

Psychological, Social, and Emotional Well-Being: Are Florida's Teens Flourishing?

ISSUE BRIEF • MARCH 2023

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with the support of Achieva Credit Union*



"...it's been an uphill battle for sure. The more we can wrap our arms around our kids and about what's going on and ways to help them, the better."

— Kathleen A. Moore, PhD, Director, Florida Mental Health Institute, Professor, Center for Mental Health and Policy, University of South Florida

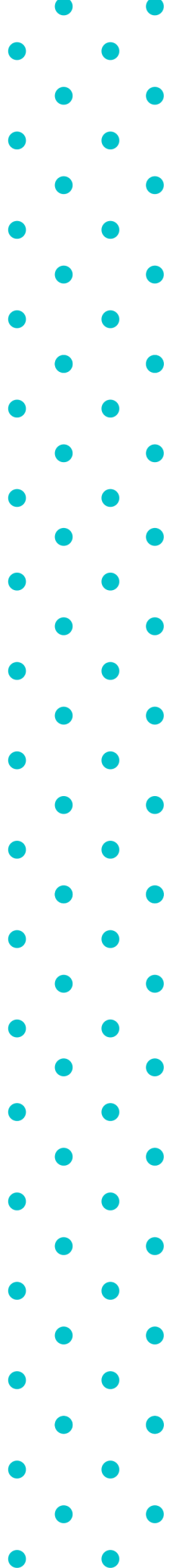
"No public health problem has ever been solved by individual treatment alone. We need to shift our focus from relying on a one-dimensional medicalized model to including a focus on the presence and absence of good mental health."

— Corey L.M. Keyes, PhD, Professor of Sociology, Emory University



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On May 9, 2022, Adolescents and Children Together for Health ([ACT for Health](#)) and its partners (**Box 1**) convened the virtual conference, *Psychological, Social, and Emotional Well-Being: Are Florida's Children Flourishing?* to bring a new way of thinking about child and adolescent mental health to policymakers, practitioners, parents, and the public.

This Issue Brief aims to further disseminate critical messages from the meeting. In addition to providing foundational conceptual frameworks, including the two-factor model of mental health (languishing and flourishing), the Issue Brief covers:

- recent trends and current variations in teen psychological, social, and emotional well-being;
- the likely causes and potential consequences of deviations from flourishing; and
- what we know about strategies to reduce languishing and enhance flourishing, based on recent research and exemplar practices.

It ends with a Call to Action.

Box 1: About Us

This initiative was made possible through a partnership between Adolescents and Children Together for Health (ACT for Health), The University of South Florida Louis de la Parte Florida Mental Health Institute (FMHI) and the Gulfcoast North Area Health Education Center (GNAHEC).

ACT for Health is a national 501(c)3, non-profit, registered in Florida focusing on children and adolescents. ACT for Health's mission is to bring together individuals and organizations to promote a holistic and coordinated approach to improving the mental health of children and adolescents. Our goal is to ensure a diversity of perspectives and voices at our programs and explicitly address disparities, equity, and racism.

FMHI at USF is a legislatively mandated research institution aimed at advancing and informing practices and resources for mental health and substance use through interdisciplinary research, and service to improve the lives of individuals and their families. The focus of FMHI is to address some of society's most challenging problems through its research, consultation, and training carried out by the FMHI and their Affiliates.

GNAHEC connects students to careers, professionals to communities and communities to better health through inspiration, training, recruiting, and retaining a diverse and broad range of health professionals to practice in communities where the need is greatest.

Key Messages

- Sixty percent teens are languishing instead of flourishing, including the 44% of high school students in 2021 who report being so persistently sad and hopeless that they cannot engage in essential activities.
- Some have referred to languishing as the “forgotten middle child” of mental health. COVID-19 can account for some of the recent teen languishing data, but worrying trends in mental health have been obvious for many years.
- We already know much about what it takes to support teen flourishing from [research](#) and practice, but this paradigm shift is only slowly emerging in policy and practice.
- Teens may benefit from a variety of strategies at [different socio-ecological levels](#)—from national and local policies, to communities, families, and individual teen-focused interventions, often in combination.
- Attending to the numerous adolescents whose mental health is languishing should complement but not replace the urgent need to meet the needs of teens with mental disorders.
- Youth engagement is increasingly acknowledged as essential in the design and implementation of all programs and services to support adolescent flourishing.
- Recent federal progress in addressing the downstream effects of youth languishing and poor mental health must now be matched by comparable investments in upstream drivers of youth flourishing as described in this report.
- Ultimately, flourishing-oriented policy and practice reforms will allow us to nurture new generations of thriving youth.

Conceptual Frameworks

Three important conceptual frameworks guided the virtual conference: mental health, flourishing and languishing as dimensions of mental health, and a structure for understanding factors that can shape the mental health of young people.

Mental Health

The conference used the [World Health Organization \(WHO\)](#) definition of health—including mental health—as more than the absence of illness; it is “a state of **complete physical, mental and social well-being**, not merely the absence of disease or infirmity.” Further, WHO defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Flourishing and Languishing: Psychological, Social, and Emotional Well-Being

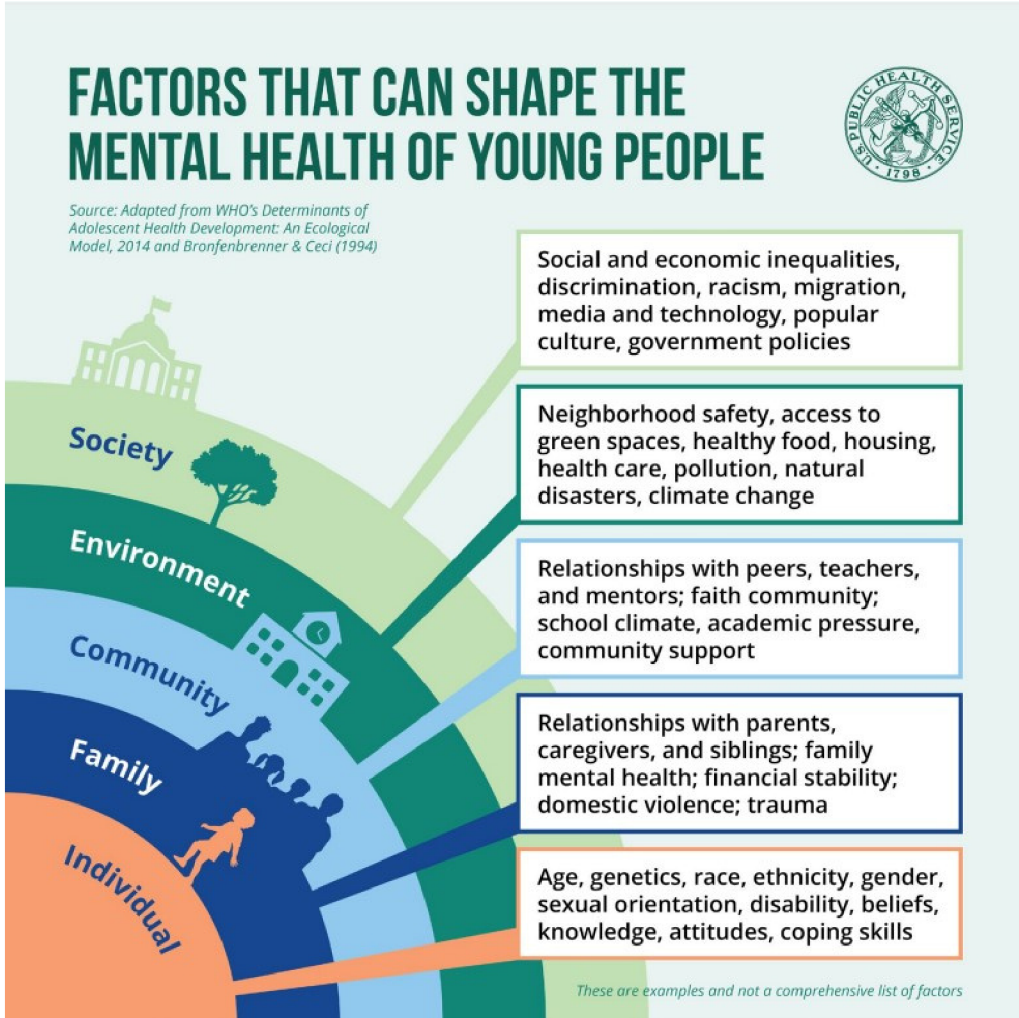
Flourishing is considered an optimal state of well-being and is associated with positive psychological outcomes. While not the only important feature of teen well-being, [subjective emotional well-being](#) – whether teens feel happy, satisfied, and interested in life – should be a [critical goal](#) of flourishing strategies.

Flourishing and languishing are part of the dual-factor model of mental health, which includes both the traditional one-dimensional world of treatment and a focus on the presence and absence of good mental health (psychological, social, and emotional well-being). A widely read article in The New York Times suggested that [languishing was the most dominant emotion in 2021](#). The author summarized languishing as the feeling of emptiness and referred to it as “the forgotten middle child” of mental health.

A Framework for Understanding Why Young People Flourish or Languish

To work **upstream** to enhance adolescent well-being, it is important to understand the factors or determinants that influence flourishing and languishing. In 2021, the Surgeon General of the United States issued an [Advisory](#) dedicated to Protecting Youth Mental Health which includes a multilevel graphic of factors – from upstream to downstream determinants – that can shape the mental health of young people (**Figure 1**). This issue brief addresses these further in the section on why teens are languishing.

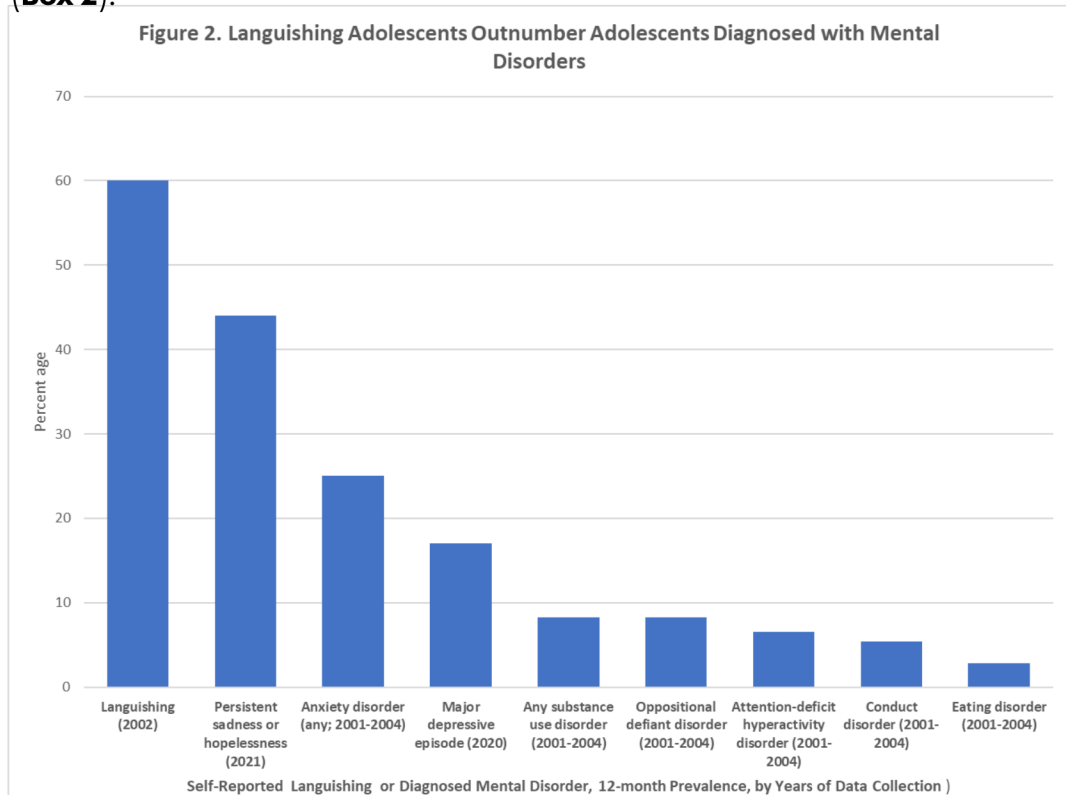
Figure 1: From Upstream to Downstream



SOURCE: [Surgeon General of the United States. 2021. Protecting Youth Mental Health: The Surgeon General's Advisory.](#)

Adolescent Languishing: The Nation's Challenge

The long-time crisis in adolescent mental health in the United States is growing worse in any 12 month period. Disturbing percentages of teens (from 4 to 24% among the most common teen diagnoses (**Figure 2**) are estimated to have mental disorders that [may require treatment](#). At the same time there are numerous additional teens who are languishing—that is, who have persistently low levels of psychological, social, and emotional well-being—when they could be flourishing (**Box 2**).



Sources: Languishing ([Keyes, 2006](#)); Persistent sadness or hopelessness ([CDC, 2022](#)); Anxiety disorder ([nihms-404598.pdf](#)); Major depressive episode ([SAMHSA, 2020](#)); Any substance use disorder through eating disorder ([nihms-404598.pdf](#)).

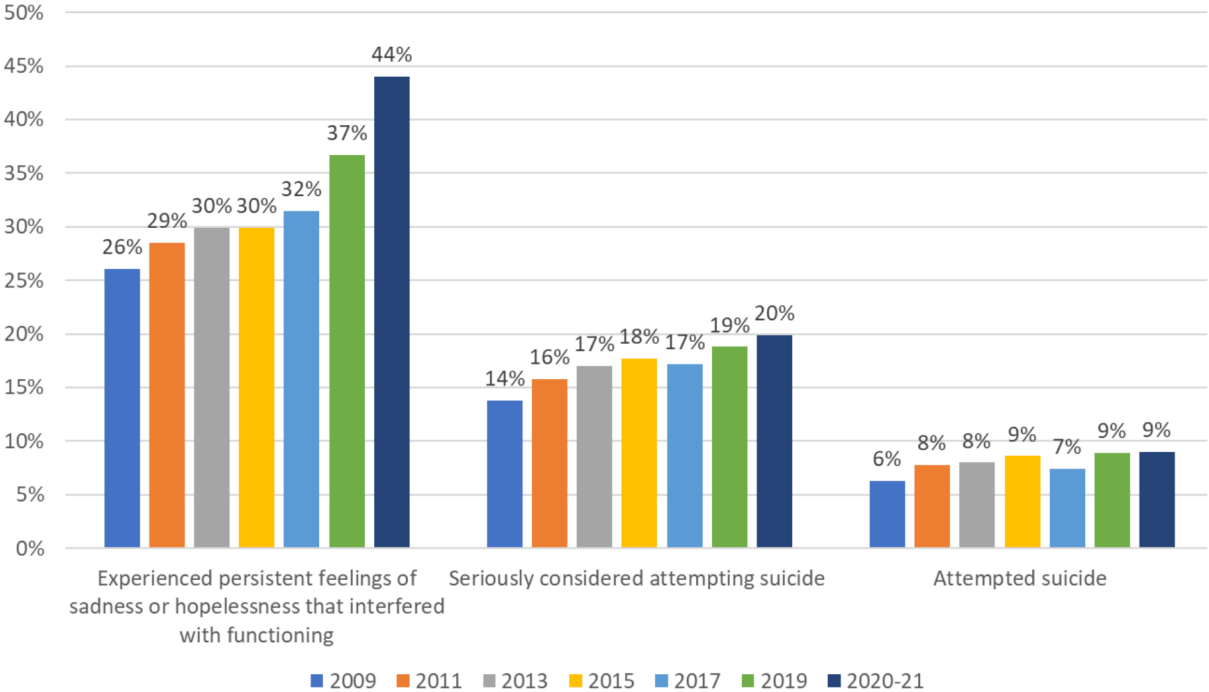
Conference Agenda

- Introduction and conceptual frameworks for the conference
- Historical and current statistics on adolescents' psychological, social, and emotional well-being
- Information on the flourishing/languishing concept
 - Responses from a parent and a clinical psychologist
 - Information to help guide practitioners and policymakers to implement flourishing-based strategies for teens, including findings from a recent Rapid Evidence Review of strategies to enhance teen flourishing and examples of ongoing practical efforts to enhance teen flourishing, including (Youth Thrive and Healthy Teens)

In the early 2000s, based on a nationally representative survey using his new adolescent self-report measure (**Box 2**), Dr. Corey L.M. Keyes found that [60% of U.S. teens ages 15-18 were languishing and only 40% were flourishing](#). Recent data using the Keyes measure are not available for the United States, but other sources show troubling patterns and trends.

The percentage of teens who reported having “persistent feelings of sadness or hopelessness that interfered with their usual daily activities” increased [40% from 2009 to 2019](#) (**Figure 3**). Similarly, more students than before seriously considered committing suicide (18.8%), or attempted suicide (8.9%) in 2019 than since 2009. In [2021](#), almost half of the U.S. high school population (44%) experienced persistent sadness or hopelessness, and almost two out of five reported “poor mental health” (a new measure for the Jan-Jun 2021 survey). These most recent (2021) U.S. averages mask **disturbing differences among groups of teens** (See page 8).

Figure 3. National Languishing Trends, 2009-2021, High School Students



SOURCES: Data for 2009-2019: [Centers for Disease Control and Prevention, Youth Risk Behavior Survey Trends 2009-2019](#). Data for 2021: [Centers for Disease Control and Prevention, Adolescent Behaviors and Experiences Survey \(ABES\)](#)”

Box 2: Measuring Flourishing and Languishing

Using Keyes' Mental Health Continuum-Short Form (MHC-SF), psychological, social, and emotional well-being are measured as having the characteristics below. We also provide a sample question for each domain.

Psychological Well-Being: Self-acceptance; positive relations with others; personal growth; purpose in life; environmental mastery; autonomy. Sample question: Within the past month, how often did you feel confident to think or express your own ideas and opinions?

Social Well-Being: Social acceptance; social integration; social contribution; social coherence; social growth. Sample question: Within the past month, how often did you believe that the way our society works made sense to you?

Emotional Well-Being: Happy, satisfied, interested in life. Sample question: Within the past month, how often were you interested in life?

Data for **Florida** school-aged children, including adolescents, are almost identical to those for the U.S. overall. In [2019](#), 33.7% of Florida's high school students self-reported persistent sadness and hopelessness, 15.6% seriously considered suicide, 11.8% made a plan to commit suicide; 7.9% attempted suicide; 15.8% purposefully hurt themselves without wanting to commit suicide.

In the National Survey of Children's Health (NSCH) [Flourishing Index](#), based on parent reports of children's moods and behaviors (e.g., "Does this child bounce back quickly when things do not go his or her way?"), [61.5% of Florida school-aged children](#) and 59.7% of U.S. children ages 6-17 were found to be flourishing. In 2018-2019, [62.8% of U.S. 12-17-year-olds](#) met all three NSCH flourishing criteria.

More recent data show some troubling trends overall. The State ranks #35 in the [Kids Count state-to-state comparisons](#) of overall child well-being, #35 in health, #42 in economic well-being, and #32 in family and community, although it ranks #13 in education. No measure of individual child mental health is included in a [Florida Kids Count Well-Being report](#), although the report includes upstream factors such as family and community.

In 2019, 33.7% of Florida's high school students reported persistent sadness and hopelessness.

Disparities in Teen Languishing

Understanding differences in rates of languishing among teens can be important to those designing effective flourishing strategies to address the possibly distinctive needs of the groups and achieve equity. Actual needs and solutions likely to work are believed to be best defined with the strong involvement of children and teens themselves.

Nonconforming gender identification, female sex, and being a member of certain racialized groups were all associated with higher-than-average rates of languishing in CDC's early 2021 survey (**Figure 4**). Twice as many Lesbian, Gay, Bisexual, and Transgender (LGBT) (75.7%), and female students (56.5%) as their heterosexual (36.7%) and male (31.5%) counterparts felt so sad and hopeless they could not engage in usual activities. By race and ethnicity, up to half of some groups reported persistent sadness and hopelessness. In order, these were: Multiracial (51.7%), American Indian/Alaska Native (49.5%), Hispanics or Latinos (46.4%), Native Hawaiian/Other Pacific Islander (45.8%), Asian (40.2%), White (40.1%), and Black (39.7%) students. Similar patterns occurred for considering suicide, attempting suicide, and multicomponent "poor mental health."

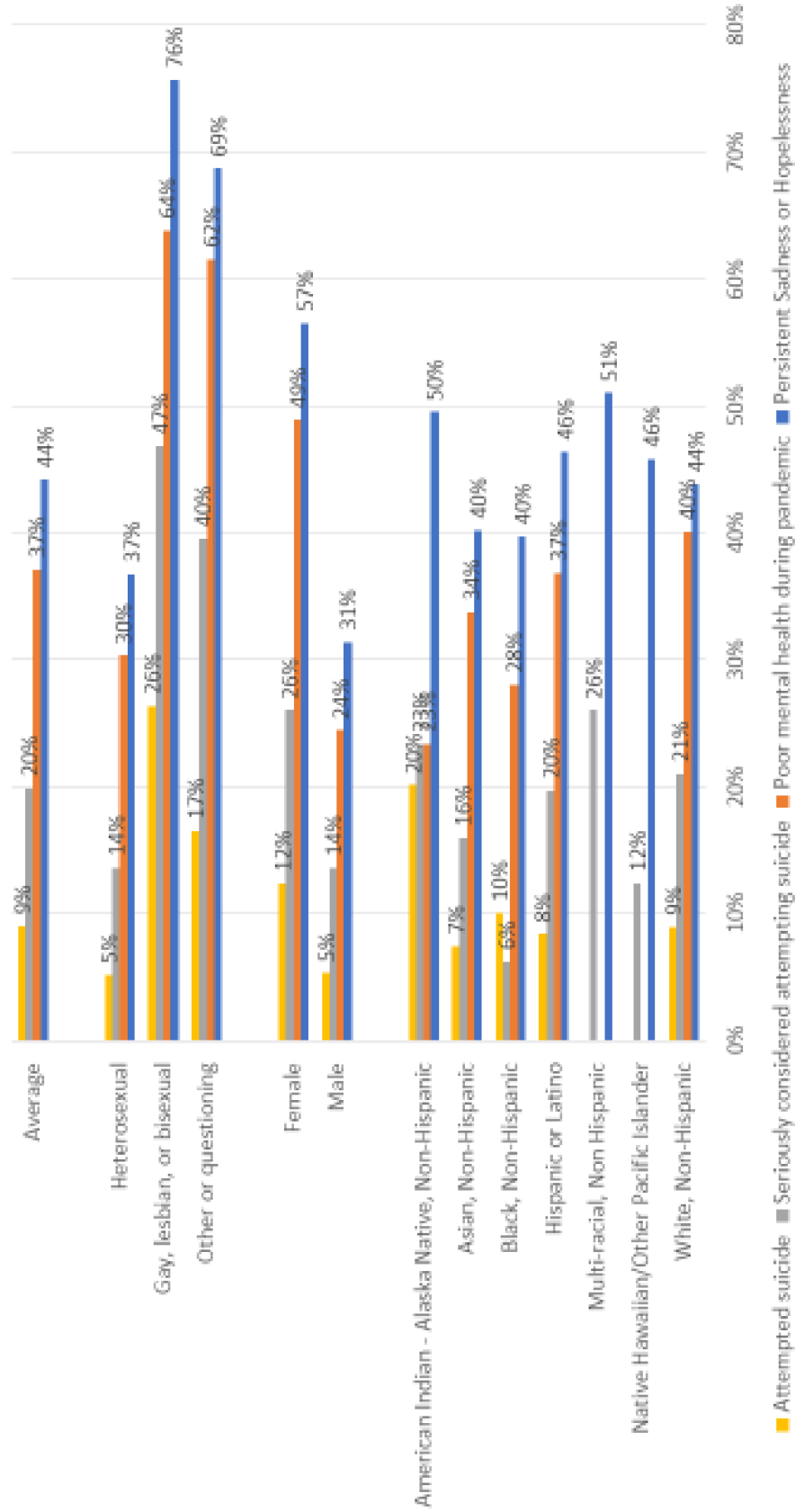
According to national mental disorder data from the NSCH (parent reports of doctor-assessed problems) in the latest [Kids Count](#), all racial and ethnic groups ages 3 to 17 were estimated to have increases in anxiety or depression between 2016 and 2020, with the greatest increases occurring in Latino (from 8.1% to 11.7%) and American Indian/Alaska Native (from 12.7% to 15.0%) children.



The challenge of our youth, at a time of increasing stressors around them such as COVID-19, conflict, racism, and social isolation, is the significant impact of these factors on their mental and emotional health. To effectively support youth during this time of great change in their physical, emotional, and social health, we need to use a strategy of positive based mental health, which is based on an asset-based approach with the goal of achieving flourishing."

Richard L. Wittenberg, President and CEO, ACT for Health

Figure 4. Languishing Can Differ by Student Group: Illustrations by Race/Ethnicity, Sex, and Gender Identity



SOURCE: [Centers for Disease Control and Prevention, Adolescent Behaviors and Experiences Survey, Jan–Jun 2021.](#)

Why Are Teens Languishing?

Individual data on teens' mental health status (e.g., Figures 2-4) are critical to understand how our kids are experiencing life. But promoting mental health and preventing mental disorders and their after-effects requires understanding more than health status data; it is just as important to understand why our teens are languishing or flourishing. In **Table 1**, we focus on select influences and how they affect adolescents.

At the **societal level**, for example, we know that socioeconomic status is [strongly associated with variations in mental health](#). According to the latest [County Health Rankings](#), in 2019, 16 percent of U.S. children are estimated to have lived in families with incomes [below the federal poverty level \(\\$23,030 for a family of three in 2022\)](#). Rates in Florida are similar: 17% for the State overall and 16% for Pinellas County.

Mass school shootings are another well-known [societal level influence on mental health](#) across age groups. Seventy-five percent of 15-21 year-olds report high levels of distress related to these [increasingly common](#) tragedies.

More broadly, observers have argued that a far-reaching but [misplaced "scarcity mindset"](#) hinders adding more resources to support child and adolescent health. A concrete example of **insufficient resources** that can cause teens and their parents stress is the disturbing ratios of national (250,000:1) and local populations (e.g. 550,000:1 in Florida) to mental health providers. Some society-wide pressures (e.g., from social media platforms) have particular impacts on teen feelings of pressure to look good (68%) and fit in socially (67%).

At the **environmental level**, highly prevalent, deep, concerns about climate change and global warming among teens and young adults (58%) are likely to lower flourishing, including trust in government (a measure of social well-being; 64.9%), future goals (e.g., childbearing, 39.1%), and functioning.

Community factors include a broad array of influences, including, but not limited to, schools, healthcare, and adult caring. Some of these may be shaped by broader societal level policies, a fact to take into account when designing change efforts. **High schools** are a major source of stress for teens (65-88%), in part because of the dramatic increases in academic pressures during this time. Exposure to **bullying** (33% have been bullied) and other features of **school climate** also influence teen flourishing. [Racially minoritized](#) children are [especially susceptible](#) to excessive school discipline, which might be ameliorated by more [authoritative](#) school environments.

Table 1: Reasons Why Adolescents Can Languish, in the United States and Florida, by Socio-Ecological Level

Societal Level			
	US	Florida	Pinellas County
Children in Poverty	16%	17%	16%
Availability of Mental Health Providers	250:1	550:1	440:1

75% of 15-21 year-olds reported high levels of distress from **mass shootings**.

55% of 15-21 year-olds reported stress on account of the **political climate**.

68% of teens feel **pressure to look good**.

Environmental Level

65% in 10 nations believe **governments are failing young people**.

58% are distressed by **climate change**.

39% hesitate to have children due to **climate change**.



Table 1 (cont): Reasons Why Adolescents Can Languish, in the United States and Florida, by Socio-Ecological Level

Community Level

In Schools...

60% of teens reported lifetime levels of being treated badly in school due to race or ethnicity -- ranging from **22%** among white students to **64%** among Asian students.

39.5% of sexual minority students in grades 9-12 reported that they were bullied on school property in the past 12 months in 2019.

83% of teens feel **pressure to look good**.

61% of teens say they [face a lot of pressure to get good grades](#), a factor that tops their list of stressors.

Health Care...

43% of adolescents with major depressive episodes received mental health treatment in the past 12 months -- ranging from **50%** for White Non-Hispanic adolescents to **35.3%** of Black adolescents.

8% of adolescents and adults combined were screened for depression in primary care.

75% of 4-17 year olds [received appropriate treatment for ADHD](#).

38% of adolescents aged 12 to 17 years had access to confidential health care.

Families

6% of parents usually/always feel aggravation from parenting.

65% of children and adolescents 6-17 years old had parents who reported that they and their child share ideas or talk about things that matter.

19% of teens say they [get into an argument with their parents](#) every day or almost every day.

"So overall, the research suggests that anxiety and depression are tied in to so many factors. And what is stressing our kids? To do well. To do well in school, to do well out of school, to do well with their peers. So there are all these different sectors that kids are having to fit in. And I will say that over the past two years, it has been particularly hard when youth have been attending school virtually, when they have been socially isolated and having to do things primarily at home. And so a lot of their extra curricular activities have been halted."

Kathleen A. Moore, PhD, Director, Florida Mental Health Institute, Professor, Center for Mental Health and Policy, University of South Florida

Teens are the least likely age group to use **health and mental health care**, but when they do, delivery system features may also affect teen well-being. Overall, only 43% of adolescents in need got access to mental health treatment for major depression recently, with lower rates among Black and Latino teens (35.3% and 36.8%) and higher rates (though still low) for White teens (50.3%). Screening for depression has long been a United States Preventive Task Force (USPSTF) evidence-based recommendation for teens ages 12 through 17 and adults and could increase the numbers of kids getting care. However, information about how many primary care providers are screening adolescents is scarce. Healthy People 2030 (HP2030) estimates that only 8% of adolescents and adults combined were screened in the most recent year of data.

Only 43% of adolescents in need got access to mental health treatment with lower rates among Black and Latino teens (35.3% and 36.8%)

Other health care factors that can influence teen flourishing, and that are currently measured by HP2030, include getting appropriate ADHD treatment (75.2% for children and teens combined), confidential adolescent-provider visits (38.4%), and teens' having a caring adult in their lives.

Families are a strong force in adolescents' lives. Until recently, there have been few data about the nature of family life. The NSCH now surveys parents regularly, although we know that adolescent and parent perspectives often differ from each other. For example, only 5.7% of parents of adolescents report "aggravation from parenting," a pattern consistent with parent-reported positive communication patterns (65.3%). However, during COVID-19, 21.8% of Florida teens reported adverse childhood experiences. Adolescent-reported data might be collected more routinely to complement the parent-reported information.

We don't address **individual factors** here for two reasons. First, most individual-level research is based on cross-sectional data, which doesn't allow for predictive causal inferences. Second, any such influences are likely to be "caused," at least in part, by external forces (upstream determinants). The National Institutes of Health's Adolescent Behavior and Cognition Study is beginning to provide more longitudinal data, so far for only the 9-to-10-year-old cohort.

Sources of stress can vary by sex, gender identification, and race/ethnicity. For example, those who were least likely to feel [“close to persons at school”](#) were females compared to males, Black versus other racial and ethnic groups, and “other or questioning” versus heterosexual students. White students (75.1%) were statistically more likely than Black (68.9%) and Hispanic/Latino (67.2%) students to feel [“virtually connected to others during the pandemic.”](#) Consistent with the importance of connectedness to psychological well-being, students who did feel close to persons at school were less likely than students who did not feel close to have poor mental health during the pandemic. In [CDC’s 2021 survey](#), two out of five teens reported lifetime levels of being treated badly in school due to race or ethnicity, [ranging](#) from 22% among white students to 63.9% among Asian students. The [national landmark study](#) of adolescent mental illness found that Black 13 to 18 year-olds were more likely than Whites to have an anxiety disorder, and were less likely than Whites to have a substance use disorder. Among many other differences in life experiences and their impacts on different groups of adolescents, Black teens are more likely than White teens to experience distress from a [“stop and frisk” encounter with police and with exposure to police violence overall.](#)

In research studies, other factors associated with adolescent languishing/flourishing have included [recovery from an affective disorder](#), [school dropout](#), [suicide](#), [poor academic performance](#), [victimization](#), and [defensiveness and resilience](#) (last two both associated with flourishing). In adults, flourishing has been associated with [lower mortality](#) and [future mental illness](#).

What Can Be Done?

Expert Perspective

Corey L.M. Keyes, PhD, Professor, Emory University offered a number of suggestions for action. He began his keynote address by acknowledging that no public health problem has ever been solved by individual treatment alone. However, according to Keyes, the nation has been relying on treatment as the way to resolve the problem of mental illness. Treatment is very important for those with serious mental disorders, and psychiatrists, psychologists, and other clinicians do essential work. But they and their young patients continue to face enormous challenges that are being documented repeatedly in the public and professional media as mental health crises, especially in the context of the Covid pandemic.



Addressing mental health within the framework of flourishing and languishing provides the potential to prevent more serious problems in the future. Just as critical is their focus on good mental health for our children and teens. Good mental health means more than just feeling good or happy. For example: Do they have warm, trusting relationships with other people? Are they being challenged to grow as a person? Do they have a purpose in life? Socially, do they accept and trust other people? Do they belong to a community? Are they contributing something of value to their communities? Are their communities being challenged to become better places? **Given the large numbers of languishing teens, we are not going to treat our way out of the problems of depression, anxiety, and suicide. We're going to have to move upstream and promote flourishing in our youth.**

Parent Perspective

Ayesha Johnson, PhD, Professor of Statistics, University of South Florida School of Nursing, spoke compellingly from the perspective of a mother to her now 20-year-old daughter. When she asked her daughter what flourishing meant to her, she said that feeling good physically and having healthy relationships were key: "the ability to be oneself and be comfortable in relationships." Next, she asked her daughter what actions parents should take to support their child's flourishing. Her daughter's key message: be present. Be present in conversations, in their lives, in their activities even when confronted with competing demands, different abilities and different interests. Presence is essential.



"BE PRESENT"

Clinician Perspective

Harold Shinitzky, PsyD, St. Petersburg FL, brought the perspective of years of clinical psychological practice and academic appointments. Dr. Shinitzky grounded his remarks in the importance of a proactive, preventive approach to positive youth mental health. This approach needs to be multiyear, multimodal, and multidisciplinary with interventions operating along multiple dimensions of youth life: the family, the community, schools, and healthcare. Importantly, he underscored the reality that resources and opportunities for youth are inequitably distributed so an explicit focus on equity, diversity and inclusion is essential in the design and implementation of these interventions.

Dr. Shinitzky went on to highlight research findings on the benefits of programs promoting socioemotional learning (SEL) and flourishing. Case [studies](#) of prominent programs suggest that different age groups of children and teens who can be helped to flourish are: more likely to graduate from high school, complete a college degree, and obtain stable employment; and less likely to be in a detention facility or involved with law enforcement.



A scientific council suggested that these programs yielded a return on investment of 11:1. [Past reviews](#) have not demonstrated similar effectiveness of SEL programs for high-school-age adolescents. More recent small studies, under certain conditions (e.g., inclusion of [biofeedback](#)) are more promising, and deserve more study. According to Dr. Shinitzky: "I love to present to the parents in an auditorium...I always like to say I'm going to be seeing all your kids, not because they have problems, but because they don't. And we want to keep it this way." **Dr. Shinitzky is an ardent proponent of an upstream promotion approach to achieving positive mental health and preventing disorders.**

"The dimensions and spectrum of mental health and illness are often thought of as a zero sum game. For example, if you shift the current paradigm focused on treatment to one focused on flourishing and languishing, many will think that people with mental disorders are not going to get treatment because resources are limited. But there is another way to think about it: if you care about mental disorders, you should want to prevent future cases. A focus on enhancing flourishing is one approach to prevention." **Dr. Harold Shinitzky**

Evidence Base for Flourishing Strategies

ACT for Health et al.'s recent [Rapid Evidence Review](#) (RER) also organized its findings around a model of socio-ecological levels. The RER aimed to synthesize the evidence base for the effectiveness of flourishing-oriented strategies, using systematic reviews of positively (increased positive mental health)- and negatively (reduced subclinical symptoms of mental disorders)-framed outcomes of adolescent mental health. The RER organized work using the socioecological levels, from upstream (societal, environmental, community, and family) to downstream (individual). At the **societal level**, a national policy strategy (Moving to Opportunity) supported voucher-based voluntary family moves from public housing to better neighborhoods across five U.S. cities. This strategy was effective only with black girls in four cities.

The lack of a comprehensive set of algorithms presents some challenges to taking an upstream, mental health promotion approach to enhancing flourishing. Experts suggest that adding complementary strategies at other levels may have led to better results.

One **community-level** strategy was a local, tribally-governed, policy to share casino proceeds with families in the tribe; it was effective for teen disruptive behavioral symptoms, but not for depression or anxiety symptoms. Other local policy changes reviewed included changing school start times and one version of a Whole School Whole Community intervention.

Most interventions focused on the individual level working with adolescents in groups to change their flourishing-related beliefs, emotions, or behaviors (e.g., curriculum-based). As described more fully in the RER, most strategies found both positive and negative on studied outcomes; other reviews reported only positive findings.

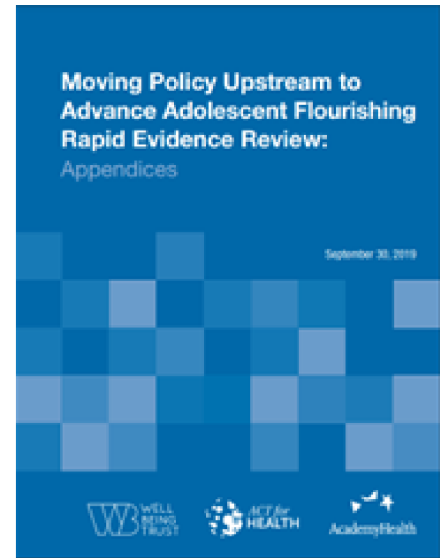
Many opportunities exist for testing additional interventions at multiple levels. Surprisingly, there was only one systematic review of family-education strategies to enhance the well-being of teens or their parents, and only one of youth engagement and leadership. Other strategies not addressed by systematic reviews at the time of our review include those addressing adolescent-reported concerns, extracurricular and sports activities, and youth leadership. It is essential that future implementation of any strategy be accompanied by rigorous evaluation.

What We've Learned from Evidence-Informed Practice

The conference featured examples of how a national organization and local Florida organizations are working to help move teens from languishing to flourishing. There are many more examples, but we were limited by our two-hour timeframe.

Center for the Study of Social Policy's Youth Thrive

As described by **Francie Zimmerman, MSW**, the Center for the Study of Social Policy's **Youth THRIVE** initiative, helping youth flourish in the face of adversity will require efforts that are not only trauma-informed and healing-centered, but also **work to undo those systems and structural forces that limit youth from fulfilling their dreams**. Their research identified five protective factors: resilience; social connections; knowledge of adolescent development; concrete supports; and cognitive and social emotional competence.



Working with partners, **Youth THRIVE** has iteratively created strategies aimed at facilitating teen flourishing and reducing teen languishing. Organizations are encouraged to change everyday practices and modify policies as needed.

Youth THRIVE helps to achieve change by developing and sharing resources and training for staff and organizational leaders, and training for young people. **Youth THRIVE** developed an online resource, a [Blueprint](#), that includes a supervisory coaching tool and other resources for changing organizational culture; and a youth self-assessment tool to guide case planning, program development, evaluation, and research.

Healthy Teens, Inc

[Healthy Teens, Inc](#) in Manatee County, Florida, is an organization dedicated to empowering youth to make positive, healthy decisions for their success and wellbeing, including in the areas of mental health, teen pregnancy, and substance use. Their evidence-informed model trains high school-aged Teen Health Educators to provide their peers with the knowledge and skills to make informed choices about their physical, mental, and emotional health and well-being. The Teen Health Educators are trained in specific health topic areas, as well as communication skills, facilitation skills, mentoring skills, and creating safe spaces. Teen Health Educators are then provided with opportunities to serve peers in local community organizations (e.g., Boys & Girls Clubs, youth clubs). The nation's emerging new focus on mental health, and the concept of youth flourishing, has been instrumental in Healthy Teens adapting their approach, mission, and language in recent years.

Two of the teen health educators provided a tangible sense of how the program has helped them and their peers:

"For students who have been displaced for a variety of reasons, what we find isn't that these people need teachers or these very distant role models, more so friends really, support systems that are necessary to succeed in their personal lives... listen and then respond to what you hear in terms of what people need."

Gabe 17, High School Graduate/Rising Freshman at Florida State University

"Being a teen health educator has been a really great opportunity to give back but also experience learning. I think contributing through actual lived experience is something all people who are working and contributing to public health spaces should strive to do."

Dilan, 16, Rising freshman at Stanford University, relocated to Florida after a devastating earthquake in Haiti in 2010.

Call to Action

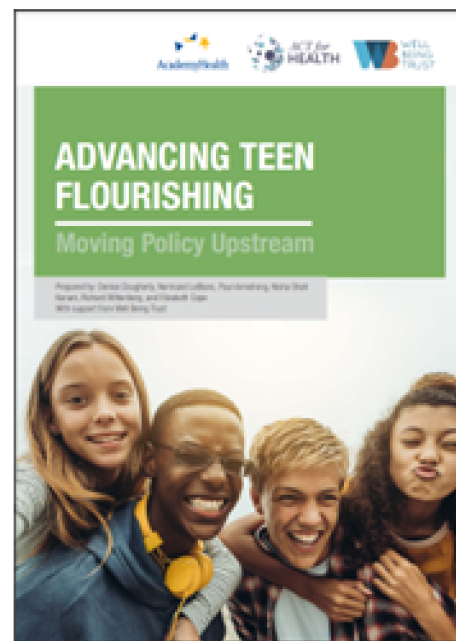
The evidence is clear: **large proportions of our teens are not alright**, and this is a time for urgent action to address the crisis in adolescent wellbeing.

Existing research and model programs suggest we already know enough to begin to broaden our focus beyond professional treatment services to support the flourishing of all our youth using a "whole of society effort." To act on what we know will require action at the federal, state, and local levels and across all the sectors that touch the lives of young people and their families.

Recent federal progress in addressing the downstream and a few upstream effects of youth languishing and poor mental health was made with the passage of the [Bipartisan Safer Communities Act](#). This landmark legislation [expands vital mental health services and provides additional support](#) for States and districts to design and enhance initiatives that will promote safer, more inclusive, and positive school environments for all students, educators, and school staff, as well as using emerging evidence-informed frameworks such as "[Nurturing Care](#)" from preconception through adolescence.

This investment must now be matched by comparable investments in upstream drivers of youth flourishing many of which can be found in our [2020 report](#).

Ultimately, evidence informed policy reforms that create supportive, healthy national and community systems and strategies throughout a young person's experiences into adulthood will allow us to nurture current and future generations of healthy, flourishing youth and young adults.





Adolescents and Children Together for Health, a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code.
Generous support for this program was provided by Achieva Credit Union and many other donors.

