Addressing the Hidden Mental Health Epidemic and Creating a New Path Toward Wellness in Schools

2019 California Student Mental Wellness Conference
We Know That ...

- Between 50-90% of people with serious mental illness have not received appropriate mental health treatment in the last 12 months.

- Approximately 75% of children with emotional and behavioral problems do not receive specialty (culturally appropriate) mental health services.

- The onset of mental disorders usually occurs in childhood or adolescence; with treatment occurring years later.

-Kessler et al. (2007)
We Know That ... (cont.)

- Developing a mental disorder at a very early age has a significant long-lasting impact on:
  - Educational attainment;
  - Workforce participation;
  - Interpersonal relationships; and
  - Disabling physical conditions

- Depression is a risk factor for diabetes, heart disease, stroke, dementia, Alzheimer’s and many others.

-Carney, Freedland, & Sheps (2004)
We Know That ...  (cont.)

- Approximately 80% of children that enter the juvenile justice system have a mental disorder.
  - Mental Health Liaison Group (2006)

- Based on 2011-2013 data from the California Healthy Kids Survey, 30% of children in middle school and high school grades reported feeling sad or hopeless on a daily basis.
  - California Healthy Kids Survey and California Student Survey (2014)

- Sadness and hopelessness are common responses in children with suicide thoughts.
We Know That ... (cont.)

- In California from 2011 to 2015, 67.9% of children as young as 12 did not receive any treatment for their depression.

  -SAMHSA (2017)

- Adverse experiences (e.g., poverty, stress, abuse, trauma, stigma, racism, isolation) diminish opportunities for children and their families from having a meaningful role in the social, economic, and community life.
Drivers of Health

Health is driven by multiple factors that are intricately related. Achieving good health is about more than just access to care.
Systemic Perspective: Poverty and Mental Illness

Poverty
- Economic deprivation
- Low Education
- Unemployment

Economic impact
- Increased health costs
- Loss of job
- Reduced productivity

Mental disorders
- Higher prevalence
- Lack of care
- More severe course

The World Health Report, 2001
The Model as the Strategy
Creating A Narrative: Having a Voice

YOUR Story
Call to action to engage

OUR Story
Shared lived/life experiences and interests

NOW Story
Action plan for achieving wellness

COMMUNITY
PURPOSE
HOPE
Prevention and Early Intervention (PEI) Approach

Risk Factors
- isolation
- hopelessness
- fear/avoidance
- marginalized
- stereotype threat

Protective Factors
- relationships
- hope
- resiliency
- community
- self-efficacy

Components of the Cal-HOSA Model
- sense of purpose
- service to others
- life experiences
- sense of identity
- meaningful role
Cal-HOSA as a PEI Driver of Wellness

- School Culture of Wellness
- Community Educators
- Principles, standards, and practices
- Community-based organizations
- Classroom/curricula and caring adults
- Meaningful relationships/social support
- Mental Health Leaders
- Workforce development

Cal-HOSA
Workforce Model Predicting Students’ Capability and Self-Efficacy

Program Activities

- Workforce Development Activities
- Hours of Paid Work Experience Completed
- School Counselor Encouragement for Helping Careers
- Number of Program Field Trips to Colleges
- Teacher Encouragement for Helping Careers

Career/Life Readiness
- Health Care Career CAPABILITIES
- Health Care Career SELF-EFFICACY

Correlation Values:
- .17*
- .12*
- .11*
- .10*
- .18*
- .20*