EXECUTIVE SUMMARY

This report captures findings from 12 two-hour virtual focus groups conducted during April and June 2022 with 44 caregivers and 32 youth, representing 31 counties (rural and urban) from around Georgia. Staff from Voices for Georgia’s Children and the Georgia Rural Health Innovation Center facilitated caregiver focus groups comprising various caregiver types (e.g., parents, foster parents, legal guardians). Youth trained in research methods and focus group facilitation, along with staff from Voices for Georgia’s Children and VOX ATL, conducted focus groups that included youth aged 12-18. This method, known as the Youth Participatory Action Research approach, empowers youth to research and seek solutions to issues that affect them and their communities. Youth and caregivers were diverse in geography, race, age, and insurance coverage.

Prior to the pandemic, Americans were already struggling with unmet mental health needs. In 2019, approximately 40 percent of American adults with serious mental illness and 60 percent of youth with major depression did not receive mental health care. Georgians were no exception to this reality, as one-quarter of the state’s adults and two-thirds of youth reported unmet mental health care needs as of 2019.

As COVID-19 spread across America and quarantine protocols were put in place, there were significant increases in the number of adults and youth reporting mental health challenges. In June 2020, American adults reported symptoms of anxiety and depressive disorders at three and four times the rate reported in June 2019, respectively. In the same 2020 survey, 13 percent of adults surveyed reported that they began or increased substance use to cope with stress or emotions related to the pandemic. Similarly, youth in Georgia reported feeling depressed at a 14 percent higher rate in 2021 than those surveyed in 2019.

Moreover, the pandemic affected Black, Indigenous, and People of Color (BIPOC) families in specific ways related to social determinants of health. COVID-19 exacerbated the financial instability, housing insecurity, and shortages of food that BIPOC communities were already disproportionately experiencing before the pandemic. Although BIPOC communities experienced higher rates of depression and anxiety during the pandemic, data shows that these communities received treatment at lower rates than white communities.

Many factors are involved in how communities access mental health care. Lack of transportation, insufficient insurance, stigma, cost, and general confusion over how to navigate the mental health care system can all contribute to an inability to access care. One major challenge is a shortage of mental health providers. In 2019, there was one mental health provider to 690 residents in the state, and almost all of Georgia’s counties were classified as Mental Health Professional Shortage Areas. Further, as Georgia’s population becomes more diverse, additional barriers are appearing surrounding language, identity, and cultural competence. Georgia has made steady progress in improving available mental health services and supports. By building state and local infrastructure to assist with planning and coordinating behavioral health services for adults and youth, Georgia has remained dedicated to implementing the System of Care (SOC) framework. Despite these improvements, there is still much more work to be done.

The following findings are based on the experiences of, and perceptions shared by, caregivers and youth that participated in focus groups. As most data surrounding the effects of COVID-19 on mental health exists solely on a national level or in quantitative forms, these findings add invaluable context in understanding the unique needs of Georgia’s caregivers and youth.

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i. Social determinants of [behavioral] health (SDoH) are the economic, social, and political conditions that influence a person’s behavioral health risks and outcomes over the course of a lifetime, including health care access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environments. (Centers for Disease Control and Prevention)

ii. Mental health shortage area designations are based on the number of providers relative to the population; the population-to-provider ratio must be at least 30,000-to-1 (20,000-to-1 if there are unusually high needs in the community).
KEY FINDINGS

Isolation, uncertainty, and drastic lifestyle changes resulting from the COVID-19 pandemic exacerbated mental health issues in both caregivers and youth. Caregivers said that the pandemic led to increased responsibilities at home and work, separation from community, and financial uncertainty that significantly increased their stress and anxiety. For youth, separation from friends and activities disrupted their social lives, while virtual learning left many students struggling to keep up with schoolwork. Notably, many caregivers said that the pandemic improved their mental health and/or their children’s mental health in some ways by removing the pressures of in-school learning and being able to spend more time together as a family. Youth remarked that the pandemic allowed them more time to sleep and more freedom to do things during the school day.

Access to mental health care before and during the pandemic was extremely limited due to a shortage of providers, inadequate insurance coverage, high costs, and insufficient information. Caregivers living in rural communities reported having limited, if any, options for mental health care, resulting in long commutes to seek treatment. Lengthy wait times for appointments and complicated transitions were common experiences described by those initiating treatment. Regarding insurance, caregivers reported poor coverage, high premiums, and limited provider options, which frustrate the process of finding quality providers. In addition, an overall lack of information makes navigating the mental health care system difficult for families. While telehealth can be an effective alternative to in-person care, caregivers noted that limitations on broadband access and rules surrounding out-of-state care reduce the benefits of telehealth.

Identity, family characteristics, and social status create barriers to seeking and receiving mental health care. Youth reported being hesitant to discuss mental health with parents as a result of cultural norms that frown upon or do not accept mental health issues as a legitimate problem – some even fear being ostracized. Both caregivers and youth said that a lack of diversity among mental health care professionals also discourages people from seeking mental health care, as they often seek treatment from those with whom they can relate.

I am now connected more with my family [in] understanding their particular needs and being able to champion for them when it comes to their medical needs.

Caregiver, Fayette County

I [learned] that in Dekalb County, there’s only on pediatric psychiatrist in the whole county and...they are always booked. And so, he’s only seen once a month because of the availability of the one pediatric psychiatrist.

Caregiver, Dekalb County

[W]e don’t have enough black providers to serve that community. And there may be some hesitancy, unless you’re able to see somebody who can look like you and relate to you... whether it’s specific issues to a particular community or [the ability] to relate [to] a life experience.

Caregiver, Camden County

I think a lot of us (children of immigrants) mentioned previously, that... our identity makes it more difficult for us, I guess, to seek mental health care because of the stigma around it and maybe not having really anybody nearby or close that we can talk to.

Youth, Age 16, Henry County
School-based mental health (SBMH) care is limited due to administrative demands, training deficiencies, and shortages of school guidance counselors. Focus group participants believed that school counselors are either focused on academic demands, lack proper training, or are simply overwhelmed by the needs of their students. Overall, caregivers viewed school as a key setting where youth mental health needs should be addressed but felt that most schools fall woefully short in this area.

Knowledge of local mental health resources varies. Better communication and awareness of those that do exist was identified as a critical need. Focus group participants had some knowledge of behavioral health resources outside of schools and primary care. Caregivers identified community service boards (CSBs) and residential treatment facilities as behavioral health resources; however, access to these options may be limited based on location and type of care needed (immediate or intensive care versus less intensive treatment). For both youth and caregivers, Certified Peer Specialists and peer groups provide personal support by connecting them with others through shared experiences and may be used to bolster SBMH. Still, some participants were unaware of available resources in their community and were unsure where to begin should they need care. Further, there are very few, if any, local resources for youth in most communities.

[W]e have a ton of schools but [there are] a ton of kids in them. And we just recently got one counselor in every single school, and that was a huge deal. But [my daughter’s school] has 400 kids to one counselor, and so they’re just completely overwhelmed.

Caregiver, Camden County

[The] counselors at my school... their primary purpose is not necessarily to counsel students. It’s primarily to do class changes and decide whether or not you should take dual-enrollment classes and all of that.

Youth, Age 17, Paulding County

I don’t know of any, other than me seeking out help through the school to find out, to ask for a resource for a therapist that was covered under my insurance, I wouldn’t have even been able to find that.

Caregiver, Fulton County

I learned about mental health from GCAPP, the Georgia Campaign for Adolescent Power and Potential. And it’s just being within the youth council and having the opportunity to be a moderator and participate in teen summits where we’re focusing on mental health.

Youth, Age 17, Clayton County

iii. School counselors are school district employees who typically offer students academic guidance (e.g., class schedules, addressing educational needs) and mental health support (through 504 and Individualized Educational Programs) and who provide administrative support to the school. They are distinct from community mental health providers, who provide in-school mental health treatment for students through partnerships such as the Georgia Apex Program.
Based on these findings, Voices for Georgia’s Children offers the following select recommendations for different audiences. A comprehensive list of all recommendations can be found on page 24.

### State leadership and agencies
- Continue to expand the Georgia Apex Program’s reach in rural and underserved communities.
- Track and promote SBMH services and supports in the state.
- Via funding and training, encourage schools to start and grow quality SBMH programs, and better leverage school counselors to provide behavioral health services to any student in need.
- Allocate more funding to support the implementation of SBMH workforce pipeline programs, including paid practicum placements, and reimbursement for supervised training of emerging professionals.
- Increase state funding to expand reach of mental health awareness (i.e., Youth Mental Health First Aid, including the importance of confidentiality) training for teachers, school counselors, and staff (e.g., administrative faculty, coaches, other extra-curricular advisers) and to increase understanding of community-based mental health resources.
- Develop awareness campaigns to promote community-level mental health resources, including CSBs, and reduce cultural- and identity-based stigma (e.g., Black, Hispanic, adolescent males).
- Adopt a standard of cultural competency training and requirements for behavioral health professionals and paraprofessionals.

### Schools
- Actively and frequently promote existing SBMH and community-based behavioral health services and supports to students and caregivers.
- Leverage existing training and resources (e.g., Sources of Strength, Teen Mental Health First Aid, 4-H, Georgia Campaign for Adolescent Power and Potential, Community Resiliency Model, Free Your Feels (FYF) campaign), including afterschool and summer learning programs, to develop teen-led or -focused mental health support programs and initiatives, including those that support healthy educator-student relationships (e.g., promote strategies to minimize oversharing of student mental health challenges through FYF).

### Higher education institutions
- Track and publish demographic data for students enrolled in behavioral health fields and develop outreach and other strategies to attract a more diverse applicant pool.

### Insurers (public and private)
- Simplify the process for beneficiaries to identify local mental health providers and ensure that provider network information is accurate and indicates whether providers are accepting new patients.

Our research found that there is an urgent need to improve access to behavioral health care for Georgia’s families to cope with both prepandemic and COVID-19-related behavioral health needs. Youth and caregivers’ insight is invaluable in that it provides a community-level perspective to state agencies, nonprofits, and community-based service providers as they work to enhance access to and quality of mental health care in the state. These proposed recommendations should assist Georgia with improving mental health outcomes for youth and families by allowing for a more accessible and efficient System of Care.