

CYBHI

Children and Youth
Behavioral Health Initiative



Youth at the Center

12 Calls-to-action for a reimagined behavioral health ecosystem
from children, youth, and families across California

February 24, 2023



Welcome & Introductions

Let's get to know one another!

In the chat, **please share your name and pronouns,**
and let us know: ***What is one thing you want to learn more about today?***

If you have a question during the presentation, please enter it in the Q&A window
and it will be routed to the appropriate panelist to answer.

Agenda

1. Welcome & Introductions
2. Report Overview & Background
3. 12 Calls-to-Action
4. Next Steps



Youth at the Center

Calls-to-action for a reimagined behavioral health ecosystem from children, youth, and families across California

Overview

Background on the report, process, & purpose

Process & Purpose

- **Purpose:** CYBHI commissioned this report to be used as a standard to measure success in the work of transforming the behavioral health ecosystem and ensure that the experiences of children, youth, families, and communities were centered.
- **Process:** The initiative commissioned 29 organizations to convene nearly 50 separate meetings, engaging more than 600 individual young people, families, & community members.

This report was commissioned by the California Health & Human Services Agency's Children and Youth Behavioral Health Initiative (CYBHI) and prepared by The Social Changery.

This work would not have been possible without the expertise and work of the organizations listed below, as well as the community partners and individual parents, family members, and young people who participated in this project. Their commitment to bettering the lives of youth, families, and communities lies at the heart of what this initiative strives to achieve.

- The California Youth Empowerment Network (CAYEN), a program of Mental Health America California (MHAC)
- Community Engagement Sessions (The Social Changery)
 - 0 to 8 Mental Health Collaborative
 - Asian American Liberation Network
 - Everyday Impact Consulting
 - Institute for Public Strategies
 - Kno'Qoti Native Wellness/Maria Hernandez
 - Mental Health America San Diego (MHASD)/Jim Gilmer
 - RYSE Center
 - Visión y Compromiso
 - Youth Mental Wellness Now! Summit (The California Endowment)
- First 5 Monterey
- The Foundation for California Community Colleges (FCCC)
- Raising the Future (Parents Anonymous)
- Youth Forward
- Youth Organize! California (YO Cali!)
 - Black Intergenerational Zeal (BIZ) Stoop, Oakland
 - Centro Binacional para el Desarrollo Indígena Oaxaqueño, Fresno
 - California Native Vote Project, Sacramento
 - California Immigrant Youth Justice Alliance, Central Valley
 - Chinese Progressive Association, San Francisco
 - Faith in the Valley, Fresno
 - Gente Organizada, Pomona
 - Little Manila Rising, Stockton
 - Loud 4 Tomorrow, Kern County
 - RYSE Center, Richmond
 - South Bay Youth Changemakers, Santa Clara County
 - Youth Leadership Institute, Fresno & Merced
 - Youth Will, San Diego

12 Calls-to-Action

for a reimagined behavioral health ecosystem
from children, youth, and families across California

Overview

- **3 Areas of Work**
 - Shift Thinking
 - Reimagine Services
 - Transform Systems
- **12 Calls-to-Action**

12 CALLS TO ACTION

FOR A REIMAGINED BEHAVIORAL HEALTH
ECOSYSTEM FROM CHILDREN, YOUTH, AND FAMILIES
ACROSS CALIFORNIA

SHIFT THINKING

- Addressing stigma is a foundational first step.
- Culture is healing.
- Youth and communities want self-determination – not “empowerment.”

REIMAGINE SERVICES

- Help must be available before it's a crisis.
- Make places for youth to belong, create, and connect to the outdoors.
- Take care of adults so they can take care of young people.
- Create a mental health system everyone can navigate, even when struggling.

TRANSFORM SYSTEMS

- Build a representative workforce.
- Decriminalize mental health – including substance use.
- Unacknowledged harm gets in the way of hope and trust.
- Take action to address systemic inequalities and oppression.

Addressing stigma is a foundational first step.

- While there has been a reduction in stigma surrounding some mental health conditions, such as depression and anxiety among youth, many youth identified that stigma was a concern in intergenerational settings.
- Supporting parents and other caregivers could reduce stigma.
- Youth suggested a variety of opportunities to shift culture, including:
 - Social media outreach campaigns
 - Working with schools to educate parents, school staff, & community members
 - Centering the diverse experiences of young people

“No, I don’t talk to my family about my feelings because they only judge me instead of actually helping me with my problems.”

“...[There should be a] ton more exposure – normalizing mental health practices as part of educational curricula, resources available everywhere. Regular mental health practices and tools available routinely.”

“... Mom, dad, uncle, everybody has to play your role. Because through our behaviors or the stigmas, we make it more difficult on them. ... If all of the adults have [access to information], then we can give them a healthy and livable life.”

Culture is healing.

- Culture was identified as the pathway to preventing and healing from traumatic experiences and behavioral health problems.
- Cultural gatherings were said to provide young people with the opportunity to build safe and meaningful connections with both peers and elders.

"If you're not 'mainstream' like the people around you ... it's hard to find community. LGBTQ people have a hard time finding safe spaces and friends. There's just generally less opportunities to meet and be connected with people like you."

"... [I]f the government wants to heal the harm that has been done, we need our land back. We are the stewards of this land, our relationship with the land is how we heal. It's how we maintain our sanity, our mental health, our wellness. Our freedom. Heal from within. freedom to serve our purpose as first Nation people."

"Personally, I would say one-on-one talk with someone you can relate to. Something where people understand your experience as an Asian American. And we do have different experiences, someone who can hear your story, relate and have a genuine connection and conversation. It's important that we know that they care."

Youth and communities want self-determination – not “empowerment.”

- The importance of self-determination on both an individual and community level was stressed.
- An ideal future system allows youth to make their own decisions and freely choose the path to healing, right for them.
- There was a call for collaborative decision-making at the community level.

“Youth do not want more campaigns that ‘empower’ them. They want self-determination to make their own decisions and believe they should be the drivers of what they need from a behavioral health standpoint.”

“We are tired of hearing about community engagement. We need true partnerships. We need to move to collaborative decision making. We need to understand that the community has the information that will solve the problems. Government needs to have the courage to truly go in and partner with the community on decision making.”

“A better way to foster ‘community engagement’ is to ask our communities what we need and support us in attaining the resources, while removing administrative barriers, to attain the outcomes and vision that we all seek.”

Rethink treatment: what it looks like, and who provides it.

- A new behavioral health system with the community at the forefront.
- The physical structure and place where services are offered was envisioned as safe and welcoming.
- There was also a strong desire for the expansion of non-clinical services.
- Youth favored a peer-to-peer model or a mentoring model.

“Like, you are only supposed to talk to someone with a degree; but aren’t your friends or family the ones who should be able to support you? [Especially] if you don’t have access to therapy, or you don’t want to talk to someone you don’t know ... what if we all were better prepared to support each other?”

“[I’d like] a place where they walk in and it’s friendly, welcoming, and warm. Food, care. Someone they already know. Safety. Not ‘show me your insurance.’ It’s a shift – a state of mind shift. Layers of services. Not just a youth walking into a clinical setting and going straight to a therapist. Creating safe spaces for youth to open up.”

“I’d like to have a place where there were peers having lunch, not expressly for the purpose of mental health but having someone to talk to. Not having another human being who cares is part of mental health problems. [Going to talk to a] mental health professional feels like ‘something is wrong’ or like it’s a duty, not a human connection.”

Help must be available before it's a crisis.

- Youth and families said they had nowhere to go for mental health support unless it was an emergency.
- Families called for support that would maintain or build their child's mental health before a crisis.
- Different types of care were desired, with some people preferring phone support, apps, online help, or in-person care.

"If we can embed more preventative interventions or even just really looking at our environment as a whole, then we would have better mental health. And yes, resources are cool, but also it's kind of like solving problems at the end of the stream, right? Like it's already too late."

"If the youth had more help with their wellbeing, emotional, physical, et cetera, then they would also do better in school and life in general."

"During the pandemic, it was too much. Really hard for me. I couldn't go anywhere, do anything in person. My parents are the type of people who can't really talk about this type of thing. I looked to some of the resources that were posted by my counseling department – I called the hotline. The reflective listening didn't help me – I needed actual resources, feedback, help not just 'are you saying you feel X, that must be hard.' All of the responses are trained responses. I know they care, but they can't help."

Make places for youth to belong, create, and connect to the outdoors.

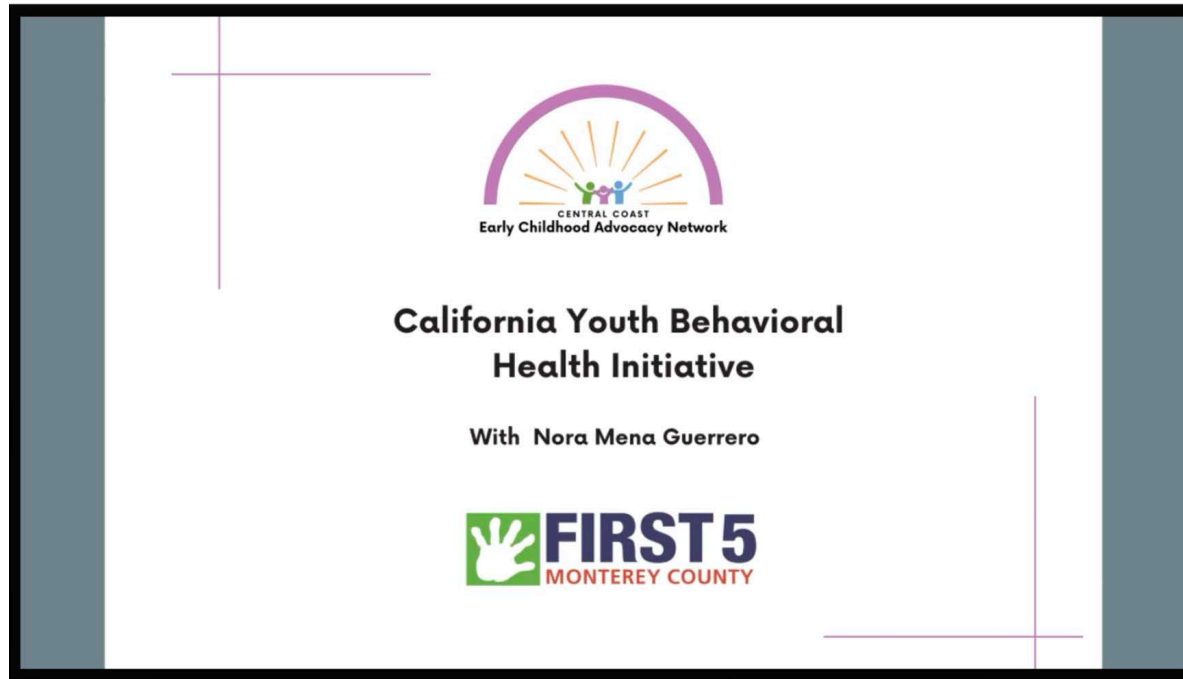
- Young people and their families called for physical spaces that are safe and beautiful.
- They must be accessible – in community centers, schools, parks – and open late, on weekends, and on school holidays.
- They would be filled with mentors, peer-to-peer relationships, and opportunities for youth to express themselves
- Connection to safe and accessible outdoor spaces – both undeveloped nature and green urban spaces – was raised repeatedly.

“White people with money always have access to go to Malibu for rehab. What if we could have access to a nice hotel for youth of color, to take care of them. To be loved. A sanctuary. To do inner healing work.”

“We need an integrated continuum of well-being tools and strategies - art, nature, journaling, music, physical activity. These things are seen as ‘nice to have’ but youth have shared they are an integral part of their health and wellness.”

“[I’d have access to] nature on a dock, by myself, swinging my feet. Us inner-city kids don’t have access to nature. To be grounded walking around on our ancestral lands.”

Take care of adults so they can take care of young people.



Video can be found here: <https://vimeo.com/user170937666/youthatthecenter>

Video Transcript [Translated from Spanish]: Good afternoon, my name is Nora Mena Guerrero. I'm a mother of two teenagers. I live in San Benito County, Hollister, and I'm advocating for mental health.

Stress is something I've both seen and experienced with family members, acquaintances, because there's this necessity of having to pay your bills, sometimes there aren't any jobs, you can't pay rent. All those things cause a lot of stress. If families are unable to meet their basic needs, then you have stress going hand in hand with depression.

We go first and then our children, because you need to be the best version of yourself to pass on the best things to them, because happiness is contagious. It'd be really helpful to have these small parent groups, where we have the chance of expressing our feelings and also heal bit by bit. If we're able to heal those wounds, or reduce our stress or depression, then we'll become more functional, and we'll perform better in society.

Take care of adults so they can take care of young people.

- Children and youth know when their parents and other trusted adults are not “ok.”
- Young people expressed concern about how sharing their own struggles would negatively impact and add stress for their parents and/or caregivers.
- Youth expressed unwillingness to access professional services because the counselors themselves were obviously struggling and they did not want to burden them.
- We can support young people by making sure the adults in their lives get the support and resources they need.

“It’s hard to talk to your parents when they have so much stress in their own lives.”

“Support all, not just the child, but also the parents because what good is it to just take the child to therapy, if the parents aren't going to therapy, I think that we all need to heal because it is a triangle.”

“School counselors – you would think they would be the first person students would go to, but at least with my school... it’s so obvious she is so overworked. We need more counselors with the right training so that youth can ask for help and not feel like a burden. One of my friends scheduled an emergency mental health appointment, and they were told it would take a month and half for him to see someone. I agree about more and better trained school counselors – feeling like they are too overwhelmed to be a resource. Like you are another name on a laundry list.”

Create a mental health system everyone can navigate, even when struggling.

- Young people and their families are tired of trying to find what's available to them and navigating complicated systems of care.
- Young people and their families experienced a referral loop.
- Communities across all sessions echoed frustration with siloed systems.
- Youth and families not only want more culturally-based treatment but delivered where they are already at.

"It was unbearable. I am a truck driver, and I would be rolling down the highway trying to jot all these web addresses down and then getting phone numbers to call them. And then all you [get] is [a] answering machine and then someone calls you back, but you just called 12 people, so you have no idea who called you back."

"When you like ask for a referral, they're just sending you to somebody else ... In the meantime, you have a child that is in pain that you're trying to help, but there's no resources to help this child."

"So, when I went to go get help for her, I called her phone number who gave me four more phone numbers. I call the first phone number. They gave me two more phone numbers. It's absolute cat and mouse. And then when you do get through, you get through to someone's voicemail."

Build a representative workforce.

- Youth were clear: *Give me mental health support from someone who looks like and talks like me.*
- *“Don’t ask me to do the emotional labor to constantly explain myself or my experiences.”*
- Communities described not just diverse providers but a representative mental healthcare workforce

“When we’re seeking out mental health providers, sometimes you want someone who can validate us. It’s not necessarily validating when a therapist who is blonde haired [with] blue eyes, a white woman, a citizen -- all of these identity markers that you don’t share – tells you that you’re okay and nothing is wrong, but they come from a place of privilege.”

“... One change we need is that the high schools in my neighborhood have to have a counselor who is black. It should be mandatory. Why? Because the youth [I work with] come up to me and say ‘I can’t trust this person, they don’t look like me’.”

“...with these counselors, they go to school, and they learned it through a textbook, compared to people that have actually experienced [the things that we have]... those people know the struggle, and they know how it was for them; they could really help the youth.”

Decriminalize mental health – including substance use.

- Communities strongly expressed a vision for a decriminalized behavioral health system.
- They called out for systems to stop locking up and punishing young people when they most need support.
- Communities envisioned investing in positive school climates, restorative and transformative justice.

“The biggest building in town would no longer be the jail - what we saw in our space would not reflect a deficit, but instead it would be something that supported families and the community. It would be a multigenerational family center.”

“Sometimes I feel like [mental health] systems are intended to funnel society’s “undesirable” into systems of confinement.”

“I don't know how many parents want to go into a school and talk about mental health and substance abuse with their children when they know damn well, they [the school staff] are going to report them to Child Protective Services. So, parents will go in for the free snacks and the little gifts, but they're not sharing what's really going on.”

Unacknowledged harm gets in the way of hope and trust.

- The mental health system has not just failed to meet the needs of some children and youth – too often, it has caused harm.
- Young people clearly expressed an inability to feel hope about the possibility of real change.
- A first step to rebuilding trust and rekindling hope is for leaders to listen, acknowledge impacts, and take responsibility.

“This process has to start with us telling the stories of what went on, what happened. In order for us to heal, we need to start with our ancestors that never had that opportunity.”

“... nothing is going to happen until ... those who experienced this hardship – have a chance to express what happened. The stories of what went on to us. Before we can get to equity. A lot of times when you talk to people, they don’t want to hear that. But to get there, we need to move through those hard times, those troubled times. Until we can do that, we won’t get to a place where there is equity. We won’t heal.”

“When asked what support looks like, a young person responded: “Acknowledging harm. Interrupting it. Repairing harm.”

Take action to address systemic inequalities and oppression.

- Mental health solutions won't work until they address underlying, long-standing systemic oppression and inequalities.
- Barriers to treatment & the cause of mental health and substance use challenges, include:
 - Racism
 - White supremacy
 - Settler colonialism
 - Poverty
 - Systemic oppression & violence

"The system was designed through the lens of Western Individualism, not family or community centered... it's not the way of our people but it's how the system was built. That 'we' – European Americans – know better than you."

"Social workers to stop asking what's wrong with our families and to see the systemic nature of my anxiety and depression growing up and living as a Black woman."

"[I wish someone would ask] are there troubles you face at school for being a Native student, or because of the color of your skin?"

Conclusion

Final Takeaways

Roles & Settings

- Regardless of the roles we occupy, we are all actors within the behavioral health ecosystem.
- Within this report, reflection questions guide how these 12 calls-to-action might be carried out in our efforts.

Shift Thinking

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What policies or practices in your sphere of influence might be based on stigmatizing beliefs, or perpetuate stigma and discrimination?
- How can you help create spaces where young people can be their whole, full, and authentic selves without question or judgment?
- How can your work send affirming messages to young people that they are valid and deserving of support as they are?
- How are you centering healing cultural practices in your work with young people or their families?
- How could you expand the ways in which individuals and/or communities are brought into the planning, execution, and evaluation of your work?
- How can self-determination (for communities or individuals) be prioritized in your work?
- What systems can be built or expanded that connect people in distress with all types of resources that meet their stated needs?
- How might peer support be expanded in your programs that serve young people and their families?
- How can our programs help support mental health “first responders” in the community, such as spiritual leaders, teachers, etc.?

Next Steps

Thank You