

Cultivating Mattering

For Maine Youth

Maine Resilience Building Network
MRBN White Paper

BUILDING RESILIENCE. BUILDING HOPE.

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Join the Conversation

Building Connections

Community Connections Matter to Maine Youth

Across Maine, a young adolescent walks down the side of the road before reaching town. A neighbor is mowing the lawn and a young family walks out of the library. A convenience store is on the corner of the only intersection in town. No one speaks or waves hello to the teenager walking past the store. These experiences are far too common in Maine communities. The missed opportunities to say *hello*, ask about school, smile and connect all contribute to social isolation. Collectively, these missed opportunities to acknowledge and interact, each seemingly insignificant on its own, if done, add up to feeling connected.

Building connections, such as positive relationships with adults outside the home, increases the capacity to grow resilience and contributes to the equitable well-being and health of our children. **MRBN will provide leadership to the initiative, framed in a collective impact approach, working with state, business, organizations and education leaders to move this work forward.**

“Mattering is the sense of being significant and valued by other people...People who believe they matter to others have a key protective resource that can buffer them from life stressors and challenges throughout their lives.”

-Gordon Flett

The 2019 Maine Integrated Youth Health Survey (MIYHS), a comprehensive youth health survey, is implemented as a collaboration between the Maine Department of Health and Human Services (DHHS) and the Maine Department of Education (DOE). The purpose of the survey is to quantify the health and health-related behaviors and attitudes of Maine’s youth.

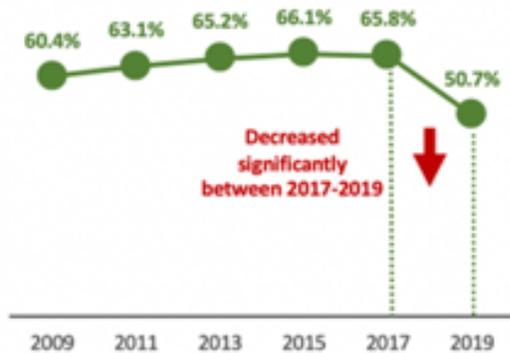
In the 2019 MIYHS when asked ***“do you agree or disagree that in your community you feel like you matter to people”***, the percentage of students who answered “strongly agree” or “agree” for middle school students was **59.4 % reporting that they mattered**. For the high school students, **only 56.6 % of students reported that they mattered**.¹ In addition, high school students reported a drop from 2017 to 2019 of 15 points, 65.8% to 50.7% that they have support from adults other than their parent.

MRBN’s goal is to impact the perceptions of youth in Maine and to create a culture where youth matter in Maine, long term, beginning with measurable results in the 2023 Maine Integrated Youth Health Survey reporting an improvement in the mattering factor to 73% of youth feeling that they matter in their community. This 3-Year improvement will benchmark lasting change.

Mattering and Why it Matters

A Highly Protective Resource

Maine 2019 MIYHS High School



50.7% say they have support from adults other than their parents

“Mattering is the sense of being significant and valued by other people...People who believe they matter to others have a key protective resource that typically buffers them from life stressors and challenges throughout their lives...In contrast, deficits in mattering associated with reports of engaging in relational aggression have been linked broadly with antisocial tendencies.”² Ensuring that young people feel they matter is a community affair. Mattering is a key protective factor in the opioid epidemic we are dealing with as a nation and as a state and impacts a multitude of potential risks to health and well-being. Psychologist Gordon Flett points out, “mattering is a positive factor in people’s lives in general, a strong sense of mattering in the community is a highly protective resource that helps provide a sense of integration and connection... However, the person who does not feel a sense of mattering in her or his community is someone who is at risk of a host of mental and physical wellbeing problems, and this is also someone who is likely to become quite isolated and potentially alienated from other people”³

In 2018, CIGNA conducted a study of loneliness in America. Younger generations are lonelier than older generations. Nearly eight in 10 Gen Zers (79%) and seven in 10 millennials (71%) are lonely, vs. half of boomers (50%). The younger people had loneliness scores of about 48, on a scale of 20-80, the highest group in the survey. Gen Zers (adults ages 18-22) surveyed have a total average loneliness score of 48.3 – granting them the title of the loneliest generation... are significantly more likely than any other generation to say they experience the feelings described in the statements associated with loneliness (e.g., feeling alone, isolated, left out, that there is no one they can talk to, etc.)...more than half of Gen Zers identify with 10 of the 11 feelings associated with loneliness. Feeling like people around them are not really with them (69%), feeling shy (69%), and feeling like no one really knows them well (68%) are among the most common feelings experienced by those in the Generation Z.”⁴ The landmark report, *Pain In The Nation*⁵, by the Well Being Trust and Trust for America’s Health spotlights the epidemic of “diseases of despair” in the U.S. – drug overdose, alcohol and suicide. Maine, like many states, is experiencing a public health crisis with an increase in these “diseases of despair.” Loneliness and social isolation combined with lack of access to services for many rural Mainers is contributing to the problem. The Maine Opioid Response Strategic Action Plan (2019) recognized a key aspect of

the problem: “Too many Maine youth are experiencing traumatic events, and too many are experimenting with nicotine, alcohol and marijuana that increase their risk of addiction”.

We currently face a major public health issue – the impact of Adverse Childhood Events, or ACEs - potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. As a result of a mounting body of evidence as indicated above, the U.S. Centers for Disease Control and Prevention (CDC) has stated that *“prevention of ACEs is a priority for the CDC.”*⁶

RESEARCH SUPPORTS CRITICAL VALUE OF MATTERING AS A PROTECTIVE FACTOR, OR A RISK FACTOR WHEN MISSING:

- A survey conducted in 2013 of over 25,000 high school youth from New Hampshire linked physical and sexual violence in dating situations with feelings of not mattering in one’s community. Suicide ideation among high school boys and girls in grades nine to twelve was associated with feelings of not mattering in the community.⁷

- In a study of over 30,000 adolescents in Vermont, they were asked whether they had made plans for suicide in the previous 12 months. They confirmed that community mattering was highly protective, and, when six youth assets were compared, community mattering was the most important protective factor in terms of whether adolescent respondents had planned a suicide.⁸

- A recent study suggests that community mattering was a predictor among adolescents of fewer actual suicide attempts. The study examined the associations between school and community belonging and suicidal ideation and attempts among high school students, using data from the 2013 Texas Youth Risk Behavior Survey. Results demonstrated that community belonging reduced the odds of youth suicidal behaviors. Findings suggest that fostering safe and inclusive environments and strengthening youth’s experiences of school and community belonging may reduce suicidal behaviors in high school youth.⁹

- Data from Anchorage, Alaska indicates that when adolescents agree or strongly agree with the statement that they feel like they matter in their community, they are 59.4% less likely to seriously consider and plan a suicide attempt and they are 54.6% less likely to feel sad or hopeless.¹⁰

Credit to Dr. Gordon Flett for the initial highlights of this research in: *The Psychology of Mattering*, 2018, Elsevier, Inc.



MATTERING FOR MAINE YOUTH

Maine has the highest rate in the nation for children diagnosed with anxiety disorders, the third highest state rate of children with diagnosed depression.¹¹ Data from the Annie E Casey Kids Count Data Center provides a stark picture for Maine: “Nationally and in Maine, the suicide rate for teens is on the rise. In the United States, suicide rates for youth ages 10 -19 rose 56% between 2007 and 2016, with greater increases among females than males. In Maine, the child and teen suicide rate has risen from 5.3 to 8.7 comparing 5-year annual averages of 2008-2012 to 2014-2018. Though the number of suicides vary each year, the average number of suicides per year by youth under age 20 in Maine has risen by 50% in just 6 years and is well above the 2016 national average of 5.5 per 100,000.”¹²

“In Maine, the suicide rate for teens is on the rise.”

In 2018, Governor Janet Mills announced Maine has an opioid crisis and developed the Maine Opioid Prevention Task Force charged with creating a state action plan to reduce overdose deaths, expand treatment and recovery efforts and begin a focus on prevention. To address the opioid crisis, we must address mental health and substance use disorders along with prevention efforts. We know that ACEs do not necessarily happen in a vacuum. Like social determinants of health, adverse community environments often set the context or environment for adverse childhood experiences to happen. When adverse childhood experiences happen in adverse community environments, the effects are often compounded and often lead to multi-generational stress and poor health outcomes.

Maine Attorney General Aaron Frey reported, “While drug overdose deaths slightly decreased in 2018, there was still nearly one death for each day of the year. Also, of significant concern is that there is no evidence to suggest that fewer Mainers are suffering from opioid use disorder... Individuals, families, and communities continue to be harmed by this public health epidemic, and work must continue to address this crisis.”¹³ He later reported drug overdose deaths in Maine increased in 2019 by 7% over the previous year.

In early 2020, The Office of the Maine Attorney General indicated that during the first quarter of 2020, total fatality due to drugs were 23% higher than the fourth quarter of 2019: 127 compared to

103. The estimated total for the second quarter is 132, with a total of 235 deaths estimated for the first half of 2020. Opioids were implicated in 82% of the first quarter drug-related deaths. ¹⁴

The 2019 Maine Integrated Youth Health Survey (MIYHS) indicated that 21.3% of Maine high school students had experienced four or more ACEs. ¹⁴ Four or more ACEs is the tipping point for negative outcomes. We know that trauma is historical, intergenerational, and structural with racial bias and built in economic and social inequalities.

2019 Maine Integrated Youth Health Survey (MIYHS) ¹⁵

- ❖ 1 in 6 high school students seriously considered suicide in the past year (16.4%) *
- ❖ About 13% of high school students have made a plan on how they would attempt suicide
- ❖ 8.9% of high school students have attempted suicide in the last year*
- ❖ 1 in 5 middle school students have ever seriously considered suicide (19.8%) *
- ❖ About 13% of middle school students have made a plan on how they would attempt suicide
- ❖ 7.7% of middle school students have ever attempted suicide
- ❖ Among middle school students who completed the survey:
- ❖ 4% drank alcohol at least once in past 30 days.
- ❖ 7% currently use e-cigarettes
- ❖ 25% have felt so sad or hopeless for at least 2 weeks in the past year
- ❖ 4% used marijuana at least once in the past 30 days.

***significant differences from 2017**

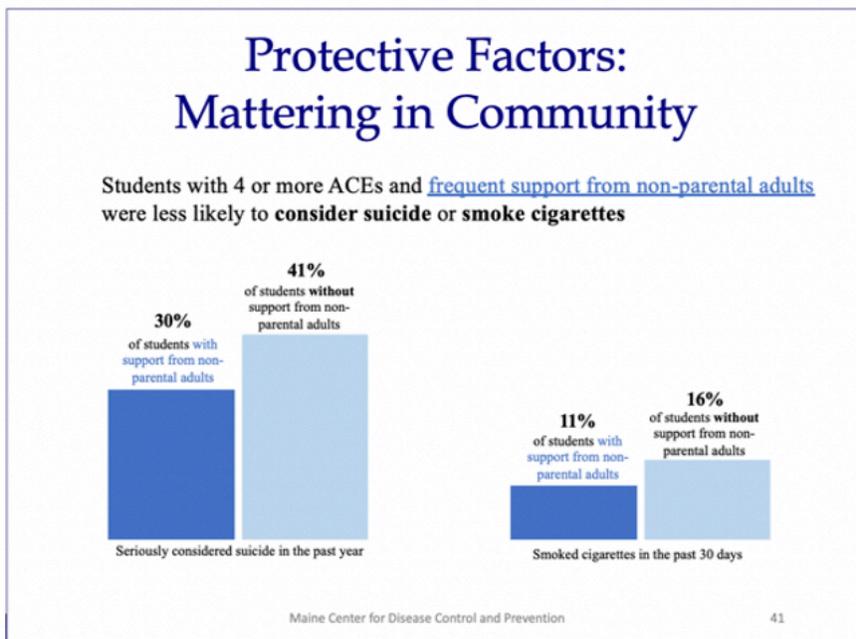
- **Drinking alcohol and smoking cigarettes in the past 30 days was higher among those with 4+ ACEs***
- **Being depressed and seriously considering suicide in the past year were higher among those with 4+ ACEs***

Developing Resilience

Protective Factors and Positive Experiences

The Pain In the Nation update on Millennials ¹⁶ highlighted that protective factors start way earlier in childhood, “Protective factors that help guard against substance use disorders and other types of mental health problems include...engagement and connections in multiple contexts such as school, peers, athletics, employment, religion, culture, strong family bonds, and opportunities for positive social involvement...School-connectedness—students believing that the adults and peers at their schools care about them as individuals and are invested in their education—has been shown to be a strong protective factor, lowering the likelihood of chronic absenteeism, allowing students to experience less emotional distress, and reducing the likelihood of teen pregnancy and substance use. The impact of these protective factors has been shown to last into early adulthood.”

Maine 2019 MIYHS High School



Christina Bethell and colleagues identified factors for “Positive Childhood Experiences”, which includes 7 items regarding how often or how much as a child they: (1) felt able to talk to their family about feelings; (2) felt their family stood by them during difficult times; (3) enjoyed participating in community traditions; (4) felt a sense of belonging in high school (not including those who did not attend school or were home schooled); (5) felt supported by friends; (6) had at least 2 nonparent adults who took genuine interest in them; and (7) felt safe and protected by an adult in their home. ¹⁷

Robert Sege, Christina Bethell and colleagues ¹⁸ continue to frame the strength of the positive childhood experiences on development of resilient and healthy youth and adults. They state, “Positive experiences and supportive relationships provide the buffering that allows children to withstand, or recover, from adverse experiences.... Four broad categories of positive childhood experiences that encourage health, functioning, and quality of life outcomes have been identified: nurturing and supportive relationships; safe, stable, protective, and equitable environments in which to develop, play, and learn; constructive social engagement and connectedness; and social and emotional competencies.”

These findings are supported by Harvard University’s Center on the Developing Child, which indicates that positive factors, counterbalancing adversity, helps to optimize resilience, including

“The availability of at least one *stable, caring, and supportive relationship* between a child and the important adults in his or her life. These relationships begin in the family, but they can also include neighbors, providers of early care and education, teachers, social workers, or coaches, among many others.”¹⁹

The recently released work by The Well Being Trust and other partners, *Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America*,²⁰ details actions that communities, organizations, businesses, governments and funders can take to secure the vital conditions that all people and places can take to thrive, in the wake of COVID-19, current social issues and beyond.²⁰ Among a wide range of community and systems strategies, several align with our interests in promoting mattering for youth in Maine, including:

> **Belonging:** How do we make sure that every person has a genuine sense of belonging?

> **Whole Health:** How do we foster human thriving from day one?

> **Leading Causes of Life:** How do we break the cycle of intergenerational trauma? Connections: When we have a thick weave of relationships, we are able to mitigate the impacts of trauma now and later in life. The Thriving Springboard affirms this work on youth mattering in Maine:

“People need fulfilling relationships and social supports to thrive. They need to feel part of a community, contributing to its vibrancy, and developing the power to co-create a common world. Social support from friends, family, and other networks helps us navigate challenges and reinforces healthy behaviors. People who feel connected tend to live healthier, happier lives. At the community level, feeling like an important part of a larger community strengthens social ties, increasing trust and cooperation— making it easier to work together. This connection builds a virtuous cycle: When people feel valued and cared for within the community, they are more likely to contribute and participate in creating healthy, equitable places.”

From: “Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America”



Growing Resilience

Join the MRBN Conversation to Cultivate Youth Mattering in Maine

Like all public health issues, advancing young people's sense of mattering requires interventions on several levels, including individual, interpersonal/family, community/organizations/systems, and public policy levels. We need to go upstream, adding protective factors to enhance mattering to prevent the diseases of despair and related social health issues. What are community-based strategies to assure that youth have a stronger sense of mattering, of providing the Positive Childhood Experiences of the caring adult in one's life outside the home?

MRBN is beginning a vital conversation in Maine to answer a key question: How can we, across our Maine Communities, impact and improve the MIYHS results and have many more young people respond that they matter in their communities? The answers will Matter to Maine.

To answer this question, MRBN will be engaging thought leaders and stakeholders to make sure that all young people in Maine know they matter. In the spirit of beginning the conversation, we consider this report and paper to be an evolving, dynamic document that will change as we engage others in the process to enhance resilience by assuring that mattering counts.

When our children and families flourish, our communities flourish. We must look upstream, take a universal approach to ACEs prevention and adverse community environments and build strong protective factors for children and families. We may not be living with an ACE, or we may have experienced ACEs and are thriving but each of us have a neighbor, co-worker, family member or a child impacted by ACEs, and the potential for poor mental and physical health outcome compels action. **MRBN will provide leadership to the initiative, framed in a collective impact approach²¹, working with state, business, organizations and education leaders to move this work forward.**

MRBN is making a commitment to invest in a coordinated cross-sector awareness, education and action to bring measurable results to the overall health and well-being of Maine youth with the launch of this project and campaign. This is a multi-pronged initiative that will continue over years until Maine has a culture where every person matters, essential to positive public health outcomes for Maine people.

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