

Background

- High rates of behavioral health risk and low treatment engagement for youth & young adults is a major healthcare problem.
- Youth & young adults have experienced a number of pandemic-related consequences, such as school closures, social isolation, financial and housing stress that may contribute to poor mental health (MH) and substance use (SU).
- Post pandemic rates of youth & young adult mental health and substance use warrant development of large scale effective public health response.

Purpose

- Implementation of SBIRT at Community Mental Health, High Schools & Colleges in Vermont from October, 2018 through September, 2023.
- **Aim:** Develop effective youth engagement strategies into universal screening and interventions to identify and decrease mental health and substance use.

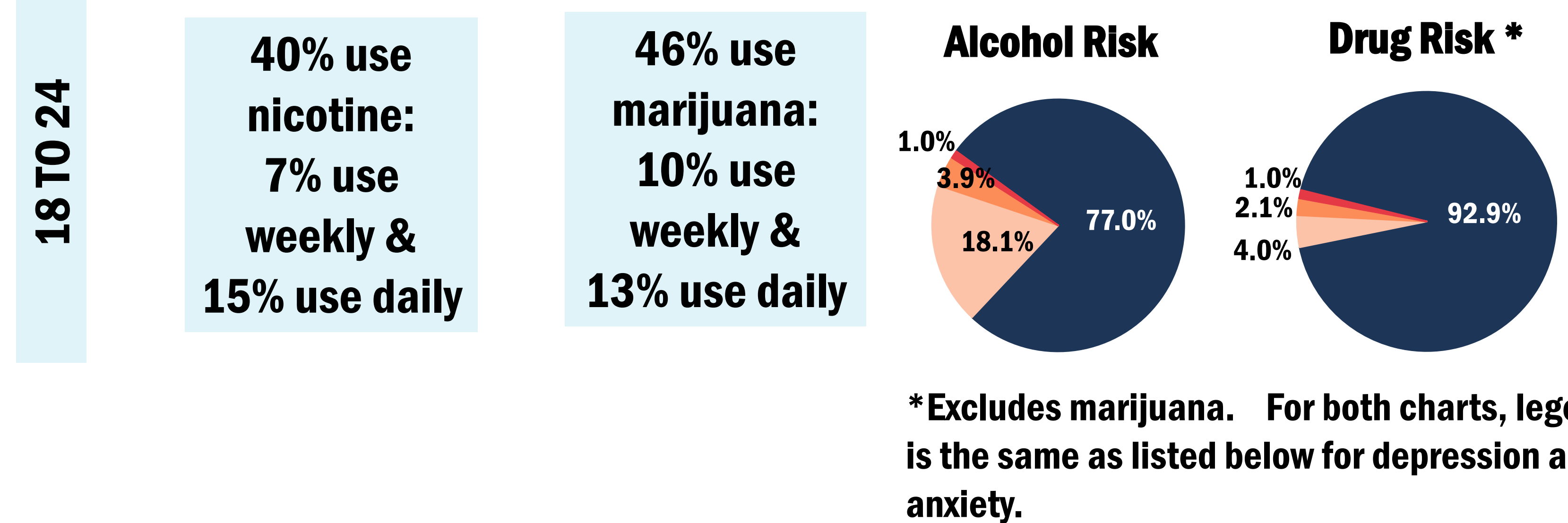
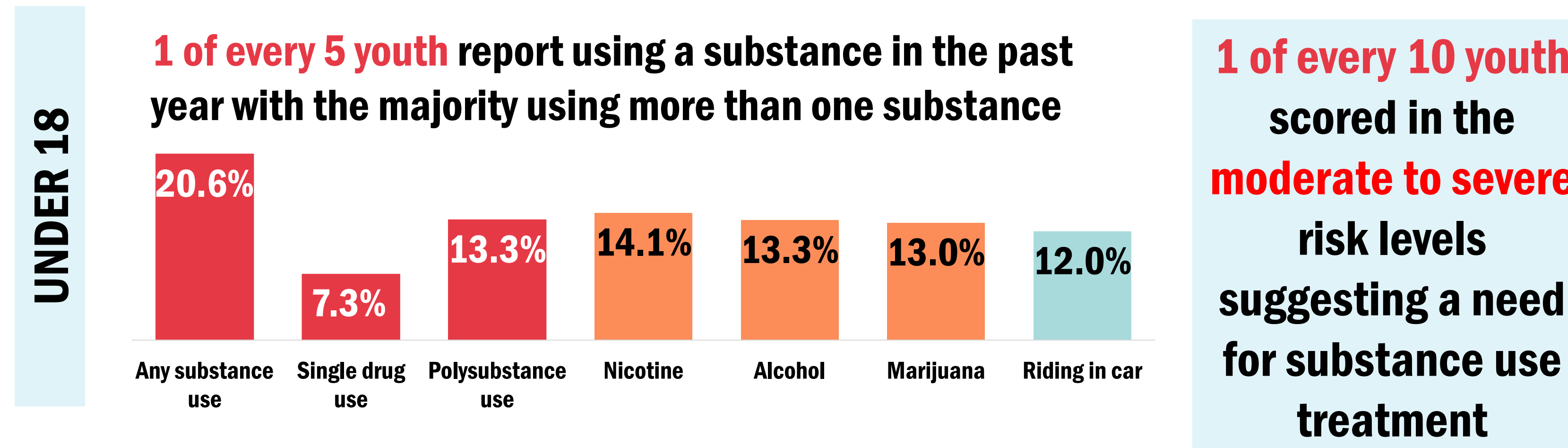
Methods

Outreach efforts to engage youth into screening in natural environments including classes, dining halls, athletics, intramural clubs, classes, and counseling centers decoupled from medical appointments like typical SBIRT. In colleges interactive wellness coordinators offer motivational incentives for a) completing automated screen, b) reviewing strength & risk report, c) clicking a calendar link to set up in person check ins, and/or completing a digital self intervention form.

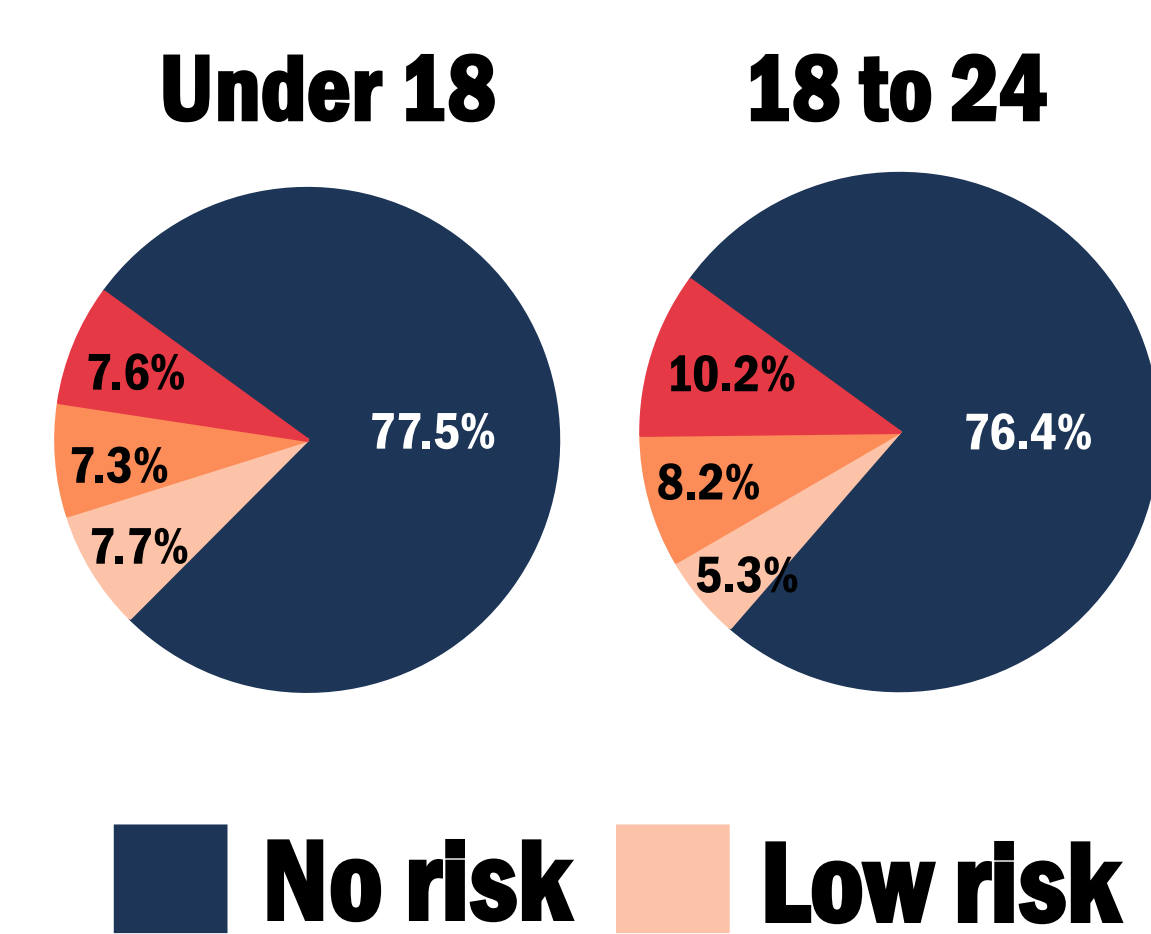
Variable	Features	Under 18	18-24
Age in Years	Mean	14.3	20.1
	Standard Deviation	1.9	1.8
Gender Identity	Male	47.1%	42.1%
	Female	48.5%	52.7%
	Transgender	1.1%	1.3%
	Something else fits better	3.3%	3.8%
Race and Ethnicity	White	87.2%	88.6%
	Black or African American	5.7%	5.4%
	Asian	3.9%	5.5%
	Native American/Alaska Native	3.3%	3.1%
	Latinx	2.5%	5.4%
	Native Hawaiian/Other Pacific Islander	0.3%	0.3%
	Other	1.3%	1.4%
	Do not know	0.5%	1.2%
Refused	0.8%	0.7%	

Results

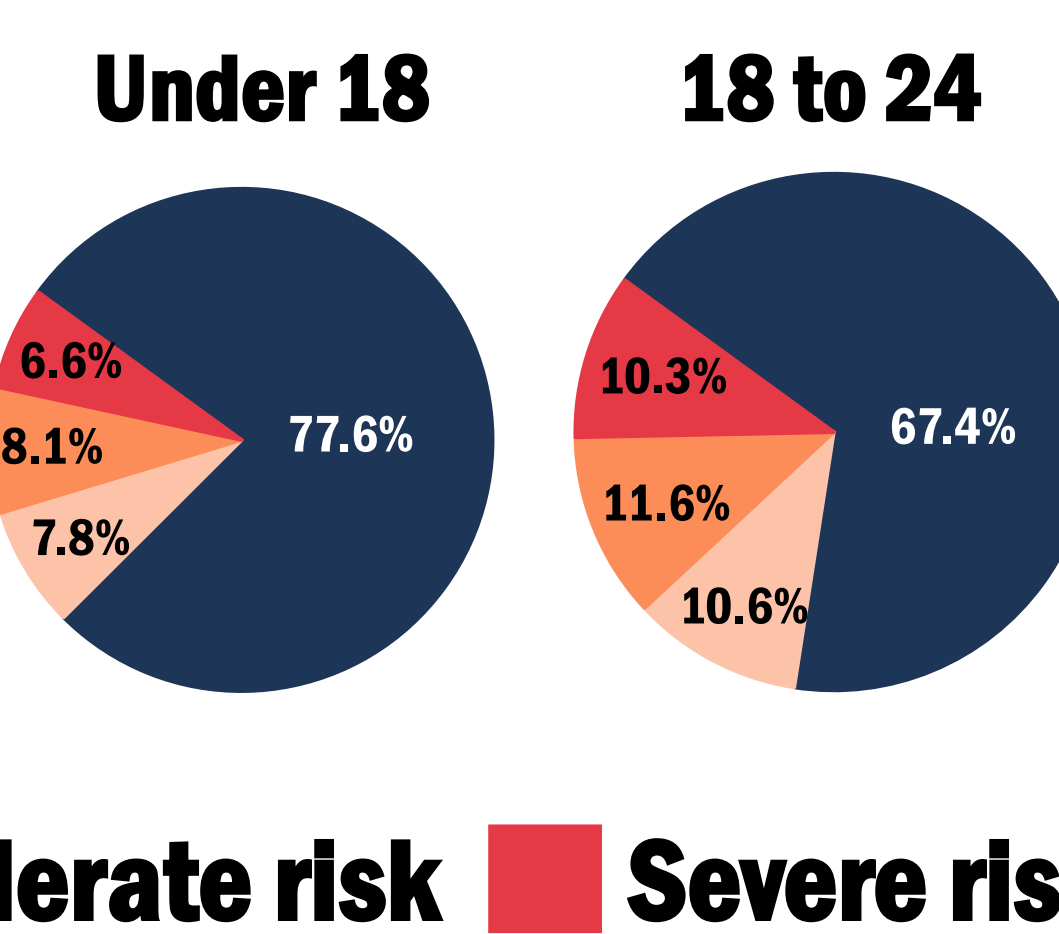
- Screened 6,658 youth under 18 and 7,768 young adults ages 18 to 24.



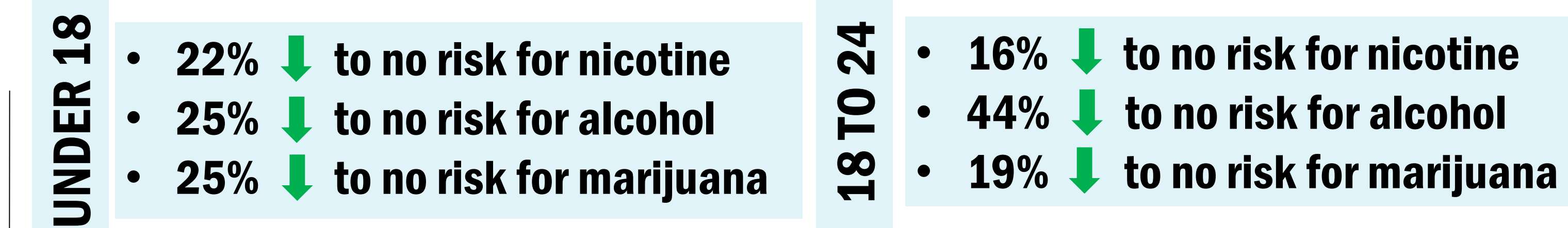
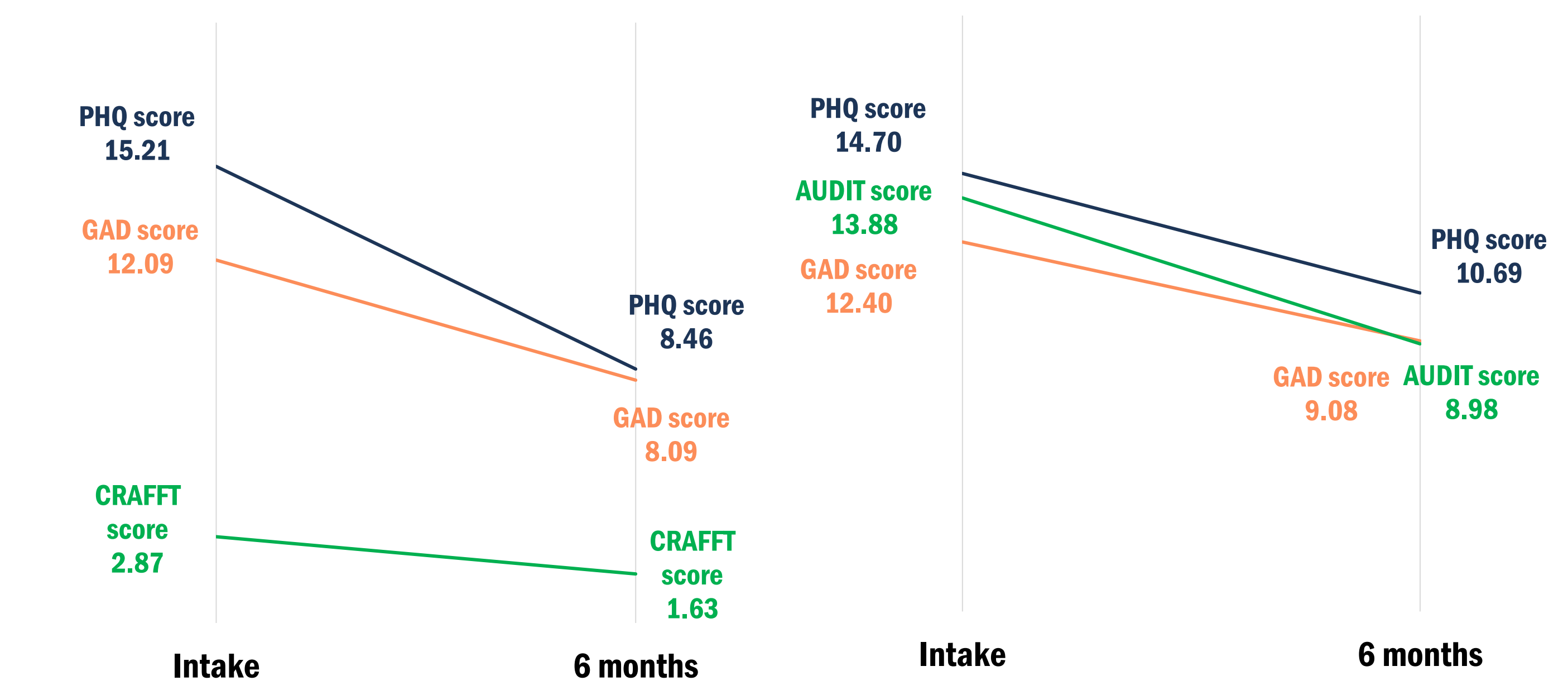
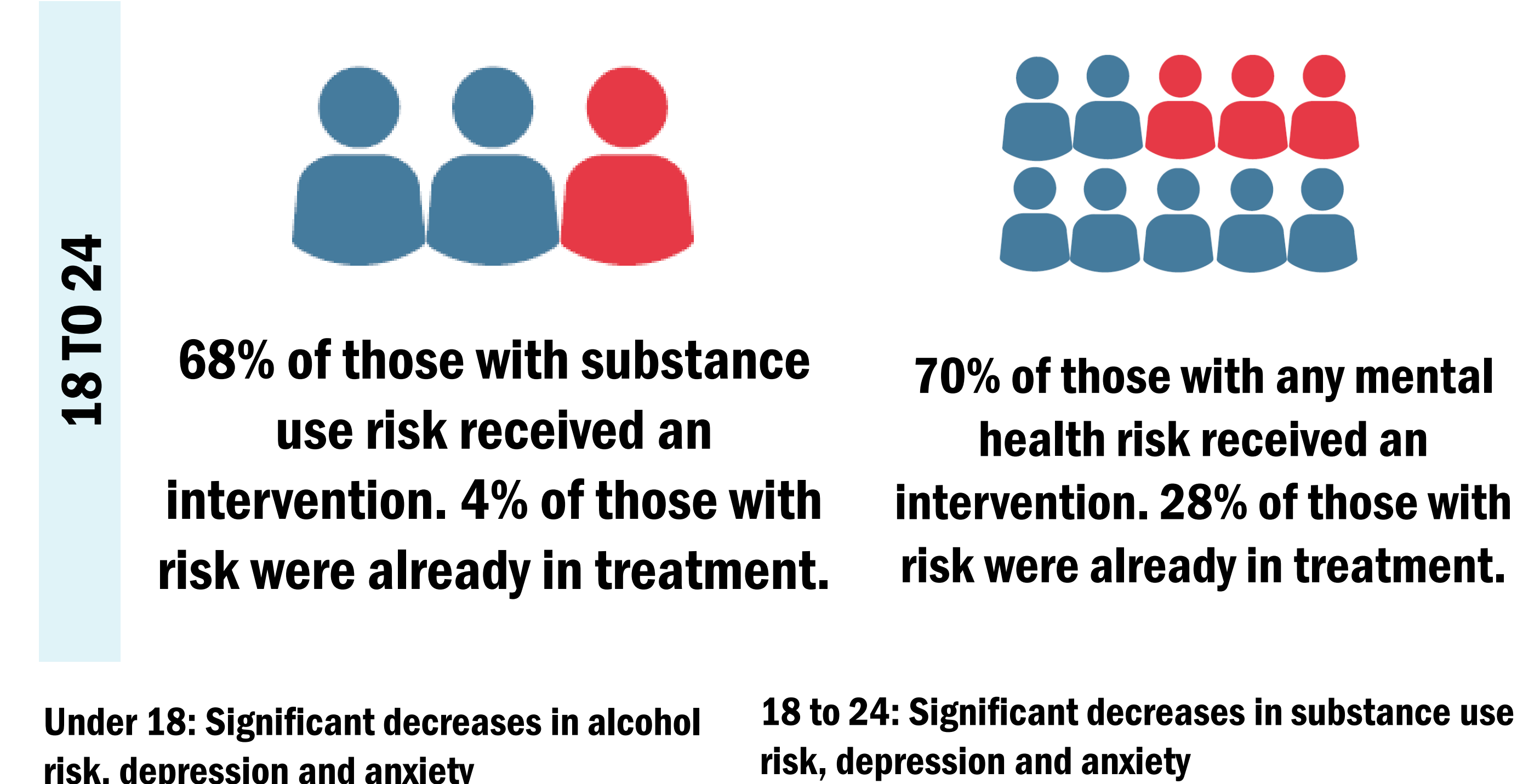
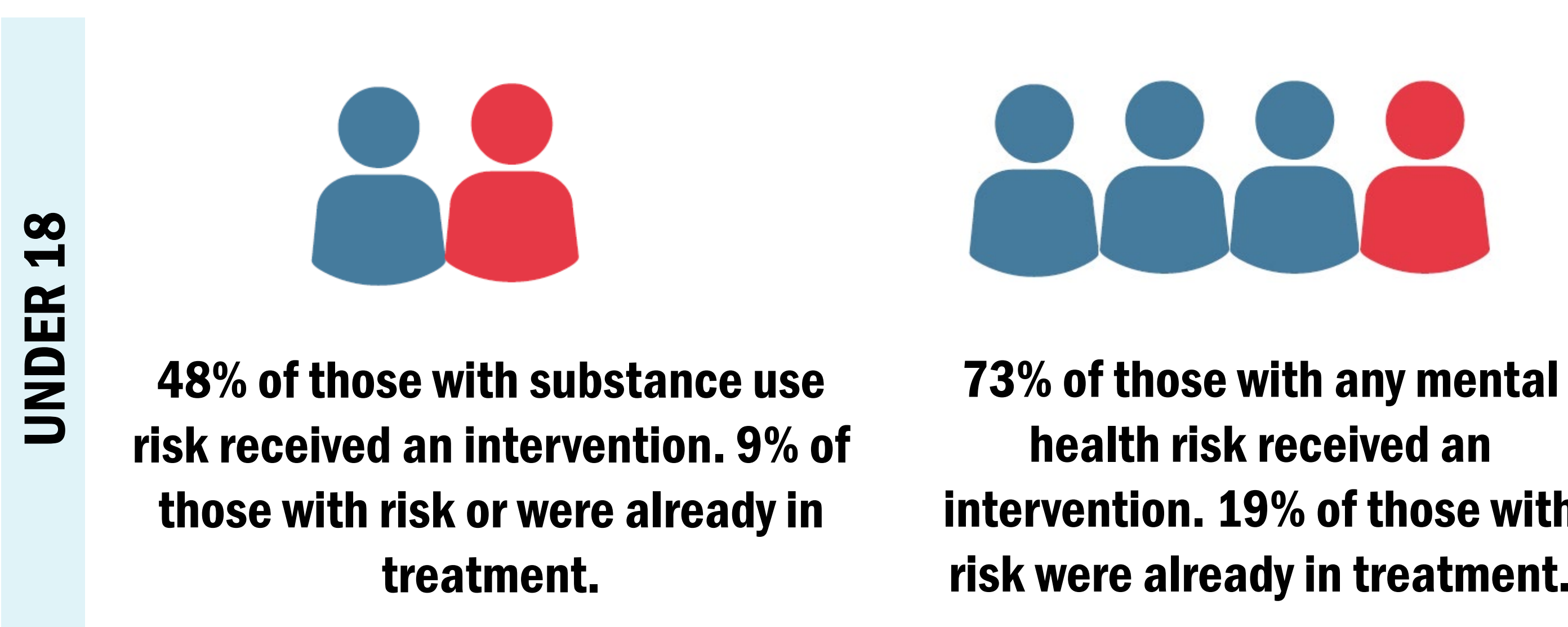
Depression risk by age



Anxiety risk by age



3 out of 10 teens and 4 out of 10 young adults had mental health risk – depression, anxiety or both.



Discussion

The post pandemic youth and young adult MH "crisis" is well known and begs for efficient and effective solutions. Our novel methods of YSBIRT implementation decoupled from medical settings demonstrates potential. The current effort documents the ability to administer and engage large populations of youth and young adults to complete digital screening tools and receive timely motivational interventions. While rates of interventions delivered in the community for MH and SU risk were comparable to those reported in integrated medical settings, there is room for improvement. Future aims include understanding how to better link youth needing referral outside the screening setting to engage and remain in treatment.

Acknowledgements

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