

YOUR TIME YOUR VOICE YOUTH WELLNESS SUMMIT

NOVEMBER 21, 2023



Department of
Behavioral Health

1.1 Summary

On November 21, 2023, 37 youth advocates (grades 8 through 12) from San Joaquin Elementary/ Middle School and Tranquility High School gathered in San Joaquin's Veterans Memorial Hall, California, to discuss youth mental wellness and the unique role that young people play in shaping the future health care. It is important to mention that 100% of the youth in attendance were Latinx/ Latino. This is a representation of the youth/student population at San Joaquin and Tranquility schools with 98% being Latinx/Latino. The summit started with an overview of behavioral health and what it means. Then youth were provided with definitions and examples of social determinants of health (SDoH) followed by a case study illustrating the impact of SDoH and protective factors. A round robin activity gave youth access to caring adults/professionals and an opportunity to careers in behavioral health. Finding the youth voice through advocacy anchored the event emphasizing advocacy as an essential tool to support and serve vulnerable communities. The overarching theme of discussion was youth having a presence and calling as advocates and creating hope for youth who feel marginalized and excluded from community life. Finally, youth were divided into four groups and asked to address three overarching questions: (1) Why should youth care about mental health and advocating for youth mental wellness? (2) In what ways can youth play a larger role in their school and communities to stop stigma (and shame) associated with mental health? And (3) What

changes can youth make in schools to ensure that their voices and mental wellbeing become a priority?

1.2 Behavioral health literacy in schools

When stigma and shame associated with behavioral health is high, the likelihood that youth-teacher conversations about mental health will occur is less likely. Researchers have found that stigma (and shame) is a significant barrier to people seeking and receiving help in a way that is appropriate,¹ and learning strategies to help manage their health and mental wellbeing.² Overcoming the stigma (and shame) barrier can lead to more conversations about stigma inside school classrooms and increase behavioral health literacy among youths. Youths are already engaging in much of their own decision-making about their health and wellbeing.³ Early intervention to increase behavioral health literacy while students are in school may foster the development of strategies and coping skills necessary to overcome social determinants of health.⁴ This is consistent with the Fresno County's Department of Behavioral Health division's definition of behavioral health as "the promotion of mental health, embracing resilience and wellbeing including the treatment of mental health and substance use disorders." Part of this definition is to also promote the recovery of people, families from historically underserved communities.

¹ Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum*, 30(2), 111-116.

² Smith, R. A., & Applegate, A. (2018). Mental health stigma and communication and their intersections with education. *Communication Education*, 67(3), 382-393.

³ Cusack, L., Desha, L. N., Del Mar, C. B., & Hoffmann, T. C. (2017). A qualitative study exploring high school students' understanding of, and attitudes towards, health information and claims. *Health Expectations*, 20, 1163-1171.

⁴ Manganello, J. A., (2008). Health literacy and adolescents: A framework and agenda for future research. *Health Education Research*, 23, 840-847.

1.3 Youth- and school-driven themes: Creating culturally appropriate policies

Theme 1: Youth leadership development

- Ensure youth leadership and community engagement opportunities (e.g., peer-to-peer) that increase youth advocacy and voice to serve others.
- Foster peer-to-peer support networks to promote acceptance and inclusion so that no youth feel alone in their struggle.
- Encourage and empower young people to participate in organized school- and community-focused activities to advocate for more funding to support school-based mental wellness programs.
- Allow participation of youth in school board meetings and other school district activities that give youth a meaningful role and sense of purpose to express concerns and promote positive youth development.
- Build and/or strengthen college and career pathways in high schools and community colleges with a focus on mental health certification for youth advocates to pursue and fill-in workforce shortages in the City of San Joaquin and Fresno County.

Theme 2: Addressing social determinants of health (SDoH)

- Develop whole-school approaches and strategies to detect early onset of stress, toxic stressors, and anxiety that could impact youth's wellbeing and school life.
- Adopt whole-school approaches that highlight the negative impact of stigma and shame associated with mental health, and ALL behaviors that reinforce stigma and shame.

- Combat aspects of social media that promote fear, bullying, and trauma among secondary (elementary, middle, and high school) youth that already feel marginalized.
- Educate teachers and school staff on SDoH associated with youths' mental wellbeing and stimulate classroom discussions among youth and teachers.
- Support social inclusion in secondary schools (i.e., elementary, middle, and high schools) by openly recognizing youths' social, cultural, physical, demographic, sexual orientation, and gender identity characteristics.

Theme 3: Strength-based and school-based strategies

- Encourage school administrators to go to where youth congregate—in the classroom, quad/lunch areas, school clubs—and initiate conversations (e.g., "how are you doing?" "what can we do to better support you and your peers?" "help us better understand what matters most to your peers about mental health?").
- Encourage conversations during in and out of school activities among parents and families that have similar life experiences to dispel some of the negative attitudes (and behaviors) toward mental wellness.
- Promote cultural assets and storytelling (e.g., sharing lived/life experience) as positive or protective factors for youth to overcome determinants of health.
- Promote communication and connections among youth with similar life experiences, creating a sense of community and belonging that leads to positive physical and mental wellbeing and development.

- Ensure that youth have a trustworthy and caring adult to go to when dealing with stress, anxiety, trauma, or just need someone to talk to.

Theme 4: Safe spaces on a school campus

- Dedicate time before, during, and after school to raise awareness and promote positive youth mental wellbeing.
- Engage in districtwide and deliberate training for teachers to create spaces for youth to feel comfortable to talk about their life experiences and make meaningful connections.
- Create and promote welcoming and spaces where young people can practice wellness activities (e.g., mindfulness).
- Create a school environment that treats youth as a person and not as an illness; change the language that school educators use when describing mental health.

1.4 Conclusion

Overall, youth mentioned key words that emphasized community and school engagement to better understand and change people's perspectives on mental and behavioral wellbeing. For example, one youth said this about exercising their voice during school district board meetings, "We need to be more intentional when addressing our school board and stand firm in our message and not give in until they listen and real change happens in our schools and communities." Other youths recommended rallies or gatherings to raise awareness about youth mental health and ensure that youth get the support that they need. The above five major themes and 22 statements from youth represent policy implications and recommendations for

Theme 5: Youth resilience and engagement

- Ensure that youth play a significant role in decision-making that help guide school-driven initiatives.
- Create opportunities for young people to participate in school administrator's meeting discussions and decision-making on what matters most to them.
- Empower youth with the knowledge and skills that will help them seek new and challenging opportunities to advance their college and career preparation for the future.
- Promote youth autonomy (self-determination) and healthy decision-making that encourages youth to step out of their comfort zones and explore new experiences.

Next the conclusion, contact information and appendices.

county supervisors, school administrators and educators, and other policy makers, as their call for action to improve school- and community-based mental and behavioral health programs in their schools and communities.

1.5 Contact information

For more information, please contact:

Ahmad Bahrami, MBA
Division Manager-Public Behavioral
Health/Equity Services Manager
Fresno County Department of Behavioral
Health
(559) 600-6865 Desk
(559) 803-9003 Cell
abahrami@fresnocountyca.gov

APPENDICES

Appendix A: Post-Summit Survey Results

- Key Findings
- Latino/Latinx Survey Results

Appendix B: Event Press Coverage

Appendix C: Acknowledgements

Appendix A: Post-Summit Survey Results

The Fresno County Department of Behavioral Health (DBH) conducted a post-summit survey to collect demographic information and key findings about the event in general, and activities specifically. The survey was used to help inform the DBH and partners on the benefit of the summit in advancing the youth voice and engaging them in decision-making as key stakeholders in the behavioral health field.

A total of 37 youth respondents received a \$10 gift card incentive for completing the survey at the end of the summit. Exhibit 1 shows the respondent's age. The majority of the respondents were between 15 and 17 years of age. Another important demographic area was the respondent's preferred languages. A total of 65% of the respondents reported preferring both English and Spanish, and 27% English. Only 8% preferred Spanish (see exhibit 2).

Exhibit 1. Respondent's age

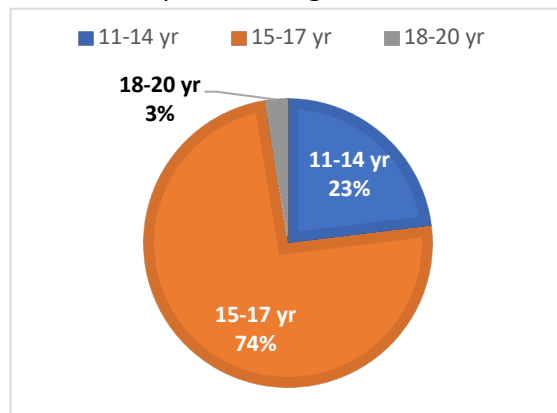
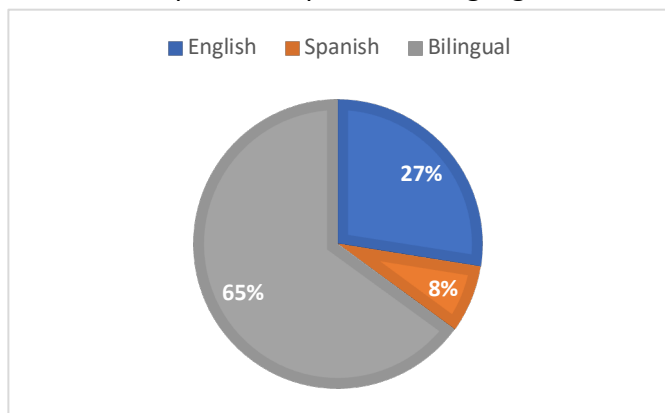


Exhibit 2. Respondent's preferred language



Race and ethnicity were also reported by the youth respondents. A total of 95% self-identified as Latino or Latinx, and 5% as biracial (see exhibit 3). Of the youth who reported Latino/Latinx as their race, 92% indicated being Mexican or

Mexican American, 2% Honduran, and 6% other or preferred not to answer. Exhibit 4 shows the respondent's gender breakdown. A total of 60% reported male and 40% female.

Exhibit 3. Respondent's race

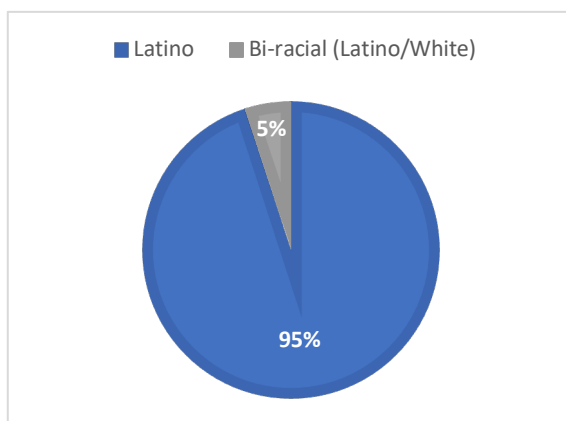
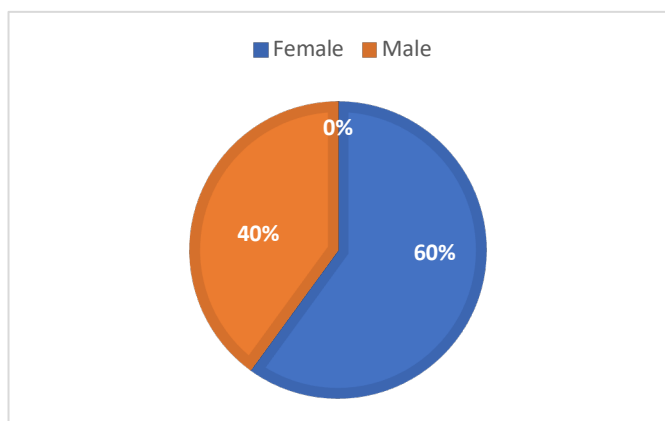


Exhibit 4. Respondent's gender



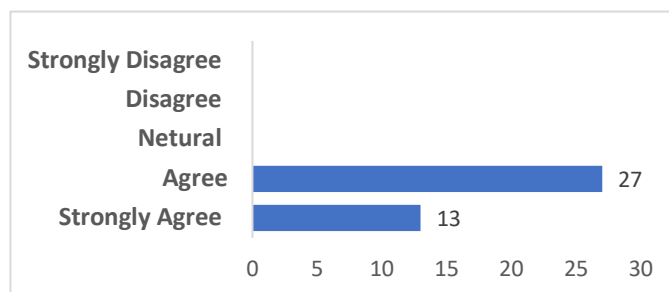
Key Findings

The youth summit participants were also administered a five-question survey to assess the effectiveness of the summit toward increasing their knowledge about behavioral health and understanding of wellness topics. Additionally, to examine their sense of empowerment and motivation to advocate for the behavioral health needs of youth and families from their communities. Below we highlight the results from the five questions. This data reporting has several important limitations that should be noted. Obviously, the small sample size, youth were out of school, and this may have affected how youth responded to the survey. Finally, the survey was not tested for validity and reliability.

Question 1: Did this summit help you to better understand the topic of mental wellness?

As shown in Exhibit 5, 100% (27 or 68% “agreed” and 13 or 32% “strongly agreed”) reported having a better understanding about mental wellness as a result of attending the summit. It is possible that the vast majority of youth may have some knowledge of the topic because of their own lived/life experience, or they may have known family or friends who have experienced mental/behavioral health issues. This is worth exploring further.

Exhibit 5. Youth’s reported knowledge about mental wellness after attending summit



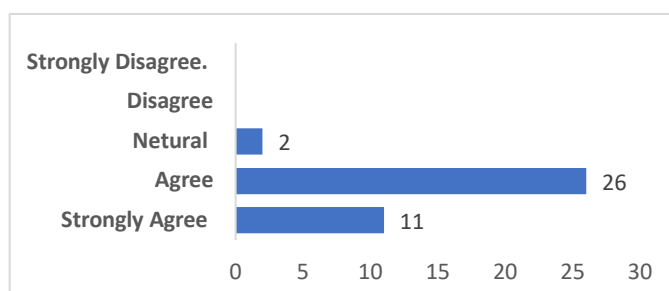
Recommendation: Emphasize youth leadership and civic engagement to raise awareness about behavioral health.

Question 2: Did this summit help you learn how to express your needs and voice?

The goal of this summer was to encourage youth to find and use their voices and increase awareness of mental wellness in their schools so that school educators and students could engage

in more early detection, prevention, and intervention activities. As shown in Exhibit 6, of the 39 youth respondents, 37 or 95% reported that they “agreed” to “strongly agreed” acquired strategies to be more intentional about expressing and voicing their needs. For example, advocating and supporting other students and creating hope for those whose needs aren’t met.

Exhibit 6. Youth’s reported increased skills on voicing concerns and needs



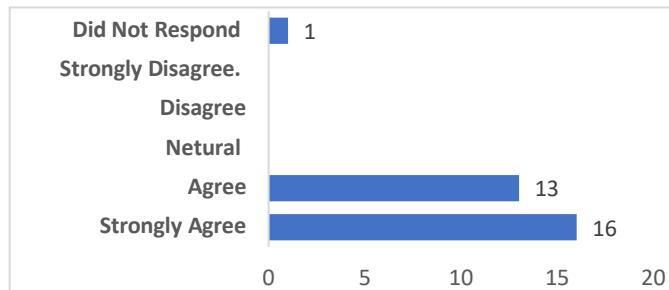
Recommendation: Increase youth capacity to advocate for themselves and others, and encourage them to become ambassadors of wellness.

Question 3: Did the Fresno Department of Behavioral Health (DBH) show interest in listening to youth and your issues?

The vast majority of youth respondents reported favorable toward the DBH showing interest in organizing the summit and its activities in such a

way that would engage youth in meaningful learning and conversations about behavioral health and wellbeing. Between 43% and 53% of the youth agreed and felt that DBH were in creating a learning environment for them to openly discuss issues impacting them and brainstorm strategies and solutions for schools and policymakers (see Exhibit 7).

Exhibit 7. Youth's reported satisfaction with the DBH's efforts to listen and learn from youth



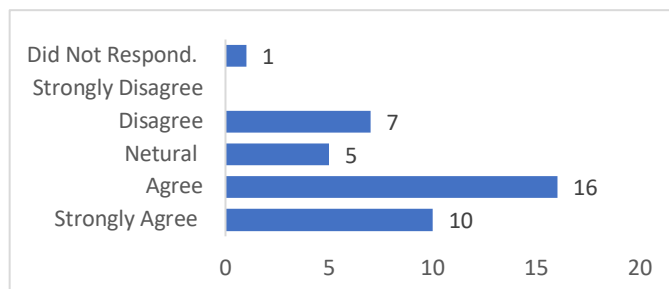
Recommendation: Expand county-wide efforts to increase awareness and education about mental, behavioral, emotional, social, and environmental wellness.

Question 4: Did the professional round robin increase your interest in pursuing a career in behavioral health?

The youth reported a strong approval of the personalized brief question and answer mentoring sessions (see Exhibit 8). For example, 26 or 67% of the youth "agreed" to "strongly

agreed" that speaking with professionals from diverse capacities within the behavioral health field gave them a good sense of each profession. This activity covered a range of careers including social work, therapy, research, education, community-based organizations, and community health workers. For future professional round robin sessions, it would be helpful to give youth enough time with each professional to engage in meaningful knowledge-sharing experiences.

Exhibit 8. Youth's reported effectiveness of connecting with professionals and learning about careers



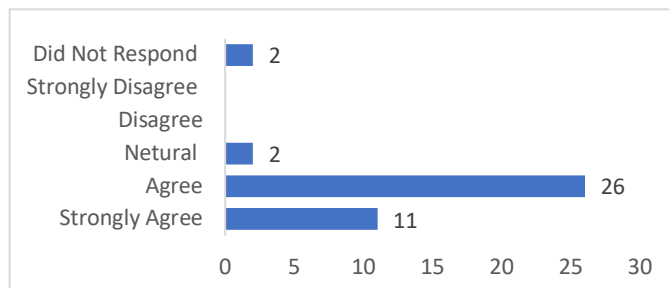
Recommendation: Create opportunities for youth to volunteer at community-based settings, and participate in conversations with local government and businesses about solutions.

Question 5: Did attending this summit or community forum help you feel more confident in advocating for the behavioral health needs for yourself, your family, your peers, and/or your community?

Overall, the youth reported a high confidence in their advocacy abilities. For example, 90% of

youth respondents “agreed (26 or 63%)” or “strongly agreed (11 or 27%)” that they can be a voice for themselves and others (see Exhibit 9). Terms such as “empowerment,” “resilient,” and “confident” were expressed by youth during the summit. Youth demonstrating confidence in their ability to accomplish school and life goals is essential to their preparation, their leadership development, and their career aspirations.

Exhibit 9. Youth’s reported self-confidence to advocate and promote wellness



Recommendation: Empower youth to take on leadership roles and become role models and convey the message that asking for help is a sign of strength, self-love, and care for others.

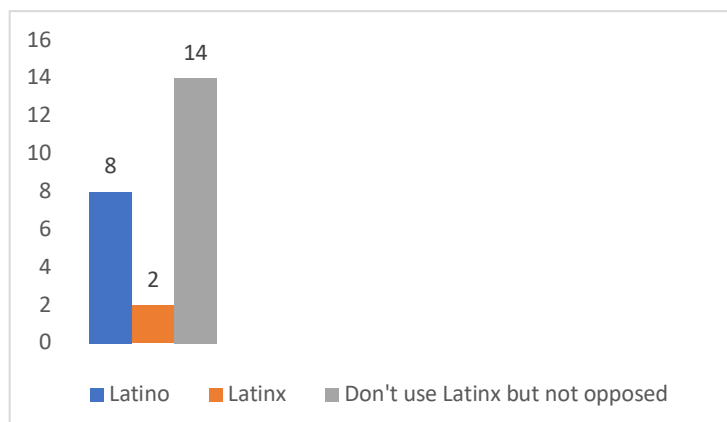
LATINO/LATINX Survey Results

Finally, the summit Latino/Latinx youth participants were asked to identify which term they preferred, “Latino” or “Latinx”. Similar to preferred language above, the goal for these questions are to ensure appropriateness and inclusiveness in all communication. That is, being appropriate and inclusive in our communication when engaging communities from diverse backgrounds, increase community engagement, enhances trust, builds positive relationships, and

increases access and utilization of county services. Given our large Spanish-speaking populations, having a better understanding of which term is preferred, is a critical step toward meaningful connections.

A total of 24 youth respondents, 33% reported preferring “Latino” compared to 8% choosing “Latinx”. However, 58% indicated that while they do not use “Latinx” when self-identifying, they are not opposed to it (see Exhibit 10).

Exhibit 10. Youth’s reported preferred self-identified ethnic term



Recommendation: Promote culturally and linguistically appropriate mental health services by focusing on the preferred language and ethnicity of a population. Language and ethnicity are important factors associated with the use of behavioral health services and effective treatment.

Appendix B: Local Media Coverage

- <https://abc30.com/fresno-county-youth-wellness-summit-mental-health-services/14076737/> November 17, 2023
- <https://abc30.com/fresno-county-mental-health-youth-wellness-san-joaquin-summit/14088982/> November 21, 2023



Figure 1. Presenters kicking off the youth breakout session.



Figure 2. Professional round robin session(s) where youth connected with professionals. Here are youth interacting with counselors of the 988 Lifeline.

Appendix C: Acknowledgements

The Department of Behavioral Health would like to thank the following individuals and agencies for their assistance with this project.

- Dr. Gustavo Loera
- City of San Joaquin
- Golden Plains Unified School District
- Espy Sandoval
- Fresno County Department of Behavioral Health
- Kings View's Central Valley Suicide Prevention Lifeline
- WestCare, California. Inc
- Every Neighborhood Partnership
- The Fresno Center's Holistic Wellness Center
- Fresno County Department of Public Health