"People Don't Know How I Feel": Developing a Mental Health Curriculum For Latinx Adolescents

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“People Don’t Know How I Feel”: Developing a Mental Health Curriculum for Latinx Adolescents

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Abstract

As rates of mental health issues worsen for Latinx adolescents, many barriers to utilizing mental health services increase. Mental health education shows promise in improving outcomes and decreasing potential barriers to utilization of mental health services among Latinx high school students. The purpose of this project was to pilot a mental health education course with Latinx (gender neutral term for Latino/a) high school students in Marin County and to evaluate its outcomes. A mental health curriculum and evaluation surveys were constructed, which focused on mental health knowledge, help-seeking, and attitudes and beliefs. Seven Latinx female high school students from Marin County participated. Analysis of qualitative data from the pre- and post-test surveys demonstrated that after the course all participants agreed that not seeking help when facing mental health challenges would result in negative outcomes, and seeking such help would be beneficial for them; more participants disagreed that asking for help when needed would make them look weak; and more participants indicated they were now very likely and confident to seek help if they believed they are facing mental health challenges. One unexpected outcome was that compared to the pre-test, more participants in the post-test agreed that they would avoid a person who had mental health challenges. Further evaluation should explore this outcome. Recommendations for integrating mental health educational interventions into high school curriculums are discussed.

Keywords: Latinx adolescents, mental health challenges, mental health issues, mental health curriculum, high school, help-seeking, knowledge
Executive Summary

Latinx (gender neutral term for Latino/a) adolescents are at high risk for developing mental health issues, including depression and anxiety disorder, and display high rates of such. Their vulnerability for developing mental health issues stems from their developmental and biological changes occurring at this time, environmental and societal stressors, and increased responsibilities and roles.

Although these significant rates of mental health issues exist among this underserved population, Latinx adolescents’ utilization of mental health services is significantly low. Untreated mental health issues among Latinx adolescents can result in many negative outcomes, including poor academic functioning, school dropout, risky behavior (e.g., substance abuse, running away from home, and unsafe sexual practices), incarceration, exacerbation of mental health issue, suicidal ideation, and suicide. Latinx adolescents’ use of mental health services is significantly low for the following reasons: lack of mental health education, inability to recognize symptoms, lack of knowledge on beneficial mental health services and resources, stigma, lack of culturally appropriate mental health services, language barriers, school climate, and poor patient-provider relationships.

Mental health curriculums integrated in the school can be beneficial to educating Latinx adolescents on mental health issues and improving their utilization of mental health services. Two health curriculums have demonstrated significant results in making these changes: “The Mental Health and High School Curriculum Guide” and the “¡Cuidate!” curriculums. For this project, a mental health curriculum was constructed, working off of themes from the two successful curriculums, and piloted with Latinx high school students from Marin County. Aims of the curriculum were the following: increase knowledge and awareness of mental health issues,
increase positive attitudes toward mental health issues, and increase skills and information on help-seeking among Latinx adolescents.

Seven female Latinx high school students from Marin County were recruited by flyer and by Huckleberry Youth Program staff members. Prior to the start of the course, participants were given verbal informed consent. After all participants consented, they were provided with a hard copy pre-test survey (excluding one of the seven participants who came in after participants completed the pre-test). Immediately following the course, participants completed a hard copy post-test survey. Both surveys assessed for participants’ knowledge, help-seeking behavior, and attitudes and beliefs toward mental health issues. The post-test survey had additional questions assessing for participants’ evaluation of the course. All survey data was inputted and analyzed using Microsoft Excel and Google Docs.

Participants indicated in the pre-test that they were aware of the benefits to using mental health services when needed, but they still felt that seeking help would make them look weak. However, during the post-test, participants were able to specifically describe benefits to seeking help. Additionally, they were less likely to believe that seeking help when needed would make them look weak and indicated they were more likely to seek help when needed. Participants also demonstrated in the post-test that they were more knowledgeable on mental health services and were able to describe them more specifically. Finally, during the post-test, more participants believed that there could be a possibility that they could be experiencing mental health issues, such as depression or anxiety. Unexpectedly, all participants indicated on the pre-test that they would not avoid a person with mental health challenges, whereas on the post-test, some participants indicated that they would avoid a person with mental health challenges.
Recommendations for further implementation of the course include detailing more specifics regarding symptoms of both anxiety and depression. The course should also discuss more specifics on negative outcomes of untreated mental health issues, as some participants were unable to provide specific answers to this topic. Future integration into the school’s curriculum should be divided by topics throughout multiple days, in order to cover a broader range of crucial information.
Literature Review

Background

Latinx (gender neutral term for Latino/a) adolescents are a growing population, with around 15.4 million who are under the age of 18 (Garcia, Gilchrist, Vasquez, Leite, & Raymond, 2011). In San Francisco, Latinx adolescents take up almost twenty percent of the whole adolescent population, and in Marin County, 12.4% of adolescents are living in low-income households (Kids Data, 2014; Simmons, David, Larsen-Fleming, & Combs, 2008).

Latinx adolescents display higher rates of mental health issues, compared to their White counterparts (Garcia et al., 2011). These mental health issues include depression, anxiety, post-traumatic stress disorder, and more (Beehler, Birman, & Campbell, 2012; Garcia et al., 2011). In one study comprised of a sample of 9,863 adolescent students, researchers found that among all ethnic and racial groups, Latinx adolescents reported the highest rates of depression (Lee & Liechty, 2015). In another study assessing for mental health issues among Latinx youth, researchers found that among their sample size of 9,863 students, 15% of Latina females in 9th grade reported having attempted suicide, compared to only 9% of White females in 9th grade (Garcia et al., 2011).

Data in San Francisco looking at mental health issues in Latinx adolescents are no different. The San Francisco Health Improvement Partnership [SFHIP] (2016) found that among high school aged adolescent students in San Francisco schools, 37% of Latinx reported prolonged sadness, a symptom of depression. Between the years 2002-2006, data reported four suicides by Latinx adolescents in San Francisco (Simmons et al., 2008).

Despite these high rates of mental health issues among Latinx adolescents, they are significantly less likely to utilize mental health services and resources. Data has found that
nationally, less than 10% of Latinx adolescents who are in need of mental health services actually utilize these services (Bains, Franzen, & White-Frese, 2014). In San Francisco, reports show that of adolescents in need of mental health services, only 25% of Latinx adolescents utilize these services, including counseling in high schools (Simmons et al., 2008).

The following review examines previous research that explains why Latinx adolescents have high mental health issues, what negative outcomes occur when they leave their mental health issues untreated, why their utilization of mental health issues is so low, and what interventions have been implemented and have shown promise to address this issue.

**Underlying Causes for High Rates of Mental Health Issues**

**Age.** As an age group, adolescents are at a very vulnerable phase in their life and highly susceptible to obtaining a mental health issue. Adolescence is a crucial transitional phase in an individual’s life. This period involves both biological and developmental changes (Healthy People 2020). It also includes many social changes, such as taking on more responsibilities at home and/or at school (Healthy People 2020). Each adolescent varies in how they respond and cope with stressful situations during this time period. Because they are experiencing intense physical, biological, and social situations and changes, they are increasingly vulnerable. This vulnerability increases their susceptibility to developing mental health issues, such as depression and social anxiety (Bates, 2014). Scientists have discovered that the frontal lobe, which determines aspects of learning, judgement, strategizing, and abstract reasoning, of the brain is still in the process of maturing in adolescence (Anderson, 2015). This frontal lobe can also play a part in strategizing and learning how to cope with stressful events (Anderson, 2015). If the frontal lobe is still maturing during adolescence, this can help explain why adolescents have a
difficult time coping with stress, lacking in strategies, skills, and judgements on how to effectively deal with the stress.

**Stress.** As a minority group, Latinx adolescents are even more vulnerable to developing mental health issues for multiple reasons. A key reason for this vulnerability is the stress they experience as a minority group. They are highly likely to experience many stressful and harmful situations, such as victimization, discrimination, and trauma, that are detrimental to their well-being and mental health (Allison & Ferreira, 2017). They are also more likely to live in poor neighborhoods and households, where often violence, crime, and instability can occur, and can also be extremely stressful to experience (Bains & Diallo, 2016; Bains et al., 2014; Montanez, Berger-Jenkins, Rodriguez, McCord, & Meyer, 2015; SFHIP, 2016). Researchers have also found that low-income populations, including Latinx individuals, are 2.5 times more likely to experience language barriers, acculturative stress, economic issues, and discrimination, resulting in extreme distress in their lives, compared to wealthier individuals (Lee & Liechty, 2015; SFHIP, 2016). Extreme diversity and chronic stress on a daily basis has been found to be a major factor in the development of mental health issues in the adolescents who are experiencing it (Bains et al., 2014).

**Responsibilities.** Another source of stress for Latinx adolescents are family dynamics and increased responsibilities. The stress and pressures of taking on additional responsibilities and roles early on, as well as financial stress and increased pressures to work, can affect Latinx adolescents’ mental health. In many Latinx families, the children are often put in charge to take on family roles early on that often resemble those of older family members and parents. Latinx parents are often at work multiple hours of the day throughout the entire week in order to provide for their family. This leaves additional responsibilities to the children, such as cleaning the
house, cooking, and taking care of other family members (Ford-Paz, Reinhard, Kuebeler, Contreras, & Sanchez, 2015; Garcia & Lindgren, 2009). This may also mean that Latinx adolescents are working as well in order to assist their family financially, aside from attending school and possibly being involved in other activities (Garcia & Lindgren, 2009).

Additionally, many Latinx adolescents learn English at a faster rate than their parents because of their education in the United States. Their parents may have immigrated here or began working at a young age and were not able to attend school to learn English. This leaves the Latinx adolescents to be take on the role as translators for their parents, often out in the community and/or in the healthcare system (Ford-Paz et al., 2015).

**Media and society.** A final source of stress stems from media and society’s portrayal of the Latinx population. Adolescents are high users of social media, and with applications such as Twitter and Instagram, they have access to issues, news, and videos around the country. With more recent high rates of violence, discrimination, and racism geared toward minorities, including the Latinx population, Latinx adolescents are exposed to this negative treatment, even when not experiencing it themselves. There are also recent actions being taken to separate families who have come here illegally and to deport those who immigrated and are not American citizens. For the Latinx community, this can represent a large number of Latinx family members. Latinx adolescents are now more fearful of their family members, or themselves, being deported and what may result because of it (Garcia & Lindgreen, 2009).

In a study assessing for interventions targeting mental health issues among Latinx youth, media and society’s portrayal of this discrimination against Latinx was identified as one risk factor for mental health issues among Latinx youth (Ford-Paz et al., 2015). One participant was quoted as saying,
“The way the news talks about the Latino community, like ‘oh, we’re gonna tighten the border,’ or, ‘we need to send more border patrols.’ So all of that is directed toward Latinos, how does that make the Latino community feel? It makes the Latino community feel unwanted and makes them feel like we shouldn’t be here as opposed to every other race.” (Ford-Paz et al., 2015, p. 525).

Latinx adolescents are now more often than ever feeling the stress and fear of discrimination, racism, alienation, and deportation.

**What Are the Outcomes?**

Leaving mental health issues untreated can result in many negative outcomes. Researchers have found that Latinx adolescents with untreated mental health issues have reported poor academic functioning, higher cases of truancy, and high rates of school dropout (Allison & Ferreira, 2017; Bains et al., 2017; Bains & Diallo, 2016; Bains et al., 2014; Burns & Rapee, 2016; DeFosset, Gase, Ijadi-Maghsoodi, & Kuo, T., 2017; Montanez et al, 2015; Swartz et al., 2017). Untreated mental health issues in Latinx adolescents has also been found to result in higher cases of engaging in risky behaviors, such as substance abuse, running away from home, and unsafe sexual practices, such as not using a condom during sex (DeFosset et al., 2017; SFHIP, 2016; Swartz et al., 2017). In many instances, Latinx adolescents with untreated mental health issues are at increased risk for incarceration and can fall into continuation throughout the criminal justice system, often beginning in the juvenile system (Bains et al., 2017; Bains & Diallo, 2016; Bains et al., 2014; DeFosset et al., 2017).

Furthermore, untreated mental health issues can lead to suicide ideation and suicide attempts among Latinx adolescents (Swartz et al., 2017). According to Garcia et al. (2011), in the United States, Latinx adolescents with high rates of mental health issues are more likely to attempt suicide than their White counterparts. In San Francisco, reports showed that in 2016, 17% of Latinx San Francisco adolescent high school students considered attempting suicide.
(SFHIP, 2016). If Latinx adolescents’ mental health continue to be untreated, their rates of suicidal ideation and suicide attempts will most likely increase.

**Factors Affecting Utilization of Mental Health Services**

**Lack of mental health education.** One reason why utilization of mental health services is significantly low among Latinx adolescents is due to lack of mental health education and low mental health literacy (Swartz et al., 2017). This includes low awareness of and lack of appropriate education on mental health issues, their symptoms, and where to find resources and services (Chen, Corvo, Lee, & Harm, 2017). In their 2011 study, Garcia et al. assessed for immigrant Latinx adolescents’ knowledge about mental health resources and services. In their sample of 234 immigrant Latinx adolescents, less than 1 in 4 participants reported knowledge of a resource or service for an adolescent contemplating suicide, and less than 1 in 5 were knowledgeable of a community resource that could help someone with mental health issues, such as depression (Garcia et al., 2011). Overall, less than 25% of all participants, living in both urban and rural communities, reported knowledge on available mental health services in their community (Garcia et al., 2011).

Moreover, there is difficulty within the Latinx population to be able to recognize symptoms of mental health issues, leading them to not believe there is a problem in the first place. This problem not only lies within the adolescent, but their parents as well. Symptoms of mental health issues, without any presented externalizing behaviors and/or physical and behavioral changes, can be hard for parents to recognize (Chen et al., 2017). These internalizing symptoms can be mistaken for other internal behaviors, such as fatigue or mood changes (Chen et al., 2017). In their study, Roberts, Alegria, Roberts, & Chen (2005) found that in their sample
of 4,175 youths and their caregivers, Latinx parents were significantly less likely to recognize mental health issues in their child, compared to non-Hispanic White parents.

**Barriers and stigma.** Even if Latinx adolescents and/or their parents are able to recognize symptoms of mental health issues, there are still multiple barriers to receiving and seeking help, resulting in low utilization of mental health services (Chen et al., 2017). A main factor to why they are not seeking help, as well as a huge barrier to why Latinx adolescents lack utilization of mental health services, is due to stigma (Chen et al., 2017; DeFosset et al., 2017). This stigma that exists in the Latinx community surrounds both mental health issues and seeking help, and affects both adolescents and their parents in terms of utilization of mental health services. As Fripp and Carlson (2017) explain, stigma surrounding mental health issues can be “experienced through the actions and attitude of one’s practitioner, family members, and/or social influences” (p. 83). Stigma can be presented through other family members, members of the community, peers, and health care providers, by way of their actions and/or words.

In Garcia et al. (2011) study with immigrant Latino adolescents, researchers asked their participants about their cultural beliefs on mental health issues and help-seeking. Participants reported that in their Latinx culture, they believe that if someone visited a mental health professional, they are crazy (35%) and that they felt it is difficult to talk about feelings (43%). In addition, only 61% of participants felt that in their culture, it is okay to ask for help when dealing with depression (Garcia et al., 2011).

Turner, Jensen-Doss, & Heffer (2015) conducted a study assessing for how parent’s attitudes and perceived stigma affect their likelihood to seek mental health services for their children. In their sample size of 238 caregivers, consisting of European-American, African-American, and Hispanic parents, researchers found that stigma was significantly associated with
the likelihood of help-seeking in Hispanic caregivers for mental health services for their children (Turner et al., 2015). This meant that if Hispanic caregivers perceived that stigma surrounding mental health issues and help-seeking existed, they were less likely to seek help for their children if they believed they were in need of it (Turner et al., 2015).

Other influences on utilization of mental health services among Latinx adolescents include culture, such as cultural beliefs and standards, cultural appropriate services, language barriers, and patient-provider relationship. In Latinx culture, there are at times beliefs that mental health issues are a result of spiritual or magical causes, rather than placing the cause on biochemical explanations (Garcia et al., 2011). Also, in Latinx culture, having a mental health issue and seeking help can be seen as a weakness, going against the “machismo” (strong) value that exists in this culture, especially for males (Garcia et al., 2011).

Furthermore, there is a lack of culturally and linguistically appropriate mental health services in the United States (Garcia et al., 2011). This includes lack of providers who are bilingual, in which Latinx adolescents may not feel they can adequately express their concerns and questions if language barriers exist. This can also include adults and providers who are not culturally accepting and/or understanding of cultural values and beliefs. As mentioned previously, adults and providers can bring a certain amount of stigma into the conversation if Latinx adolescents seek help, and may not provide a safe and comfortable setting. This can all lead to difficulty in establishing a trusting relationship with an adult and/or provider, so Latinx may not feel they have a trusting adult in their life they can speak with (Garcia et al., 2011). In Defosset (2017) study, eleven Latinx youths reported they were not willing to talk about their problems and seek help if they felt they did not have a supportive and positive relationship with the adult who was reaching out or who they were referred to.
School climate can also negatively affect mental health issues and help-seeking behavior. If the school environment does not promote recognition of symptoms of mental health issues, such as depression, and seeking help when needed, this can result in a negative school climate, leaving the students feeling a lack of support and unwilling to seek help (Townsend et al., 2017). Additionally, school climate can shape an individual’s attitudes towards topics and aspects of life, and can affect their emotional and physical well-being (Hoagwood et al., 2007). A negative school climate can be created by school staff, teachers, and other students, who may bring in negative views on mental health issues and help-seeking, or who are unable to address the issues appropriately (e.g., referring the student to a specialist). Townsend et al. (2017) conducted a study in which they implemented a mental health curriculum over three days. In their analysis, the researchers found that the relationship between school climate and stigma was significantly inversely correlated, meaning that when the students perceived the school climate and environment to be positive, their reports of mental health and help-seeking stigma were lower (Townsend et al., 2017).

What Has Been Done?

One intervention that has shown promise to decrease mental health issues among adolescents is a mental health curriculum guide established, piloted, and implemented in high schools in Canada, called “The Mental Health and High School Curriculum Guide (The Guide)”. Its aim was to improve mental health among adolescents by addressing the following topics: stigma surrounding mental illness; knowledge on mental health, wellness, mental illness, and treatments; mental illness experiences, help-seeking and finding support, and importance of having a positive mental health (Kutcher, Wei, & Morgan, 2015). Its goal was to also increase
teacher and staff knowledge on mental health disorders, as well as improve their attitudes toward the topic (Kutcher et al., 2015).

Researchers have evaluated and assessed the curriculum’s effectiveness among Canadian adolescents in targeting these topics. Kutcher et al. (2015) found increased knowledge regarding the curriculum topics among their sample, assessed at pre-test (55.18% correct responses) and post-test (69.64% correct responses). Researchers also evaluated participants’ attitudes and found that participants displayed more positive attitudes toward mental health topics during their post-test than their pre-test (Kutcher et al., 2015). Both these improvements, knowledge and attitudes, were also maintained during the 2-month follow-up (Kutcher et al., 2015).

A second study found similar results when evaluating and assessing the same Canadian curriculum. Among their sample of Canadian high school students, researchers found significant improvements in participants’ knowledge regarding mental health knowledge (Milin et al., 2016). The study also found improvement in participants’ positive attitudes toward mental health issues, which also resulted in a reduction of stigma toward the issue (Milin et al., 2016).

Both studies found significant results in using a mental health curriculum that can be easily integrated into a school setting and curriculum. The studies demonstrated that integrating a mental health curriculum into high schools for students can improve knowledge and attitude toward mental health issues, which can, in turn, reduce stigma surrounding this topic. Although both studies were conducted using high school students in Canada, they show promise for significant results in other populations, as the barriers targeted and addressed in the curriculum are similar among Latinx adolescents.

Serowoky, George, and Yarandi (2015) similarly evaluated a sexual health group program endorsed by the Centers for Disease Control and Prevention, called “¡Cuidate!”. Their
target population were Latina adolescents, a group with high pregnancy rates and high percentages of sexually transmitted infections (STI) (Serowoky et al., 2015). The researchers wanted to create a sustainability plan to implement the program in schools with a large Latinx student population. Serowoky et al. (2015) also aimed to evaluate the effectiveness of the program among participants, specifically looking at changes in knowledge, perceived self-efficacy, attitudes toward sex and condom use, and intentions to use condoms or have sex. The sexual health curriculum, with six modules of content, was completed by participants over eight sessions. Results indicated that participants showed significant improvements in their knowledge toward sexual health and sense of self-efficacy to engaging in safe sexual behavior (Serowoky et al., 2015). Participants also demonstrated increased intentions to use condoms if they were currently sexually active or for future sexual activity (Serowoky et al., 2015). Rates of condom and contraceptive use increased, as well as rates of STIs and pregnancy decreased, among participants (Serowoky et al., 2015). Although this curriculum was implemented over eight weeks, and was regarding sexual health content, the aims and target population were similar, showing promise that a health curriculum can be significant for Latinx adolescents when covering sensitive material.

Conclusion

In conclusion, extensive research has demonstrated that Latinx adolescents are highly vulnerable for developing mental health issues, and high rates of mental health issues exist among this population. However, Latinx adolescents’ utilization of mental health services is low, resulting in multiple negative outcomes in their lives. Researchers have established factors that lead to their low likelihood of help-seeking and their low utilization of mental health services, including lack of mental health education, stigma, culture, lack of culturally and linguistically
appropriate providers, and school climate. Mental health curriculums integrated in the school setting show promise in eliminating some of the risk factors for increased rates of mental health issues among Latinx adolescents, as well as the barriers in help-seeking and utilization of mental health services.
Fieldwork Agency and Project

“With everything going on in the world, young people need a place where they feel safe and Huckleberry is that place” - Huckleberry House client (Huckleberry Youth Programs, 2018).

Agency Background

Huckleberry Youth Programs is part of Huckleberry House, and has two locations, one in San Francisco and one in San Rafael, California. Huckleberry House was founded by Larry Beggs and first opened on June 18, 1967. Huckleberry House was established in response to the high number of runaway teens who had left their families and arrived in San Francisco. Many of these runaway teens had no money, friends, and/or resources and were wandering around an unfamiliar city. Huckleberry House provided these runaway teens with guidance and a place to seek help, and served as an alternative to juvenile incarceration.

Over the years, Huckleberry House has implemented multiple services and programs that further assist their clients. For example, in 1989, Huckleberry House, which was then referred to as Youth Advocates, created a program that focused on HIV prevention for youth. In 2006, they created the Huckleberry Wellness Academy. The Wellness Academy is a college pipeline that serves as a resource for youth to become well-prepared to navigate from high school to college, such as how to apply to college. Huckleberry House also provides the following programs and services:

- Crisis emergency shelter for youth ages 11 to 17 who are in high need.
- Family and individual therapy, drug and alcohol counseling, and behavioral health classes
- Huckleberry Advocacy and Response Team (HART), which provides crisis intervention and case management services for trafficked youth, in partnership with Children’s Protective Services, San Francisco Police Department, District Attorneys, and the Probation Department
Health education workshops that are taught in San Francisco schools, community-based programs, and juvenile hall

Huckleberry Community Assessment and Resource Center (CARC) which serves as a point of entry for crisis intervention assessment, service integration, and referral of arrested youth

Huckleberry has a very diverse staff from different backgrounds and with varying roles. Their staff consists of licensed clinicians and psychologists, medical assistants, health educators, juvenile justice consultant, grant proposal writer, counselors, and case managers. Huckleberry also accepts volunteer tutor and volunteer mentors for their Wellness Academy program and their Community Assessment and Resource Center program.

Agency Client Population

Huckleberry’s mission is “to educate, inspire, and support underserved youth to develop healthy life choices, to maximize their potential, and to realize their dreams” (Huckleberry Youth Programs, 2018). Their target audience are San Francisco and Marin county youths coming from low-income families and communities. Adolescence is an evolving and difficult time in an individual’s life. For low-income adolescents, these years are especially crucial and critical, as they face additional challenges, barriers, risk, and pressures. Huckleberry provides these adolescents with a number of services that focus on empowerment by promoting safety in times of crisis, physical and emotional health and well-being, social justice in communities facing inequality, and academic and educational success, in order to overcome adversity. Table 1 provides client demographics for those who attend Huckleberry Youth Program’s workshops and for those who attend their Teen Tuesday Clinic.
Table 1

Workshop and Clinic Client Demographics (July 1, 2016 - June 30, 2017)

<table>
<thead>
<tr>
<th></th>
<th>HYP Workshop</th>
<th>Teen Tuesday Clinic (n=431)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age Average</strong></td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td><strong>Age range</strong></td>
<td>12-18</td>
<td>-</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>48%</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>51%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Transgender, other identity, or not listed</strong></td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Ethnicity/Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Latinx</strong></td>
<td>48%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>African American</strong></td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>31%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Pacific Islander, Native American/Alaskan Native, Middle Eastern, other identity</strong></td>
<td>&gt;1%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Multiracial</strong></td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Not listed identity</strong></td>
<td>3.5%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Born outside of the United States</strong></td>
<td>-</td>
<td>32%</td>
</tr>
</tbody>
</table>
Problem Statement and Gap Analysis

Rates of mental health issues among Latinx adolescents are high, with 37% of Latinx adolescents in San Francisco reporting prolonged sadness, and around 30% of Latinx adolescents in Marin County schools reporting depression-related feelings (Kids Data, 2011-2013; San Francisco Health Improvement Partnership [SFHIP], 2016). However, despite these high rates of mental health issues among Latinx adolescents, their utilization of mental health services is significantly low. In San Francisco, reports demonstrate that of Latinx adolescents who were in need of mental health services, only 25% utilized mental health services (Simmons, David, Larsen-Fleming, & Combs, 2008).

Project management and quality improvement tools are effective in recognizing and addressing an identified problem and its contributing factors. These tools were vital in the present project in identifying the health issue at hand, developing strategies to decrease the issue, and to finalize an approach to be used for the fieldwork project.

The gap analysis (Table 2) was an effective strategy to use prior to establishing what the fieldwork project was going to entail. This analysis assisted in identifying what the main health issue was in the targeted community, establishing the project goals, and evaluating which strategies and approaches would work toward eliminating this health issue. With the gap analysis, data specific to the target population was organized and the need for the issue to be addressed in Marin County was demonstrated.
Table 2

*Gap Analysis Identifying Key Problem*

<table>
<thead>
<tr>
<th>Desired State/Aim</th>
<th>Current Situation</th>
<th>Identified problem</th>
<th>Strategies for identifying root causes of the gap between current and desired state</th>
<th>Root cause findings</th>
<th>Tentative approaches to eliminate gap to reach aim</th>
</tr>
</thead>
</table>
| 100% of participants will understand mental health disorders, their treatments, and where to seek help and services | Between 65%-80% of high school students in Marin and San Rafael county report having good mental health | Between 12%-20% of high school students report suicidal ideation and between 23%-36% of high school students report depression-related feelings, in San Rafael and Marin county | 1) Research the data on adolescent mental health and brain development  
2) Research mental health curriculums  
3) Look at available resources for mental health at Huckleberry Youth Programs  
4) Speak with Huckleberry Youth Program’s mental health therapist | There is a lack of implemented mental health curriculums in schools (only one available is in Canada)  
Stigma (community, family, etc.) | To create a mental health curriculum addressing mental health education and promotion, as well as available resources and services |
The fishbone diagram (Figure 1) is an effective quality improvement tool that helped in recognizing and understanding the many root causes that are contributing to the identified issue. With this tool, many factors to high rates of mental health issues among adolescents in Marin County were identified and categorized into four main groups: schools, community, people, and materials.

Figure 1. Fishbone diagram identifying factors and root causes to the high rates of mental health issues among adolescents in Marin County. Factors and root causes were mainly targeting Latinx adolescents in this county.

Project Summary

The current project entailed designing and piloting a mental health curriculum with ten Latinx high school students. The curriculum included the following topics: what it means to have mental health challenges, definition and symptoms of both depression and anxiety disorder, stigma surrounding mental health challenges and those facing them, help-seeking behaviors, available resources and services to support people with mental health challenges, and both
positive and negative coping strategies that people use to deal with stress. Through the mental health curriculum, the project aimed to increase participants’ awareness and knowledge surrounding mental health issues, increase their positive attitudes and beliefs toward the issue, and increase their help-seeking skills, such as how to ask for help and where to access mental health services when needed.

Methods

Project Aims

The present project consisted of implementing a pilot mental health course with Latinx high school students in Marin County. Course content was constructed based on review of the literature on this topic, as well as themes that were integrated in an existing mental health curriculum from Canada (Kutcher et al., 2015). The aims of the course were to increase awareness of mental health issues, increase positive attitudes toward mental health issues, increase skills and information on help-seeking, and increase knowledge surrounding mental health and mental health issues among Latinx adolescents. The project question was whether participation in a mental health course would result in these aims.

Participant Recruitment

A flyer was designed by the student intern, whose role in the present project was that of project manager. The flyer (see Appendix A) consisted of information that promoted the mental health course and indicated details of place, date, and time where the course would be implemented, as well as contact information and how to sign up if interested. Throughout the three weeks prior to implementation of the course, the project preceptor passed out the flyer to youth clients, which consisted of clients who use Huckleberry Youth Programs in Marin County, including Teen Tuesday Clinic and mental health support. Wellness Academy staff members
announced it to their cohorts when they met. Other Huckleberry Youth Programs staff members, including their mental health counselors, offered the flyer to clients if they felt it was appropriate.

The promotional flyer was also posted at the entrance of the Wellness Academy office and on their bulletin board, both located at Huckleberry Youth Programs. A sign-up sheet was placed on the Wellness Academy bulletin board. Interested participants could place their name on the sign-up sheet or contact the project preceptor and other Huckleberry Youth Programs staff members if interested. Incentives included a $40 gift card to local businesses and were received after the participant completed the post-test survey. Incentive information was also included in the promotional flyer.

**Project Participants**

Participants consisted of seven Latinx high school students from San Rafael High School, Novato High School, and Terra Linda High School in Marin County, as shown in Table 3. A total of six participants completed the pre-test survey, and a total of seven completed the course and post-test survey. One participant arrived during the first topic of the course, therefore, was unable to complete the pre-test. All participants were female, and six were members of Huckleberry Youth Program’s Wellness Academy (Table 1). During the pre-test, the average age of participants was 17, with an age range of 16-18. During the post-test survey, the average of participants was 17, with an age range of 15-18. Four participants were recent high school graduates and were planning on attending college during the fall.
Table 3

*Participant Demographics*

<table>
<thead>
<tr>
<th>Participant</th>
<th>High School</th>
<th>Age</th>
<th>Gender</th>
<th>Years in Wellness Academy</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>San Rafael High School</td>
<td>15</td>
<td>Female</td>
<td>-</td>
</tr>
<tr>
<td>#2</td>
<td>Terra Linda High School</td>
<td>16</td>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>#3</td>
<td>Novato High School</td>
<td>18</td>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>#4</td>
<td>Novato High School</td>
<td>17</td>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>#5</td>
<td>San Rafael High School</td>
<td>17</td>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>#6</td>
<td>San Rafael High School</td>
<td>18</td>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>#7</td>
<td>San Rafael High School</td>
<td>18</td>
<td>Female</td>
<td>3</td>
</tr>
</tbody>
</table>

**Data Collection**

Participants were given a pre-test survey prior to the beginning of the course, and a post-test survey immediately following the end of the course. Both surveys were hard copies for convenience in collecting at the end of the course. Hard copies of the surveys also avoided possible complications with technology or computers that can occur, such as lack of internet connection that may cause delay.

Both pre- and post-test surveys were created by the project manager, with assistance and input from the project preceptor (see Appendices B and C for full version of pre- and post-test surveys). The survey items were constructed based on the project’s primary question, as well as previous health curriculum surveys created at Huckleberry Youth Programs. These health curriculum surveys were used in Huckleberry Youth Program’s sexual health education course, and assessed for similar information to the pilot project, such as knowledge gained from the
course. Sample questions included: “After this course, how likely are you to seek help if you believe you are facing mental health challenges?” and “After participating in this course, how much more do you know about the benefits to using mental health services?”.

Based on participants’ answers on the survey, as well as evaluation of the survey tool, the project manager will discuss with the project preceptor any revisions that should be made for future reference. However, that is beyond the scope of this project.

The pre- and post-test surveys were completed by participants at Huckleberry Youth Programs in Marin County, in a tutoring room that is used by Wellness Academy clients. Before administration of the pre-test survey, the project manager provided verbal informed consent to participants. The project manager explained that the survey, as well as the course, will contain information on mental health issues, and may provoke certain emotions and feelings. Participants were informed that if at any point throughout the survey and course they wished to leave, they were freely able to do so.

After obtaining verbal consent from participants, and before beginning the course, the pre-test survey was administered to participants. The project manager informed participants that if at any point they needed assistance and/or clarification with any survey item, they were able to ask either the project manager or health educator present. Participants completed the pre-test survey in about ten minutes. All surveys were collected by both the project manager and health educator and were placed in a secure storage box.

Following the conclusion of the mental health course, a post-test survey was administered to all participants. The post-test survey had similar questions, with a few added questions regarding the evaluation of the course itself (e.g., usefulness of course) and suggestions for future implementation of the course. Participants completed the post-test survey in about ten
minutes. In submitting their survey to the program manager, they were handed their incentive in an envelope, as well as a brochure created by the program manager. This brochure included key information that was presented in the course, as well as numbers and addresses of mental health resources (see Appendix D for detailed description of brochure).

Both surveys were completed at the participants’ seats, on the provided desk in front of them or on a provided clipboard. Each desk contained an index card with an identification number that was for the participant to identify with. Participants included this identification number on their survey. Identification numbers were used in order to compare pre- and post-test results while also de-identifying participants’ names.

Data Analysis

Survey data was entered on two different excel sheets: one for the pre-test survey results and the second one for the post-test survey results. Each excel sheet was organized by survey item in chronological order. Names of the participants were not collected on the surveys, and therefore, were not entered in analysis, in order to maintain confidentiality of participants. The excel sheets contained participants’ identification numbers that there were provided during the course, along with their provided answers.

Once all data was entered, three tables on google docs was created in order to compare pre-test answers to post-test answers. Each table had its own theme: knowledge, help-seeking, and attitude and beliefs. Each of the three tables included survey items that fell under that theme, as well as the corresponding answers.

Strengths, Limitations, and Challenges to Data Collection

A strength to using hard copies for the surveys was that it was unproblematic, quick, and easy to hand out to participants. Hard copies avoided any technology issues, such as lack of or a
delayed internet connection, that may have arisen if they were completed online. Because of the small sample size, it was easy to collect the surveys from participants and, afterwards, was convenient to organize electronically.

A limitation to using hard copies is that participants may not have provided as much information in their free response answers. It may have been more difficult to write a lot of information, given the amount of space on the paper and having to use a pencil or pen. This may have limited their answer and, therefore, resulted in less significant free response answers. A second limitation is that there may have been potential bias in participants’ responses to the survey questions. All participants were clients at Huckleberry Youth Programs, with six being present members of their Wellness Academy. They are already slightly familiar with the program, staff members, and Huckleberry Youth Program environment. As a result, they may be more responsive to the mental health curriculum and survey, and already be more likely to seek mental health services, at Huckleberry Youth Programs and/or in the community, than the greater population. Participants may have felt the need to provide answers that were favorable to the program, program manager, and Huckleberry Youth Programs, to what they believe may have been the desired answer. Therefore, because of this limitation, participants may have responded in a bias manner.

One challenge to data collection was constructing survey items that met the health literacy levels of participants. All survey items were revised and approved by the program preceptor. However, one participant did ask another participant for clarification on a question. When the program manager approached this participant to offer assistance, the participant said no assistance was needed. Other participants may have also needed clarification on some survey items, despite not presenting this to the program manager or health educator.
Findings

Pilot Findings

There was a total of seven participants, with one participant arriving late and not filling out the pre-test survey. All participants were female and of Latinx ethnicity. The average age of participants was 17, with an age range of 16-18 during the pre-test and 15-18 during the post-test. The survey assessed for participants’ knowledge, attitude and beliefs regarding mental health challenges, and their help-seeking behavior, as well as their evaluation of and future suggestions for the mental health course.

Knowledge. Most participants stated that after the mental health course, they knew a lot more or some more about definitions and symptoms of both depression and anxiety. During the post-test, two participants stated they had a lot more knowledge on symptoms of depression, while five participants indicated they had some more knowledge. Additionally, during the post-test, three participants stated they had a lot more knowledge on the definition of depression, and four participants stated they had some more knowledge. Four participants indicated they had a lot more knowledge, while three participants indicated they had some more knowledge, on the definition and symptoms of anxiety, also during the post-test.

As shown in Table 4, during the pre-test, 67% of participants stated that they were already very knowledgeable regarding the mental health services and resources available at Huckleberry Youth Programs. However, 71% of participants in the post-test indicated they learned a lot more about those services and resources provided and were able to describe them more specifically (Table 4). In addition, 71% of participants indicated in the post-test that they learned a lot more about the benefits to using mental health services in general (Table 4). In the
post-test, they were also able to detail more specifics to those benefits, as well as note more negative outcomes of not using mental health services when needed (Table 4).

Table 4

*Participants’ Knowledge on Mental Health Challenges and Services*

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Pre-test (n=6)</th>
<th>Post-test (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How knowledgeable do you feel you are on: benefits to using mental health services?</td>
<td>Somewhat knowledgeable (83%)</td>
<td>A lot more knowledgeable (71%)</td>
</tr>
<tr>
<td>List one benefit to using mental health services</td>
<td>“You get treated”</td>
<td>“You can express yourself”</td>
</tr>
<tr>
<td></td>
<td>“Positive attitude”</td>
<td>“It allows the individual to cope with the issue”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Being able to talk to someone”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Can make you feel like you’re not alone”</td>
</tr>
<tr>
<td>List one negative outcome of not using mental health services when needed</td>
<td>“You can get worse” (80%)</td>
<td>“Wrong way of coping”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Self-harm”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Can lead to negative [e]ffects”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“May become harder to ask for help in the future”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“It will allow the issue to get worse”</td>
</tr>
<tr>
<td>List one mental health resource available at Huckleberry Youth programs</td>
<td>“Counseling” (100%)</td>
<td>“Bilingual counselors”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Therapy”</td>
</tr>
</tbody>
</table>
Help-Seeking. Participants were asked multiple questions assessing for their help-seeking behavior and views. During the pre-test, 80% of participants agreed with the statement “Asking for help when I am displaying symptoms of mental health issues would make me look weak” (Table 5). However, during the post-test, only 14% agreed with this statement, whereas 86% disagreed (Table 5). In addition, during the pre-test only 67% of participants strongly agreed with the statement, “Not seeking help for mental health challenges can lead to negative consequences in my life” (Table 5). During the post-test, 100% of participants strongly agreed with this statement (Table 5). One question asked for participants’ views on the benefits of asking for help when experiencing mental health challenges. During the pre-test, 83% of participants believed asking for help would be helpful and beneficial, whereas 100% of participants agreed in the post-test that asking for help would be helpful and beneficial (Table 5).

The surveys also asked for the likelihood and confidence of participants seeking help when needed. The pre-test survey showed that only 17% of participants were very likely to seek help if they felt they were facing mental health challenges, while the post-test displayed that 100% of participants were very likely to seek help (Table 5). Altogether, participants indicated in the pre-test survey that they were aware of the benefits to seeking help, but they were still not likely to seek help or thought it would make them look weak. However, during the post-test, participants’ belief that seeking help would make them look weak decreased as the likelihood that they would seek help when needed increased.
Table 5

Participants’ Help-seeking Behavior and Views

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Pre-test (n=6)</th>
<th>Post-test (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Asking for help when I am displaying symptoms of mental health issues would make me look weak”</td>
<td>Somewhat agree (80%)</td>
<td>Somewhat agree (14%)</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree (20%)</td>
<td>Somewhat disagree (29%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strongly disagree (57%)</td>
</tr>
<tr>
<td>“Not seeking help for mental health challenges can lead to negative consequences in my life”</td>
<td>Strongly agree (67%)</td>
<td>Strongly agree (100%)</td>
</tr>
<tr>
<td>“Asking for help when I am having mental health challenges, such as depression, would be helpful and beneficial”</td>
<td>Strongly agree (83%)</td>
<td>Strongly agree (100%)</td>
</tr>
<tr>
<td>“How likely are you to seek help if you believe you are facing mental health challenges?”</td>
<td>Very likely (17%)</td>
<td>Very likely (100%)</td>
</tr>
<tr>
<td></td>
<td>Not very likely (17%)</td>
<td></td>
</tr>
<tr>
<td>“How confident are you that you are able to seek help if you believe you are facing mental health challenges?”</td>
<td>Somewhat confident (83%)</td>
<td>Very confident (43%)</td>
</tr>
<tr>
<td></td>
<td>Not very confident (17%)</td>
<td>Somewhat confident (57%)</td>
</tr>
</tbody>
</table>

Though not part of the project strategy for evaluation, detailed notes from class participation during activities revealed participants’ tendency toward help-seeking behaviors in various scenarios of mental health need. For example, during a scenario where a fictitious high school student was going through depression, participants indicated the person should seek help as an action step, such as talking to someone or going to see a counselor. In a second scenario, where another high school student was dealing with anxiety before a stressful situation,
participants indicated the following action steps: “deep breaths”, “preparing” or “practicing” the speech (stressful situation), and “tell yourself it’ll be okay”. Finally, in the third scenario, where a third high school student was dealing with language barriers and stress from school, participants shared that the student should speak with a counselor, get a tutor, or speak with the school administration to resolve the issue.

**Attitudes and Beliefs.** The mental health course surveys also inquired about participants’ beliefs about their own mental health, as well as their attitude toward those with mental health issues. During the pre-test, 67% of participants believed the possibility that they could be experiencing mental health challenges, such as depression or anxiety, whereas the post-test indicated 86% of participants held this belief (Table 6). One unexpected finding was participants’ attitudes toward those with mental health issues. The pre-test indicated that 100% of participants disagreed with the statement “If I knew someone with mental health challenges, I would avoid them and keep my boundaries away from them” (Table 6). However, the post-test showed that 29% of participants agreed with this statement, with the other 71% in disagreement (Table 6). Further research should analyze what resulted in this shift of attitude among participants.
Table 6

Participants’ Attitudes and Beliefs Regarding Mental Health Challenges

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Pre-test (n=6)</th>
<th>Post-test (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“There is a possibility of me experiencing depression, anxiety, or other mental health challenges”</td>
<td>Strongly agree (17%)</td>
<td>Strongly agree (29%)</td>
</tr>
<tr>
<td></td>
<td>Somewhat agree (50%)</td>
<td>Somewhat agree (57%)</td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree (33%)</td>
<td>Somewhat disagree (14%)</td>
</tr>
<tr>
<td>If I knew someone with mental health challenges, I would avoid them and keep my boundaries away from them”</td>
<td>Somewhat disagree (50%)</td>
<td>Strongly agree (14%)</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree (50%)</td>
<td>Somewhat agree (14%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somewhat disagree (29%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strongly disagree (43%)</td>
</tr>
</tbody>
</table>

Course Evaluation and Suggestions

The post-test survey included items that asked participants to evaluate how helpful the course was for them, as well as how useful they felt the pilot course would be for other high school students. The post-test also inquired about their own suggestions and recommendations for further implementation of the course. In regard to helpfulness, 86% of participants said the mental health course was very helpful for them, while the remaining 14% indicated it was somewhat helpful. For usefulness, 71% of participants indicated the mental health course would be useful for other students in high school, and the remaining 29% of participants said it would be somewhat useful for others. Participants also provided suggestions for the mental health course if implementing it further with high school students, as shown in Table 7.
Table 7

*Participants’ Suggestions for Further Implementation of Course*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>“I think this class was a useful one but maybe use more scenarios and maybe find someone who’s willing to talk about their experience with mental health”</td>
</tr>
<tr>
<td>#2</td>
<td>“Mental health hotlines for students”</td>
</tr>
<tr>
<td>#3</td>
<td>“Talk about how to tell if you have depression or anxiety, and how to speak up when you’re scared”</td>
</tr>
<tr>
<td>#4</td>
<td>“This course could be for students going into high school”</td>
</tr>
</tbody>
</table>

**Recommendations for Further Implementation**

Based on participants’ suggestions, as well as evaluation of the pilot course, recommendations have been made for further implementation. Changes to the course should include more specifics regarding symptoms of both anxiety and depression. From participants’ responses and suggestions on the survey, it appears that this was one topic that they did not feel fully knowledgeable on yet. Participants may still be unclear on identifying symptoms of anxiety and depression, and therefore, this topic should be discussed in more detail in an effort to increase their knowledge and recognition of mental health issues.

One participant also indicated that the course should include someone coming into the class and discussing their personal experience with mental health issues. The course presented a video of four to five adolescents who discussed their experience with mental health issues, and how their culture and family played a part in these challenges. However, it could be more impactful if participants saw this from a live person rather than a video. Having someone come into the course and discuss this topic would also allow participants to ask questions and continue the discussion, whereas videos do not provide this opportunity and participants may feel a disconnect.
In addition, the course should include more details on negative outcomes of untreated mental health issues. During the course, suicide was discussed as one negative outcome of leaving mental health issues untreated, and participants 100% agreed with the statement “Not seeking help for mental health challenges can lead to negative consequences in my life” (Table 5). However, when participants were asked to indicate what those negative consequences are, several responded with vague and general answers (Table 4). The course should note specifics on negative outcomes of untreated mental health issues, such as truancy, poor academic functioning, low academic achievement, risky behaviors (e.g., unprotected sex and drugs), and incarceration.

**Discussion**

**Interpretation of Results**

Participants demonstrated increased knowledge on several course topics after implementation of the course. Regarding mental health services and resources, participants shared that they were a lot more knowledgeable regarding benefits to utilizing such services. When asked to note these benefits, participants were a lot more elaborative and specific in their answer during the post-test. They were also more specific during the post-test on the types of mental health services and resources available at Huckleberry Youth Programs. Although during the pre-test participants indicated they already had some knowledge on what mental health services and resources are available and what the benefits are to using such services, their post-test responses demonstrate that the course increased their knowledge and allowed them to specify what these exact services and benefits are.

Another component of knowledge was knowing one negative outcome of not utilizing mental health services when needed. During the pre-test, a majority of participants noted the same answer, “You can get worse” (Table 4). However, during the post-test, participants were
more variable and specific in their answer, indicating that after the course, they were able to recognize a few exact negative outcomes result from not using services when needed. These findings indicate that implementing a mental health course with this target population can increase their knowledge regarding important information on mental health services and utilization of such services. Participants can have more specific information, rather than general information that may have no impact or meaning.

Participants showed significant improvement in their views toward help-seeking and their self-efficacy in being able to seek help when needed. The percentage of participants who believed that not seeking help when needed can lead to negative consequences, as well as there being benefits to seeking help when needed, increased significantly after the course (Table 5). In addition, the percentage of participants who indicated they were very likely to seek help when needed increased significantly, and the percentage of those who said they were not very likely to seek help decreased (Table 5). Furthermore, during the post-test, significantly more participants disagreed with the belief that seeking help would make them look weak, compared to the pre-test. Finally, more participants demonstrated more confidence in being able to seek help when needed. These results indicate that the course improved their views regarding help-seeking, which then, in turn, increased their self-efficacy on seeking help when needed. This demonstrates that providing this target population, a population that is not very likely to seek help when needed, with knowledge on the benefits and negative outcomes of help-seeking and mental health services can increase the likelihood that they will take action steps, as well as increase their confidence that they are able to seek help. In addition, it appears that participants’ belief that seeking help would make them look weak decreased while their likelihood to seek help increased, indicating one factor (stigma regarding seeking help) that does have an effect on one’s
intention to seek help. When an individual’s perceived stigma begins to decrease, perhaps their intention to seek help increases.

Participants’ attitudes toward those with mental health challenges shifted in an unexpected way. The project aimed to improve participants’ attitudes toward those with mental health challenges, in an effort to contribute to decreased stigma surrounding mental health issues. The project found that during the pre-test, all participants noted that they would not avoid or not keep their distance from a person with mental health challenges. However, during the post-test, there were participants who noted they would avoid or keep their boundaries from a person with mental health challenges, decreasing the percentage of participants who would not. This finding could be due to the fact that perhaps learning more specifics on mental health issues, including what stigma entails, could have given participants more information to construct an opinion toward those with mental health issues. This could also be as a result of participants learning about how people may feel and cope with mental health issues, and therefore, may believe that those with mental health issues may want their space and want to deal with these challenges alone. Moreover, these results may stem from the class group activity, in which we presented participants with multiple scenarios of people dealing with mental health issues. Many of these scenarios included lack of peer support or people in the scenario person’s life who were not fully understanding of what the individual was going through. As a result, the participants may not feel confident and feel unable to properly help someone deal and cope with mental health challenges, and instead, would rather keep their distance.

**Program Effectiveness**

The current findings parallel those from evaluations of existing health curriculums with adolescents. Such as with the Canada mental health curriculum, our participants also
demonstrated significant improvements in knowledge regarding mental health. Similar to the ¡Cuideate! program evaluation results, our participants showed increased knowledge on the health topic, increased self-efficacy, and increased intention and likelihood to engage in health behavior. The current project findings support the existing literature that implementing a health curriculum, specifically on mental health, with Latinx adolescents can result in significant improvements.

**Limitations**

Limitations exist with the current project. One, the mental health curriculum was piloted with a small sample size, containing members of the fieldwork agency’s Wellness Academy program. Therefore, the results are not generalizable to the general population, or to the Latinx adolescent population, and merely only shows promise that the curriculum may be effective. Two, participants may have steered their responses on the survey in order to favor what they believed the project manager and fieldwork agency wished for the outcome, resulting in bias. Three, the course was piloted one time, in a span of two hours. This does not ascertain that the same curriculum would be effective if integrated into a school curriculum and taught over several days or weeks. Finally, the pilot course was taught among Latinx adolescents from Marin county, and may not generalize to Latinx adolescents in other communities. Future implementation of the course should target Latinx adolescents in multiple communities, outside of Huckleberry Youth Programs, and should implement during a multiple week span.

**Implications for Practice**

The existing literature and various suggested improvements among the project participants suggests that mental health curriculums are crucial and show promise in improving mental health issues and help-seeking behaviors among Latinx adolescents. This is a population
that is in high need of prevention and promoting strategies to address their mental health and increase their help-seeking. If this issue is not addressed adequately, the rates of mental health issues will rise among Latinx adolescents, leading to many more Latinx adolescents experiencing with the negative outcomes, such as suicide. Moving forward, strategies and interventions need to improve in order for Latinx adolescents to be educated and supported with their mental health.

First, more mental health curriculums need to be designed and integrated into the high school curriculum. The review of the literature revealed a lack of existing evidence-based mental health curriculums among this specific population, suggesting that very few have been developed and even fewer have been implemented. Moreover, these curriculums need to be culturally-tailored and address the specific cultural concerns and needs of Latinx adolescents. For example, the curriculum can address concerns discussing mental health issues with family members, as mental health is a very stigmatized topic in the Latinx community and a rarely talked about and avoided. In addition, these curriculums need to be taught throughout the school year in order to be more effective. The curriculums discussed previously, “The Mental Health and High School Curriculum Guide (The Guide)” and “¡Cuidate!”, both consisted of multiple modules taught throughout multiple weeks and showed improved outcomes among its participants. Similarly, mental health curriculums should include multiple modules including different mental health topics and be taught throughout multiple weeks throughout the school year.

Second, more work needs to be done to increase the number of campaigns that fight to end stigma surrounding mental health issues. Currently, there are a number of different organizations who aim to do this, such as the National Alliance on Mental Illness (NAMI). However, these organizations need to work toward reaching those who are affected most, as many Latinx adolescents may be unaware of such organizations or unfamiliar on how to access
and navigate their services and information. These campaigns should also partner with high schools so that these discussions can strive to reach these populations, increase the discussion around mental health issues, and create a positive school climate that supports mental health, as was indicated previously could affect students’ mental health.

Third, and alongside with increasing the number of campaigns, is increasing the number of shared experiences and stories of Latinx adolescents with mental health issues. Although there are many confidentiality issues that would need to be considered, having available experiences of Latinx adolescents with mental health issues, such as videos on YouTube, will allow this population to relate to others who have gone through or are currently going through the same experience. A big challenge with creating the course components was finding a culturally appropriate video on this topic to share with participants, as there are a lack of videos online with Latinx students. If these stories were widely available on popular platforms, the discussion on mental health would increase, beginning to normalize the conversation, as well as provide Latinx adolescents with a person to relate to and not feel alone with their challenges.
References


Healthy People 2020. Adolescent health. Retrieved from:
https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health


https://www.huckleberryyouth.org/history/

http://www.kidsdata.org/topic/762/low-income-families65/table#fmt=1164&loc=244,217,2&tf=79&sortType=asc


Appendix A

Participant Recruitment Flyer

Let's talk about STRESS

RECEIVE A $20 GIFT CARD BY HELPING HUCKLEBERRY YOUTH PROGRAMS TEST OUT A NEW CLASS ON MENTAL HEALTH

WHEN: JUNE 25, 2018
WHERE: HUCKLEBERRY YOUTH PROGRAMS
TIME: 4:00 P.M. - 6:00 P.M.

PLEASE CONTACT JACKIE DAVIS FOR MORE INFO OR SIGN UP TODAY OUTSIDE THE WELLNESS ACADEMY OFFICE
Appendix B

Pre-Test Survey

Mental Health Course Survey

Please fill out and circle the following information:

Identification #:
School:
Today's Date:
Age:
Gender:
  • Female
  • Male
  • Transgender
  • An identity not listed here:

About how long have you been in the Wellness Academy Program?:

Please mark off whether you agree or disagree with each of these statements:

1. There is a possibility of me experiencing depression, anxiety, or other mental health challenges
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree

2. If I knew someone with mental health challenges, I would avoid them and keep my boundaries away from them
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree

3. Not seeking help for mental health challenges can lead to negative consequences in my life
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree
Appendix B

Pre-Test Survey

4. Asking for help when I am displaying symptoms of mental health issues would make me look weak
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree

5. Asking for help when I am having mental health challenges, such as depression, would be helpful and beneficial
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree

How knowledgeable do you feel you are on the following:

1. Definition of depression?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all

2. Symptoms of depression?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all

3. Definition of anxiety?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all

4. Symptoms of depression?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all

5. Why having a positive mental health is important?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all
Appendix B

Pre-Test Survey

6. Benefits to using mental health services?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all

7. Mental health services and resources available at Huckleberry Youth Programs?
   a. Very knowledgeable
   b. Somewhat knowledgeable
   c. Very little knowledge
   d. Not knowledgeable at all

Please list one of each of the following:
1. One symptom of depression:

2. One symptom of anxiety:

3. One benefits to using mental health services:

4. One negative outcome of not using mental health services when needed:

5. One mental health resource available at Huckleberry Youth Programs:

How sure are you that you can talk to an adult in your life about:
1. Concerns about my mental health?
   a. Very sure
   b. Somewhat sure
   c. Not very sure
   d. Definitely can’t

2. Wanting to seek mental health resources and services in the community?
   a. Very sure
   b. Somewhat sure
   c. Not very sure
   d. Definitely can’t

3. Feelings of depression?
   a. Very sure
   b. Somewhat sure
   c. Not very sure
   d. Definitely can’t
Appendix B

Pre-Test Survey

4. Feelings of anxiety?
   a. Very sure
   b. Somewhat sure
   c. Not very sure
   d. Definitely can’t

How likely are you to seek help if you believe you are facing mental health challenges?
   1. Very likely
   2. Somewhat likely
   3. Not very likely
   4. Not likely at all

How confident are you that you are able to seek help if you believe you are facing mental health challenges?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not confident at all
Appendix C

Post-test Survey

Mental Health Course Survey

Please fill out and circle the following information:

Identification #: 
School: 
Today's Date: 
Age: 
Gender: 
   • Female 
   • Male 
   • Transgender 
   • An identity not listed here:
About how long have you been in the Wellness Academy Program?: 

Please mark off whether you agree or disagree with each of these statements:

1. There is a possibility of me experiencing depression, anxiety, or other mental health challenges
   1. Strongly agree 
   2. Somewhat agree 
   3. Somewhat disagree 
   4. Strongly disagree 

2. If I knew someone with mental health challenges, I would avoid them and keep my boundaries away from them
   1. Strongly agree 
   2. Somewhat agree 
   3. Somewhat disagree 
   4. Strongly disagree 

3. Not seeking help for mental health challenges can lead to negative consequences in my life
   1. Strongly agree 
   2. Somewhat agree 
   3. Somewhat disagree 
   4. Strongly disagree
Appendix C

Post-test Survey

4. Asking for help when I am displaying symptoms of mental health issues would make me look weak
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree

5. Asking for help when I am having mental health challenges, such as depression, would be helpful and beneficial
   1. Strongly agree
   2. Somewhat agree
   3. Somewhat disagree
   4. Strongly disagree

After participating in this course, how much more do you know about:

1. Definition of depression?
   a. A lot more
   b. Some more
   c. A little more
   d. The same

2. Symptoms of depression?
   a. A lot more
   b. Some more
   c. A little more
   d. The same

3. Definition of anxiety?
   a. A lot more
   b. Some more
   c. A little more
   d. The same

4. Symptoms of depression?
   a. A lot more
   b. Some more
   c. A little more
   d. The same

5. Why having a positive mental health is important?
   a. A lot more
   b. Some more
   c. A little more
   d. The same
Appendix C

Post-test Survey

6. Benefits to using mental health services?
   a. A lot more
   b. Some more
   c. A little more
   d. The same

7. Mental health services and resources available at Huckleberry Youth Programs?
   a. A lot more
   b. Some more
   c. A little more
   d. The same

Please list one of each of the following:
1. One symptom of depression:

2. One symptom of anxiety:

3. One benefits to using mental health services:

4. One negative outcome of not using mental health services when needed:

5. One mental health resource available at Huckleberry Youth Programs:

After participating in this course, how sure are you that you can talk to an adult in your life about:
1. Concerns about my mental health?
   a. A lot more sure
   b. A little more sure
   c. Less sure
   d. No change: definitely can’t
   e. No change: already could

2. Wanting to seek mental health resources and services in the community?
   a. A lot more sure
   b. A little more sure
   c. Less sure
   d. No change: definitely can’t
   e. No change: already could

3. Feelings of depression?
   a. A lot more sure
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Post-test Survey

b. A little more sure
c. Less sure
d. No change: definitely can’t
e. No change: already could

4. Feelings of anxiety?
   a. A lot more sure
   b. A little more sure
   c. Less sure
   d. No change: definitely can’t
   e. No change: already could

After this course, how likely are you to seek help if you believe you are facing mental health challenges?
   1. Very likely
   2. Somewhat likely
   3. Not very likely
   4. Not likely at all

After this course, how confident are you that you are able to seek help if you believe you are facing mental health challenges?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not confident at all

How helpful did you find this class to be?
   1. Very helpful
   2. Somewhat helpful
   3. Not very helpful
   4. Not helpful at all

How useful do you think this class would be for students in high schools?
   1. Very useful
   2. Somewhat useful
   3. Not very useful
   4. Not useful at all

Do you have any suggestions to make the class better?
Appendix D

Class Brochure

(Side 1)
Appendix D

Class Brochure

(Side 2)