



A Beautiful State If We Fix It

Mental health, juvenile justice, and what we could change to
make West Virginia a place where young people thrive



**American Friends
Service Committee**

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ABOUT AFSC

The American Friends Service Committee (AFSC) is a Quaker organization that promotes lasting peace with justice, as a practical expression of faith in action. Drawing on continuing spiritual insights and working with people of many backgrounds, we nurture the seeds of change and respect for human life that transform social relations and systems.

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Introduction

This report has its origin in disappointment. In 2016, several child advocacy groups, including many students in West Virginia’s public school system, worked hard to pass a modest piece of legislation aimed at assessing the state’s capacity to address the mental health needs of its young people.

With a strained economy, a fast-growing foster care population, the opioid epidemic, and communities in crisis, it seemed to many observers and supporters, this no- or low-cost legislation was a proverbial “no brainer” — one that could even save the state money since unaddressed mental health issues and/or trauma underlie many cases of delinquency and negative health outcomes later in life.

It was not to be. The legislation died on the vine. Many of the young people who worked hard to support the bill were saddened, angered, and confused. But some were determined to continue the struggle.

Their work and passion inspired this listening project, which is aimed at bringing the voices of young people to the attention of decision makers. Several of them worked on this project, and many more are ready to push for long overdue attention to the mental health needs of young West Virginians. We dedicate this work to them.

“This could be a really beautiful state if we fix it.”

Those words were spoken by a young man at a youth report center in southern West Virginia. They could sum up the results of over 100 surveys and individual and group interviews with young people and those who work with them from around the state.

It speaks to the great potential of the state to be a nurturing environment for its children and young adults. It also speaks to a sense of brokenness that many young people expressed when they described their community.

Coming of age is never easy, even in the best of times. And living in West Virginia has always had its challenges. But the combination of a vast public health crisis in the form of the opioid epidemic, a changing economy that has left many behind, new technology and social media, persistent poverty, and misplaced budget priorities make this a particularly difficult time to grow up.

This report will relate the key themes from our interviews with young people about mental health while also presenting information on related issues such as public policies, data on child well-being, the juvenile justice system, and the growing body of research regarding trauma and its effects. It will also provide recommendations on possible solutions.

A note on method

Listening projects are community-based surveys in which trained listeners conduct interviews to find solutions to social problems. This is not a scientific survey, but we did attempt to speak with a diverse group of young West Virginians of upper middle school, high school, and post-secondary age. We also drew on the expertise of adults who work with young people.

Methods included individual interviews, group interviews, and a written survey. While our study is probably tilted towards southern West Virginia, we did attempt to achieve diversity in geography as well as gender, ethnicity, and life experience.

Our survey did not encourage those who responded to disclose trauma. Rather, it asked for their opinion on several issues and asked for solutions as well as problems.

This listening project was coordinated by the American Friends Service Committee (AFSC) with the assistance of several groups and individuals, including high school students. The AFSC is a humanitarian organization related to the Religious Society of Friends (Quakers). It was founded in 1917 and works in West Virginia and around the world to promote nonviolence and social justice, with a strong tradition of working with young people and advocating for policies that benefit children and families.

Our goal is to help promote improvements to mental health and juvenile justice systems in West Virginia, to reduce confinement of young people, and to increase awareness of trauma and of evidenced-based responses to it.

Why now?

While there's never a bad time to try to improve conditions for young people, there are several reasons for a sense of urgency now. Here are some:

- Between 2001 and 2015, 6,001 West Virginians died from opioid overdoses.¹ The rate of overdoses increased in 2016² and 2017.³ The collateral damage done by this crisis — the loss of parents, siblings, and loved ones — to West Virginia's young people is impossible to calculate.
- The opioid crisis contributed to the ballooning of West Virginia's foster care system. By May 2018, there were around 6,500 children in foster care — and only 1,350 foster families. Many children were placed out of state or in group homes, leading to a probable lawsuit by the U.S. Department of Justice.⁴
- According to the West Virginia Department of Health and Human Resources (DHHR), there has been a 34 percent increase in the Child Protective Services (CPS) cases over the last three years; drugs are involved in 83 percent of CPS cases.⁵
- Despite reforms to the state's juvenile justice system, the number of juveniles in state custody increased by 46 percent between Oct. 2014 and Oct. 2017,⁶ largely due to the opioid epidemic.
- Every year in West Virginia, around 4,000 juveniles will appear before a judge. They may wind up in court because of delinquency, a behavior considered a crime by a person of any age. Or they may be there because of a status offense (behavior only forbidden to minors), including skipping school, running away from home, violating curfews, or possessing tobacco products

and/or alcohol. It is often unclear what issues may underlie the problem behavior, such as family conflicts, trauma, substance abuse, and/or undiagnosed and untreated mental health issues.

- The results may be dismissal of the case, probation, community supervision, or out of home placement in secure or non-secure facilities. The outcome of this contact with the juvenile justice system — an often confusing mix of public agencies, private organizations, and diverse individuals — can have a lasting impact on the lives of the young people affected, their families, and communities.⁷
- According to the 2018 Kids Count Data Book, West Virginia ranked 40th in overall child well-being, 47th in economic well-being, 39th in education, 35th in health, and 35th in family and community well-being.⁸ A study by the Girl Scouts of America reported that the state ranks 38th for girls' well-being.⁹
- A large and growing body of research reveals that adverse childhood experiences (ACEs) can have lasting effects on a person's physical, mental, and behavioral health as well as socioeconomic status. These can include physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, intimate partner violence, household mental illness, parental separation or divorce, and/or an incarcerated household member.¹⁰ The higher the number of ACEs, the greater the risk of negative consequences. In West Virginia 55.8 percent of adults have had at least one ACE.¹¹ The percentage of children experiencing ACEs in West Virginia is likely higher in this generation than in those of the recent past.
- The probability of experiencing ACEs increases with poverty. Nearly one in four West Virginia children — 86,693 individuals — live in poverty, the sixth highest rate in the nation.¹² Over 40 percent of African-American children live in poverty.¹³
- In 2015, the Civil Rights Division of the U.S. Department of Justice issued a detailed letter to Gov. Earl Ray Tomblin warning that the state's current juvenile justice system was in danger of violating the 1990 Americans with Disabilities Act (ADA). Among other provisions, the ADA requires that "individuals with disabilities, including children with mental illness, receive support and services in the most integrated setting appropriate to their needs."¹⁴

These are only some of the factors that can impact the mental health — and ultimately the life chances — of young people in West Virginia. Unfortunately, many communities, families, and institutions are unequipped to assess mental health issues and provide access to appropriate services. As a result, many young people can find themselves facing disciplinary action in schools or entering the juvenile justice system rather than receiving treatment in the community. This in turn can often lead to further trauma and negative life consequences.¹⁵

We believe that West Virginians can do more to prevent trauma and reduce its impact on our communities. And listening to the voices of our young people is a good place to start.

A virtual consensus

Over the last year, we interviewed and surveyed West Virginians who varied in age, geographic location, legal status, race, ethnicity, social class, and sexual orientation. Considering the diversity of those we surveyed, the degree of consensus was surprising. There was strong agreement on several key points.

Among these are:

- ***Young people in West Virginia face multiple and serious stressors.*** Among those identified were the normal stresses of growing up; the opioid epidemic; economic difficulties; family instability; poverty; discrimination based on race, sex, and/or sexual orientation; bullying; and exposure on social media.
- ***Things have gotten worse.*** The stressors identified above were seen to have a combined and toxic impact on families, communities, schools, agencies, and social systems within which young West Virginians interact.
- ***As a result of all this, many young people are dealing with mental health and trauma issues that are often undiagnosed and untreated.*** Instead, they may wind up facing disciplinary proceedings such as suspension, out-of-home placement or confinement, or end up engaging in destructive decisions.
- ***Systems are not prepared to deal with the situation.*** There was wide agreement that families, schools, faith communities, law enforcement, government agencies, nonprofit organizations, and services are not fully prepared to deal with these issues.
- ***Something must be done.*** One generation of West Virginians has already been decimated by the opioid epidemic. Another is highly at risk. State leaders and decision makers at all levels should make the state's children a top priority and put together a plan to assess and address the mental health issues they face. The time of pleading ignorance about these problems has ended — we know the dire straits our state's kids are in, and we're calling for decision-makers to put serious resources into addressing them before it's too late.

Key themes

Bullying: an old problem

A government website defines bullying as “unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time...”

“In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power:** Kids who bully use their power — such as physical strength, access to embarrassing information, or popularity — to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviors happen more than once or have the potential to happen more than once.”¹⁶

According to the Centers for Disease Control, bullying can have long lasting negative effects on those who are bullied, those who engage in bullying, and even those who have observed but not participated in bullying. Its effects may include “depression, anxiety, involvement in interpersonal violence or sexual violence, substance abuse, poor social function, and poor school performance, including lower grade point averages, standardized test scores, and poor attendance.” Frequent bullying increases the risk for suicide-related behavior.¹⁷

Bullying emerged as a theme in many of our surveys. Here are a few representative quotes:

“They usually target a child, attempt to get others to follow suit, in which the victim thinks everyone is against them.”

“Kids who are struggling with poverty and drugs are often targeted or target others.”

“I think gay people and overweight girls are the most likely targets for bullying. I think it’s because they’re different and people usually target people who are different.”

“With bullying, victims are mostly perceived as ‘not normal’ in some way, like if you’re different at all.”

“Someone without a group of friends is more vulnerable to be bullied.”

“I’ve been bullied more from teachers than students.”

“Special kids, weird kids that don’t fit in [are more likely to be bullied].”

“Poor kids, gay folks are most likely to get bullied.”

“Bullies have been bullied.”

“We know who the kids are who get bullied... but then [adults] act surprised when we get put on lockdown because someone’s threatening to shoot up the school.”

“I’ve seen too much cyber bullying over politics lately. General bullying is usually initiated by kids who have personal home issues and need help. They target others like themselves who don’t seem as strong.”

Social media: a two-edged sword

Social media is a game changer in both positive and negative ways. The era of smart phones, Snapchat, Facebook, Instagram, Twitter, and an expanding array of social media platforms has fundamentally changed the experience of growing up. It has opened up new highways of knowledge...and opened the floodgates of misinformation. It has enabled people to keep in touch and build and sustain relationships. It has also arguably affected social interactions, including in-person communication. It has facilitated social movements aimed at liberation and those based on hatred.

And it has expanded new arenas for bullying and shaming and made it harder for victims to escape its reach, even as it has shrunken the sphere of privacy. Physically escaping the reach of a tormenter is no longer enough.

According to the Pew Research Center, 95 percent of American teens say they have or have access to smartphones and 88 percent say they have computer access in the home, although those with lower incomes have less access. Forty-five (45) percent of teens say they use the internet “almost constantly.”¹⁸

Those we interviewed were well aware of the two faces of the new technology:

“It’s used to bully. Takes away basic social skills from children.”

“Now you can hide behind a screen.”

“I think the ‘technology age’ is hard for older people because they’re not used to it, and I think it’s hard on young people because they try to live up to society’s expectations and what they see on social media. It’s like everyone is competing to put the best picture on Facebook or Snapchat.”

“Influx in false information spreading and damaging cyber-bullying.”

“Body image is one thing that has been affected by social media. Also, people always portray their lives on Facebook to make them look really exciting...I think it does make you compare yourself to others in your mind.”

“Spending too much time on social media can worsen social skills.”

“It opens up new ways to be bullied then you might feel excluded and hurt by what people are posting.”

“Lack of eye contact, not used to face-to-face, less interaction”

“Social media offers a wealth of knowledge that is accessible. I think it probably causes a lot of eating disorders and people being ashamed of who they are. People also frequently get cyber-bullied on these platforms.”

“From experience it can make you feel worse because you see other people having fun while you’re depressed.”

“I think it’s a big problem because it can never go away once posted.”

Poverty: a persistent scourge

Sooner or later, discussions about West Virginia turn to poverty. This is nothing new. As historian John Alexander Williams wrote in “West Virginia: A History,” first published in 1976, “Whether or not mountaineers were always free, they were almost always poor.”¹⁹ The reasons of this are many and complex, but a compelling case can be made that the state’s poverty is directly connected to more than a century of an economy dominated by extractive industries controlled by outside interests.²⁰

In any case, despite recent growth in state Gross Domestic Product (GDP), poverty levels in West Virginia remain higher than the national level while incomes continue to lag. According to the Census Bureau, the national poverty rate in 2016 was 12.7 percent. In West Virginia, the rate was 17.9. ²¹In addition, the state had the second lowest median incomes in the nation, and nearly one in four children lived at or below the federal poverty level.²²

According to the Robert Wood Johnson Foundation, adverse childhood experiences (ACEs) are “more prevalent among children in low-income families — 62 percent of children with family incomes under 200 percent of the federal poverty level have had at least one ACE. But they occur among children at all income levels — 26 percent of children in families with incomes higher than 400 percent of the federal poverty level have had one or more ACEs as well.”²³ As noted above, ACEs can have lifelong and even generational effects.

It’s not surprising that listening project participants had much to say on the subject of poverty and trauma:

“[Problems include] fitting in, wondering when their next meal will be, going to school dirty and starving.”

“Kids are worrying about basic needs like how they need to eat or take a shower, so it keeps them from focusing in school, which is completely understandable....It all leads back to poverty.”

“Poverty can make you feel worse about yourself and lower self-esteem, which make you more vulnerable to depression and anxiety. Parenting can make you feel hopeless when you don’t get what you need. And when adults seem like they don’t care it makes everything worse.”

“People who live in poverty are more likely to have stress, depression, anxiety. They constantly compare themselves to others and it can make it worse”

“Families have to choose between running water and food.”

“Large negative impact. Constant state of stress anxiety affects physical and mental health. And this is generational”

“It makes you give up hope. You feel like there is nothing in the world that can change the way things are.”

“Poverty affects your mental health... you have to work so hard for stuff that other people take for granted.”

“It’s an everyday struggle for kids. And if your family uses food stamps or welfare, you get made fun of.”

“It’s not kids’ fault that they grow up in poverty, and some kids get blamed for it. They’ll always be two or ten steps behind other kids who have more... that’s what people don’t realize. You have to try ten times harder than someone who has a computer on hand, can buy any book or get a tutor when they need it.”

“Sometimes being poor can really affect people and make them depressed. They turn to drugs... there needs to be counseling.”

“People think if someone grows up in poverty that they will amount to nothing and they are lazy. It leads to depression, mental illness. Poverty-stricken people believe that others think [negatively] about them.”

“I’m leaving this state when I’m older... There’s nothing to do here.”

Drug addiction: the plague years

Between the late 1990s and the present, Appalachia and much of middle America was hit by a one-two opioid punch from which it has not begun to recover. A revolution in pharmaceuticals

and pain treatment led to the production and aggressive distribution of synthetic opioids widely claimed to be non-addictive for most patients.

Areas like southern West Virginia were virtually bombed with opioid prescription medicines like Oxycontin. As Pulitzer Prize-winning journalist Eric Eyre reported in the Charleston Gazette-Mail, between 2007 and 2012, drug companies pumped 780 million hydrocodone and oxycodone pills into the state — and 1,728 West Virginians died of overdoses. Eyre noted that “The unfettered shipments amount to 433 pain pills for every man, woman and child in West Virginia.”²⁴

Just when the supply of prescription opioids began to contract, the slack was taken up by relatively low-cost black tar heroin. The epidemic was on.

As noted earlier, it would be hard to overstate the impact of the opioid epidemic on the well-being of West Virginia’s children as thousands of parents became addicted, and sometimes overdosed or were incarcerated. The state’s foster care system exploded. Grandparents and great-grandparents tried to raise children lost to a missing generation of parents.

This epidemic was never far from the minds of those we interviewed:

“Give us any alternative to drugs. Give people a reason to not do them.”

“I think a lot of young people in our community have parents who are addicted to drugs. The kids are left unsupervised and get into trouble.”

“Drug addicted parents stop caring about what you do, so girls might be more likely to have sex early and take risks. It seems like there are no families without problems.”

“Don’t feel safe. Don’t feel comfortable walking. So many walking the streets. Can’t go out and do stuff.”

“It makes me feel sick — it’s like the ‘walking dead’.”

“You can’t go to the park or the playground without finding needles anymore.”

“When I was little I could go to the playground without any thought of getting stuck by a needle.”

“Many kids’ lives have been affected when parents are more worried about opioids than them.”

“Parents become addicts and are incapable of caring for their children. Those children are put in foster care, relatives’ homes or stay in their homes that are likely unfit.”

“It has directly affected people I know in ways of foster care, mental and physical abuse, and hurting the lives of kids permanently.”

“I never feel safe. Even when I’m with my family out I don’t feel safe. I’ve walked around my corner once with my mom and had to learn at a very young age what drugs are due to there being needles and spoons on the ground.”

“You have to have sympathy for [addicted] people. You have to show people you’re gonna be there for them when they need you the most.”

“I know most kids at this school have to deal with addiction or substance abuse in their home and community. You can’t go on the street without seeing, for example, a drug deal, someone walking around high/drunken. Going home after school and finding a parent passed out on a couch.”

“I feel devastated that [drugs] are the only option that these kids have.”

“If people have jobs, they’re less likely to do drugs. ... They can supply what their families need, instead of going on welfare.”

“Cousins of mine lost their parents after ODing. Also have friends with current addiction problems fueled by mental illness leading to homelessness and lack of resources to help them back on their feet.”

“It has affected kids in just about every way. Overdoses, OD deaths, misplaced children, babies born addicted, criminal behaviors, broken families, overlooked foster care homes.”

“Some kids start with drugs just innocent, impulsive, to be cool or just to try it, and don’t realize they’ll need to keep taking it again and again, that it’s addicting.”

“Some kids see their parents doing what they do, and say ‘OK, that’s how I’m gonna live.’ Others do better.”

“A lot of kids have to be the parent, [taking care of siblings], fending for themselves because their parents might be out there doing drugs. That can really get to a kid. And they can’t call somebody because they’re afraid the government will come in and split them up.”

“My aunt’s a drug addict. My dad’s a drug addict. My step-mom’s a drug addict. My real mom’s a drug addict. It’s all in my family. ... Everybody told me I’d end up growing up and be just like ‘em. But I’ve taken from that, and that’s what’s really going to push me away from drugs. I don’t want that. I’ve seen what it does to families. It’s not good.”

Discrimination: different people, different problems, same state

While there was much agreement among those surveyed, obviously different populations are differently impacted by or even aware of current conditions. Four areas we asked about were the differing experiences of young women and men; racial minorities, particularly African-Americans; and young people who identify or are identified as LGBTQ.

Respondents identified problems faced particularly by girls as including sexual harassment, sexual assault, early pregnancy, depression, anxiety, gender stereotypes, low educational and career expectations, and body image issues. Boys’ issues were identified as repressing emotions, attempting to fill masculine stereotypes, difficulty in eventually being able to earn enough to provide for a family, and adjusting to the changing role of men in contemporary society.

Racial disparities have long been documented in West Virginia and the nation at large.²⁵ In 2016, West Virginia Kids Count found significant racial disparities in poverty rates, workforce participation, low birth weight babies, school achievement, and per capita income. An astonishingly high 57 percent of African-American children under age 5 lived in poverty.²⁶

Major racial disparities have also been found in school discipline. In 2017, a study found that while African-Americans made up only 5 percent of students in West Virginia K-12 public schools in the 2011-12 academic year, they represented 11 percent of students who received out-of-school suspensions and 8 percent of those who were expelled.²⁷

Disparities in discipline exist too for children with disabilities in West Virginia schools. In a 2013 report by the WV Department of Education about discipline in West Virginia public schools, they found that while students with disabilities represent 14 percent of the overall student population, they made up 18 percent of students subject to discipline, including suspension and expulsion.²⁸

While state-specific data on LGBTQ youth is sparse, the Centers for Disease Control found that in 2015, 10 percent were threatened or injured with a weapon on school property, 34 percent were bullied in school, 28 percent were bullied electronically, and 18 percent had experience data violence or forced sexual activity. LGBTQ youth were also at greater risk for school absenteeism, depression, suicide, substance use, or engaging in risky sexual behavior. Nearly one-third had attempted suicide at least once in the previous year, compared with six percent of heterosexual youth.²⁹

Not surprisingly, some of those interviewed expressed opinions on these issues:

“There are a lot of double standards with the justice system. People are very subtly prejudiced. Whites tend to have connections and get more chances and leniency.”

“Expulsion and suspension rates are higher in schools for [African-Americans].”

“Racial intolerance runs rampant both in and out of school. People are taught slurs and pick them up from hearing elsewhere. People don’t realize the severity of it.”

“Racism is everywhere. You hear parents saying they don’t want their kids dating Black kids. The same people will use the n-word and then say they’re not racist.”

“Teachers and administrators make excuses for white kids who use racist language, saying they’re raised by good people.”

“With some people racism is not intentional, but with others it really is.”

“In our school being anything but white does not get them anywhere. There are foreign exchange students that are constantly being put down and made fun of for the way they speak. An African-American student was put in a headlock and slammed on the ground because of wearing a hoodie while a white child repeated a similar thing and only got a verbal warning.”

“There are white people who don’t expect us (black kids) to succeed. A lot of people treat us like we’re lazy, or suspects, or dumb.”

“More [racially] diverse police officers, teachers, would make things better.”

“LGBT kids are treated differently and stigmatized.”

“Many [LGBT youth] are shunned by peers and experience bullying by closed minded people.”

“They’re treated as if they are a less person because of their differences.”

Mental health and juvenile justice: what’s not working and what could fix it

At this point it should be clear that many young West Virginians face serious mental health challenges. Despite progress in recent years, such as truancy and juvenile justice reform legislation aimed at reducing out-of-home confinements, unmet mental health needs continue to threaten the well-being and future life chances of West Virginia’s young people, families, and communities.

For example, there is little in place to assess whether a child facing school disciplinary action or court for delinquency or status offenses (behavior only forbidden to minors, such as skipping school, running away from home, violating curfews or possessing tobacco products and/or alcohol) is dealing with underlying and unaddressed mental health needs. Such cases would be better served through treatment than punishment.

Further, entering the juvenile justice system and particularly confinement can have negative consequences over the course of a lifetime. Incarceration or other forms of detainment early in life are a major disruption in the ordinary life course, which can have ripple effects far into the future. Studies of adult offenders, many of whose problems began as juveniles, found that former prisoners earn less than their peers who have not been confined. They are more likely to be unemployed or sporadically employed in jobs that lack a path for advancement. The stigma associated with incarceration may block access to careers or public benefits.

Even young people who enter the juvenile justice system without major mental health problems are likely to end up there. According to the Juvenile Justice Information Exchange, incarcerated youth face a higher risk of physical, emotional, and sexual victimization, suicide, disruptions to their mental and physical development, disruptions to their education, and negative impacts on employment and future economic success.³⁰

Those we surveyed had plenty to say about this:

"It's about being lucky enough to end up in front of the right professional. Most parents aren't aware that their kids have a problem. They may be embarrassed, afraid or ignorant."

"A lot of mental health issues are pushed under the carpet. I've found schools don't want to be helpful. They try and side step any problem a child has."

"[Adults] just want kids to deal with their problems instead of voicing it. A lot of kids don't feel like they have anyone to talk to."

"I missed about six days of school because my mom was sick. I tried to tell the principal. ... He said 'I'm giving you a day of OSS.' So they punished me with missing school for missing school."

"The teachers and principals that don't care will get you put on home confinement. The ones that do care will try to talk to you."

"Kids who are in and out of the juvenile system are not getting the love they need, or the support they need. They don't learn anything when they get out, and then just go back in."

"We are punishing kids for what a lot don't have control over or they can't help it. ... Students really need help and this isn't doing it."

"In our community we have a shelter. They send kids there who are 'troubled.' They're putting kids in shelters who don't need to be. There's other ways to fix the problem - like if they're not coming to school, there has to be a way besides taking you outside of your community and home where you're depressed and alone."

"I would like to say the school system is the source of most of these problems but could someday be the solution."

"It doesn't seem like these interventions (like incarceration) are working. They could deal with these things differently than throwing people in jail for minor offences. Community service would be a good thing to have people do."

"When you see children being 'disrespectful'... they're not disrespectful - they're hurt."

"Last year a teacher told me he didn't get paid enough to deal with me."

"They should look into [problems at school] from both sides... figure out what really happened and why. ... Not just say 'what did [the kid] do?' or send us to ISS. Talk to us. We may have been having a bad morning, a bad day that day. That would save a lot of kids from getting into trouble more, getting sent off away from their families."

"That's why I was sent here [to alternative school]. My cat died, and I had a caffeine headache cause I couldn't get my pop that morning. A kid said something to me, and I said something back. The school took the other kid's side because his mom worked there."

"We need more support groups, more mental health training, more school/community meetings. Give them resources."

"Kids nowadays go through a lot. Older people don't realize it. ... People's views, social media... West Virginia has a big drug problem. Kids are struggling, and there's no one to go to or to talk to. And if there is, we don't know [who they are]"

"There's no point in trying to talk to somebody who doesn't understand."

"It's like if I got shot in the leg, they [school counselors, teachers] could tell me 'you got shot in the leg.' They can't tell how bad it hurts. It's not their leg. They can just give me some medicine and send me home."

"Most of the time the system wants to lock them up instead of getting to the root of the problem."

"It's like putting a Band-Aid on an infected wound."

“We need to figure out the root of the problem instead of shipping them away. Is it drugs? Bullying? Abuse?”

“[As a helper], I can’t give you information if I don’t help you heal first.”

“Traumatized children grow to be traumatized adults. You don’t [just] grow out of the pain of your childhood. ... Stress alters the brain development... How do we expect them to be functional adults and then penalize them when they’re not?”

“I think more resources for mental health could reduce the crime rate.”

“[We need to] pay attention to people’s mental health. It’s not always something you can see, and people don’t realize that or know what other people are going through.”

“I think they should offer more after school programs. Some kids go home and have no supervision, which may make them more likely to get into trouble. They should have clubs and programs for kids who don’t like sports. All kids need to feel like they belong somewhere and that they’re important.”

“I think more money should be spent on counseling for young people. More community involvement would also be good. Instead of people thinking ‘oh, poor thing,’ people should be thinking ‘what can I do to help this person?’”

“Mental health first aid should be mandatory for all teachers. Life is getting more complicated and we just need them to understand.”

“Having a trusted adult to vent, guide and direct beyond mental health would help.”

“I’ve learned if I don’t talk about it, there’s gonna be no help for me. ... So I started talking.”

“[I favor] changing school policies so that students instead of being repeatedly punished (detention, in-school suspension, out-of-school suspension, etc.) should have a meditation room and a psychologist. A meditation room where they could calm down.”

“We need more people who care.”

“The best way to help someone is find the way they want to be helped and then do that... and let them know that they have to help themselves, too.”

Recommendations

It's clear that our schools, communities, and agencies are not fully equipped to deal with many of the problems faced by young West Virginians. Unfortunately, at this point we don't even know what we don't have — or what we don't know.

One immediate step would be to create a task force to address juvenile mental health and trauma-related issues. West Virginia has already created strategic plans to address chronic diseases such as asthma and diabetes. These plans help stakeholders tackle issues by assessing needed services, setting goals, and assigning responsibilities.

As noted above, a modest bill to create such a task force died in the 2016 legislative session, even though such a measure would have cost little or nothing but could have huge benefits for the state. This issue should be revisited in the coming legislative session. Such a task force could not only identify unmet needs but also highlight success stories and best practices that could be replicated elsewhere.

Another promising approach is to build the infrastructure to help public schools address mental health issues before a student is suspended or sent to court. As many listening project participants have argued, acting out is often a symptom of deeper problems, which often go undiagnosed and untreated in the current system. The crisis our children are experiencing deserves an urgent and comprehensive response that focuses on improving access to quality mental health care, but a pilot program in one or two counties could be a good starting point.

A worthy long-term goal for our state would be to create the infrastructure that would ensure that students in danger of entering the juvenile justice system are assessed and referred to appropriate community-based programs whenever possible and appropriate.

If we were to emphasize — by putting more funds into — community-based treatment and programming over out-of-home placement and confinement, the cost-savings would allow the state to invest more over time in strategies that are proven to help children thrive.

It may be that there are some juveniles in West Virginia, as elsewhere, who constitute a major threat to the public and/or themselves. It only makes sense that out-of-home placement and extensive treatment should be reserved for such people. The rest should be treated, whenever possible, in their homes and communities.

As state leaders, communities, and families become more informed about why mental health matters and what can be done about it, West Virginians of all ages will be better able to draw upon our vast reserves of resiliency, caring, and compassion.

Citations

- 1 “West Virginia Drug Overdose Deaths Historical Overview 2001-2015,” WV Department of Health and Human Resources, p. 7, http://dhhr.wv.gov/oeps/disease/ob/documents/opioid/wv-drug-overdoses-2001_2015.pdf
- 2 “West Virginia Opioid Summary,” National Institute on Drug Abuse, <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/west-virginia-opioid-summary>
- 3 Eric Eyre, “WV overdose deaths set record in 2017, despite decrease after July,” Charleston Gazette-Mail, April 16, 2018. https://www.wvgazettemail.com/news/health/wv-overdose-deaths-set-record-in-despite-decrease-after-july/article_880a895f-6c19-565e-b8b2-3c73ee76a430.html
- 4 Caity Coyne, “WV DHHR, others brace for federal lawsuit over foster care,” Charleston Gazette-Mail, May 24, 2018. https://www.wvgazettemail.com/news/politics/wv-dhhr-others-brace-for-federal-lawsuit-over-foster-care/article_ea55692b-d699-5fde-a102-61cedbb9d01a.html
- 5 “DHHR to Add 48 Child Protective Services Positions,” WV Department of Health and Human Resources. <https://dhhr.wv.gov/News/2018/Pages/DHHR-to-Add-48-Child-Protective-Services-Positions.aspx>
- 6 Ryan Quinn, “Officials: Opioids driving WV’s top rankings for NAS,” The Herald-Dispatch, June 28, 2018. http://www.herald-dispatch.com/news/officials-opioids-driving-wv-s-top-rankings-for-nas/article_78e436ca-86cd-5197-afbd-44ab5d6c7b75.html
- 7 Ted Boettner and Rick Wilson, “Improving Juvenile Justice in West Virginia,” <https://www.afsc.org/sites/default/files/documents/Improving%20Juvenile%20Justice%20in%20West%20Virginia.pdf>
- 8 “Appendix A: Child Well-Being Rankings,” 2018 Kids Count Data Book,” Annie E. Casey Foundation, http://www.aecf.org/m/databook/2018KC_databook_rankings.pdf
- 9 “Girls’ Well-Being: West Virginia vs the United States,” Girl Scouts. http://www.bdgsc.org/content/dam/girlscouts-bdgsc/documents/Publications%20and%20Templates/State%20of%20Girls%20WEST%20VIRGINIA_FINAL.PDF
- 10 “Adverse Childhood Experiences,” Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>.
- 11 “Findings on Adverse Childhood Experiences (ACEs) in West Virginia Executive Summary,” Adverse Childhood Experiences Coalition of West Virginia. https://docs.wixstatic.com/ugd/f00be8_650b98c40ecf4f60b74d2acbc39a4525.pdf
- 12 Caitlin Cook, “NEW U.S. CENSUS DATA SHOWS POVERTY REMAINS A PROBLEM IN WEST VIRGINIA,” WV Center on Budget and Policy, Sept. 14, 2017. http://www.wvpolicy.org/new_u_s_census_data_shows_poverty_remains_a_problem_in_west_virginia
- 13 “West Virginia Demographics of Poor Children,” National Center for Children in Poverty. http://www.nccp.org/profiles/WV_profile_7.html
- 14 “Improving Juvenile Justice in West Virginia,” p. 6. <https://www.afsc.org/sites/default/files/documents/Improving%20Juvenile%20Justice%20in%20West%20Virginia.pdf>

- 15 Ibid, p. 2. <https://www.afsc.org/sites/default/files/documents/Improving%20Juvenile%20Justice%20in%20West%20Virginia.pdf>
- 16 “What is bullying?,” Stopbullying.gov. <https://www.stopbullying.gov/what-is-bullying/index.html>
- 17 “The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools,” Centers for Disease Control, p. 2. <https://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf>
- 18 “Teens, Social Media & Technology,” Pew Research Center. <http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/>
- 19 Williams, John Alexander, “West Virginia: A History,” W.W. Norton & Company, 1984, p. 200.
- 20 See “2016 State of Working West Virginia: Why is West Virginia So Poor?” <https://www.afsc.org/sites/default/files/documents/The%20State%20of%20Working%20West%20Virginia%202016.pdf>
- 21 “Income, Poverty and Health Insurance Coverage in the United States: 2016.” United States Census Bureau. <https://www.census.gov/newsroom/press-releases/2017/income-poverty.html>
- 22 “New US Census Data Shows Poverty Remains a Problem in West Virginia.” http://www.wvpolicy.org/new_u_s_census_data_shows_poverty_remains_a_problem_in_west_virginia
- 23 “Traumatic Experiences Widespread Among U.S. Youth, New Data Show,” Robert Wood Johnson Foundation, Oct. 19, 2017. <https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s-youth-new-data-show.html>
- 24 Eric Eyre, “Drug firms poured 780M painkillers into WV amid rise of overdoses,” Charleston Gazette-Mail, Dec. 17, 2016. https://www.wvgazette.com/news/cops_and_courts/drug-firms-poured-m-painkillers-into-wv-amid-rise-of/article_99026dad-8ed5-5075-90fa-adb906a36214.html
- 25 See “Legacy of Inequality: Racial and Economic Disparities in West Virginia,” Partnership of African American Churches, American Friends Service Committee, and WV Center on Budget and Policy. https://www.afsc.org/sites/default/files/documents/Legacy%20of%20Inequality_%20Racial%20and%20Economic%20Disparities%20in%20West%20Virginia.pdf
- 26 “Real Talk on Race,” West Virginia Kids Count. <http://files.constantcontact.com/35020677001/ff266174-7aae-40ba-9be7-20e7d4311e8a.pdf>
- 27 Ryan Quinn, “Study: Black students disproportionately punished in WV schools,” Charleston Gazette-Mail, August 25, 2015. https://www.wvgazette.com/news/education/study-black-students-disproportionately-punished-in-wv-schools/article_8162bf11-7b0a-52d0-b817-3b222908488c.html
- 28 “Improving School Discipline Data Collection and Reporting, A Status Report for the 2012-2013 School Year,” WV Department of Education. <https://wvde.us/wp-content/uploads/2018/01/ImprovingSchoolDisciplineDataCollectionandReporting2013.pdf>
- 29 “Lesbian, Gay, Bisexual, and Transgender Health,” Centers for Disease Control and Prevention. <https://www.cdc.gov/lgbthealth/youth.htm>
- 30 “Why We Need Alternatives to Formal Juvenile Justice System Processing and Incarceration,” Juvenile Justice Information Exchange. <https://jjie.org/hub/community-based-alternatives/key-issues>

