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Barriers to Youth Participation in Monterey County

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Author's Note

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Abstract

Monterey County Behavioral Health (MCBH) aims to serve residents who suffer from mental illnesses in the Monterey County area to help them live a healthy and productive life. Currently there are low service participation rates from the youth population with mental health issues in Monterey County. The purpose of this research project was to develop and distribute a survey to identify different service acquisitions to increase youth participation in overall services offered. Data from the Monterey County website showed that 12,154 youth that are eligible for services, yet only 779 actually went in for one or more visits for mental health (Monterey County, 2016). Through gathered data and with thorough analysis it was discovered that 41% of the youth surveyed wished to be addressed about sensitive topics and services through in class workshops. Over 50% of the respondents confirmed that they had heard about services, however, 63% of respondents had never used services. The county will be informed of the findings to determine what approach to take to better serve the youth population with services and knowledge about mental illnesses.

Keywords: youth, participation, mental health, services

Agency Description

Monterey County Behavioral Health (MCBH) aims to serve residents who suffer from mental illnesses in the Monterey County area to help them live a healthy and productive life. The agency offers a wide range of resources such as, family support groups for those with a mental illness and treatments to those who suffer from drug or substance abuse. MCBH “helps individuals work through all of the emotions they are feeling –anger, sadness and fear- and help them restore a sense of control. As necessary we (MCBH) connect individuals with resources for continued care and services” (Monterey County, 2018). MCBH assists individuals and their families who are alone and find themselves in need of help. One service that is provided is an Acute Inpatient Hospital in which the individual requires a locked facility because he/she might have a mental illness or substance abuse disorder. Outpatient Services are also offered for those individuals who need therapy, whether it be for individual, family or group counseling. Services extend to medication evaluations, case management, mental health interventions among other services. Particular services are offered in schools, clinics or through home-based visits. In particular, the MCBH Access department strives to meet the residents needs in developing or maintaining programs that will assist the community’s needs in mental health.

Problem

The participation of the youth population with mental health issues in Monterey County is too low.

Problem Description

During the year, Monterey County Behavioral Health does a fiscal report in which data from participation is collected measuring services as well as illness residents are treated for. Data from the Monterey County Behavioral Health website shows that 12,154 youth are eligible for services, yet only 779 actually went in for one or more visits for mental health (Monterey

County, 2016). Percentage wise, only 6% received services for mental health out of 12,154 who were eligible! Youth are a population that should be researched to get more participation. As time passes, problems that youth have seem to be increasing. “About 20 percent of U.S. youth during their lifetime are affected by some type of mental disorder to an extent that they have difficulty functioning” (NIMH, 2010). Problems youth deal with can range from depression to anxiety. More often than not youth choose to ignore problems that they are dealing with. They could’ve been helped by professionals, but often keep their illness to themselves. The data that had been previously mentioned shows that kids might be unaware of services or be associating a mental illness with a stigma.

Contributing Factors

Stigma is a contributing factor as to why there is little participation from youth. Many youth fear that having a mental illness puts them in an uncomfortable situation, therefore, they avoid seeing a professional for help. Their parents may ignore sometimes even mentioning things like depression. However, “learning about mental illnesses can lead to improved recognition, earlier treatment, greater understanding and compassion, and decreased stigma” (American Academy of Child & Adolescent Psychiatry, 2017). Stigma is a huge contributing factor because “being labeled and stigmatized as a person with a mental illness after treatment” (Rusch Angermeyer, Corrigan, 2005) is a heavy deal to those with mental health issues. As it is, being diagnosed with depression and having to take medication can be more than enough for an individual to handle let alone being label and discriminated because of their mental illness. Due to stigma, “suicide, which can result from the interaction of mental disorders and other factors, was the second leading cause of death among adolescents aged 12–17 years in 2010” (Centers for Disease Control and Prevention, 2017).

Relying on what others think and not being able to identify what a mental illness is can be common problems that are most often overseen. Most of the youth may not be educated on the symptoms of a mental illness. Unawareness is a contributing factor that can further affect the quality of life for someone who is dealing with a mental health illness. The youth might be experiencing symptoms which they might assume to be something normal that will go away or get better on its own. Michigan Medicine University of Michigan (2018) states, “This is partly because it can be hard to tell the difference between depression and normal moodiness.” Depression is identified by more recurring symptoms, whereas normal moodiness can be seen through typical hormonal changes that teens go through. If the individual is not educated appropriately enough to know what depression is, then they could just assume that it is normal moodiness that they are experiencing. Unawareness then results in “major problems found in schools: chronic absence, low achievement, disruptive behavior and dropping out” (National Public Radio, 2016). Mental illnesses can be masked with what is presumed to be normal for the youth, but knowing the distinction and the symptoms of different illnesses can save the life of those affected.

Consequences

If the youth are not receiving services, prevention opportunities will be missed. The county offers countless programs and services to the youth that are in need. However, with the 6 percent of the youth that are actually receiving services (MCBH, 2016), it becomes clear that something is not measuring up. Stigma and unawareness can lead to major life complications for the individual and/or the family. Youth may be missing out on prevention opportunities that could help them cope with their mental health illness. With awareness and breaking the stigma, the county can bring the youth and services together. Peer support groups can be easily available

for those who suffer depression or anxiety. Outpatient services can be accessible to the youth who have a drug or substance abuse problem, and the list goes on.

Another consequence that can be foreseen is the fact that families are deteriorated because of mental health issues that their children may have. Families not acknowledging a child's mental health can create tension and frustration. Not understanding what an individual is going through can create a wall between family members. Parents might see what their child is experiencing as something normal, while the individual might be assuming they have depression or any other mental illness, for example. Some cultural barriers affect this consequence, while unawareness and stigma are present. Families become deteriorated also by children who commit suicide "and suicide is the second leading cause of death" (CDC, 2017). Suicide would then be a main cause for deteriorated families, but suicide itself is a leading consequence.

Suicide would be the third consequence with a contributing factor from stigma. The social label that is put on by peers of those who are affected with a mental illness can be a heavy burden for them to handle. Depending on the severity of the mental illness, some individuals may not be able to handle a label or the mental illness itself; therefore, suicide could be their only choice when nothing else makes sense. In California the suicide rate from 2013-2015 was 7.9 per 100,000 (Lucile Packard Foundation for Children's Health, 2018). Unfortunately, the data does not represent the accurate amount of those who had a mental illness and committed suicide, instead, it represents the youth as a whole, which is still a significant number. For the same reason, unawareness could have been a contributing factor to those suffered a mental illness without knowing and committed suicide. Precautions and such actions need to take place for prevalence in suicide to decrease.

Program Model Diagram

CONTRIBUTING FACTORS	PROBLEM	CONSEQUENCES
1. Stigma	The participation in services from the youth population with mental health issues in Monterey county is too low.	1. Missed prevention opportunities
2. Unawareness		2. Family deterioration
		3. Suicide

Project Description and Justification

“Barriers to youth participation in Monterey County.”

Project Type and Purpose

The project was a research project through the use of a survey. The purpose of this project was to not only understand why or what is holding youth with mental illnesses back from receiving services, but also to provide information to the county to create ways in which they will be able to outreach to the youth in the future. The benefits from the research project hoped to provide were an increase in youth participation and create an easier entryway to the services that are available. Not only did it provide data, but it also created a basis for a prevention plan so that the county can offer services to the youth before their mental health issues become worse as they develop into adults. The National Institute of Mental Health (NIMH, 2018) states that “Research shows that half of all lifetime cases of mental illness begin by age 14.”

Project Implementation

The implementation method consisted of brainstormed survey questions, conducting presentations of the content covered in the survey among the location and the evaluation of the surveys data. The implementation initiated with a set of brainstormed survey questions. The survey questions varied from the grade and location the individual who took the survey represented to how they would like to be educated on services or sensitive topics, such as

depression or suicide. To get a clear response, the survey questions were created to be easy to understand and respond. The survey was kept at a maximum of nine questions to keep the data accurate without dragging along the individual into a long survey. The materials needed for the survey was paper and ink to print. Different areas of the county were then selected which would bring in different socioeconomic data as well as cultural, if there were to be any differences. The three selected areas of Monterey County were South, Central and Northern. The focused targeted locations were churches and/or family impacted locations in these three areas which would rule out parental consent verbally while the individual was present for survey.

Sunday's were chosen to conduct surveys, as it was presumed that most families would be together. A short verbal presentation of the projects' purpose was given to the parents as well as asking for verbal consent for the survey. The last step was the evaluation in which surveys were collected and analyzed. The numbers of surveys gathered were limited, which will be explained further below. A detailed scope of work can be seen in Appendix A. The survey questions can be seen in Appendix B.

Evidence Based

The decision to do this survey was based on research done around other topics in a similar manner. "National Survey of WIC Participants" was a survey that was done for the Women, Infants and Children Program (WIC) participants in 1998. This program helps provide vouchers and classes to families of low income with children under five years old. A survey that helped identify what type of participants were enrolled in the WIC program was conducted. This was the first survey to be produced since 1988 and because of this survey the program enrollees "from approximately 3.4 million in 1988 to over 8 million in 1998" (United States Department of Agriculture Food and Nutrition Service, 2017).

Project Participants

The primary mentor, Cathy Gutierrez was involved in carrying out the research project. Primarily, Cathy will helped get in touch with different data that the county already had as well as guiding the project. Data analysts within the county were a part of the project as they provided data to support the problem statement. School therapist were involved in responding to emails of survey implementation. Parents of students in Monterey County verbally agreed to survey consent. Students who took the survey were the main contributors and participants. The resources that were needed to complete the project were paper, internet, ink and transportation to survey location sites.

Challenges

The original survey locations were declined due to policies in handling outside surveys. Schools are very strict and handle things of this matter in very detailed ways. Therapists were skeptical of survey questions and whether or not the youth would answer survey questions differently. When therapists were unaware of school policies, they suggested emailing school principals. Email responses created a significant delay in timeline. Furthermore, seeking out different survey sites became a dilemma as appointments with Rose Moreno, who handles workshops for the county, were to be open until November 29, 2018. This led the survey implementation to be held at churches. Churches were sought out and one agreed to surveys after church hours. Others declines led to survey implementation in high traffic areas such as mall or wharf, still all in different areas of Monterey County.

Project Results

Expected Outcomes

The expected outcome of the project was to develop and obtain enough data of at least 30 surveys to determine the reason for low youth participation in mental health services in the Monterey County and be able to engage youth in services and find better service acquisitions. The hope was that the project would develop the necessary understanding of why youth with mental illnesses are not participating in getting services from Monterey County and would be measured by the increase of youth participation data gathered in the county's fiscal report. The surveys would gather data by determining which ways to best service the youth and determining what barriers exist to service.

Assessment of Project Outcomes

The assessment of the project was conducted through data, addressing service acquisitions to better address the youth along with addressing what burdens they youth face. A total of eleven surveys were gathered. From the data that was collected, it was clear that 45% of the respondents wished to learn about services through class workshops, as shown in Table 1. Among the eleven survey that were gathered, 63% of the respondents have never used any county services. However, from those 11 surveys, 54% of the respondents had claimed to have heard about services.

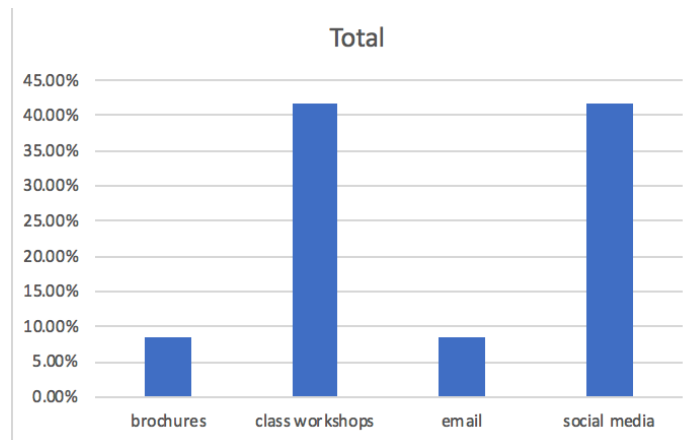


Table 1: How would you like to learn or hear about sensitive issues?

The project did not achieve the expected outcomes. The data was insufficient to provide a greater depth of understanding as to what barriers the youth may have and what ways they wish to be addressed. In determining barriers, the survey did not address appropriate questions to understand the context of what barriers affect the low participation. However, schools were identified as a stressor from the 11 surveys that were received.

Strengths

The greatest strength that the project carried was the attempt to create better communication with the youth in developing the best service acquisitions for them. The purpose of the project was to get real data from actual youth residents. From the 11 collected surveys, it was clear that the youth wanted in class workshops to learn about services and sensitive topics.

Limitations

The timeline was adjusted to give room for email responses to schools. However, school policies and procedures created an obstacle which led to initiation survey responses from other locations. The concept of gathering data from different regions in the Monterey county remained

the same but reaching out to schools changed. Instead the youth population was targeted in locations where parents would be verbally advised and asked for consent of survey.

Personal Reflection

Personal Growth

Mental illness is a growing problem in youth. The county is made up of older adults working to provide young individuals with resources and knowledge about mental illnesses amongst other things. Through the eyes of an older adult it can be unclear what the youth need or want. As an agency that helps to serve, different strategies of servicing the youth are implemented, most of which are created by adults. The issue that is seen is the lack of communication that the agency has with the youth in what ways they wish to be serviced. The need to help the youth is huge but it must be understood how it is that they should be approached. Most of the time, the youth are unaware of what services there are or what depression is. The stigma that is carried through schools needs to be broken down. The youth who suffer might be at a greater number than imagined. The contributing factors of stigma and unawareness lead to the consequences of the problem, which are missed prevention opportunities. If those are two main contributing factors why not address the problem the way the youth want it.

The planning of the project should have begun near the end of the previous 2017-2018 school year. The implementation should have been done at the same time as the planning was being done. Attempts to collect survey data from schools was time-consuming. School policies and procedures should have been a priority of this project implementation, as it was a great obstacle to gather results from desired survey locations. If any contributions could be made from the project, it would be that youth identified school workshops to be the way they would like to learn about sensitive topics and services offered through the county.

Broader Social Significance

Communicating with the younger generations is key to helping them. Not by interrogating them at first but by creating a comfort through workshops and providing knowledge to them which can be beneficial for them to reach out if they are in need. Perhaps therapist from the three different regions in Monterey County can conduct their own surveys with the students they assist. Then that data that is gathered from the therapists can be shared with the county and further accommodations can be done to assist the youth with services and knowledge.

Plan and implement a project as soon as you can. The more time to spare the better. Policies and procedures are different everywhere. Schools are strict on surveys, so make sure time is placed in between all activities in case you are declined to survey. If possible, skip the survey and talk to the project participants in person. Good luck!

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Appendix A

Activities	Deliverables	Timeline	Completion Dates
Brainstorm survey questions	Print survey	September 7 th 2018	September 14 th 2018
Reach out to High schools	Email school therapists	September 26 th 2018- October 5 th 2018	October 8 th 2018
Reach out to supervisors	Email supervisors	September 26- October 5 th 2018	October 10 th 2018
Spoke to Monterey high therapist	Phone call	October 24 th 2018	October 24 th , 2018
Decide alternative for survey implementation	Email Cathy Gutierrez and Rose Moreno	November 5 th 2018	November 13 th , 2018
Reach out to church in Soledad	Walk in office	November 12 th 2018	November 12 th 2018
Conduct survey in Soledad	Go to church, deliver surveys	November 18 th , 2018	November 18 th 2018
Conduct survey in Salinas	Deliver surveys in Northridge mall + church	November 18 th 2018	November 18 th 2018
Conduct survey in Monterey	Deliver survey at wharf	November 25 th 2018	November 25 th 2018
Gather surveys	Analyze data	November 18 th - November 27 th 2018	November 28 th 2018

Appendix B

Survey Questions

Barriers to Accessing Services

What area of Monterey county do you live?

- North
- Central
- South

What grade are you in?

- 7th, 8th, 9th
- 10
- 11
- 12

Have you ever heard about the services offered through Monterey County Behavioral Health?

- Yes
- No

Have you ever used community service resources (enter short description of services offered)?

- Yes
- No

How would you want to learn/hear about SERVICES offered through Monterey County Behavioral Health?

- Social Media (Instagram, Facebook, Twitter)
- Class Workshops
- Brochures
- Email

How would you like to learn or hear about sensitive issues? (Depression, Anxiety, etc.)

Social Media (Instagram, Facebook, Twitter)

- Class Workshops
- Brochures
- Email

Other _____

Have you or are you experiencing any of the following?

Check all that apply to you:

- Financial stress
- Friend stress
- Family stress
- Personal stress
- Transportation stress

- School stress
- Other

If there are issues, what prevents you from reaching out?

Stigma (what others think)

- Knowledge of services (what services are there?)
- Knowledge of sensitive issues (what's depression, anxiety, etc...)
- Family Support
- Other _____

If needed, would you prefer to contact behavior health services through

Circle all that apply:

- Phone Call
- Social Media
- County Website
- Text Message #741741
- In person