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### **Abstract**

Joven Noble is a youth-development and leadership enhancement curriculum within Sequoia High School in Watsonville, Ca. that recognizes adolescents need for guidance during their physical, emotional and spiritual development into adulthood by engaging them in conversations regarding topics such as teen pregnancy and substance abuse. One of the deficits of the program is the lack of discussion centered around mental health. Youth are more likely to experience mental health challenges during their adolescence that can impair their long term development. In Santa Cruz County, 5 per 1,000 children ages 5-19 were hospitalized for mental health crisis treatment in 2016; rates were nearly twice as high among those children ages 15-19. This capstone was implemented as an educational workshop aimed to increase the likelihood of youth accessing services or stress reduction skills by providing them the tools if needs arise. As a result of the presentation youth are likelier to use coping skills, have lower negative stigma associated with mental illness and increased investment in their mental health. Half of the participants reported they would be likely to seek services if they were in crisis while the other half did not. The project met its intended outcome and would benefit from replication.

*Keywords:* mental, health, promotion, workshop, youth

### **Agency & Communities Served**

The Community Action Board of Santa Cruz County, Inc. (CAB) is a nonprofit organization which invites interns to volunteer and become involved within their agency to gain experience in the fields of public administration, social work and public health. Interns begin their internship within the Collaborative Health and Human Services major during their junior year and are expected to complete a project that identifies and addresses the needs of the agency's population, implement a possible solution and evaluate its results. CAB's mission is to, "partner with the community to eliminate poverty and create social change through advocacy and essential services" (Community Action...,2019). CAB accomplishes this by tailoring their services to the systematic deficits that contribute to its resident's poverty.

Currently, CAB hosts a variety of programs to help support the diverse populations that inhabit the various regions in Santa Cruz County. The six programs currently administered by CAB are Alcance, the Day Worker Center of Santa Cruz, the Davenport Resource Service Center, Santa Cruz County Immigration Project, The Rental Assistance Program and CalWORKS Emergency Payment Program. These departments approach poverty in a holistic manner and target housing, immigration and employment. CAB partners with various entities within the area such as the Santa Cruz County Office of Education, United Way, and the Watsonville Police Department to provide services, increase the number of participants, engage the community and raise funds.

Alcance is a program within CAB that specializes in servicing under-resourced, at risk, or re-entry youth and adults with employment services. Alcance target participants are marginalized individuals who want to have a stake within their community through employment. Alcance is divided between the division for adults, SmartHIRE and the division for youth, The Street

Outreach and Project Thrive team. Within Project Thrive is Joven Noble, a youth-development and leadership enhancement program that recognizes adolescents (14-18) need for guidance during their physical, emotional, mental, and spiritual development into adulthood. One of the challenges of working with these populations is their reluctance to receive assistance or not be mentally ready for change.

### **Problem Description**

There is a high rate of mental illness among youth in Santa Cruz County. Healthy emotional and mental health are essential to developing self-efficacious, resilient adults that can adapt to life's challenges, regulate their emotions and securely transition to adulthood (kidsdata.org, 2018) and reduce the likelihood of experiencing a major mental health crisis in their life. 1 in 13 youth (under 17) in California had a persisting emotional disturbance that could interfere with home, learning, or getting along with people which could dramatically interfere with their development (California Health Care Almanac, 2018).

While it is normal for adolescents to experience a myriad of emotions during their development, it is important for them to recognize what feelings or emotions will subside and which may need intervention or support. Youth may be able to identify these signs of emotional distress through a universal awareness approach early in their development. A universal approach can be implemented through a workshop in an academic setting where the teen population can easily be accessed.

### **Contributing Factors**

#### Barriers to Services

In Santa Cruz County, 5 per 1,000 children ages 5-19 were hospitalized for mental health crisis treatment in 2016; rates were nearly twice as high among those children ages 15-19

(California Department of Finance, 2017). The report provides evidence that there *are* youth in crisis, however they may not be able to recognize or be aware of signs of distress prior to experiencing an episode and going into crisis. One of the initial barriers to service is the inability to recognize warning signs because it is a subject often ignored by parents and schools. Youth between the ages of 15-19 may not receive early intervention or seek support because they have not been introduced to the concept early in their lives.

Youth experience barriers to accessing mental health services due to several reasons. These barriers can range from individual beliefs (stigma) regarding treatment or systemic factors (cost, insurance coverage, proximity to services) (Yeh, et. al, 2003). Most mental illnesses start during adolescence and are often onset by the age of 14 (Why Mental Health..., 2019) and can be caught before they develop into a severe, lifelong impairment. A study that was conducted at various sites reported that 17.1% of children and adolescents had unmet needs compared to 3.8% that had their needs met (Flisher, et al., 1997). This alarming underutilization of services demonstrates that parents are experiencing obstacles when seeking treatment for an emotional or behavioral disorder.

### Stigma/Fear of Judgement

Individuals who are interested in mental health treatment may be reluctant to begin treatment due to the stigma it can be associated with. Stigma can be defined as stereotypes, bias and discriminatory attitudes held by the public. The judgement can bring unnecessary shame, stress or abandonment to an already egregiously difficult time in an individual's life that they may not want to incur.

Individuals with mental health struggles are often blamed for their situation compared to people with physical health complications. Americans are more likely to view a person with mental illness as more dangerous than a person in a wheelchair (Parcesepe and Cabassa, 2013). The bias can begin during childhood. Children have reported believing depression or ADHD is something to be ashamed of compared to having asthma (Walker et. al, 2008). This shows the public shares a negative connotation associated with visiting a therapist compared to a doctor. Individuals may ignore warning signs and avoid seeking help because they do not want to be judged. Although attitudes are shifting to reduce stigma in modern day society, there is clearly still a disconnect between beliefs and actions.

## **Consequences**

### Substance Abuse

15% of adults in California are in need of substance abuse treatment compared to 22% within Santa Cruz County (Elevate, 2019). The data suggests that Santa Cruz County residents are more liable to develop a substance abuse dependency than other counties in the state.

Individuals with mental illness and poor coping skills are susceptible to the use of drugs to help cope with their symptoms. The most common drugs abused are within Santa Cruz County are cocaine, Xanax, and oxycodone (Elevate, 2019). When taken together, these drugs can cause harmful counteracting effects as some can stimulate the nervous system while another depresses it (also known as speedballs). People who use speedballs are likelier to overdose than people who only use one substance (Mixing Drugs, n.d.).

Rates of adolescents with co-occurring disorders range from 50-71% (Winstanley et. al., 2012). People with mental illness can suffer greater consequences associated with their substance

abuse than the general public. Various case studies show that alcohol and other drugs can exacerbate their symptoms, increased social dysfunction (family, financial, housing problems) and have a harder time reducing use (Drake and Brunette, 1998).

## Death

Suicide is the 3rd leading cause of death for ages 10-24 (Suicide Trends, 2015). 90% of the youth who commit suicide had an underlying mental illness (Why Mental Health...,2019). Adolescence can be a troubling time when teens are developing their identity and subject to negative experiences such as bullying, rumors, or shaming. Left without healthy coping skills, these youth may resort to suicide as the means to an end or partake in risky behaviors that pose a danger to their wellbeing.

Adolescents in Santa Cruz County are highly susceptible to acting on their suicidal ideations. A report by the CDC showed that Santa Cruz County averaged 45.7 deaths a year and the median age is 16 years old (Ingalls, 2019). Youth are likely to have a narrow view of the world that can lead them to make impulsive decisions when they are going through a hard time. A survey conducted within Santa Cruz County reported that residents cite mental illness, poverty, isolation, loss and hopelessness as issues that cause them or others to contemplate suicide (Santa Cruz County Suicide Prevention Strategic Plan, 2019). It is evident that youth in Santa Cruz County require early intervention before irreparable damage occurs.

## **Capstone Project**

Youth in Santa Cruz County require a discussion about their mental wellbeing, even if they are not likely to experience a crisis. This method of intervention is known as “universal prevention”. It is important to educate youth on mental illness stigma, emotional self-regulation and effective coping skills to promote a healthy transition into adulthood and reduce the



likelihood of experiencing a crisis. The universal prevention model is effective because it may intervene with youth who are at risk *before* it develops into a serious impairment.

As students of an alternative school, the participants of Joven Noble were an ideal target population for a universal prevention approach. Most of these students had behavioral challenges that caused them to be expelled or suspended from mainstream education that may have been mitigated if they were able to manage life stressors. These youth could benefit from a discussion about placing an importance on their mental health and exploring stress reduction techniques. This project sought to provide a discussion about mental health that may enable participants to seek services prior to a crisis if they experience an overwhelmingly stressful event in their lifetime.

The workshop was presented by 3 facilitators: Arturo Rodriguez, Hector Banuelos, and Daniel Alanis. Each facilitator had some varying experience with mental health as counselors, advocates or personal experience. The purpose of this project was to provide a one-hour mental health workshop where participants were introduced to mental health, the consequences of poor mental hygiene, and introduce them to healthy coping mechanisms. After the workshop, students were asked to complete a survey that inquired about their attitudes regarding the topics discussed.

### **Problem Model**

<b>Contributing Factors</b>	<b>Problem</b>	<b>Consequences</b>
<b>Factor 1</b> Access to services	There is a high rate of mental illness among youth.	Susceptibility of Substance Abuse
<b>Factor 2</b> Stigma/Fear of Judgement		Death

## **Project Implementation**

This capstone was implemented as a workshop within the Joven Noble curriculum taught by Alcance staff at Sequoia High School, an alternative high school in Watsonville, CA. The Fall of 2019 Joven Noble cohort consists of 10 young Latino men between the ages of 14-17. The workshop was implemented as a one day presentation during the 9th week of the 16 week course and titled “Salud a la Salud Mental” (A Toast to Mental Health), intended to be a celebration of mental health.

The material for the workshop was developed from “Mental Health and High School Curriculum Guide (Version 3): Understanding Mental Health and Mental Illness”, a textbook by Dr. Stan Kutcher. The book has six modules and the presentation will focus on three of the main modules: Module 1: The stigma of mental illness, Module 2: Understanding mental health and mental illness, Module 3: Emphasis on specific mental illness, and Module 5: Seeking Help and Finding Support. This textbook was created by Dr. Stan Kutcher, a Professor of Psychiatry and Director of the World Health Organization Collaborating Center at Dalhousie University and Yifeng Way, a school mental health lead with the Sun Life Financial Chair in Adolescent Mental Health. A great deal of Way’s work has been devoted to promoting mental health literacy in schools to help students develop a better understanding of mental hygiene, disorders, reduce stigma and develop healthy coping skills to transition into adulthood.

The workshop was held inside of a classroom at Sequoia Alternative High School and required a projector, a laptop, three facilitators (Daniel Alanis and Hector Banuelos), folders and a Powerpoint presentation. Participants were provided with folders containing a self-assessment survey, a PowerPoint presentation outline, a brochure containing a self-care on the spot (SOS) toolkit , and a flyer for an agency that provides counseling at free to no cost.

The workshop began with a 5 minute meditation exercise to reduce some of the excitability the students commonly experience and introduce them to a new coping skill. The first phase of the workshop was devoted to educating youth to value their mental wellbeing as much as they may value their physical health. By creating an equity between their physical and emotional health, participants were encouraged to dismantle mental health stigma. The students were engaged in a conversation regarding some of the common stressors adolescents face that can cause them emotional distress. Students had their statements validated and encouraged to seek additional support or treatment if those stressors become overwhelming.

The second phase discussed some of the most common mental disorders that are known to have an onset during adolescence: Bipolar Disorder, Major Depressive Disorder, Schizophrenia and Post-Traumatic Stress Disorder. The various symptoms associated with each illness were introduced and described. The facilitator engaged participants in discussion by asking for input, encouraged them to ask questions and confirmed their understanding. .

The third and final phase encapsulated the other phases and aimed to inform the individuals of resources where they could seek assistance if they or someone they know is experiencing a mental health crisis and are in need of services. Serious consideration was given to the quality of services, proximity to services and online reviews. Pajaro Valley Prevention and Student Assistance is an organization dedicated towards providing underserved communities with counseling services through Medi-Cal or at a low-cost (\$10) to the uninsured. This service was identified as the agency most likely to properly service participants due to their easy access, low cost and growing presence within the mental health community with youth in Santa Cruz County.

Participants were given a brochure containing a “Self-Care on the Spot Toolkit” created by an Oakland-based community organization that works with traumatized youth to cope with their struggles. The brochure contains guides on breathing techniques, grounding, yoga and mindfulness. The youth were instructed to get in groups and identify coping skills they currently use or would be interested in using.

The workshop ended with a self-assessment survey that asked about participants likelihood to seek services if they are in need, their perception of people with mental illness, and their willingness to explore coping skills found in the SOS Toolkit. This self-assessment was developed to evaluate the effectiveness of the presentation and its merit to the participants.

A detailed implementation plan and timeline can be seen in the Scope of Work in Appendix A.

### **Project Purpose**

The purpose of this project was to encourage youth to take accountability of their mental health, increase the likelihood of utilization of coping skills and services and challenge possible mental health stigma. The project aimed to build self-efficacy with the participants and encourage them to become stewards of their own behavioral, emotional and mental health. By becoming stewards of their own wellbeing, they would be willing to access services if they are currently in need or experience struggles as they transition into adulthood. This stewardship was cultivated by explaining the consequences of poor mental hygiene and lack of routine self-care.

### **Project Justification**

The lack of mental health promotion early in an adolescent’s life can turn minor emotional struggles into lifelong complications and prevent youth from seeking support. The World Health Organization describes mental health promotion as, “the process of enabling

people to increase control over and improve their health (International Journal of Mental Health Promotion, 2005). Current approaches to mental health treat individuals through selective prevention (at risk individuals) or indicated prevention (high risk individuals with detectable symptoms) when it may already be in progress. The workshop utilized a universal intervention approach that recognized that every person benefits from having an understanding of mental illness and hygiene, regardless of if they are at risk or not.

Much of the support for the workshop is based on the principle of “universal preventive intervention”. Research has shown positive effects on social emotional skills, self-esteem, behavior, emotional distress and problem-solving skills when school-based mental health interventions are provided at the universal level (delivered to all students, regardless of need) as opposed to targeted interventions (delivered to susceptible or at-risk populations) (Mackenzie and Williams, 2018). Schools are where young people spend most of their time, develop socialization skills and one of the most effective settings for health promotion and preventive education (International Journal of Mental Health Promotion, 2005). For these reasons, it is best to use classroom settings to deliver a universal prevention method that can reach *anyone*, not just the few who are at immediate risk. By having these discussions in public settings, it may reduce stigma because individuals will not feel singled out.

This project was intended to use the “universal intervention model” to inform participants mental health is not just the absence of disease, but rather as a responsibility and a way of life. Programs that target generic risk and protective factors have produced outcomes such as “academic improvement, increased problem-solving skills and social competence as well as reductions in internalizing and externalizing problems such as depressive symptoms, anxiety, bullying, substance use and aggressive and delinquent behavior (International Journal of Mental

Health Promotion, 2005). These benefits are pivotal to the transition to adulthood and cultivate a culture where mental struggles are not treated like dirty laundry: avoided and ignored.

### **Expected Outcomes**

The expected goal of the workshop was to promote the importance of mental health, explore healthy coping skills, and challenge stigma regarding mental illness. This was expected to be achieved through educating youth on the importance of taking accountability for their own emotions and mental status. Accountability can be instilled through informing participants of some of the complications individuals can develop during their adolescence if they do not seek early intervention and don't develop healthy coping skills to deal with their challenges. By introducing youth to the concept of mental health, youth are able to address the initial barrier towards services: recognizing they may need support. Through encouraging participants to invest in their mental wellbeing and providing them resources, the barrier of lack of access will be addressed.

### **Project Results**

A total of 8 out of 10 anticipated students participated in the workshop. After the presentation, youth were asked to fill out a survey as a method of evaluation for the workshop. The assessment surveys were collected anonymously to encourage youth to be honest about their experience without any external pressures. The assessment surveys were intended to evaluate whether the workshop succeeded at meeting the expected outcomes: accountability for their mental wellbeing, willingness to seek support if needed, increased likelihood of utilization of coping skills and reduced negative mental health stigma. The results are available in Figure 1.1.

Youth were asked the following questions:

1. Are you likely to seek counseling if you feel you are struggling with your mental health?

50% of participants claimed they were likely to seek services if experience mental health challenges. The intended outcome of the workshop to increase access to mental health services was not met. This may be due to possible personal bias towards services. One youth was recorded claiming therapy is “for the weak minded” during a discussion.

2. Are you likely to use any of the coping skills in the SOS toolkit?

Youth were able to learn new ways to regulate stressors. 75% of the students reported that they were likely to utilize one of the coping skills explored in the booklet if they faced an overwhelming life stressor. Prior to the workshop, youth invited to participate in a meditation exercise which is a common coping skill used to reduce stress. 37 % of the participants found the meditation exercise useful. It is possible the setting may have not been conducive for genuine investment in the new coping skill.

3. Do you think your mental health is important?

100% of participants reported they valued their mental health and viewed it as important. This question was intended to evaluate the program’s effectiveness of encouraging youth to take accountability for their mental wellbeing.

4. Do you find people with a mental illness dangerous?

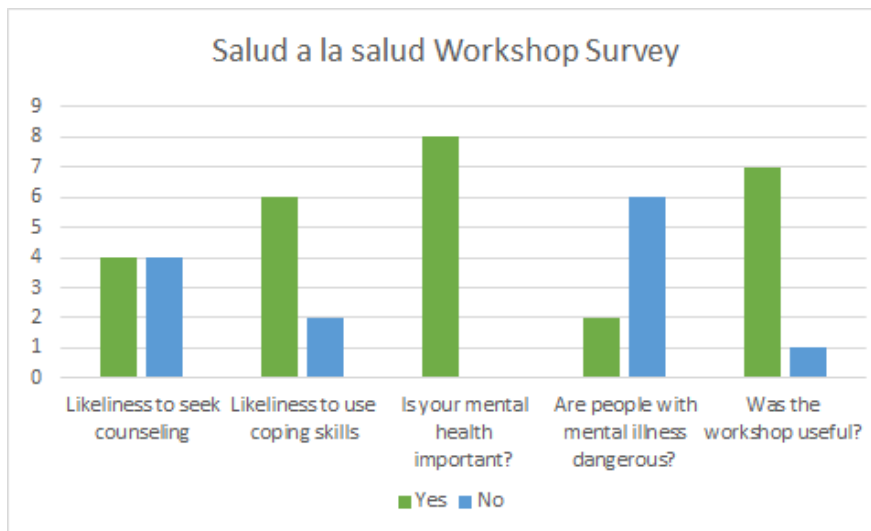
Youth were encouraged to empathize with individuals with mental diagnosis the way physical complications are viewed. Typically, people who experience physical health issues are not stigmatized and blamed for their circumstances. The same is not always true of individuals with mental illness. 75% of participants do not view people with mental illness as dangerous. By

challenging youth to empathize with individuals with complications, they are less likely to be judgmental and be dissuaded from seeking services.

5. Did you find the presentation useful?

Overall, the youth had a positive response towards the workshop. 87% of those surveyed stated that they found the workshop useful, while one responded “IDK”. This demonstrates that having a conversation about mental wellness has merit on a universal prevention level with a broad audience.

**Figure 1.1**



### **Conclusion & Recommendations**

The Joven Noble program would benefit from implementation of the Salud a la Salud Mental workshop. The projected outcomes of the workshop were met, however there are improvements that are suggested for future endeavors. Future facilitators with hopes to replicate this project are encouraged to reach a broader audience to gain a larger sample size. The workshop’s validity is limited in its impact due to the small number of participants.



One of the benefits associated with having a workshop with a small number of participants is the ability to address their questions that came in frequently. Mental health was a new topic for many of the youth and they needed explanations for some of the concepts they were not familiar with. By limiting the sample to 15-20 participants, the facilitator would be able to provide a more intimate experience to address questions and a learning conducive environment.

It is also recommended to use simpler jargon or tailor the language to their audience as best as possible. The textbook that was used to develop the material for the workshop was derived from a textbook aimed at educating adolescents about mental health, however the students of Joven Noble do not have high proficiency in reading. It is recommended to practice the presentation with a teen if available and ask for their input on it's effectiveness. Despite the projects minute deficits, the results demonstrate that it benefits from improvement and replication.

## References

- Beeson PG, Britian C, Howell ML, Kirwan D, Sawyer DA. 1998. Rural mental health at the millenium. In: Manderscheid RW, Henderson MJ, Editors. Mental Health United States, 1998. (pp. 82-98). Rockville, MD: Center for Mental Health Services. (DHHS Pub. No. [SMA] 99-328).
- California Department of Finance. (2017, August). Population Estimates 2010-2016. California Office of Statewide Health Planning and Development special tabulation.
- California Health Care Almanac. (2018, March). Retrieved from <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>.
- Drake, R.E., and Brunette, M.F. Complications of severe mental illness related to alcohol and other drug use disorders. In: Galanter, M., ed. Recent Developments in Alcoholism. Vol. 14. Consequences of Alcoholism. New York: Plenum, 1998. pp. 285-299
- Elevate. (2019, August 14). Santa Cruz County Drug and Alcohol Abuse Statistics. Retrieved from <https://elevaterehab.org/blog/santa-cruz-county-california-drug-alcohol-abuse-statistics/>
- Flores, G., Fuentes-Afflick, E., Barbot, O., Carter-Pokras, O., Claudio, L., Lara, M., McLaurin, J.A., Pachter, L., Ramos Gomez, F.J., Mendoza, F., Valdez, R.B., Villarruel, A.M., Zambrana, R.E., Greenberg, R., and Weitzman, M. (2002). The health of Latino children: Urgent priorities, unanswered questions, and a research agenda. *Journal of the American Medical Association* 288(1):82-90.

Flisher, A. J., Kramer, R. A., Grosser, R. C., Alegria, M., Bird, H. R., Bourdon, K. H., et al.

(1997). Correlates of unmet need for mental health services by children and adolescents.

*Psychological Medicine*, 27(5), 1145–1154

Ingalls, E. (2019, June 17). Santa Cruz County suicide reaches 45.7 deaths per year, Suicide Prevention Strategic Plan reports. Retrieved from

<https://www.santacruzsentinel.com/2019/06/17/santa-cruz-county-suicide-reaches-45-7-deaths-per-year-suicide-prevention-strategic-plan-reports/>

Kidsdata.org. (2018). Summary: Children's Emotional Health. Retrieved from

[www.kidsdata.org/topic/68/childrens-emotional-health/summary](http://www.kidsdata.org/topic/68/childrens-emotional-health/summary)

Mackenzie, K., & Williams, C. (2018). Universal, school-based interventions to promote mental and emotional well-being: what is being done in the UK and does it work? A systematic review. *BMJ open*, 8(9), e022560. doi:10.1136/bmjopen-2018-022560

Mixing Drugs. (n.d.). Retrieved from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/mixing-drugs>

Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: a systematic literature review. *Administration and policy in mental health*, 40(5), 384–399. doi:10.1007/s10488-012-0430-z

Santa Cruz County Suicide Prevention Strategic Plan. (2019). Retrieved from

[http://www.santacruzhealth.org/Portals/7/Pdfs/MHSA/2019 Santa Cruz County Suicide Prevention Strategic Plan Draft for Public Review.pdf](http://www.santacruzhealth.org/Portals/7/Pdfs/MHSA/2019%20Santa%20Cruz%20County%20Suicide%20Prevention%20Strategic%20Plan%20Draft%20for%20Public%20Review.pdf).

Suicide Trends Among Persons Aged 10–24 Years - United States, 1994–2012. (2015, March 6).

Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6408a1.htm>.

Viveiros, J., Ault, M., & Maqbool, N. (2015). National Housing Conference. The impacts of affordable housing on health: A research summary. Retrieved from [www.nhc.org/publication/the-impacts-of-affordable-housing-on-health-a-research-summary/](http://www.nhc.org/publication/the-impacts-of-affordable-housing-on-health-a-research-summary/)

Walker, J., Squire, P., & J.Friesen, B. (2010, January 4). Children's Stigmatization of Childhood Depression and ADHD: Magnitude and Demographic Variation in a National Sample.

Retrieved from

<https://www.sciencedirect.com/science/article/abs/pii/S0890856708600581>.

Why Mental Health Should Be Taught in Schools. (2019, September 10). Retrieved from

<https://www.brainforestcenters.com/resources/mental-health-taught-schools>

Winstanley, E. L., Steinwachs, D. M., Stitzer, M. L., & Fishman, M. J. (2012). Adolescent

Substance Abuse and Mental Health: Problem Co-Occurrence and Access to Services.

*Journal of child & adolescent substance abuse*, 21(4), 310–322.

doi:10.1080/1067828X.2012.709453

Yeh, M., McCabe, K., Hough, R.L. et al. *Mental Health Serv Res* (2003) 5: 65.

<https://doi.org/10.1023/A:1023286210205>

**Appendix A****Scope of Work**

Activities	Deliverables	Timeline/Deadlines	Supporting Staff
Finalize research to use for curriculum	Finalized Outline	9/5/2019	Daniel Alanis
Develop Curriculum	Powerpoint Presentation	9/27/2019	Myself
Print Coping Skill Toolkit	Brochure	10/12/2019	Myself
Put folders together	Folders	10/1/2019	Daniel Alanis
Present curriculum for CAB	Powerpoint Presentation	10/2/2019	Daniel Alanis Hector Bunuelos
Present to Joven Noble	Classroom Instruction	10/23/2019	Hector Bunuelos Daniel Alanis
Evaluate post-data	Surveys	10/29/2019	Daniel Alanis
Contact PVPSA	Resource Sheet	10/2/2019	PVPSA