

## Conditions of Children Community Forum February 15, 2019

### Background

On February 15<sup>th</sup>, Lisa Bartlett, Chairwoman of the Orange County Board of Supervisors and the Orange County Children's Partnership, hosted a community forum on children's mental health. At the event, the annual Conditions of Children report was distributed and the audience heard presentations by Dr. Jeff Nagel, Behavioral Health Director at Orange County Health Care Agency; Dr. Heather Huszti, Chief Psychologist at CHOC Children's; and three representatives from the Orange County Department of Education – Stephan Lambert, Prevention Coordinator, Mayu Iwatani, Manager of Student Services, and Mimi Marrocco, OC Crisis Response Network.

After these presentations, Dr. Clayton Chau, Regional Executive Medical Director for the Institute of Mental Health and Wellness at Providence St. Joseph Health System, moderated a discussion by a panel of youth who participate in Be Well OC. The panelists shared their perspectives on issues surrounding mental health in their schools, and Dr. Chau facilitated table discussion with the audience. Below is a summary of the ideas generated in response to the two questions Dr. Chau asked the tables to discuss. A detailed list of all ideas is included at the end of this summary.

### ***Question 1: What do parents need to help their teenagers/children?***

Several tables discussed parents' needs for a **support system**. This could take several forms:

- Awareness/education for parents on mental health
- Parent phone tree
- Technology classes so parents can stay up to date with technology
- School counselors that support parents
- Economic support for families that need it
- Information or classes that are multi-cultural and in multiple languages
- Opportunities to connect with other parents
- Information of issues at school (e.g., drugs)

**Topics** that parents need help to understand include:

- How to open up a dialogue with your teen
- When do you start talking about mental health?
- How do you recognize depression (by age group)?
- How to best understand my kids? How do I communicate with them to best understand what they need from me as a parent?

Many tables discussed the issue of **stigma** associated with mental health and the need to normalize access to mental health services. There also seemed to be a **lack of awareness of**

**available resources** – what is available in Orange County, how to access help, and help navigating services. And a need for better **teacher training** about student mental health.

Parents and students are **feeling the pressure of their students needing to be successful** and have high academic achievement, so there is a desire to get out messages that there are other paths to success, and support for “average” students. This could include a support group for kids that are struggling. Also, parents wanted support for younger siblings in families where the teenager is dealing with mental health problems. And more support/services for LGBT youth.

One table suggested **streamlining the process for a mental health referral**; another table echoed the need for shorter waiting times to be seen by a psychologist or psychiatrist.

***Question 2: What type of high impact programs should we implement in OC?***

Several tables discussed the need for **parent education or workshops on the topic of mental health**. Some of the tables thought the parent education should be **mandatory** for parents and could be included in orientations or back to school night programs. Suggestions for what these workshops should cover include:

- Show the statistics about how many students are struggling with mental health, suicidal thoughts, etc.
- Define mental health for students, families
- Social and emotional health
- Media literacy
- Early warning signs of depression or suicide
- Mental health resources available in OC
- Tips on how to increase/improve parent child conversations
- Train parents how to regulate social media usages – ways to manage children rather than giving them technology
- Immigration-friendly resources – info and services specific to students/families with parents of another culture
- Focus on intentional time between parents and students

Also, several tables thought **mental health education should be mandatory for students**.

Topics that could be included:

- Bullying/victim’s rights
- Sex education
- Teaching positive self-talk
- Coping with challenges and building resilience
- Focus on intentional time with family and friends

In addition to mental health education, several tables suggested starting **mindfulness and yoga classes** at schools.

It was suggested we need to “move upstream.” Work on **prevention and early intervention**.

There were many comments related to **school counselors**. They included the need for more counselors, for well-trained counselors who understand mental health needs and best practices, and also for **peer counselors** for both students and parents. There was general consensus that there are currently not enough counselors to meet the need, and that they are often considered more for academics than for mental health support. For parents, several tables talked about “parent partners” such as promotoras or parent navigators.

Several ideas centered around ways to **build student’s self-esteem**, including involving students in volunteering, and allowing Medi-Cal to cover orthodontics to reduce depression.

Ideas for **school-based programs** included:

- Requiring a **mental health check-up** to be provided by the school. Involve school nurses or hire mental health staff; maybe conduct the check-up twice a year to make this less stigmatizing – make it a requirement rather than putting it on the student to ask for help
- **Total wellness** education – mind/body/nutrition/exercise/sleep links – involve pediatricians
- Principles/schools send **emails to parents** covering mental health topics
- **Wellness Centers** on campuses
- Continual **teacher training** on mental health
- **School assemblies** geared toward suicide prevention and mental health
- Give **ACES assessment** to teens and talk about how these experiences are common

Moving beyond schools, there were several suggestions to **integrate behavioral health at places where families are in their communities**, such as pediatricians, WIC, medical clinics, churches, early child care settings, DMV, Social security offices, pharmacies, movie theaters, airport. Part of this effort would be to train providers on the issues around children’s mental health, so they are informed and aware of the needs and best practices.

Also, there were many comments about the need to **address stigma and raise awareness** that mental health is part of overall health and shouldn’t be separated out. A stigma campaign could be conducted on social media or through PSAs.

Many tables discussed certain groups that need thoughtful inclusion: single parents, families in poverty, families that may be isolated due to language or culture.

**Specific programs** that were suggested as models to consider include:

- “The Talk” program for middle schools
- Boys and Girls Clubs
- Hear Me, See Me Campaign
- HATEFREEOC ([ochumanrelations.org](http://ochumanrelations.org))
- The Wooden Floor – after school creative arts program
- Head Space - Australia

## DETAILED TABLE NOTES

### ***Question 1: What do parents need to help their teenagers/children?***

#### Table 1

How to open up a dialogue with your teen

When do you start talking about mental health?

How do you recognize depression (by age group)

Parent sessions, counselors prior to something happening

Being able to share best practices/how to find out what is available

#### Table 2

Parental support system

Parent phone tree to check up on kids

ESL classes at school for parents

Parent courses

Technology classes to teach/stay up to date with technology

#### Table 3

Economics/disparities create isolation

- Families cannot afford football, clubs, year book
- Games cost money
- Students separating into groups by racism/poverty

Stigma – parents not getting information and afraid to ask

#### Table 4

Know what resources are available – performance outcomes, demonstratable effects?

How to access resources (not publicized by schools even if available)

Improved navigation

More information on how to get help immediately (on campus)

Communicated during registration, back to school night, trained front office staff

Wellness programs in school

Willingness of school to address student stress and increase supports prior to needing 504

Openness of school to promote/support student well-being reducing stigma

Equity of resources in well-being/wellness – not just sports

Increase services/supports for LGBT youth

#### Table 5

Understanding is needed – how to best understand my kids? How do I communicate with them to best understand what they need from me as a parent?

I know it's different now than "it used to be" but *how* different?

Single parents need support – finding you just can't raise a kid on your own (maybe used to be able to but not now)

Culturally: are parents from another culture different to be open in a way they didn't grow up with – not meaning to be insensitive but no skill set to talk to them or understand

Are we "over-protecting" by not letting anyone experience "rejection" = no acquisition/building of coping skills/resilience?

Mental health supports for the parents (accessible and available)

School counselors

#### Table 6

More education on mental health – the effect biologically, physically, psychologically – addressing the complete picture

Opportunities to connect with each other facilitated by adults

Developing coping skills – connecting with peers, friends, relationships

Facilitate interpersonal connections

#### Table 7

Does the school have counselors?

Kids say "counselors aren't helpful"

Communication from school what services are available

Awareness/education for parents on mental health

Unequal treatment when it comes to discipline "double standard"

Parents need/want information of issues (e.g., drugs) at school

Parents, friends, peers need education. If school can't provide care, do they have referrals?

Peer/student training and education

Hear me, See me campaign

Ensure issues like bullying are addressed and students are protected

#### Table 8

Easy access for parents

Education for parents to learn mental health is a REAL issue

How can we have other people help the kids?

Do the parents take action? Follow up?

Speed up counseling process

On-site counseling at the club

#### Table 9

Kids are getting messages that increased performance is required

Get messages out that there are other paths, community college, other school

Better support for “average” students

Support from other parents

#### Table 10

Not enough counselors/staff (discourages students to seek help)

Ratio of students per counselor

Not all students have access/information

Grassroots movements

Help for teachers that are advocating for students’ mental health

There is lack of teacher training about mental health

Awareness of hotlines, linkages, resources out in the community

Professional development for teachers/training

Social media/using this as a tool to educate students and teachers – well-versed individuals

Reaching out to nonprofits that are already doing the work on mental health

#### Table 11

Staff didn't understand what the students needed while at school and that they were coming to school stressed – the stresses they bring with them

Homelessness of college students is incredible as they are trying to make a better life for themselves

Rising prices of college/education needs to be addressed – the master plan of the 1960s was for all eligible students to be able to go to school

Our children and parents feel the pressure of being successful

### Table 12

Streamline a process of mental health referral

- Intake
- Vetting providers
- Follow up with insurance
- Begin mental health services

County website

- Orientation/back to school night
- Registration packet

Sources of strength

- Non-profit organization for students

Family wellness center

- Social services fund

College fair – wellness fair

- With college or mental health awareness
- Peer forum/text tip

Early childhood prevention and education

### Table 13

A support group for kids struggling – admit to others – our kids aren't perfect

How do parents help younger siblings with the stress of mental health problems with siblings?

How do teens access mental health/academic resources?

How can my teen be seen by a psychologist or psychiatrist? 8 weeks to be seen; wait is too long

Education /introduction to providers

Destigmatize

Normalizing access

Advertising for Mental health

- Normalization
- De-stigmatizing
- Pep-rally

Table 14

A place for food without technology to learn how to connect with other peers – there's mental health experts available there – modeling after "head space" in Australia

Opportunities for kids to volunteer

Teach yoga/mindfulness for free for youth

Use arts/sports as an outlet

Kids own the programs for their peers

Giving kids and opportunity to give to others



***Question 2: What type of high impact programs should we implement in OC?***

Table 1

Parent workshops – mandatory

Media literacy classes

Volunteer counselors at schools

Mental health required classes (mandatory)

Sex education classes

Parent orientation sessions – show the numbers that we saw today about mental health

Implement the “talk” program at middle schools

Give bullying victim’s rights at schools

Start mindfulness/yoga classes at school

Increase volunteers at schools

Allow Medi-Cal to cover orthodontics/to reduce depression

Integrated behavioral health at all pediatricians, WIC, medical clinics

Table 2

Volunteer/work programs for students to assist with costs associated with schools; creates sense of value/self-esteem

Training for parents on mental health and identify early warning signs

Trainings for people working with families, such as Calworks and early childhood providers

Principles/schools send emails to parents covering mental health topics

Orientation day – cover mental health including resources

Families with children experiencing poverty are at greatest risk

Table 3

Offering resources that offered specific languages – multi-language resources, culturally sensitive

Asking Orange County to engage and provide resources out in the community to support families and students

Educate the public and address stigma

Defining mental health for families

Getting churches involved to spread the word about mental health and the resources available

OC Human Relations Commission

Addressing the generational difference and having all the family involved.

Emphasize recovery!! It takes away the stigma

Addressing how resources are placed. Looking at the communities that need it the most.

Working and partnering with boys and girls clubs.

#### Table 4

Stigma reduction events; large scale, community-based, early signs campaigns/PSAs

Events where families are at (don't expect them to come to us) – DMV, Social security offices, pharmacies, movie theaters, airport

Use parent partners support to increase engagement in services (parent navigators, promoters)

School-based services

Tips on how to increase/improve parent child conversations

Total wellness education – mind/body/nutrition/exercise/sleep links – involve pediatricians

#### Table 5

“Parent partners” available

Preventive – in community

- Team to schools after school, PTA meetings
- Or a required course at school (like a health class) that talks about mental health and wellness and how to seek help and that it is okay to talk about the struggle one is experiencing and seek help and support

More counselors at schools

Teaching positive self-talk

Focus on coping with challenges “we’re not perfect and it’s okay if you don’t win every time” build coping and resilience (every kid gets a trophy isn’t helping)

Requiring a mental check up to be provided by the school. Maybe hire mental health staff, maybe 2 times a year – this makes it less stigmatizing – make it a requirement rather than putting it on the kid to ask for help

Immigration-friendly resources available – info and services specific to families with parents of another culture.

#### Table 6

Educate parents on mental health, and social media. Focus on intentional time with family and friends. Parents engage with child. Parents learning about them not being on phone. Both child and parent need to be intentional with their time together.

Programs that form interpersonal relationships with parents and child.

#### Table 7

Hear me, See me campaign

Anything that raises awareness and reduces stigma

How do we increase connectivity?

Are there parent programs that include/incorporate parents in mental health/suicide prevention (programming)?

Wellness centers in high schools

Peer counseling programs (students to students)

Parents/adults be aware of take/take ownership of what they are modeling (i.e. are they open to therapy? How do they use/consume social media/media in general?)

Focus on bringing families together and involving the whole family in care/awareness/engagement

Use social media to spread awareness and campaigns around mental health

HATEFREEOC ([ochumanrelations.org](http://ochumanrelations.org))

#### Table 8

More access to counseling services (more counselors)

Mandatory mental health seminar for parents before school year starts

More awareness for parents

Teach parents about the separation anxiety with phones

#### Table 9

Messaging (media campaign?) about life balance

Messages from school, other parents, pediatricians

Family counseling around these issues

Care coordination- reducing stigma

More information to kids about possible careers (not all require advanced degrees from “top” schools)

#### Table 10

Trauma informed schools

Children of divorce support

Increase school counselors (caseloads are high) must be good at identifying issues and compassionate

Non-English speaking parents/low literacy parents – meet their needs

School administrators knowing students personally

Accounting for spirituality

Availability of mental health services/accessing services (i.e., Medi-Cal)

School Health Services with school nurses – connecting mental health/physical health, students report to school nurses on the front line who support to students at the school health office with anxiety and reporting suicidal thoughts

Mental health screening as routine/mandated by school nurses/mental health staff

Trained, qualified counselors (therapists) at schools – continuity

Teaching parents advocacy

School-based workshops for parents at school re: mental health – repeat two times a year

Continual teacher training on mental health

Wellness centers inclusive of social services

FRCs – availability of mental health services there

Promotoras for mental health

Peer mentors 1:15 students

Trauma-informed school

Maintain concept/services for the whole child – do not separate physical wellness from mental wellness – connect mind, body, spirit

### Table 11

Better education of parents – access to information changes how children deal with mental health issues

Limited providers – need to increase manpower of student interns and counselors

Parent learning/parent and child learning

The Wooden Floor – after school creative arts program; using dance as a vehicle for change; increase self-esteem, wrap around services – family and academic support – Art = a voice)

Multi-tiered targets: family; community; partners (clinics/nonprofits) – is there an awareness of the need?

Resources in multiple languages

### Table 12

Many more supports for parents at schools – help parents who hide what is going on in their home – a place to share with other parents

Train parents how to regulate social media usages – ways to manage children rather than giving them technology

Make a pilot “head space” place (Australia example) and then make policy change

Give ACES assessment to teens and begin talking about how these experiences are more common than they know

Use resources parents get when kids are in crisis or on probation – then share with parents as a crisis prevention support group to parents of kids who are not in trouble

Connect adults and teens with volunteer opportunities that mirror their own life difficulties – teens have opportunities to invest in younger children or peers in an area they have been most deeply impacted

### Table 13

Making best practices available to parents expanding school information delivery/technology to inform parents

Making students aware of who their counselors are and get support from counselors for mental health. Counselors seem more academic driven

School assemblies geared toward suicide prevention and mental health

### Table 14

Move upstream! Work on prevention and early intervention

Focus on social and emotional learning for teachers, parents

Peer to peer programs

Online programs for teachers to learn with peer support to learn social and emotional needs

Promote a model to involve parents and educate parents in what emotional and social needs of children are

Promote awareness of amazing programs in OC so all entities know what is available and how to access these services