Using Culture to Promote Youth Mental Health and Well-being:

Lessons from Community Providers

Introduction

"Mental health supports help you gain the tools you need as an adult." [i] That is what an Atlanta-based young adult told CSSP as part of a conversation through an initiative to bring transition-age young adults, primarily youth of color [2], together to discuss the concerns of young people in their communities and to seek solutions. These youth were clear that one of the key areas where they need support is with accessing services that are responsive to their mental health and well-being. They needed a range of supports that are designed to reflect their specific needs by respecting and affirming their multi-faceted identities, including their racial, ethnic, and cultural identity, and providers who reflected those identities. [iiiii] They wanted these resources to go beyond treatment for acute symptoms of poor mental health, and to include holistic practices that promote healing and enable them to connect to their communities and cultural practices (Text Box I). [iv] This vision echoes research, including other qualitative work with youth of color, identifying that resources that are responsive to youth's diverse identities, including resources that are racially and culturally affirming, are effective at protective youth from harm or can help youth heal from harms they have already experienced. [v] When young people have these culturally responsive supports, they are able to gain a positive sense of self and efficacy, and can thrive in school, at work, and throughout life. [vi]

Yet even as national data show that young people are experiencing significant and worsening challenges to their mental health and well-being, many youth do not have access to appropriate services and supports. [vii] This problem is even more significant for youth of color who, when services are available, often find that those supports are not responsive to their needs and are not offered in ways that are helpful or, ultimately, effective. Behavioral health supports—particularly those with government funding—are predominantly one-size-fits-all and often culturally non-responsive programs that are presented as "working" for all groups. However, the majority of these services are intended for and/or designed and tested specifically with White, native-born youth, [viii] and lack data demonstrating effectiveness for diverse populations beyond the populations they were tested for. [ix] Where culturally responsive services are available, "universal" programs are often still prioritized when systems administrators make decisions to connect

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2   CSSP is using the term "youth of color" in this brief to refer to a diverse group of youth with different racial and ethnic identities, including youth who identify as Black, Latine/x, Indigenous, and Asian. We use this term because this research is about the shared experiences of this group of youth. However, it is important to acknowledge that youth may also have unique experiences tied to their identities.

a young person to services. This bias is concerning because research shows that culturally non-responsive programs, those that are developed for one population and uncritically offered to a different population, can be ineffective at best and damaging at worst. [x]

We owe young people so much more. Young people deserve a rich array of culturally responsive resources designed to support them as they navigate the challenges of adolescence. They deserve for funders and administrators to recognize the value of these supports and to commit to increasing their availability to young people.

In interviews with community-based organizations (CBOs) serving communities of color, CSSP spoke to 14 providers who are offering affirming services for youth of color that address their mental health and well-being. [xi] These providers range from those providing cultural activities and education to licensed therapists offering clinical interventions. As this brief highlights, CBOs provide culturally grounded services because they are effective for the youth they are serving. These are services that are designed to meet the needs of youth who are struggling with marginalization, cultural stigma around seeking support for their mental health and well-being, and who are mistrustful of systems that have failed themselves and their communities. The brief also presents the barriers providers experience to furthering their work, and shares actions policymakers can take to remove barriers to needed services for young people.

Defining Mental Health and Well-being

Mental health is often still understood as primarily concerning preventing or treating mental illnesses. [xii, xiii] Yet this overlooks the need for robust supports that promote wellness, healing, and connection in all aspects of life. This brief uses the language of mental health *and* well-being to recognize that young people, and the providers who serve them, are seeking more than the absence of an illness or a crisis; they are asking for support feeling fulfilled, having a positive and strong sense of self, belonging to a community,

and feeling joy. [xiv] In research with Black, Latine [3], and American Indian/Alaska Native youth [4], youth prioritized achieving balance and peace with life's competing demands, having economic and housing security, healing from individual and intergenerational trauma, and being connected and safe in their community. [xv] The providers CSSP interviewed consistently identified that youth need ways to develop a positive identity, strong social connections to their peers and to adults, opportunities to learn about their culture, and to engage in cultural activities, including traditional healing. Ultimately, providers presented a more holistic view of mental health that focused on bolstering youth's relationships to themselves and to others. In the words of a program manager at Amistades, a provider of school-based programs, their work aims to help students understand that mental health and well-being means "taking care of yourself, like having [a] balance with all these things like happening in your life" and "[having] a strong sense of self-identity, really just understanding who they are and what makes them happy and what makes them sad."

The Need for Cultural Responsiveness: The Effects of Marginalization, Cultural Stigma, and Systemic Mistrust on Youth of Color

Interviews with providers highlighted that young people need services that can explicitly address how marginalization and harmful policies, stigma, and negative experiences with public systems can pose a significant threat to their mental health and well-being. For example, Native American providers all mentioned that their young people suffered from trauma related to a history of forced relocation of tribes, removal of Indigenous children to boarding schools and racist depictions in popular media. For events that occurred during their grandparents' time and earlier, the effect is still felt by young people of today, providers reported. Several providers at various organizations also remarked that their community members experienced cultural stigma about discussing mental health

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3   CSSP is using the term "Latine" here as that is the language used in the source material. Elsewhere throughout the piece, CSSP uses the term "Latine/x", unless the research or organization being discussed use different terminology.

4   CSSP is using the term "American Indian/Alaska Native" as that is the language used in the source material. Elsewhere throughout this piece, CSSP uses the term "Native American."

struggles, and often felt more comfortable discussing the physical symptoms of their stress and anxiety (Text Box III). [xvi] Providers also noted that those they serve often felt mistrustful of the behavioral health system, as they had already experienced discrimination, lack of language access, and an imposition of an approach to health that did not reflect their cultural values, leading them to feel unheard and pathologized. This misalignment between what most behavioral health services offer and what community members need makes those culturally non-responsive services ineffective, especially if people feel discouraged from even using them. The consequences of these hardships for youth are severe. One organization serving Native American youth estimated that 40 percent of young women had considered suicide by the age of 25. Another provider noted that almost 23 percent of Latina teens attending high school in her city had seriously considered attempting suicide. Services that ignore the reality of these experiences risk either failing to help these youth or outright exacerbating the harm they already struggle with. Ultimately, youth need supports that can directly address the current and historical trauma they and their communities have experienced, can promote diverse needs and perspectives around mental health and well-being, and can facilitate building trust with participants.

Serving Youth in Arizona by Cultivating a Positive Cultural Identity

Amistades is a Latino-led organization that primarily serves Latinos in Southern Arizona. Amistades offers five culturally responsive programs for middle and high school students, many of whom are struggling with myriad challenges, including economic insecurity, family conflict, historical trauma, and trauma related to witnessing substance use and overdoses. Three of the programs were developed by Amistades and two were developed by others and adapted to be culturally relevant for their students. The focus of these programs is to improve youth mental health and well-being, reduce substance use, provide sexual education, and increase youth's cultural knowledge. The staff members whom CSSP interviewed shared that Amistades explicitly incorporates cultural identity

PHOTO CREDIT: AMISTADES

as a protective factor. For example, the program El Renacimiento aims to help students understand their history, cultural roots, and community impact, teaching youth about historical events that are the origin of trauma that still affects their community. Program evaluations demonstrate the benefits of Amistades' approach, with youth who have participated in these programs reporting making healthier decisions and seeing themselves as advocates to prevent substance misuse. Specifically, youth also report gaining a stronger sense of belonging to their culture and greater resilience, which help them navigate challenges. Moreover, these benefits accrue to the larger community, with youth also reporting increased participation in community events and feeling empowered as leaders to advocate for change to improve community well-being.

To learn more about Amistades, visit: https://amistades.org/

Navigating the Challenge of Cultural Stressors and System Distrust for Young People in Florida

Culturally Informed & Flexible Family-Based Treatment for Adolescents (CIFFTA) is an outpatient therapeutic program for Latino youth and their families that is run out of the University of Miami in Florida. The program serves youth who are experiencing challenges such as depression, anxiety, self-harm behavior, discrimination, involvement in the juvenile legal system, substance use, and difficulty adapting to a new culture. The program uses evidence-based engagement and retention strategies to circumvent

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cultural stigma around mental health and treatment. The staff member CSSP interviewed stressed that counselors' ability to understand both the clinical and cultural characteristics of youth and their families was critical to building trust and offering effective services. Counselors are more effective when they understand cultural reservations around discussing mental health, or that families may feel more comfortable discussing "more physical symptoms than they do identifying mental health issues." Additionally, being able to navigate family's mistrust of public systems, and their past adverse experiences with public systems builds inroads during services. For example, some of the youth CIFFTA serves are mandated by the juvenile legal system to receive counseling. Consequently, CIFFTA counselors must explicitly acknowledge youth and family distrust of juvenile services, respect their personal and cultural perspectives around counseling, stress respect for confidentiality, and find opportunities for youth to exercise their autonomy. This creates the opportunity to enhance the youth's motivation to participate in treatment and to set goals. The program's developers have partnered with the National Institute on Mental Health to design and test innovations to improve training for counselors, so that they can more effectively work with complex family issues in a culturally informed way. CIFFTA is also being implemented in over a dozen programs across the country. The developers' new book "Family-Based Therapy for Latine Adolescents: The CIFFTA Model" is a comprehensive resource for evidence-based and culturally informed care.

To learn more about CIFFTA, visit: https://tiainternational.org/adaptive-learning/

How Community-Based Organizations Incorporate Culture to Promote Mental Health and Well-being

One of the primary ways providers use culture to more successfully enhance youth mental health and well-being is by helping young people develop a self-identity and to understand their larger cultural community. CBOs nurtured these two aspects of a youth's cultural identity through a range of methods, including through culturally grounded perspectives on identity development, historical education, and youth participation in cultural activities. A CBO running school-based programs for Latino youth shared that each program begins with two elements: a *conocimiento*, where students share something about themselves, and a *dicho*, a popular cultural saying expressing folk wisdom. These exercises nurture a strong sense of self-knowledge to prevent youth from engaging in unhealthy coping mechanisms and to strengthen their understanding of themselves as belonging to a community. This provider and others, including those serving Native American youth and Black youth, also intentionally create historical lessons to counter the inaccurate and negative history youth learn in school about their communities. Some providers also incorporate cultural activities into their services. The goal, as one provider put it, is to recognize that "culture is healing" and can promote well-being outside of clinical therapy.

Providers also incorporate culture because it helps youth find something to relate to and can further their participation and make services more effective. For example, one organization that provides a sexual education program in schools incorporates cultural references to appeal to students who otherwise are not engaged in the material. In the words of a program manager, "if at first they weren't interested [in the lessons], if something cultural comes up that is relevant to them, you can see that shift. 'I didn't care what you were talking about and now, like, I want to know more about what you're saying.'" An outpatient therapy program for Latino youth and their families does not provide specific cultural activities or education but rather uses the staff's understanding of families' acculturation stressors and pervasive cultural stigma around mental health to engage participants and help them feel more trusting and comfortable with receiving services. Overall, whether providers incorporate culture as an engagement strategy or center and build on culture as critical to well-being, they regard explicit attention to specific cultural needs as critical to program success.

Community-Defined Evidence Highlights Program Success for Youth

Many of the organizations CSSP interviewed cited proof of acceptance and effectiveness that come from the youth and other community members, also known as community-defined evidence.[xvii] One piece of evidence CBOs pointed to was high demand for services, which has led to waitlists for some organizations. Several therapists noted that they had more requests for services than they had capacity to meet, as well as youth who were staying involved longer, either in the program they had originally been connected to or utilizing another program offered by the organization. Another indicator of success is sustained voluntary attendance and active participation, as well as participants referring other community members. A provider whose programming is offered as an optional class at a high school judged the program's success in part by the fact that students not only regularly attend, but they also invite their friends. One organization serving Black youth said that the youth and their parents drove enrollment, "[doing] all the recruiting for us, you know, so as soon as we open our doors, we have a flood of participants come each year." [xviii] Another organization serving Native American youth asserted that "the best buy-in and legitimacy that the organization can hold with others is by us getting referrals from the community themselves." This demand for programming is notable considering the cultural stigma and mistrust that can be barriers to youth and their families seeking services.

Funders' Rules on Evidence Impede Providers' Ability to Serve Youth of Color

Unfortunately, though the CBOs receive some federal and/or state funding for their services, many are ineligible for other government funding. This is due to a preference for one-size-fits-all "evidence-based" programs (EPBs), which typically have empirical quantitative data from randomized control trials or quasi-experimental designs. Public funders often prioritize EBPs out of the belief that they are proven to "work" for *all* groups, irrespective of cultural, racial,

or ethnic differences. In contrast, the non-empirical, community-defined evidence that culturally responsive services matter *and work* for youth and communities of color is devalued as insufficiently rigorous. Yet EBPs are largely developed by and validated against White participants and most lack data demonstrating they work for diverse populations. [xix] Indeed, research suggests that culturally non-responsive programs are less successful than culturally responsive ones and risk causing harm.[xx] Additionally, building the sort of quantitative evidence required to be considered evidence-based is expensive and time-consuming, which means funding that require EBPs often excludes less-resourced organizations.[xxi] Funders should consider community-defined evidence alongside empirical evidence and treat it as equally rigorous. In the words of one provider, "the [quantitative] data don't speak, you know the whole picture of what's going on… if a young person or family says that, 'hey, I feel a lot better to be able to…share a meal knowing about our traditional food,'… I feel like it's evidence of well-being." With mental health and well-being services specifically, the singular focus on and preference for empirical evidence means a young person's health insurance may not cover non-clinical, culturally responsive supports that have community-defined evidence of effectiveness, thereby reducing a young person's access to potentially beneficial services. Additionally, this misguided focus makes it more likely that youth will receive support only when their problems are the most acute, and that the programming that could be most effective for them is unavailable.

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Steps Policymakers Can Take to Support Culturally Responsive Youth Mental Health and Well-Being Services

Young people deserve to live in communities that offer them the support they need to navigate adolescence and their transition to adulthood. Amid a youth mental health crisis, young people are looking for services that will help them grow their sense of self, deepen their cultural connections, and support them in living their best lives and achieving well-being. Community providers are offering these services and need public funders and other policymakers to recognize the benefit they bring, particularly given the significant lack of mental health and well-being services designed for youth of color. Achieving the goal of providing young people with services that speak to them requires policymakers to take the following actions:

- **Engage diverse youth of color and other community members to define and identify how to support mental health and well-being.** Youth need to be at the center of efforts to identify and develop the supports that are responsive to their needs and advance healing. Inclusive research approaches with young people, such as participatory research, can identify how they define mental health and well-being, what services they need to be healthy, and the policy change required to address their needs. Examples of this approach include CSSP's Creating Actionable and Real Solutions (CARES) initiative, which has partnered with transition-age youth to create and advance policy agendas to address their concerns around mental health and well-being, including regarding the need for holistic, trauma-informed, and culturally responsive supports. [xxii] State agencies could work specifically with young people of different cultural backgrounds, as well as with other community members, providers, and researchers to identify what achieving mental health and well-being means to them, what kinds of practices advance or harm those goals, and how to support organizations that offer promising approaches. [xxiii]

- **Collaborate with youth representatives of diverse communities, providers, and researchers to** identify how to evaluate service responsiveness through high quality, culturally appropriate, and equitable empirical and community-defined evidence. Federal and state agencies, policymakers, and researchers operating clearinghouses should work with these stakeholders to identify what types of evidence are appropriate to assess if a service is effective for distinct groups of youth of color. This includes determining what forms of both community-defined evidence and empirical data are most important to community members representing different communities across the country, in a given state, or in specific local communities, and how to use these standards when evaluating if a program or service has sufficient evidence of effectiveness. These convenings should consider what forms of evidence are accepted as trustworthy by all groups, identify if there are differences between communities about what counts as evidence of program effectiveness, and how to handle differences. Without a culturally appropriate and equitable approach to evaluation, evaluators will be unable to properly understand program effectiveness and risk doing harm. This stakeholder process should ensure that the community representatives are paid for their contributions, include both young people and families who have participated in clinical and non-clinical mental health and well-being services and those who have not, and adhere to other principles of equitable community engagement. [xxiv]

- **Create a federal and/or state grant program to develop culturally responsive programs and to build evidence through culturally appropriate and equitable evaluations.** When the community engagement process identifies promising (and harmful) practices and community-defined

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evidence standards for services advancing youth mental health and well-being, state and federal agencies should rewrite their grants to direct funding toward the development and implementation of aligned services and evaluation strategies and away from culturally harmful practices. For example, after California organized its own community convenings around responsive practices, the state Department of Health Care Services built on that work by allocating $429 million in grants to organizations seeking to implement, expand, or scale aligned evidence-based programs and/or community-defined evidence practices. [xxv] Additionally, state youth-serving agencies should work collaboratively with other state partners to leverage federal funds to free up state dollars or to identify flexible federal dollars to support the development of responsive services. These grants should help organizations build evidence for responsive programs that reflect both community-defined evidence criteria and empirical criteria. Grants should also specify that services should be evaluated according to the culturally appropriate evaluation standards identified in the community engagement process outlined above. If agencies are not able to fund evaluations directly, they can also provide technical assistance to organizations and help them partner with external evaluators who are trained in culturally competent evaluations.

- **Ensure access to mental health providers of color**. The demographics of the mental health workforce do not reflect those of the communities they serve. [xxvi] In conversations with youth in Atlanta, they shared that it is hard to find a mental health provider of color and they want counselors, psychologists, psychiatrists, and other providers who look like them, share their racial, ethnic, or language background, offer culturally responsive care, and are trained to understand their experiences. This lack of diversity contributes to lower quality care for youth of color. Policymakers should work to create career pathways for providers of color by: increasing incentives like scholarships and loan forgiveness; providing equitable compensation for a diverse mental health workforce that includes community health workers, peer counselors, recovery coaches, certified peer specialists, certified addiction counselors, and community care workers; and creating readily accessible resources that help young people identify and connect with existing providers of color. Youth in Atlanta shared that they often struggle to identify providers of color and that it would be helpful to have readily available resources that help young people find providers of color.

- **Invest in supports that are responsive to young people and provided outside of typical clinical settings.** Young people also need investments in approaches that promote health and well-being at any time and in non-clinical settings where they spend their time and are comfortable, including schools, clubhouses and community centers, mobile and home-based care, and libraries. [xxvii] Funders should support efforts to engage young people in developing flexible services focused on wellness, such as mindfulness, indigenous healing, yoga, and other supports that youth identify as supportive of their health. [xxviii] This work should be done through focus groups, youth advisory boards, and other engagement practices to increase the chances of program success by better aligning program goals and measures of success to young people's needs. These services should be available without conditions like the need for a diagnosis or limitations on the number of visits, covered by insurance without requiring a full evidence base behind them, and responsive to the needs of populations including young men and fathers and young people who identify as LGBTQIA+. [xxix]

Young people are asking for their communities to support them as they strive to find healing, balance, connection, and happiness. Youth-serving community-based providers are working hard to provide culturally responsive services that help youth with their life challenges and give them the tools to thrive. By acknowledging the importance of a robust cultural identity and working collaboratively with young people and the organizations that serve them, policymakers will help improve young people's mental health and well-being and help them develop into the joyous, healthy, connected, and balanced adults they wish to be.

Acknowledgments

Endnotes

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xvii. Other examples of evidence of community validation include positive qualitative feedback, pre and post survey data, and youth participants growing into leadership roles in their communities. See Hutchful, E. "Culture is Healing." And Hutchful, E., "Advancing Culturally Responsive Services: Incorporating Community-Defined Evidence When Evaluating What Works." Center for the Study of Social Policy, October 2024. Available at: https://cssp.org/resource/advancing-culturally-responsive-services/

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xxi. Hutchful, E. "Culture is Healing."

xxii.   To learn more about CARES, see: https://cares4power.org/about/

xxiii.   For example, the California Reducing Disparities Project (CRDP) used focus groups, town halls, and surveys focused on distinct communities of color to identify population-specific behavioral health needs, service gaps, and promising practices supported by community-defined evidence. The initiative then funded organizations offering these services and also funded evaluations to build their evidence base. To learn more about the California Reducing Disparities Project, which also focused on LGBTQ Californians, see: https://www.cultureishealth.org/ project-overview/

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