

The Testimony of Trace Terrell

February 15, 2022

The United States Senate Finance Committee

Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care



YouthLine
A Service of Lines for Life



*We listen. We support.
We keep it to ourselves.*



Thank you Chairman Wyden, Ranking Member Crapo, and the other members of the committee for the opportunity to represent the youth perspective as it pertains to mental health.

My name is Trace Terrell, I use he/him pronouns, and I am a seventeen-year-old from Oregon. Before I share more about myself, I would first like to tell you some things I have heard from teens across the country:

4:07 P.M. i just need someone to talk to

4:37 P.M. my dad hit me but you can't call the cops

9:45 P.M. i'm afraid i might be pregnant

5:23 P.M. i need therapy but my family can't afford it

6:28 P.M. i just failed my math test

8:07 P.M. i just lost my dad and i can't stop crying

6:42 P.M. I wanna kill myself

These are just some examples of the many conversations that I respond to as a volunteer with YouthLine, a free, confidential, teen-to-teen crisis help support hotline located in Oregon. Whether helping someone navigate complicated feelings about their sexuality or working with others to develop comprehensive safety plans, I spend three-and-a-half hours every week responding to a variety of mental health challenges experienced by teens across the country, with an emphasis on the fact that no problem is ever too big or too small.

I became involved with YouthLine during my freshman year of high school. As someone who struggled with depression, suicidal ideation, eating disorder behavior, and anxiety throughout middle and early high school, I, for the longest time, believed that no one could relate to my experiences. However, as I became more involved with YouthLine, I began to see my challenges reflected in those who contacted the line. Whether it was the shared experience of wishing to wake up straight or the common struggle of access to care, I realized that my challenges were a



microcosm of public health issues that affected hundreds of thousands of teens across the country.

As more and more teens start to have conversations about mental health and engage in help-seeking behaviors, the need for expansive and intersectional mental health efforts has never been so needed. Since Youthline's inception, we have experienced an annual increase in contact volume of about 15% annually, with an additional increase of 3%-5% since the COVID-19 pandemic started two years ago.

So, what can we do to address the youth mental health crisis?

1. We must centralize our efforts in schools.

From my experience and many of my peers, mental health efforts in schools are lacking. Day after day, I hear my friends and those on the line voice about how inaccessible school counselors are due to being overworked and overloaded. This is an especially difficult challenge for the many teens who rely on school mental health professionals for crisis care. We must either provide funding for more mental health professionals or funding for additional staff who can assume some of the overwhelming workload placed on counselors.

We must also create a streamlined approach to free mental health screenings and referrals. At my school, four out of every five referrals to external resources are not carried out. Let that sink in: 80 percent of referrals go nowhere. Someone who needs help, should receive help. We need funding for schools to develop meaningful and sustainable partnerships with School-Based Health Centers, CCBHCs, county and state governments, community organizations, and primary care facilities.

Last, we need to provide funding and technical support for state mental health education standards. In ninth grade, my health class spent less than a week on our mental health curriculum that only addressed the symptoms of mental illnesses. Students should learn about engaging in real-world help-seeking behaviors, developing systems of self-care, and supporting our friends with mental health struggles, because statistics show we turn to each other before anyone else. That can only be done with a comprehensive and evidence-based mental health curriculum that invites the active participation of school, community, and youth leaders.



2. We need to address the pressing challenges that young people continue to face in accessing mental healthcare.

While I'm no expert in policy solutions, I am someone with lived experience. I know what it's like to be a teen—today—struggling with mental health. And I know what it's like to offer support to teens in crisis.

On and off the lines, the most common struggles I see expressed by my peers in regard to accessing mental healthcare are:

1. Financial, transportation, and broadband barriers;
2. The urban/rural divide in mental healthcare;
3. The lack of mental health professionals and adequate follow-through care; and,
4. The stigma around mental health.

These issues are incredibly real.

When I sought help from a mental health professional, my options were limited. In my rural community, there is only one state-funded behavioral health clinic. While I was able to attend virtual appointments, I'm not sure I would have been able to get the help I needed without Telehealth. For someone who lives on the outskirts of town like I do, coordinating safe transportation would have been a challenge.

Sadly, my experience isn't isolated. My friends have struggled to receive professional mental health services because it's too expensive for their families, not covered entirely by their insurance, too far away to be accessed, or inaccessible because of unreliable internet access. Financial, transportation, and broadband barriers are even more prevalent and intensified in rural areas, which is why we need funding for isolated communities to develop robust mental health infrastructure. Most importantly, we need to bring care to where people are—and for teens, that's in schools or at home. We must fund accessibility before we fund new initiatives.

In addition, the lack of mental health professionals and adequate follow-through care prevents teens from receiving the help they need. On the lines, we often have people who reach out more than once, whether that's between therapy appointments or simply because there is no one in their lives they can go to for support. Although YouthLine is a crisis service and not meant



for long-term care, we're often some teens' first step in accessing professional mental health services.

We know from a study of the National Suicide Prevention Lifeline that about 18 percent of the 2 million people who call every year are under 25 years of age, which means there are about 360,000 young people reaching out for help. We also know that teens are more likely to talk to teens. One of the ways we could approach the lack of mental health professionals is by funding a national Youthline. What youth need is to be able to call the National Suicide Prevention Line, press a number, and have the opportunity to be connected with another trained teen. Think of it as an off-ramp like the Veterans Crisis Line.

Finally, addressing the stigma around mental health means building on our existing efforts and encouraging people with lived experience to share their stories. I share my story to ensure others in similar situations know that they're not alone. However, too often are lived experiences overlooked in legislative work. We must make every effort to invite and incorporate personal storytelling in this work.

3. We must invite youth to the table and value their insights as natural partners in this work.

I am just one of 165 YouthLine volunteers.

What does that tell you?

Youth aren't afraid to talk about mental health—if anything, adults are.

Across the country, young people are mobilizing and advocating for mental health like never before. Beyond YouthLine, I have been involved with organizations like Active Minds, through whom I and millions of my peers help to change the narrative for how we talk about, value, and seek care for our mental health. I have also been able to serve as part of the National Mental Health Advisory Board, facilitated by Well Being Trust, Young Invincibles, and Active Minds. During my time, I helped to guide the development of a digital mental health advocacy toolset to empower future youth mental health leaders in enacting change on a local, state, and national level. In all of this, I have seen my peers speak at school board meetings about the importance of mental health excused absences, foster upstream suicide prevention in elementary and middle schools, and meet with local and state legislators.



We believe in the power of peer-to-peer mental health support.
We believe in the power of robust, youth-led mental health coalitions.
We believe in the power of our generation to create meaningful and sustainable change.
But most of all, we believe that we deserve a seat at the table.

We need to recognize youth as stakeholders in this work. We can do this by funding the countless youth-led mental health coalitions across the country; by funding new opportunities for youth to be involved in legislative work on the local, state, and national level; and by funding organizations that can make sure the voices and sentiments of youth are captured and shared.

If there's anything I want to leave with you today, it's this: Teens are talking—and we need you to listen.

At YouthLine, we know that what we do makes a difference in the lives of young people across the country. And we know that because of what we hear from teens after—after we've connected them to help, after we've talked about self-care, and after we've helped them find a path forward.

6:26 P.M. i feel so much better talking

7:34 P.M. there's no one else in my life i could have talked to

8:34 P.M. if it weren't for this conversation, i wouldn't be here today

Thank you.