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It's Broken, So Let's Fix it: Access and Barriers to Youth Mental Health Services in Erie County, Pennsylvania

Authors' Note

Eight cohort members work in the field of mental health. These members offered insight, resources, and feedback to the cohort at large. That said, the cohort did not explicitly seek out information from these members' associated organizations or private practice experiences. Rather, their subject matter expertise and experiences provided information and guidance, focusing the cohort's energy toward collectively agreed-upon research goals. Any information gained from these members was treated objectively and did not influence or alter the results concluded as part of this research. These cohort members are Alyson Eagle, Alivia Haibach, Gabe Genua, Anna Chemsak, Erika Rey Castro, Kristin McQueeney, Lori Krause, Angie Amatangelo. All cohort members agreed on the format and final material for publication.

Artificial intelligence was not utilized in the creation of this report.

Abstract

Teenagers in Erie County, Pennsylvania, face mental health concerns at a rate above the commonwealth average. The 2024 Jefferson Educational Society Civic Leadership Academy cohort sought to determine what barriers local mental health care professionals perceive as most restricting to teens' access to evidence-based care and what actions can be taken to improve that access to care. Through a mixed methods approach, the cohort used Dykxhoorn et al., (2022) "Conceptual Framework for Public Mental Health" to analyze qualitative and quantitative data, including interviews with local professionals in the field and data from local and regional organizations about service provision and access to care. Those interviews revealed five core themes: the barriers to access, the need for coordination of services, the role of schools in accessing mental health services, reducing mental health stigma, and improvement to the youth mental health care system. The most noted barriers to care were the lack of available services, stigma about mental health, and lack of awareness of mental health symptoms. Structural and community elements like financial assistance and providing resources in schools were considered critical remedies. Improvements to the mental health care system will need to be addressed at the federal, state, and local levels. The cohort's chief recommendation is an improved system of communication and coordination between local stakeholders. Effective collaboration will make or break the implementation of better mental health care in Erie County.

Keywords: mental health, youth, teens, Erie County, Pennsylvania, mental health professionals, human services, access to care.

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Introduction

Mental health challenges among adolescents represent a growing public health concern in Erie County. Developmentally speaking, the period between ages 14 and 18 is marked by profound emotional, psychological, and social transitions. These challenges are exacerbated by a range of systemic barriers that impede access to mental health services, even as the demand for such services continues to increase in Erie County. Countywide data reflects that mental health disorders, including depression, anxiety, and behavioral disorders, are rising in this age group. This increase has serious implications for academic achievement, social development, and long-term well-being (Bukowski, V. & Quirk, J., 2018; Allegheny Health Network, 2022).

Despite the availability of evidence-based solutions, such as prevention education, parental education, increased training for providers, access to existing trained providers, and mental health literacy initiatives (Panahi et al., 2020), the pathway to evidence-based mental health care (EBM) for adolescents in Erie County remains fraught with difficulties. These barriers include but are not limited to a lack of coordinated care among service providers and schools (Hetrick et al., 2017), cultural stigmas (Lu et al., 2021), organizational silos (U.S. General, 2001), insurance reimbursement issues (Hoover et al., 2019), and overcoming the societal stigma that receiving mental health can carry (Hoover et al., 2020).

The 2024 Jefferson Educational Society Civic Leadership Academy cohort, a diverse group of professionals from across the region, has developed this paper. From May through December 2024, this cohort has engaged in a series of presentations and discussions with government and county officials aimed at deepening their understanding of the inner workings of Erie County, Pennsylvania's county and municipal governments, education, and health systems. Through this process, it became increasingly evident that the issue of adolescent mental health and the barriers to accessing care are not limited to isolated pockets of the community but are pervasive across every region of Erie County, be they urban, suburban, or rural. The cohort's diverse backgrounds, combined with extensive collaboration, have provided a comprehensive perspective on the structural, financial, and cultural challenges that impede access to evidence-based mental health care services for youth. The following research reflects the insights gained during these sessions, focused on actionable solutions.

This study seeks to explore how Erie County can improve awareness of and access to evidence-based mental health care services for youth in this critical age group. The research is motivated by the urgent need to understand and address the systemic factors that hinder effective mental health care for this vulnerable population. It aims to thoroughly investigate the obstacles currently preventing young people from receiving timely and adequate mental health interventions. By understanding the root causes of these barriers, the research will offer practical recommendations to enhance service delivery and increase utilization, thus contributing to the broader public health strategy for Erie County.

Background of the Problem

The mental health care infrastructure in Erie County, similar to that in many regions across the United States, faces significant challenges in delivering comprehensive and equitable care. Adolescents in this community are disproportionately affected by these challenges, particularly those from socioeconomically disadvantaged backgrounds, minority groups, and the foster care system (Erie County Department of Human Services, 2023). National data from the Substance Abuse and Mental Health Services Administration (SAMHSA) show that an estimated 49.5% of adolescents have had a mental health disorder at some point in their lives, yet only a fraction of them receive appropriate treatment (James & Nash, 2024). This disparity is further exacerbated by financial, cultural, and logistical barriers in Erie County.

In 2010, the National Center for Children in Poverty published an executive summary detailing the state of youth mental health needs along with recommendations for improvement. These suggestions include increased access to evidence-based mental health care; creating and maintaining more robust systems to identify at-risk children; improved service system coordination; increased funding for mental health services; the use of effective treatments, prevention, and early intervention; improved cultural and linguistic competence; and other recommendations. Almost 15 years later, results of preliminary interviews with mental health professionals in Erie County revealed similar interconnected themes regarding the challenges of mental health service delivery that continue to be present today (Stagman & Cooper, 2010). Below are the themes that emerged from preliminary interviews.

Parental Involvement

Parental involvement is a critical factor as parents often serve as the primary gatekeepers to mental health services for adolescents. However, many parents lack adequate education about mental health conditions or may subscribe to cultural stigmas that prevent them from seeking care for their children. These barriers are particularly pronounced in families from minority or immigrant backgrounds where mental health conditions may be seen as a source of shame or misunderstanding.

Insurance and Funding Limitations

A lack of insurance and other funding methods can significantly impede access to care. Over 6% of Erie County residents are uninsured, which limits their ability to afford out-of-pocket costs for mental health services (U.S. Census, 2023). Even for those with insurance, mental health coverage is often insufficient, with high deductibles or restrictive provider networks preventing families from accessing the care they need. For marginalized populations, particularly foster youth, minority groups, and low-income households, the complexity of navigating insurance systems often results in delayed or inadequate treatment.

Accessibility

Logistical barriers, such as transportation difficulties, long waiting times, and a shortage of mental health professionals exacerbate accessibility issues. Adolescents in rural or underserved areas of Erie County struggle to reach mental health facilities, and the waiting times for appointments can be prohibitively long, especially for specialized services like psychiatry or trauma-informed care. These challenges disproportionately affect foster youth, who may experience frequent changes in residence and care settings, further complicating their ability to receive consistent and timely mental health services.

Environmental and Socioeconomic Context

Finally, the environmental and socioeconomic contexts of Erie County play a critical role in shaping the mental health outcomes of adolescents. Adolescents from low-income families or those living in unstable housing situations are more likely to experience mental health challenges and are less likely to have access to the necessary support services. Additionally, minority populations, including international families, face unique cultural and linguistic barriers, which further restrict their access to culturally competent mental health care. In this context, the broader social determinants of health, such as poverty, education, and social support networks, intersect with mental health needs, creating complex challenges for service delivery in Erie County.

Research Question

In light of these barriers, this research seeks to answer the following question: How can Erie County improve awareness of and access to evidence-based mental health services for youth ages 14 to 18?

This research question is grounded in the need to understand the multifaceted barriers that prevent adolescents from accessing mental health care in Erie County. By focusing on awareness (i.e., how well adolescents and their families understand the availability and importance of mental health services) and access (i.e., the structural and financial barriers to obtaining care), this study aims to provide actionable recommendations for improving service delivery. Specifically, the research will explore how Erie County can enhance its mental health care infrastructure by addressing the financial, cultural, and logistical barriers currently limiting access to care. Further, it will investigate strategies to increase awareness and education about mental health issues among adolescents and their families, with a particular focus on marginalized populations such as foster youth and minority communities.

To frame this research in a clear and precise context, several key terms and concepts within the mental health space are used throughout. These terms are explained and defined below for the readers.

Evidence-Based Mental Health Services

Evidence-based mental health services refers to clinical services and therapeutic interventions that are grounded in rigorous scientific research and have been empirically validated as effective for treating mental health conditions. Additionally, evidence-based mental health care emphasizes interventions that are supported by evidence and are recognized by mental health authorities as effective in improving patient outcomes (Sutton, 2024). Examples include cognitive behavioral therapy, dialectical behavior therapy, and trauma-focused cognitive behavioral therapy.

Access

Access to mental health services can encompass multiple dimensions, including physical access (the availability of mental health providers and facilities), financial access (the affordability of services through insurance or other means), and cultural access (the appropriateness of services in terms of language, cultural sensitivity, and community relevance). For the purposes of this study, access is defined as the ability of youth in Erie County to obtain timely, affordable, and culturally competent mental health care.

Awareness

Awareness refers to the understanding that youth, their families, and the broader community have regarding the availability and importance of mental health services. This includes awareness of mental health conditions, the types of treatments available, and the resources provided by schools, community organizations, and health care systems. Enhancing awareness is crucial for reducing stigma and encouraging help-seeking behaviors among youth.

Barriers

Barriers are defined as any obstacles – financial, cultural, logistical, or systemic – that prevent individuals from accessing mental health care. Common barriers include a lack of insurance, high out-of-pocket costs, transportation issues, language barriers, and cultural stigma.

These barriers contribute to the underutilization of mental health services and disproportionately affect marginalized groups, such as low-income families, youth in the foster care system, and minority populations.

Continuity of Care

Continuity of care refers to the seamless and coordinated provision of mental health services over time, particularly as youth transition between different care settings or service providers. This concept is pertinent to foster youth, who may experience disruptions in care due to frequent moves or changes in their caregiving environment. Continuity of care ensures that youth receive consistent and ongoing mental health support, which is critical for long-term recovery and well-being.

Youth

Throughout this paper, the term "youth" will refer to individuals from 14 to 18 years – that is, 17 years and 364 days, unless otherwise specified. Because the age of majority in the United States is 18 and, thus, is usually the age of transition from youth services to adult services. This definition allows the cohort to focus efforts on services targeted to this age range and not primarily adult-focused services, which may have different tools and accessibility for individuals under 18. The 14-to-18 demographic also translates to approximate high school ages so that information regarding specific school policies can be better understood.

Conceptual Framework: Public Mental Health

To guide this research, we will utilize the "Conceptual Framework for Public Mental Health," developed by Dykxhoorn et al., (2022), which provides a comprehensive model for understanding the various determinants of mental health at different levels. This framework identifies four key pillars (individual, family, community, and structural) that shape public mental health outcomes.

Individual Level

At the individual level, personal factors, such as mental health literacy, psychological resilience, and health-seeking behaviors, are critical determinants of access to care. Youth may face internalized barriers such as stigma, lack of mental health awareness, or fear of judgment that prevent them from seeking help.

Family Level

At the family level, the family environment plays a crucial role in shaping youth mental health outcomes. Parental involvement, family dynamics, and social support systems significantly influence whether youth can access and utilize mental health services. Family

stigma, lack of education about mental health, and logistical challenges, such as transportation or scheduling conflicts, can act as barriers to accessing care.

Community Level

At the community level, broader social and cultural factors influence mental health outcomes. Community resources, local stigma, language barriers, and the availability of culturally competent care can either facilitate or hinder access to mental health services. In Erie County, minority populations and foster youth often face community-level barriers that are compounded by socioeconomic challenges and systemic inequalities.

Structural Level

At the structural level, governmental policies, funding mechanisms, and regulatory frameworks and macro biopsychosocial trends shape access to mental health care and its delivery.

Literature Review

The 2024 cohort conducted an extensive review of various articles and literature on the topic of youth mental health. This research generated a series of summaries and reports that highlight key findings and perspectives on the issue. Several recurring themes and emerging trends were identified, providing valuable insights into the current state of mental health among young people. The highlighted themes include parental and family involvement and education in youth mental health; mental health concerns and support resources; stigma and cultural barriers; accessibility barriers for youth; population specific challenges; consistency in receiving services/continuity of care, and environmental and socioeconomic factors. Additionally, a review of the current Erie County Community Action Plan provided information on the status of addressing local mental health care.

The literature reviewed will highlight the importance of continued collaboration among educational institutions, families, and community organizations in providing robust mental health support for youth. As these initiatives evolve, they will be critical in addressing the ongoing mental health challenges faced by youth in Erie County.

Parental/Family Involvement and Education in Youth Mental Health

The increasing mental health crisis among school-aged children has emphasized the need for comprehensive mental health resources within educational settings. Mental health challenges are now recognized as critical factors that affect students' academic performance, social development, and overall well-being. Research indicates that nearly 80% of chronic mental health conditions first appear during childhood, underscoring the urgent need for early intervention and support

throughout the school years (Colizzi et al., 2020). Youth are not seeking out the mental health support they need, and to compound the issue, educators and parents have been asked to do more than ever before to support mental health needs (Erie 1 BOCES, 2022). In response to this growing demand, educational institutions are collaborating with community agencies and local governments to develop coordinated strategies for addressing these issues.

Important skills, including coping, problem-solving, and help-seeking, help youth achieve overall well-being and set the stage for positive mental health in adulthood. Building these skills and promoting other protective factors in schools, at home, and in the community, can help mitigate the risk of experiencing a mental health concern. Prevention and early identification are crucial in helping students who are struggling to get the help they need and in preventing a mental health concern from worsening. Friends and family can watch for warning signs of social and emotional distress and urge young people to seek help (Radez, J. et al., 2020).

Mental Health Concerns and Support Resources

In reviewing data specific to Erie County, the 2023 Pennsylvania Youth Survey (PAYS) shows that student use of drugs, alcohol, and tobacco, as well as mental health concerns, are decreasing in Erie County (and, in this regard, are generally trending consistent with statewide averages). However, the rates, especially those related to mental health, remain concerning. In an article published in the Erie Times-News (Myers, 2024), the current Pennsylvania Youth Survey data related to teens' mental health was reviewed and compared to last year's results. The data following highlights how students from participating schools (three quarters of the 10,450 students) in Erie County in grades six, eight, 10, and 12 responded in fall 2023 compared to their peers in 2019:

- 41.5% of students reported feeling depressed or sad most days in the past year (a slight decrease from 42.2%);
- 38.7% expressed feeling that they are "no good at all" at times (down from 41.4%);
- 18.1% admitted to seriously considering suicide (down from 21.6%);
- 17.4% engaged in self-harm, such as cutting, scraping, or burning themselves (a minimal change from 17.5%) (Myers, 2024)

In Erie County, schools have the option to participate in school-based mental health programs. As of 2023, the majority of public school districts in the county have chosen to participate, with Northwestern School District in Albion being an exception. Among private, charter, and parochial schools, only Montessori Regional Charter School and Perseus House Charter School of Excellence chose to participate in these programs. (Myers, 2024).

Local organizations, such as the Erie branch of the National Alliance on Mental Illness (NAMI), play a vital role in educating students about mental health and providing training, education, and advocacy resources. NAMI programs teach students essential skills to help them develop and grow in their mental health literacy. Students are taught to understand the basics of mental health,

including recognizing symptoms and warning signs of mental health conditions and suicide and encourages them to speak with trusted adults when they or someone they know may need mental health support. NAMI works to reinforce the message to middle and high school students that they are not alone in their struggles, and that help, support, and treatment options are readily available (NAMI, n.d.). The variety of mental health needs of Erie County youth makes ensuring appropriate service availability crucial, whether through educational institutions, public services, nonprofits, or other private practices.

Stigma and Cultural Barriers

Research has found that cultural values, challenges, and barriers significantly impact various ethnic groups. Latino immigrants face major barriers such as lack of health insurance, immigration status, limited English proficiency, stigma, and lack of knowledge about available services, which prevent access to adequate care. Organizations serving the Latino population often have limited capacity and lack culturally competent and trauma-informed staff. Insufficient resources and low infrastructure reduce the opportunity for integrated solutions to these obstacles. While some organizations have bilingual staff and immigrant-friendly procedures, most do not routinely assess unmet needs or increase awareness about available services (Martinez-Donate et al., 2022).

W.W. Kung (2003) explored the relationship between perceived barriers and actual use of mental health services among Chinese Americans. Kung's study emphasized the need for more refined measurements of cultural barriers and a better predictive model to address underutilization. Consistent with previous research, practical barriers, like language difficulties, lack of awareness of available services, and financial constraints, more significantly impact service use.

Using a grant from the Blue-Ribbon Foundation of Blue Cross of Northeastern Pennsylvania, Trompetter et al., (2005) conducted focus groups with 49 adults from seven minority populations in Luzerne and Lackawanna counties. Data was collected through focus group interviews led by members of a Blue-Ribbon Grant Core Committee in 2004. The populations studied included African American, Arabic Muslim, Chinese, Korean, gay and lesbian, Hispanic and Latinx, Jewish, and Asian Indian residents. A 30-question survey was used to understand participants' experience with health care access, belonging, language barriers, socialization, and feelings of acceptance.

Cultural stigma continues to be a significant barrier to seeking mental health support, particularly among Hispanic and Latino populations. Many individuals in these communities face a strong societal pressure to keep personal struggles private, leading to a reluctance to seek help. For instance, a study by the National Alliance on Mental Illness (NAMI) highlights that only 36.1% of Hispanics received mental health care in 2021, compared to 52.1% of white patients.

Additionally, there is often a limited understanding of mental health conditions that can lead to symptoms being dismissed as personality traits. This lack of awareness is compounded by cultural norms that discourage open discussions about mental health.

Social class differences and cultural disconnects between service providers and patients further exacerbate the issue. The shortage of bilingual and bicultural mental health professionals creates communication barriers and can result in misunderstandings during treatment.

To address these challenges, it is essential to increase the number of culturally competent therapists, enhance mental health education within communities, and improve language accessibility in services. While strides have been made, ongoing efforts are needed to effectively meet the mental health needs of Hispanic and Latino populations.

Accessibility Barriers for Youth

The theme of accessibility barriers to evidenced-based mental health services for youth focuses on how caregiver characteristics influence the use of these services in a school-based intervention program. By analyzing data from 85 youth aged 5 to 18 and their caregivers, a study by Burnett-Ziegler and Lyons (2009) identifies key caregiver factors that significantly impact the number of days of service utilized.

Caregiver Demographics and Impact on Service Use

The likelihood of youth drawing on mental health services can be predicted by various caregiver characteristics, including age, sex, race, education, employment status, income, health, and stress levels (Burnett-Ziegler & Lyons, 2009). For example, youth with younger and male caregivers were more likely to take part in these services compared to youth with older and female caregivers (Barzallo et al., 2024). Non-Black caregivers, particularly Hispanic, reported greater service use than Black caregivers, highlighting potential racial disparities in accessing mental health support (Piedra et al, 2024).

Influence of Education, Employment, and Health

Interestingly, youth with less-educated caregivers (i.e., those whose caregivers have not attained a high school diploma or equivalent) used more mental health services than those with more educated caregivers. Additionally, children of caregivers without health issues were more likely to use those mental health services, suggesting that caregiver health affects an adolescent's ability to navigate and use these resources (Burnett-Ziegler & Lyons, 2009).

Insurance and Accessibility

Insurance coverage also played a critical role in service accessibility. Youth with caregivers relying on public insurance faced limitations in service continuity, reflecting the inadequacies in mental health coverage for lower-income families (Burnett-Ziegler & Lyons, 2009).

Stigma and Cultural Barriers

Older caregivers, as well as Black caregivers, may experience heightened stigma around mental health issues or face greater difficulties accessing services. Black caregivers in particular may be more reluctant to engage with mental health providers from different racial or cultural backgrounds (Burnett-Zeigler, & Lyons 2009).

Because caregivers are often crucial to an adolescent's ability to access mental health care, such as providing transportation or payment, barriers like those listed above must be addressed to ensure Erie County youth can receive evidenced-based mental health services.

Population Specific Challenges

It is important to consider caregiver demographics, socioeconomic status, and cultural factors when addressing accessibility barriers in youth evidenced-based mental health services. Tailoring interventions to account for caregiver characteristics can improve service use and outcomes. Accessing mental health services for children and adolescents remains a significant challenge despite the availability of professional support and evidenced-based mental health interventions. In a 2020 systematic review of 53 quantitative and qualitative studies, Radez et al., identified four major themes contributing to why young people and their families often do not seek or access professional help for mental health issues:

Individual Factors

A lack of mental health knowledge and understanding about help-seeking behavior was a barrier reported by 96% of the studies. Many young people do not recognize the signs of mental health issues or understand the value of professional intervention.

Social Factors

Perceived social stigma and feelings of embarrassment were noted as significant barriers in 92% of the studies. Concerns about being judged or labeled by peers and family members prevent many from seeking support.

Perceptions of Therapeutic Relationships

The ability to trust mental health professionals and maintain confidentiality was a concern in 68% of the studies. A lack of confidence in the therapeutic relationship made many young people hesitant to pursue or continue treatment.

Systemic and Structural Barriers

Financial costs, logistical issues, and the availability of professional services were reported as obstacles in 58% of the studies. These systemic issues, including the accessibility of care, play a critical role in whether families are able to seek help.

The complex and interrelated barriers that prevent youth from accessing the evidenced-based mental health services they need highlight the need for targeted strategies to bridge the gap between available resources and those in need of care.

Another study aimed at identifying the prerequisites, facilitators, and barriers to adolescent mental health literacy interventions by systematically reviewing 39 articles (Panahi, S. et al., 2020). The analysis revealed seven key prerequisites for successful interventions: incorporating mental health education at the school level, educating parents, training educators and providers, fostering collaboration among providers, assessing and monitoring interventions, providing suitable educational content, and addressing cultural and linguistic considerations.

Additionally, five facilitators were highlighted: use of interactive learning methods, offering diverse and engaging educational materials, employing trainers with varied backgrounds, facilitating direct interaction with individuals experiencing mental illness, and leveraging technological advancements in education. Barriers identified included short duration of interventions, insufficient collaboration between school administrators and researchers, and lack of reliable information sources.

To effectively implement mental health literacy programs, the research emphasizes comprehensive planning. This involves enacting supportive laws and policies, ensuring coordination between public and private organizations, and raising awareness among key stakeholders, such as policymakers, parents, teachers, and adolescents, about the importance of mental health literacy. Given the strong influence of digital technologies on adolescents, the study also suggests incorporating internet-based tools to deliver appropriate mental health education and resources (Panahi et al., 2020). Strategies focused on overcoming these barriers will be crucial to any public mental health care improvement plan.

Consistency in Receiving Services/Continuity of Care

The next theme of continuity of care has been documented locally as a response to mental health. The implementation strategy plan outlines the needs identified in the Community Health Needs Assessment (CHNA) in 2021 and documents how Allegheny Health Network (AHN) Saint

Vincent Hospital (AHN St. Vincent) plan to address these needs over the next three years (Allegheny Health Network, 2022).

Within the AHN Implementation Strategy Plan 2022 AHN Saint Vincent Report, behavioral health was identified as the most persistent health problem with those who suffer from mental illness seen in the most vulnerable population. Survey data showed that 82.7% of respondents rated mental health as a significant concern, and 60.2% identified suicide prevention as a top priority. Substance abuse and behavioral health were consistently cited as the primary community health issues, with stakeholders emphasizing the need for improved access to services. Erie County has a higher number of mental health providers, at 213 per 100,000 people, compared to 138 in Crawford County, and 117 in Warren County, which is crucial for improving care and treatment for those suffering from mental health challenges. Despite this, AHN's plans to expand community-based mental health education and recovery programs were discontinued due to the Covid-19 pandemic. However, their long-term strategy remains focused on increasing access to mental health services through community seminars and broader awareness efforts via media and social platforms. The need for accessible behavioral health services, mental health care, and substance use support continues to be essential for improving the quality of life for residents in these counties (Allegheny Health Network, 2022).

Environmental and Socioeconomic Factors

Since 2011, Erie County has seen an increase in poor mental health, rising from 33% to 42%, surpassing the Pennsylvania state average (Erie County Community Health Improvement Plan, 2022). Populations at higher risk include young adults, females, African Americans, individuals living at or below the poverty line, and those residing within the geographic bounds of the city of Erie. Mental health concerns are also prevalent in the LGBTQ+ community, with 53% identifying it as a top issue. Youth depression has increased, as shown in the Pennsylvania Youth Survey, with rising percentages of students feeling sad, hopeless, and engaging in self-harm from 2013 to 2015. Suicide risk among youth remains concerning, with higher rates of attempts and planning compared to the state. African Americans and other minority groups in Erie face barriers in mental health care, including cultural stigmas, misdiagnosis, and inadequate inclusion in discussions about their needs. Additionally, the community lacks sufficient mental health providers, with long wait times for care, especially for children. Refugees, the Amish, and members of the LGBTQ+ community also face unique mental health challenges, exacerbated by cultural differences, stigma, and insufficient access to specialized care. Stigma and cultural competence in mental health care are recurring themes, with various groups advocating for more inclusive and trauma-informed approaches to improve access and treatment quality (Bukowski, V. & Quirk, J., 2018).

In 2018, the Erie County Health Department presented a summary of a needs assessment covering various health topics, including demographics, maternal and child health, chronic diseases, infectious diseases, mental health, preventive services, and more from surveys in 2016-17. The report combines quantitative and qualitative data, including health indicators, trends, and

comparisons with state, national, and Healthy People 2020 goals. Qualitative data was also collected through focus groups held across Erie County, providing insight into residents' perceptions of their community's health. Final strategic issues and challenges were identified through a priority matrix, ranking system, and asset inventory.

The Community Health Improvement Plan (CHIP), created by the Erie County Department of Health, is designed to mobilize all organizations and sectors to improve the health and wellness of Erie County residents (Morgan, S., 2022). The needs assessment and improvement plan serve as a guide for Erie County organizations and entities to work together to improve the health of the Erie community. The needs assessment and improvement plan serve as a guide for Erie County organizations and entities to work together to improve the health of the Erie community. Through the assessment, strategic issues were prioritized to create a community health blueprint. The four assessments were as follows.

Table 1
2021 Pennsylvania Youth Survey (PAYS)

Priority Risk Factors	Priority Protective Factors
Depressive Symptoms	Parental Attitudes [Un]favorable to Antisocial Behaviors
Low Commitment to School	Community Rewards for Prosocial Involvement
Neighborhood Attachment	School Opportunities for Prosocial Involvement
Parental Attitudes Favorable to Antisocial Behaviors	Belief in a Moral Order

Following the identification of priority factors, the Resource and Planning Committee conducted a thorough assessment to identify existing gaps, barriers, and resources. This included developing an online survey to collect data from relevant programs and resources across Erie County in spring 2023; supplementing survey findings through site visits, interviews, and outreach efforts; and compiling the results and presenting them for review and analysis. The assessment revealed significant areas of need and opportunity, which informed the development of strategic focus areas to address the prioritized risk factors.

Through a series of meetings from December 2023 to April 2024, the Resource and Planning Committee proposed targeted strategies for addressing each risk factor. The following recommendations serve as the foundation for Erie County's Community Action Plan:

Depressive Symptoms

- Increase awareness and sharing information
- Implement schoolwide prevention programs that include self-regulation
- Explore mentoring opportunities to provide one caring adult for at risk youth
- Improve the identification of depressive symptoms, including the need for universal screening
- Provide training and education of what depressive symptoms looked like at various ages and/or stage

Low Commitment to School

- Involve students in their plans for the future
- Develop a culturally responsive environment
- Explore mentoring opportunities for life skills, career and enrichment
- Provide enrichment opportunities for youth in school and community
- Encourage the use of educational data driven decision making in schools

Neighborhood Attachment

- Offer year-round neighborhood events
- Provide training opportunities for residents
- Recruit neighbors for neighborhood participation
- Involve youth and college students in their neighborhoods
- Utilize new forms of communication such as apps and social media within neighborhoods

Parental Attitudes Favorable to Antisocial Behaviors

- Address multigenerational trauma
- Address family barriers surrounding basic needs
- Create a portrait of what a supportive parent looks like
- Addressing families who have antisocial behavior ideals
- Explore lack of faith in existing resources amongst families

(Erie County Policy and Planning Council for Children and Families, 2024)

This Community Action Plan serves as a roadmap for the next phase of the CTC process. Moving forward, the Community Planning Committee will guide the implementation of these strategies, ensuring alignment with community needs and resources. By addressing the identified risk factors and strengthening protective factors, Erie County aims to create a supportive environment that

fosters youth development, reduces problem behaviors, and builds a stronger community for all. This document is a product of Erie County's commitment to collaborative, evidence-based planning and represents a critical step toward improving outcomes for its youth and families. Plans like these can serve as a helpful tool to build actionable programs to improve mental health services for youth.

Methods

This study's research question was "How can Erie County improve awareness of and access to evidenced-based mental health services for youth ages 14 to 18?" The cohort used a mixed methods case study research approach to determine the scope of barriers to accessing evidenced-based mental health services in Erie County, Pennsylvania. A mixed methods case study is an approach that collects and analyzes qualitative and quantitative data in a single study (Cresswell & Cresswell, 2022), which is ideal for studying an identifiable problem: real life phenomena confirmed through research. This research aims to combine multiple data sources together to validate findings and show proof. Erie County is the subject for this research study.

Cohort members collected data using informal semi-structured interviews and survey responses from mental health and behavioral health professionals, data reports from the Erie County Department of Human Services, the 2023 Pennsylvania Youth Survey results, and interviews with local government officials and subject matter experts in Erie County, Pennsylvania.

Participants

Participants in this research study all work in the mental health field in Erie County. Participants hold various positions, such as clinical psychologists in private practice, mental health liaisons in the public school system, and licensed professional counselors specializing in community mental health. Some respondents provide specialized services in child and adolescent trauma therapy within community mental health settings, while others contribute to human services and education through in-house facilities. On average, they have over 23 years of experience in the field.

Interviews and Surveys

Initially, open-ended, semi-structured interviews were conducted using a convenience sample of seven mental and behavioral health professionals in Erie County. These interviews were designed to assess the research question's relevancy and understand if this question was a viable topic to pursue. The cohort widened the participant pool to include a larger representation of participants. An electronic survey was created, and a link was shared with a convenience sample of mental health professionals as well as shared with a consortium of mental health professionals.

Respondents were asked to complete answers to a set of eight open-ended questions. Answers were obtained through in-person interviews, submission of written answers via email, and

questions placed into a survey format that respondents could complete and submit through Google Forms and Microsoft Forms electronically. Major themes obtained from the first round of interviews were mental health access, barriers to receiving care, parental and family education, stigma, population specific challenges, school support and services, consistency in receiving care, and environmental and socioeconomic factors.

These themes served to drive this report's literature review and demonstrated that the topic was relevant and that there was a need in Erie County to pursue the research question. A second round of surveys deepened the cohort's understanding of the specific needs of Erie County residents and identified potential solutions to care-access barriers. The questions were created based on the literature review and first round of interviews. Questions were framed to drill down on the expertise of the professionals surveyed with the goal of identifying viable solutions for improving access to evidenced-based mental health services.

The second survey consisted of seven open-ended questions and two ranked-choice questions. The survey was sent electronically to a sample of mental health professionals and consortiums in Erie County from Nov. 2 to Nov. 11, 2024. Using responses from both rounds of interviews, the number of participants totaled 19.

Interviews/Conversations

In addition to the 19 people who completed a survey or interview, the cohort met with several local government officials and subject experts across Erie County and in Harrisburg, Pennsylvania. From June 2024 to November 2024, members engaged in planned meetings and conversations in person and virtually to understand how mental health exists within state and county policy, planning, spending, and service delivery. These meetings influenced discussion of recommendations for a final action plan for change.

Structural Framework: The Conceptual Framework for Public Mental Health

This study utilized the Conceptual Framework for Public Mental Health to support the interpretation and analysis of research results. This framework was developed by Dykxhoorn, J. et al. (2022). It provides a comprehensive model for understanding the various determinants of mental health at different levels. This framework identifies four key pillars that shape public mental health outcomes: individual, family, community, and structural.

Limitations

This study is limited by a few factors. There is a small sample size due to restrictions of time and access to youth and families. This will be addressed in the cohort's recommendations for future research. The composition of the sample was based on convenience. There was limited time for identification and collection of responses. The sample was limited to only Erie County with no

comparison to similar locations. A comparison and evaluation against other Pennsylvania counties are recommended for future research.

Qualitative Results

In accordance with the structural framework, the cohort organized and analyzed qualitative responses by the elements of individual, family, community, and structural pillars (Dykxhoorn, J. et al., 2022). After analysis, interview responses fell into the following core themes: barriers to access, coordination of services, role of the school in accessing mental health services, how to reduce the mental health stigma, and how to improve the youth mental health care system.

Individual

How does one reduce the social stigma around mental health? Interview respondents said it is critical to normalize therapy and educate people how to manage mental health challenges. Efforts should focus on fostering relationships and providing accessible, community-based programs and digital resources. Sharing positive experiences and emphasizing that individuals are not alone may help confront societal barriers to seeking help. Schools and communities play a pivotal role in delivering these resources, supported by long-term educational initiatives. Social media campaigns, peer-led presentations, and accurate information can further aid in creating an accepting environment. Normalizing discussions about mental health and highlighting the importance of seeking support are vital strategies in building a culture in which admitting to and addressing mental health issues is viewed as a sign of strength, not weakness.

One participant noted that mentorship programs aid in reducing the mental health stigma, explaining: "Mentorship programs, especially when addressing mental health with youth, are critical to increase access to services. Having an entrusted adult to speak to that is non-judgmental and so beneficial."

Family

The support of a youth's family member is pivotal in ensuring they can gain access to proper mental health care. The youth's family can be key to whether they seek help. One participant explained that from his experience:

> Kids don't know where to access mental health care. The increase
> of online services has improved accessibility, but the child's parent
> will still receive the bill, which can cause problems for the kid
> if the parents are opposed to the help.

Another participant noted that early identification and evaluation are crucial, particularly for certain populations such as youth in the foster care system. She said:

If no one in the child's life, such as a family member, teacher, or caseworker, is paying close attention, the child may miss out on necessary services. This is especially challenging for foster youth who move frequently between homes and school districts, leading to a lack of continuity in care.

Families can reduce the mental health stigma by fostering open conversations and normalizing the process of seeking help. Long-term educational initiatives that involve families as active participants can create a supportive environment where mental health challenges are understood and addressed without judgment. By providing facts about mental illnesses and emphasizing that these experiences are common, families can help youth feel less isolated. Accessible resources and simplified pathways to care, combined with family involvement, further reinforce this supportive framework. Social media campaigns and peer-led presentations that include family perspectives also serve as powerful tools for dismantling stigma, promoting understanding, and encouraging a culture of acceptance within communities.

Community

The role of the school system, barriers to accessing care, and coordination of care were key themes within the community framework. Barriers to accessing youth evidenced-care mental health services include systemic, logistical, and financial challenges that impede timely and effective care. Transportation difficulties significantly limit access, particularly for youth in rural or foster care settings, where services may be scarce or unavailable. Insurance-related hurdles, such as high copays, deductibles, and inadequate coverage, further complicate the problem, especially for families with limited financial means. Delays in care caused by long waitlists and the limited availability of providers undermine the quality and continuity of services, leaving many youth without proper support. Solutions, such as grants or public funds specifically for adolescents, could mitigate these barriers but require careful consideration to address parental concerns regarding autonomy and control.

In discussing best practices in coordination of care, respondents were adamant about ways to improve the current system. One noted that:

> We need to have agencies or providers that are trained in collaboration and how to proceed when coordinating with other providers. The agencies or providers should be kept up to date on the latest updates in the mental health system in Erie County, so they have a good idea of the resources available.

Another said:

> It seems to me that these services are coordinated most effectively when they are available on-site through community schools. Remove barriers for students who wish to access these

resources on their own. While they can seek out their own services in the community at age 14, they cannot work through the existing school supports without parental consent. Of course, the reality that many service providers have long waitlists is an issue, too.

Schools play a pivotal role in reducing these barriers by serving as the first line of defense for youth struggling with mental health issues. Teachers and school personnel are often the first to notice changes in behavior and can initiate referrals to school counselors, mental health specialists, or external resources. A participant explained:

> The school's role is two-fold: First, educating students about mental health and wellness, and second, working with their counselors or mental health specialists to activate supports for students and refer to external resources when needed.

Programs, such as the Student Assistance Program model, have been effective in coordinating care and connecting students and families to appropriate services. Schools can also reduce stigma by providing education on mental health and wellness, training staff to recognize early signs of distress, and offering on-site services that eliminate logistical hurdles such as transportation. However, challenges remain in ensuring coordination between schools and external providers, reducing administrative obstacles, and making mental health services universally affordable and accessible. Enhanced collaboration among schools, providers, and community organizations, alongside consistent funding and resource availability, is essential to improving youth mental health support.

Structural

Within the structural framework, coordination of services and facing barriers to access were prominent in participants' responses. Responses conveyed frustration over insurance access, financial challenges, and coordination of care between nonprofits. Participants explained that it could improve the mental health system to increase funding for nonprofits and community-based organizations that provide services to underserved populations. These organizations often struggle to retain experienced and competent clinical staff due to their inability to offer competitive salaries and benefits.

These participant anecdotes parallel survey results from the National Council of Nonprofits (2023) in which over 70 percent of respondents reported that "salary competition affects their ability to recruit and retain employees, followed by budget constraints/insufficient funds" at over two-thirds of respondents (p. ii). There is also a high percentage of burnouts among new clinical staff due to overworking and taking on too many clients. As a result, the most at-risk individuals, including those from minority or low-socioeconomic backgrounds, often receive care from less experienced providers. By offering competitive salaries and better support for nonprofits, these agencies could retain seasoned therapists and improve care quality for vulnerable populations. Additionally, fostering coordination among mental health organizations to reduce competition for resources and

ensuring insurance plans cover comprehensive services without restrictive stipulations could enhance service delivery and accessibility for those in need.

Access to mental health services is hindered by systemic barriers, including challenges associated with managed care insurance. Facilities often rely on county insurance providers to fund treatment, but coverage can be prematurely discontinued if the provider deems the youth no longer meets treatment criteria, regardless of clinical need. This premature discharge disrupts progress and can occur before proper aftercare plans are established, placing young patients at risk. While facilities attempt to negotiate extended coverage, the limitations of managed care policies frequently undermine continuity of care. One participant responded to how she would improve access to services by saying:

> I would ensure that insurance covers all services free of charge to each individual under the plan. I would also remove the random stipulations that some insurance plans have regarding mentalhealth services.

Another participant noted that she would improve coordination of care by saying:

> I would help nonprofits and community-based organizations who provide mental health services to be better funded, so they can maintain a highly trained and competent clinical team. Often these organizations are where the majority of the population will access their services (particularly people in minority groups, of lower socioeconomic status, or who have a history of severe mental illness) cannot compete with the salaries of for-profit counseling businesses or those offering a place in a group private practice.

These responses provide limited qualitative insight to the experiences and expertise of mental health professionals across Erie County. A representation of the respondents' choices for most impactful barriers to mental health care is found in Figure 1. Figure 2 shows the respondents' favored solutions to remove mental health care barriers. These findings will be further confirmed when aligned with the quantitative results from the survey responses and data explained next.

Quantitative Results

The quantitative data pulled from the survey highlight several critical findings regarding the barriers to accessing mental health services for teens in Erie County and potential solutions. Survey results identified the lack of available services and perceived stigma as significant barriers. Additionally, mental health resource literacy (awareness and understanding of available services) and recognition of mental health symptoms were identified as key barriers.

From the data, it is evident that structural issues (Dykxhoorn et al., 2022), such as the availability and affordability of services, dominate as challenges to access. Specifically, youth face difficulties stemming from inadequate service capacity and prohibitive costs. These findings combine with

other reported barriers, such as stigma arising from cultural and familial expectations, which discourage open discussions about mental health. Participants said that improving mental health resource literacy (both for youth and their support systems) would be a pivotal step in overcoming challenges and encouraging open dialogue about mental health.

When analyzing proposed solutions, structural and community elements (Dykxhoorn et al., 2022) were highlighted. Financial assistance and resources integrated in schools were cited as the most impactful interventions. Schools were identified as critical access points for reaching teens in need, given their daily interaction with youth. Moreover, distributable resources, such as pamphlets, digital guides, and community resource guides, were recommended as tools to enhance accessibility and knowledge. These solutions reflect a clear need for community-based, systemic approaches to mitigate barriers and improve service delivery.
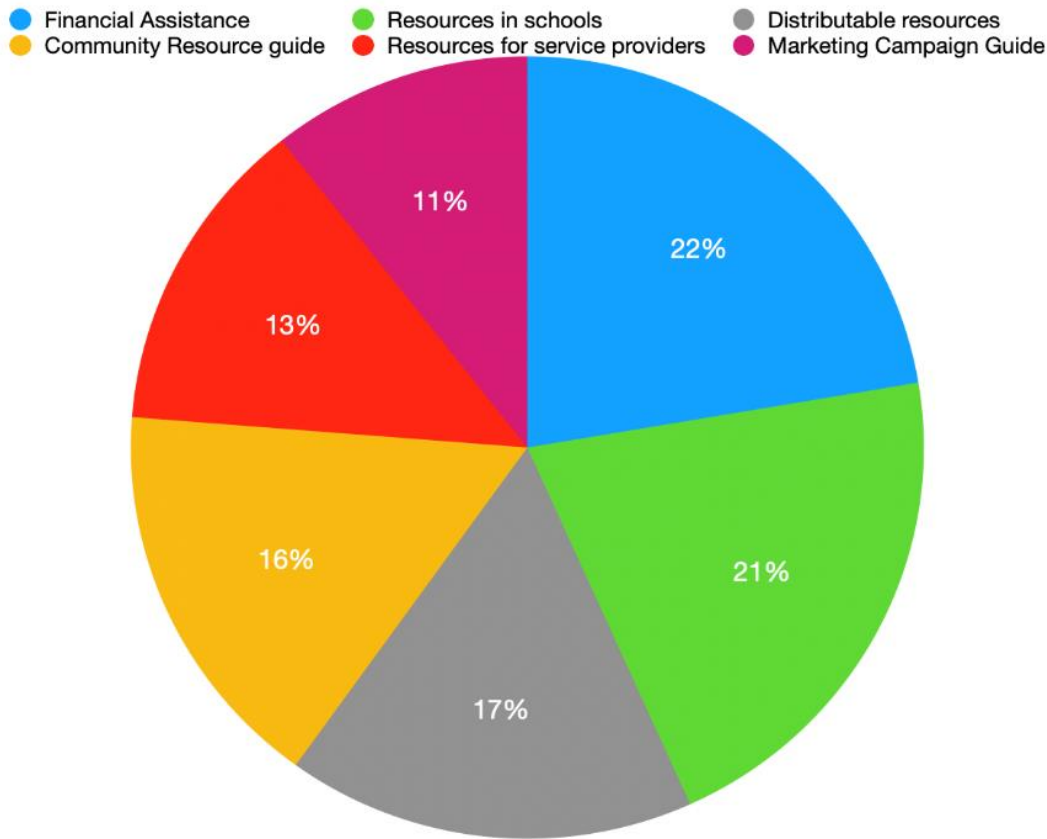
Figure 1
Barriers to mental health care
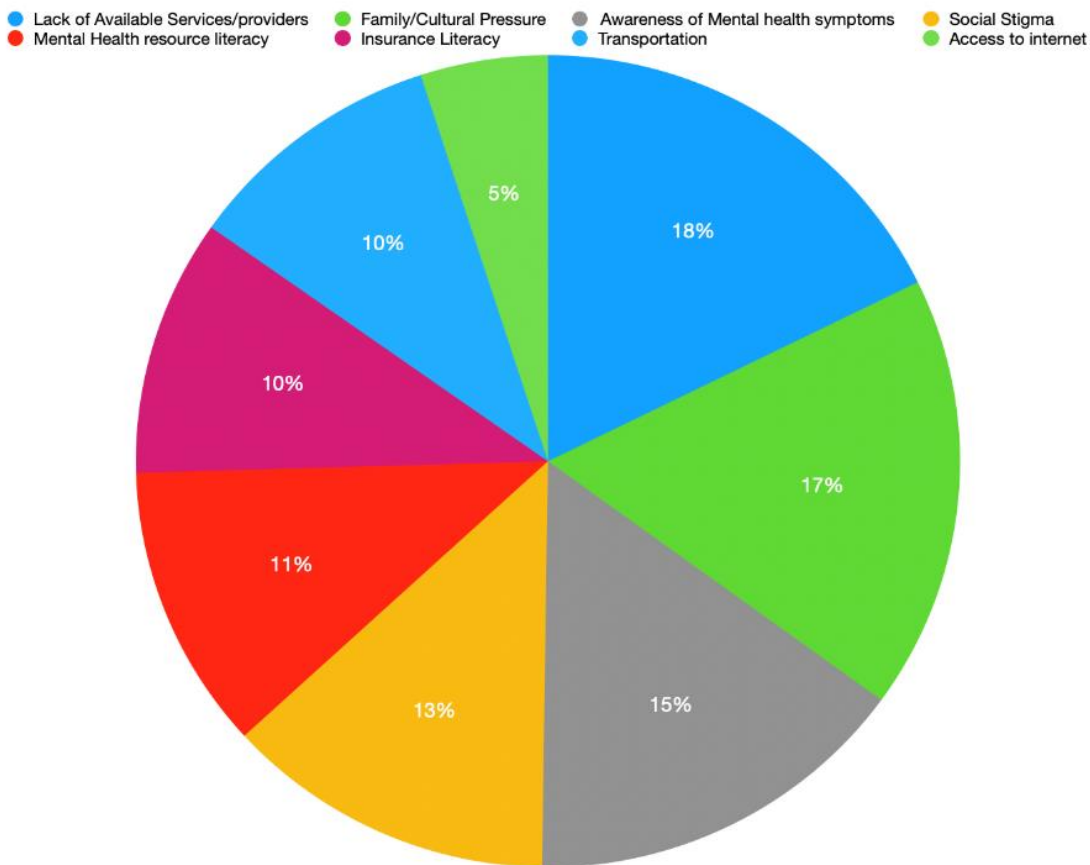
Figure 2
Potential solutions to remove barriers

Pennsylvania Youth Survey

The 2023 Pennsylvania Youth Survey was the 17th biennial administration since 1989. This report compared the results of the 2019, 2021, and 2023 surveys, as well as comparisons to youth nationwide. The survey is administered in each participating school using either paper and pencil or an online tool. The survey is voluntary – youth can skip any questions they do not wish to answer, or they can opt out of the survey entirely. Additionally, students are made aware that their responses will remain anonymous and confidential. No individual student-level data can be obtained from the data set, and the results are reported in aggregate at the local, county, and state levels.

The survey is a primary tool in Pennsylvania's prevention approach to using data to drive decision making. By looking not just at rates of problem behaviors but also at the root causes of those behaviors, the survey allows schools and communities to address reasons (such as a lack of commitment to school) rather than solely analyzing behavior (such as poor grades). This approach

and subsequent action by districts have repeatedly shown in national research studies to be the most effective ways to help youth develop into healthy, productive members of society.

In Erie County, 34 out of 42 schools (in 14 of 15 districts or charter/private schools) participated in the 2023 Pennsylvania Youth Survey Total 2022-23 enrollment shows that of the 10,470 students in grades six, eight, 10, and 12 enrolled in participating schools, 7,586 valid surveys were submitted (a participation rate of 72.5%). Overall, 70.1% of students surveyed in this county were white , 10.1% of students were African American, and the remainder were a combination of the remaining categories. Students identified as Hispanic, Latino, or Spanish origin made up 10.3% of the respondents.
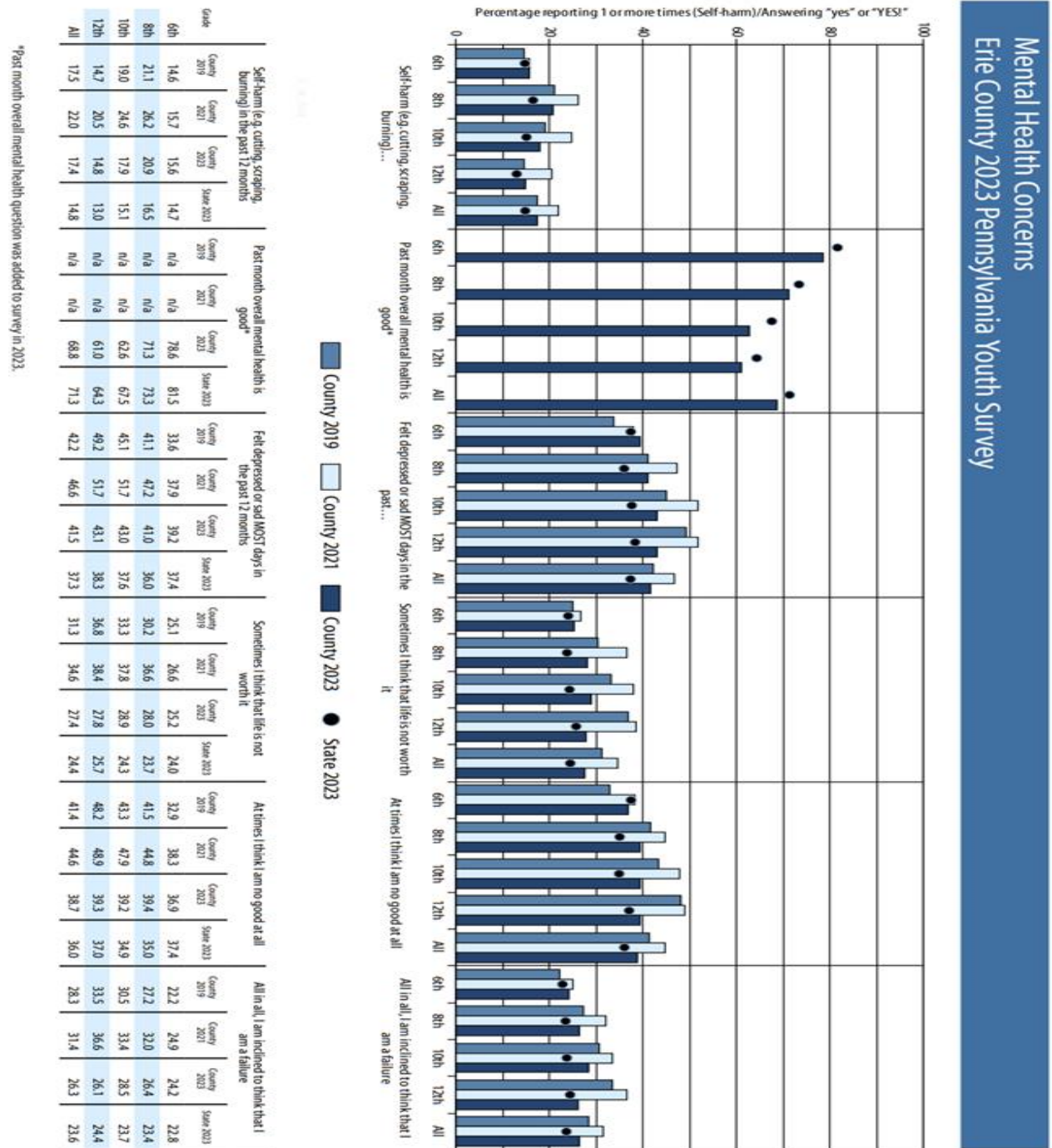
Mental Health Concerns

The 2023 survey results showed drug, alcohol, and tobacco use along with mental health issues are declining in Erie County youth and are in line with statewide results, but the numbers of students reporting mental health issues remain high. Compared to past survey results in Erie County, 41.5% of 2023 respondents felt depressed or sad most days in the past year, down from 42.2% in 2021. Of 2023 respondents, 38.7% thought at times they are no good at all; this is down from 41.4%. Thoughts of completing suicide affected 18.1% of respondents, down from 21.6%. Self-harming behaviors were reported by 17.4%, slightly down from 17.5%. This data is presented in Figures 3 and 4.

Erie County Department of Human Services

Human Services administers the Medical Assistance and County-based dollars for Erie County, which fund services through two primary agencies, Erie County Care Management and Community Care Behavioral Health. Both agencies are required to track and report the number of Erie County residents eligible for Medical Assistance and the individuals receiving services. Reported services received are defined as the number of unduplicated individuals who received any behavioral health services during any given time during the fiscal year defined as July 1 through June 30. Behavioral health services include mental health or drug and alcohol services. For the purposes of this report, the cohort reviewed data, seen in, for age groups 14 to 18 from fiscal year 2020-21 through fiscal year 2023-24 (July 1, 2020 through June 30, 2024).
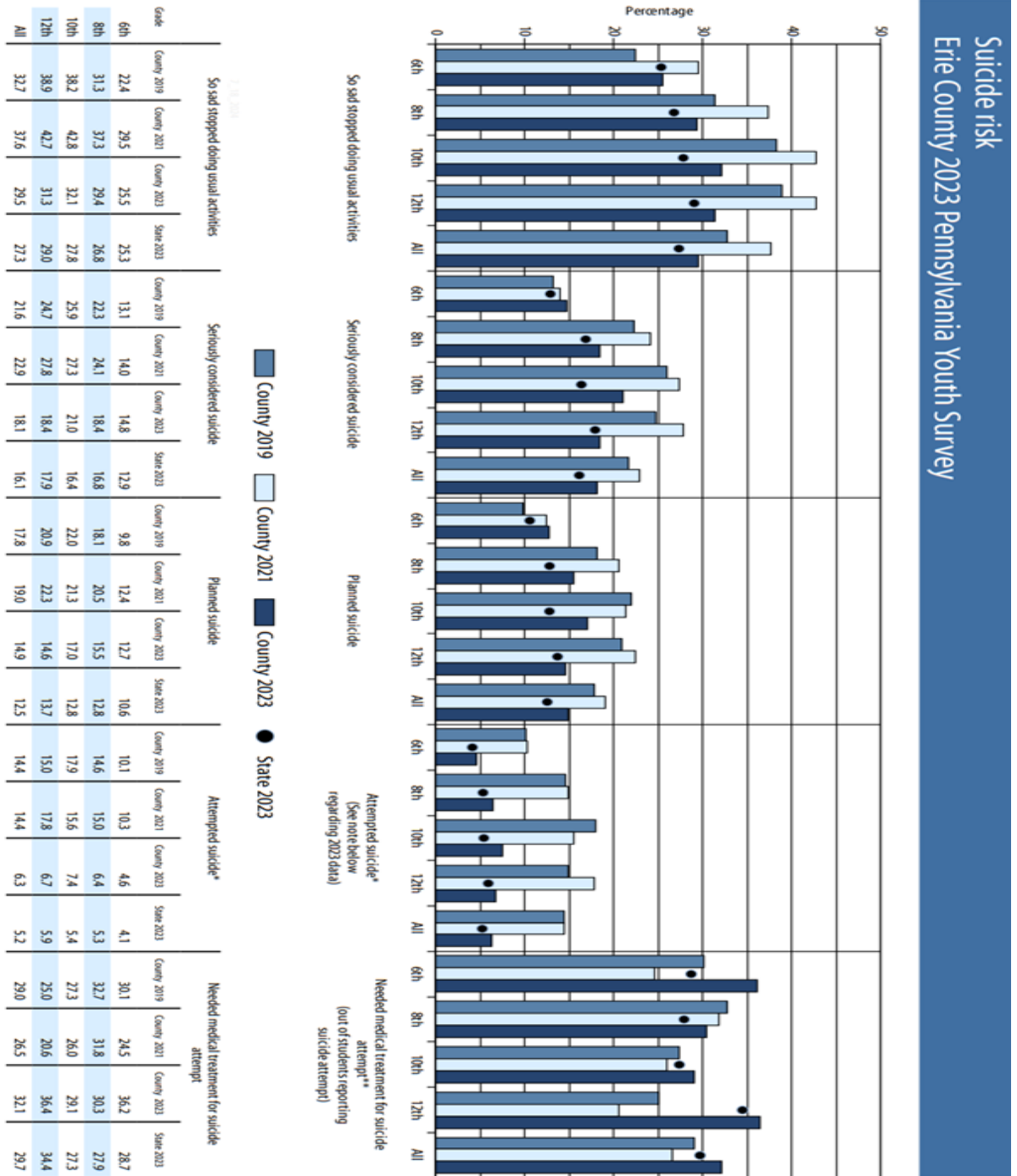
Figure 3

Mental Health Concerns: Erie County, Pennsylvania, Youth Survey. For 2023, Erie County, for all grades surveyed in Figure 3, is adversely either higher or lower than the state average for each mental health concerns statement.

Mental Health Concerns
Erie County 2023 Pennsylvania Youth Survey

Legend: County 2019 | County 2021 | County 2023 | ● State 2023

Self-harm (e.g. cutting, scraping, burning) in the past 12 months

Grade	County 2019	County 2021	County 2023	State 2023
6th	14.6	15.7	15.6	14.7
8th	21.1	26.2	20.9	16.5
10th	19.0	24.6	17.9	15.1
12th	14.7	20.5	14.8	13.0
All	17.5	22.0	17.4	14.8

Past month overall mental health is good*

Grade	County 2019	County 2021	County 2023	State 2023
6th	n/a	n/a	78.6	81.5
8th	n/a	n/a	71.3	73.3
10th	n/a	n/a	62.6	67.5
12th	n/a	n/a	61.0	64.3
All	n/a	n/a	68.8	71.3

Felt depressed or sad MOST days in the past 12 months

Grade	County 2019	County 2021	County 2023	State 2023
6th	33.6	37.9	39.2	37.4
8th	41.1	47.2	41.0	36.0
10th	45.1	51.7	43.0	37.6
12th	49.2	51.7	43.1	38.3
All	42.2	46.6	41.5	37.3

Sometimes I think that life is not worth it

Grade	County 2019	County 2021	County 2023	State 2023
6th	25.1	26.6	25.2	24.0
8th	30.2	36.6	28.0	23.7
10th	33.3	37.8	28.9	24.3
12th	36.8	38.4	27.8	25.7
All	31.3	34.6	27.4	24.4

At times I think I am no good at all

Grade	County 2019	County 2021	County 2023	State 2023
6th	32.9	38.3	36.9	37.4
8th	41.5	44.8	39.4	35.0
10th	43.3	47.9	39.2	34.9
12th	48.2	48.9	39.3	37.0
All	41.4	44.6	38.7	36.0

All in all, I am inclined to think that I am a failure

Grade	County 2019	County 2021	County 2023	State 2023
6th	22.2	24.9	24.2	22.8
8th	27.2	32.0	26.4	23.4
10th	30.5	33.4	28.5	23.7
12th	33.5	36.6	26.1	24.4
All	28.3	31.4	26.3	23.6

*Past month overall mental health question was added to survey in 2023.

Figure 4

Suicide Risk: Erie County, Pennsylvania, Youth Survey. For 2023, Erie County, for all grades surveyed in Figure 4 is adversely higher than the state average for each suicide risk statement.

Suicide risk — Erie County 2023 Pennsylvania Youth Survey

Legend: ▨ County 2019 ☐ County 2021 ◼ County 2023 ● State 2023

So sad stopped doing usual activities

Grade	County 2019	County 2021	County 2023	State 2023
6th	22.4	29.5	25.5	25.3
8th	31.3	37.3	29.4	26.8
10th	38.2	42.8	32.1	27.8
12th	38.9	42.7	31.3	29.0
All	32.7	37.6	29.5	27.3

Seriously considered suicide

Grade	County 2019	County 2021	County 2023	State 2023
6th	13.1	14.0	14.8	12.9
8th	22.3	24.1	18.1	16.8
10th	25.9	27.3	21.0	16.4
12th	24.7	27.8	18.4	17.9
All	21.6	22.9	18.1	16.1

Planned suicide

Grade	County 2019	County 2021	County 2023	State 2023
6th	9.8	12.4	12.7	10.6
8th	18.1	20.5	15.5	12.8
10th	22.0	21.3	17.0	12.8
12th	20.9	22.3	14.6	13.7
All	17.8	19.0	14.9	12.5

Attempted suicide*
(See note below regarding 2023 data)

Grade	County 2019	County 2021	County 2023	State 2023
6th	10.1	10.3	4.6	4.1
8th	14.6	15.0	6.4	5.3
10th	17.9	15.6	7.4	5.4
12th	15.0	17.8	6.7	5.9
All	14.4	14.4	6.3	5.2

Needed medical treatment for suicide attempt†
(out of students reporting suicide attempt)

Grade	County 2019	County 2021	County 2023	State 2023
6th	30.1	24.5	36.2	28.7
8th	32.7	31.8	30.3	27.9
10th	27.3	26.0	29.1	27.3
12th	29.0	20.6	36.4	34.4
All	29.0	26.5	32.1	29.7

In the latest available data, FY 2023-24, for individuals aged 14 to 18, 79% of individuals receiving behavioral health services identified as white, 14.9 % African American, 1% Asian, 0.5% Native American or Alaskan Native and 4.3% Other. Additionally, 55% identified as female and 44.9% as male. 67.4% resided in an Erie City ZIP code, 31.9% resided outside the city of Erie in a township or municipality, and 0.58% resided either outside Erie County or outside Pennsylvania.

Available data is limited to individuals in Erie County who are medical assistance eligible and do not include data for individuals eligible and receiving behavioral health services through private pay and private insurance. The decrease in individuals receiving behavioral health services from fiscal years 2022-23 to 2023-24 is similar to the most recent 2023 Pennsylvania Youth Survey results, which indicates a decrease in self-reported mental health concerns and suicide risk for individuals in grades six through 12 (approximately ages 12 to 18). The data also show a decline in the overall percentage of youth ages 14 to 18 receiving behavioral health services provided or funded by Erie County Department of Human Services from 2020-21 through 2023-24. However, the number of individuals in that demographic who were eligible for medical assistance increased by 1,387 across the same timeframe. The Human Services data is presented in Figures 5, 6, and 7.

Figure 5

Erie County Medical Assistance (MA) Eligibility and Service Utilization Data 7/1/2014 through 6/30/2024 By Fiscal Year and Age Group

|	Ages 0-13			Ages 14-16			Age 17			Subtotal: Ages 14-17			Ages 18-20			Ages 21+			Total (All Ages)		
	MA Eligible	Rcvng. BH Svcs	%	MA Eligible	Rcvng. BH Svcs	%	MA Eligible	Rcvng. BH Svcs	%	MA Eligible	Rcvng. BH Svcs	%	MA Eligible	Rcvng. BH Svcs	%	MA Eligible	Rcvng. BH Svcs	%	MA Eligible	Rcvng. BH Svcs	%
FY 20-21	27,115	3,852	14%	4,785	1,280	27%	1,494	352	24%	6,279	1,632	26%	4,410	916	21%	48,924	13,737	28%	86,728	20,137	23%
FY 21-22	27,800	3,835	14%	5,150	1,330	26%	1,564	391	25%	6,714	1,721	26%	4,788	899	19%	52,274	14,146	27%	91,576	20,601	22%
FY 22-23	28,146	3,950	14%	5,640	1,506	27%	1,697	393	23%	7,337	1,899	26%	5,025	898	18%	55,313	15,039	27%	95,821	21,786	23%
FY 23-24	27,928	3,976	14%	5,870	1,475	25%	1,796	369	21%	7,666	1,844	24%	5,104	811	16%	56,184	14,296	25%	96,882	20,927	22%

Figure 6

Erie County Medical Assistance Eligibility and Service Utilization Data 7/1/2014 through 6/30/2024 By Fiscal Year and Age Group, Individuals Receiving Behavioral Health Services by Age Group
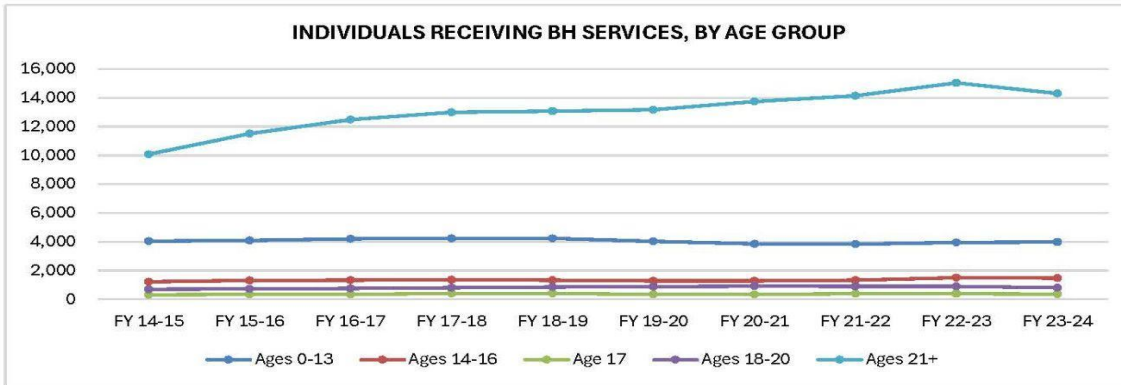
Figure 7

Erie County Medical Assistance Eligibility and Service Utilization Data 7/1/2014 through 6/30/2024 By Fiscal Year and Age Group, Percent of Medical Assistance Eligible Individuals Receiving Behavioral Health Services by Age Group
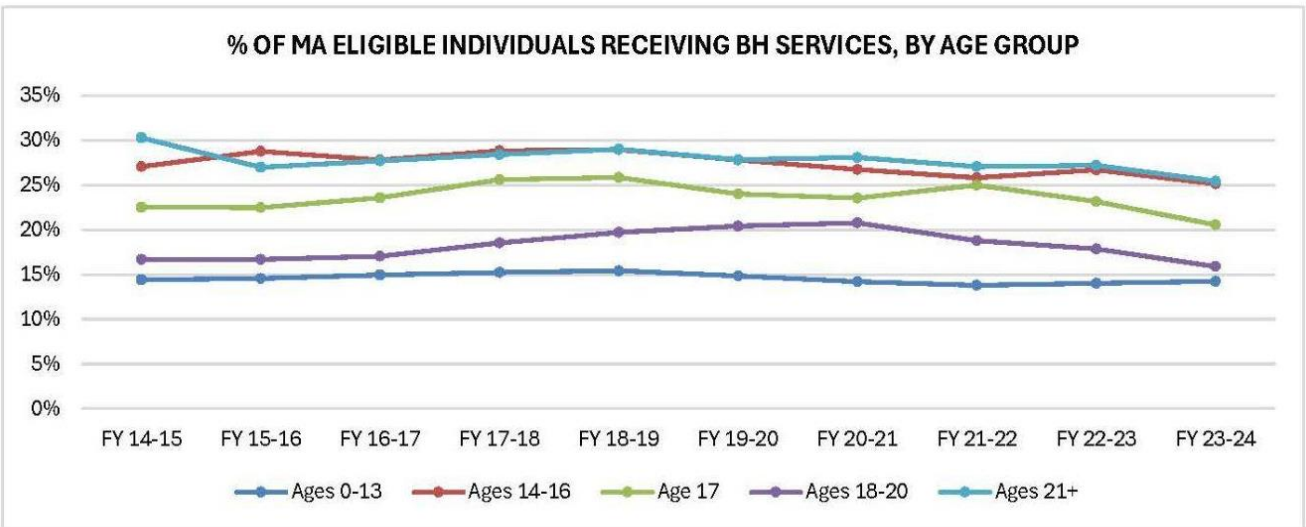
This section summarized the extensive data collection through the 2024 JCLA cohort's process of conducting interviews and analyzing surveys and data from county organizations and reports. While slight improvements in the quantitative data were seen, there were still gaps in care as discussed in the qualitative data.

Discussion

From the beginning of this project, the cohort's mission was to meet the mental health needs of Erie County's youth population. How can mental health care in Erie County be more visible and accessible to teenage youth? While a variety of mental health service providers (public and private, for-profit, and nonprofit) exist in the region, not everyone in need of their services could use them due to a variety of barriers: unfamiliarity; socioeconomic, environmental, and cultural barriers; and so on. Given this variety, the cohort focused on finding what it believes are the most significant barriers to Erie County youth accessing mental health care and identifying which solutions are most needed in the community. Using a mixed methods case study approach, the cohort examined the needs and services being accessed by Erie County youth and the observations of professionals on the "front lines" of mental health service.

The 2023 Pennsylvania Youth Survey data showed improvements in rates of mental health concerns and suicide risk in Erie County youth since 2021 nearly across the board, but rates still remain higher than state averages. Additionally, while rates of attempted suicide have dropped below 2019 levels, the rate of those attempts requiring medical treatment has increased in that same period in three out of four age groups surveyed. Health Department figures show a comparative drop in service utilization among the 14 to 18 age group, as well. However, more than half of adolescents do not receive needed mental health care, and nearly half of the students surveyed for the 2023 Pennsylvania Youth Survey still reported feeling depressed or bad most days. Additionally, given that more than one in six survey participants reported self-harming behaviors, it is clear that improvements in the youth mental health care system are critically needed in Erie County.

After reviewing interviews with local mental health professionals and examining the countywide and statewide mental and behavioral health data, a few "needs" stood out more prominently than others. The need to combat mental health stigma is seen at the individual, family, and community levels. Overcoming barriers to care appear broadly at the familial, community, and structural levels. The need to improve service coordination is seen at community and structural levels. Other needs, like improving awareness of mental health symptoms and navigating managed care insurance, fit into single frameworks (individual and structural, respectively). Barriers fitting into the community and structural frameworks were among the most prevalent. Lack of service providers was ranked as the largest barrier to care by those surveyed by the cohort, followed closely by family or cultural pressure to not seek care and lack of awareness of mental health symptoms. Solutions for these needs must be coordinated or applicable in multiple ways to allow improvements across the various frameworks. What applies to an individual may not be effective at systemic change and vice versa.

Because the challenges facing Erie County youth attempting to access mental health care cross all four elements of the research framework, solutions are needed not only from the bottom up, by individual practitioners or with individuals seeking care themselves, but also from the top down (organizational heads, policymakers, and community leaders). The expert-recommended solutions were primarily targeted toward systemic- and community-based frameworks of action: funding and financial assistance for both youths needing services and for mental health care service providers; improved availability and awareness of resources, especially through schools;

educational initiatives, and community programs; and improved collaboration and coordination between service providers.

Under the frameworks of the individual and the family, additional suggestions included the provision of distributable resources, digital resources, and social media campaigns to educate families and reach youths in their own environments. Some of these solutions are far more feasible in the short and medium terms than others. Digital resources, for example, are relatively quick to employ. Larger changes, like improving wages and working conditions for mental health care providers, will almost certainly not be quickly accepted yet are just as important to the overall improvement of the system. It will be crucial to plan for short-term solutions to the various challenges of youth mental health care in Erie County as well as the first steps toward long-term solutions if there is to be sustainable improvement overall.

There is a shared acknowledgment of how significant the need is for improvement in mental health care in Erie County. The Erie County Community Action Plan developed by Unified Erie in 2024 also presented similar barriers to care identified by its Resource and Planning Committee, including coordination of services and shared information; cultural barriers, family engagement, and parental support; long-term funding, program capacity, and staff consistency; and communication and awareness. The plan focuses on a few key risk and protective factors in community planning, but with a broader aim than just reducing barriers to youth mental health care. Its plan is certainly much larger in scope than this cohort's research, but many of its recommendations parallel those developed by the cohort.

The cohort's research identified several areas in which further research would be beneficial. A more comprehensive survey in Erie County would be an important next step, similar to the Unified Erie report, which engages with mental health care provision and the larger systemic barriers to access. One of the limitations of this cohort's study was the focus on Erie County data; a comparison specifically with counties of similar size and/or demographics would contextualize findings, as would a statewide comparison. Further research is still needed into mental health care for those facing intersecting needs, including Erie-area youth interacting with the foster care and the judicial systems. They involve at-risk groups and those facing cultural, linguistic, or immigration-related challenges, as well as the likelihood for demographically disparate access to mental health care. Additionally, a deeper examination of geographic disparities in mental health care between urban, suburban, and rural communities would be informative toward solutions that improve care access. Lastly, there is a need to further examine the nature of discoordination between public, private for-profit, and private nonprofit mental health care, to improve coordination of services.

Upon evaluating this research, the cohort suggests a three-pronged set of recommendations to policymakers, mental health service providers, and families. Because of the systemic nature of many of the challenges, changes are needed from policymakers at all levels. Federally, increased funding for public mental health care programs and nonprofits, improved guidance for and awareness of grants and other funding programs, and improvements in public and private insurance requirements for mental health care coverage would help ease underfunding and other financial burdens faced by individual and group providers. This would also reduce the financial burden on families who need care but cannot afford it. At the state level, improvements for funding of mental

health care services are necessary. To improve conditions for mental health care professionals, improvements need to be made in licensure processes and compensation, such as funding for continued education. Locally, a countywide standard of mental health care should be considered, and a reform of the managed care insurance process should be investigated to allow for consistency and reliability in service provision.

Local mental health service providers (and the groups and organizations coordinating with them) are on the front lines of the mental health challenges facing Erie County youth. Nonprofit and government-run or contracted agencies and group practices should ensure the care providers working for them receive competitive compensation and support. Motivating more people to enter the mental health care field while reducing burnout and retaining experienced practitioners is especially important to ensure that underserved, marginalized, or otherwise at-risk groups receive an appropriate standard of care. By collaboratively targeting grants and available funds, organizations could more effectively retain care providers when competing against larger telehealth and for-profit practices. Additionally, collaboration with local school districts can reduce various barriers to access while providing a venue.

To families and the community of Erie County, Pennsylvania, the cohort recommends taking advantage of the currently available educational resources and financial assistance to provide their young people with the best opportunities to receive mental health care. Seeking out resources, educating themselves and others, and sharing that information with neighbors and community members are important for educating the community about mental health and reducing the stigma associated with seeking and receiving care.

As stakeholders in the future of the community, each group has a distinct influence on the outcome of mental health challenges faced by Erie County's youth. Ultimately, the cohort's most significant recommendation is to improve communication and coordination between the various stakeholders in youth mental health and promote a community-wide and community-accessible mental health resource repository. Because mental health care is provided by private for-profit, private nonprofit, and public services, many people may be involved in serving the needs of any individual Erie-area youth. When these service providers are not effectively communicating and coordinating resources with one another and the people they serve, the organizations and individuals may compete for funding; youth may face contradictory rules and regulations; changes to providers may be confusing; and gaps in care may occur. As a result, youths who need mental health care may not receive services already available to them. The well-being of Erie County's youth is the well-being of the county's next cohort of university students, colleagues, neighbors, volunteers, and leaders. Ensuring they have access to available mental health resources is a step toward bettering the future they create.

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Appendix

Continued Research- Access to Mental Health Resources for Teens in Erie County

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The JCLA cohort seeks to explore how Erie County can improve both awareness of and access to evidence-based mental health services for youth in the 14 to 18 age group. The research is motivated by the urgent need to understand and address the systemic factors that hinder effective mental health care for this vulnerable population. It aims to provide a thorough investigation into the obstacles currently preventing youth from receiving timely and adequate mental health interventions. By understanding the root causes of these barriers, the research will offer practical recommendations to enhance service delivery and increase utilization, thus contributing to the broader public health strategy for Erie County. **Please complete the survey by 11/24/2024.**

Thank you for supporting our research by responding to this survey!

Please enter your name and organization (If applicable)

Short answer text

What is the first thing that a youth should do if they believe they have a mental health problem?

Long answer text

How do we reduce stigma around mental health issues for youth?

Long answer text

What are the most significant barriers youth face when trying to access mental health services?

	1- Most...	2	3	4	5	6	7	8	9- Least...
Transpo...	○	○	○	○	○	○	○	○	○
Social s...	○	○	○	○	○	○	○	○	○
Family/...	○	○	○	○	○	○	○	○	○
Lack of ...	○	○	○	○	○	○	○	○	○
Insuran...	○	○	○	○	○	○	○	○	○
Access ...	○	○	○	○	○	○	○	○	○
Awaren...	○	○	○	○	○	○	○	○	○
Mental ...	○	○	○	○	○	○	○	○	○
Other- n...	○	○	○	○	○	○	○	○	○

Please expand on your answer if desired

Short answer text

How can we make accessing services easier?

	1- Most im...	2	3	4	5	6	7- Least i...
Financial ...	○	○	○	○	○	○	○
Distributa...	○	○	○	○	○	○	○
Communit...	○	○	○	○	○	○	○
Marketing ...	○	○	○	○	○	○	○
Resources...	○	○	○	○	○	○	○
Resources...	○	○	○	○	○	○	○
Other- not ...	○	○	○	○	○	○	○

Please expand on your answer if desired

Long answer text

How do we coordinate behavioral health services most effectively in Erie County?

Long answer text

How do we coordinate behavioral health services most effectively in Erie County?

Long answer text

Can you share a beneficial practice from your experience in accessing mental health services?

Long answer text

If you could wave your magic wand and fix the mental
health system, what would you do?

Paragraph

Long answer text

Required

Any additional comments?

Long answer text

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