public Allies**
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Leadership Alignment PA, Natl
- NCCJ**
National Conference for Community and Justice
What Works for Children, Youth, & Families/Programs/Community
- TFA**
Training and support to 14 regions Nationally

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National Conference for Community and Justice
- Mental & Behavioral Health**
Lighthouse Youth & Family Services
National Council for Behavioral Health
Youth Mental Health First Aid Instructor
- Public Administration**
Organizational Development
Program Design
Project Management



CONNECT
youth to groups and organizations offering personal and professional development experiences that foster whole-child growth.

EQUIP
children, youth, and young adults with skills that will enhance their academic, civic participation, and career development opportunities through innovative/interactive programs that challenge them to think.

ENGAGE, EDUCATE, and CO-CREATE
with groups and organizations that seek to elevate the voices, choices and concerns of young people.

ADVOCATE
for equity in education, juvenile justice, health and safety and other areas where the perspective, collaboration, and leadership of young people is essential.

Top 10 Assumptions

- Adults Make About Youth
- Youth Make About Adults

Top 10 Assumptions

<p>Adults Make About Youth</p> <p>VIOLENT NAÏVE/UNREALISTIC STUBBORN APATHETIC/SELFISH SPOILED/MATERIALISTIC TECH OBSESSED/SAVVY/EASILY INFLUENCED DISRESPECTFUL IRRESPONSIBLE IMMATURE LAZY</p>	<p>Youth Make About Adults</p> <p>ALWAYS COMPARING TO PAST GENERATIONS- negative JUDGMENTAL FORGETFUL STUCK IN THEIR OLD WAYS MOODY/GROUCHY/MEAN BORING DON'T LISTEN TO US; DON'T PAY ATTENTION ASSUME A LOT; JUMP TO NEGATIVE CONCLUSIONS STRICT/OVERPROTECTIVE THINK THEY KNOW EVERYTHING!!!</p>
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SKILLS/QUALITIES YOUTH NEED TO ENGAGE

- Communication skills
- Public Speaking skills
- Leadership skills
- Team/Relationship Building
- Time Management skills
- Responsibility/self motivation.
- Patience
- Open mindedness
- Perseverance
- Passion

REASONS WHY YOUTH DON'T ENGAGE

- ADULT PERCEPTIONS OF THEM (ASSUMPTIONS)
- LACK OF KNOWLEDGE (SUBJECT OR PROJECT)
- NO TRANSPORTATION
- VIOLENCE/DANGER


LOW SELF ESTEEM –
DON'T KNOW WHAT
I CAN OFFER

Getting Beyond Assumptions

- Acknowledgment
- Intentionality
- of operating from a place of assumption
- of power dynamics or lack of experience/knowledge
- of Adult-ism and bias towards adults
- Create relationships
- Learn to share power and value different types of leadership
- Look for the gifts, talents and skills needed to achieve common goals

Harwood
Institute for
Public Innovation

ACKNOWLEDGMENT
&
INTENTIONALITY



The image shows three overlapping, semi-transparent spheres. The top sphere is labeled 'Authority', the bottom-left sphere is labeled 'Authenticity', and the bottom-right sphere is labeled 'Accountability'. The spheres are arranged in a triangular pattern, with the top one overlapping the other two.

THE 3 A'S OF ENGAGEMENT

- **AUTHORITY**
is not just about power or our title
- **AUTHENTICITY**
is more than just whether people like us
- **ACCOUNTABILITY**
is more than just reports and metrics

AUTHORITY

- **MEANS THAT YOU HAVE KNOWLEDGE THAT IS ROOTED IN THE COMMUNITY— UNDERSTANDING OF THE PEOPLE, THEIR LIVES, WHERE THEY LIVE, THEIR ASPIRATIONS AND THEIR CONCERNS. WE USE THIS KNOWLEDGE TO INFORM OUR DECISIONS. WE ACT AS PART OF THE COMMUNITY AS OPPOSED TO ACTING APART FROM IT.**
- **SOC Philosophy: Informed by evidence or experience**

AUTHENTICITY

- OUR WORDS AND ACTIONS REFLECT THE REALITY OF PEOPLE'S LIVES IN THE COMMUNITY. WE GENUINELY LISTEN TO THE COMMUNITY IN AN ONGOING WAY. PEOPLE IN THE COMMUNITY GENUINELY BELIEVE WE HAVE THEIR BEST INTEREST AT HEART.
- SOC Philosophy: Youth and families as full partners at all levels

ACCOUNTABILITY

- WE SET REALISTIC EXPECTATIONS FOR CHANGE AND MAKE PROGRESS. WE PURSUE ACTIONS THAT REALLY MEAN SOMETHING TO PEOPLE AND ACCOUNT FOR WHAT WE LEARN IN THE PROCESS.
- SOC Philosophy: Use data to inform decision making, continuously improve quality, be accountable and build support

YOUTH ENGAGEMENT QUESTIONNAIRE

- In you packets you will find a copy of this questionnaire that will allow you to assess for yourselves how equipped you are to engage young people.
- The questionnaire offers "things to consider" NOT a "to do list" of actions that must be completed.
- Consider these questions through one of two lenses- 1) YOU as an individual and 2) YOUR GROUP/ORGANIZATION as an entity.



Thank You
for your time and attention

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- Harwood Institute for Public Innovation
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CASE STUDIES

Martin's Medicine

Martin is an 8 year old at Garden Elementary school with autism. Julia, the school nurse, has developed a strong relationship with Martin and his mother, Anna. Anna is telling Julia about the \$500 they just spent on special medicine for Martin from Mexico.

Anna proudly explains, "We saved our money to buy a supply of Aurum Metallicum for Martin's nerves, Natrum Muriaticum for his constant runny nose and Hyoscyamus Niger for his agitation. We are so excited to give him these medicines! I'm also going to also start him on a gluten diet with lots of whole wheat tortillas. He loves tortillas and I just know he will get better. Julia, you have been very helpful to our family and I trust you. Do you think these medicines will make Martin better? Should we tell his pediatrician at Children's Village? He's not from Mexico and I don't know if he will understand."

Julia wants to support Anna but doesn't know anything about the medicines Anna has mentioned and is not familiar with homeopathic remedies.

- 1. How should Julia respond?**
- 2. What challenges does Anna face in telling Martin's pediatrician about her homeopathic plan?**
- 3. How can these challenges be removed?**

Paying the Hospital Bill

Marie Louise and Jean-Claude Poitier, political refugees from Haiti, take their fourteen year old daughter, Patricia, to a private family physician for abdominal pain. After a quick review of her chart the doctor instructs the mother and father to speak with the nurse in the reception area to take care of some unresolved questions about payment. The nurse reviews their information and extends a bill for services to Mrs. Poitier. No matter what the nurse says, Mrs. Poitier repeatedly returns the bill to the nurse.

While this is going on, the mother and father see Patricia entering the reception area talking animatedly to the doctor. The doctor informs them the check-up is over and gives the nurse a prescription that needs to be filled for Patricia. Mr. Poitier become visibly upset and tries to take the prescription back from the nurse while saying that the entire visit was unnecessary. He guides his wife and daughter to the door and tries to leave without paying and without the prescription.

- 1. Why do you think Mr. and Mrs. Poitier reacted this way? What assumptions are they making?**
- 2. What could the nurse do differently? What could the physician do differently? What assumptions are they making?**
- 3. What could be done differently to avoid this miscommunication?**

Sensitive Topics

Mona, a Counselor at a community mental health agency, was filling out intake paperwork with a new adult client. She wondered if some of the questions on the form would feel invasive to her client, who was Cambodian. She had worked with clients from this ethnicity before, and knew that until she built rapport and trust there would be discomfort in answering questions such as:

“Have you ever been sexually abused?” or “Have you ever tried to hurt yourself?” or “Are you a victim of domestic violence?”

Revealing private family information can be a taboo for many cultures. The more that Mona thought about it, the more concerned she was that the intake procedure might put up barriers in her relationship-building with clients. But, the agency had a rule that the intake form had to be completed fully.

- 1. How can Mona ask the required questions and preserve her relationship with her client?**
- 2. Who could Mona consult with to figure out how to handle sensitive questions?**
- 3. Are there any questions that you have ever wondered how to ask a certain client?**

Luisa the Grandmother

Jennifer, a Children’s Village nurse, and her Spanish speaking interpreter come to the home of Patricia Gomez, a new mother with a two week old son, Ramon. Ramon was born with a cleft palate. They are greeted at the door by Ramon’s grandmother, Luisa. Luisa brings them inside and immediately begins to ask questions through the interpreter about how Ramon should be fed. Luisa seems very concerned and asks many questions. After answering many questions, Jennifer becomes frustrated and says, “Now we really need to see Patricia and Ramon. They need to be a part if this conversation.”

In response, Luisa angrily gets up and launches into a long speech in Spanish, which the interpreter interprets for Jennifer: *“I don’t understand!! Why do you need to see her? She’s in the bedroom with Ramon and doesn’t need to be out here. All these nurses and doctors, what do they know about what Ramon and Patricia need? I don’t know what sin was committed that he was punished with this cleft palate!! Such a challenge! Why can’t you just tell me how we should feed him? Why do you need to see him? Don’t you know what a cleft palate looks like?”*

- 1. Why does Luisa react this way?**
- 2. How should Jennifer (and/or the interpreter) respond?**
- 3. What could Jennifer (and/or the interpreter) have done differently?**

There can be cultural barriers when communicating with the new mothers in Latino culture, because often the grandmother will try to make all of the decision for the care for the newborn, and it may be difficult to be respectful of both new mom and grandmothers' role within the Latino culture. Members of the Latino community may also have specific beliefs about children with special needs and how it can be sometimes viewed as a punishment from God for a sin committed.

Crisis Text Line in Ohio

Text "4HOPE" to 741 741



September 2016

Tracy J. Plouck, *Director*



Department of
Developmental Disabilities

John Martin, *Director*

Supporting Ohioans in stressful times

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has entered into a contract with the national Crisis Text Line to provide Ohioans with a state-specific keyword to access its free, confidential service available 24/7 via text on mobile devices. This new resource is intended to broaden the options available through current community crisis hotlines.

Throughout Ohio, individuals can text the keyword "4hope" to 741 741 to be connected to a Crisis Counselor. This keyword was originally chosen by the Stark County Mental Health and Addiction Recovery Board and will now be available statewide through this partnership.

Key message

Any person may need help in coping with a stressful situation. Reach out by text to communicate with someone trained to listen and respond in a method that is private, secure and confidential.

Who can use Crisis Text Line?

Anyone should feel free to text "4hope" to 741 741 for help. It serves all ages.

CRISIS TEXT LINE |

Is the Crisis Text Line like counseling or therapy?

No, it is designed to get a person through an intense or emotional period of time, but it is not there to serve as counseling or therapy. It is a human response during a time of need. According to Crisis Text Line, it is "in the moment" crisis work. The highly trained volunteers are supervised by full-time paid staff who have a higher degree in social work, psychology or a related field.

How does the text line work?

Text the keyword "4hope" to 741 741 and expect a reply from a trained Crisis Counselor within five minutes. Your message is confidential, anonymous and secure. Data usage while texting Crisis Text Line is free and the number will not appear on a phone bill with the mobile service carrier. An algorithm reviews text for severity and messages that are determined to be from someone at imminent risk are placed at the top of the queue.

Who can help?

Anyone can share the word about this new resource as individuals or community members. School personnel, faith-based organizations, social workers, treatment providers and media outlets are especially encouraged to promote access to the text line and access the toolkit.

How can I share the word locally?

OhioMHAS, the Ohio Department of Developmental Disabilities and the Ohio Association of County Behavioral Health Authorities are developing a toolkit of digital and print materials to enable you to share the word with your community.

Are there other keywords to reach this service?

Yes, other states, cities or communities may have their own keyword. In addition, the word "HELLO" can be texted to 741 741 in all area codes in the U.S.

How can I volunteer to become a Crisis Counselor?

You must be over 18, go through a rigorous applications process that includes a background check, and receive 34 hours of web-based training. Apply through crisistextline.org. As of July 2016, there were 1,541 trained Crisis Counselors responding to 50,000 texters per month.

Is data collected and shared?

All data is auto-scrubbed for personally identifiable information. No personal information of texters or Crisis Counselors is shared. CrisisTrends.org shares aggregated data, revealing trends. Universities or research institutions who pass a stringent application process can apply to access a limited subset of data for learning about mental health in general.

What if I am not comfortable texting?

Please consider calling the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), use another local resource, or reach out for help to a trusted friend or family member.