



AIM Ideas Lab Youth Survey 2024

Marin County

Research Design Collaborators

AIM Youth Mental Health

Judy Smythe, Executive Director

Mariana Jimenez, Program Manager

Pamela Clemens, Regional Director + Ideas Lab Mentor

Alejandra Sanchez Lazaro, Ideas Lab Co-Mentor

Mariana Reyes, Ideas Lab Co-Mentor

AIM Ideas Lab Participants - Marin County

Isabella Bailey, Ben Borgeson, Alaina Brasch, Simone Carr, Andrew Delsol, Julia Delsol, Brielle Donner, Stella Fowler, Erin He, Jennie Liu, Siena Michelson, Adeline Newby, Willa Riedy, Katherine Rogers, Sophia Rubel, Lilah Smith, Alexandra Sumski, Ella Tyner, Julian Vari, Ashley Wang, Samantha Winslow

Youth Report Created by AIM Ideas Lab Participants March 17-April 14, 2024

Introduction

AIM Youth Mental Health invited high school student volunteers in Marin County to take part in the AIM Ideas Lab: A Youth Participatory Action Research project focused on mental health advocacy. This program ran from January 7 - April 8, 2024.

Twenty-one AIM Ideas Lab youth researchers from Marin County worked together to conduct youth mental health research and make recommendations to policymakers, researchers, and their community about how to address the youth mental health crisis. Neary 400 hours of community service was invested by the youth participants in this program.

AIM Ideas Lab Program Objectives:

1. Discuss youth mental health and emerging concerns, and collaborate to devise strategies to address these challenges with teens from various high schools
2. Learn about conducting and analyzing qualitative and quantitative scientific research.
3. Conduct peer-to-peer research mentored by youth mental health researchers and professionals.
4. Collect, compare, and analyze research findings with the outcomes of AIM Ideas Labs held across multiple counties
5. Advocate for the youth perspective by presenting ideas, research, and recommendations through identified communication channels.

Research Design: Youth Participatory Action Research (YPAR)

Youth Participatory Action Research (YPAR) is an approach to research and social change that encourages young people to use their own perspectives and strengths to identify, study, and address issues that impact them.

Research Objective: Survey a demographically representative sample of teens in Marin County to identify the most pressing mental health challenges they are facing and to explore potential strategies for addressing them effectively.

Survey Distribution: The survey took about 10-15 minutes to complete. The survey was distributed February 22 - March 13, 2024, via word-of-mouth, text message, social media, and in select schools. 317 youth in Marin County completed the survey.

Mixed-Methods Approach: The survey consisted of 17 quantitative (frequencies, percentages) and 3 qualitative questions (open ended response) and results were analyzed by the youth researchers to form conclusions and recommendations for youth and adult stakeholders in the community.

Executive Summary

1. Academics stress and pressure has emerged historically as one of the leading causes of deteriorating mental health in teens. The following emerged as the most stressful aspects of school for teens:
 - 1.1. Getting good grades: 78.6% of teens
 - 1.2. Fear of failing or not being good enough: 78.3% of teens
 - 1.3. Not sleeping enough: 77.3% of teens
 - 1.4. Amount of studying and homework: 76.7% of teens
 - 1.5. Planning for the future after high school: 64.5% of teens

2. 72.0% of teens in Marin County believe that learning how to respond when someone opens up about their mental health is a crucial way for all teens to better support each other's mental well-being and are advocating for early preventative mental health education to be integrated into school curriculums.

3. There is a discrepancy between genders' comfort levels and general feelings and awareness surrounding mental health with 92.4% of respondents strongly or somewhat agreeing that male teens are less likely to open up about their mental health than other genders.

4. Teens say adults can support the mental health of teens in Marin County by developing a better understanding of teen mental health and how to give support. Teens can be reluctant in asking for support from adults due to fears of judgment, lack of trust, and feeling like their issues are not valid enough to receive support, and wish that adults would listen in a non-judgmental way.

5. The most prevalent mental health challenges among teens in Marin County are anxiety, high levels of stress and/or feeling burn out, depression, low self-esteem/self-worth, eating disorders or an unhealthy relationship with food.
 - 5.1. Anxiety: 89.50% of teens
 - 5.2. High levels of stress and/or feeling burnt out: 86.6% of teens
 - 5.3. Depression: 71.6% of teens
 - 5.4. Low self-esteem/self-worth: 71.6% of teens
 - 5.5. Eating disorders and/or an unhealthy relationship with food: 70.9% of teens

Demographics

Age

This survey gathered demographic information, with 317 respondents aged between 14 and 18. The distribution indicates 16-year-olds being the largest group (31.2%) followed by 17-year-olds (27.1%) and 15-year-olds (24.0%). Notably, 14-year-olds accounted for 8.8% and 18-year-olds for 8.5%. Additionally, 0.3% of respondents fell outside the specified range. This distribution of respondents is representative of the population.

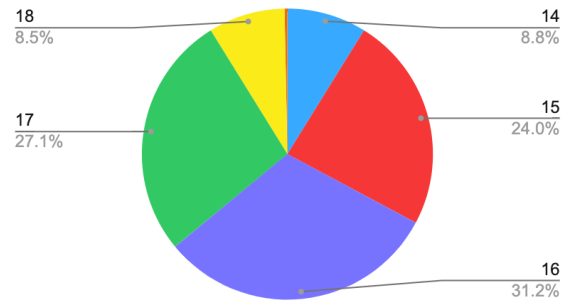


Figure 1. Age distribution of respondents.

Grade

The survey gathered demographic information from 315 participants regarding their grade level in school. Among the respondents, 21.3% were in 9th grade. Meanwhile, 10th graders comprised 24.1% of the sample, followed by 11th graders at 37.8%. A smaller proportion of participants, 16.2%, were in 12th grade. This distribution of respondents is representative of the population.

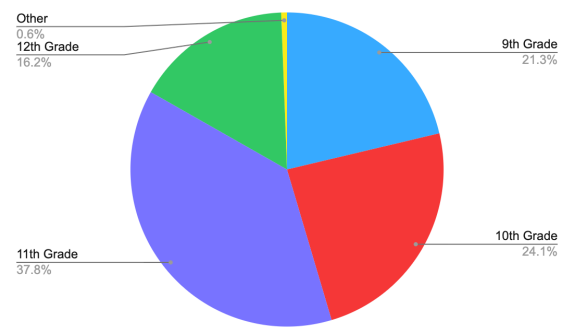


Figure 2. Grade distribution of respondents.

School

The school survey responses indicate that the majority of respondents attend San Domenico School, which accounts for 20.2% of the total. Archie Williams High School and The Branson School follow, with 15.8% and 14.5%, respectively. Marin Academy and Redwood High School follow closely with 14.2% and 12.9% respectively. Tamalpais High School has 6.3%, San Marin High School represents 4.4% of respondents. The remaining schools each have less than 3% of the total responses. Overall, the survey collected responses from 317 students across both public and private schools, accounting for 45.7% and 51.8% respectively. However, this distribution of respondents is not entirely representative of Marin County.

Recommendation: Expand the Ideas Lab researcher contingent to come from more schools to have a greater number of respondents and a more representative public/private school respondent pool.

Recommendation: Implement strategies to gain school approval earlier on to increase opportunities to field the survey in school, particularly in public schools.

Table 1. School distribution of respondents.

School	Count	%
San Domenico School	64	20.2%
Archie Williams High School	50	15.8%
The Branson School	46	14.5%
Marin Academy	45	14.2%
Redwood High School	41	12.9%
Tamalpais High School	20	6.3%
San Marin High School	14	4.4%
San Rafael High School	9	2.8%
Novato High School	7	2.2%
Marin Catholic High School	5	1.6%
Terra Linda High School	4	1.3%
The Bay School of SF	4	1.3%

City

The survey gathered demographic information from 312 participants regarding the city they reside in. The survey results show that a significant majority of respondents, 17.9% (56 students), reside in San Anselmo. Other notable cities include San Rafael, with 17.3% (54 students), and Mill Valley, with 13.1% (41 students). Novato accounts for 9.0% (28 students) of the respondents, and San Francisco follows closely accounting for 7.7% (24 students). Smaller proportions come from various other locations, each contributing less than 5% to the total. This data highlights a broad distribution across several cities across Marin County. The full distribution of respondents can be found below in **Table 2**.

Recommendation: Survey distribution will extend throughout Marin County to ensure broad coverage and obtain data that accurately represents the demographics and characteristics of the county.

Table 2. Distribution of respondents by city of residence.

City	Count	%	City	Count	%
San Anselmo	56	17.9%	Kentfield	11	3.5%
San Rafael	54	17.3%	Larkspur	10	3.2%
Mill Valley	41	13.1%	Greenbrae	9	2.9%
Novato	28	9.0%	Ross	8	2.6%
San Francisco	24	7.7%	Belvedere	3	1.0%
Corte Madera	14	4.5%	Point Reyes	1	0.3%
Fairfax	13	4.2%	San Geronimo	1	0.3%
Marin City	12	3.8%	Sausalito	1	0.3%
Tiburon	12	3.8%	Tomales	1	0.3%
Other	11	3.5%	Woodacre	1	0.3%

Gender Identity

The survey collected data on gender identity from 330 participants, including 14 respondents who selected more than 1 gender identity. The school survey results reveal that the majority of respondents identify as women, comprising 65.8%. Men represent 23.9%. Transgender and non-binary individuals account for 3.6% and 4.2% respectively. Additionally, 2.4% prefer not to disclose their gender. The results skew to reflect the demographics of the Ideas Lab participants, with a much higher percentage of female than male respondents. However, it is important to note this is not representative of the Marin population of teens. These findings provide valuable insights into the gender diversity within the surveyed population, highlighting the need for inclusive approaches in addressing mental health concerns among teens.

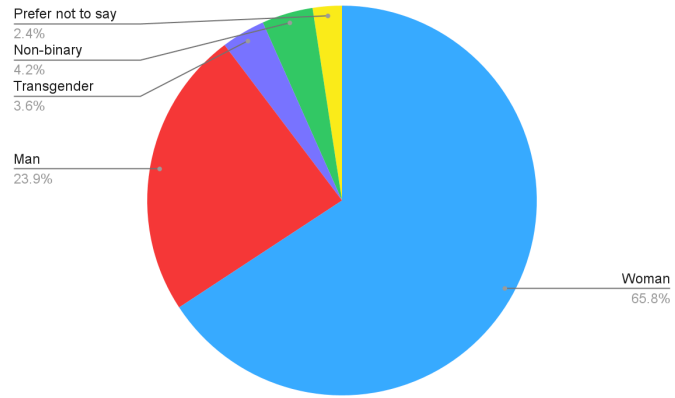


Figure 3. Distribution of respondents' gender identity.

Recommendation: Encouraging more male researchers to join the AIM Ideas Lab would achieve a more representative survey respondent pool.

Racial/Ethnic Identity

In terms of racial and ethnic identity, the survey gathered responses from 383 respondents. The survey respondents were primarily identified as White or Caucasian (73.3%), followed by Asian or Asian American (20.0%). However the percentage of Asian identifying survey participants (20.0%) is significantly higher than the Asian teen population in Marin County (approximately 6.2%). Second, the percentage of Latinx identifying survey participants (14.0%) is substantially lower than the Latinx teen population in Marin County (25.5%). Additionally, 5.4% of participants identified as Black or African American, 3.5% as Middle Eastern or North African, 2.2% preferred not to disclose their ethnicity, 1.6% as Indigenous or Native American, and 1.0% as Native Hawaiian or Pacific Islander. A small minority (0.6%) selected the 'Other' category, providing specific write-in responses. Despite any discrepancies, the survey data largely mirrors the broader demographic trends within the county, highlighting areas where specific ethnic groups are over- or under-represented in the survey sample compared to the actual population.

Table 3. Ethnic and racial distribution of survey respondents.

Race/Ethnicity	Percent	Count
White or Caucasian	73.3%	231
Asian or Asian American	20.0%	63
Latino/a/x or Hispanic	14.0%	44
Black or African American	5.4%	17
Middle Eastern or North African	3.5%	11
Prefer not to say	2.2%	7
Indigenous or Native American	1.6%	5
Native Hawaiian or Pacific Islander	1.0%	3
Other - Write In	0.6%	2

Quantitative data

Q.1. How comfortable are you with having conversations about mental health with your friends?

The survey assessed participants' comfort levels in discussing mental health with friends, drawing responses from 316 participants. Results indicate that a significant proportion of respondents felt at least somewhat comfortable having such conversations, with 25.3% indicating they were "very comfortable" and 39.2% reporting they were "somewhat comfortable."

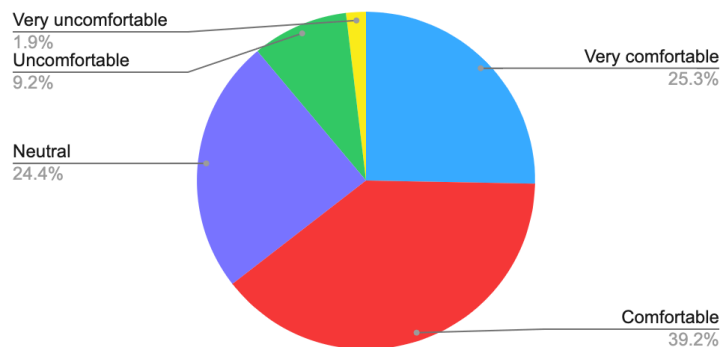


Figure 4. Marin County teens' level of comfortability talking about mental health with their friends.

Moreover, nearly a quarter respondents (24.4%) expressed a neutral stance on the matter. Conversely, smaller percentages of participants indicated feeling somewhat uncomfortable (9.2%) or very uncomfortable (1.9%) discussing mental health with friends.

When analyzing the survey data on comfort levels discussing mental health subtle differences were found between male and female respondents. A slightly higher percentage of men (27.0%) reported feeling "very comfortable" compared to women (24.4%). Conversely, a higher proportion of women (40.6%) described themselves as "comfortable" compared to men (34%). Both genders had similar percentages for the "neutral" category, with women at 25.3% and men at 27%. When it comes to feeling "uncomfortable," 9% of men and 8.3% of women reported this sentiment. Notably, more men (4%) than women (1.4%) felt "very uncomfortable" discussing mental health.

Recommendation: Create opportunities to learn and practice communicating about mental health through peer support groups and integrating mental health education into school curricula.

Recommendation: Destigmatize mental health discussions by comparing mental health care to other common health practices (wearing eyeglasses) and highlighting success stories to change attitudes and perceptions.

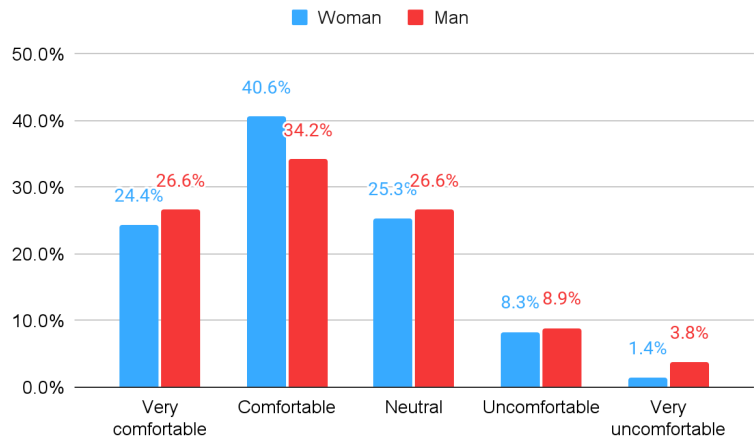


Figure 5. Marin County teens' level of comfortability talking about mental health with their friends

Q.2. Have any of your friends shared with you that they have experienced any of the following mental health challenges?

The survey results indicate a high prevalence of mental health issues among respondents, with anxiety being the most common at 89.5%. High levels of stress and burnout were reported by 86.6% of participants, followed by depression and low self-esteem/self-worth, each affecting 71.6%. Eating disorders or unhealthy relationships with food were noted by 70.9%, and body dysmorphia by 67.0%. Social isolation or loneliness affected 59.8% of respondents, while 52.6% reported self-harm or self-injury. Thoughts of suicide were noted by 45.1%, substance misuse/addiction by 39.9%, and trauma or PTSD by 33.3%. A minority (3.9%) reported other mental health issues not specified in the survey.

Table 4. Mental health challenges respondents peers have experienced.

Mental Health Challenge	Peers' Mental Health Challenges (%)
Anxiety	89.5%
High levels of stress and/or feeling burnt out	86.6%
Depression	71.6%
Low self-esteem/self-worth	71.6%
Eating disorders and/or having an unhealthy relationship with food	70.9%
Body dysmorphia	67.0%
Social isolation and/or feelings of loneliness	59.8%
Self-harm or self-injury	52.6%
Thoughts of ending their life	45.1%
Substance misuse/addiction	39.9%
Trauma and/or post-traumatic stress disorder (PTSD)	33.3%
Other - Write In	3.9%

When looking at notable gender differences in the mental health challenges shared by friends. Women reported significantly higher instances of friends experiencing anxiety (91.2% vs. 81.7%), high levels of stress or burnout (88.8% vs. 76.1%), eating disorders or an unhealthy relationship with food (76.7% vs. 50.7%), body dysmorphia (71.6% vs. 47.9%), and low self-esteem or self-worth (75.8% vs. 57.7%). Since this question asks about respondents' peers' experiences with these challenges, the percentages for male-identifying respondents might be lower due to stigma, which can cause them to be less likely to acknowledge these mental health issues. In contrast, the percentages of friends experiencing depression (70.7% vs. 67.6%), social isolation or loneliness (59.5% vs. 57.7%), self-harm or self-injury (53.0% vs. 45.1%), and thoughts of ending their life (43.7% for both genders) were more comparable between men and women. Interestingly, more men reported friends dealing with substance misuse/addiction (43.7% vs. 37.2%), whereas trauma or PTSD was more frequently noted among women's friends (35.3% vs. 26.8%). These findings suggest that while some mental health challenges are reported more frequently among women's friends, stigma may lead to underreporting among male-identifying respondents, highlighting the need for targeted mental health support and stigma reduction efforts across genders.

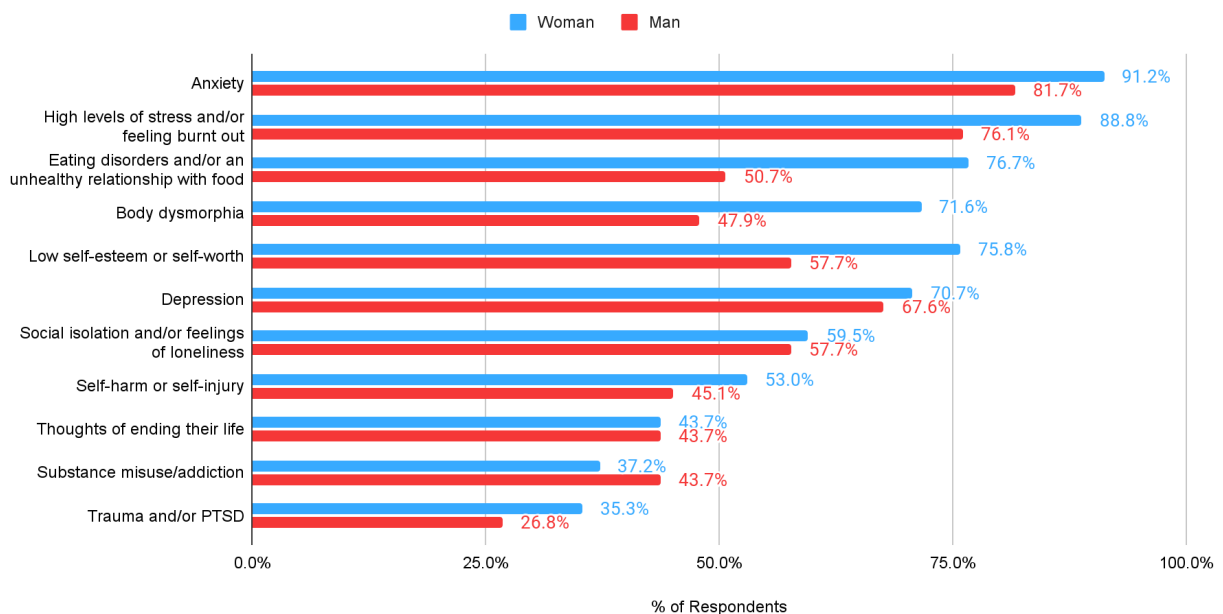


Figure 6. Mental health challenges respondents peers have experienced, by gender.

The distribution of mental health challenges among different grades shows notable trends and differences. Anxiety increases significantly from 9th grade (79.4%) to 10th grade (94.7%), remains high in 11th grade (93.2%), and slightly decreases in 12th grade (85.4%). High levels of stress or burnout follow a similar pattern, with the highest percentage in 12th grade (93.8%). Low self-esteem/self-worth peaks in 10th grade (80.0%) and then declines through 11th (74.4%) and 12th grades (68.8%).

Eating disorders or unhealthy relationships with food show a steady increase, peaking in 12th grade (81.3%). Depression also rises from 9th grade (57.1%) to 11th grade (78.6%) before slightly decreasing in 12th grade (72.9%). Body dysmorphia trends upward, with the highest prevalence in 12th grade (75.0%).

Social isolation or loneliness and self-harm or self-injury both increase steadily from 9th grade (42.9% and 38.1%, respectively) to 12th grade (68.8% and 60.4%). Substance misuse/addiction, thoughts of ending life, and trauma or PTSD all show notable increases, with substance misuse/addiction more than doubling from 9th grade (22.2%) to 12th grade (52.1%), and thoughts of ending life peaking in 12th grade (52.1%). Trauma or PTSD also steadily increases, reaching its highest in 12th grade (39.6%). Overall, the data indicate a general trend of increasing mental health challenges as students progress through high school.

Recommendation: Preventative education aimed at equipping youth with the necessary tools and knowledge to manage stress can potentially decrease the severity of mental health struggles they may face.

Recommendation: Make sure students know what mental health trends they might encounter and also have a good support system in place to help them out.

Table 5. Mental health challenges respondents peers have experienced by grade.

	9th Grade	10th Grade	11th Grade	12th Grade
Anxiety	79.4%	94.7%	93.2%	85.4%
High levels of stress and/or feeling burnt out	79.4%	90.7%	85.5%	93.8%
Low self-esteem/self-worth	58.7%	80.0%	74.4%	68.8%
Eating disorders and/or an unhealthy relationship with food	61.9%	72.0%	70.9%	81.3%
Depression	57.1%	70.7%	78.6%	72.9%
Body dysmorphia	54.0%	66.7%	70.9%	75.0%
Social isolation and/or feelings of loneliness	42.9%	62.7%	62.4%	68.8%
Self-harm or self-injury	38.1%	53.3%	57.3%	60.4%
Substance misuse/addiction	22.2%	46.7%	41.0%	52.1%
Thoughts of ending their life	30.2%	46.7%	49.6%	52.1%
Trauma and/or PTSD	25.4%	30.7%	37.6%	39.6%

Q.3. How do you think the following activities impact the mental health of teens in Marin County?

The survey data provides insights into the impact of various activities on the mental health of teens in Marin County based on 316 responses. Socializing with classmates (40.6% very positive, 45.1% somewhat positive) and participating in extracurricular activities (32.3% very positive, 45.6% somewhat positive) are reported to have the most positive impacts on mental health. Similarly, talking about mental health (24.2% very positive, 51.3% somewhat positive) and interacting with family (27.7% very positive, 46.2% somewhat positive) also show substantial positive effects. Interaction with adults at school shows a moderate positive impact (9.2% very positive, 42.2% somewhat positive).

Posting on social media shows a significant negative impact (43.5% somewhat negative, 7.3% very negative) despite some positive feedback (2.5% very positive, 20.6% somewhat positive). Using drugs and/or alcohol is largely negative (42.4% somewhat negative, 33.1% very negative), with minimal positive feedback (3.5% very positive, 8.3% somewhat positive). Academic-related activities, including thinking about college (52.5% somewhat negative, 17.7% very negative), studying/homework (52.4% somewhat negative, 22.4% very negative), and college applications (52.1% somewhat negative, 28.8% very negative), also have predominantly negative impacts.

Scrolling on social media (53.8% somewhat negative, 22.3% very negative), exposure to uncensored content (41.6% somewhat negative, 10.8% very negative), and comparing oneself to others (26.7% somewhat negative, 64.1% very negative) are highly detrimental to teen mental health. Quarantining during COVID-19 (35.4% somewhat negative, 46.5% very negative) also shows significant negative impacts. It is likely that quarantining during COVID-19 has had a lasting impact on the mental health of teens in Marin County, elevating levels of anxiety and depression amongst teens.

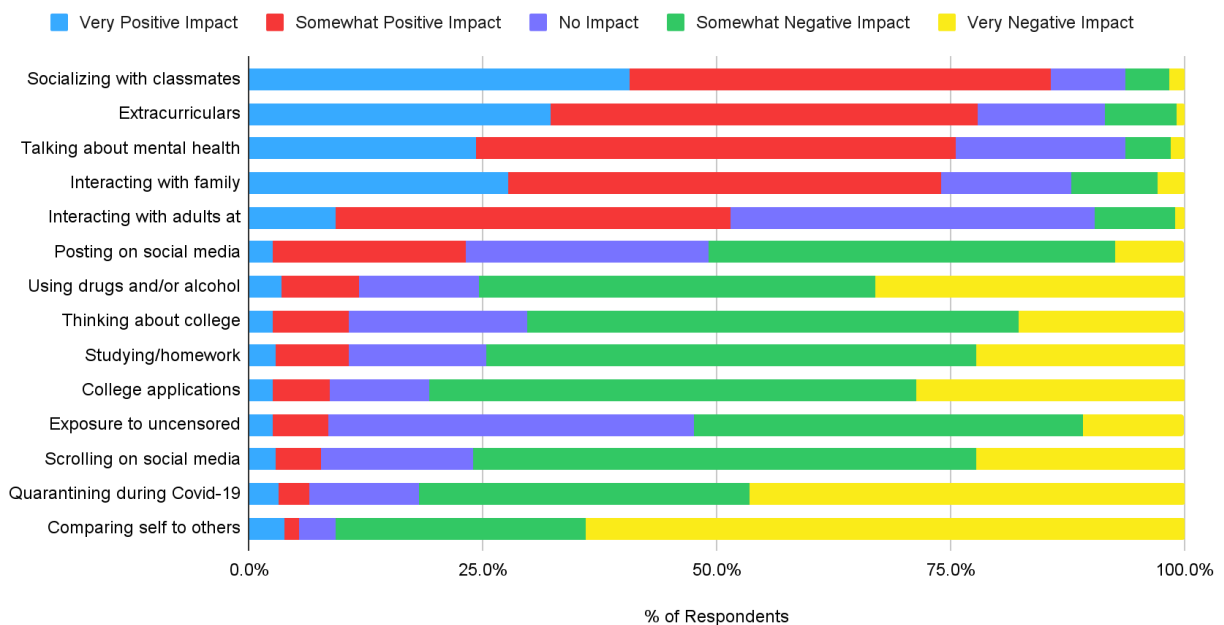


Figure 6. Factors impacting the mental health of teens in Marin County.

Overall, interactive activities such as socializing with classmates and participating in extracurriculars tend to be viewed positively, with significant percentages reporting very positive impacts. In contrast, individual activities like using drugs/alcohol, academic pressures such as homework and college applications, and negative behaviors like scrolling on social media and comparing oneself to others, consistently show a substantial negative impact. Overall, while there is a prevailing negative bias towards activities like social media and certain academic pressures, the survey data also indicates that positive impacts can be found in interactive engagements and constructive social interactions.

Recommendation: Encourage and facilitate more social interactions and extracurricular activities among teens to enhance their mental health.

Recommendation: Implement educational programs and resources to help teens manage academic stress and college-related pressures.

Recommendation: Develop strategies to reduce negative impacts of social media use and exposure to harmful content, while promoting positive online behaviors.

Table 6. Student activities and their impact on teen mental health in Marin County.

	Very Positive Impact	Somewhat Positive Impact	No Impact	Somewhat Negative Impact	Very Negative Impact
Socializing with classmates	40.6%	45.1%	7.9%	4.8%	1.6%
Extracurriculars	32.3%	45.6%	13.6%	7.6%	0.9%
Talking about mental health	24.2%	51.3%	18.2%	4.8%	1.6%
Interacting with family	27.7%	46.2%	14.0%	9.2%	2.9%
Interacting with adults at school	9.2%	42.2%	39.0%	8.6%	1.0%
Posting on social media	2.5%	20.6%	26.0%	43.5%	7.3%
Using drugs and/or alcohol	3.5%	8.3%	12.7%	42.4%	33.1%
Thinking about college	2.5%	8.2%	19.0%	52.5%	17.7%
Studying/homework	2.9%	7.7%	14.7%	52.4%	22.4%
College applications	2.6%	6.1%	10.5%	52.1%	28.8%
Exposure to uncensored content	2.5%	6.0%	39.0%	41.6%	10.8%
Scrolling on social media	2.9%	4.8%	16.2%	53.8%	22.3%
Quarantining during Covid-19	3.2%	3.2%	11.7%	35.4%	46.5%
Comparing self to others	3.8%	1.6%	3.8%	26.7%	64.1%

Q.4 We know that school causes a lot of stress for teens, which impacts their mental health. What do you think are the most stressful aspects of school?

The survey data highlights the primary stressors for Marin County teens within the school. The most prevalent stressor is the pressure to achieve good grades, reported by 78.6% of respondents. This is closely followed by the fear of failing or not being good enough (78.3%), insufficient sleep (77.3%), and the heavy load of studying and homework (76.7%). Planning for life after high school (64.5%) and the college application process (61.7%) also constitute significant stressors. Additionally, comparing oneself with peers over grades (59.4%), dealing with challenging classes (55.6%), and pressure from family (53.7%) are notable concerns. Social aspects, such as fitting in (52.1%), maintaining friendships (45.4%), and not feeling a sense of belonging (44.7%), further contribute to stress. Limited time for healthy activities (44.4%), peer pressure (36.1%), and involvement in sports/extracurriculars (34.5%) are also impactful. Less frequently reported but still relevant stressors include feeling like an imposter (25.6%), readjusting after COVID-19 (24.9%), romantic relationships (24.3%), and not connecting with teachers (20.8%).

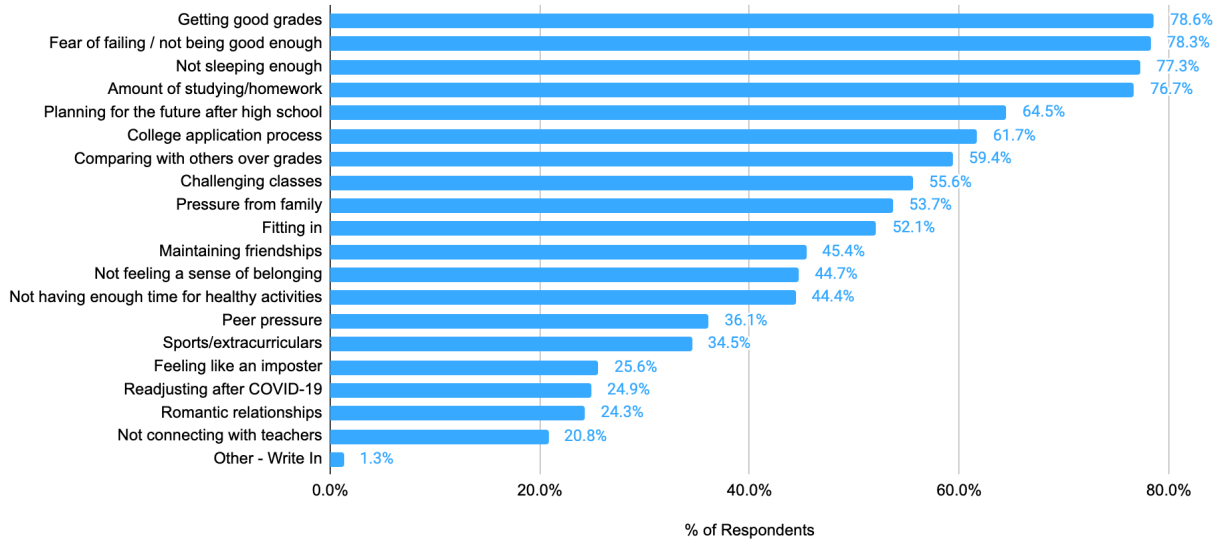


Figure 7. The most stressful aspects of school for teens in Marin County.

When analyzing the results between grades, academic pressures are predominant across all grades, with sophomores and juniors experiencing the highest levels of stress. A significant majority of students in these grades report stress from getting good grades (79% and 85%, respectively) and fear of failing or not being good enough (82% and 84%). The amount of studying and homework is a consistent stressor, particularly for sophomores (84%) and juniors (77%). Notably, planning for the future after high school peaks in stress during the sophomore (71%) and junior years (70%), while the college application process is most stressful for sophomores (72%) and juniors (69%), compared to a lower percentage in freshmen (33%) and seniors (66%).

Comparing grades with peers is a significant stressor, particularly for sophomores and juniors (both 68%), but declines sharply among seniors (40%). The feeling of being an imposter is slightly more prevalent among freshmen (30%) and decreases in higher grades.

Sleep deprivation is a significant concern, particularly for sophomores (86%), indicating a peak in stress levels due to not sleeping enough. Time management issues, such as not having enough time for healthy activities, are more pronounced in sophomores (59%) compared to other grades.

Freshmen report higher stress related to social and emotional aspects of school, including fitting in (62%) and maintaining friendships (58%). The sense of not belonging is also notably higher among freshmen (47%) and sophomores (49%). Peer pressure is more prevalent among freshmen (41%), as is the stress from participating in sports and extracurriculars (41%).

Seniors report the highest stress related to readjusting after COVID-19 (36%), likely due to their freshman year being disrupted by the pandemic. This cohort also reports a higher sense of not belonging, potentially tied to the social challenges of transitioning back to in-person learning after a prolonged period of isolation. Family pressure remains a consistent stressor across all grades, peaking slightly in sophomores (62%) and seniors (56%).

In conclusion, while academic stressors are universally significant, they peak during the sophomore and junior years. Social and emotional stressors are more pronounced among freshmen, who also face higher challenges in fitting in and maintaining friendships. The lingering effects of COVID-19 have a notable impact on seniors, who were freshmen during the pandemic, affecting their sense of belonging and overall stress levels. These insights underscore the need for targeted mental health interventions tailored to the specific stressors experienced by each grade level.

Recommendation: Implement targeted mental health support programs for sophomores and juniors to help manage academic pressures and sleep deprivation.

Recommendation: Provide social integration activities and peer support groups for freshmen to ease the transition into high school and address social and emotional challenges.

Recommendation: Offer specific resources and counseling for seniors to help them readjust after COVID-19 and address lingering impacts on their sense of belonging and mental health.

Table 7. The most stressful aspects of school for teens in Marin County, by grade.

	9th Grade	10th Grade	11th Grade	12th Grade
Getting good grades	74.2%	78.9%	84.6%	70.0%
Fear of failing / not being good enough	74.2%	81.6%	83.8%	66.0%
Not sleeping enough	72.7%	85.5%	77.8%	68.0%
Amount of studying/homework	77.3%	84.2%	76.9%	64.0%
Planning for the future after high school	62.1%	71.1%	70.1%	46.0%
College application process	33.3%	72.4%	69.2%	66.0%
Comparing with others over grades	51.5%	68.4%	67.5%	40.0%
Challenging classes	53.0%	57.9%	58.1%	52.0%
Pressure from family	50.0%	61.8%	50.4%	56.0%
Fitting in	62.1%	51.3%	47.9%	50.0%
Maintaining friendships	57.6%	44.7%	41.0%	38.0%
Not feeling a sense of belonging	47.0%	48.7%	41.0%	42.0%
Not having enough time for healthy activities	31.8%	59.2%	44.4%	40.0%
Peer pressure	40.9%	38.2%	35.0%	30.0%
Sports/extracurriculars	40.9%	44.7%	29.9%	20.0%
Feeling like an imposter	30.3%	25.0%	23.1%	24.0%
Readjusting after COVID-19	19.7%	19.7%	25.6%	36.0%
Romantic relationships	25.8%	21.1%	26.5%	22.0%
Not connecting with teachers	19.7%	27.6%	19.7%	16.0%

Q.5. How can your school better support students' mental health?

The data in **Table 7** below, outlines the preferences of 307 respondents for supporting mental health within schools. The survey results highlight several key actions that students believe would support their mental health in school, with a strong focus on academic adjustments and increased flexibility within school programs. The most frequently endorsed actions include reducing the amount of homework (68.7%), allowing students to take mental health days (68.4%), and adjusting the schedule to ensure students get more sleep (63.5%). Additionally, between 50% and 59% of respondents indicated that more flexibility with deadlines (58.6%), more time for hobbies and coping activities (56.0%), increased resources during high-stress periods such as finals and college applications (56.0%), less emphasis on grades (54.1%), and reducing the number of tests (51.8%) would be beneficial.

Notably, recommendations related to mental health education and support had lower endorsement rates. Suggestions such as educating parents and guardians about youth mental health (36.2%), training teachers and coaches on mental health (35.8%), offering tips to combat student stress (35.8%), fostering a more inclusive environment (33.2%), increasing the number of counselors and staff trained in mental health (31.6%), and integrating mental health education into the curriculum (29.0%) were less frequently cited. This pattern suggests that students might feel that their current mental health education is repetitive and not sufficiently effective. Students might prefer other resources over additional mental health education, potentially due to past experiences where such education did not seem to provide substantial benefits.

This data indicates a strong preference for tangible changes in the academic environment and greater flexibility within school programs to support mental health. It suggests that high schools may need to reassess their mental health education strategies to ensure they are building on previous knowledge each year and are tailored to the specific challenges faced by students at different grade levels. This approach could help make mental health education more relevant and impactful, addressing the evolving needs of students as they progress through their high school years.

Recommendation: Integrate a progressive and tailored mental health education curriculum that evolves with each grade level, addressing specific challenges students face as they advance through high school.

Recommendation: Enhance support services by training more staff, including teachers and counselors, in mental health awareness and effective intervention strategies, ensuring a responsive and inclusive school environment.

Table 8. Actions schools in Marin County can take to better support student’s mental health.

Action	Selection Rate
Reducing amount of homework	68.7%
Ability to take mental health days	68.4%
Adjusting the schedule so students can get more sleep	63.5%
More flexibility/leniency with deadlines	58.6%
More time for hobbies and coping activities	56.0%
More resources during stressful periods e.g., finals, college applications	56.0%
Less emphasis on grades	54.1%
Reducing number of tests	51.8%
More time to socialize with peers	45.3%
More academic support	45.3%
Better student-teacher relationships	40.4%
Ensuring all students have access to basic needs e.g., lunch, school supplies	37.5%
Educating parents/guardians about youth mental health	36.2%
More teachers and coaches educated about mental health	35.8%
Tips to combat student stress	35.8%
More inclusive environment	33.2%
More counselors and staff educated about mental health	31.6%
Including mental health education as a part of the curriculum	29.0%
Education about social and emotional well-being	27.0%
Education on how students can support one another	23.8%
More education about mental health resources e.g., 988 crisis line	19.9%
Creating more belonging/affinity groups	16.9%
Other - Write In	1.6%

Several notable trends emerge regarding the opinions of different grade levels on actions schools can take to support student mental health. Sophomores continue to emphasize the need for adjusting schedules to accommodate more sleep (78.9%), highlighting their acute awareness of sleep-related challenges compared to other grades. Freshmen remain focused on creating belonging groups (26.2%), underscoring their desire to establish social connections in a new school environment. Seniors exhibit a stronger preference for increased mental health education initiatives, including educating parents/guardians (51.0%) and integrating mental health into the curriculum (44.9%), reflecting their retrospective insight into deficiencies in earlier mental health support. Across all grades, there is a shared consensus on the importance of reducing homework (ranging from 55.1% to 77.6%) and providing more flexibility with deadlines (ranging from 46.9% to 68.4%) to alleviate academic pressures.

Recommendation: Implement collaborative test scheduling between teachers during peak workload periods to prevent overloading students with assignments and tests.

Recommendation: Implement policies that reduce academic pressures such as homework load and testing frequency, while offering flexibility with deadlines and opportunities for students to engage in hobbies and coping activities.

Q.6. If you were going through a challenging time, how likely are you to ask the following people for mental health support?

The survey assessed 312 respondents' likelihood of seeking mental health support from various sources within their support system. Significant others and friends emerge as preferred support networks, with 32.6% and 31.7% respectively indicating they are "Very Likely" to seek support from these individuals. Conversely, school-related figures such as other adults at school (1.9%), teachers (2.9%), and counselors (5.8%) elicit lower likelihood ratings for seeking support, with notable proportions (58.3%, 51.6%, and 39.7% respectively) reporting being "Very Unlikely" to turn to them. This reluctance to utilize school based resources indicates existing barriers within educational settings. These results demonstrate that there is a need for increased interaction with teachers, given their role as trusted adults in teens' lives.

In contrast, family members, particularly parents/guardians (24.1%), alongside therapists/counselors outside of school (26.4%), exhibit higher levels of trust for seeking mental health support. The preference for these sources underscores the perceived confidentiality and trustworthiness in discussing sensitive issues. Notably, a significant proportion indicated they are highly likely (30.5%) or somewhat likely (32.2%) not to seek support from anyone during challenging times, underscoring potential barriers or discomfort in seeking external help. This prevalence of choosing "no one" contradicts the assumption that students would typically turn to parents, friends, or professionals for assistance. It also brings up potential distrust in support systems in place since a significant proportion of respondents reported feeling at least somewhat comfortable having conversations about mental health.

These findings highlight the critical role of building trust and confidentiality within school environments to encourage adolescents to seek support from school-based resources. Addressing concerns related to judgment and confidentiality could enhance adolescents' willingness to utilize these resources effectively, thereby bolstering mental health support accessibility and effectiveness within educational settings.

Recommendation: Implement comprehensive mental health education programs that emphasize confidentiality and non-judgmental support from school staff, fostering an environment where students feel comfortable seeking help.

Recommendation: Encourage adolescents to build strong support networks outside of school, such as with friends, significant others, or family members, who can provide understanding and encouragement during challenging times.

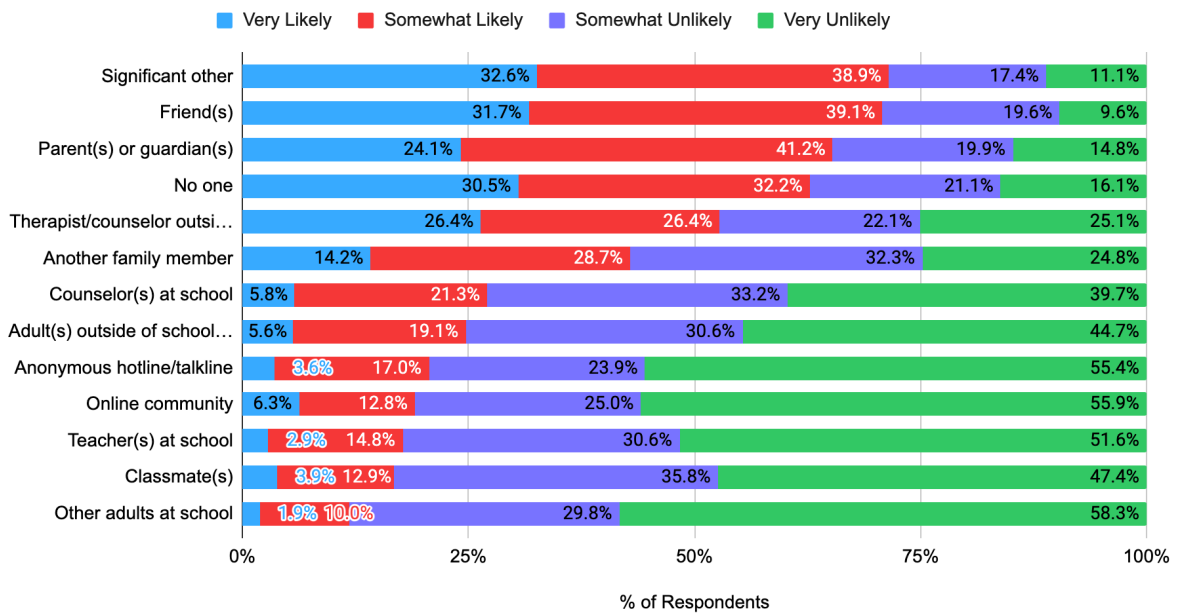


Figure 8. Respondents' likelihood of seeking mental health support from various sources within their support system.

Q. 7. What types of accounts do you follow on social media?

The survey results reveal the social media consumption preferences for 305 respondents. Teenagers in Marin County primarily follow friends and family (89.2%) on social media, with celebrities (62.6%), sports (56.7%), and music (55.7%) also being popular categories. There is a noticeable engagement with content related to entertainment and lifestyle interests such as funny/memes (49.2%), beauty (38.4%), fitness (37.4%), and shopping (37.4%). Conversely, topics like news/politics (27.9%), mental health and wellness (23.0%), and social activism (20.3%) attract comparatively lower followings. This data suggests that social media use among teens in Marin County is predominantly driven by personal connections, entertainment, and lifestyle content, while interest in more serious topics like news and mental health remains relatively moderate.

Recommendation: Teenagers should consider following more accounts that align with their personal interests which are often associated with a more positive mental state.

Recommendation: Teenagers should reduce their exposure to accounts that have been identified as negatively impacting mental health, such as those promoting unrealistic beauty standards.

Recommendation: Parents and guardians should educate teenagers on effective digital well-being practices, including setting limits on social media use and promoting critical reflection on the content they engage with online.

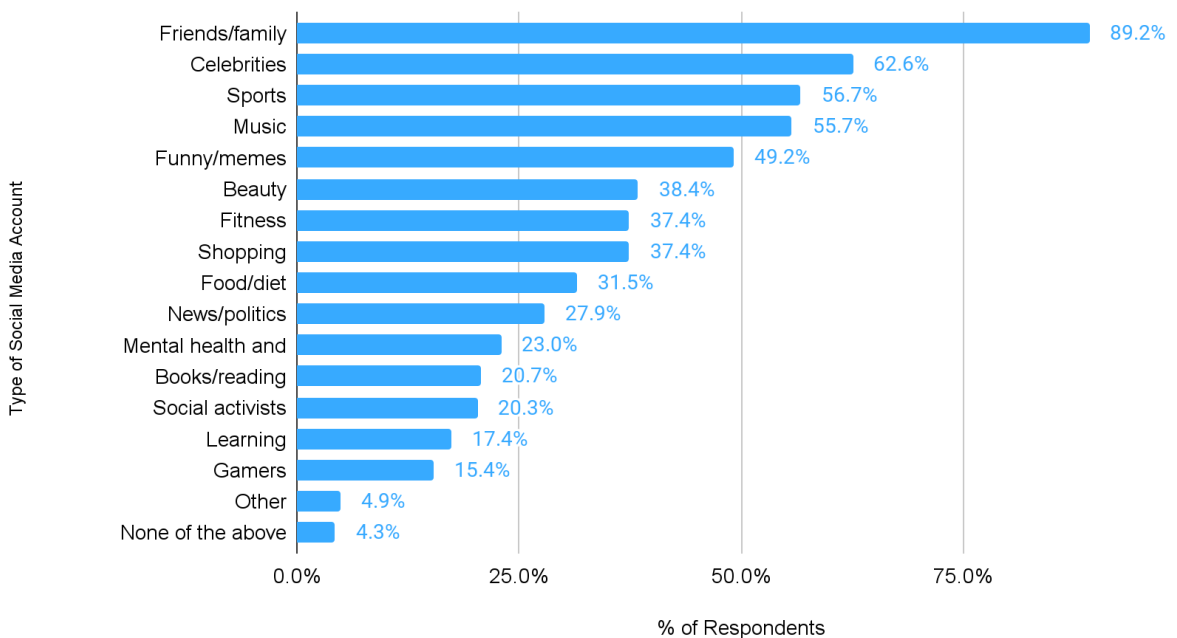


Figure 9. Social media accounts are followed by teens in Marin County.

Q. 8. How would you rate the way social media impacts the following aspects of your life?

The average ratings provided by teens regarding the impact of social media on various aspects of their lives reveal a surprising trend. Despite initial expectations for more dramatic effects, the overall rating generally leans towards neutral to negative impacts, with no aspect rated positively above a score of 6.1. Social media has a predominantly positive to neutral impact (average score of 6.1) on relationships with peers, potentially aiding in connecting with new people. However, it does not significantly impact peer pressure, which remains neutral (average score of 5). Similar to peer relationships, social media has a neutral impact (average score of 5.4) on family relationships. This may be influenced by varying usage patterns between younger and older family members.

Social media's impact on mental health and self-esteem is perceived negatively to neutrally, with average scores of 4.4 and 4.2, respectively. There is a trend suggesting it contributes to negative self-image and mental well-being. Interestingly, social media's impact on free time is rated negatively (average score of 4.0), suggesting it often serves as a distraction. It may contribute to overthinking and envy due to excessive scrolling. Social media negatively affects schoolwork (average score of 3.4) and sleep (average score of 3.5), likely due to distractions and overstimulation before bedtime.

Across various aspects of teens' lives, social media generally leans towards neutral to negative impacts, with no aspect rated positively above a score of 6.1. This suggests a need for awareness and strategies to mitigate negative effects, particularly in areas affecting mental health, productivity, and sleep hygiene. These findings underscore the complexity of social media's influence on teenagers, highlighting both potential benefits in social connections and significant challenges in mental health and daily routines.

Recommendation: Teens must reflect on their own preferences and reactions to social media, and implement self-regulation practices to prevent social media from interfering with their well-being.

Recommendation: Encouraging positive self-esteem activities offline could help counteract the negative effects of social media on teens' self-perception and mental health.

Table 9. Average rating of the impact social media has on various aspects of teens' lives.

Category	Average Rating	Category	Average Rating
Relationships with peers	6.1	Free time	4
Relationships with family	5.4	View of self	4
Mood	4.9	Body image	3.8
Mental health	4.4	Sleep	3.5
Peer pressure	4.4	Schoolwork	3.4
Self-esteem	4.2		

Q. 9. Below is a list of ways teens may have been impacted by Covid-19 and quarantining. Please select the ways you believe COVID-19 has impacted teens in Marin County.

The survey assessed the impacts of COVID-19 on teens in Marin County based on 296 responses, predominantly highlighting negative effects with a few positive outcomes. The most notable impact reported by respondents is the dramatic increase in screen time (84.1%) and social media usage (79.1%). This trend indicates a substantial shift towards digital engagement among teens during the pandemic, largely due to teens being unable to socialize and relying on technology for entertainment.

Mental health challenges have also been a major concern, with 69.3% of respondents noting an increase in mental health issues among teens. During the pandemic, teens spent long periods of time in social isolation without being able to see their friends and socialize which is closely linked to increased feelings of loneliness (68.6%). This has increased feelings of social awkwardness (67.6%) and negatively impacted teens' social skills (66.6%).

Daily habits and academic performance have similarly suffered, with 65.5% of respondents reporting worsened daily habits and 62.5% indicating that teens have fallen behind in academics. Additionally, 63.9% feel that teens perceive they have "lost" crucial years due to the pandemic, highlighting a sense of time lost and missed opportunities. Other significant impacts include changes in friendship dynamics (60.8%) and a worsened outlook on the world (54.4%). More than half of the respondents (52.0%) believe that the pandemic has caused teens to grow up faster, likely due to the increased responsibilities and stressors they faced. Furthermore, 47.0% noted worsened relationships among teens, and 32.4% observed a decreased trust in others.

On a more positive note, a smaller percentage of respondents reported improvements, with 14.2% observing an improved outlook on the world and 10.8% noting improved relationships among teens.

Overall, the data indicates that the COVID-19 pandemic has had predominantly negative effects on teens in Marin County, particularly in terms of mental health, social skills, and daily habits, with increased digital engagement being the most universally reported impact.

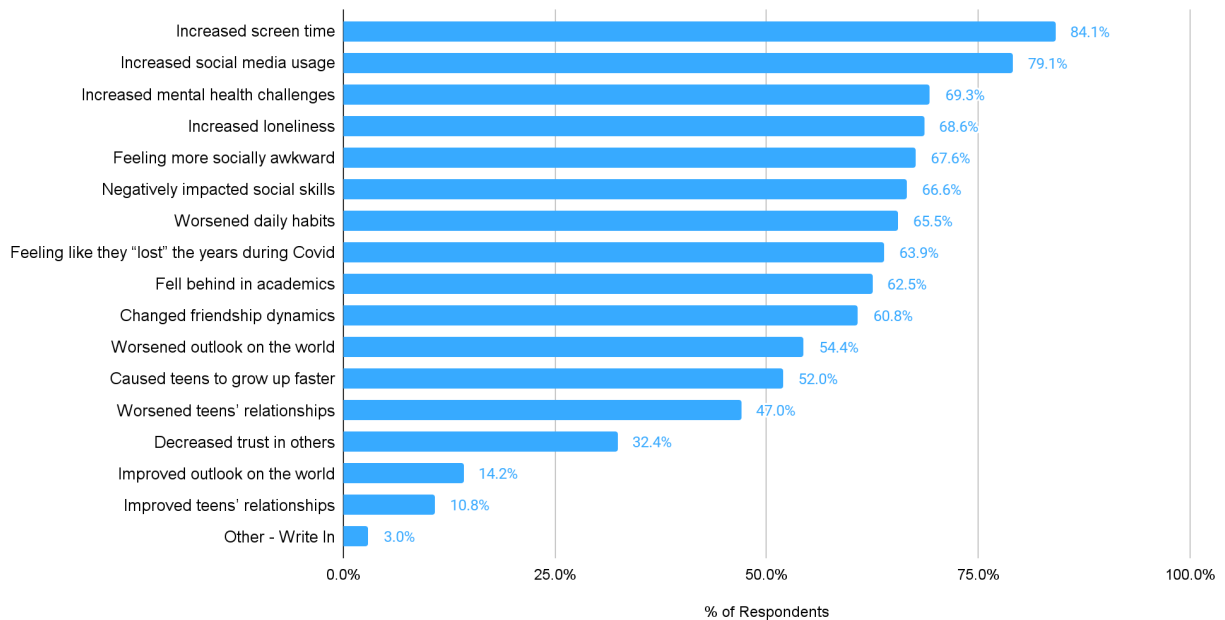


Figure 10. Impacts of COVID-19 on teens in Marin County.

Recommendation: Teens should find ways to get more comfortable socializing by spending more time with their friends and meeting new people.

Q. 10. We are interested in learning about how to support the mental health of male teens. Please select how much you agree or disagree with the following statements about male teens in Marin County.

The survey results provide significant insights into the perceptions surrounding male teen mental health. A substantial majority of respondents believe that males are less likely to open up about their mental health than other genders, with 49.7% strongly agreeing and 42.7% somewhat agreeing. Similarly, a strong belief exists that males feel they cannot show weakness or ask for help, as evidenced by 34.6% strongly agreeing and 57.5% somewhat agreeing.

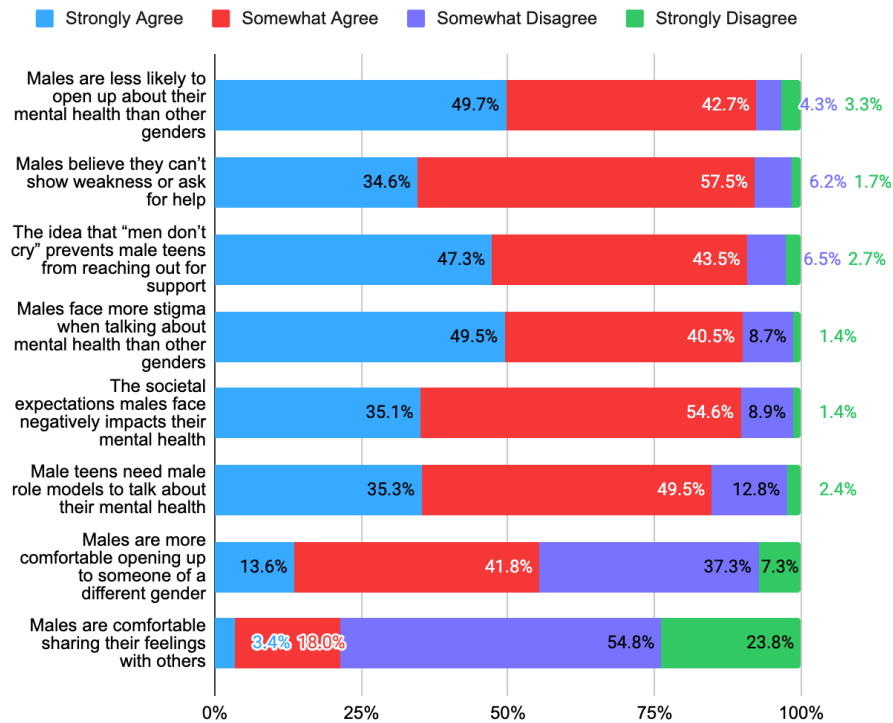


Figure 11. Perceptions of male teen mental health and barriers to seeking support.

The cultural notion that "men don't cry" appears to significantly inhibit male teens from seeking support, with 47.3% of respondents strongly agreeing and 43.5% somewhat agreeing. There is also a prevalent belief that males face more stigma when discussing mental health compared to other genders, with 49.5% strongly agreeing and 40.5% somewhat agreeing.

Societal expectations are perceived to negatively impact male mental health, as indicated by 35.1% of respondents strongly agreeing and 54.6% somewhat agreeing. The need for male role models to discuss mental health is also highlighted, with 35.3% strongly agreeing and 49.5% somewhat agreeing.

Interestingly, there is less consensus on whether males are more comfortable opening up to someone of a different gender, with only 13.6% strongly agreeing and 41.8% somewhat agreeing, while 37.3% somewhat disagree. Moreover, a notable majority of respondents (54.8% somewhat disagree and 23.8% strongly disagree) believe that males are not comfortable sharing their feelings with others. Certainly! Here is a detailed report summarizing all the results from the survey on perceptions of male teen mental health in Marin County:

The survey data also revealed several consistent trends and notable gender differences in perceptions of male teen mental health in Marin County. The following key insights were made based on the data in **Table 10**.

Overall, there is a noticeable trend indicating that males generally exhibit reluctance when it comes to discussing their mental health. The data reveals that a substantial majority of males agree they are less likely to open up about their mental health compared to other genders. Specifically, 70.3% of males strongly agree with this statement, and 27.0% somewhat agree. This strong consensus underscores a complex combination of factors contributing to males' hesitancy to engage in mental health discussions in Marin County. These reasons likely encompass societal expectations, stigma surrounding emotional vulnerability, and potential lack of encouragement or education in expressing their feelings openly.

Both females and males acknowledge that stigma significantly contributes to males' reluctance to discuss their mental health openly. Females express substantial agreement, with 46.2% strongly agreeing and 43.7% somewhat agreeing that males face more stigma in mental health discussions. Similarly, males also perceive stigma as a barrier, with 49.3% strongly agreeing and 38.4% somewhat agreeing. This consensus highlights the pervasive influence of societal attitudes towards male emotional expression. Moreover, the data suggests that societal expectations and learned behaviors further compound this reluctance. These findings underscore the complex interplay of stigma and societal norms in shaping attitudes towards male mental health discussions, emphasizing the need for strategies that challenge stereotypes and promote more open dialogue.

Females strongly believe that the societal expectation that "men don't cry" significantly hinders males from seeking support, with 52.3% strongly agreeing and 42.2% somewhat agreeing. In contrast, males show a more mixed response, with 32.0% strongly agreeing and 49.3% somewhat agreeing. This indicates a notable disparity in perceptions, where females perceive this societal norm as a more substantial barrier to males seeking support compared to how males themselves perceive it.

Females perceive that males are more inclined to open up to someone of a different gender, whereas males themselves do not see a significant difference in their likelihood to confide in one gender over another. The data indicates that females (10.8% strongly agree, 46.7% somewhat agree) predominantly hold this belief, whereas males (23.3% strongly agree, 26.0% somewhat agree) are less inclined to agree. This discrepancy highlights a notable difference in perceptions regarding males' emotional openness across genders: females perceive males as more comfortable sharing with the opposite sex than males perceive themselves to be.

While both genders recognize the impact of stigma and societal expectations on male emotional expression, there are notable disparities in how these issues are perceived internally and externally. Addressing these perceptions is crucial for developing effective strategies to support male teens in overcoming barriers to mental health support and fostering open dialogue.

Table 10. Perceptions of male teen mental health and barriers to seeking support, by gender.

	Strongly Agree		Somewhat Agree		Somewhat Disagree		Strongly Disagree	
	Female	Male	Female	Male	Female	Male	Female	Male
Males are comfortable sharing their feelings with others	3.0%	2.7%	15.1%	25.7%	62.3%	39.2%	20%	32%
Males are more comfortable opening up to someone of a different gender	10.8%	23.3%	46.7%	26.0%	37.9%	35.6%	5%	15%
Male teens need male role models to talk about their mental health	36.9%	57.1%	49.2%	34.3%	12.3%	5.7%	2%	3%
Males face more stigma when talking about mental health than other genders	46.2%	49.3%	43.7%	38.4%	9.0%	9.6%	1%	3%
The societal expectations males face negatively impacts their mental health	31.3%	43.8%	59.1%	43.8%	8.6%	9.6%	1%	3%
Males are less likely to open up about their mental health than other genders	42.7%	70.3%	48.5%	27.0%	5.8%	1.4%	3%	1%
Males believe they can't show weakness or ask for help	29.1%	49.3%	64.3%	38.4%	5.0%	9.6%	2%	3%
The idea that "men don't cry" prevents male teens from reaching out for support	52.3%	32.0%	42.2%	49.3%	3.5%	13.3%	2%	5%

Q. 11. How can all teens in Marin County better support one another’s mental health?

In examining the responses from 300 teens in Marin County regarding how they can better support one another’s mental health, several key findings emerge. A significant 72.0% of respondents emphasize the necessity of learning how to respond effectively when someone opens up about their mental health, underscoring a collective recognition of the importance of mental health education. Less prominently, but still significant, 55.6% seek a better understanding of coping skills and strategies, underscoring a desire for practical support mechanisms. It is important to teens that they are equipped with the tools they need to be able to support their peers. Following closely, 70.6% advocate for creating a non-judgmental atmosphere where individuals do not feel guilty, ashamed, or bad about their mental health experiences, highlighting a strong commitment to fostering a supportive environment. Equally endorsed is the principle of maintaining confidentiality, with another 70.6% stressing the importance of keeping conversations private. .

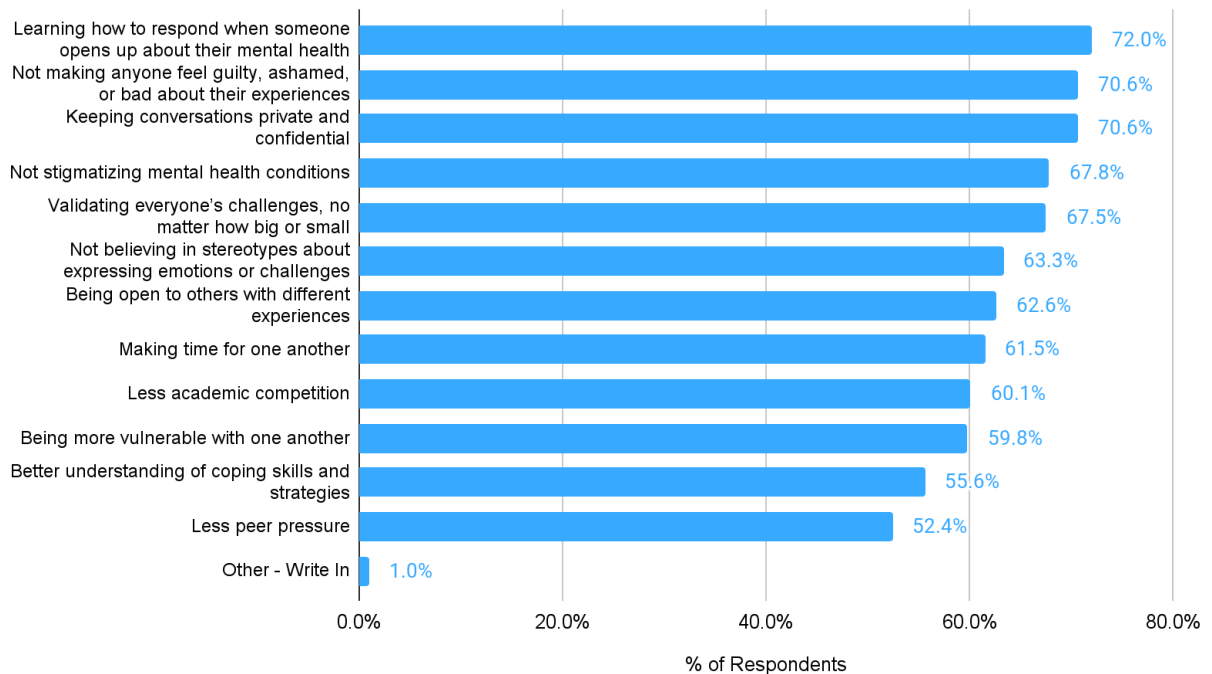


Figure 12. Strategies to enhance peer to peer support in Marin County.

Moreover, 67.8% of respondents prioritize destigmatizing mental health conditions, and 67.5% emphasize the need to validate everyone’s challenges, irrespective of their magnitude, emphasizing empathy and inclusivity. Additionally, 63.3% of respondents reject stereotypes about expressing emotions or challenges, advocating for a nuanced understanding of individual experiences. Further insights include 62.6% of respondents valuing openness to individuals with diverse experiences, and 61.5% advocating for making time for one another, reflecting a commitment to interpersonal support and community engagement.

Additionally, 60.1% express a desire for reduced academic competition, suggesting a recognition of the role academic pressure can play in mental health. Furthermore, 59.8% endorse being more vulnerable with one another, highlighting a call for authentic and open communication. Lastly, 52.4% identify reducing peer pressure as important for supporting mental health, indicating awareness of the impact of social dynamics on well-being. Overall, these findings illustrate a multifaceted approach desired by teens in Marin County to enhance mental health support networks, emphasizing the importance of empathy, understanding, confidentiality, and community solidarity in fostering a supportive environment conducive to mental well-being.

Qualitative Data

Q.14. What do you wish you knew about mental health when you were younger? (N=201)

Common Themes	Direct Quotes
Mental health is a real thing, and struggling with mental health is normal and valid.	<p>“I just wish I had someone who told me my feelings were normal and valid.”</p> <p>“That it's normal to not be okay, and to talk to people about it because your not alone”</p> <p>“Just because you don't have that issue doesn't mean others can't”</p> <p>“That it's very real and can affect anyone.”</p>
It is common to have mental health issues, everyone struggles (to some degree)	<p>“I wish I knew how common it is and how many people around me went through the same thing, so I wouldn't feel so alone”</p> <p>“I wish I knew that I am not alone and there are people close to me that we're going through or had gone through things very similar to me.”</p>
There are lots of degrees of mental health, and teens wish they knew the signs and how to recognize mental health struggles so that they can show up and support other people in their own mental health.	<p>“How to respond when people bring mental health up and how to identify when my friends are having mental issues and learning how to support them”</p> <p>“I wish I knew more about mental health because when I was younger I did not know really anything about mental health like throughout middle school I always knew like the names of different disorders but not much else. I wish that schools would have talked more about mental health and different mental health disorders. “</p>
You should give yourself permission to feel your emotions, receive support, and talk about it.	<p>“Giving yourself self time to heal...Talk to someone. It's normal to have these feelings.”</p> <p>“I wish I knew that it is okay to rely on others and that being overly independent doesn't necessarily make you strong”</p> <p>“That it is okay to talk about how you were feeling, no matter, if you think it is small in comparison to others experiences”</p>

<p>Teens wish they knew about coping strategies and resources.</p>	<p>“I wish I knew of all the ways to get help. “ “How to effectively deal with my own mental health in a productive manner” “How to deal with stressful situations and leaning better coping mechanisms” “I wish I knew when I was younger how to talk about it with other kids, my age.” “I wish I knew strategies to compact days that affect my mental health, and I wish I knew how to open up more to those close around me.”</p>
<p>Importance of talking about mental health problems and reaching out for support</p>	<p>“That the people around you will support you. “ “It's ok to feel stressed but if it's impacting how you live your life you need to reach out for help. Also that asking for help is not something to be ashamed of. “ “I wish that I would have talked about my challenges and my stress earlier on in life and gotten help sooner.”</p>

Q.13. What do you wish adults in Marin County knew about youth mental health and how to support teens better? (N=193)

<p>Common Themes</p>	<p>Direct Quotes</p>
<p>Adults should have a better understanding of teen mental health and how to give support.</p>	<p>“I think that instead of being afraid of it, parents and adults should embrace it and try to learn more in order to help support their teens/others. They need to be aware of the signs and symptoms so that they will be able to help in the future. Adults need to be understanding and patient because it's so prominent and manifests in young ages and can have a significant influence on a teens day to day life.” “ I wish they fully understood how different times are now then they were in the past, and how much more pressure and comparison there is for us and to cut teens more slack.</p>
<p>Academic pressure is particularly high.</p>	<p>“It's a struggle being a teenager. There's so much pressure (mostly from adults in our lives) to achieve academic/athletic success. Everyone is comparing themselves to others (in positive and negative ways) not just online (as adults love to point out) but in person— at school, at practice, at rehearsal. Mental health should be more understood and less of a thing to be angry or confused by (as an adult)” “We are trying our hardest. Its just never seems to be enough. And when it is, its at the expense of our sleep, health, and mental stability. What do you care about more? Your own child, or a messed up education system?</p>

Teens need to take a break sometimes.	<p>“Balancing school, sports, and social life is incredibly difficult for teenagers and sometimes we are truly tired. (Not always physically, but emotionally.)”</p> <p>“Teens need breaks”</p>
Mental health challenges are not a phase or laziness - they need to be taken seriously	<p>“I think that, especially older folks, believe that teens fake things to get attention, and though some might, there are also people who are really struggling, and when they are made to feel bad about speaking up for themselves, it makes them less likely to reach out for help, which can be dangerous for the person struggling, as well as very lonely”</p>
Teens wish adults would just be there for them and listen in a non-judgmental way - they may not need advice.	<p>“Instead of comparing their lives and saying how it was harder during their time, they just need to be someone people can talk to and they can just listen”</p> <p>“To not project how they feel and give too much advice but to listen and try to understand from the youths point of views”</p>
Parents' mental health and actions affect teens, and teens wish that their parents were good role models.	<p>“I wish that adults knew how to express their own emotions and how that affects their children”</p> <p>“To be good examples that their kids can look up to. if they demonstrate bad behaviors ... then their kids will subconsciously ingrain those behaviors into their lives and that will actually create more difficulties (either internal or physical to the world). it's important to model good behavior and to not shape your kid to be something that they shouldn't be.”</p>

Q.14. What could our community do to better support the mental health of males teens in Marin County? (N=173)

Common Themes	Direct Quotes
Destigmatize mental health.	<p>“Destigmatize talking about your feelings - Offer resources made for male teens - Less emphasis on masculinity”</p> <p>“... it is important to acknowledge there is a stigma around men opening up, and educating the people who worsen this stigma”</p> <p>“ Reduce the stereotype of males have less feelings, encouraging them to open up more, no peer pressure/shame”</p>
Need positive male role models.	<p>“Have open-minded male role models [...]”</p> <p>“I think there could be more male role models that were open and candid about mental health.”</p> <p>“Positive male role models, positive male spaces (i.e. Coach [X] with the [sports] team)</p>

<p>Others need to reach out and check in on the men in their lives - they may just need the chance to open up.</p>	<p>“Reach out. Check in. No one ever checks in on guys. In my day to day life people don't ever check in on me. It would be nice if people did that more.”</p> <p>“Talk about the stigmas but DO NOT force them to talk. Get the seed planted, they will talk when they want too.”</p>
<p>Spaces that are safe for open communication and education in emotional health and expression.</p>	<p>“Give them more resources and education, validate their feelings, and make it a non-judgmental space”.</p> <p>“Educate parents on teen mental health and offer constructive methods of help. Also educate young males about emotional expression, teach it to them young. So many males struggle with mental health but struggle to communicate it and they need to be taught how it's okay and manageable.”</p>