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Mental Health and You

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Abstract

The Latinx community at the Epicenter in Salinas dealt with mental health illnesses, as well as were brought up with machismo attitudes. This population has a strong stigma against getting help with their mental health. Being faced with immigration, poverty, discrimination and inadequate conversations about health, drives a spike in anxiety levels. Consequences of not dealing with mental health illnesses include unresolved emotions are generational trauma, self harm, substance abuse, and unhealthy relationships. The project created to get in front of this problem was a dialogue series of conversation starters for people who want to open up. The purpose of this project was to have an in person communication dialogue about why it's important to be so upfront about how one is feeling. From speaking to multiple Latinos a common theme was that they never got to express how traumas made them feel. It is recommended that this project be continued as a social experiment to have a more comfortable feeling of getting people to talk about their generational trauma, their worries, their feelings and their coping mechanisms.

Keywords: mental health, Salinas, anxiety, adolescents

Agency & Communities Served

The Epicenter is located in a residential area on the south side of Salinas, CA. Here at “The Epicenter we exist to empower at risk and system involved youth ages 16-24 to flourish by connecting them to community resources that provide opportunities for equity and hope in order to improve youth outcomes in Monterey County.” (The Epicenter, 2014) This center also takes on the representation of a home-style feeling where expression of oneself is immensely encouraged by staff. They are in partnership with Monterey County Child Welfare Services and VOICES (Voice Our Independent Choices for Emancipation Support). VOICES began its process of engaging youth and adult leaders in 2013. Taking into consideration current and former foster youth, they vocalized that the lack of location to access resources was a big challenge for them. With all this need for such a location, the planning began and a community was prepared to launch a small house off Maple St. in Salinas with a team of nine youth-founders and a Steering Committee made up of leaders from other programs such as Mental Health, Child Welfare, Probation, Public Health and Health, and Human Services.

The Epicenter is a resource-based center that offers on-site services such as exploring housing options, knowledge about financial aid and applying to college, employment assistance, and health & wellness which includes things like navigation of local services and a community kitchen. The center supports four other programs, Youth Council, California Youth Connection, Our Gente and The California Friday Night Live. Together these programs and services provide better situations for the youth of Monterey County.

Problem Description

Adolescents are unaware of how to deal with their mental health identities. This sense of wandering around not being able to comprehend a person's emotions can lead to unresolved mental health problems as an adult. According to the CDC (2016), the National Survey of Children's Health reported that 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis. 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem, 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety, 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression. Looking at this data and the ages of these kids, there is awareness that age 3-15 is not in the Epicenters demographic category. However, if these children never get the help or attention they need, this will only pose a greater threat to their mental health when they reach their adolescence and then into adulthood. These diagnoses can be from unprocessed trauma, social isolation, experiencing discrimination, poverty or social disadvantage, bereavement, homelessness, or domestic violence.

Contributing Factors

Unprocessed trauma

Unprocessed trauma during childhood leads to a stunt of emotional growth. An article "The Biological Effects of Childhood Trauma," reviews the studies on neurobiological sequelae of childhood trauma in children and adults with histories of childhood trauma. They describe childhood trauma experiences as direct trauma exposure, witnessing trauma or having knowledge of trauma that happened to a close friend or relative. Types of trauma that leads to progressed distressed are motor vehicle accidents, bullying, terrorism, exposure to war, child maltreatment

(physical, sexual, and emotional abuse; neglect) and exposure to domestic and community violence are just a couple. We can see a higher rate of stress in children who are among low income areas.

Trauma is trauma. When speaking to multiple colleges, what was concluded that there was some sort of unprocessed emotion that was either turned into a family joke or they still live with it to date. Post traumatic stress disorder (PTSD) is often used to tell ex military personnel that they are not okay. Society has labeled it to people who have experienced war, shootings of another person and deaths of a friend. The American Psychiatric Association (2020) describes posttraumatic stress disorder (PTSD) as a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault. These are very extreme situations for humans to the point an average person does not believe they are candidates for being a part of this “trauma.”

Lack of emotional intelligence

In many households feelings go unspoken about, situations are not addressed and youth are left more in the dark about what they are comprehending about themselves. It may seem to a young person that their guardian has never even cried in their lives. The bottling up of feelings has now left into a young person's life. They aren't aware of what to feel and how to address it. This brings in a lack of emotional intelligence. This affects the quality of our influences on behavior and relationships. Having a low emotional intelligence ability can cause difficulties in communication, induce stress and anxiety, escalate the conflict, harm relationships, and

ineffectively overcome challenging aspects of life (Durllofsky, 2018). Young people then grow up to be adults who raise children with low emotional intelligence. The problem feeds itself.

Consequences

Alcohol and other drug concerns

According to the World Health Organization (WHO), not addressing adolescent mental health extends into adulthood and can limit opportunities to fulfill successful lives as adults. In adolescence there are high volumes of risk-taking behaviors such as substance use or sexual-risk taking. Heavy drinking among adolescents is prevalent around ages 15-19, with men at a higher risk (WHO, n.d.). Not knowing how and who to express feelings to these explained behaviors above lead into adulthood leaving them in difficult financial situations, substance abuse dependency or sexually transmitted diseases.

Social isolation & suicide risk

A huge majority of humans are social beings. Energy to be a contributing member of society is what drives a huge portion of people. However, no support or validation of how a person feels leads to isolation from loved ones. The feeling of being alone can lead to suicide, which is the third leading cause of death among adolescents (WHO, n.d.). The American Psychological Association (2019) studies the effect of social isolation and loneliness with physical, mental and cognitive health. A person's brain is not fully developed until age 25. This means that in the adolescent stage of development their brain is very sensitive to anything that deems unhealthy for mind stimulation.

Problem Model

Contributing Factors	Problem	Consequences
Unprocessed trauma	Adolescents are unaware how to deal with their mental health identities	Alcohol and other drug (AOD) concerns
Lack of emotional intelligence		Social isolation and suicide risk

Capstone Project Description and Justification

Capstone Project

This project is based on an adolescent lack of thought to process their emotions. We present a series of comics that begs the statement, “Let's have a conversation.” This series of comics is a quick introduction of who you can talk to and how you can start talking to them about your feelings of uncertainty. The series has approaches to discussing feelings with a person of importance to your life. This is just a dialogue starter, it won't have all the answers, just the knowledge that someone has the potential to listen.

Project Purpose

Hurt people hurt people. A society may not see this because how much can a kid really hurt? They don't know what stress is for their kids in their prime sense of health and opportunity. This project is saying different things, these kids are hurting. Motivation (2019) wrote an article, Signs You Lack Self-Awareness. It includes a couple of assumptions which are; the refusal to listen to other people and assume that your ideas are the right way, when a person's ideas are challenged a person gets defensive when feedback is received, these people are often labeled as

bullies, there is a large influx of a person being passive-aggressive, it may be hard for this person to keep long term friends, and to conclude this person may not actually understand why they act the way they do. Relating these actions and looking back on a person's life they may check off a few of these things, and when this occurs, we'll see that no one who mattered in their life asked about their feelings. This project is a starting point for people to be aware that they don't need intensive therapy to gain a higher standard of emotional intelligence. This project will start the conversation by giving a different approach of how we ask people to talk about mental health. We will be asking them in a more open dialogue voluntary experience of what their feelings are regarding mental health and themselves.

Project Justification

For a lot of people, art is an emotional outlet. This project is not the next Sistine Chapel but research done by Professor Semir Zeki (2011) showed that when people were shown art their serotonin levels went up by 10%. The link between emotions and art are relevant to almost everyone. We hear people dropping out of school to pursue their dreams of being an artist. There is no guarantee they'll make it but they're doing it because it makes them happy. This project constructed as an art piece will leave a longer impression on the adolescence mind. "Why don't you just put it in a pamphlet?" Think about every brochure, flyer and pamphlet a person has thrown away in their life and then ask if those pieces of paper made anyone think about their feelings.

Initially this was a verbal dialogue approach of implementation. The reason being that according to the research article, How Do People Process Health Information? Applications in an Age of Individualized Communication, they found that individually tailored health-education

materials were more effective to people rather than a mass production of the same materials given to multiple people. Tailored communication has been identified as a one size fits all approach of addressing peoples health needs. According to Petty and Cacioppo's (1981) Elaboration Likelihood Model (ELM) found that an individual was more likely to comprehend the information given based on if the information felt personal. This is called tailored health education.

From a case management perspective example: We have two clients who want to try and manage their eating disorder. Client #1 gets a packet of information that contains how much they should eat in a day, what they should eat in a day, what they should do when they feel the need to purge and negative health outcomes regarding eating disorders. Client #2 has the chance to vocalize what their eating disorder entails. They get told what type of eating disorder they are struggling with and we begin to ask them what ways they would like to be healthier and manage their eating disorder. We then tailor together the clients goals and objectives based on what they want. In 3 months we see that Patient #1 health has declined and they are still continuing with their habits. Patient #2 has curved their eating disorder and has begun to achieve some of their goals. Those are the results of when there is an individual customization among information.

In the designed project, it is to create tailored conversations. We all don't talk to our moms how we would talk to our dads and we don't talk to our dads like we talk to our sisters. Therefore by learning a person's comfort zones we can develop a comfortable dialogue that can be adapted to our safe person or even a person that we would like to be our safe person. The project also is not just that pamphlet titled "*How to talk to your loved ones about depression.*" It is an attempt to get one person to express their feelings in the way they seem most comfortable.

Project Implementation

While attending a Mental Health First Aid training in March 2019 a simple question was asked; “Are you feeling alright?” This question brought about the idea to create a visual project and start a dialogue about this, because this question is often not brought up by our 121,000 Hispanic/Latinx Salinas residents. That’s where it began, with finding out the need for a community that they didn’t even know was a necessity.

This project was designed with the idea that it would be visually intriguing and start a dialogue. A decision was made that there should be a structure to capture people's attention and within that structure simple comics would illustrate how to start a conversation regarding mental health. The arch was constructed using copper pipe and decorated with plastic green leaves and purple lavender flowers. The colors were chosen with Mental Health Awareness color, green, in mind. Purple lavender was chosen in awareness of domestic violence which is a point of trauma that was connected to a personal life experience.

Getting the dialogue was visioned through having a couple of characters discuss key conversation starters when wanting to talk about feelings. With help from a professor, they were able to hear the thoughts about potential characters for the zines and help with reaching out to a local Queer Latinx artist. After giving local Santa Cruz artist Paolina Fisher details of what was visioned, characters were developed having an inclusive approach of gender neutral colors and queer entails. In an attempt to record data and figure out if this population is in need and or search for mental health resources, a survey was made with the help of Professor Caitlin Stinneford. After the wrap up of getting zines printed, surveys developed and arches built and decorated. It was then that it could be placed in a public place.

This project was implemented at the Latinx LGBTQ+ festival in Salinas on February 9th as a part of the resource fair as well as a stand-alone “art” piece. With only 6 surveys and a couple of words exchanged among 3 people this date did not have the expected outcome. A second opportunity was given to the project. To gather more of a dialogue. This led to the set up in Ocean Hall at the California State University, Monterey Bay campus. This location was chosen due to the high volume of foot traffic in this building.

Professor Caitlin Stinneford extended the offer for this project to be implemented in her CHHS 300 ProSeminar class as part of her mental health lesson plan. The plan was to display Mental Health & You, explain the purpose and have a conversation regarding the stigma in talking about mental health with their families. This implementation approach was to get more verbal comments on how people felt about this topic. In earlier conversation before this was a developed project it was seen that the Latinx population was related to the fact that they didn't talk about their feelings with people in their families. They often struggled with things such as depression and anxiety by themselves without knowing it.

On March 17th the County of Monterey Health Department declared a shelter in place order. This was followed by an email from CSUMB President Eduardo M. Ochoa which declared that in-person classes will not be conducted online starting March 24th. Professors were given one week to develop their plan of being a virtual class and students were given a week off. Having to adapt to online classes The project was turned into a Powerpoint and sent to all the students in the 300 class along with the survey. The survey produced fifteen more surveys and zero conversations.

Assessment Plan & Expected Outcomes

The plan for measuring effectiveness was by developing a Google survey along with having conversations to gain verbal feedback. Due to COVID-19 there was no verbal dialogue. The importance of having a dialogue is to give a background of why this project was important and who it was important for.

Due to the display of the project, this is not just another pamphlet that someone can throw away. Taking the time to walk through it and standing right next to it to answer questions about the purpose of the project. This project had the potential to strike conversations about feelings where feelings are not being told a whole lot. It is expected that people will see that there is a need in the Latinx community to talk about Mental Health. Results should show that the Salinas community does have at least one person they talk to and have a want to seek mental health support.

Project Results

This project had all the right resources as well as support. This project was originally thought up by having personal confirmations with people that sat around the table and were honest about how their cultures dealt with the talk about mental health. The following are results from the conducted survey.

In Figure 1 in Appendix C we saw that 65% of those surveyed identify as part of the Latinx community. We also wanted to see if people had some type of support system. Figure 2 in Appendix C showed that those surveyed had multiple people in their lives who they considered a part of their support system.

We can see in Figure 3 in Appendix C, when asked “How often do you feel sad or lonely?” that half of the people reported feeling sad almost every day or 1-2 times per week. On a scale of 1 to 5 of not knowing anything about mental health to having a stronger knowledge about mental health, more than half reported they had a greater knowledge of mental health support (Figure 4, Appendix C). 0 people reported that they knew nothing about mental health support. This gives support to that yes people have this knowledge about resources but are they using them. When asked “How likely are you to reach out for mental health support?” (Figure 5, Appendix C) we see that 61 percent of people are likely to reach out for mental health support. The results conclude that yes people are sad and yes they are likely to reach out for mental health support.

Conclusion & Recommendations

Have more conversation about mental health when you're younger so that it doesn't go into adulthood. A recommendation to improve the survey would have been adding the question “Have you ever or are you currently reaching out for mental health support?” This question would have given more detail with regard to if people are getting this mental health support that they say they are willing to get. It's easy to say that you would reach out for something like therapy or a support group, but until you actually do it's just an empty claim.

The Epicenter should continue its weekly social support groups however, it should include more dialogue and conversations regarding mental health. In the Mental Health First Aid workshop, they detailed stories where people survived suicide attempts because someone had asked if they were okay. The Epicenter continues to have these qualities such as their daily check

ins. That gives people the opportunity to speak about what's on their mind and express situations they are troubled with.

If this project was to be continued, a social experiment approach should be attempted. There are countless videos on the internet of people being vulnerable and those are the ones that have an impact on other people. It would be interesting to see this project be put in a well trafficked area so that people can come up to it and ask about it.

In conclusion this project and its findings brought attention to the fact that a large amount of people are suffering at a higher rate than others from mental illness. There is an unspoken stigma and there's a lack of adequate information to draw a definitive conclusion on this subject.

References

- Adolescent mental health. (2019, October 23). Retrieved from
<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Clark, E., Bull, F., Kreuter, M., and Oswald, D. (2000). Are tailored health education materials always more effective than non-tailored materials? *Health Education Research*, 15(3), 305-315.
- De Bellis, M., Zisk, A. (2014). The Biological Effects of Childhood Trauma. *Child Adolesc Psychiatr Clin N Am*, 23(2), 185-222.
- Durlinsky, P. (2018). The Benefits of Emotional Intelligence. *Psych Central*. Retrieved from
<https://psychcentral.com/blog/the-benefits-of-emotional-intelligence/>
- Holt, C., Kreuter, M. (2001). How Do People Process Health Information? Application in an Age of Individualized Communication. *Current Directions in Psychological Science*, 10(6), 206-209.
- Mental Illness. (2019, February). Retrieved from
https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154910
- Novotney, Amy. (2019). The risk of social isolation. *American Psychology Association*. 50(5), 32.
- Phillips, R. (n.d.). Art Enhances Brain Function and Well-being. Retrieved from
<https://www.healing-power-of-art.org/art-and-the-brain/>
- Time To Talk: Talking To Your Parents. (n.d.). Retrieved from
<https://www.mhanational.org/time-talk-talking-your-parents>

Appendix A

Scope of Work

Activities	Timeline/Deadlines	Supporting Staff
Attend Mental Health First Aid workshop	March 16, 2019	Sam
Discuss need for community around The Epicenter	Mid April 2019	Sam
Capstone Project Approval	September 17, 2019	Sam
Dialogue over look	October 8, 2019	Sam
Provide information for mental health grant	December 6, 2019	Sam
Finalize contex	End of January 2020	Sierra
Discover artist/art	Beginning of February 2020	Caitlin
Finalize doodles	February 6th 2020	Sierra
Build “arch” for project	Beginning of January 2020	Sierra
Create google form with evaluation questions	Beginning of February 2020	Caitlin & Sam
Create bio for display	End of January 2020	Sam & Jacob
Promote event	January 2020	Latinx film festival members
Project Debut	February 8th or 9th, 2020	Latinx Film Festival
Structure project to teach in a classroom setting	March 6th, 2020	Caitlin
COVID-19 shelter in place order	March 17th, 2020	Monterey County
Cry for one week that I won't be graduating	March 18th, 2020	Sierra

Develop project into presentation	March 20th, 2020	Sierra & Caitlin
Send powerpoint and survey to 300 class	March 24th, 2020	Sierra & Caitlin
Analyze feedback from google form	April 23rd 2020	Caitlin
Develop feedback for The Epicenter	April 30th, 2020	Sierra

Appendix B

Starting the Dialogue Script

“Welcome to your mental health breakdown. This is a series of mental health acknowledgments of dealing with the space in your head. Discussing your thoughts is never easy or maybe it's easier with certain people. Before the presentation of accessing your feelings we would like to disclaim that if you are having thoughts of self-harm or other thoughts that are not settling with you please contact this hotline 1-800-273-8255 or see a school counselor for someone to hear your voice.”

Appendix C

Figure 1: Do you identify as Latinx?

Do you identify as Latinx?
20 responses

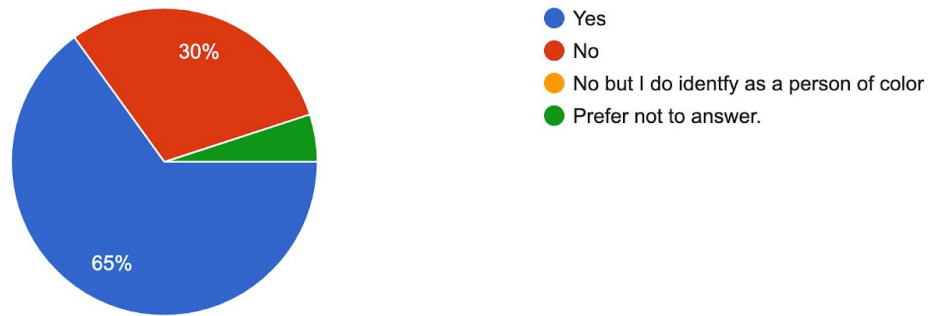


Figure 2: Who do you consider your support system?

Who do you consider your support system? (Pick all that apply)
21 responses

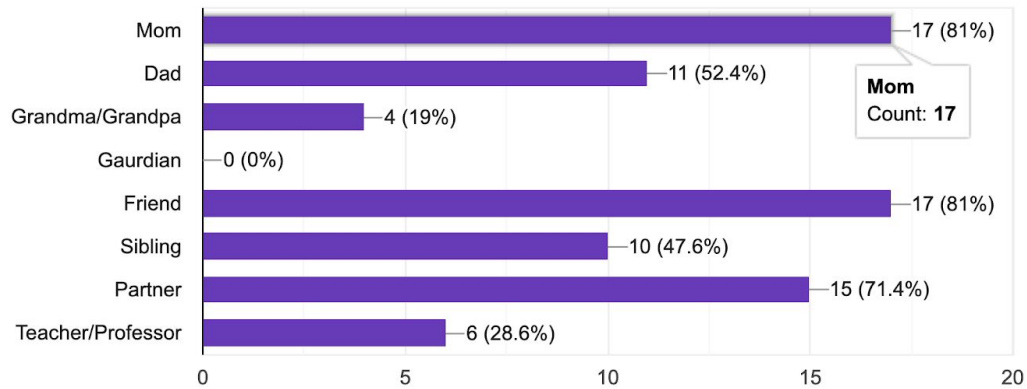


Figure 3: How often do you feel sad or lonely?

How often do you feel sad or lonely?
21 responses

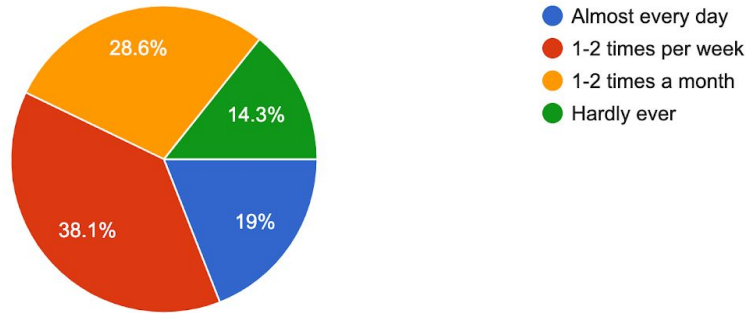


Figure 4: How much do you know about support for mental health?

How much do you know about support for mental health?
21 responses

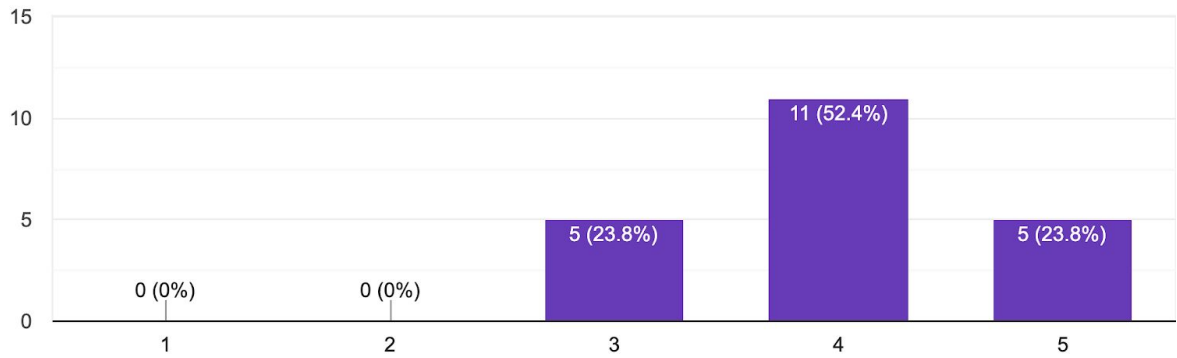


Figure 5: How likely are you to reach out for mental health support?

How likely are you to reach out for mental health support?
21 responses

