

Upper Valley and Greater Sullivan County Young Adult Strategies Community Assessment

February 28, 2022

Prepared by

 **epiphany** community services

IN PARTNERSHIP WITH

 **Dartmouth-Hitchcock**

Executive Summary

Dartmouth-Hitchcock Community Health collaborated with Epiphany Community Services (ECS) to complete a data collection analysis process to gather data related to young adult substance use and mental health in the Upper Valley and Greater Sullivan County regions of New Hampshire. Both primary and secondary data were collected, including key informant interviews and a focus group. Findings from the assessment include the following strengths in the community:

- A community invested in the success of its residents
- Available services for crisis situations
- On-campus counseling services at local colleges
- Collaboration between community providers and agencies to better serve the community
- Engaged businesses who want to invest in the success of young adults
- Most young adults in the region have someone they can talk to, with both friends and significant others identified as sources of support
- High perception of harm for synthetic marijuana use, binge drinking, and regular e-cigarette use
- Less than 11% (10.6%) of young adults reported the use of illicit drugs
- The majority of young adults reported having enough money to live comfortably or meet needs with a little left

Identified challenges include:

- Approximately 25% of young adult marijuana users reported they began using under the age of 15, and over 20% of young adult alcohol users began using under 15.
- Sullivan County's perception of harm of marijuana use is under 20% (15.2%)
- Over 30% of young adults reported depressive symptoms
- Continued stigma around mental health and substance use disorders
- Challenges accessing services including waitlists, application processes, and costs
- Community members in need are often unaware of the available resources
- Limited support services specifically for young adults outside of college campuses
- Young adults may not feel valued or included in the community

After the completion of data analysis, recommendations were made to address challenges and opportunities in the community.

- Further investigate areas of challenge and gaps in information with additional data collection. This includes qualitative data collection with young adults and drilling down further into substance misuse and mental health issues with young adults. Questions should focus specifically on substance use and mental health behaviors, attitudes, and community conditions.
- Efforts should be made to specifically outreach to the young adult population when implementing the 2023 community survey.
- Work with Colby Sawyer College to identify ways to streamline the process for accessing services at BAIRD.
- Seek funding to continue to implement mental health media campaigns.
- Explore the option of promoting mental health apps or virtual supports such as KORU, which was identified as a resource by young adults.
- Collaborate with employers of young adults to identify best practices and recommendations on ways to support young adults and all employees facing mental health and substance use challenges.
- Provide support to existing partnerships and collaborations to identify ways to better coordinate access to services for young adults.
- Identify ways to expand the marketing of available resources to young adults.
- Partner with organizations and collaborations that address youth substance use and mental health issues to implement strategies that may impact both populations.

Purpose

To address the challenges facing service organizations, nonprofits, community organizations, Dartmouth-Hitchcock Community Health collaborated with Epiphany Community Services (ECS) to complete a data collection analysis process to gather data related to young adult substance use and mental health in the Upper Valley and Greater Sullivan County regions of New Hampshire.

The goal of the community assessment is to determine the gaps and needs facing young adults specific to substance misuse and mental health within the community. This will enable agencies and organizations to target their work more efficiently. This report identifies challenges within

the communities and provides recommendations for next steps in addressing those challenges and areas of improvement.

Methodology

ECS contracted to support a young adult substance use and mental health community assessment for Dartmouth-Hitchcock Prevention Services. Young adults for the purposes of this assessment are ages 18-25. Secondary data were available from the New Hampshire Department of Health and Human Services, New Hampshire County Health Rankings Report, The Voice of New Hampshire Young Adults Assessment (2019), Sullivan County NHYA Assessment (2019), and the Grafton County NHYA Assessment (2019). Data were reviewed and analyzed for comparison.

Primary data included key informant interviews and a listening session with young adults in the fall of 2021. Program staff collected primary data. Notes were taken by staff and were provided to ECS for further analysis.

Limitations

Several limitations existed in the methodology used in the community assessment process:

1. Reliance on archival data: The use of archival data, while appropriate and cost-effective, is several years old.
2. Challenges engaging the young adult population: The project faced challenges collecting primary data from the young adult population, including limited responses to participation in listening sessions. Only one session was conducted with four participants from a local college.

Key Informant Interviews

Program staff conducted 11 key informant interviews. Participants were broken down into categories of employers of young adults, community organizations serving young adults, and young adults. Some categories overlapped, and for participants who identified as a young adult, their responses were clearly from the perspective of a service provider and not a young adult. Therefore, data is presented for the categories of employers of young adults and community organizations serving young adults. A series of questions were posed to participants, with follow-up probing questions asked as needed. There was a significant amount of overlap between the questions asked of employers and service providers. Primary questions included:

1. What do you believe are the most pressing issues facing the students/patients/clients/young adult workers you interact with in the Upper Valley and Greater Sullivan County today?
2. Are these issues being addressed in our regions?
3. Who do you believe is responsible for addressing these issues in our regions?
4. Is the school/organization/business that you work for addressing these issues?
5. What protective factors or assets (the good things, resources, supports) does our community/your school/organization have for young adults/young adult workers?
6. What risk factors or gaps in resources do you believe exist that may be impacting students/patients/clients/young adults in these regions? (When it comes to substance misuse and mental health)
7. What resources within your community do the students/patients/clients access the most?
8. How do you see students/patients/clients/young adults coping with/handling stress?
9. How do you believe the efforts to address these issues in colleges/your organization/workplace can be sustained?
10. Is there anything that we missed, or anything else that you would like to tell us today?

Employers of Young Adults

There were two participants who fit the category of employers of young adults. Of those, one did not feel that substance misuse was a pressing issue with young adult workers. The other reported that there was somewhat of an issue but not as much as other populations. The second participant reported they were a recovery-friendly workplace. Mental health was identified as an issue by both participants but that it was not an issue limited to the young adult population. One employer has an Associate Assistance program. Financial stress was also an issue identified. It was reported that young adults are trying to make ends meet, but that their work “brings them joy” and provides them enough money to pay their bills. It was reported that some employees still live at home and stay on their parent’s insurance to save money.

Both participants reported that these issues are being addressed in the community. One employer reported connecting employees with resources. It was reported that help is available during a crisis situation, but follow-up help is often not available. Participants believed that addressing these issues was a community-level responsibility. Specific referral resources used by employers include:

- West Central Behavioral Health
- Dartmouth-Hitchcock

- Headrest
- Workers United program

When asked, participants identified the YMCA, Pathways, and the United Way as protective factors/assets for young adult workers. Participants also believed that young adults are valued in the community and workplace. Their businesses provide the opportunity for movement and training. One participant said that young adults drive and energize the workforce.

Specific resources provided by the businesses included:

- Workers United and Associate Assistance programs
- United Way presenting to talk about available supports
- If there is a substance use dependency issue, they have resources available to support staff, including meeting one-on-one to discuss options.

One participant stated they did not know if there was much more they can do.

When asked about risk factors/gaps in resources, one participant was unaware of gaps. The other believed that there is stigma around mental health issues and employee concerns that they are more likely to be terminated if they have mental health issues. Trauma was also a risk factor identified, as was the lack of early education and the limited availability of resources prior to a crisis point.

The resource most young adult employees are accessing is counseling via the resource coordinator at one business. One of the challenges to accessing resources is admitting you need help. One participant felt that computer-based resources might be a barrier. Employers do not know if young adults are aware of the resources available.

When asked about young adults coping with stress, employers reported that coping strategies vary. It was reported that some people have issues, and the employer gets involved early to support time management, emotional self-awareness, training, or refer to other services.

Missing resources that would make it easier to cope with stress include:

- Good social network
- Increased connectivity with others
- Increased workforce
- Early education on stress management
- Resources available on the transition from school to the workforce

In order to sustain efforts to address these issues, participants stated that more work needs to happen on reducing stigma on substance misuse and mental health and normalizing talking about the issues—additionally, more availability of information on where they can reach out if they need help. One participant stated they want to make sure employees have the resources and support they need.

Community Organizations Serving Young Adults

Community organizations serving young adults identified several issues facing young adults in the Upper Valley and Greater Sullivan County. Mental health was one of the most commonly identified challenges facing young adults. Anxiety, depression, and trauma were identified as areas of mental health struggle. One reported seeing some suicidal ideation in their clients. Additionally, stigma and a lack of knowledge on the resources are contributing to the issue. It was reported that more severe mental health issues have a greater stigma. Participants also reported waiting lists for services to be an issue.

Substance misuse was also identified as an issue facing young adults. Alcohol was identified as the primary substance with easy access reported. Additional substances were cannabis, prescription drug misuse, vaping, cocaine, opioids, and synthetic opioids. Participants also reported overdose risks and IV drug use. Beyond the use of substances, the impacts of misuse on the quality of life and the practical challenges of escaping the cycle of drug use were mentioned.

School-related issues were reported for both high school and college students. High school specific issues included grade-related stress but also greater social stress. It was reported that some students are picked on or isolated. Stressors for college students included balancing everything, classes, and possible isolation. It was reported that college freshmen have higher mental health issues than other grade levels. Additionally, there is stress due to how schools handle issues that arise.

Financial related stresses were also identified. Participants indicated that people feel stuck and that there are limited options within the community. It was reported that some college students might stay in school, despite it not being the best place for them, because they cannot afford the needed support resources outside the school structure.

Additional issues identified included housing/homelessness with reports of a lot of couch surfing, generational poverty, and the anxiety and trauma that this can create. Additionally, challenges with socialization and skill development, and a lack of family and social support, were reported. Bullying and stalking were identified as serious areas of concern by one participant.

Overall, key informant interviews reported that the issues are being addressed in the community but not at the necessary level as resources are limited. Organizations are trying to keep up, but there is high demand due to the pandemic. One person reported that COVID is shining a light on the areas that need service. Another reported that there is increased communication between organizations on how to support people and to partner on these issues. One interviewee stated that they are providing more triage care than addressing the broader issues. Specific sources of service identified by interviewees include:

- Turning Point
- Second Growth
- Southwestern Community Services
- Mt. Ascutney Hospital
- The Haven
- Wise
- Headrest
- TLC Family Resource Center-Recovery
- Counseling services
- West Central Behavioral Health (WCBH)
- CCBA Recreation Center
- The Family Place
- Private practices
- UG Dean's office holistic advising
- Tri-County Community Action Program

When asked, interview participants stated that there is a shared responsibility to address these issues as they affect everyone. Identified stakeholders included school administration, parents, government, taxpayers, and the general community. Participants reported that additional conversation is needed around personal responsibility and that the current system relying on the community and government to fix issues for individuals creates a dependence on social services.

Participants stated their organization is working to address these issues either through direct service or referral to services, although some are dependent upon insurance. Organizations provide:

- Parent education/support for pregnant and postpartum women with substance use disorders
- Individual counseling, school counselors
- School resource officer and juvenile probation support
- Some colleges provide alcohol and drug counselor, programming during orientation, and counselor on-call
- Support clients in the work they were doing with other organizations
- Navigate referral process/warm handoffs
- Risk screening and responding to identified risks
- Involve kids in prosocial activities
- Recovery groups

Interview participants wished they provided additional support such as inpatient treatment and transportation.

Protective factors and assets identified, in addition to those previously identified, include a tight-knit community that cares and wants to make a difference, collaboration between partners, and the high perception of harm of substance use by community members. School-based assets, including prevention and extracurricular activities, a youth community club, and a walking program, were also identified as assets. Traditional college experiences and available outdoor recreational opportunities are also assets. It was reported that the community has a good urgent care system.

When asked, participants felt that the community is culturally inclusive, but more can be done. It was suggested that agencies review the resources to make sure they are inclusive and to recognize that perception is someone's story. One person reported that there is stigma and judgment around Dartmouth students.

There was some participant disagreement when asked if families have access to economic resources and support. Some reported that there are resources available, but the process to access services is daunting, there is stigma around using them, and families are unaware of services or where to go. One person stated there is a great welfare system in place.

Opportunities for involvement with peers included Facebook groups to keep up with resources and activities, Youth CAN coalition, and Zoom recovery and support meetings. One reported that there seem to be more activities than in the past.

When asked if students feel a strong connection to the community, responses varied, with most saying it depends on the individual. Yes, for those who are engaged in programs and feel they belong, and no for those who are not involved or do not feel like they belong. There was disagreement between participants when asked if students are valued in the community. One responded said absolutely, while others say youth are not receiving the message. Generational misperceptions were identified as a possible cause, such as young adults are lazy and unmotivated, when in reality, young adults have different wants and expectations.

Participants identified a number of risk factors in the community. These include factors related to substance misuse, mental health, access to resources, and economic factors. Substance misuse risk factors included: vaping at school, parents struggling with misuse, parents providing drugs to kids, a drinking culture that is uncomfortable for nondrinkers, community acceptance of drug and alcohol use, and availability of substances. Mental health risk factors included limited community education on mental health, stigma, parents struggling with mental health, and adverse childhood experiences and trauma.

Another risk factor reported was the limited access to resources in the community. Participants identified limited early intervention, referral processes, waitlists for services, cost of services, lack of transportation, lack of competent providers, limited school-based services, limited affordable housing, childcare, and no internet and cell service. Economic risk factors included poverty, including generational poverty, limited opportunities for low-income people to engage in positive activities, COVID-19 related job loss, and limited opportunities for those who do not finish high school.

Additional risk factors included risk factors specific to the Greek system within colleges, limited places to hang out beyond bars and outdoor activities, resistance to taking medication, and a lack of trust in the community.

Participants identified the following resources as those most utilized by their students, patients, and clients:

- Mental health
- Food security supports
- Medication-assisted treatment
- Better Life Partners
- TLC Recovery Center
- All4One center
- Claremont Community Center
- Southwestern Community Services
- Tik Tok Therapy
- Residence life community
- Counseling services
- Clothing, furniture, household services
- Baby Steps

Identified challenges to accessing these services included transportation and difficulty in taking the first step, such as stigma, scheduling, and communication in general. There is a need for more providers, more support groups, parent education, financial support services, mobile health services, harm reduction, supports for at-risk youth, affordable housing, affordable treatment without insurance, safe places for kids to go, and recovery support for young adults and those under 18.

Interviewees identified several areas where it is difficult for young adults to manage stress. These included not having a safe environment to go home to, not having the tools to manage stress, lack of services, lack of role modeling, and social media. It was also reported that there are a lot of steps to dealing with stress, which in turn creates more stress. Missing resources include peer support, access to 24 hours a day mental health and crisis intervention, pathways to college or starting a business, school-based services, community activities, free places where people can connect, transportation, education to destigmatize medication and services, and services to improve parent/child relationships.

When asked how to sustain services, interviewees had diverse responses. The need for long-term funding sources and budget investment, ability to demonstrate the impact of programs, assessment to determine needs of the community, and cultural shift for sustainability were identified. Additionally, professional development, increased worker pay, lower healthcare costs, and the need for consistent, focused messaging were identified.

When asked if there was anything the interview missed, respondents discussed the need for accessible yoga and meditation practices, health disparities, support needed for the LGBTQ community, and that college counselors are not meant to be long-term care providers.

Young Adult Listening Session

Program staff facilitated one young adult listening session. There were four participants. Listening session questions closely mirrored the key informant interview questions found in the section above.

The importance of sleep and the economy were two issues facing young adults identified by participants. Participants identified challenges of the availability of jobs even with a degree and student loan costs. When explicitly asked about substance misuse, participants reported that alcohol and marijuana were the most commonly used substances. It was reported that alcohol use is expected every weekend and that many marijuana users are heavy users and talk about it frequently.

Participants also believe that mental health is a pressing issue broken into multiple categories. School stress causes pressure to be successful, and there are challenges managing everything required of students—social life, sports, education, time for yourself. It was also reported that financial pressure causes stress and leads to anxiety and depression. It was also reported that some have no coping skills and people are unaware of who to ask for help.

Listening session participants were able to identify a limited number of resources in the region: New London Hospital and BAIRD on-campus counseling at Colby Sawyer College. However, it was reported that it is hard to book an appointment at BAIRD as walk-ins were not allowed, and you need to call for services during open hours.

When asked who is responsible for addressing these issues, one participant reported that everyone—in a perfect world. Another reported not having a lot of faith in the state government to address the issues.

Conversations also occurred around available protective factors and assets. Specific resources/assets identified included:

- Course on wellness including meditation and breathing

- KORU Mindfulness app
- H.O.P.E. (Help and Observation in a Protected Environment)
- Discussion groups, but not offered often

School clubs, including PRIDE and ASA, were identified as opportunities for involvement with peer groups.

Participants were asked if the community is culturally inclusive, and most responses were specific to the college community. It was reported that although Colby Sawyer College is not diverse, they do make an effort to recognize different cultures, and professors are pushed to be inclusive. Participants were unaware of what the Diversity, Equity, and Inclusion Officer was doing at Colby Sawyer College as there are no communications or surveys to see how the college is doing around the issue. One participant reported that people of color and international students are still seen as outsiders. It was reported that the off-campus area was not as inclusive as campus, but that it would be a big “ask” to expect it to be. When asked, participants responded they do not feel a strong connection to the community. When asked if they feel valued, it was reported that the college values their money.

Additional questions were asked about the risk factors or gaps in resources in the region impacting young adults. Participants identified a gap in awareness campaigns on these issues. It is assumed that young adults know about these issues and know that specific behaviors are bad. Additionally, the normality of drinking and marijuana use was identified as a risk factor. Finally, the availability of resources was also identified. Students reported that the BAIRD center is backed up, and walk-in services are not available. It was reported that they would go to professors or friends first.

When asked what resources they and their peers access most often, one person responded they don’t know about the resources, and they use their friends as resources. It was also stated that no one uses H.O.P.E., the alcohol-impaired observation services at Colby Sawyer College, as there is negative information about the program. Information on safe consumption and mental health resources is limited, according to participants.

Identified ways to deal with stress included physical activity, talking with friends and professors, and taking time for themselves. It was reported that things become too much to manage (job, housing, COVID, loans), and it is difficult to manage stress. Participants identified a seminar to

talk about student health and informal alternatives to BAIRD as missing resources to help cope with stress, in addition to discontinuing the KORU Mindfulness app.

A participant reported that the peer mentoring program for first-years is a successful project. It was also reported that students do not hear about things after the first of the school year, and there is the need to find a way for people to get support immediately instead of waiting for a BAIRD appointment.

Secondary Data Review

Secondary data were provided from multiple sources that looked at overall demographics and data specific to substance use and mental health for young adults. State-level data, Sullivan County data, and Grafton County data were available for review.

New Hampshire Socio-Economic Status Data

Some demographic data was available through the New Hampshire Department of Health and Human Services and the New Hampshire County Health Rankings Report. Statewide demographic data provided a clearer understanding of the socio-economic status (SES) of New Hampshire residents. It also served to create a comparison between the SES of the New Hampshire population as a whole and New Hampshire young adults from a variety of counties that participated in the 2019 “The Voice of New Hampshire Young Adults Assessment”, or NHYA Assessment. Having this comparison assists in further understanding the perception, usage, and mental health related data mentioned in this report.

According to data from the NHYA Assessment, nearly 91% of study participants indicated that they have at least a high school diploma or equivalent. In comparison, the New Hampshire County Health Rankings report shows that 93% of adults 25+ have a high school diploma or equivalent. Many of the data points for the population of New Hampshire mirror the results from young adults in the NHYA Assessment. The average income for New Hampshire residents is \$40,003, and the unemployment rate for those over 16 is 4%. The percentage of the New Hampshire population that is living under the federal poverty line is 8%. See Tables 1 and 2 on the following page.

Table 1: State of New Hampshire Education Data 2019

Table 1. State of New Hampshire Education Data	
Age 25+ without a High School Diploma (NH DHHS Data Portal)	7%
% of adults ages 25+ with a High School diploma or equivalent (NH County Health Rankings)	93%
% of adults ages 25-44 with some secondary education (NH County Health Rankings)	71%

Table 2: State of New Hampshire Employment, Income, and Poverty Data 2019

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Income per capita (NH DHHS Data Portal)	\$40,003
Population living below federal poverty level (NH DHHS Data Portal)	8%
Unemployed, age 16 and over seeking work (NH DHHS Data Portal)	4%

New Hampshire Young Adults Socio-Economic Status

In general, New Hampshire young adults are well educated. Nearly 65% indicated that they had at least some college or secondary education or higher. When prompted about their financial status, 61% of New Hampshire young adults reported that they “live comfortably” or “meet needs with a little left over,” while 28% said that they “just meet basic needs” and 11% responded that they “do not meet basic needs.” Most New Hampshire young adults are employed, with only 13% reporting that they are neither a student nor working. Other young adults that are not working, or it is unknown if they are working, indicated that they are students (11%). See Table 3 on the following page.

Table 3: Demographics of New Hampshire Young Adults from “The Voice of New Hampshire Young Adults Assessment” Data 2019

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Education	
Less than high school diploma	9.1%
High school diploma or equivalent	26.2%
Some college or secondary education	29.9%
Associates or bachelor’s degree	27.8%
Masters or professional degree	7.0%
Financial Situation	
Live comfortably	28%
Meet needs with a little left	33%
Just meet basic expenses	28.3%
Do not meet basic expenses	10.7%
Current Student and Employment Status	
Student	11.3%
Student and working	23.7%
Working FT	38.5%
Working PT	9.7%
Not student, not working	12.6%

Substance Use

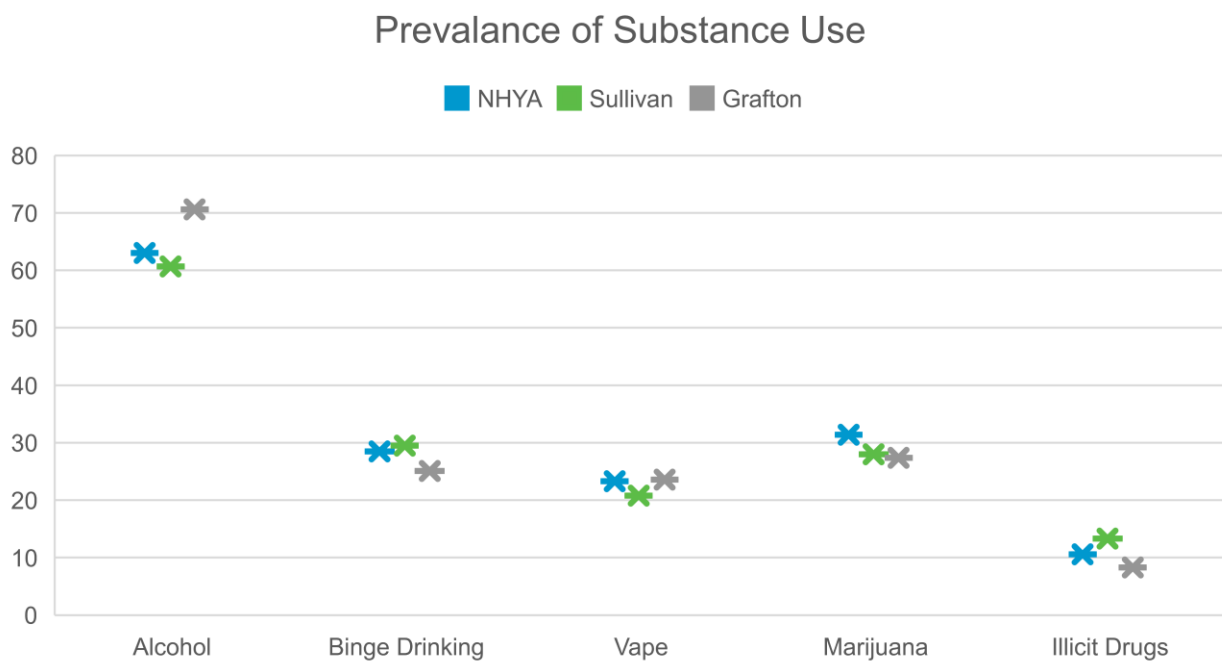
New Hampshire young adult substance use data was pulled from three different and comparable sources: 1) The Voice of New Hampshire Young Adults Assessment (2019), 2) the Sullivan County NHYA Assessment (2019), and 3) the Grafton County NHYA Assessment (2019). The substance-related data points reviewed included perception of harm, impact on peers, lifetime and current usage, age of initiation, and seeking help for substance-related problems.

Prevalence of Substance Use

Among young adults who participated in the New Hampshire, Sullivan County, and Grafton County assessments, current alcohol use was the most common, with an average of 65%

indicating that they currently drink alcohol. Illicit drugs are the substances that have the lowest average of current usage (10.6%). Current marijuana usage and binge drinking have similar rates of current use, followed by vaping. Marijuana usage is the second most common substance of reported use, with an average of 29% reporting that they currently use it. Sullivan County reported much lower rates of current alcohol use than New Hampshire and Grafton County, but higher rates of binge drinking and illicit drug use. Sullivan also reported lower vape use and marijuana use rates than Grafton and New Hampshire. See Figure 1.

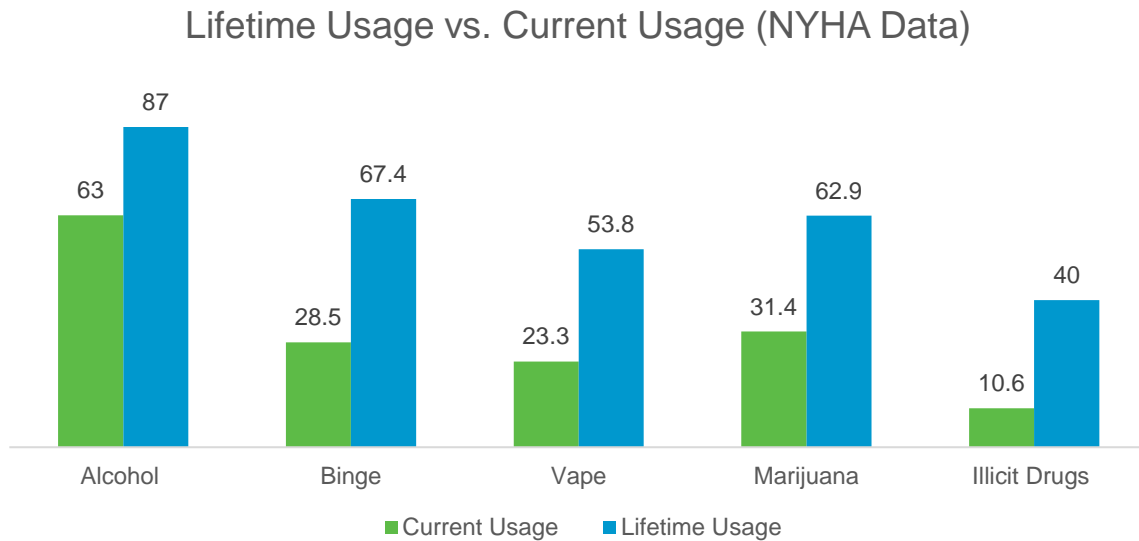
Figure 1: Prevalence of Substance Use (Percentage) 2019



Only the NHYA Assessment was used to compare lifetime and current usage. For young adults, lifetime usage is at least 20% higher than current usage for all substances. The lifetime use for alcohol (87%) and current use (63%) is higher than all other substances, with lifetime (40%) and current (10.6%) illicit drug use being the lowest. Although alcohol has the highest percentage of use both past and present, 28.5% of respondents said that they currently binge drink. Compared to the 63% that responded they drink currently, this marks a significant reduction (34%) in those who continue to binge drink. Approximately half of the respondents indicated that they have used an e-cigarette or vaped sometime in the past, with 23.3% stating that they still use vape currently. Marijuana is the second most commonly used substance of current use.

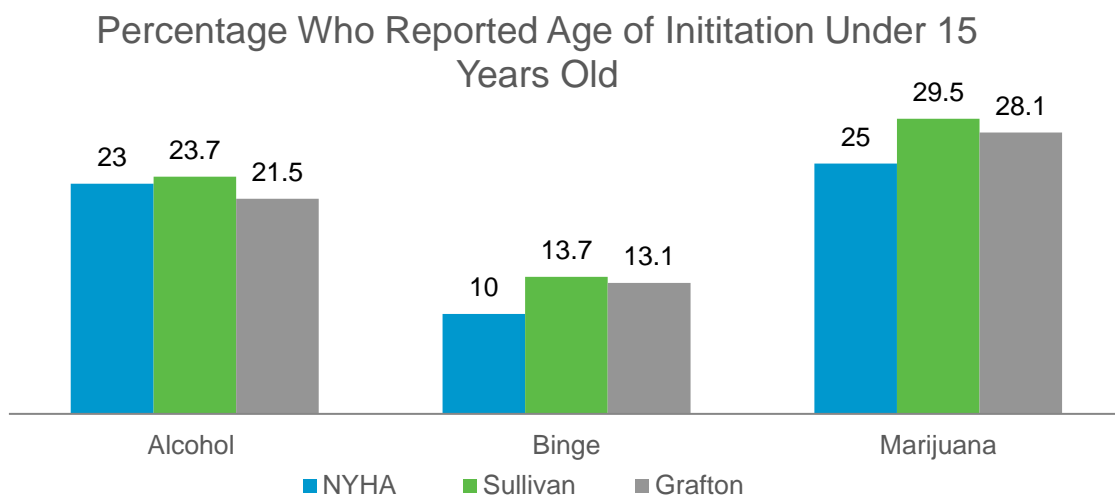
Alcohol and marijuana both had the lowest perception of harm associated with use, comparable to current use data. See Figure 2 below.

Figure 2: Lifetime Substance Use vs. Current Use (Percentage) 2019



The percentage of young adults that began using each substance under the age of 15 is similar for each data source. However, the average percentage of respondents that said they started using marijuana before the age of 15 (27%) is higher than the average percentage that started binge drinking before the age of 15 (12%). On average, 23% of people reported drinking alcohol for the first time before the age of 15. In all areas of use, a greater percentage of Sullivan respondents used before the age of 15. See Figure 3.

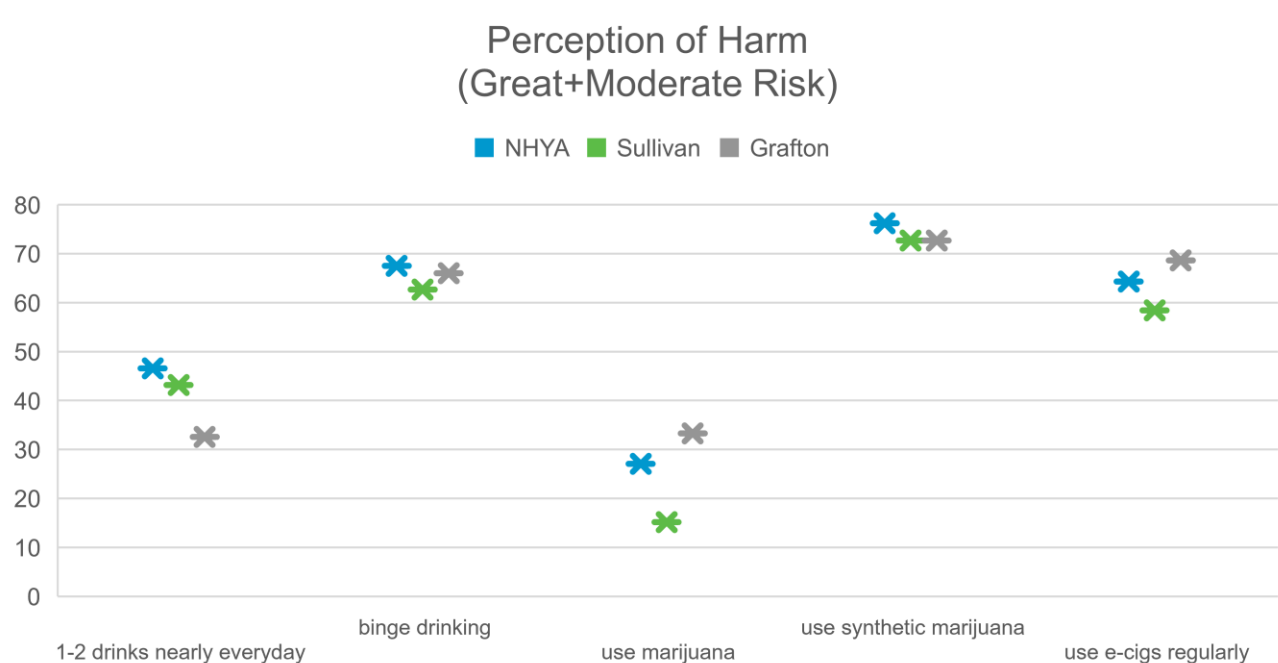
Figure 3: Percentage Who Reported Age of Initiation Under 15 Years Old 2019



Perception of Harm

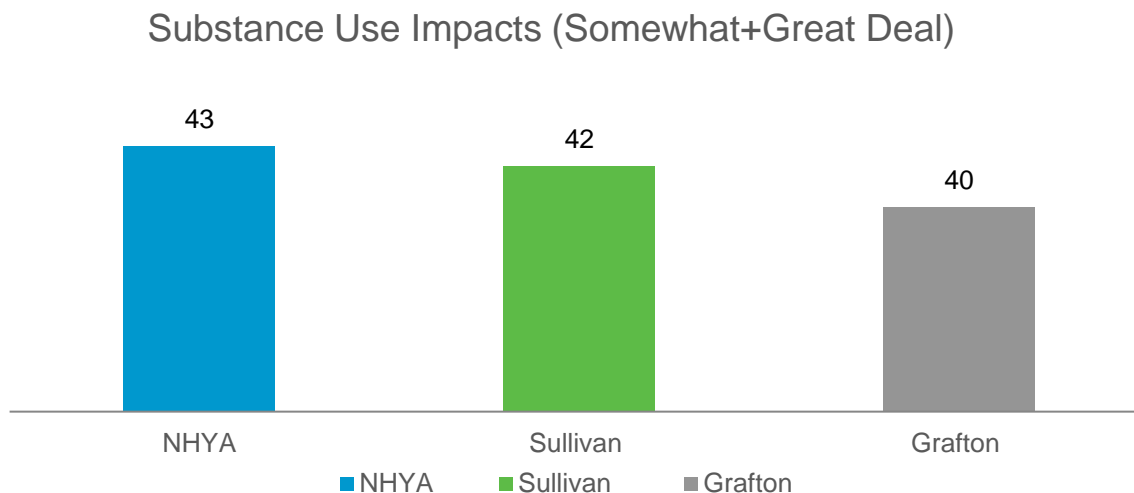
Perception of harm for most substances was very similar when comparing all three data points for each substance. As seen in Figure 4, Sullivan County has the lowest perception of harm for e-cigarettes (58.4%), binge drinking (62.7%), and marijuana use (15.2%). The NHYA Assessment showed the overall highest perception of harm for the use of synthetic marijuana (76.2%), binge drinking (67.5%), and having one to two drinks nearly every day (46.6%). The perception of harm for marijuana use is very low for all data sources. On average, the perception of harm for marijuana is only 25.2%. In comparison, the highest average perception of harm is seen with synthetic marijuana use (74%).

Figure 4: Perception of Harm (Great and Moderate Risk) (Percentage) 2019



Overall, approximately 40% of young adults felt that substance use impacts social groups somewhat or a great deal. See Figure 5 on the next page.

Figure 5: Substance Use Impacts (Somewhat and Great Deal) (Percentage) 2019



Mental Health

New Hampshire young adult mental health data was also pulled from three different and comparable sources: 1) The Voice of New Hampshire Young Adults Assessment (2019), 2) the Sullivan County NHYA Assessment, and 3) the Grafton County NHYA Assessment. The mental health related data points reviewed included social support, someone to talk to, and depression symptoms.

Young adults from the NHYA Assessment mostly talk to their friends (58.7%) and their significant other when they need support. A significant number of respondents also stated that they talk to their parent/guardian/caregiver when they need support (44.5%). These were also true in both Sullivan and Grafton. Approximately one-quarter of participants identified other family members as sources of support. In addition, according to Sullivan County and Grafton County data, an average of 93% of the respondents felt that they have someone to talk to. See Figures 6 and 7 below and on the next page.

Figure 6: Sources of Mental Health Support (Percentage) 2019

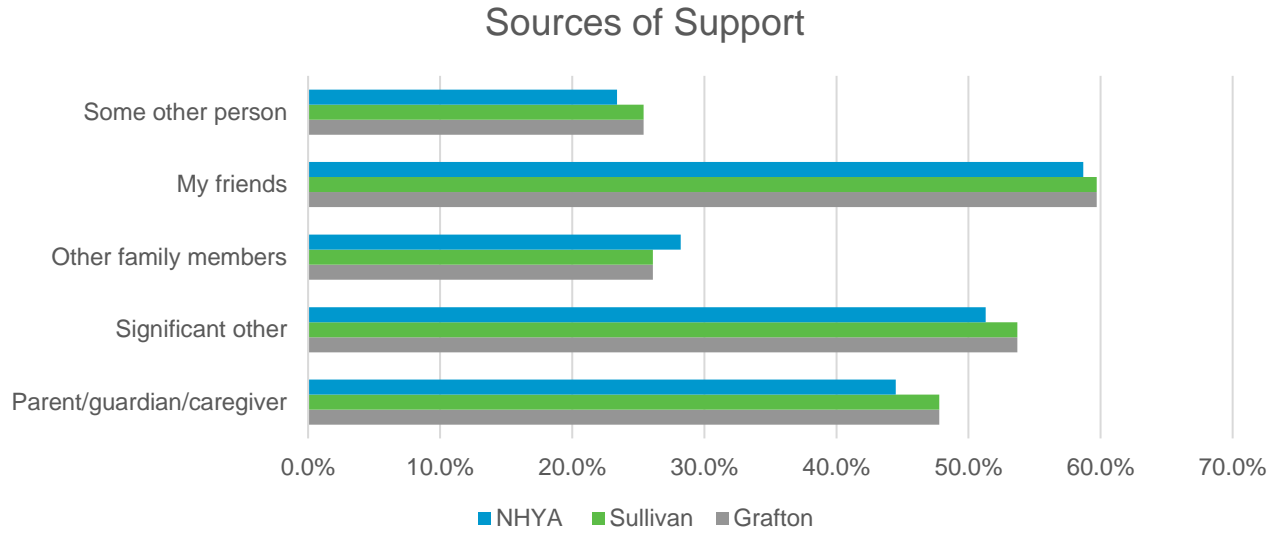
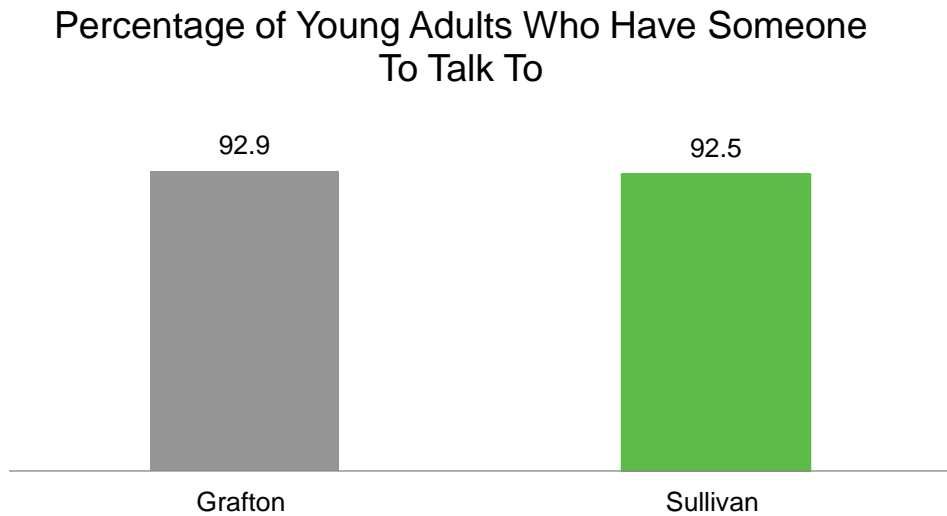
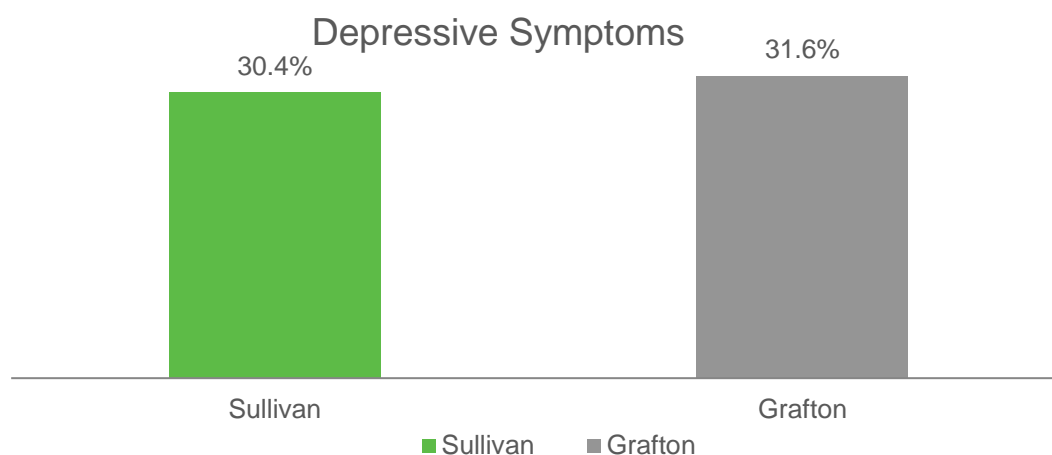


Figure 7: Percentage of Young Adults Who Have Someone to Talk To 2019



As seen in Figure 8 on the next page, over 30% (30.4%) of Sullivan County young adults indicated that they have depressive symptoms, and 31.6% of young adults in Grafton County indicated that they have depressive symptoms.

Figure 8: Prevalence of Substance Use (Percentage) 2019



Community Strengths

Based on a review of both qualitative and quantitative data, it is evident that there are a number of strengths in the Upper Valley and Greater Sullivan County region relating to young adult substance use and misuse and mental health. Primary strengths include:

- A community invested in the success of its residents
- Available services for crisis situations
- On-campus counseling services at local colleges
- Collaboration between community providers and agencies to better serve the community
- Engaged businesses who want to invest in the success of young adults
- Most young adults (93%) in the region have someone they can talk to, with both friends and significant others identified as sources of support
- High perception of harm for synthetic marijuana use (72.7% in both Sullivan County and Grafton County), binge drinking (Sullivan County - 62% and Grafton County - 66%), and regular e-cigarette use (Grafton - 68.6%).
- Less than 11% (10.6%) of young adults reported the use of illicit drugs
- The majority of young adults reported having enough money to live comfortably or meet needs with a little left.

Community Challenges

Despite the numerous strengths of the community specific to young adults, several challenges were identified in the data. These include:

- Approximately 25% of young adult marijuana users reported they began using under the age of 15, and over 20% of young adult alcohol users began using under 15.
- Sullivan County's perception of harm of marijuana use is under 20% (15.2%)
- Over 30% of young adults reported depressive symptoms
- Continued stigma around mental health and substance use disorders
- Challenges accessing services including waitlists, application processes, and costs
- Community members in need are often unaware of the available resources
- Limited support services specifically for young adults outside of college campuses
- Young adults may not feel valued or included in the community

Recommendations

Based on quantitative and qualitative data, several recommendations can be made on areas of improvement as well as areas of continued support for young adults in Upper Valley and Greater Sullivan County. Recommendations include:

- Further investigate areas of challenge and gaps in information with additional data collection. This includes qualitative data collection with young adults and drilling down further into substance misuse and mental health issues with young adults. Questions should focus specifically on substance use and mental health behaviors, attitudes, and community conditions.
- Efforts should be made to specifically outreach to the young adult population when implementing the 2023 community survey.
- Work with Colby Sawyer College to identify ways to streamline the process for accessing services at BAIRD.
- Seek funding to continue to implement mental health media campaigns.
- Explore the option of promoting mental health apps or virtual supports such as KORU, which was identified as a resource by young adults.
- Collaborate with employers of young adults to identify best practices and recommendations on ways to support young adults and all employees facing mental health and substance use challenges.

- Provide support to existing partnerships and collaborations to identify ways to better coordinate access to services for young adults.
- Identify ways to expand the marketing of available resources to young adults.
- Partner with organizations and collaborations that address youth substance use and mental health issues to implement strategies that may impact both populations.