Student Voices:

Addressing the Unmet Health Needs of Oregon Youth

June 2025

OREGON HEALTH AUTHORITY

OREGON SHS
STUDENT HEALTH SURVEY

Acknowledgments

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About This Report

The Student Health Survey (SHS) is an anonymous, school-based survey of Oregon youth. In 2022, 29,000 students in 8th and 11th grades took the SHS and were asked a series of questions about their physical, mental, and emotional health. More than 1 in 5 students reported unmet mental and/or physical health care needs. These students were asked the following open-ended questions: "What made it hard for you to get your emotional or mental health care needs met?" or "What made it hard for you to get your physical health care needs met?"

A total of 4,206 open-ended responses were collected and coded by Program Design and Evaluation Services (PDES) team members. PDES staff analyzed responses, developed themes, and built narratives around what they saw in the student responses. A student leader on the Youth Data Council helped interpret and summarize the data, identifying quotes that highlight student experiences in their own words. These data provide unique insights into the struggles faced by Oregon youth seeking physical, mental, and emotional health care. Better understanding the feelings and experiences of Oregonian youth can help inform access to health care, medical provider training, and intersections between physical health and mental health.

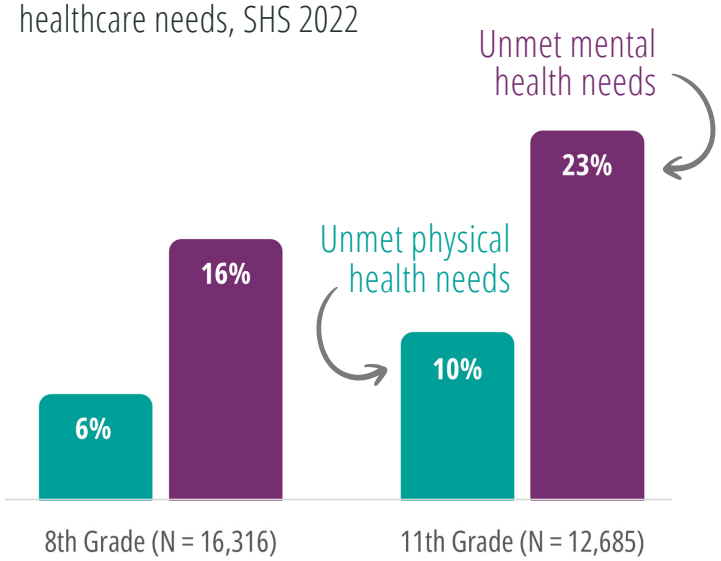
of Oregon 8th and 11th graders have physical and/or mental health needs that are not being met

Student Health Survey, 2022

Content notice: This report contains references to self-harm and suicidal thoughts. If you or someone you know are in crisis or need support, please call, text or chat with the Suicide and Crisis Lifeline at 988.

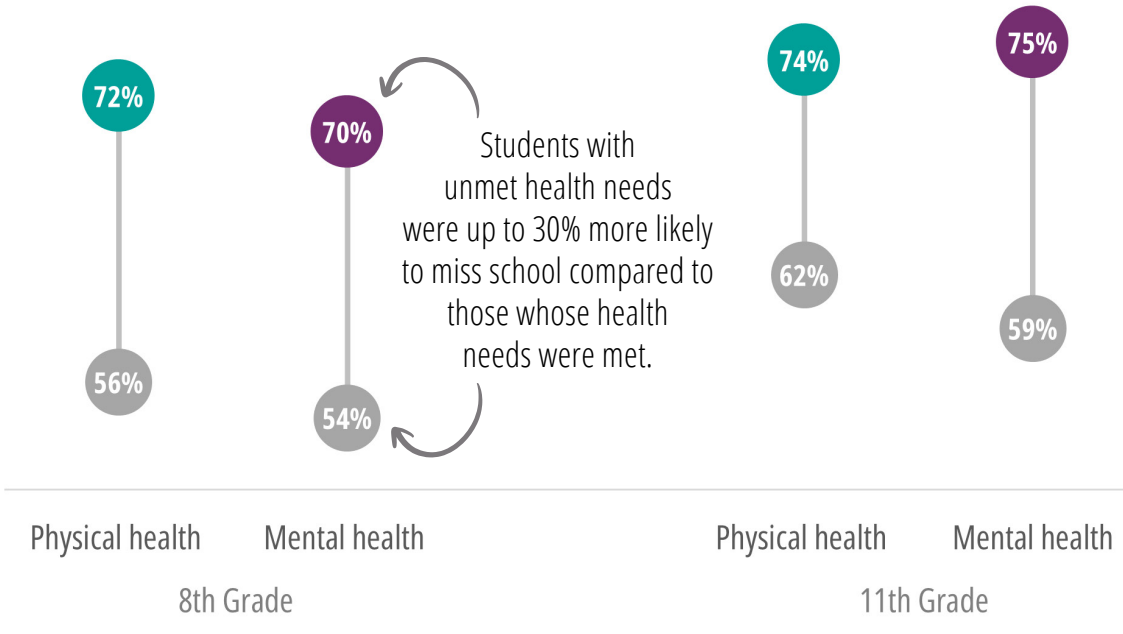
On the 2022 SHS, students were asked if they had any physical or mental/emotional health needs that were not being met. Among 8th grade respondents, 6-16% had unmet needs, versus 10-23% of 11th graders (see Figure 1).

Figure 1. Oregon teens reporting unmet healthcare needs, SHS 2022



Students were also asked if they had missed any school in the previous month. Unmet healthcare needs were strongly associated with missed school (see Figure 2). Among 8th graders with unmet physical or mental health needs, 70-72% reported absences, versus 54-56% of those whose needs were met. Among 11th graders with unmet needs, 74-75% missed school, compared to 59-62% of those whose needs were met.

Figure 2. Percent of students who reported missing school in the past 30 days, SHS 2022



Healthcare Needs are Interconnected

The 4,206 student responses about unmet health care needs show an important connection between physical and mental health. While having unmet mental health needs may not often involve physical health issues, responses to unmet physical health needs frequently involve mental health issues.

Some students are navigating physical health issues at the same time as they are addressing their mental health issues. Others are experiencing mental health issues that have direct impacts on their physical health, such as disordered eating patterns and behaviors.

The open-ended responses show that, while mental and physical health care are largely kept separate in our health care system, some youth in Oregon do not experience mental and physical health separately and subsequently struggle to find integrated service systems that address both mental and physical health needs.

> You **deny basic medical service** to people and prescribe archaic ways of thinking.
>
> Maybe if people who had mental health issues **got the help and medicine they need** without paying money we would not be dying at such high rates.

Invalidated, Isolated & Defeated

Student responses reveal an overarching sense of invalidation without adult intervention and support. Students who struggle to get their mental health needs met also express defeat and isolation.

Students are deeply affected by the responses of people around them when they share their needs and experiences with mental health, and in particular by any negative responses. When invalidated by people around them, students feel less motivated and able to care for their mental health needs, ultimately feeling that they don't have people around them who care about their well-being.

These feelings lead students to isolate themselves even more and avoid disclosing their feelings with others. Some student responses are rooted in fear and resignation towards seeking help; students say that their symptoms aren't worth making a fuss over or that seeking treatment for their symptoms would disrupt their lives in some way.

This sentiment is largely rooted in the underlying belief that the effort required to address their unmet health needs may not be worth it, saying that it would be too much effort to go to the doctor and get treatment, it would take time away from school, sports, or other activities, or that they lack the motivation to overcome the barriers to accessing the care that they need.

> "I didn't feel as though I had someone to talk to without the **fear of being judged**, the problem being brushed off, or being not understood."

Support From a Trusted Adult is Essential

Students who are struggling to address their physical and mental health needs have identified the important role adults have in accessing care and resources. From parents to teachers to doctors, the data show that many students do not feel supported or taken seriously by the adults in their lives.

Regarding their mental health, students are told that their symptoms aren't a big deal, that mental health isn't real, and that school attendance is more important than their mental health needs. Some youth have only been able to advocate for themselves through persistent conversations, eventually revealing the full depth of their experience, as referenced in the student quote below.

Similarly, some students with unmet physical health needs feel that their parents are dismissive of their symptoms. Within this group, some choose to forgo seeking health care altogether, stemming from a belief that the decision is ultimately out of their control.

When attempting to access both physical and mental health care, youth repeatedly stress that adult support is essential. Without the understanding presence of a trusted adult, youth felt powerless to coordinate the logistical aspects of their own care, such as out of pocket expenses, insurance, transportation, and excusing absences from school.

> My parents for a while were certain that I was all right, and it took me the better part of 10 months to convince them that I needed to see a mental health professional.
>
> **It took me almost threatening suicide.**

If you or someone you know is struggling or in crisis, help is available. Call or text 988, or chat at 988lifeline.org. The 988 Suicide and Crisis Lifeline is available 24/7 and offers compassionate care and support for anyone experiencing thoughts of suicide or self-harm.

Systems-level Barriers to Care

Those who have been able to communicate their needs and find support in their lives run into systemic barriers around insurance, out of pocket costs, transportation, age of medical consent, scheduling, and provider availability.

Data were collected in 2022, so COVID-19 played a role in these responses as well, with students stating that their annual physicals and prescriptions were disrupted due to the pandemic. These barriers reflect known shortages in our system that continue to affect Oregonians of all ages.

Students express anger and frustration around their experiences with medical providers and healthcare professionals, particularly with getting accurate diagnoses or getting providers to take them seriously. Some students have shared stories about how they are not initially believed by medical or behavioral health professionals, but then are ultimately proven right in their need for care.

> [There is] one therapist at our school, he's almost completely booked. This has led to me **only getting 45 minutes every 2 weeks** to talk about my issue, usually never getting past the question, *"How was your week?"*
>
> ...there's no time to discuss underlying issues.

> Nurse **refused to take my temp,** gave me a juice box and made me lie down. She wouldn't write me a note to leave.
>
> When I finally got home it turned out I had a 103 degree fever and COVID.

More often though, students will advocate for their needs, are not believed by providers, and are left with unresolved symptoms that continue to affect them. Others also discuss the lack of follow-up from medical providers to make sure they are able to get the tests, medications, and appointments they need.

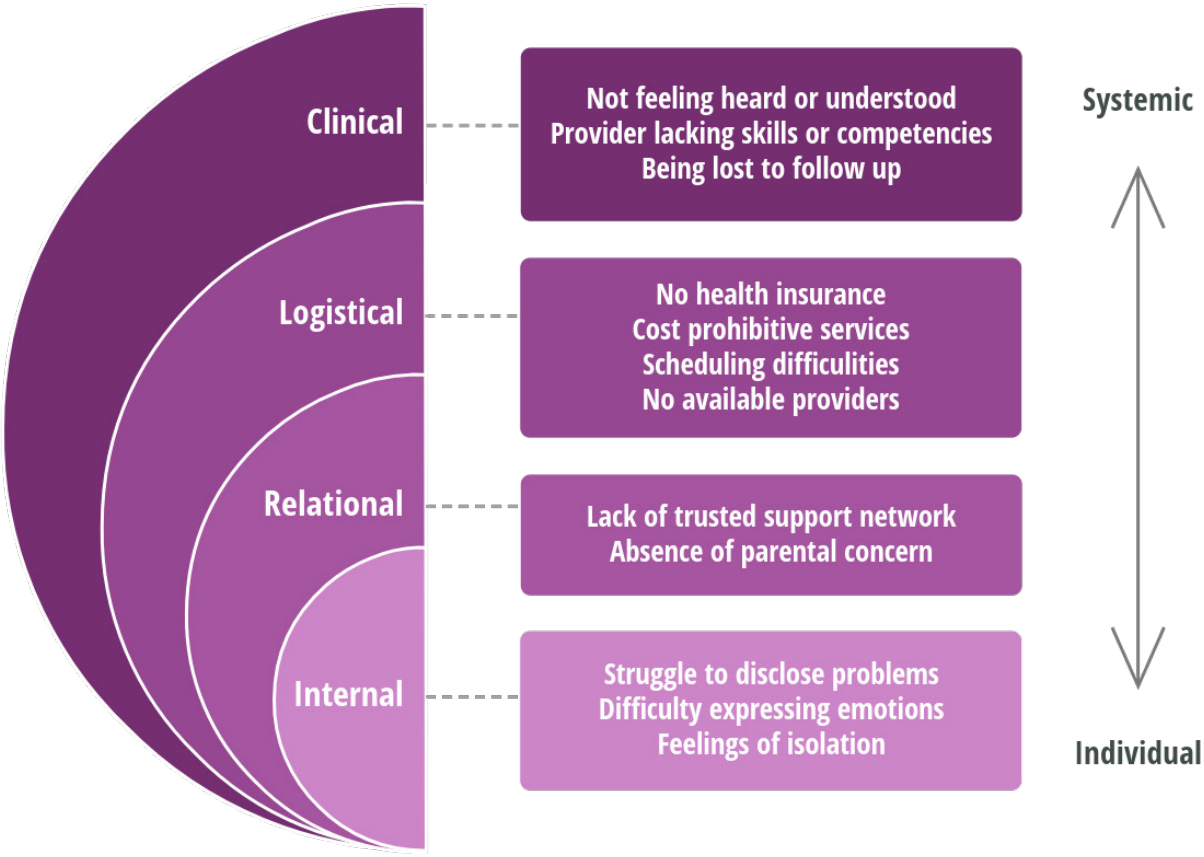
This anger and frustration is reflective of both larger issues with the healthcare system (e.g. shorter appointment times, limited insurance coverage, clinic policies around working with youth) and more specific issues with individual providers (e.g. lack of training around youth physical and mental health needs, ineffective bedside manner, stress and burnout).

> I went off Adderall during COVID... [insurance] made it **impossible to get back on my ADHD meds** and my grades have been suffering.
>
> At this point, this is a cry for help, I can't even pass my math class now.

Layered Barriers to Care

Students report barriers to healthcare access at all levels of their lives, from individual to systemic challenges (see Figure 3). Some students struggle to disclose or even identify their own healthcare needs. Those who are able to communicate their needs might have a hard time finding supportive adults who will validate their concerns. Adding to this are the logistical barriers of insurance coverage, out of pocket costs, transportation, age of medical consent, scheduling, and limited provider availability.

Figure 3. Common barriers to mental and physical health care among Oregon youth



This visual depicts the barriers students must overcome when seeking mental and physical healthcare. Not all respondents face each barrier; rather the visual illustrates four key moments in the experience of accessing services that Oregonian youth must overcome in order to access quality supportive health care.

“I’M SCARED OF NOT BEING SICK ENOUGH TO GET HELP.

...NOT ABOUT TO KILL MYSELF BUT NOT HAPPY.”

A Call to Action to Support our Youth

Meaningfully addressing barriers to care requires buy-in from individuals and institutions at each point of healthcare access (see Figure 4). Oregon youth deserve a sustained investment in healthcare infrastructure and community or school-based health services. Students participating in the 2022 SHS also emphasize the importance of logistical and emotional support from friends, family, and trusted adults to get their health needs met. Youth voices reflect a need for shifting social norms to address the stigma around mental health and medical care, particularly among parents, caregivers, teachers, and clinicians.

Figure 4. Multiple entry points provide access to youth mental and physical healthcare

Most youth will need mental and physical health care at some point in their adolescence. When adults are open and willing to listen, we can address the unmet healthcare needs that Oregon's youth are facing and ensure that they are not problem-solving on their own. The following pages provide suggested action steps that adult allies can take towards reducing barriers that Oregon youth may encounter on their journey to health and well-being.

Actions for Parents and Caregivers

- **Listen to your children** when they talk about their mental and emotional health. Start conversations early and often, not just when they seem to be struggling. Use this Tip Sheet for suggestions on starting the conversation.
- **Prioritize your own mental health**. Parenting can be stressful and isolating. Read the U.S. Surgeon General's report on the Mental Health & Well-being of Parents to learn more.
- **Connect with Reach Out Oregon** at 1-833-REACH-OR (833-732-2467), a service of Oregon Family Support Network offering a "warm line" to fellow parents, families and caregivers with mental and physical health resources.
- **Know the warning signs.** Take a free course in basic suicide prevention, such as Question, Persuade, Refer (QPR).
- **Ask your insurance provider about mental health coverage** and talk to your teen about counseling or therapy services.
- **Contact the School Safety and Prevention Specialist** in your region and ask for local youth mental health resources.
- **Connect with your school nurse, OCCYSHN, or Family2Family** to develop individualized care plans for your student with special health care needs.

Actions for Teachers and Youth-Serving Professionals

- **Become familiar with your district's Student Suicide Prevention Plan** and make sure staff are trained on when and how to refer students and families to appropriate mental health and crises services.
- If your school is using **Sources of Strength**, consider joining a Secondary Learning Collaborative or becoming a Trainer to expand your skillset.
- **Get certified in Youth Mental Health First Aid** and learn skills to use a 5-step action plan to help a youth who may be facing a mental health problem or crisis.
- **Explore the ODE Mental Health Toolkit** for resources and ways to connect with other youth-serving professionals
- Use the **Rural Educators' Toolkit**, developed by Coos and Curry County youth to help educators better support 2SLGBTQIA+ students in rural communities.
- **Attend and participate in trainings by school or district nursing staff** and learn how to best support your students with complex medical or social needs.

Actions for Medical and Behavioral Health Providers

- **Integrate behavioral health** into primary care and pediatric settings.
- Include **mental health screenings at medical visits** using standardized tools tailored for adolescents (like the PHQ-9 modified for teens).
- **Seek Continuing Education (CE) and Continuing Medical Education (CME) trainings** specific to adolescent health, ensuring an approach that is inclusive, age-appropriate, culturally responsive, and medically accurate.
- Use the **Trauma-Informed Care for Adolescents in Primary Care Starter Guide** from the Adolescent Health Initiative at Michigan Medicine.
- Access free resources in **Behavioral Health: An Adolescent Provider Toolkit**, compiled by Adolescent Health Working Group.
- **Get trained in suicide screening and basic safety planning** with ASIST or Youth SAVE.

Actions for Schools and Educational Systems

- Review the most recent **Student Health Survey** data for your district and county.
- Consult with the **Oregon School Based Health Alliance** to optimize your school's student health supports and promote **School Based Health Centers** in your area.
- **Read Oregon's Fall Call to Action for Schools** to equip staff, students and caregivers in suicide prevention.
- **Review your district's Adi's Act** suicide prevention, intervention, and postvention plan and protocol. Connect with your regional **School Safety and Prevention Specialist** for training or support.
- Seek and support **sustainable funding for school-based behavioral health** resources and clinicians.
- Implement **Sources of Strength**, launch a **Care & Connection campaign**, and explore other school-based prevention programming.
- Start a **School Health Advisory Council** and support student self-advocacy and organizing.
- Utilize **Oregon's Transformative Social & Emotional Learning Framework and Standards** to support your teaching staff in creating a caring and equitable learning environment.

Oregon's Student Health Survey (SHS) is a comprehensive, school-based, anonymous, and voluntary health survey of 6th, 8th and 11th graders conducted yearly.

It is a key part of statewide efforts to help local schools and communities ensure that all Oregon youth are healthy and successful learners.

The SHS is conducted by the Oregon Health Authority (OHA) and involves collaboration with numerous community partners.

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www.healthoregon.org/SHS
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