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Open Mind and Open Heart: You Matter and Together we can Overcome Adolescent Mental

Health

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Abstract

The focus issue addressed in this Capstone Project is the importance of providing support that is easily accessible for all students who are faced with mental health challenges. This is an important issue for school districts because the number of students facing mental health challenges has been increasing and without adequate support students do not properly self care. It is argued that many students are currently challenged with mental health, but the support provided by schools is inadequate. Considerations of the issues, required obtaining the perspectives of stakeholders from local high schools, organizations, and families who are currently changed by mental health. Three action options emerged from an analysis of the data and were explored as ways to address the issue. Providing a permanent specialist as well as providing a wellness center is argued to be the most effective way to achieve the goals of supporting social and emotional wellness to all students.

Open Mind and Open Heart: You Matter and Together we can Overcome Adolescent Mental

Health

It was my freshman year of high school when I started feeling the symptoms of depression. There were weeks I would go on feeling completely fine and out of nowhere I would start feeling horrible. I would miss school, I would not try my hardest in class, and things that would make me happy would have no effect on me. My freshman year I would go back and forth dealing with my depression but that was my first year dealing with it, little did I know it would only get worse.

My sophomore year I decided to join cheerleading. I would go back and forth with my depression. Some days I would feel fine while other days I would feel horrible. It was hard for me to get out of bed or even find the slightest of motivations. During cheer season I went months without my mental heath taking a toll on me. I thought it was just a weird stage I had encountered and it was finally over.

The summer that followed my grandfather fell extremely ill and after months the doctors finally said that we had the option of bringing him home or leaving him in the hospital to await his passing. The weeks passed and my father received a phone call late at night that my grandfather's heart had stopped beating. A few days later, we had to prepare for his funeral. This was the first death of someone I loved that I had experienced. It was very difficult for me to handle. I cannot say if this tragedy was what once again brought back my depression.

My junior year was by far the worst. It was rare when I would feel like myself. I would miss weeks of school because I had little motivation. However, looking back on my high school experience I am impressed I managed to graduate. The excuse I would give to mother for missing school was that I was having menstrual cramps, but that lie would only take me so far. My mother knew something was wrong but she would get extremely angry when I did not want to go to school. At the end of my senior year when we received our records my attendance for junior year was about 60%.

My mental health was getting out of hand. As much as I tried to pretend like I was fine, I was not and as much as I tried to face it on my own I could not. I did not know who to reach out to for help as I felt embarrassed to ask for help, because I felt as though many would not

understand. I knew if I did not reach out for help, I would not make it much longer. The first person I reached out to was my older sister. I do not remember how the conversation went or how I asked her for help. When I sit and think about it now I feel terrible. I feel as though I dropped an enormous amount of pressure on her shoulders. She then asked me if she could tell our other older sister and I told her she could. They both asked me before they took the next step, if they could speak to our sister in law since she has her masters degree in psychology. I remember her taking me to a coffee shop and she had a conversation with me about how I felt. I am not quite sure what happened between that conversation we had and me speaking to my mother about what I was facing. She tried asking for help from my high school, but they only had a drug and alcohol counselor who was not experienced in helping me out in this area. My mother was completely in denial about my depression , but she consulted with my doctor. My doctor suggested that I speak to a psychologist and I remember my mother telling her that psychologists were meant for crazy people. My mother did not believe in mental health challenges at this time, regardless, I did not and do not blame her. Mental health is not something we believe in or speak about in Hispanic families.

I remember me missing a week of school and that week was the first time I visited my psychologist. That morning, on my bus ride to school, a girl who I thought was my friend for years asked where I had been. I felt embarrassed to tell her what was going on, but since we had been childhood friends I decided to tell her that I had a visit with my psychologist. That was one of my worst mistakes. She laughed hysterically and asked if I was crazy. We were on the bus so everyone heard what she had said. I felt so heartbroken, how could a friend do this? At that point I kept quiet and only spoke to my family about my struggles and I stopped talking to that friend.

For this reason and many more, I believe it is important to spread awareness regarding mental health in our youth. Spreading awareness regarding mental health would lessen judgments from others. I also believe that there should be someone who specializes in schools so students know where to go and who to reach out to when they are feeling overwhelmed or when they are feeling symptoms of mental health.

Literature Synthesis & Integration: Youth Mental Health

The number of adolescents facing mental health challenges has increased in recent years. There continues to be misinformation regarding youth mental health. With no proper training teachers are not properly equipped to assist students facing mental health. Many times students facing mental health are misunderstood. Mental health also has a very negative connotation and that is where stigma comes into play. Schools, teachers, parents, and students all play a crucial role in improving youth mental health resources in schools and getting students proper care before it is too late.

Approximately one in five of our youth in the United States are challenged with mental health. Jungrim Moon, Anne Willifors, and Amy Mendenhall (2017), "...children in rural areas are at a greater disadvantage due to the limited availability of qualified mental health professionals and other mental health resources in these geographic regions" (p. 1). Schools in rural areas do not have funds to provide students with mental health professionals or any other mental health resources making it difficult for students to receive proper attention. The book *Step-Up: Promoting Youth Mental Health and Development in Inner-City High Schools* by Alicea, Pardo, Conover, Gopalan, and McKay (2011) also stated that, "Urban African American and Latino youth are at particular risk for the development of mental health difficulties, as they are much more likely to grow up in disadvantaged neighborhoods with acute, environmental stressors, including racism, poverty, substance abuse, exposure to high levels of community violence, deteriorating youth-supportive resources, and a serious shortage of mental health services" (p.1). Adolescents who grow up in a disadvantaged neighborhood tend to be at greater risk of developing any mental health challenges. With no proper resources students mental health challenges go unattended. A few notable signs associated with youth mental health are poor academic performance, disrupted psychosocial development, impaired judgement, poor problem solving skills, conflictual interpersonal relationships, disruptive behavior, substance use, and a noticeable increase of health risks. Even then our youth who are challenged with mental health go unnoticed. Schools ignore the fact that our youths' poor performance is due to their mental health and not their motivation. The existing barrier of mental health prevents them from succeeding. Only half of these adolescents with mental health receive adequate care and attention. Therefore youth mental health continues to be an area of research.

Only a small portion of students who are facing the challenges of mental health are likely to seek help. A reason that students chose not to seek help is directly associated with the stigma that surrounds mental health. The article *'People look at you differently': students experience if mental health within Higher Education* by Neil Quinn, Alistair Wilson, Gillian MacLintyre, and Teresa Tinklin (2009) suggests that, "... stigma is associated with attitudes or stereotypes that are learned and mediated by a number of psychological constructs, in terms of cognitive beliefs, feelings and associated behavior" (p. 406). Students tend to be wary about revealing information especially to staff members. Students also disclose their mental health challenges because it might be seen as a form of weakness. Neil Quinn, Alistair Wilson, Gillian MacLintyre, and Teresa Tinklin (2009) also mentioned that in a study of help-seeking found that the portion of students who did not receive services range from 37% to 84% (p. 406). A very small proportion of students facing mental health move forward to seek help.

Teachers often feel as though they are not as experienced or qualified to be of assistance to students facing mental health challenges. A survey performed by the Mental Health Foundation (2018) discovered that teachers and/or the staff "made no links between issues such as poor accommodations, isolation and financial problems and students' mental health and did not see it as their role to solve these problems" (p. 407). Teachers also claim that the students were simply facing normal stress and even expressed that their students were falling behind due to laziness. Students would miss class for an extended period of class and the teachers would not notice their absence. Students also expressed that there was a lack of understanding from their teachers. Students expressed that teachers need to provide greater awareness.

Another study performed by Tinklin (2015) claimed that students received a lot of practical support from the disability service but that the support from the counselling services was often times insufficient. There needs to be a higher and mutual understanding from the teachers and students in order for students to succeed in schools and receive proper care and attention. In order for students to receive the appropriate attention schools need to place dedicated professionals who treat others who are faced with mental health such as a psychiatric team. Providing counseling services allows the students to better comprehend their mental health.

Misinformation revolving around youth mental health continues to be an issue. Mental health tends to have a strong connection to prejudice, negative beliefs, and attitude towards those individuals who are faced with the challenge of mental health. These prejudices play a significant role on the discrimination of individuals facing meantal health and therefore mental health among youth goess unnoticed and untreated.

Teachers spend a majority of the time with their students due to mandatory attendance which means the teachers play a crucial role in identifying the lack of resources available to students facing mental health. Early interventions in schools have been recognized as an important factor in reducing future behavioral problems. Mental health programs in schools have been effective for students in rural areas or students in racial and ethical minorities. School-based mental health practices have been slowly expanding in schools around the United States. School-based mental health practices should be rooted in a public health model of prevention where mental health needs are addressed. The article *Educators' perception of youth mental health: Implications for training and the promotion of mental services in school*s by Jungrim Moon, Anne Willifors, and Amy Mendenhall (2017) mentioned that

> The focus on population-based approaches necessitates multi-sector collaboration and school-wide implementation of mental health interventions, which has created important shifts in two areas within school-based mental health. First, teachers and school support staff are regarded as important mental health resources that have been traditionally underutilized. Second, the role of school leadership is increasingly emphasized in leading the multi-sector and system-wide efforts to promote mental health of all children in school (p.3)

Administrators' knowledge and awareness of mental health are important factors in promoting mental health interventions in school settings. Administrators who demonstrate knowledge regarding youth mental health are more likely to be more effective in overcoming barriers to successfully carry out mental health interventions.

Advocating for youth mental health is also extremely important. The community as well as people worldwide need further information regarding mental health. As previously stated many teachers mistake a students poor academic success as laziness when their mental health is

responsible for their academic success. Teachers feel they are not properly trained or informed to treat or diagnose youth mental health. In order for teachers to understand what is occurring with their students they need to be better informed about mental health. Adding on to the teacher being better informed, teachers also need to be better trained in identifying characteristics that may lead them to believe that their students are being faced with mental health challenges. In the article *Educators' perception of youth mental health: Implications for training and the promotion of mental services in school*s by Jungrim Moon, Anne Willifors, and Amy Mendenhall (2017) discovered that, "the results from the descriptive analyses in the present study indicate that a majority of educators and administrators take students' mental health issues seriously and regard mental health topics as relevant to their jobs" (p. 30). Teachers are willing to assist their students but with little training there is not much they can do. In this study, it was also discovered that educators and administrators have a strong desire to improve their schools ability to address mental health needs among their students. The study suggests that in order for teachers to be of help instructors need to provide extensive training, build their knowledge, awareness, and capacity to effectively address mental health in a school setting. A variety of programs need to be adopted in order to increase mental health knowledge among educators. A few of the programs mentioned were Youth Mental Health First Aid and Go-To Educator training. Many teachers want to understand mental health disorders, behavior management techniques, and specialized skills such as social skills, these were the top three areas that require further training according to the study performed by Jungrim Moon, Anne Willifors, and Amy Mendenhall.

Many adolescents mental health conditions go mistreated and misdiagnosed. Administrators and teachers do not have the resources or appropriate training to assist students who are facing mental health challenges. Students fear seeking help due to negative connotations associated with mental health. In order to help students facing mental health challenges, teachers need to receive better training, mental health needs to be a subject that is more openly spoken about, and resources need to be implemented in schools.

Method (Centered and Bolded)

Many students face the challenge of mental health starting in elementary school and

throughout high school. Very little is currently being done to support our youth. Therefore, for this Capstone Project the researcher investigated the importance of incorporating a mental health specialist within schools and why it is so important to have specialists in schools in order for students to succeed. Based on an analysis of the data and the relevant research literature, the researcher used what she learned to formulate an action that responded to the focus issue in a way that inspired, informed, or involved a particular audience.

Context

AIM Is currently located in the Monterey County. Their goal is to advocate for youth mental health as well as providing research to further assist our youth challenged with mental health. The Salinas Union High School District develops educated learners to the highest standards, preparing them to achieve their life's aspirations and to be productive citizens in a global society.

Participants and Participant Selection

I was able to converse with Salinas Union High School District as well as two mental health specialists who were able to participate in this study. This group of prospective participants were invited to participate because they have relevant experience/expertise/knowledge/membership in youth facing mental health.

      Researcher. Mental health within our youth is meaningful to me because I personally know the hardships that come with mental health and I know how much mental health affects the child going through mental health and the family, especially when there is no support for offered to the children. I believe that I am qualified to carry out this project because I have personal experience and I believe that providing support for our youth is extremely important in order for our youth to thrive in schools and our in our community. Mental health has no boundaries, meaning that there is no specific race, ethnicity, or social class that it strikes. I believe my research will have no biases due to the fact that anyone can be impacted by mental health.

Semi-Structured Interview and Survey Questions

1. What do you see as the challenge with mental health within youth; or what are you concerned about when it comes to mental health within our youth?

2. How are schools able to respond to mental health issues? Or, what is currently being done to improve the use of mental health specialists in school - by whom - and do you think this is good, bad, or indifferent? Why?

3. What do you think should be done in support for our youth challenges with mental health in schools?

4. What do you think are the obstacles on supporting our youth going through the challenges surrounding mental health? What boundaries currently stand from proventing in school support?

5. Is there anything else that you would like to say about our youth and mental health and/or the improvement of providing support for youth challenged with mental health?

Procedure

Participants were interviewed. All interviews were done individually. When it was not possible to interview participants in person, they will be invited to complete a phone interview or paper and pencil survey of the same questions. Face-to-Face interviews will take less than one hour, be audio-recorded (with participant consent), and take place within school grounds and/or in organizations office. A semi-structured interview formal will be used for face-to-face interviews, to allow for follow-up questions to unclear, interesting or unexpected responses. All interviews/surveys will be scheduled at the convenience of the interviewee and should take approximately 20 minutes to complete.

Data Analysis

        Transcribed interviews will be coded and analyzed for emergent themes.

d/or the improvement of providing support for youth challenged with mental health?

<p align="center">Results</p>

        For this Capstone Project, the Salinas Union High School District and AIM For Youth Mental Health were interviewed to see what they think could be done to improve the services provided for our youth facing mental health challenges. This is important because many schools around Monterey County lack support for adolescents facing a mental health challenge. Based on an analysis of the data and the relevant research literature three themes emerged (see Table 1). Evidence-based decision making required evaluating each potential Action Option by the following criteria: effectiveness; accessibility; and cost. In order to implement change in schools around the Monterey County we need to see how effective each action option will be, how easily accessible is it for students, and what these action options mean in terms of money for the school district. Based on the evaluation of each Action Option an action will be recommended and justified.

Table 1

Evaluation of Action Options

	Effectiveness	Accessibility	Cost
Train staff members	High	High	Low
Advocating for youth mental health	Moderate	High	Low
"Wellness Center"	High	High	High

Trained Staff members Action Option 1

The Salinas Union High School District recognizes the need for mental health professionals in their schools and have taken proactive steps to be responsive to this growing disorder. There are Monterey County Community Health Therapists and community human service counselors at every high school supporting drug prevention, and Sticks and Stones counselors at every middle school providing counseling to those students who have experienced trauma. Juliann, the member of the Salinas Union High School District who I spoke to has personally partnered with Monterey County Behavioral Health in support of trained administrators, counselors, school psychologists , probation officers, community agency partners, to be able to conduct suicide assessments in cases where a student is experiencing a mental health emergency. There are close to 200 staff members who will be able to respond to students. They also currently have two licenced social workers who are working within the Salinas Union High School District. The two social workers were incorporated in the district this year and hope to grow the trend to have one in every school.

One of the first countries to incorporate staff training was Brazil (2014). Brazil is considered the pioneer because few researchers had examined adolescent mental health in the school environment. Many countries also neglected the evaluation of the effectiveness of any interventions developed for teachers. According to Vieria, Gadelha, Moriyama, Bressan, and Bordin (2014)

Children spend most of their early years in school and their time which is why it is so important that staff members are able to identify those students who may have signs of mental health challenges. Brazil decided to conduct a study to determine if staff training was effective. This study wanted to evaluate teachers prior ability to identify and refer middle and high school students with possible mental health difficulties. This study also wanted to "evaluate the effectiveness of a psychoeducational strategy intended to develop public school teachers' capability of identifying those children and adolescents who needed mental health evaluation and to make the appropriate referral" (Vieri at. al.). Teachers were asked to make a list with the names of current students that they thought may need mental health evaluations. For this study

teachers attended a four hour training program. The program was divided into two consecutive weeks and further divided into two hour sessions.

When conducting the study the first week, a standardized lecture was delivered "followed by theoretical and practical training on types of mental health problems that affect adolescents and their impact on school life. Training included differences between normal behaviors expected in adolescence and abnormal behaviors that represent signs of psychopathological conditions or risk for the development of mental disorders; and the impact of mental health problems on adolescents' cognition, thought, behavior, feelings, and social skills" (Vieri at. al.). The second week covered what the previous training covered and moved on to "emphasis upon possible behavioral changes, decrease in school performance, and distress resulting from mental health problems. Information about when and where to refer students, who had signs of mental health problems, was then given to the teachers" (Vieri at. al.).

Due to this study teachers acquired knowledge and would recommend trading for other teachers from other schools. Even though teacher training had positive results these teachers had suggestions about improving training and one of their suggestions was extending the duration and including discussion of real life cases. Teachers also suggested that the educational program should not only cover real cases, but also give practical guidance on how to deal with students' disorders in classrooms. Teachers also believe that in order for the training to be successful there has to be cooperation of both school teachers and administrators to guarantee implementation and sustainability. There also needs to be communication between school administrators and mental health professionals. To ensure financial support for effective training programs, mental health needs to be included in the public policy for education. In order to familiarize staff members with basic concepts there needs to be an inclusion of child development and mental health topic in the beginning of their career. This article stated that these two concepts should be a part of a teachers continuing education which would encourage them to develop healthy habits in the classroom and help them assist students who are challenged with a mental health disorder.

The study conducted in Brazil should one that the Salinas Union High School District looks towards. The study proved that providing teacher training for an extended period of time can help the teacher determine when a student is facing a mental health challenge. Like the study

proved, training would have very little effect if it is only conducted twice a year for two hours, meaning that teacher training needs to be conducted multiple times a year so teachers are better suited to assist all their students facing mental health challenges.

Advocating for youth mental health Option 2

AIM for Youth Mental Health is a local organization. Their purpose is to provide funds for youth mental health research. According to AIM (2014), "Our Scientific Advisory Board (SAB) strategizes the most effective ways to fund research to help youth today. They are working to develop models for training clinicians to implement evidence-based treatments in real-world settings where children receive care. The SAB, representing major research institutions throughout the world, is comprised of a diverse and distinguished group of doctors in the pediatric mental health community. AIM Youth Mental Health is a member of the International Alliance of Mental Health Research Funders (2014)" AIM does not directly provide services, but rather funds for research for youth "ages 4-26 who are struggling with mental health disorders and the studies help them through various methodologies" (Knight, 2019) Currently there are no plans in providing counseling in schools. Besides providing funding for research, AIM also advocates for youth mental health. AIM stated that, "We are building a movement with a positive, forward-thinking focus. Our annual AIM for Awareness Ad Contest and Walk and Rally help to raise awareness simply by talking about youth mental health" (AIM, 2014). AIM hosts a series of events in Monterey County to "bring more awareness to the mental health crisis of our nation's youth and bring information and resources to youth, families, educators, and healthcare professionals" (Knight, 2019).

According to Advocacy for Mental Health by The World Health Organization (2003), "The concept of mental health advocacy has been developed to promote the human rights of persons with mental disorders and to reduce stigma and discrimination. It consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations" (pg. 2). Advocating for mental health can inform and educate those who are unaware of mental health and intrun reduce the stigma that surrounds mental health disorders. Advocacy can also create change to better improve the assistance or

resources to those that are affected by mental health. Advocacy also gives a voice to the individuals and families impacted by mental health. Advocating for mental health can also create a support system from a range of organizations, mental health professionals, and even the government. The World Health Organization mentioned that, "Advocacy is considered to be one of the eleven areas for action in any mental health policy because of the benefits that it produces for people with mental disorders and their families" (World Health Organization, 2003, p.2). This means that awareness is a top priority in order to create change and bring awareness to mental health disorders. Advocating for youth mental health can raise awareness, inform, educate, train, help, introduce counseling, defend, and denounce.

Unfortunately, in many parts of the world mental health disorders are not regarded with the same importance as physical health challenges. Without advocating for mental health there is a lack of mental health services, unaffordable cost of mental health care, lack of consistency between mental health and physical health, need for information about treatment options, stigma, and absence of treatment programs in schools. Concrete evidence that advocacy can improve a person's mental health challenges does not currently exist. Advocating for mental health can implement change in order to meet the needs of those challenged with a mental health disorder.

A number of countries including the United States have begun to advocate for mental health disorders. Advocacy groups have been created and among these advocacy groups "are consumer and "survivor" organizations and a range of nongovernmental organizations. In several countries, advocacy initiatives in favour of mental health and persons with mental disorders are supported and, in some cases, carried out by governments, ministries of health, states and provinces" (World Health Organization p. 3). This means that many nongovernmental organizations are in support of mental health as well as government officials, leaders of mental health, and states.

Advocating for mental health in many countries has helped to change the perception of many regarding those challenged with a mental health disorder. Advocating for mental health has increased treatment options. When those who are challenged by a mental health disorder work alongside their families it may in turn increase positive outcomes. Mental health patients have played a very crucial role in advocacy. They have influenced policies as well as providing further

help for others with a mental health disorder. The families of individuals facing mental health challenges have become advocates and educators. Family groups have increased the support of policy makers, have reduced the stigma surrounding mental health disorders as well as decreasing descrimination, and families have been fighting hard to improve and provide services. Mental health professionals have also taken a role in protecting the rights of their patients as well as racing awareness inorder to improve services. The World Health Organization mentioned that many mental health professionals "empathy for persons with mental disorders and become advocates for them over some issues" (p. 4). Many advocacy groups hold events and in these events they distribute educational materials such as brochures, pamphlets, posters, and videos. Other potential benefits of advocating for mental health include building self-esteem, feelings of well-being, enhancing coping skills, and strengthening support groups. Advocating for mental health little to no funding.

The purpose of advocating for mental health is to aim for changes. Advocating for mental health can also reduce the stigma associated with mental health and promote the rights of a person with a mental health disorder has. According to The World Health Organization "Advocacy is one of the 11 areas for action in any mental health policy because of the benefits that are produced for consumers and families" (p. 9). Over the recent years the needs of those challenges with a mental health disorder have become visible. Mental health disorders continue to be neglected in many counties which is why creating awareness and advocating for mental health is so important.

In general by creating awareness and advocating for not only youth mental health but mental health in general treatment options can be easily accessible. Awareness can also benefit our youth by implementing awareness and acceptance. This way instead of students feeling embarrassed or ashamed to speak about their mental health disorder they feel comfortable and this way they can also receive the appropriate attention.

Creating Wellness Centers Option 3

The Salinas Union High School District will be the pioneers of implementing Wellness Centers within the school setting in the Monterey County area. Wellness Centers are in their first year of implementation. The first two Wellness Center were opened up this past August 2019.

There is one Wellness Center in Everett Alvarez High School and one in Harden Middle School. These two schools have two licenced social workers and the district hopes to eventually have one in every school. They are hoping to open two new Wellness Center each year and hope to grow this trend in other areas.

A high school in Palo Alto, California had created wellness centers in 2016 providing support for students (Kadvany, 2016). The Wellness Center had been been visited about 2,500 times by students stopping at the wellness center for mental health counseling or a simple snack. Before the school year started the school gave a presentation on the new space. According to Palo ALto School Wellness Centers Provide Support, Coordination by Elena Kadvant (2016), "The centers, are helping the district to achieve several ambitious goals, school representatives and students said Wednesday: increasing students' access to mental health services, decreasing stigma around seeking help and coordinating care" (pg. 3). The wellness center are there to increase the overall wellbeing of their students.

The Palo Alto High School took unused space around the campus and transformed them into Wellness Centers. They painted the walls, added comfortable couches, coloring books, appealing signs, as well as teas and snacks for the students. This center also provides a physical space to enhance the school's effort to increase their students' overall wellbeing. Wellness Centers brought health related staff members under one specific area on the campus, including school psychologists, nurses, and wellness outreach workers. These workers meet the needs of students' social-emotional health, academics, physical health, or any other complication that they may be experiencing. Kadvanta stated that, "The Idea of wellness centers is it's one door" (Kadvant, 2016, p. 8). Wellness centers are a one stop area. This means that students can walk into the wellness center for anything that may need which can range from a mental health counselor, to a place they look for to take a break from the stress school may cause.

According to Kadvant (2016), "There have been approximately 2,526 drop-in visits at Paly and Gunn's wellness centers. The majority (890) came in for a snack; others visited the nurse (396) or simply needed a break (302)" (p. 9). Moreover, 4,211 students drop in the wellness centers for direct services such as counseling or meeting with a school nurse. About 62% of students sought counseling due to psychological challenges which include depression,

panic attacks, post traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), or other anxiety of mood disorders. 29% of students visited the wellness center for social emotional support relating strictly to social dynamics of relationships. Schools have referred almost just as many male and female students but female students have been referred slightly more than males specifically 53% were females and 46% were males. Any school official form teacher, staff, and even students can refer students to wellness centers. Higher rates of juniors and freshmen have been visiting the wellness centers. Juniors visit the wellness because it is academically challenging and because they are preparing for college courses. There is a rise in the number of freshmen visiting the wellness center.

Kadvant mentioned that,"High school students said that the wellness centers are having a visible impact on students and school climate, from simply offering busy students a relaxing space to grab a much-needed snack to providing a higher level of coordination between groups working wellness-related efforts" (Kadvant, 2016, p. 20). Wellness centers are providing an environment where all students can turn to for any kind of support, it is not specific to meeting the needs of students who are challenged by mental health. Students feel comfortable walking into the wellness center when they are positively greeted, it is a comfortable space, and have calming activities that students can do. The wellness center in Palo Alto provides support for clubs around the school such as the Queer Straight Alliance (QSA).

Wellness center in all high schools, including those in the Salinas Union High School District can provide direct counseling, support for all students, and a place where students can take a mental break from all outside stressors. It is a comfortable environment where students feel welcomed and comfortable. Students facing a mental health challenge can easily access the appropriate attention and care they need.

Conclusion

The best option in order to create change is the implementation of Wellness Centers in all schools. Wellness centers provide direct support for students with a mental health disorder, teacher or any other school staff can refer students to the wellness center, and in order for students to know about a wellness center they need to be introduced to this new space and explain the purpose of the wellness center. A very important limitation that wellness center can

create is that the Salinas Union High School District has limited funding which is why they can only open a handful of wellness centers at a time. Also, hiring mental health professionals comes at a high price. Due to these two factors, schools can only open a very few number of wellness center at a time when it is known and proven that mental health disorders are at such a high demand. A quicker process needs to be set in place in order to create wellness centers within the following year and provide services to those students with a mental health disorder.

Action Documentation and Critical Reflection

The focus issue was implementing support in schools for students facing a mental health challenge. In order to gain information I interviewed representatives from the Salinas Union High School District, as well as AIM for Youth Mental Health. Three of the action options that emerged were training for staff members, advocating for youth mental health, and creating Wellness Centers. The action option that I chose to implement was advocating for mental health. I chose this option because it was the option that was best suited for me and that I was able to carry out.

Action Research Project Documentation and Reflection

https://sushernandez.wixsite.com/mysite-3
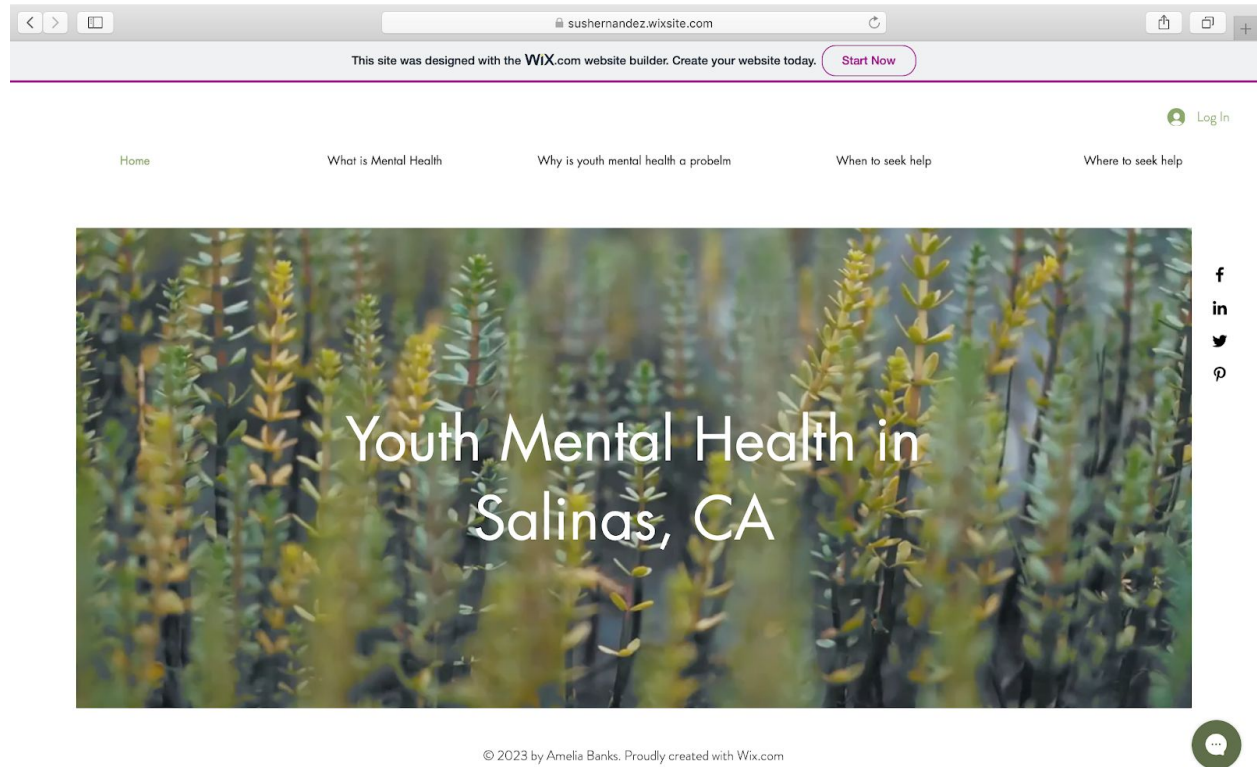
For my action option I decided to advocate for youth mental health specifically in Salinas. As seen above, I created a website which explains what is mental health, why it is a problem, when to seek help, and contact numbers when seeking help. I believe it is important to begin by introducing what a mental health disorder is followed by the importance of mental health. Those who navigate the website will also have a list of warning signs that are associated with mental health and a handful of number some which are local and others are nationwide who support youth mental health and mental health in general.

What I learned while conducting this project was that many parents are interested in learning more about mental health disorders. Parents also want to know what they can do to help their child or other students that are facing mental health challenges. Though this project I also learned that currently many schools in Salinas have mental health professionals who are at the school for a few hours a day. These mental health professionals accumulate a list of students seeking help. When they cannot see everyone in one day , they implement a wait list. This is a big concern for many parents of these students. A response that I received was that many people

have or know someone that has struggled with a mental health disorder and they informed me that mental health is a lot more common than we tend to think. When I was in high school there were fewer resources in school. I believe the schools should have created change years back when mental health disorders have been around for many years now. A very important next step is to speed up the process of creating wellness centers instead of implementing them within a handful of years. Though this project I reflected on a period of my life I do not like to relive or talk about but, it is extremely important that I talk about my experience, create awareness, provide others with sources, and let those who are facing mental health that there is always a brighter day and things can only get better.

Synthesis and Integration

The Liberal Studies MLOs, the required coursework, and this Action Research Project has impacted my professional development by developing my thinking, writing skills, and speaking critically regarding general knowledge and responsibilities of the California public education in the classrooms and community. I gained skills and applied perspectives of the Education Foundations to my developing professional practices. I was able to evaluate my own experience as well as others experienced by their identity, practices, and societal institutions. I was able to critically examine the value of diversity and multiculturalism. I was able to use technology effectively for investigation, expression, design, and collaboration. I was able to reflect on the role of technology for innovative teaching and learning, and effective instruction. Though this project I was able to combine disciplinary knowledge, community experience, and reflective practice to become ethically and socially responsible educators working toward a just and sustainable world. I was ab;e to identify and pursue paths for social change. I collaborated with stakeholders to advocate for access, equity, and justice in public education. I was able to demonstrate competency in this subject area content and complete a coherent depth of study for successful practice in California public education.

In order to become the professional that I envision of being I need to further expand my education as well as being able to conduct my own classroom. I also want to be exposed to various areas of the educational system in the Monterey County area in order to be knowledgeable of my community. I also see as necessary being aware of any other areas that

schools lack and educating myself in that area in order to assist my students. My students will be my top priority which means that I need to take all the right steps to meet all of my students' needs.

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