

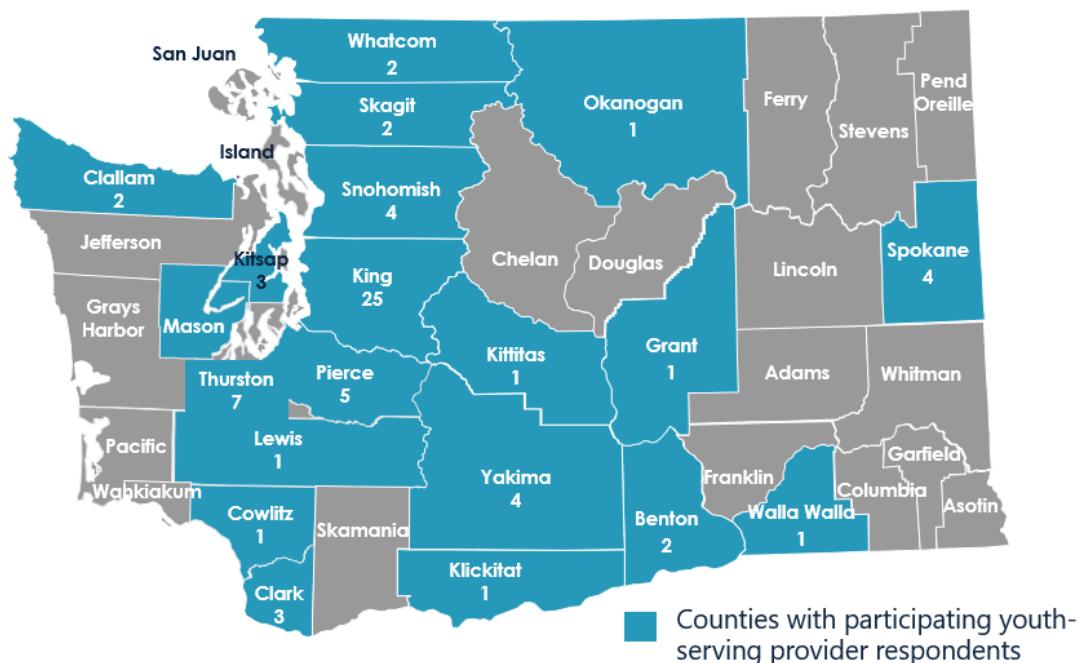
Youth-Serving Provider Perspectives: Youth Mental and Behavioral Health

Providers recognize a huge and growing need for youth mental and behavioral health care—and they need more training and support to adequately respond to the need, and more funding to integrate behavioral health care in their practices.

In 2024, the Adolescent and Young Adult Health team at the Department of Health (DOH) completed a **mini-needs assessment to understand the state of adolescent and young adult health** care in Washington and the support needs of those who serve teens and young adults. During a series of engagement activities, youth-serving medical and behavioral health providers and professionals shared their feedback and insight on important adolescent health topics, including adolescent well visits.

Over 70 providers participated in engagement activities:

- 65% were advanced practice providers, like medical doctors or nurse practitioners, or mental health providers, like licensed therapists and social workers
- 60% said more than half of their patients were youth ages 11-24
- 54% served young people in a medical setting like a private practice, community health center, or school-based health center. Many worked in more than one setting.
- Most worked in the Puget Sound region.



Youth Mental and Behavioral Health

Providers were asked to share their successes, challenges, and barriers when providing mental and behavioral health care to teen and young adult patients. Their responses suggest that statewide efforts to improve access to behavioral health care for young people are working. Many said more young people are getting the care they need and reported successes that improved care and access. But the overall demand is still overwhelming, and many providers still feel underprepared to meet the demand. They are burdened by lack of time during visits, lack of resources in local communities, and the sheer volume of need for behavioral health care among young people. Timely mental and behavioral health services are even more important for young people with more complex needs like co-occurring disorders, autism, and ADHD.

What's going well

Providers shared strategies that are helping:

- **Integrated behavioral health care:** Some clinics now integrate behavioral health care providers and social workers as part of the care team. This way they can connect young people quickly and easily to in-house social workers and referrals.
- **On-site support staff:** Clinics are adding social workers, patient navigators and community health workers into pediatric and family practice clinics to support young people with care coordination and social needs.
- **Safe and welcoming environments:** Many providers are focusing on building trust and using trauma-informed care. They reported creating safe, confidential and youth-centered spaces in clinics and practices, offices, and even emergency rooms.
- **Flexible options for care:** Offering mental health care in a variety of ways helps increase access and address common barriers. For example, providers reported delivering services in school settings, before and after school hours, and telehealth.
- **Using statewide resources:** Tools like the Washington State Partnership Access Line (PAL) Line and TeenLink help providers meet behavioral health and resource needs, especially for non-behavioral health providers.

“As the pediatric clinical social worker, I am able to support with anxiety, depression, trauma, as well as parent management training for behavior.”

“...our clinic became fully integrated to include co-located behavioral and medical health care. Integration has improved collaborative efforts and outcomes.”

“I... provide a safe space for the teen to share and discuss current events in their life and how they feel about things happening in their life.”

“We are lucky to have... as access to 24-hour counselors.”

What needs more work

Providers shared barriers and challenges:

- **Not enough capacity:** Providers report there are still long wait times, not enough providers who take Medicaid, outdated referral networks, and challenges navigating the behavioral health system. Young people also don't have enough access to safe, high-quality and local outpatient, inpatient, and residential treatment options. Many must travel to a different city or another state for care. Lack of local care disrupts their lives and impacts care coordination and continuity.
- **Lack of crisis care:** When teens and young adults are in crisis or screen positive for suicide ideation or substance use, there aren't enough immediate or long-term options. Many young people end up in emergency rooms repeatedly.
- **Lack of wraparound care:** Providers want more wraparound services for young people with behavioral health needs, special health care needs, and disabilities, including long-term care, health care navigation, job support and skills building, and mentorship to support the whole young person.
- **Not enough support for young people and parents:** Providers also want the infrastructure to support caregivers with navigating the behavioral health system, and their own mental health or socioeconomic needs.
- **Gaps in provider knowledge:** Many providers – like primary care providers, specialists, and support staff in schools - don't feel equipped to recognize or respond to youth mental and behavioral health conditions.
- **Limited knowledge about neurodivergence:** Some providers also reported not having enough knowledge about conditions like autism and attention deficit and hyperactivity disorder (ADHD). They feel unprepared to screen, evaluate, and treat and manage medication.
- **Stigma:** Stigma around behavioral and mental health still exists among schools, families, and community partners. Barriers like misinformation, fear, and lack of awareness impacts young people's ability to seek and access needed care.

“A significant number of students in the building suffer from anxiety, depression, etc. Majority of staff are not qualified for their care.”

“Biggest challenge is lack of safe quality emergency hospitalization, lack of beds & residential treatment.”

“I don't feel well equipped to delineate between possible overlapping diagnoses such as ADHD, learning disability, auditory processing disorder, dyslexia, etc.”

“Barriers include insurance coverage, limited availability of mental health providers with needed expertise ...and very long wait times for new visits.”

Recommendations for support

- **Increase the number of providers** in the behavioral health workforce.
- **Reduce licensure barriers** and improve education support for providers.
- **Allocate more funding and support** for internships, masters-level graduates, and supervisors.
- **Provide funding for and training** on mental and behavioral health care via telehealth and in school-based settings, and for screening, assessment, and care for neurodivergent youth.
- **Promote collective efforts to consistently use standardized screening** measures for mental and behavioral health that are culturally responsive and informed by social determinants of health, and make them accessible to providers across a young person's health care continuum.
- **Increase funding for school-based health care** and school-based health centers.
- **Create centralized, easy to find sources** for mental and behavioral health information, resources, referrals, and tools—tailored to support teens, young adults, and their care givers in different communities and geographic regions.
- **Enhance existing and create more wraparound support for teens** and young adults with complex medical and behavioral health needs.

“A county-level referral resource, like Pierce County, that will help coordinate all community resources including housing, food, mental health based on what is available. “

“...local providers who treat teen vaping and providing youth with pharmacological treatments to with nicotine withdrawal”

“[A] stipend to cover some of the supervisory expenses.”

Action

The Department of Health is committed to responding to what we've learned from youth-serving providers and the young people in Washington by taking action.

Over the next four years, DOH's Adolescent and Young Adult Health team will:

- **Collaborate with other DOH programs** to identify steps to respond to feedback.
- **Expand engagement activities to include parents and caregivers** to learn more about their questions, concerns and needs around youth mental and behavioral health and respond to their feedback with action.
- **Work with partners like the Health Care Authority** to increase technical assistance and support to youth-serving providers.
- **Implement a youth-friendly care certification program** to promote youth-centered care for teens and young adults and support providers. Learn more: [Youth Friendly Care Network | Healthier Washington Collaboration Portal](#)

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