BARNSTABLE COUNTY
DEPARTMENT OF HUMAN SERVICES

Barnstable County Department of Human Services Children's Behavioral Health Needs Assessment

Summary of Key Themes and Recommendations

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Prepared by Health Resources in Action

HEALTH RESOURCES IN ACTION

Summary of Key Themes and Recommendations

In 2023, ARPA funds were awarded to the Barnstable County Department of Human Services (BCDHS), which allowed the **Children's Behavioral Health Baseline Needs Assessment** process to be launched. Health Resources in Action (HRiA) was hired to conduct the assessment in collaboration with BCDHS and a Core Planning Group that included representatives of the CBHWG. The assessment process took place over approximately 14-months (June 2023 through August 2024).

The following is a summary of the key themes and recommendations that were provided throughout the assessment conducted in Barnstable County over 14 months (June 2023-August 2024). The overarching goals of this assessment were to:

- Document and better understand the behavioral health issues and needs of children, youth, and young adults in each of the four sub-regions of Barnstable County.
- Document and better understand the availability and accessibility of behavioral health services for children, youth, and young adults in each of the four sub-regions of Barnstable County.
- Inform future efforts towards advocacy, including secure funding and services specifically for and within Barnstable County.
- Inform future efforts towards collaboration and service sharing across Barnstable County.

Throughout the assessment, behavioral health was defined broadly as individual and family experience of life stressors – beginning in early childhood – and stress-related symptoms; mental, emotional, and social well-being; health-related behaviors and mental health and substance use disorders.

This summary aims to highlight the main takeaways of the assessment; for in-depth and detailed information on the data collected, please see the full Report of Findings.

Behavioral health issues are growing among youth in Barnstable County, driven by a variety of factors that also simultaneously hinder access to care.

This assessment gathered information on the behavioral health needs most affecting young people in Barnstable County; both universally identified needs and those named by specific groups.

- **Anxiety** – providers identified as the top need for all age groups (0-24 years); caregivers identified as the top need; young people identified as the top need; one of the most frequently discussed needs during community forum and focus group discussions, particularly highlighting how it is becoming more common, affecting everyone, and happening at younger ages.
- **Depression** – providers identified as a top need for young people 10-24 years old; caregivers identified as a top need; young people identified as a top need; often discussed alongside anxiety related needs, depression also has begun to impact younger age groups.
- **Autism** – providers identified as a top need for young people 0-9 years old; named as a critical need in focus groups with caregivers (particularly grandparents raising grandchildren), health providers and school staff, and young people with emphasis put on the challenges in getting a diagnosis for both younger and older youth; the limited availability of providers who work with young people on the autism spectrum posed a significant challenge even after diagnosis.
- **ADHD** – providers identified as a top need for young people 0-14 years old; caregivers identified as a top need; young people identified as a top need; focus groups discussed ADHD as a need on its own as well as how it can co-occur with other behavioral health needs such as anxiety.
- **School refusal/absenteeism** – providers identified as a top need for young people 10-19 years old; caregivers identified as a top need; young people identified as a top need; focus group participants, particularly health providers and school staff, saw this need increasing among young people.
- **Eating disorders** – young people identified as a top need while this did not come up for caregivers or providers; young people discussed how this is a taboo topic not talked about in their communities but emphasized it is an issue impacting many young people, most of whom cannot access information or resources if they take the step to seek out help.
- **Substance use** – providers identified as a top need for young people 15-24 years old; this was discussed as a need that has a bidirectional relationship with other behavioral health needs – substances are being used as a coping mechanism for anxiety and depression, which in turn worsens these mental health conditions; young people specifically highlighted the pervasiveness of vaping among young people.
- **Suicidality & self-harm** – providers identified suicidality as a top need for young people 15-24 years old; caregivers identified self-harm as a top need; young people identified self-harm as a top need; providers noted seeing an increase in these behavioral health needs among young people; young people themselves discussed that these issues are experienced by their peers and often need to get to this level of severity before action is taken by adults in their community; this was discussed primarily in the context of schools needing to be better able to recognize and address needs before these more severe issues arise.

Underlying and Contributing Factors

The data collected related to the underlying factors contributing to these behavioral health needs will help guide future action to address and prevent more severe needs. These factors are part of a cycle in that they contribute to the development and severity of behavioral health needs among young people in the county as well as impact the ability to access appropriate care to address these needs. There were stark differences in some of the contributing factors identified by caregivers when stratifying by family structure (i.e., relationship to children) and economic status (i.e., insurance status).

- **Trauma & adverse childhood experiences** – providers identified as a top contributing factor for all age groups (0-24 years); caregivers with public or no health insurance and those with relationships to their children other than biological or adoptive parent identified as one of the top contributing factors; young people identified as a top contributing factor; community forum and focus group discussions frequently brought up the high experience of loss and trauma among young people in the county, particularly in connection with the opioid epidemic.
- **Parenting & family dynamics** – providers identified as the top contributing factor for young people 0-19 years and also a top factor for those 20-24 years old; caregivers with relationships other than biological or adoptive parent identified as a top contributing factor; young people identified as a top contributing factor; focus group and forum participants discussed the impact of different family dynamics for those being raised by someone other than their biological or adoptive parent, e.g., other family members, foster care, and how those young people have more severe and unique behavioral health needs; was often directly connected to the experience of trauma and the opioid epidemic, especially for grandparents raising their grandchildren.
- **Social media & technology** – providers identified as a top contributing factor for all age groups (0-24 years); caregivers identified as a top contributing factor; community forum and focus groups with providers and caregivers discussed that social media and technology lead to less interaction/more social isolation for young people, less coping mechanisms, and that younger and younger kids are gaining access; young people, while they did not identify this as a top contributing factor, discussed the negative impact social media can have on young people's behavioral health, but they recognized the fact that social media and technology are not going anywhere and called for adults in the community to understand this when addressing its impact.
- **Bullying** – providers identified as a top contributing factor for young people 10-19 years; caregivers overall, with any insurance status or relationship to their children, identified as a top contributing factor; caregivers with public or no health insurance and those with relationships to their children other than biological or adoptive parent identified as the top contributing factor; young people identified as a top contributing factor; forum and focus group participants talked about in-person bullying, and drawing the connection to young people feeling unsafe in schools, as well as cyberbullying and its connection to the challenges of social media; others discussed severe bullying and discrimination based on

identities including race and ethnicity, immigration status, and those who identify as LGBTQ+.

- **Peer relationships & peer pressure** – providers identified as a top contributing factor for young people 10-19 years old; caregivers overall, with any insurance status or relationship to their children, identified as a top contributing factor.
- **Body image** – caregivers, except for those with relationships to their children other than biological or adoptive parent, identified as a top contributing factor; young people identified as a top contributing factor; while eating disorders were only identified as a need by young people, caregivers identifying body image as a top contributing factor indicates some level of understanding of related concerns that should be built on when raising awareness and addressing the needs of young people with eating disorders; both young people and caregivers most frequently selected body size as the characteristic they felt led them/their children to be treated negatively when seeking behavioral health services.
- **Academic pressure** – caregivers, except for those with public or no insurance, identified as a top contributing factor; young people identified as the top contributing factor; discussions were around how academic pressure leads to stress and can result in behavioral health needs like anxiety and depression as well as unhealthy coping mechanisms; this factor was selected more often by those who had private insurance and those who were the biological or adoptive parent of their children, indicating that while this is an important factor among young people, there are some groups that have more impactful, severe, and pressing contributing factors rising above academic pressure.
- **School environment** – young people identified as a top contributing factor; this being selected by young people can be seen as connected to the peer relationships/peer pressure noted by caregivers and providers; however, it is clear young people see it as more of an issue within the school context than overall interactions with their peers.
- **Social isolation** - young people identified as a top contributing factor; another contributing factor uniquely identified by young people that can also be connected to the peer relationships/peer pressure identified by caregivers and providers, but again adding important nuance from those who have the direct lived experience that there is a major factor of disconnection and isolation impacting their behavioral health.
- **Economic factors** – providers identified as a top contributing factor for all age groups (0-24 years); given the cost associated with accessing behavioral health services, it is understandable why providers and others that work with young people would note economic factors as something that impacts both the behavioral health needs of young people and the ability to get care while caregivers and young people focused more on the experiences of their day-to-day interactions.
- **Stigma** - a factor, noted by young people but less so by caregivers and providers, impacting both the behavioral health needs of young people directly and their willingness and ability to access care; young people reported experiencing discrimination in

accessing behavioral health services more often than adults reporting on if they felt their child had been discriminated against; a greater proportion of young people disagreed that they felt comfortable talking about behavioral health with family or friends, and some of the top barriers young people noted when thinking about accessing care were about fear of information not being kept confidential and fear that others would find out; these differences highlight complexity in getting young people, particularly older kids and teens, to seek help in the first place and get connected to services; for them, it not only about systemic barriers but also stigma and interpersonal concerns.

Youth and Young Adult Engagement

It is critical to recognize there were needs, contributing factors, and barriers identified by young people, and not by providers and caregivers, emphasizing the importance of continuing to center and engage youth in these conversations around understanding needs and implementing future programming efforts. Moreover, it would be beneficial to engage different subpopulations within the young community in the county to further understand their specific needs. This could include younger students (i.e., middle school aged), young adults transitioning into adulthood, young people engaged with the foster care system, those being raised by someone other than a biological parent, homeless or housing unstable youth, as well as other groups that were not able to be robustly engaged in the assessment process.

The limited number of behavioral health providers and services available in Barnstable County poses a foundational barrier to addressing the growing behavioral health needs of young people.

Across data collection methodologies, participants and respondents consistently identified the need for greater capacity across the behavioral health system of care to meet the current need for services among children and youth in Barnstable County. The most common challenges and barriers that were identified by participants included long waitlists, difficulty finding specific types of services or providers, and difficulty scheduling appointments. All of this points to a system with low capacity to meet the needs of the population. As detailed throughout the findings, the types of behavioral health services and/or providers most needed in Barnstable County included:

- **Counseling services (school or community based)** – identified by providers as one of the top services that was limited for all age groups in the county; identified by providers as the top service most critically needed in the county; identified by providers as the top services that would most improve prevention or early intervention in the county; this was the most frequent type of service parents/caregivers attempted to access for their child(ren); consistently mentioned among focus group participants as a type of provider/service that is lacking in the county.

- **Psychiatric services (medication management, psych evaluations)** – identified by providers as the top service that was limited across age groups; identified by providers as one of the top services most critically needed in the county; this was the second most frequent type of service parents/caregivers attempted to access for their child(ren); consistently mentioned among focus group participants as a type of provider/service that is lacking in the county; focus group participants particularly noted the lack of psychiatrists working with younger children.
- **Day treatment or intensive outpatient programs** - identified by providers as one of the top services that was limited for all age groups in the county; identified by providers as one of the top services most critically needed in the county.
- **Therapeutic interventions (individual, group, family therapy)** - identified by providers as one of the top services that was limited for all age groups in the county; identified by providers as one of the top services most critically needed in the county; this was the third most frequent type of service parents/caregivers attempted to access for their child(ren); focus group participants specifically discussed the lack of longer-term interventions, which are needed to support higher-need situations.
- **Inpatient psychiatric hospitalization** – identified by providers as a service that was limited for most age groups in the county; identified by one quarter of providers as a service most critically needed in the county; focus group participants also highlighted the absence of inpatient services in the county specifically for substance use disorders and eating disorders among youth.
- **Crisis response services** – Children and youth increasingly reaching crisis level in the county were attributed to the lack of sufficient prevention and early intervention providers/services; participants consistently expressed the need to develop and expand a specialized behavioral health emergency system to do outreach and respond to mental health emergencies, including in the home; about one quarter of providers identified crisis intervention services as limited for the 10- to 19-year-old age groups in the county; about one quarter of providers identified crisis intervention services as most critically needed in the county; about 15% of parents/caregivers attempted to access crisis intervention services their child(ren); participants recounted their personal stories of taking their children to the ER in response to a mental health crisis, where treatment was not sufficient or appropriate; pediatricians noted that the lack of emergency mental health services impaired their ability to meet the needs of patients currently in crisis.
- **Early intervention services** – providers identified ADHD, autism spectrum disorders, and disruptive behavior disorders among the top five behavioral needs of children in the 0-4 and 5-9 year old age groups; over half of parents/caregivers identified ADHD as a behavioral health need for their child(ren); about 15% of parents/caregivers identified autism spectrum disorder as a behavioral health need for their child(ren); nearly half of youth identified ADHD as one of their own behavioral health needs; focus group participants advocated for more neuropsychiatric specialists to increase access to timely

testing as it frequently blocked access to subsequent services needed to support their child(ren) with neurological and developmental disorders.

Stronger and expanded school-based services and programming are needed to positively impact young people across Barnstable County.

Given the amount of time children and youth spend in school, it is not surprising that a common theme was the need for more school-based mental health support. As one grandparent commented, ***"the people who have our children the longest everyday are the schools. They need to be supported."*** There was a consistent perception that school staff are overworked, under-resourced, and ultimately unable to meet the needs of growing kids (developmental screening, response to bullying, education/awareness to recognize behavioral, social-emotional health needs, etc.) Specific recommendations from participants included:

- **Enhance school-based social emotional programs** – Focus group and community forum participants emphasized the importance of prevention programming and suggested expanding school-based programs focused on mindfulness, education on healthy relationships, interpersonal skill building, anti-bullying, suicide prevention. They noted that schools were ideal settings to ensure all age groups develop the pro-social skills they need to build kinder and more supportive communities. Such efforts could help to make the school community more supportive of different subgroups of young people, e.g., those who are neurodivergent and LGBTQ+ students. Aligning with other findings and recommendations, it is critical to ensure young people are actively engaged and participate in designing and delivering such programs is critical, as one participant observed, ***"any programming [that] is peer to peer is more successful than adults trying to send messaging to kids."*** Some of this programming has already started—participants mentioned Hope Squads and Sharing Kindness as two current initiatives—and should be built upon.
- **Strengthen teacher and staff knowledge and skills around behavioral health** – Youth focus group members shared that they would like to see teachers and other school staff better skilled at recognizing and responding to students who appear to be struggling, i.e., asking the right questions, listening without judgement, and seeking to better understand the reasons for some behaviors. Participants suggested consistent and ongoing professional development to improve their ability to respond and support students, particularly their knowledge and skills in managing students with specific behavioral health diagnoses.
- **Increase the number of school-based counselors** – As part of the discussions around the lack of counselors and therapists to meet the needs of youth in Barnstable County,

many focus group participants advocated for more school-centered delivery of care to help fill in this gap through in-school counselors and therapeutic services, provided by either school staff or community-based agencies located in schools. These staff would enhance the ability of schools to assess students for special services, identify and support students who are struggling, and connect families with additional resources. These providers, several suggested, could also lead group sessions and student support groups. School-based services were also viewed as a direct way to reduce transportation barriers and potentially out-of-pocket costs if external funding sources could be secured.

- **Promote and expand school-based wellness spaces** - A few caregivers and youth focus group members shared positive experiences with school-based wellness spaces that provide students an opportunity to briefly take some time away from the day to relax and recenter if they are struggling mentally. They suggested that these should be continued or expanded. Youth emphasized that these spaces should limit the number of students there at any one time and be staffed with people able to provide support if needed.

Community-based social and recreational opportunities for children and youth in Barnstable County create safe spaces for connection, which support the well-being of young people.

A central theme that emerged through data collection was the importance of and need for more community-based social and recreational opportunities for children and youth in Barnstable County. These opportunities create safe spaces for connection, which are essential for supporting the well-being of young people. Social and recreational programs were identified by participants as vital for fostering a sense of belonging, building social skills, and counteracting the social isolation and dependence on technology that were seen as contributing to the behavioral health issues of youth in the county. As one caregiver noted, *"We need more programs for kids and youth to socialize and do group activities together."*

Youth participants expressed frustration with the lack of age-appropriate spaces and activities, noting that many programs are designed for seniors or young children, leaving teenagers and young adults without suitable options. This gap in services contributes to feelings of being *"in limbo"* for older youth. Provider survey results reinforced this sentiment, with 42% of respondents identifying youth centers, after-school programs, and recreational activities as critically needed in the county; 50% of providers also identified such programing as among those that would be most impactful for improving prevention and early intervention—ranking second just behind counseling services.

Barriers to accessing current programs were also highlighted by participants. These included transportation limitations, high cost/low affordability, language accessibility, and program

capacity. Over half (53%) of providers working in after-school programs reported current waitlists, underscoring the insufficiency of current programming.

> *"I like the idea of having places for kids to go, [for] so many it's the sports. Many kids can't afford the sports. Good old intramurals, safe spaces to play."*

Participants suggested increasing lower-cost activities for youth, such as after-school programs, summer camps, and sports, which would reduce isolation and build protective factors. Focus group participants also suggested the expansion and support of existing community spaces such as arts centers, Boys and Girls Clubs, libraries, parks, and other regional hubs to increase and broaden recreational opportunities. Collaboration across town lines and between community-based organizations, schools, and behavioral health providers to provide these opportunities was identified as essential for sustainability and success of these efforts.

Navigation support and other resources for Barnstable County families, and those who work with young people, are critically needed to facilitate referrals and enable connection to behavioral health services for young people.

The assessment process successfully engaged many community members who had direct experience seeking behavioral health services for their child(ren) in Barnstable County. Among parent/caregiver survey respondents, nearly all who felt their child(ren) needed some type of behavioral healthcare (90%) did try to receive services. However, one quarter of these respondents (24.7%) reported that they were not successful in any of their attempts and half (50.5%) reported that they were only successful with some services, but not all of them. Furthermore, when asked about the situations that had made it harder to access behavioral healthcare for their child(ren), 60% of parent/caregiver survey respondents reported that they could not find a program or professional to go to and 25% reported they did not know how or where to go to get treatment. These data highlight the frustrations many families are experiencing due to their low awareness of the landscape of behavioral services in the region or lack of skill in navigating the various systems of care.

Several recommendations arose during qualitative discussions that would help to better support connections to services for families:

- **Expand navigation services -** there is a pressing need to expand navigation services, particularly for populations with language barriers where awareness of available resources varies significantly. As one Spanish-speaking caregiver observed, ***"we do not know where the resources are or what resources are available."*** Increasing communication efforts and hiring more culturally competent social services navigators could help bridge these gaps and ensure families are better connected to essential

programs and resources. Additionally, **provider-based navigators** should be placed within healthcare settings to assist families in accessing mental health services and overcoming common barriers such as insurance coverage and transportation. As one provider noted, reimbursement mechanisms will be crucial to the success of this approach. Strengthening connections between schools, communities, and healthcare providers is also vital for improving referrals. A member of the grandparent focus group suggested placing **school-based caregiver advocates** in every school to further aid in navigating available resources. There is also widespread recognition of a lack of centralized information.

- **Create and maintain a comprehensive online registry of resources, programs and services available for children with behavioral health issues –** a central registry should include listings of therapists, psychiatrists, outpatient and inpatient hospital programs, residential services, and community-based programs, complete with names and contact information. This type of resource would be invaluable for parents, caregivers, schools, social service providers, pediatricians, and other healthcare professionals, making it easier to access and share critical information. One participant highlighted the difficulty of tracking down providers, particularly those accepting private insurance, and emphasized how beneficial a central registry would be for families seeking to identify and connect with the right services. They noted, *"Often a family finds a therapist but only has half of a name or partial information. If we had a place to find out who's in town and accepting certain ages, it would be very helpful."*
- **Support pediatricians and advocate for co-location of behavioral health services** – To better support pediatricians and advocate for the co-location of behavioral health services, it is important to recognize the critical role pediatricians in Barnstable County play in supporting children, youth, and their families, particularly when dealing with mental health, neurological, and developmental disorders. Focus group participants recommended improving the accuracy of information available to pediatricians and other healthcare providers regarding mental health resources. Specifically, they called for ensuring that providers have up-to-date information on which mental health professionals are accepting new patients and which insurances they accept. Additionally, participants emphasized the importance of continuing to expand existing practices that co-locate pediatric, social, and behavioral health services, as this integration has been shown to improve both service delivery and the local health infrastructure.

Individuals who support young people with behavioral health needs in Barnstable County want, and would benefit from, more programming focused on their unique needs as caregivers and loved ones of those with behavioral health needs.

To better support parents, guardians, and families of children with behavioral health issues, a variety of resources and services are needed, including caregiver support groups, grief groups, and educational opportunities that build parenting skills. Among parent/caregiver survey respondents, only about one-third (39%) reported that they were very or extremely confident in their ability to support the behavioral health of their child(ren), leaving a lot of room for improved support, education, and skill-building.

Focus group participants shared their personal journeys and struggles in understanding mental health and neurological disorders, navigating complex systems, and advocating for their children's needs. One caregiver expressed a desire for shared experiences, stating, ***"I want to hear from a mom that's gone through the same struggle as me."*** Caregivers emphasized the importance of education on topics such as typical childhood and adolescent behavior, neurological differences, and available services and supports. These educational opportunities would help address caregivers' questions and empower them to better advocate for their children. Participants also stressed the need for caregiver support groups to foster community and provide a strong, supportive network. As one caregiver noted, ***"when parents are feeling supported because they've got a support group, it builds their resilience to help their children build resilience."*** It was suggested that these groups be offered in multiple languages to ensure inclusivity.

Additionally, several caregivers highlighted the need for mental health support for themselves, acknowledging the emotional strain of parenting children with neurological differences and mental health challenges. One focus group member pointed out, ***"they do it with the children, but they don't always do it with the caregivers,"*** emphasizing the importance of providing caregivers with the same level of mental health support that is available to their children.