Youth Mental Health and Wellbeing

Bridging the Gap Between Healthcare, Public Health and Schools

MaineHealth

PATIENT CENTERED · RESPECT · INTEGRITY · EXCELLENCE · OWNERSHIP · INNOVATION

DISCLOSURE

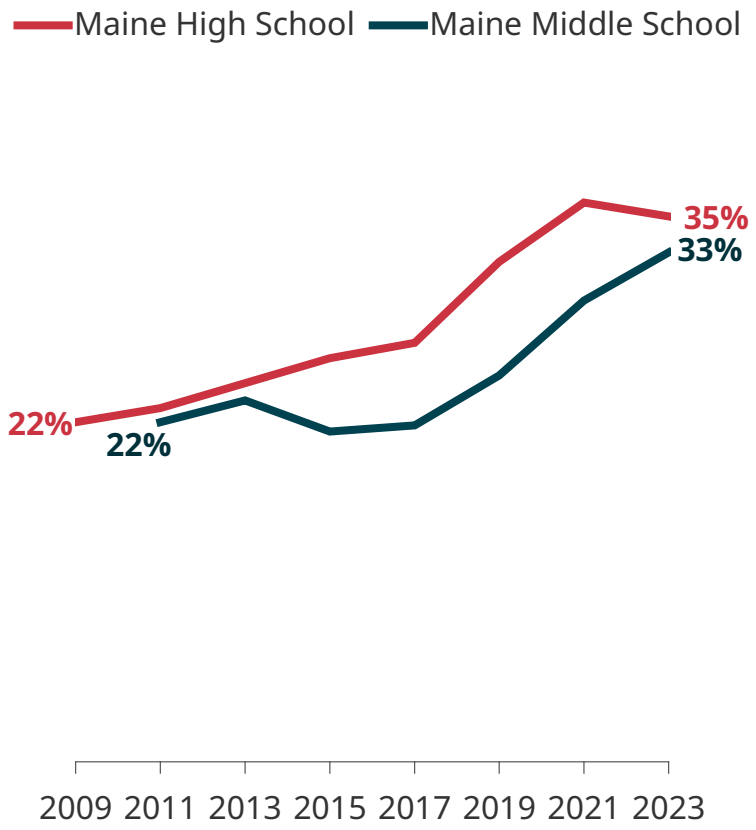
- The presenter(s) has/have nothing to disclose with regard to commercial relationships.

Youth depression and suicidal ideation is rising

Experienced Depression

% of students who felt sad or hopeless for 2+ weeks

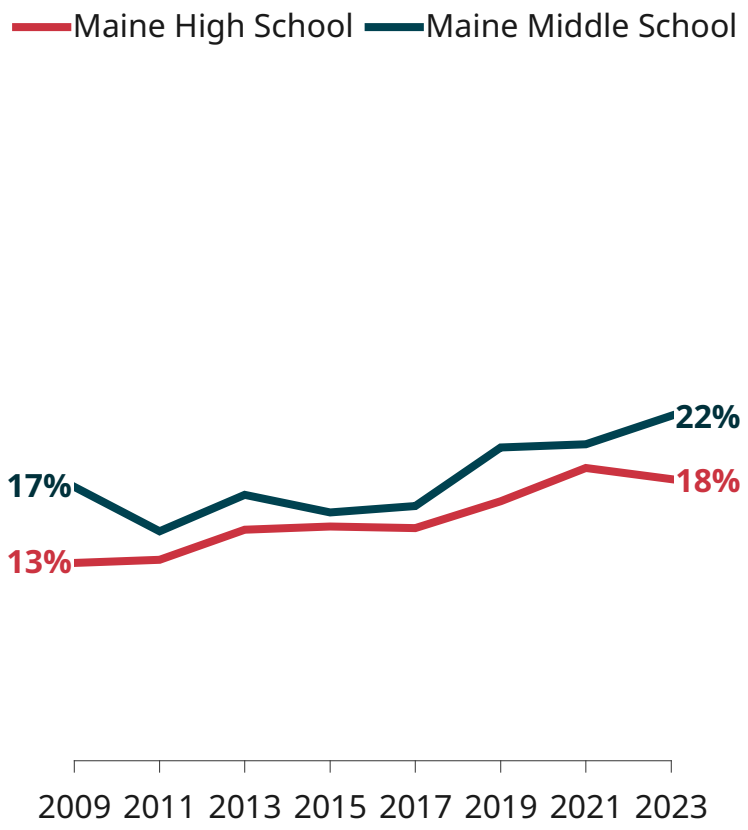
Maine Integrated Youth Health Surveys (2009-2023)



Experienced Suicidal Ideation

% of students who considered suicide

Maine Integrated Youth Health Surveys (2009-2023)



Note: middle school rates reflect lifetime prevalence, while high school rates reflect past year prevalence

SHAW Challenge Roadmap

Supporting Hope Awareness and Well-being

01

Growing Need

CHNA, MIYHS and other health impact data showing Youth depression & suicidal ideation is rising

02

Literature Review and Local Experts (2024-25)

Identifying local, national & global best practices

03

$1.6 million donation (2025)

This is a four-year pilot supporting 7 school districts to improve youth mental health

04

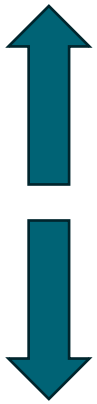
Implementation (2025-26)

Programing and support offered to school districts; partnership with UNE and Hearts of Pine, and creation of a statewide YPMH council

Framework For Youth Public Mental Health

Supporting Hope Awareness and Wellbeing

Individual Impact



Population Impact

Building capacity to identify and address needs

Example: Youth Mental Health First Aid

Build skills for mental wellbeing

Example: Mental Wellbeing skill curriculum and MindUP

Reduce factors that strain public mental health

Example: Cellphone and Social Media policy

Strengthen social infrastructure between youth & Trusted adults

Example: Sources of Strength

Provide foundational understanding of youth mental health

Example: Mental Health Conversations

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DATA WE TRACK	WHAT WE SEE
Maine Integrated Youth Health Survey (self-reported health behaviors and experiences)	While some indicators of youth mental health are improving, challenges remain
Emergency Department visits (for suicidal thoughts & attempts, and general mental health)	Since 2017, among youth 10-24, visits for suicidality have increased (particularly for girls); general mental health visits are relatively stable
Youth suicide deaths (among youth ages 10-24)	Total numbers/rates fluctuate, highs in 2023 and 2024, with a low in 2025

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Participating Pilot School Districts

- **Wiscasset School Department** (Lincoln County)
- **RSU 20** - Searsport Public Schools (Waldo County)
- **Brunswick School Department** (Cumberland County)
- **MSAD 17** - Oxford Hills School District (Oxford County)
- **RSU 73** - Spruce Mountain Regional School District (Franklin County)
- **Sanford School Department** (York County)
- **Biddeford School Department** (York County)

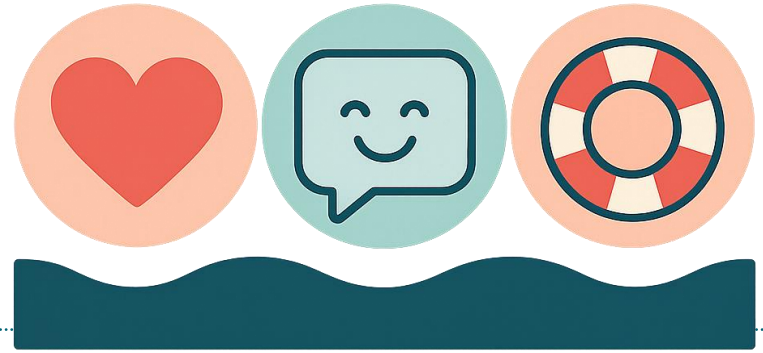
Strategy 1

Sources of Strength

- **Why It Works (Evidence-Based)**
- ✅ **29% fewer suicide attempts**
- ✅ More trusted adult connections
- ✅ Increased help-seeking
- ✅ Improved coping & school engagement

What is Sources of Strength?
- Student-led, adult-supported prevention program
- Focuses on **hope, help, and strength**
- Shifts culture from trauma → **connection & resilience**

Where It Happens
- Middle & High School
- Peer leaders + adult advisors
- Ongoing campaigns & activities



Strategy 2

Mind Up

What is MindUP?

- Evidence-based classroom curriculum
- Builds **attention, self-regulation, and resilience**
- Supports students **academically and emotionally**

Who It's For

- **Grades K–8**
- Whole-class instruction
- Teachers supported with training & resources

What Students Learn

- How the **brain works under stress**
- Mindful awareness & focus skills
- Emotional regulation
- Empathy, optimism, and compassion

Why It Matters

- Calmer classrooms
- Stronger coping skills
- Better readiness for learning

Strategy 3

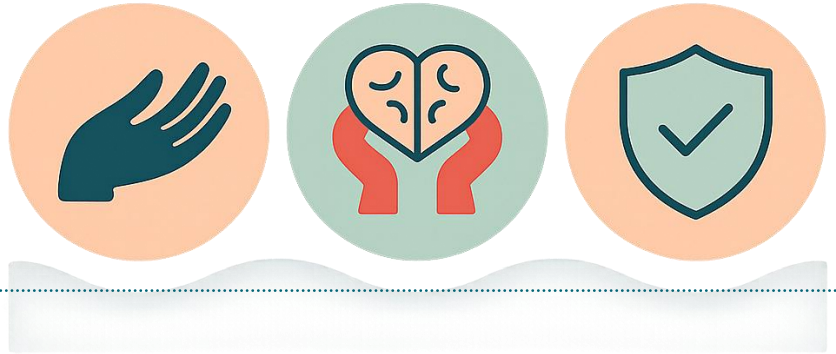
Mental Health First Aid

What Is Youth Mental Health First Aid?

- Evidence-based training for adults who work with youth (ages 12–18)
- Teaches how to **recognize**, **respond**, and **refer**
- Focuses on *early support*, not diagnosis or therapy

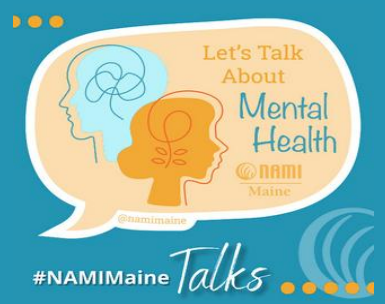
Participants Learn How To:

- Recognize common youth mental health challenges
- Listen **non-judgmentally**
- Assess risk and respond appropriately
- Encourage professional help
- Support youth self-help strategies



Mental Health Conversations

Strategy 4



What Are Mental Health Conversations?

- Guided discussions led by **NAMI Maine**
- Share basic information about mental health
- Focus on **recognizing challenges**, **supporting others**, and **self-care**
- Reduce stigma through **honest, open dialogue**

Why This Works

- Builds comfort talking about mental health
- Helps adults and students know **what to say — and what to do**
- Strengthens school-community connections
- Creates shared language across staff, families, and students

Strategy 5

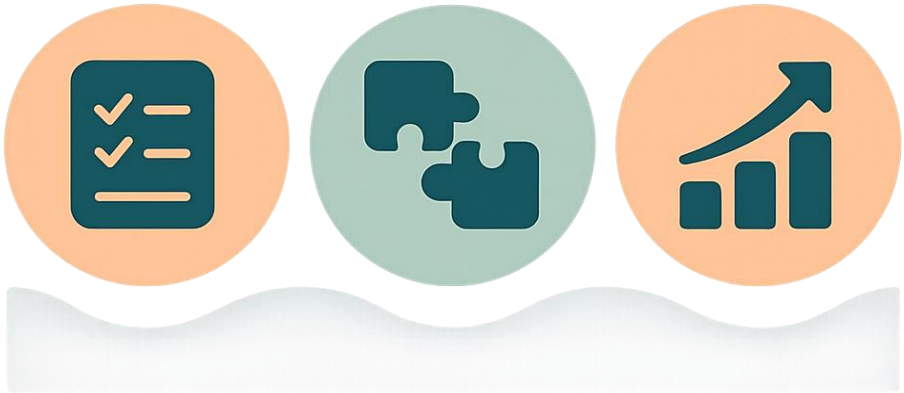
Mental Health Skills

🧠 **Big Idea:**
Mental health improves when skills are taught early, often, and consistently.

How This Shows Up

- District identifies a common curriculum or approach
- Instruction happens at **all grade levels**
- Aligns with existing SEL work already in place

Examples:
- SEL4ME, Second Step, Positive Action, BASE Education



Strategy 6

School Cellphone Policy

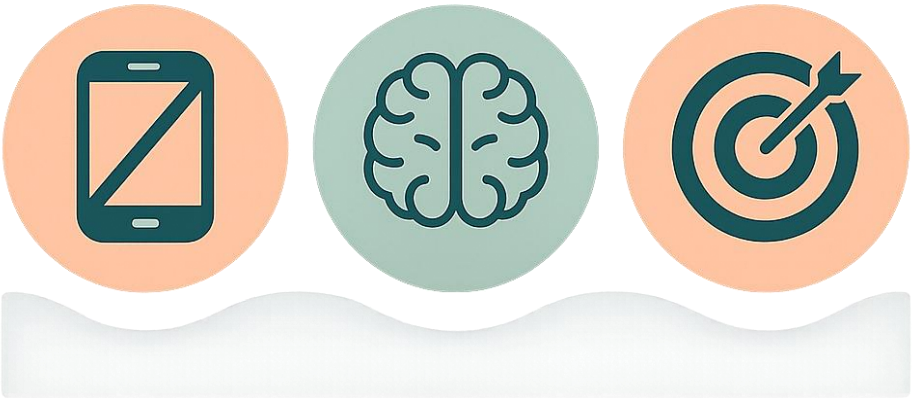
Big Idea:
Less screen time during the school day supports focus, connection, and wellbeing.

What's Changing

- Maine law requires districts to adopt a student device policy by **August 1, 2026**

- MSMA provides a policy template to support districts

- Best practice: **Bell-to-Bell approach**
- Devices powered off
- Stored securely during the school day
  (Phones, smartwatches, and earbuds)



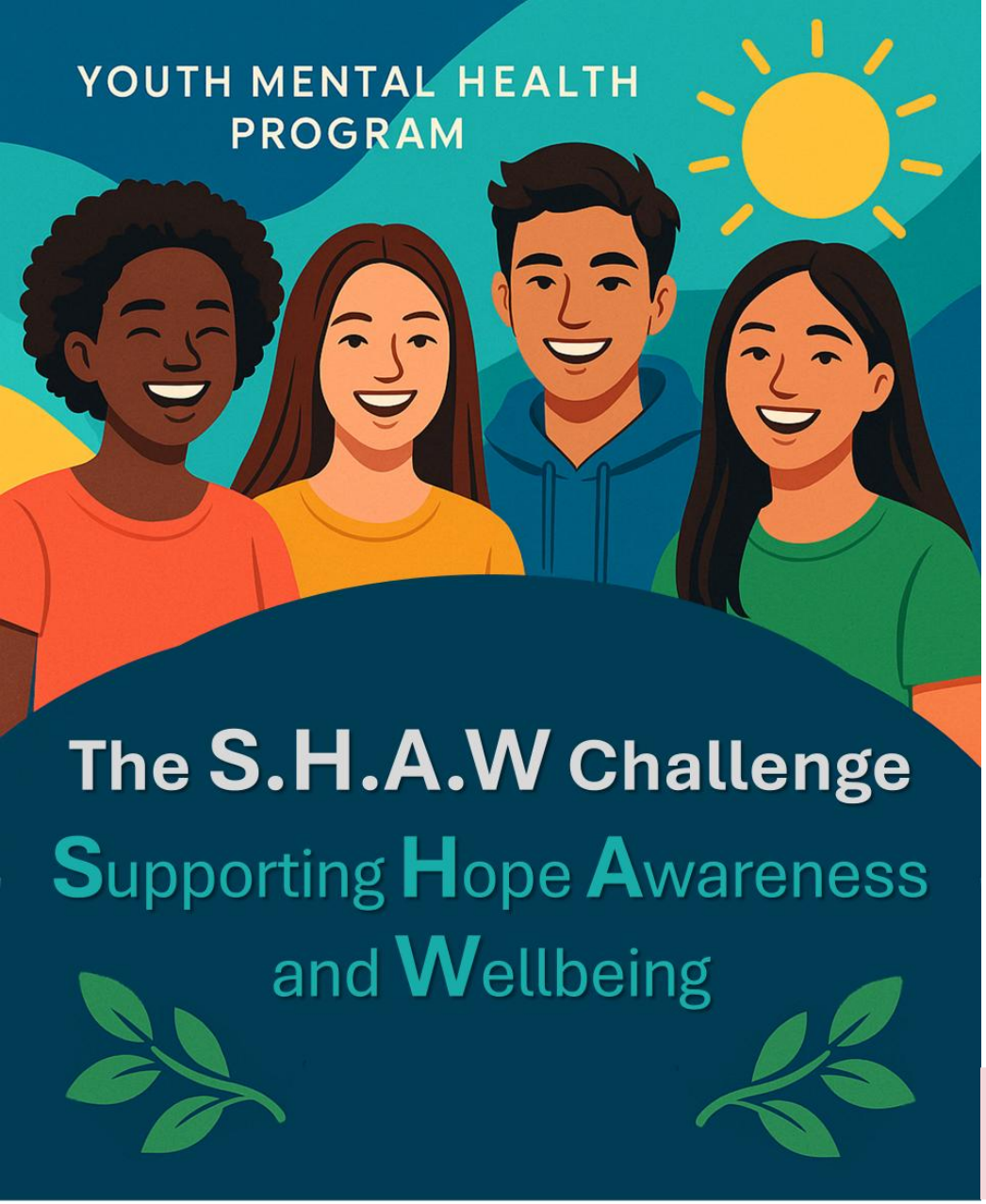
Lessons from MSAD17

Successes

- **Strong student engagement and representation:** A well-rounded, diverse group of middle and high school students were selected, with high participation—students launched and completed their first campaign within two weeks of training.
- **Highly engaged school partnership:** Built on an existing relationship with a highly engaged district, administration, and staff who communicated well and clearly understood the importance of this work.
- **Opportunities for growth identified:** Clear pathways to expand technical assistance, particularly around parent engagement, and to integrate topics like cell phones into future mental health conversations (e.g., with NAMI).

Challenges

- **Implementation timing constraints:** Initiating the pilot in the spring presented scheduling challenges due to competing academic and extracurricular priorities, including testing, sports, and graduation activities.
- **Managing district capacity:** Required careful attention to the cadence and timing of requests to minimize burden on schools and ensure meetings were purposeful and efficient.
- **Role clarity and logistical complexity:** Clearer delineation of implementor responsibilities, school commitments, and program expectations was critical given the size of the district and the number of participating schools.



Youth Public Mental Health

Supporting Hope Awareness and Wellbeing

Our Vision

To create a comprehensive, **one-stop model** that spans the life cycle of a student —and extends to the broader school community.

Our Goal

Improve youth mental health—by elevating the mental well-being of students, teachers, caregivers, and the broader school community.

Our Lens

Using a **public health lens,** we lead with **hope**, use **humor** to connect, & embrace **honesty** to break stigma and build trust.

HOPE **HUMOR** **HONESTY**

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