

CALIFORNIA YOUTH BEHAVIORAL HEALTH INITIATIVE

Youth Organizing - Focus Groups June 2022

YO! CALI



Thank you to our youth organizing partners:

- Black Intergenerational Zeal (BIZ) Stoop, Oakland
- Centro Binacional para el Desarrollo Indígena Oaxaqueño, Fresno
- California Native Vote Project, Sacramento
- California Immigrant Youth Justice Alliance, Central Valley
- Chinese Progressive Association, San Francisco
- Faith in the Valley, Fresno
- Gente Organizada, Pomona
- Little Manila Rising, Stockton
- Loud 4 Tomorrow, Kern County
- RYSE, Richmond
- South Bay Youth Changemakers, Santa Clara County
- Youth Leadership Institute, Fresno & Merced
- Youth Will, San Diego

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INTRODUCTION & EXECUTIVE SUMMARY

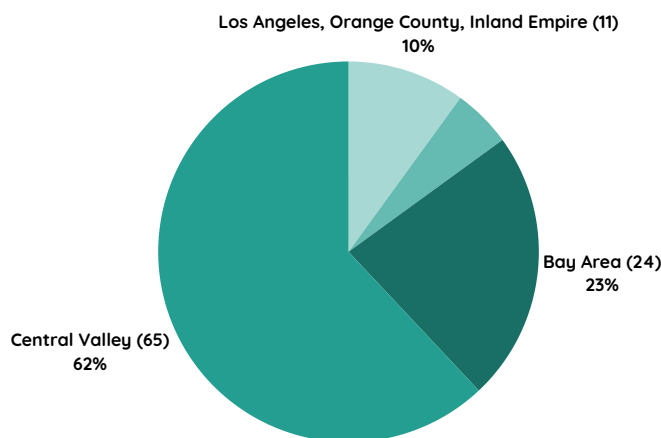
This report reflects the voices of 129 BIPOC young people from 13 organizations who participated in focus groups in June 2022 and four one-on-one interviews in June and July 2022. Staff from 11 organizations participated in two feedback sessions. YO Cali! staff coordinated and facilitated all aspects of the process. May Lin, PhD, analyzed and summarized focus group themes and drafted this report.

Youth from the following organizations participated in the focus groups:

- Black Intergenerational Zeal (BIZ) Stoop, Oakland
- Centro Binacional para el Desarrollo Indígena Oaxaqueño, Fresno
- California Native Vote Project, Sacramento
- California Immigrant Youth Justice Alliance, Central Valley
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The following reflect some key demographics of focus group participants who also took an accompanying online survey. More demographic analyses are shared in the appendix.

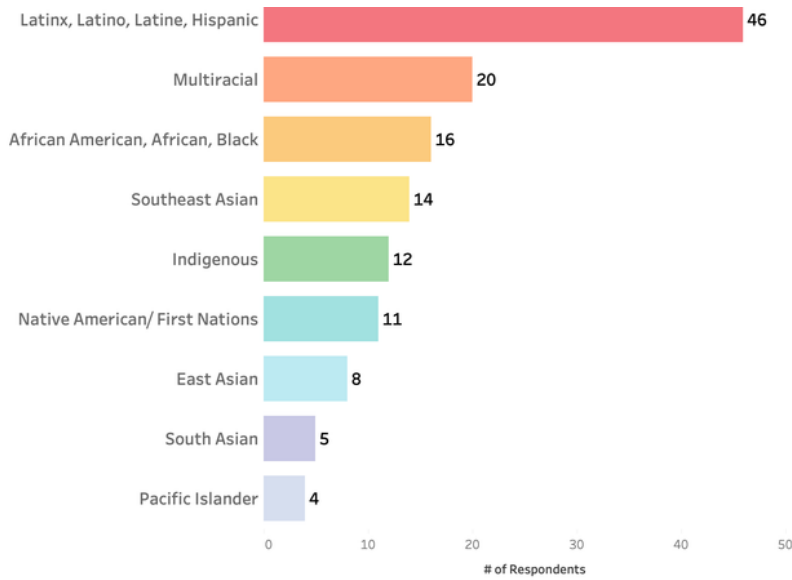
Number and Percent of Respondents from Each Region



Regions Represented

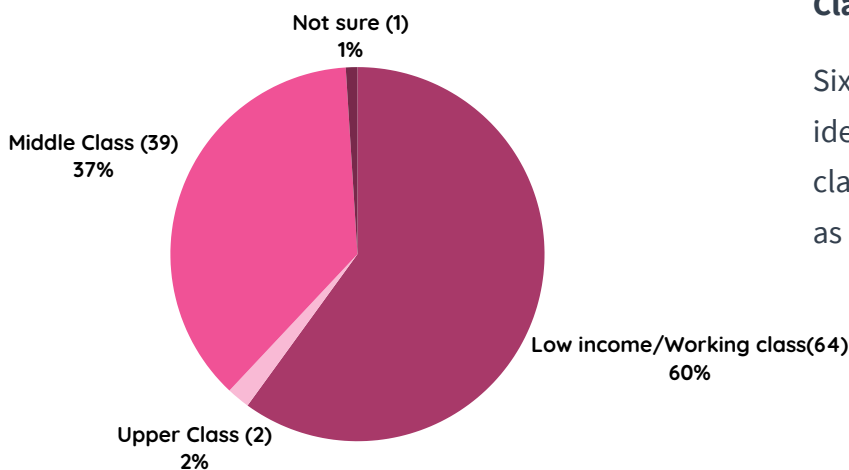
A little over 60% of the respondents were from the Central Valley, followed by 23% from the greater Bay Area region, 10% from the greater Los Angeles metropolitan area (including Orange County & Inland Empire), and 5% from San Diego.

Racial Identities of Participants



*These reflect many participants who reported multiple racial identities; thus several respondents are counted more than once. A little over a third of total responses to this total questions (not respondents) indicated Latinx, Latino, Latine, or Hispanic identities; 14% identified as multiracial or indicated more than one racial identity; 12% reported African American, African, or Black identities; 10% were Southeast Asian; 9% Indigenous, 8% Native American and/or First Nations, 6% East Asian, 4% South Asian, and 3% Pacific Islander. All percentages are rounded to the nearest whole number.

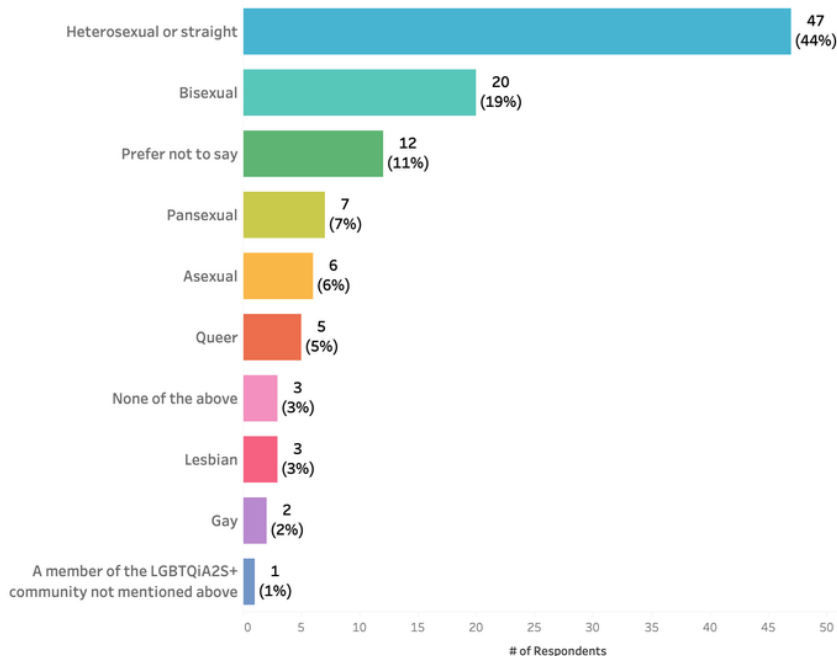
Number and Percent of Respondents by Family Class Status



Class Status

Sixty percent of participants self-identified as low-income/ working class, followed by 37% who identified as middle class.

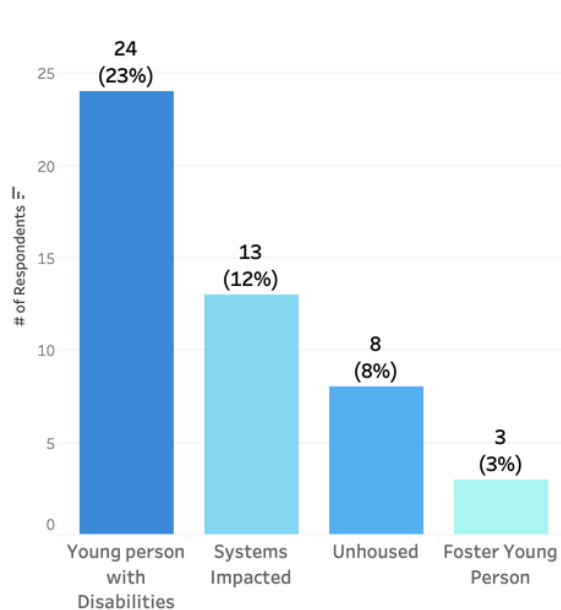
Sexual Orientation



Sexual Orientation

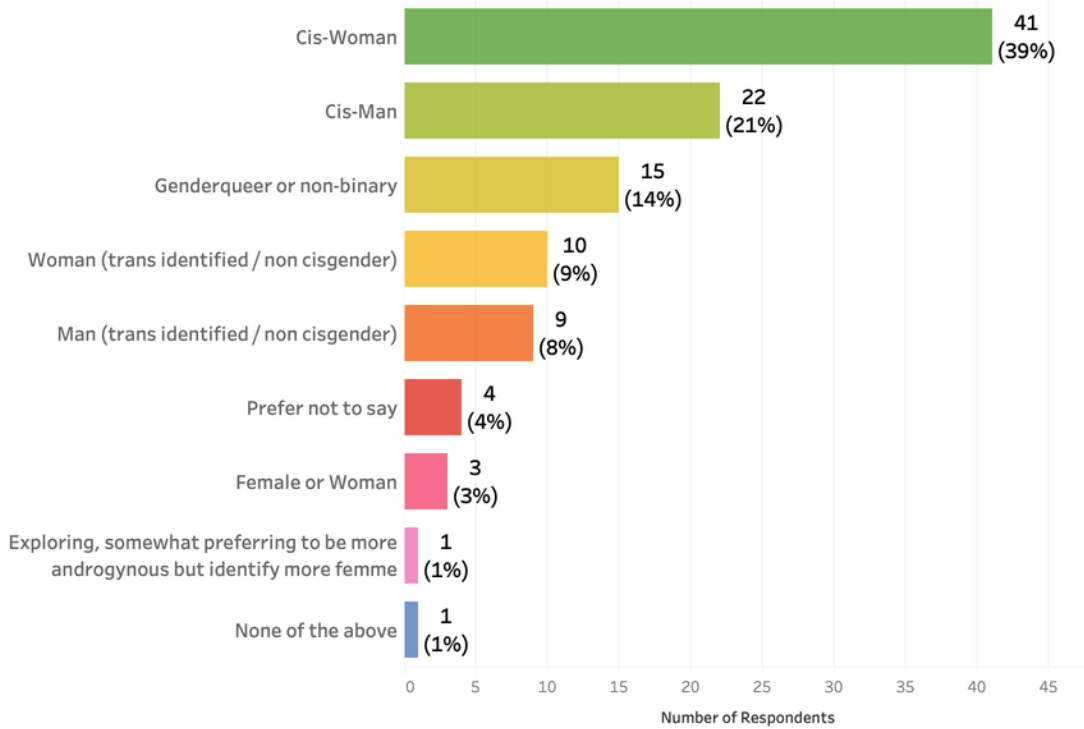
Forty-four percent of respondents identified as heterosexual or straight, and 41% reported specific identities within the broader LGBTQIA+ umbrella (see specifics above).

Number % Percent of Total Respondents Who Identify As a Young Person with Disabilities, Systems Impacted, Unhoused, or Foster Young Person



Almost a quarter of participants (23%) shared that they are a young person with disabilities, 12% are currently or formerly systems impacted, 8% are currently or formerly unhoused, and 3% currently or formerly a foster young person.

Number & Percent of Respondents by Gender Identity



Summary of Recommendations

This section briefly summarizes young people's and participating organizations' recommendations (see recommendations in specific sections and Section IX, Cross-Cutting Recommendations for further details), including overarching themes around needs and principles, specific implications and recommendations for CYBHI implementation, and summaries of needs and recommendations around school-based services, developing a BIPOC behavioral workforce, support around substance use, and virtual services.

A. Center & invest in young BIPOC people's leadership & knowledge: Young BIPOC people are already at the forefront of cultivating intergenerational healing. They have long been creating and enacting expansive, nuanced and creative mental health and healing justice efforts. It is imperative that this initiative actively centers and invests in young people's leadership- particularly youth-led organizing and youth-led programming, such as youth-led healing and education efforts.

B. Expand understandings of mental health issues as rooted in structural violence and transformation, to resource healing justice and holistic wellness efforts: Mental health solutions must include and extend far beyond narrowly defined services. Structural violence - including anti-Blackness, settler colonialism, poverty, climate injustice - is the root cause of mental health issues. There must be an expansive understanding of these systemic causes and corresponding holistic solutions. Young people and youth-led organizations must be further supported in their healing justice work, which both dismantles systems of oppression while healing emotional, spiritual, and psychic wounds fostered by structural violence.

C. Support long-term, proactive solutions: positive youth development, community building, and collective care: For many young BIPOC people, existing mental health care supports are reactive and short-term. Broader contexts of scarce and inaccessible services, widespread stigmatization of mental health, and exclusionary institutions mean that young people may already be in crisis mode when seeking care. In contrast, what is truly needed is an everyday culture and community structure to support collective care and well-being. Young people need more places to go and to just be, to make connections, and to cultivate their joy and thriving. This looks like investing in spaces for positive youth development and community building- such as recreation centers, parks/ green spaces, art and sports programming, and more.

D. Create an abundant, culturally rooted, accessible, and free ecosystem of mental health

resources: Young BIPOC folks identified multiple, intersecting challenges to accessing affordable care- from prohibitively expensive care, to scarce mental health providers available at schools, colleges/ universities, and communities, to labyrinth journeys navigating insurance. It is clear that there is no one-size fits all approach. Young people need more- more mental health resources, more mental health providers, more culturally rooted healing. They also need more tailored and diverse resources for their needs- on and off campus, community-based, virtual, one-on-one, and group-based.

E. Decriminalize mental health and disentangle mental health from policing, prisons, and

carceral systems: Policing, incarceration, and criminalization take grave tolls on the mental health and well-being of young BIPOC people- from the omnipresence of police in schools to the criminalization of substance use. Mental health resources must not be used for bolstering these systems at the root cause of harm- such as school police and juvenile justice systems. Instead, they should be used to support efforts towards positive school climate, restorative and transformative justice, and sending health professionals rather than police to respond to mental health crises.

F. De-stigmatize and normalize mental health through intergenerational education:

A major barrier to seeking mental health support is the pervasive stigmatization and belittling of mental health issues- from families, schools, and sometimes peers. Many young people from immigrant and refugee families reflected that their elders hadn't always had the opportunity to discuss and address mental health-many BIPOC families have been focused on material survival. As such, intergenerational efforts at normalizing and destigmatizing the use of mental health resources are critical. Schools can do much more to educate parents, school staff, and community members and to break the stigma of mental health. Visible billboards and social media campaigns can further normalize mental health by highlighting diverse youth and their stories.

G. Develop and invest in pathways for BIPOC mental health providers and holistic, culturally

rooted healing: There is a critical need for more BIPOC mental health providers who are specifically equipped to address nuanced, intersectional experiences. However, BIPOC mental health providers also face structural barriers. For example, existing systemic barriers to higher education can make it challenging to complete graduate degrees. And many BIPOC providers are unable to take insurance because the reimbursement process is lengthy and results in the loss of compensation and time. Pathways that include financial support, mentoring, and more holistic, culturally rooted forms of healing can help cultivate a broader workforce of BIPOC mental health providers.

Overview of Specific Recommendations for School-Based Services, Substance Use, Virtual Platform, and Workforce Development:

School-Based Services:

- 1. Create a More Supportive, Caring School Environment-** Because young BIPOC people experience policies, everyday interactions, and messages that emphasize punishment and a lack of care at schools, there needs to be a broad transformation of school climate to emphasize care. Schools often focus on academic achievement without providing adequate support. There is a severe lack of mental health providers on campus, and young people report that existing providers may be dismissive of their struggles and violate confidentiality. The omni-presence of policing also takes a toll on well-being. A more supportive school climate can be fostered by:
- 2. Dismantling the School to Prison Pipeline-** Remove school police and draconian discipline policies, and invest in holistic supports and approaches such as restorative justice
- 3. Mental Health Training:** More extensive and in-depth training for all adults in school, as well as for mental health providers at school.
- 4. Wellness Centers & Space/Time to Breathe:** Schools can also do this by creating space and time for young people to relax, breathe, and practice wellness at school. Many students don't have Wellness Centers at their schools and expressed the need for welcoming Wellness Centers.
- 5. Intergenerational Mental Health Education:** Schools must play a larger role in mental health education- including for students, families and staff. Schools could host and facilitate workshops for families and fairs focused on mental health. Schools could implement and require mental health education programs, similar to physical education requirements. Ethnic Studies courses go a long way in supporting the well-being of young BIPOC folks as well.
- 6. Confidentiality:** Young people also shared that schools often notify parents about mental health issues despite young people not wanting their parents to find out, or that parental permission is required to seek out mental health services at school. Stronger protections of confidentiality would encourage young people to use school-based services.

Substance Use

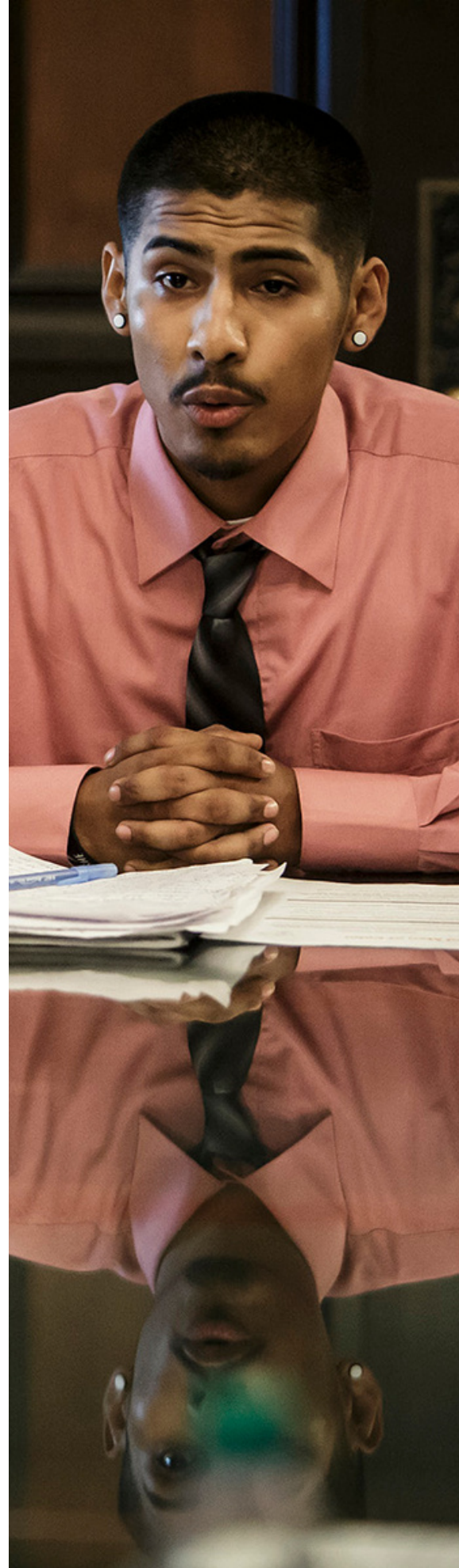
Issues of criminalization, stigma, and confidentiality are exacerbated around issues of substance use. Young people frequently shared that schools' punitive response to substance use create an environment where they would never consider going to the school for support for this issue. Young people saw instance after instance of schools informing parents about substance use, or being sent away to other institutions without their consent. *As such, de-criminalizing and de-stigmatizing substance use are especially important.*

Young people's solutions thus revolve around the particular importance of:

1. Compassionate/ non-judgmental listening and support groups;
2. Programming and educational campaigns led by young people who have direct lived experience with substance use, and
3. Addressing the root causes of substance use- that is, the conditions and reasons that push young people to turn to substances as a means to cope.
4. Agency and self-determination for young people shaping their own pathways for recovery.

Virtual Services Platforms

Young people stressed that mental health apps should be free and not involve ads. Virtual services platforms would also be most supportive if they offered 24/7 live, readily accessible support in different formats. Since a major challenge to virtual services involves heightened difficulty connecting to providers, virtual services should offer options for connections to in-person providers and resources, as well as more personalized information about providers.



Behavioral Workforce

Many young people shared the need for more BIPOC mental health professionals, as well as professionals who understand other salient identities and experiences in their lives- including undocumented status, being low-income, age, and language. They emphasized that shared racialized experiences are critical for developing a connection with mental health providers. Supporting more BIPOC mental health providers would require:

1. More financial support to acquire graduate degrees and develop one's practice;
2. Creating educational and career pathways that include mentorship by other BIPOC mental health providers;
3. Supporting pathways and training that include culturally rooted, holistic healing



Specific Implications and Recommendations for CYBHI Implementation

Given these overarching principles, youth and staff identified specific recommendations for CYBHI implementation, especially to disrupt the often top-down decision-making that threatens to marginalize young people’s voices.

1. Young people who have been at the forefront of these local campaigns and efforts to improve mental health and wellness should be engaged in ongoing leadership and decision making roles. Beyond consulting young people for their feedback and stories, young people who are most impacted by these issues should have a role in co-creating solutions and directing resources in alignment with youth needs and priorities.

2. Collaborate with young people and community based organizations to identify bright spots and promising efforts around the state. A grassroots research effort led by young people would not only contribute to the CYBHI but also to the knowledge base that organizations are building to shape organizing and advocacy in their local communities.

3. Resource and trust the leadership of youth organizing groups already engaged in healing justice and holistic wellness community efforts: Youth organizing groups already engage in critical healing justice and holistic wellness work. They cultivate deep relationships and trust and destigmatize mental health. Young people develop a critical consciousness to help shift self-blame, and their campaigns unravel the root causes of injustice. These groups also specifically provide mental health services and healing, and help young people navigate and access resources. However, these groups are often not being adequately resourced for this work. CYBHI implementation should further resource and support this work in a long-term, systemic way. Specifically, this should involve:



- **Creating and supporting a pipeline of therapists and healers as directly connected to Community-Based Organizations:** for example, Communities United for Restorative Youth Justice in Oakland has paid therapists and provided free or low-cost access to youth and staff. RYSE Center in Richmond is connected to schools, which can provide referrals for youth to access free resources.
- **Supporting organizational campaigns for healing justice and holistic wellness:** For example, California Native Vote Project’s work around Ethnic Studies and Indigenous education has pushed for accurate histories of Native and BIPOC communities and a reflection of self in school curriculum.
- **Ensuring that there are community-based safety for spaces and offerings that do not involve police and further criminalization:** Culturally rooted healers and these community-based organizations must experience safety in ways that do not further bolster policing, prisons, and criminalization. For example, one staff member expressed concerns that Black healing spaces had experienced attacks.



FULL REPORT

1) Biggest Barriers for Young BIPOC People Seeking Out Mental Health or Wellness Care

This section outlines two main categories, with accompanying sub-themes, around barriers for young BIPOC people seeking out mental health and wellness support: 1. Dominant discourses of silencing, stigmatization, and shame; and 2. A lack of accessible and affordable care.

Silencing, Stigmatization, Shame around Mental Health

Silence, stigmatization, and shame cast a formidable cloud over mental health issues- making young people understandably reluctant to seek care. Oftentimes, these messages circulate from families and schools (see important counterpoints below). As one young person put it, echoing many young people's characterizations- "growing up, no one ever spoke about mental health." When such issues are broached, they are often fraught with stigma- seeking mental health support can easily label someone as "crazy," signaling that "something is wrong with [them]" and even making them vulnerable to ridicule. Gendered expectations and machismo can target young men for expressing mental health needs or many feelings because, as one young person stated, "we have to show that we're men and we're strong."

As such, young people often shared that adults often do not regard mental health seriously or as a "valid issue," believing that young people are fabricating problems. According to this perspective, any challenges can be overcome through a mind over matter mentality. As youth in one focus group discussed, a common response from their families is "ponte las pilas"- put in the batteries, push through, work harder. This narrative reflects perceptions encapsulated by one youth leader: "My parents don't think that mental health is a problem. They correlate depression or anxiety with being lazy." Similarly, many other participants stated that adults belittle young people as "weak," believing that they use mental health issues as an excuse to avoid hard work, or to get out of class.

Such narratives accumulate to a daunting barrier for discussing and seeking mental health resources.

Unsurprisingly, these ideas often worm into young people’s psyches and foster shame and fear. As one young person put it: “Hearing things for so long about mental health not being important or made up...makes it even more difficult to seek help when you need it.” Others stated how their parents actively opposed therapy and clinical treatments- for example, one shared that their mom is “really against me getting help,” believing that they “shouldn’t be taking pills.” These beliefs also fuel profound feelings of isolation and loneliness. As one young leader explained, they were “completely unaware that people also felt the way that I felt sometimes,” which led them to conclude, “it’s just a ‘me’ problem, and I have to get over it.”

Intersectional, Cultural, Structural Contexts that Shape Mental Health Stigmatization for Young BIPOC People and Families

Young people diagnosed intergenerational schisms in their families around mental health perspectives within systemic and cultural contexts- structural racism, poverty, the painful consequences of forced migration, generational trauma. Many young people from immigrant and refugee families reflected that their elders hadn’t always had the opportunity to develop a language- both literally, and as indicative of a conceptual framework- for discussing mental health. For example, as one participant explained, “growing up with a really religious Mexican background... it’s still really difficult to approach my family about queer issues or mental health issues because it wasn’t talked about.” Another shared that their family believes that mental health is “a white men’s thing.” Many participants also raised religious beliefs, which could include their families “blaming the devil” and trying to “pray it away.”



Many young people pointed out that these narratives harm their families- as one put it, this “holds my parents back from acknowledging the traumas they go through,” and the “wounds continue to get worse and worse” for both individuals and across generations. Young people recognized that BIPOC communities often have to prioritize survival in a society bent on depriving them of access to basic human needs. As such, they also understood why their parents might perceive mental health as a luxury within this context:

“Hearing things for so long about mental health not being important or made up...makes it even more difficult to seek help when you need it.” Others stated how their parents actively opposed therapy and clinical treatments- for example, one shared that their mom is “really against me getting help,” believing that they “shouldn’t be taking pills.” These beliefs also fuel profound feelings of isolation and loneliness. As one young leader explained, they were “completely unaware that people also felt the way that I felt sometimes,” which led them to conclude, “it’s just a ‘me’ problem, and I have to get over it.”

Understandably, then, as another young person explained, a “hyper focus around material needs like finance, housing, physical health bills” become more “immediate, urgent priorities” than mental health.

Young people also pointed out that their families have had to work extra hard while battling white supremacist ideologies that depict them as lazy. In particular, some participants pointed out that Black folks have to work twice as hard to be seen as half as good. As one participant pointed out, the stakes are higher for BIPOC folks, and Black and Brown youth and their families and communities do not benefit from sympathy around mental health needs: “maybe you can't go to work a certain day because of your mental health issues, then people aren't necessarily going to be understanding of that. And things like that can cost you your job.”

Importantly, participants also spoke about young BIPOC people and communities’ justifiable suspicions of healthcare systems, rooted in longstanding histories and present realities of medical racism and entanglements between healthcare and carceral systems. As one young person put it, summarizing mistreatment and dismissiveness from doctors- “BIPOC people in general don't have necessarily positive experiences when it comes to doctors and mental health in general.” Others pointed out how Black communities have been especially targeted, punished, and dehumanized through interactions with healthcare and social work systems- “It ain’t always been positive for black people,” including with “CPS trying to snatch our kids.”

The Role of Young People & Community Organizations in Destigmatization & Intergenerational Healing

Some young people's peer groups, families, and communities discuss mental health openly- oftentimes because young people and community organizations play a critical role in facilitating intergenerational healing. One young person shared that “all the Native youth that I know, we're all very open and talking about our feelings,” and their community has come a long way in destigmatizing mental health. As one young person shared: “I’ve seen [my mom] go through depression. Not eating as much, eating a piece of bread and coffee and calling it a day. And I’m just like, Mom, this is not okay, come on, go for a walk...” Another shared that they were the first in their family to go to therapy,

“and some other people in my family started going after me. And they started recommending it even to their parents. Even recently, when my Lolo passed away, my Lola was able to admit that now she has anxiety. So she’s been going to these counseling sessions so that she can kind of go through the grieving process a little more properly.”

Young people are actively modeling healing, disrupting the cycles of intergenerational trauma they see, and breaking these silences- showing the critical importance of their leadership in surmounting the challenges described in subsequent sections. As another participant explained, after a suicide in her community, “there was more dialogue and more Vietnamese organizations to deal with different needs that weren’t being met with the community.” As a result, she explained that “my parents now have a lot of compassion and see a lot of importance with [mental health].... My parents have called me multiple times, saying oh, there’s a friend of a friend’s kid who’s struggling with their mental health. Do you know of any way they can access resources or what resources are available?”



Lack of Accessible and Affordable Mental Health Resources

Even when communities have come a long way in more openly discussing mental health, a disconnect remains in a continuing shortage of accessible resources and information around accessing existing resources, as outlined below in more detail.

Prohibitively Expensive Care

A chief barrier is that mental health resources are prohibitively expensive. As one participant reflected: “for people of color, who come from low income families... you don't really have access to therapists and medical help.” Participants pointed out that therapy, which is often more than \$100 a session, and medication, tend to be well beyond their means. Young BIPOC people are often limited to seeking publicly funded care, which are hampered by disinvestment-, as one participant put it, “the city or the government, whether it be local or statewide or federal, isn't focusing much on mental health.”

Navigating Bureaucratic Processes

The long, winding process to find suitable existing resources is intimidating- especially when navigating disinvested public resources. As one participant pointed out, there are multiple steps where young people can meet roadblocks- from location, to insurance, to someone who can meet other specific needs. For example, one young person shared that there are

“a lot of barriers to jump through; it's a lot of trial and error finding the right connection in the system...I was referred to a few clinics in high school that actually weren't even operational, but I still had to just check them out in the first place. These organizations are great, but they are often underfunded or obviously they have trouble operating.”

Another respondent shared, “we tried to get someone help here in X County. And we didn't get help; they just kind of pushed us away and told us it's our problem, we had to deal with it. And they suggested that we just put them in jail or something.”

Jumping through multiple hoops to find a therapist is especially challenging because, as one participant pointed out, “when people need mental health services, it's because they've reached a breaking point. And a lot of times at that point, it can be very hard to have mental energy or capacity to search for a therapist or go through this whole thing, especially if you're the first one accessing it, or you haven't really been exposed to it.”

Meanwhile, the bottling up of emotions fueled by stigmatization can also, as one participant put it, make finally seeing a professional “super overwhelming.... There’s so much to unpack... when you’ve been dealing with certain things for [so] long and you start to compartmentalize, bury certain things and stop feeling certain things.

The bureaucratic intricacies of accessing school-based services can also be a challenge when people are in a moment of heightened crises. For example, one shared an example of going to a campus health center: “there was a lot of screening questions online and in person. And getting there I had to wait a little bit. And then I felt like the process was very bureaucratic, and very unnecessary long. Sometimes, I think like people might just need to go somewhere and be able to express themselves without having to go through that much work.”

Navigating Insurance

Young people also explained that lacking and/or navigating insurance also posed a significant barrier. As one youth organizer also added, for the immigrant communities they organize, the only source of healthcare is through Medi-Cal, and working outside of insurance can be very difficult.

Having to figure out which medical professionals take their insurance can be exhausting, as “a lot of times your insurance doesn’t cover a therapist or psychiatrist.” One respondent explained, “I’ll get so tired of looking that I’ll just stop and not be motivated enough, which makes the problem worse.”

Tethering insurance to employment or school compounds stress. For one, jobs are often themselves the culprit of stress-as one participant stated, “being so heavily reliant on your company's insurance plan, and having those things tied to where you work can also, ironically, be a cause of your mental health and stress struggles.” Secondly, young people’s insurance status often changes for a number of reasons, disrupting their care even after a lengthy process of finding suitable support. One participant shared their story:

“I was having a really good process with my insurance and going to therapy, I even got access to my medication and [was] trying new ones and stuff. But as soon as I graduated, the insurance ended. And then I didn’t have any insurance and then they stopped giving me my medication because I didn’t have access to it. I stopped going to therapy and it’s such a long time, and I know that these types of things are definitely something that I need in my life because just the challenges I faced with my mental health issues impede me from being successful.”

Third, young people are often on their parents' insurance, creating other obstacles and consequences such as breaches of confidentiality. One participant explained that having to navigate their parents' insurance- especially when their parents invalidate the importance of mental health issues- can make young people "feel very uncomfortable seeking help," sharing an example where a young person's family found out they were seeking therapy through insurance bills. Their providers had not signaled this issue, and young people were caught unawares.

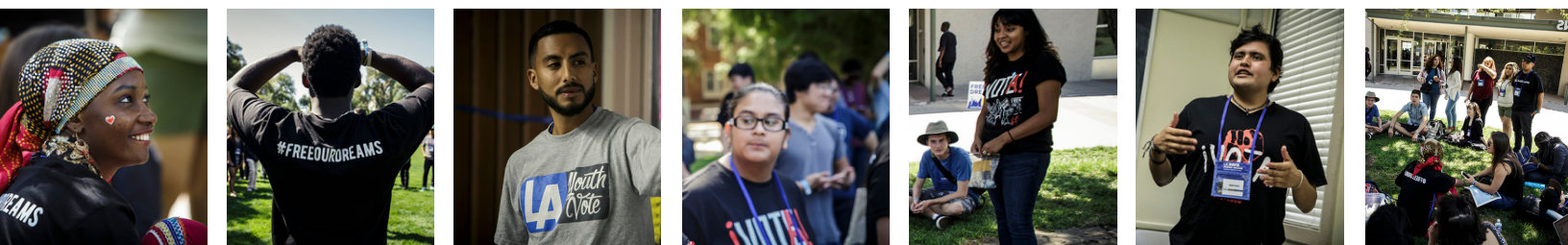
A Shortage of Mental Health Professionals

Disinvestment also engineers a significant shortage of mental health professionals, especially in schools, colleges, and public clinics- leading to ratios of one therapist per thousands, sometimes several thousands of students. As one young person explained:

"We have two therapists, and they're both part time. So one does half the half the day; the other does the other half of the day. So we only have one therapist at school at one given time. Considering we have over 1000 kids, that's a very daunting task."

Many respondents experienced lengthy backlogs- limiting the number of appointments they could secure, forcing them to wait several months before finally seeing a therapist, and making it near impossible to see the same therapist consistently. One community college student stated they could only see a professional twice a semester; other schools have a limit of eight sessions total. As described in more detail in Section V, this also impedes the quality of care even when young people can finally see someone, and impedes long-term consistent care that is direly needed. As one young person explained, "cutting someone's ability to get help to eight sessions is really detrimental, because it's expecting them to get better in eight sessions, and be done with it."

This context can deepen mental health crises- as one participant described it, "that can be a struggle, when you're in that kind of mental health hole." Others explained that their parents might look to other sources of support that were ultimately harmful: "The one time that I really tried to go through my parents was because the city was too backed up and I couldn't get any therapy through the city. My parents set me up with a religious counselor. That was not very fun."



Lack of Information Around Existing Resources

Participants also pointed out that they didn't know about existing resources and how to access them, including public clinics and school-based services. As one participant put it, "That is a huge challenge, knowing what resources are available to you... especially as a youth." For example, many stated that their schools' Wellness Centers rarely promote the specific services offered, the location, or how to access services there. As one participant put it, "They just say go to the Wellness Center. And I'm like, "I don't even know where the Wellness Center is actually, or what to do once I go there, or if I needed an appointment or anything." Some said that their school promotes physical health services at the Wellness Center, but doesn't make it widely known that students can also access therapists there. Many pointed out that outreach is mostly conducted through mass emails, which are not always the most effective way of communicating information to students

Distance and Transportation

Many respondents also brought up issues of distance and transportation. Young people in more rural and sprawling areas, such as the Central Valley and the suburbs, noted that there are especially scarce resources and that they often have to drive far to access resources. As one respondent put it: "Transportation is a big issue... I had to take two buses to get to that other side of town [to see my therapist]. Or sometimes I felt comfortable walking into the areas that I needed to access that therapy, but I knew that specific area, even just one block away, there was a lot of rival gangs and [there was] a lot of active gang activity there."

Limited Hours of Resource and Individual Availability

Finally, limited hours of availability- both of services and potential service seekers- also make it challenging to access mental health services. As one participant stated: "The hours for the counseling [at] my school... I don't think it's that long. And sometimes I'm at school from eight o'clock in the morning, sometimes to five. And even now, when I start summer school, I'm going to be there from eight to 4:20. And I don't know if they're going to be open past those times." Another stated that the school day schedule doesn't create "time to have mental health addressed," but "after school, students are tired, so they just quickly go home to do homework. So I feel that time is a big barrier." Students frequently shared that they need "more time to ourselves" because lunch or passing period are too short, and long classes can be draining. As another put it, students "don't have a safe space, because it's like class, class, class, class, class." Some of these school-based issues are discussed in more detail in Section III.

2) Challenges- How Systemic Oppression Impacts Young BIPOC's Mental Health & Wellness

This section outlines how structural oppression manifests in institutional, interpersonal, and internalized ways to take a toll on the mental health of young BIPOC people.

Institutional/ Structural

Young people consistently made the point that mental health includes but extends far beyond access to mental health services. The root causes of health are located in a societal lack of care and broader intersecting forces of structural violence- of anti-Blackness, settler colonialism, racialized poverty, climate injustice, and more. Disinvestment in institutions and systems needed to support thriving create conditions where it is hard to be well. As one young person reflected: “food insecurity, trouble with housing, living in places where you don’t feel safe” are not often discussed when it comes to mental health. Yet, they are all part and parcel of the same ecosystem that makes accessing mental health support so difficult, as described in Section II:

“If you don’t have housing, or if you don’t have access to food, you’re not gonna be happy. But then you don’t know if you’re not happy because of your situation, or because you really have a mental health issue that needs to be diagnosed... then you also don’t have money to get diagnosed. So it’s so many issues overlapping.”

Young BIPOC folks also described the impacts of how racialized poverty is enshrined in urban planning and a lack of access to green space, nutritious food, and other critical conditions of health and well-being. For example, taking walks and being in nature are a salve for many young people’s mental health, but many of them also live in places where they cannot easily do so. As one young person put it: “the suburbs are basically unwalkable... when you want to go on a walk, or you want to go to a store, you either have to drive there, or you have to walk for like 30 minutes.”

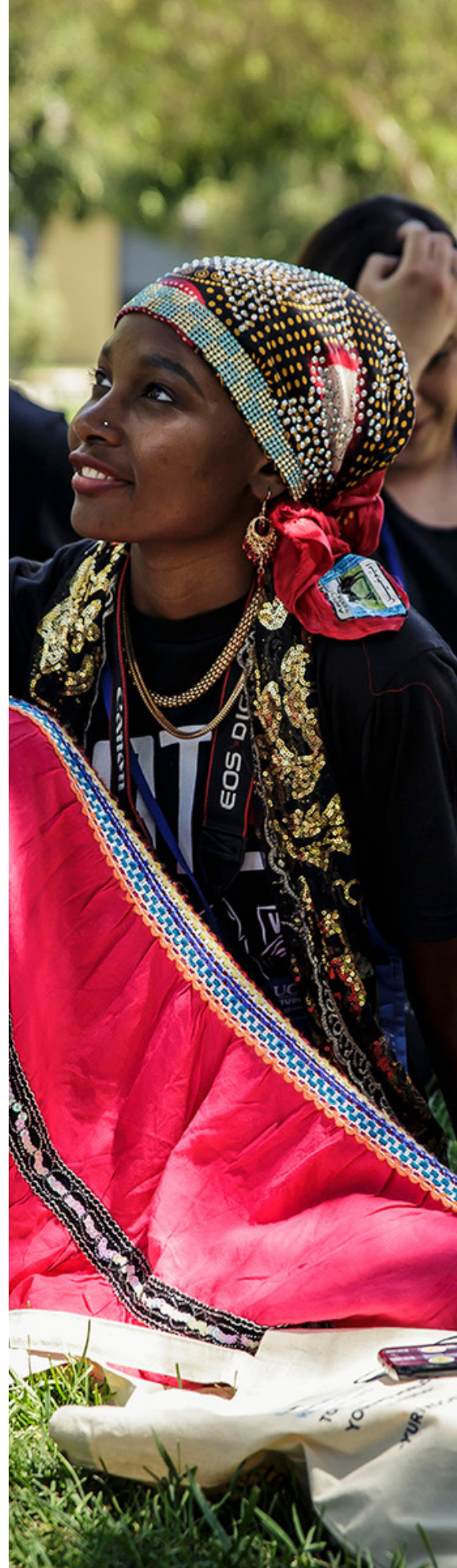
Other systemic issues raised were climate change- “the state of our climate right now is a massive stressor for a lot of people.” Participants also spoke about police brutality targeting Black communities as negatively impacting their mental health. Policing and the prison industrial complex are also discussed more in Section III. Finally, this also materializes in predominantly white educational institutions and workspaces. For example, one student shared an example of a UC campus where Black students are less than 2% of the student population, leading to extreme isolation.

Interpersonal

Young people also shared how interpersonal forms of racism and discrimination also impact their mental health. As one participant reflected “systemic racism comes out everywhere for Black people,” including being “bullied in the workplace, people just being mean for no reason at work just because you’re Black.” Another referred to “negative stereotypes over Black people in general. As soon as we walk up in the building, they automatically think we’ll steal something.” Others pointed to racist ideologies where young people are told they are incapable of certain things, or Black, Brown, and undocumented folks are labeled as being inferior workers.

As discussed in the Native and Indigenous student themes, this also materializes in one-dimensional or tokenizing depictions of Native communities. One young person reflected that as a result, young BIPOC people don’t have a chance to learn about their histories, cultures, and communities, and to develop empowered identities- they “don’t know the person who they want to be.”

As another young person stated, people of color are perceived according to these stereotypes, and “when you are in a predominantly white space, it’s a lot harder to speak about mental health... [because] you don’t want to be perceived [a certain way] when you’ve been perceived that way your whole life. So it’s a lot easier to just kind of suppress all your emotions.”



Internalized Pressures Responding to These Contexts

Within these structural contexts, young people feel the pressure bearing down from the especially high stakes of academic success for low-income young BIPOC people. As discussed further in the section highlighting Themes from Native & Indigenous Youth, this pressure can come from being the first in your family to attend college. This pressure is also especially profound for Black folks, considering that, as one young person put it, “Black people have to do a lot more work to get the same recognition.” Some Asian Americans also suggested that the model minority stereotype creates a “lot of pressure” due to impossible expectations. Many children of immigrants and refugees also stated that they feel pressure to bring their parents’ dreams to fruition and to live up to the reasons why they migrated and/or endured hardships in the U.S. As one participant explained, “our parents have struggled so much to help us maintain a decent living in the US compared to our home countries,” which can lead young people to “disregard our own needs to when we're trying to accomplish something for our family.”

These pressures can understandably lead young people to de-prioritize mental health, especially when they need to focus on school and extracurricular activities. Many are reluctant to take time away, especially during school, because of these pressures. As one person put it: “I feel like my problems aren't big enough to go through all of this... stepping out in the middle of class. As students, we feel if we miss a bit of class, we might miss... something important that might be upcoming in a test or something.”



3) Specific Challenges and Recommendations for School-Based Services

School environments (K-12 in particular, as discussed in focus groups) often harm the mental health of young BIPOC people. A shortage of specific mental health services is part of the problem- but doesn't tell the whole story. Atmospheres of punishment and a lack of care speak to a need for more transformative school climate changes. Students suggested that, even if their school (K-12) offered more mental health services, they would be reluctant to use them because these atmospheres understandably cultivate distrust. As one student put it succinctly and powerfully: “[Students] aren't comfortable talking about [mental health] in a school that hasn't advocated for it.” It is also important to note that for many young people, college was the first time that they were able to access mental health care, which was generally positive, but also hampered by the limited number of therapists and sessions that they had access to. This section also describes broader environmental contexts and student recommendations for solutions that are specific to school-based services.

Broader Environmental Contexts that Impede Mental Health of Young BIPOC People

Lack of Prioritization of Mental Health

Students often stated that their schools do not prioritize mental health- instead focusing on academic success within a vacuum, divorced from mental health and holistic supports needed to address numerous challenges that young BIPOC people face. For example, one participant shared a story of a new principal, who went class to class talking about “how he wanted us to get good grades or good test results, so he could go and show off our scores [to show] that he was a good principal.” This young person reflected that this “made us feel rushed” and was just one symptom of how the school fosters stress rather than caring for young people as whole human beings.

Shortages of Existing Services

Elaborating on the mental health shortages described more broadly in Section I, current school and college-based services are gravely limited. One person reflected- “We don't have any kind of mental support systems at all.” Another young person stated, “you're fighting with your peers to [see therapists at school].”

As one example of how “the healthcare system at school needs to be better funded”: one time this participant was pulled in to see a school-based therapist: “Almost immediately afterwards another student literally just barged in the door, and was having a crisis and was like Oh, I need to talk about this right now. So I immediately was like, Oh i'm gonna go. And then afterwards, the next day, my therapist had to thank me for leaving because she herself didn't know what to do.”

Young people also experienced these severe shortages in college and university based settings. One participant argued that their university advertised services catering to different communities, but that this was misleading: “ if I just reached out to a specific counselor that I wanted to see, they [were] never available” because there was only 1 counselor for every 10,000 students. This young person explained that since most care required off-campus referrals due to this shortage, they wished they could do so directly, rather than having to navigate a system with a dearth of counselors.

Lack of Quality Care and Supportive Adults in Schools

Even when students were able to see social workers, therapists, or even other school staff whom they hoped would provide advice, they often did not receive the support they needed. Some shared experiences where counselors were dismissive, or their advice betrayed a shallow understanding of students’ needs. As a result, students left feeling unheard and sometimes worse than before. As one participant put it, at their school “[when] you're going to a guidance counselor, and you're trying to receive some sort of hope- you don't really feel heard, and sometimes those counselors also aren't the best equipped to handle those conversations.” Another stated that school staff “should be more understanding, because I feel like when we talk to a counselor at school, and they don't really know the kind of person you are, they look at you crazy.”

A few participants said that counselors suggested talking with their parents, which they found unhelpful (given the contexts described in Section I): “I've tried talking to my counselor about times when I was stressed and they don't offer good advice. Sometimes they don't offer any advice and they tell you to talk to your parents, and that’s not an option for a lot of people- because with parents it’s even more difficult.” As one young person put it, these interactions could lead them to retreat within themselves. After they had a negative experience where a social worker provided them with unhelpful advice, “I ended up keeping it to myself and thinking, people can’t help me.”

More broadly, this seemed emblematic of a lack of caring adults that many (but not all) students reported. As one young person put it- “I could count on one hand the people, the teachers who actually care or the staff that actually cares.”

These interactions are of course rooted in broader contexts of disinvestment in staff in schools with low-income BIPOC students- creating ratios where guidance counselors, therapists, and social workers alike are responsible for thousands of students, while teachers are also grappling with huge class sizes- and all for little pay. As described later, participants also pointed out that the issue might be deep training and preparation for all school staff, not just therapists, to work with, relate to students, and make them feel comfortable.

Policing and Punishment at Schools Targeting BIPOC Students

Climates of policing, punishment, and surveillance also inflicts damage BIPOC students’ mental health, while making them reluctant to access school-based services. Participants spoke about how the constant, overbearing presence of police puts them on edge. As one young person put it: “for POC students, [policing] definitely has an impact on their well being and makes them feel like prisoners more than like students in their own schools.” They concluded that having police around doesn’t help students feel safe, and it means that “we don’t act ourselves.”

Another observation: was that “lower income schools that have these communities of color criminalize the students a lot. They look at them like they’re looking for the worst in them. These are these kids they have to manage, not someone they’re trying to teach. In my senior year, [in] a 3 month period, they just started locking all the bathrooms, and no one could use it, and they had like 12 police officers [because] of this whole thing with like these freshmen stealing soap....” More of these examples are described in the Central Valley themes.



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The pervasive presence of police, and use of harsh punishment rather than unraveling the root causes of “behavioral issues” are at direct odds with feeling cared for, safe, and well at school. This is especially challenging because many young people also don’t feel safe at home. School thus could and should be a haven, but policing renders school yet another unsafe space. As one young person shared:

“In high school I didn’t feel safe at my house a few times, or sometimes I was really struggling with mental health because [of] my living situation... I could not cry at home, I was not allowed to. So I had, for example, to go to my high school across the street just to cry on a Saturday or Friday. And it was physically open, but then a SRO, a police officer, that s doesn’t do anything at the school- He was just like what are you doing and I had to lie, I was like oh i’m reading a book and he was like, Well go somewhere else. There’s no space- being policed at home and at school.”

Criminalization and Lack of Confidentiality

Given these contexts, it is unsurprising that young people fear they will be criminalized, and their confidentiality around mental health issues breached (this is especially heightened when it comes to substance use issues, described more in Section IV). This climate fosters wariness around punishment or unintended consequences for seeking mental health support at school. As one explained, “a lot of people are just scared for their problems to be shared with other people.”

Many young people expressed fear that mandated reporting could lead to sharing their information with parents. For example, one student explained that they have to get permission slips signed to meet with a counselor, which alerts their parents: “I had to get a permission slip sign to start talking to the on site counselor. So if I was trying to keep my want for therapy secret from my parents, I immediately would not have been able to because I needed to get a permission slip signed.” Others shared fears that “I don’t want my parents to be a part of this.”

Students were also concerned about criminalization, information being shared with Child Protective Services, or being sent away to rehab or other institutions without their consent. As one explained, speaking to school-based staff and/or mental health services is always fraught with fears and running thoughts such as: “Is this person going to use it against me? Are they going to sit here and blow it out of proportion? Like, what can they do? I feel like it's always backstabbing stuff that I'm worried about.” Another recalled how their school wanted to send them to juvenile hall for expressing suicidal thoughts. As a result, one reflected that “it makes you regret telling the school stuff. They should have a better understanding of what kids should go through.”

School-Based Solutions

Young people identified critical ways to shift entire school climates. Of course, this also involves- but is more than- more abundant and readily available mental health and healing supports at school. As one participant explained, they needed counselors beyond guidance/ academic counselors, in addition to “counselors that could help with mental health issues” more specifically. Some recommendations listed in the final section, such as peer counseling, healing circles, and support groups, would also likely take place often in schools.

More Caring Adults and More Mental Health Professionals

Young people’s mental health would benefit greatly from more caring adults and school staff. As one young person stated- “I want to see better and more caring teachers.” Ideally, this would suffuse the whole school climate- not just in the classroom, but, as one young person put it, having adults check in with you regularly. After all, many students did share positive experiences with caring school staff who would share, connect them with resources, and holistically support their well-being. As one participant put it:

“sometimes my information [about mental health] might come from teachers. I have certain teachers I talk to, and I'll just tell them about my day and stuff like that. And sometimes they'll recognize some things and they will reach out and tell me about information about mental health resources.”



Another shared an example of a supportive administrator who would actively advocate for young people and help to mediate conflict between students and their parents that might arise around seeking mental health support:

“At my old school, they have an amazing Dean of Students. And he’s really good at managing the students and making sure that they’re Okay, mentally, and then nothing goes on the record. And he’s really good at mediating with students and parents and being like, okay, just so you know, the students are going through something, and that’s why they’re doing this. That’s why they’re acting up. And he advocates for them.”

Students stated that they felt especially moved to do so when teachers were vulnerable and shared their own personal stories, which helped students feel more open to doing the same.. These positive experiences, when juxtaposed with the experiences described above, highlight the need for more supportive staff and more training, considering that all school staff are at the frontlines shaping students’ mental health.

More Extensive Training and Recruitment of Staff from the Community

Many young people identified the importance of more supportive staff who are also more understanding of the stress that young people are grappling with. As one participant suggested, there should be a “basic understanding of mental health” among “everyone, not just therapists, but teachers, other students and the staff.” Participants also suggested more extensive mental health training- for example, around restorative justice training. As one young person shared, “a lot of times it feels like the staff is just given the bare minimum, oh, here's some breathing exercises, here's some meditation and here's a stress ball... [they need] more in depth training so that way they know how to help specifically and not just a general, very basic way of helping.”

One participant explained that teachers and staff need to be able to relate to and understand students’ holistic contexts- for example, the issue is not “that kids just don't want to do work, but it's probably because they're struggling at home, which is the root cause of most things.” Another suggested that younger staff from the community would be able to relate to students and better understand their experiences, especially of schooling during the pandemic- which “would make me feel a lot more comfortable about just going into their office.”

Educational Programs & Ethnic Studies to Support and Normalize Mental Health

Students pointed out that schools must play a far bigger role in normalizing and educating students and families around mental health. Schools should approach academic achievement more holistically, recognizing that, as one young person put it, “if you don’t have good mental health, you can’t really do well in school.”

Participants suggested daily announcements to “make it more well known to the wider populace of the school, that there are resources and that they can be accessed,” or provide “more discreet ways” to access resources such as pamphlets at an information desk- which could help address the challenges described in Section 1 that many young people do not know about available resources, while also normalizing the use of those resources. Another respondent shared an idea where school therapists could “call in five students a day just to ask how they're doing- literally take a one on one with students,” which would make services more accessible rather than “having to get a pass, being super strict with missing periods to talk to the therapists.”

Young people shared programming ideas- in some cases based on practices from their own schools- including: regular workshops for students and families; Wellness Fairs featuring different community mental health-related organizations and associations; assemblies focused on mental health; and physically taking students to existing mental health resources such as the Wellness Center. Another suggested mental health days- “where you can, [if] you're feeling unwell or stressed... take a mental health day for three days. And after those three days, we check up on you if you want to come back to school or you need more time for how you're feeling.”

Others pointed to the idea of educational programs- for example, a few stated that schools should require mental health education and wellness programs the same way they require physical education. Many students also asserted the importance of taking time within classes to engage in healing and wellness exercises, like meditation and breathing:

“I do understand that reading is very important. But I do feel like mental health is even more important. So I would like to see teachers utilizing this time -for example one teacher in his class did meditation with students, for 30 minutes a day or doing breathing exercises. That way, students can start off the day feeling better.”

Some students also pointed out that Ethnic Studies classes would help link mental health to structural causes, and to undo internalized oppression and shame by shifting the blame from individuals to, as one student put it, “the harm that these systems create.” As one participant put it:

“I’d change the education too because they’d be teaching us white history. Even when they teach us Black history, they’d be teaching them white history and... they don’t be telling us the whole story. Especially how instrumental Black people have been in this country.”

Safe Spaces for Relaxation and Wellness at School

Students also stated the need for physical spaces for relaxation and wellness at school- whether at an existing wellness center, or another space such as homeroom or study hall, where young people can have time to themselves. As one person put it, “I wish there was a study hall or something like that, where you could just relax, and you don't have to be on 24/7.” Another explained, “Even though I didn't like going to school, that was the only place I felt like I could breathe”- so spaces that help students “not feel like they're being suffocated all the time” would be highly beneficial for mental health.

Making the Wellness Center more appealing could help normalize students spending time there and using resources. Many students pointed out that it is especially important for Wellness Centers or other mental health spaces to be “welcoming...so they can bring people comfort to fight that stigma and fight that fear of getting help.” For example, one participant described a welcoming atmosphere with couches and a warm/ inviting temperature where students would want to hang out and eat lunch- a staple of a supportive school climate.

Otherwise, participants shared that students need a physical space and time to breathe and relax. As one suggested, “it doesn’t even have to be [with] a therapist, but a basketball court or something for someone to just think about their emotions.” Spaces should be readily open and accessible, with an option to talk to an adult or just rest, hang out, or be alone if they prefer. One person shared an example of areas of local libraries that schools could emulate:

“They have a bunch of different resources for people to relax, because you can read books, there’s board games, you can connect with other people. And I think they have an art station, where you can do crafts and stuff. And they have a recording studio. And I feel like something like that in our schools would be really helpful to students”

Confidentiality

Given experiences described above, many young people emphasized that stronger protections around confidentiality “would help a lot of people of color open up” and access mental health resources more readily. Young people pointed out that adults should “respect the decision if they don’t want their parents to know.”

4) Specific Challenges and Need for Support around Substance Use

This section highlights how previously discussed issues of criminalization, stigma, and confidentiality are exacerbated around issues of substance use. Young people’s solutions thus revolve around the particular importance of compassionate/ non-judgmental listening; programming and educational campaigns led by young people who have direct lived experience with substance use, support groups, and addressing the root causes of substance use.

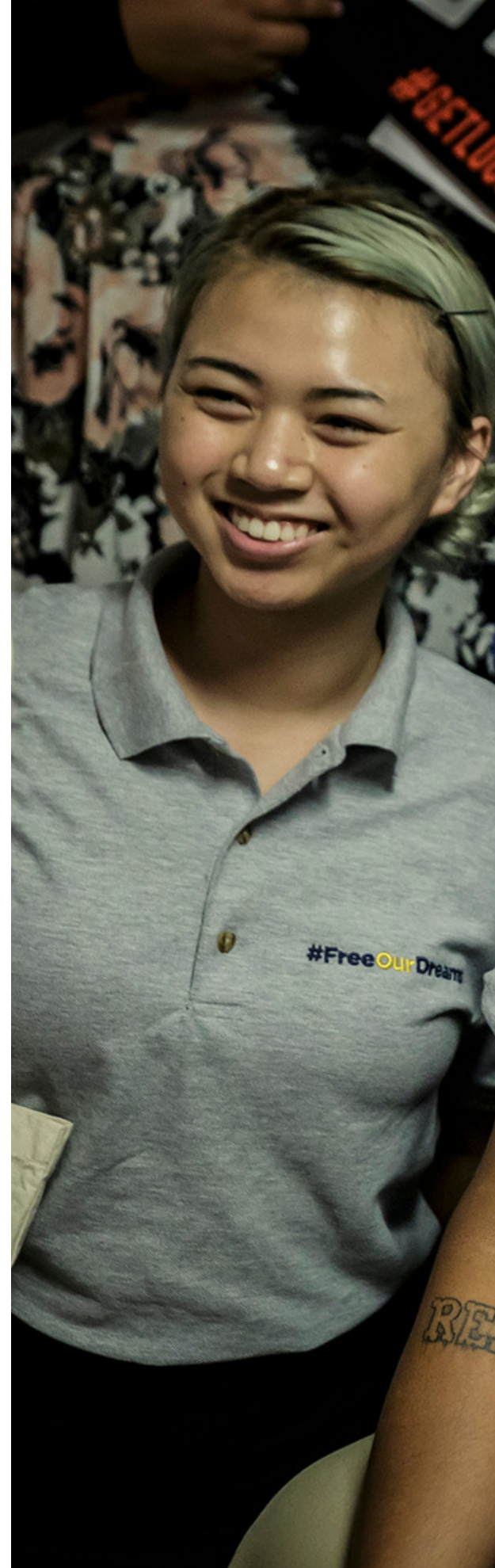
Heightened Stigmatization, Criminalization and Lack of Confidentiality

Young people frequently shared that schools criminalize substance use, oftentimes either using a heavy-handed approach of blanket policing or exiling students. Many participants emphatically stated that they would never consider going to the school for support around substance issues because the school would respond with punishment and pathologizing students. For example, one student stated: “I would never, ever consider going to my school for substance abuse issues or for mental health issues at all because they won't really do anything—that just gets you in trouble and then that's it. They tell your parents and you move along- you're seen as a problem instead of getting you the actual help that you need. I wouldn't really be relying on a school anyways for mental health.”

This frequently echoed statement is rooted in students’ lived experiences of what students described as heightened stigma and fear-mongering around substance use (a few of these stories are also depicted in more detail in the Central Valley section). For example, one student shared multiple incidents of fellow students who overdosed, with teachers having to call the ambulance during class. As they reflected, “after that, the teachers didn’t look at the students the same. And that’s really hurtful because they’re looking at you either with pity or [they’re] scared. And I’m like, why are you going to be scared of your student? They come here to learn, they don’t come here to hurt you... So it would be good to destigmatize that.” This student’s experiences were reflective of a broader pattern of teachers perceptions of students- especially BIPOC students- fueling stigmatization, and as another young person put it, schools’ and adults’ perception of drug use as “an evil.”

This overwhelming punitive response dissuades young people from voluntarily seeking support from schools, and adults more broadly- as one participant put it, “it would be a lot easier for young people to seek help if they didn’t feel like, am I going to be arrested?” As another shared, if students are found out for substance use in schools, “They call you in and there’s three police officers, your parents, the whole discipline office- they’re trying to get you out of it, but not in the right way.”

These responses also threaten to strip young people of their agency around the recovery pathways that they need —young people saw instance after instance of schools informing parents about substance use, or being sent away to other institutions without their consent. As one participant explained, students grappling with substance use are “checked by the officers or taken out of class or sent to [X Facility] or something, or they’re just sent somewhere for a short amount of time. And then they come back and then they’re on their contract usually.” Another participant shared that peers sent to a particular facility felt that their problems were not truly addressed, and that a “band-aid was slapped on top of it”- the staff there “were only addressing what [other] people were bothered by.” Young people, understandably, conclude that schools and adults are more concerned with an ostensible quick fix rather than truly supporting young people and unraveling the root causes of why young people turn to substance use to cope.



Solutions for Supporting Young People Around Substance Abuse

Given these contexts, young people emphasized that support systems must involve de-stigmatizing and de-criminalizing substance use, while providing nonjudgmental, caring support. Particularly important is peer-led education, programs, and support groups led by young people who have grappled with and lived through substance use challenges themselves. Furthermore, young people must have agency in determining their own solutions and treatment plans. The following sections provide more detail on these key themes.

Compassionate and Non-judgmental Listening

Young people uplifted the importance of supportive adults and peers who exhibit characteristics of being “open minded,” “understanding,” “nonjudgmental,” and “compassionate.” Young people dealing with substance use need to know “that they are not bad people,” and that “it’s not their fault for feeling the way they feel or the urges they feel.” Deep listening, and allowing young people to speak should be centered rather than trying to immediately “fix” young people, blame them, or call their parents. One participant explained that supportive peers and adults must be “interested in what you’re saying,” and show that they are “actually listening to your full story.”

Programs/ Educational campaigns led by Young People & Mentors with Lived Experiences

Educational and support programs should be led by young people, supported by mentors, who have lived experience of grappling with substance use. Young people pointed out that those who have experienced addiction and who can guide others are most equipped to “understand why people turn to [substance use].” As one participant pointed out, many drug education programs noticeably lack “perspectives from someone who's actually struggled with addiction,” leading to possibly harmful suggestions. For example, one program emphasized that young people working through substance use challenges should be reminded “that they have a long life ahead of them.” As this young person responded, “I know for a fact that this would have made the situation worse, that isn’t gonna make them stop using. [The idea] that they have this long huge life can be overwhelming, sometimes that can be terrifying, knowing that there's so much time ahead of you that you have to go through.... it can stress someone out even more.”

Support Groups

Similarly, participants also felt that loving community and support groups with other young people experiencing similar challenges would be helpful. This could help break down isolation that fuels substance use as a coping mechanism: “One of the things that I think feeds into addiction a lot is people feel alone. And they don't feel like there's anyone they can turn to, so they have to turn to something that makes them feel better.” Knowing that they are in company with others on a similar journey could encourage young people to be “vulnerable and [share] ways to cope.” As one young person suggested, this could also involve “teams that are going through the same thing” along with mentors who “understand what they're going through,” to guide them through different pathways. This could take place virtually as well.

Agency in Determining Recovery Plans

Young people need agency and self-determination in shaping their own pathways for recovery. As one young person reflected,

“They [young people grappling with substance use] have so much going on, they're under so much pressure, and they're holding in all the time. And they just need to tell someone, and a lot of times adults have this need to actively get involved and make something happen. But sometimes it's not what's going to make the situation better. Sometimes that just complicates things. So I think it's just really important to make sure what the person needs out of this what they're what they're looking for.”

Addressing root causes of substance use

Young people also reiterated the importance of addressing the root causes of why young people turn to substance use, similar to recommendations listed in Section 2. As one young person stated- “if you didn't fix what led them to turn to whatever substance they're using, they're gonna go right back to it.” One young person shared a story of a friend who did improve after going to a facility, but when he returned, all the same problems that pushed him to substance use were still present: “When nothing's changed, you start to realize why you started using in the first place, and then you turn back to it and you never actually fixed anything.”



Young people pointed to capitalism, poverty, academic stresses, and the omni-presence of police at schools as root causes of why young people turn to substance use as a form of relief and coping mechanism. As one young person explained,

“police officers and drug dogs, and getting suspended for doing these little things.... Definitely pushes people to addiction a lot more because when you’re surrounded by these cops and you’re more likely to get punished or arrested, it’s hard to keep a stable life.... And you turn to something to cope like drugs or alcohol.”

As another pointed out, “family problems, and the stress schools and teachers put on students and, the state of the world is kind of chaotic...” leads “young folks to figure out escapism” because that creates distractions or allows young people to “feel something different than what we’re feeling now.”

As young people also pointed out, these patterns are often intergenerational and may require solutions that involve the whole family. Some shared experiences of parents and family members who turn to substances because “escapism is very common in underfunded immigrant low income BIPOC communities with a lot of unaddressed generational problems.” Again, this illustrates how mental health is intricately intertwined with many social systems and institutions that then permeate family spaces.



5) Experiences with and Recommendations for Behavioral Health Workforce

This section outlines themes around young people’s negative and positive experiences with mental health services, as well as recommendations for how to support more young BIPOC people to become mental health providers. More broadly, participants stated that they needed more options to figure out “who actually make[s] you feel comfortable”--but in many cases, they haven’t had the luxury of choosing a provider.

Experiences with Mental Health Services

Themes around Negative Experiences

Participants who had negative experiences with mental health providers cited themes around impersonal, rushed, or dehumanizing sessions (also shaped by these broader shortages described in Section I), as well as coercive experiences that felt akin to surveillance.

Similar to experiences at school and more broadly, young people shared that therapists sometimes belittled their issues, which could leave them feeling unheard. One participant described experiences with two therapists at a public clinic as “mechanical. It made me feel like I was a cog in the machine. It really felt a little dehumanizing... [I got the message], just forget about your problems, focus on your work, focus on school.” Another stated: “just because you’re sitting in a chair, telling me what I need to do, doesn’t show that you care. It shows that you’re just trying to run the clock, and you’re not sitting here having a conversation.”

Others shared how the quality of their experiences was informed by limitations imposed by shortages and public disinvestment in mental health services. As one participant shared: “I could tell that they were on a time crunch; I felt very rushed.” Another respondent explained that the limitations- such as a cap on the number of sessions described in Section I- also rendered her specialist able to provide only short-term, immediate support rather than long-term treatment:

“She was always very aware that we had only 10 sessions per like semester... it was more short term and my appointments with her were more spaced out. So she was always like, Oh, when you seek more consistent care, you should do this...This is not ideal, this is not the treatment program, but when you do get to an actual treatment program, you should do this thing.”

Many other participants shared examples of coercion into carceral forms of mental health services, an example that echoed experiences with substance use described in Section IV. As one participant stated: “I was... forced into the system.” They explained that they hadn’t consented to, nor asked for help, but were assigned a social worker and therapist whom they felt were conducting surveillance on the family. They explained how this exacerbated the situation by instilling fear in and pathologizing their family, which worsened relationships with the mom. It also created additional stress on the mother, who had to take the day off work to help transport the participant between school and therapy.

Themes Around Positive Experiences

In contrast, themes around positive experiences with mental health involved young people finding a therapist who was a good fit (including shared lived experience, as described more below); therapists who validated young people’s experiences and listened deeply, while offering solutions; and forms of holistic support.

Young people had positive experiences when they were able to consistently see a mental health professional who was affirming, non-judgmental understanding, and maintained confidentiality. One participant shared an example of a social worker who provided a “non-judgmental environment that was really positive,” which they found to be helpful in cutting through the stigma. They also pointed out that they kept everything confidential.

Another participant shared that, after trying a few different therapists, their third and current therapist helped them “feel a lot more accepted. I could talk about my issues or my failures, and they don't bring me down for it. They don't tell me, ignore your issues.” A few young people shared especially positive experiences of receiving support around sexual violence:

“Finally getting to talk to that counselor after thinking that this is something that should just stay between us and the family. [To have the] counselor say ‘No, it’s okay. It’s okay to talk about it. It’s okay. Share your feelings.’ It just gave me such a great relief to finally talk to someone and know that they are there to care for me.”

Young people also had positive experiences when mental health professionals could support them with holistic needs such as academic support and housing. As one young person shared:

“When I came into college, I thankfully had the privilege of being able to be directed to mental health, where I was able to speak to a therapist and ... they helped me with getting housing accommodations, just because I was experiencing stalking ...so I felt really unsafe... And not only that, they gave me academic support, where if I couldn’t turn in an assignment or wasn’t able to go to my classes, they, told the professors for me, instead of me having to tell the professors.”

Importance of Mental Health Professionals who Can Understand Intersectional, Nuanced Experiences

Many young people shared the need for more BIPOC mental health professionals, as well as professionals who understand other salient identities and experiences in their lives- including undocumented status, being low-income, age, and language. A few participants pointed out that textbook training could not replace these experiences: “with these counselors, they go to school, and they learned it through a textbook, compared to people that have actually experienced [the things that we have]... those people know the struggle, and they know how it was for them; they could really help the youth.”

A common theme was that shared racialized experiences are critical for mental health providers to be able to “relate to our specific struggles with mental health.” Shared identities could help young people “feel more comfortable” and “more safe,” as they would have less concern that counselors would “perpetuate microaggressions.” For example, one respondent reflected on how therapists must be understand the specifics of anti-Blackness, “because the Black experience is so different from just other experiences.” Personally, they would seek a therapist who specializes in “Black trauma,” and understands its “physical forms and physical effects.” As one Vietnamese American young person explained:

“When a therapist finally shared or understood my identities, it was so much less explanation. I used so much less time in a session explaining or sometimes even I think subconsciously arguing with therapists that our experiences are valid. I could be very straight to the point... about what I’m talking about without fear of judgment.”

Many pointed out that race was not the only important factor in a provider- their life experiences and how they navigate the world are also shaped by being undocumented, gender, age, class, and language . One participant shared negative experiences with mental health professionals of the same racial identity who “didn’t really understand my illegality, my background, and being undocumented and everything that I did on a day to day basis. Every time I spoke to them, I felt like I was close to being pushed on how things were my responsibility to fix. And I don't think that was productive.” They were able to find a mental health provider who didn’t share Latinx identity, but were undocumented, Asian American, and first generation, which provided critical points of commonality and understanding.

Others pointed out that class was also important, because counselors who are “privileged people of color” might not necessarily understand what it means to be a low-income person of color. A few young people shared that younger therapists would be more equipped to relate to young people: “we don't have people that understand us or how we feel. So getting young therapists into schools and community centers [would help] people go and feel welcome.”

Many participants are multilingual, and value providers who are as well. As one young person put it: “lots of what I feel sometimes comes out in Spanish a lot better than what it does in English.” Another pointed out that they would like to involve their family, who would feel more comfortable with someone who speaks English:

“I would love to be able to involve my parents, my sisters as well, to be able to speak to them about [mental health] as well. [I would like a therapist who speaks] Spanish so they can speak to my parents, because they don’t speak English as much.”

However, language justice in mental health services can be a challenge considering that therapists rarely speak Indigenous languages, as discussed more in the Themes from Native & Indigenous Youth section - “there's not enough information or service in different languages besides English and Spanish, especially indigenous languages.”

Finally, other participants felt that providers don’t necessarily have to share the same exact identities- but that more broadly, they would look for training in trauma-informed approaches, healing, and community-based work, as well as providers with “flexibility, understanding, and compassion.”

Challenges and Solutions For More Young BIPOC Folks to Enter Mental Health Workforce

Eliminating Financial Barriers

A primary barrier to entering mental health fields is financial- whether in the form of unaffordable higher education, especially professional and graduate degrees needed, or low pay and limited access to capital needed to cultivate a successful career. Existing structural barriers to education and socioeconomic mobility tend to reproduce whiteness in mental health professional fields. Internships in these fields are also often unpaid or underpaid. As one participant put it succinctly: “pay us more... when everyone’s focused on material immediate needs, money is one of the biggest incentivizers.” As another pointed out, becoming a mental health professional requires “building up clientele,” which can take a few years of working to build one’s practice up with few clients and low pay- often requiring capital and a social safety net that many young BIPOC are structurally excluded from.

Creating Educational Pathways, Networking and Mentoring

Other solutions revolve around creating career pathways, including networking and mentorship to support young people. As one young person suggested, this could start earlier in high schools- similar to medical magnet schools that focus on physical health, there could be gateway programs for mental health that involve experiential learning. Challenges also revolve around a lack of social connections to BIPOC mental health professionals- due to numerous structural barriers- who can mentor early career and aspiring BIPOC mental health professionals and help them advance in their careers. As one participant reflected, “I can see there being a struggle in getting letters of recommendation.... Or maybe the network might not be as big.... It might be a challenge in trying to find that space, trying to find those mentors and getting them to write you a letter of recommendation... or to put in a good word.” As such, creating supportive networks and spaces for those in, and interested in, mental health and healing fields, are an important solution.

Navigating Insurance

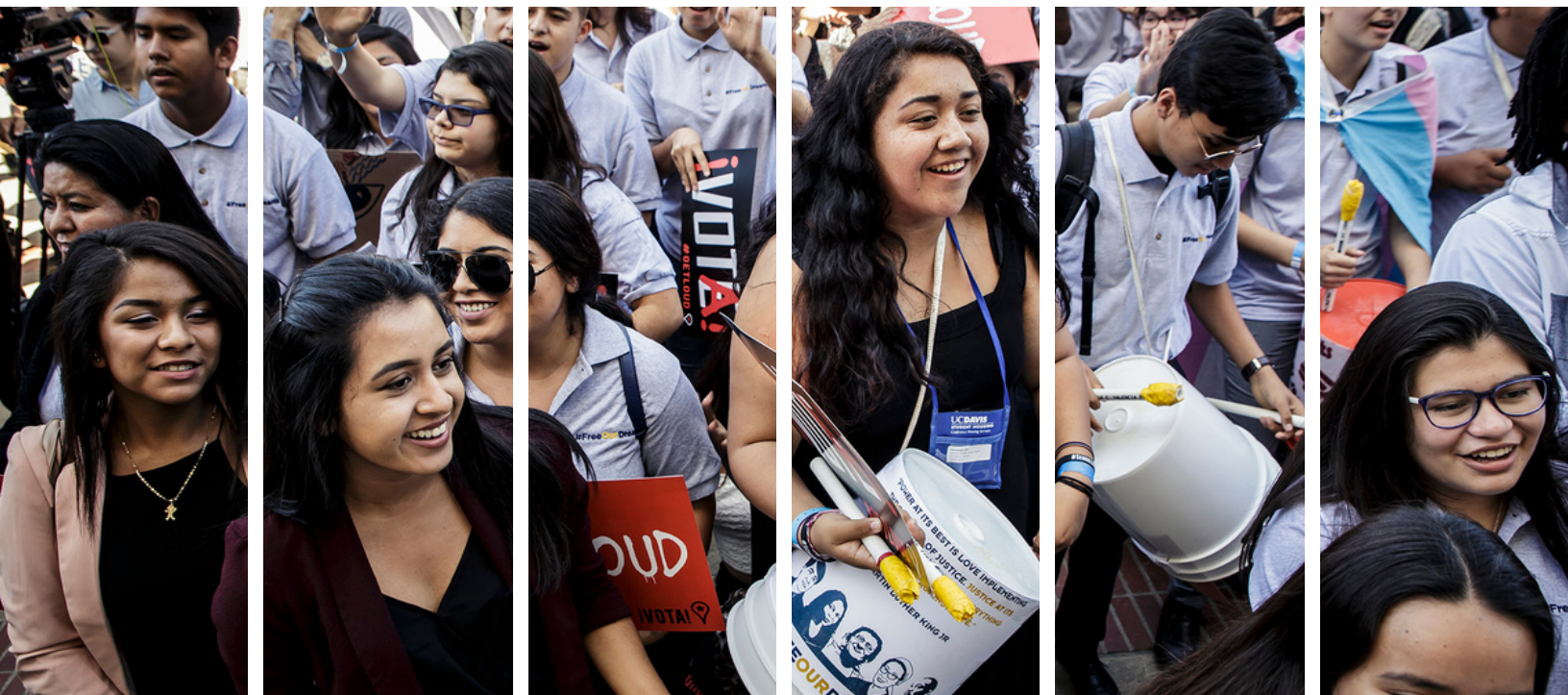
Many therapists of color are unable to take insurance because they are not adequately compensated, and it can take several months for them to be reimbursed. This is not a sustainable practice and can pose serious financial barriers.

Burnout and Compounded Trauma

Many young people also expressed that many mental health professionals of color experience multiple layers of trauma and burnout- they are themselves surviving within systems of structural racism and violence while also supporting clients with similar challenges. As one participant reflected, “emotional sustainability and care” for therapists is especially critical because they are constantly being “exposed to so much.... trauma... and mental illness,” which makes it especially important “for them to be taken care of as they take care of others.”

Supporting Training around Culturally Rooted Healing

The challenges above point to the need for more holistic forms of culturally rooted healing where young people can learn and practice healing that incorporates ancestral knowledge. Some participants shared that young people should receive support towards career pathways that can incorporate these culturally rooted forms of healing- beyond just becoming therapists according to a Eurocentric or academic model. A life coach certification pathway is one possibility that a participant shared. Others suggested that showing young people a pathway where entering the mental health workforce builds on their identities and cultural knowledges, rather than requiring assimilation, could “possibly lead to more encouragement to go into that workforce.” For example, more expansive wellness practitioner fields that take on a more holistic approach- such as the connections between spiritual wellness and therapy- could be more appealing to young BIPOC folks.



6) Specific Challenges and Features of Virtual Services Platforms

This section highlights challenges involved with virtual services platforms, as well as ways to leverage the strengths and accessibility of virtual services to create a more holistic ecosystem of mental health and wellness.

Complexities of Virtual Platforms

Young people highlighted nuanced pros and cons of seeking mental health resources online. Social media, the internet, and telehealth can provide accessible, concisely communicated information and services- especially given the challenges outlined in the previous sections around stigma, time, and transportation. For example, young people shared how they learned helpful coping mechanisms through TikTok. However, there are also challenges described below.

Challenges with Developing Deep Personal Connection

An oft-discussed challenge specific to virtual services was a lack of personal connection and discomfort with speaking to someone online. Young people pointed out that online formats seem more ripe for mis-communication, as it can be harder to interpret non-verbal expressions. It is also more difficult for many to be vulnerable and develop a deep personal connection with online service providers. Several respondents stated that virtual services tend to be more superficial, focusing on “quick solutions.” One respondent reflected that, with virtual therapy, “there’s always a barrier where you can’t truly express how you feel.... It was way more hard to connect with my therapist because the questions they asked me were more general, like- How are you? Do you self harm? Are you violent?... It's way harder to form an actual conversation and dive deeper down.”

Lack of safety- cybersecurity and not feeling safe at home

Several participants also shared that virtual services are not necessarily the safest venue. For one, many young people don’t feel safe at home, which is a major culprit of their stresses. As a result, they wouldn’t be able to undergo virtual therapy at home. Many also highlighted cyber-security concerns about their personal information being sold or hacked through apps. As one young person reflected, “With technology now, every platform seems to sell your information, and hacking is sometimes really easy. So just the fear of all your information getting out could be a barrier.”

Misinformation and Unintended Consequences

Social media can rapidly spread misinformation or offer unhelpful advice- for example, videos that definitively link a list of symptoms to certain mental health “disorders” can lead some viewers to self-diagnose, with potentially harmful consequences. Others reflected on how social media algorithms can deepen how somebody is already feeling- “If you think you're feeling a certain way, you'll keep seeing content that kind of affirms your beliefs, and it might even pull you in a little deeper to your thoughts, which can be kind of harmful.”

Online misinformation when young people are already experiencing stigmatization and silencing around mental health can be especially troubling, as one participant pointed out: “for people who can’t necessarily talk to their family about mental health, or don't have the money to seek professional, mental health services, if they're only getting the information for the Internet, then having that sort of misinformation online can be a big problem.”

Other issues around quality and cost of services

Many young people had accessed therapists through BetterHelp and reported that their experiences were not particularly positive. As one young person reflected, young people might be misled by advertising on social media. One young person shared: “I got a counselor on BetterHelp... And that wasn't really helpful for me. And only after three sessions she was like, oh, okay, I'm gonna retire. I was really in a bad headspace. And I always be blown up her phone. Like I need hope right now.” Some young people pointed out that they were not able to receive a diagnosis online. Another was surprised to find out that telehealth was more expensive.

Helpful Features of Virtual Services

Participants offered the following ideas that could potentially surmount challenges of virtual apps, while leveraging their strong suits.

Affordable/ Without Advertisements

Apps and services should be free. As one participant put it: “I would probably not pay for [a paid app]. So having it free to use would be ideal.” Many ostensibly “free” apps require payment to access additional services or to remove numerous advertisements. Being inundated by ads directly contradicts the purpose of the app. As one young person explained: “It just gets in the way- say you're doing a mindfulness, activity or meditation, and then the ad comes in the middle of it, that was not healing.... And it sucks because you have to pay a certain amount in order to remove the ads.”

24/7 Live, Readily Accessible Communication

Participants reflected that some apps limit chat or calls to certain hours, but mental health needs are not limited to a 9-5 schedule. It would be ideal to have access to chat, calls, or their preferred form of communication 24/7: “24 hour access could potentially save someone.”

Options for Different Formats

Participants also reflected on how there should be options for different types of communications, based on their comfort level and needs- for example, a hotline, chat, or connection to group and peer therapy online.

Personalization/ Information about Professionals

Respondents felt that apps should have more information about the personal and professional backgrounds of the providers they are connecting with via virtual services. For example, one participant suggested that apps could share biographies, including their experience, expertise, training, racial/ ethnic background, connection to organizations, volunteer work, and other relevant identities, similar to listings on Psychology Today.

Connections to In-Person/ Live Services if Needed

Respondents cited the importance of apps connecting users to in-person resources, including the ability to talk to someone face-to-face. As one participant suggested, being able to talk to someone both virtually and in person could help “build a genuine connection and a level of trust that allows the person to open up.” Another suggested an idea for apps that “connects you to real life resources that you can utilize, so that people have more access to those resources... an app for mindfulness could also maybe redirect you to local therapists or available resources for you to use near you.”

Other Features of Existing Helpful Apps

Many participants shared that they find the following types of apps useful:

Self-help apps that remind them to take care of basic needs such as eating, drinking water, showering. A variation is an interactive/ game-based app which awards points for completing basic functions.

- Apps that compile resources and tips on mental health
- Meditation apps that provide calming scenery, music, and ambient sounds
- Apps that help you track or reflect on how you’re feeling and the factors that influence those feelings.

7) Themes from Native & Indigenous Youth

Heightened Challenges around Accessible, In-Language, and Culturally Competent Services

Native and Indigenous youth reported facing heightened barriers of access to services, especially in tribal and rural communities. As one young person pointed out, “If you live in a city like Sacramento, you have access to hundreds, thousands probably, mental health services providers. But when you live in smaller communities, tribal communities, reservation communities, you don't have that access.” Another issue of accessibility is a dearth of translation for Indigenous languages across educational, community, and other settings. As one participant put it- “there’s not enough information or services in different languages besides English and Spanish.”

Furthermore, another young person pointed to the critical importance of having more Native and Indigenous mental health providers with shared experiences. They stated that “it’s difficult to consider accessing services from people that don't really have the same cultural values as you, or have the same lived experiences as you because it makes it all much harder for them to understand.... A lot of times those services are non Indigenous or like, just like white people who don't have the same experiences that you or your peers have. And so it's difficult for them to be able to help you with just a degree in psychology or something like that.”

Challenges around Identity and Education for Young Native & Indigenous People

Young people also pointed to settler colonialism and the ongoing erasure of Native communities as well as the dehumanization and Native communities. As one participant pointed out- “the history of our people and how it's presented in schools- people making fun of our culture in schools. You see that going viral.” As another stated, these dehumanizing depictions of Native communities can lead to Native youth internalizing oppression and “trying to be something they’re not... they want people to see them in a different way than how racist people would see you.” Having to constantly contort oneself to resist negative stereotypes can wear young people down.



Young people are also experiencing challenges around “exploring new identities” and maintaining identity, spirituality, and culture- which can lead to fractures within households. Some young people shared experiences of trying to authentically hold multiple identities when their family and community contexts did not always make that possible- “being Native and being Mexican, it was just, it was really hard on my mental health just to have that division between my families and them to keep pushing me. But it's very hard just to meet someone's standards when you're not even focusing on yourself or what your own standards are.”

Another specific theme revolves around the pressure around Native and Indigenous youth to carry the weight of academic achievement and upward mobility for their family and community, especially given the interwoven, criss-crossing structural barriers that Native and Indigenous students face. As one young person pointed out:

“a lot of like people are the first people in their families to reach that kind of educational journey, and so it's a lot of pressure and a lot of stress. And it affects your mental health and wellness because no one else has ever done that and it's kind of all on your shoulders to be that person for your family and even sometimes your community.”

As another young person explained, a common issue in their Indigenous community is young people having to translate and interpret for their parents, which “puts more pressure on kids, even little kids, in filling out school forms and having to figure it out themselves because some parents don't know how to read and write.”

Importance of Culturally Rooted Healing, Native and Indigenous Organizations & Expertise

As one respondent shared, Indian health organizations have been especially helpful in providing resources around mental health. Tapping into community linguistic, cultural, and systemic expertise should be at the crux of outreach- for example, as one young person suggested, “working with community members to give presentations or provide services in indigenous languages.” Involving entire families and intergenerational healing in education and outreach was another theme that arose.

Young people also emphasized the importance of culturally rooted healing, wellness practices, and skill-building, especially because, as one young person stated, “Indigenous people are very spiritual and connected to our culture and our people.” As such, a holistic set of tools for healing and coping necessarily needs to “come from a culturally rooted place” to be able to “fully heal yourself.” As this young person suggested, not receiving those skills in culturally rooted healing could lead to other, more harmful ways of coping such as substance use.

Many young people emphasized the importance of peer-based support in breaking through isolation and destigmatization- “discuss[ing] those things with someone who gets it... can be helpful in improving someone’s mental health and wellness, especially as Indigenous people... creating that feeling of being safe and able to be honest with yourself.” As one participant suggested, this could look like Native youth support groups that involve a group of “connected people that are around your same age, but also Native and also living in California,” to share struggles and create brotherhood/ sisterhood.

Another key strategy and solution involves public education to normalize Indigenous & Native youth in particular seeking mental health support. As one suggested, this could look like campaigns with Native young people on billboards discussing mental health, or social media campaigns that show that “Indigenous people out there also experience mental health issues.”



8) Themes from Central Valley Organizations & Youth Leaders

Heightened Lack of Mental Health Resources

Youth in Central Valley emphasized a severe lack of mental health resources, especially publicly available, affordable, and accessible resources. It can be especially difficult to access resources in smaller towns and more rural areas. As a young person in Merced stated, “there’s already few and far between resources that you can get here in Merced without having to drive to a different city. And the resources that are here are really slow, and they blame the pandemic for it.” As more clinics began to re-open, this also exacerbated the backlog as more people who had gone without care during quarantine sought services. As such, the healthcare system “is hard to deal with because they’re so backed up with everything.” As a result, it took this young person several months to get an appointment– all the while they were in “desperate need of therapy.”

One young person based in Fresno shared their own journey, outlining the many challenges in finding someone who can check off all their important priorities-

“it’s extremely difficult to just... find [a therapist] that meets your needs,” from someone who is close to “what makes you feel comfortable, and what will take your insurance. And there are more affordable options but usually there’s a noticeable kind of decline in quality. I spoke with the social worker, and eventually she connected me with this program that is supposed to help you find a therapist. They weren’t even able to find one that was in person... I can’t do a virtual one. Because then I’d still be in my home [which isn’t safe]... It can kind of feel hopeless sometimes trying to find someone.”

Many young people in Central Valley groups also stated that their schools didn’t have Wellness Centers and very few, if any, mental health providers. One formerly incarcerated young person was shocked to find that they had access to more mental health classes, discussion, and supportive services- e.g. access to drug and alcohol counselors- while incarcerated than in high school. In comparison, they stated that there was nobody to talk to about mental health issues at their high school, “no place to go, people to talk to about things going on. The only way you were able to talk to anyone was if you knew a teacher. There weren’t really counselors or organizations where you can go into a group and express your feelings.”

Social Disinvestment

Young people also shared that young people in the Central Valley are grappling with heightened social disinvestment and poverty. As one young person stated, “[For] the youth in places like Fresno in the Central Valley... there isn't stability... whether that means family or food, or even having a roof over your head, there's a lot of situations where you just don't know where you're going to be in the next day even, or the next week, or a month from now. And that's really scary. It's really terrifying and exhausting, and it takes its toll on you.” As they pointed out, “in Fresno, the north side, they’re building all these huge houses and these upscale apartments that cost a fortune when that same amount of space could be used to build much more affordable housing.... Meanwhile on the East side, there are people who don’t have food on the table.”

Many young people, especially in smaller towns and rural areas, pointed out that there were very few safe spaces for young people, especially parks, recreation centers, and positive youth development programs. As one young person stated, “here, we only have one recreation center that’s open for teens, but it’s open only twice a week.” Young people also shared that many of the parks don’t feel safe because of gang violence and drug usage. A young person who was formerly incarcerated reflected that in their hometown, “there needs to be more stuff to do here... places to go for young kids to be kids.” Since gang members tend to hang out at the few public spaces there are, young people need more positive outlets and spaces.

Focus on Punishment/ Incarceration

Young people also shared that schools in the Central Valley are heavily policed, and that substance use in particular is addressed with punishment and scare tactics. For example, one young person stated that in “this area of Central valley, there needs to be better education around addiction [that’s] more empathetic and less scare tactics.” Young people shared that the omni-presence of police in schools and their communities take a serious toll on their mental health because

“a lot of people of color don’t feel safe with police, the same police that are in our communities. The ones in our schools are contracted directly from the police department and we don’t feel safe around these people. Our families, our communities, our friends- we’ve seen the way that the police have hurt them before. My grandpa got really badly beat up by a California patrol officer one time, and that kind of made me always feel this anxiety when cops are around. And, in school, I don’t like feeling that anxiety just walking to class. And I know a lot of other students have some of the same experiences.”

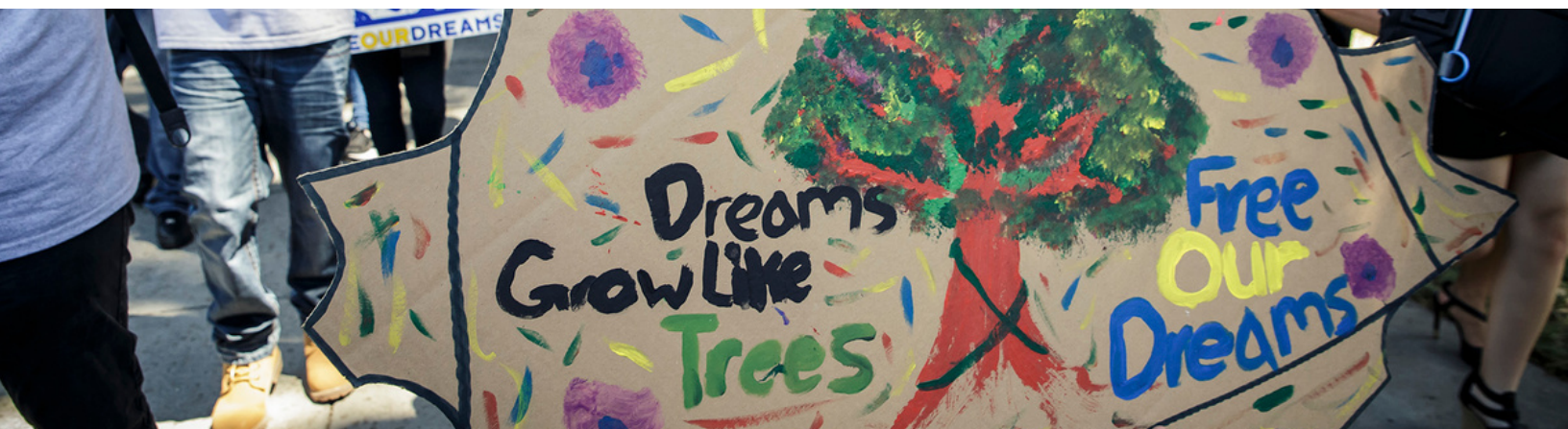
In particular, substance use is responded to with punishment and fear. As one participant reflected:

“if there are kids that are caught smoking in the bathroom... they’re hunted down... They will have liaisons like chase after them [students]. I hear it over the walkie talkie... like, Hey, is anyone in this area, I needed to drag down these two students, they look like this. And I’m like, What is this, a police hunt? They were smoking in the bathroom. It’s not even that bad, or out of character for high school aged children. Um, America, plenty of kids that smoke in the bathroom and don’t get caught. But I don’t know what it’s like if you go to them.”

Young people also pointed out that their schools enact harsh discipline and over-invest in punishment rather than positive support and addressing the root causes of what they deem to be behavioral issues. For example, one student shared that their school supposedly has a student wellness room, but it’s treated as detention where students go for disciplinary issues. Another pointed out that their school discipline office only focuses on giving young people a consequence, rather than trying to understand or support them.

Lack of Transportation

Young people also shared how barriers to public transportation pose major challenges to accessing mental health services. As one person put it, “[in] the Fresno system, the buses have always been notoriously awful,” including complicated routes requiring multiple transfers. This young person pointed out that the system is “adding all these bells and whistles, making it more comfortable but still not making it more accessible or convenient.” As they shared, they weren’t able to access an in-person therapist because they couldn’t get consistent transportation. Another young person in a smaller town also explained that the transportation is inconsistent- “if you have an appointment, the bus is not going to be there,” which pushes people to need to get a rider or Uber- a challenge given skyrocketing gas prices.



9) Cross-Cutting Recommendations- Uplift Knowledge and Solutions Led by Young BIPOC People

This final section summarizes cross-cutting recommendations around what young people need, and strategies for building on youth and community assets to accomplish these solutions.

What's Needed

Youth self-determination, agency, and leadership

Of the utmost importance- uplift the expertise and leadership of young BIPOC people. As one young person strongly cautioned- this initiative cannot just retread well-worn conversations and replicate “top-down decision-making.” As they pointed out, a lot of young people are already leading projects relevant to public health, or want to initiate one, but “the funding is not going towards these projects.” As an example, they shared their own experiences of trying to make documentaries about mental health but struggling with a lack of resources.

More Abundant Free, Accessible, and Affordable Mental Health Support

Mental health services need to be much more abundantly resourced, free, and readily accessible. For example, “we need more nurses, and more psychiatrists and therapists, especially because right now they're super overworked, and they're so stressed.” It is especially important that young people “don't have to worry about insurance or paying [therapists].” Having readily available, supportive mental health professionals as well as services and virtual apps that are available for extensive hours could help normalize and destigmatize mental health as a part of everyday culture. As one young person stressed, it would be helpful “to be able to come in and talk about your day and not have to get into this big thing if you don't want to,” and to help young people “get comfortable at [their own] pace.”

A Broader Ecosystem- with Tailored Resources Meeting a Range of Needs

Throughout focus groups, young people shared different perspectives on whether they would prefer on or off campus, virtual, and/or community-based resources- making clear that young people have different individualized needs and parameters around what is accessible and helpful.

For example, many young people explained that on-campus services are more accessible because they're always at school and can more easily fit in appointments in their schedule without having to secure transportation or take additional time to commute. Many others shared their discomfort with school settings, as described especially in Section III, and suggested that off-campus services might be a better middle ground for family-based therapy. Similarly, while many find virtual services to be more accessible- especially if they lack transportation in more sprawling communities- and because they don't necessarily have to turn their video on. Yet others might lack strong wifi access or a safe space in their home to access confidential therapy. Young people also differed in whether they saw one-on-one or group counseling as preferable: while many felt peer support groups were helpful, as described above, many also felt that young people would feel more comfortable in a private one-on-one setting, given fears of breaches of confidentiality within group settings.

More Culturally Competent, Younger, BIPOC Mental Health Professionals

As described in Section VI, many young people pointed out that there need to be more mental health providers who are specifically equipped to address nuanced, intersectional experiences- including shared experiences around racial/ethnic identity, undocumented status, language, age, gender, and sexuality. As one young person stated, "what's needed is to have counselors... that can help us specifically," rather than in a "wide, overarching way."

More Resources for Culturally Rooted Healing

Young people shared that culturally rooted healing has more holistically supported their healing. For example, young people shared experiences with acupuncturists and traditional Chinese and Mexican herbalists who are more cognizant of mind-body connections than Western medicine providers. As one young person shared, they are "very compassionate towards depression... when they're treating a physical health condition, they deeply take into account mental health as well." However, these practices tend to be expensive and very rarely covered by insurance.

Proactive, Long-Term Approaches to Mental Health and Wellness

Young people identified that mental health services are often available only in moments of crisis, with treatment available only as an immediate, short-term solutions. Yet what's really needed is proactive, long-term approaches of cultivating mental health and wellness on an everyday basis. Young people shared a few examples of what this should look like.

Positive Youth Development, Community Building, and Collective Care

Community-building, positive youth development, and collective care are essential for these broader conditions of healing and well-being. As young people pointed out, these programs are critical because “some people don’t like to talk about their feelings. But if we can introduce things that they like, and are interested in, then we open up a safe space where they can talk about their feelings to people who understand them.” Such programs could look like a range of positive youth development spaces and programs including music, fitness, health, and art programs; recreation centers; and sports.

More broadly, young people crave supportive communities that exhibit care, check-in consistently, and respect where young people are in their mental health journey without pressuring young people to share when they’re not ready. As one participant pointed out, “mental health looks like having that support system with you, a safe space... to know that there is someone there who's willingly able to listen to me... having your own community is very nice and encouraging.” Support systems should welcome folks where not everyone is “ready to talk about their feelings yet. And that's all right. And we can just continue to just support each other until everybody feels comfortable to do so.”

Safe Spaces for Community Building Around Shared Identity

Safe community spaces around shared identities, such as race, ethnicity, sexuality, and religion are especially important for young BIPOC folks. As one young person shared- “a safe space where Black people can just hang out” is especially important, and heightened in predominantly white institutions such as UC campuses where there are very few Black students due to systemic exclusion. The need for support groups for Native youth is also discussed in Section VII.

Decriminalize Mental Health, Especially Substance Use

Young people also emphasized that mental health and substance use in particular must be decriminalized. In addition to investing in supportive school climate, including restorative justice, rather than school police, this could also look like specialized programs that send health professionals rather than police for 911 calls in schools and communities.

Addressing Systemic Issues of Disinvestment

As described in previous sections, addressing broader structural issues- such as a Green New Deal, affordable housing, job programs - are needed to uproot the ultimate causes of mental health and other health issues. As one participant put it: “I don't think doctors and therapy are necessarily the full comprehensive solution to everything... it has to be a lot more like holistic.” As another put it- we need to “redistribute the wealth,” especially given wealth chasms rooted in systemic anti-Blackness.

Normalize and Destigmatize Mental Health Support

Young people also emphasized the importance of normalizing seeking mental health support- for example, through traditional and social media, billboards, and educational resources and workshops especially for young BIPOC people and their family members. As one participant pointed out, students should “understand that it’s not something to be joked about.” Others shared that education should revolve around “break[ing] the stigma” of seeking mental health support by showing that “it’s okay to ask for help... it’s a trait of a healthy individual.” For example, this could look like visible billboards throughout the community.

This effort could also involve creating more “educational resources for BIPOC family members, [so] that the people closest to us can be more open to supporting us in that endeavor.” For example, youth-led organizations can conduct workshops for youth, parents, school staff, and community members to discuss what mental health means and what mental health support could look like. This could involve statistics that highlight specific challenges and solutions of Black and Brown youth. Individuals who have sought mental healthcare can be supported to speak out and share their experiences.

Bring in the Family- Heal Intergenerational Trauma & Family Wellness Hubs

Intergenerational healing is also very much needed. Many young people liked the idea of off-campus wellness hubs because support is needed for “the whole family going through it.” Many young people pointed to how their parents and families have endured broader systemic issues and that their parents also need support.

Strategies: Invest in Proven Community Assets- Including Peer Leadership, Community Organizations, and Caring Adults

A clear throughline is that young people and youth-led community organizing groups are already leading the way in terms of healing, addressing root causes, and sharing information, resources, and knowledge around navigating existing mental health services.

The Role of Peers and Youth Leadership

The leadership, relationships, and knowledge of young people must be better resourced to lead mental health initiatives. After all, young people frequently stated that their friends are their first line of support because of their deep relationships, trust, and shared experiences. As one participant explained, “if I have an issue I’d like to discuss, I prefer to just talk to my friends about it just because I do know them better.” As stated in Section V, young people also share valuable information and resources to help each other navigate intricacies of services: their friends encouraged and modeled behavior around seeking support, and peers shared information such as which therapists to avoid at a community clinic and the need to wait for the “right” therapist. As one young person suggested, peer-based support and mentorship would be helpful especially with shared experiences as BIPOC individuals.

Invest in Peer-Led Programming: Resource Navigation Counseling, Healing Circles

Since young people are already helping each other navigate these processes, young people should be resourced to lead outreach and resource navigation. For example, young people can further help demystify intake processes. As one young person pointed out, “Telling us what’s going to happen [when we go into the Wellness Center] gives us better mental preparation....just walking in...feeling panicked, or anxiety when you don’t know what to do.” Another young person pointed out that their peers helped them navigate the process of finding an off-campus therapist through their university insurance, providing more direct and helpful information than campus counselors: “they [my peers] were more direct with me... it was just an easier process that the students guided me towards, than the counselors told me to do.”

Many young people also uplifted solutions of peer counseling and peer-led healing circles to help dismantle isolation and offer specific support around particular experiences and issues. As many young people pointed out, young people are more likely to “understand each other on a different level than adults can.”

What they find to be critically important is “people who can talk to you that have gone through the same thing.” After all, negative experiences with school mental health support staff might be rooted in adults’ disconnection from young people’s experiences. But as one young person put it, “if it was to be a group of teens all going through the same thing, they would understand immediately. You wouldn't be judged as much because you all went through the same thing.” They also pointed out that young people could share specific tools, examples, and approaches for addressing mental health challenges. As one young person stated: “When you're talking to someone who knows what you've been through, it actually puts the issue into perspective. But it also makes you think, my life isn't ending; I'm not alone on this world.”

Invest in Youth Organizing Groups & Other Community-Based Organizations

Community-based organizations, especially youth organizing groups, destigmatize mental health; facilitate healing and well-being; and connect young people with concrete resources and information to access mental health support. Because youth organizing groups foster deep trust and strong relationships, organizations are one of the few places that young people can talk openly about mental health. As one young person pointed out, they found this to be more beneficial than their experiences with therapy: “I can be more of myself and express more of who I am. Other services don't really allow you to do that.” As another participant shared, because youth organizing groups are led by young people, they “know exactly what we're going through,” and their warm and welcoming environment is “empowering because you come in, everybody is so nice, and then you feel just a lot better.”

Youth organizing groups are also especially positioned to facilitate healing because they nurture young people’s development of critical consciousness and build their leadership in campaigns to unravel the root causes of injustice. One young person shared that this “saved me” when they were dealing with “a lot of heavy stuff that a person in high school shouldn't have been dealing with. It gave me this space where I felt like I could do something to change the things that were happening around me.” Through political education, they learned that their struggles aren't their fault, which helped them dismantle a sense of shame. They learned about histories of BIPOC communities and unjust systems, which was challenging but also “healing” because it helped them understand that “I can start doing something to fix it.” Furthermore, engaging in campaigns to get police off schools and establish renters protection and Universal Basic Income also illustrated young people’s power to transform institutions and systems harming their mental and physical health.

Respondents pointed out that organizing groups also specifically provide mental health services and healing. As one young person pointed out, their organization and conferences/ summits that they have attended through their involvement provide mental health and healing services without young people having to ask. Organizations also facilitate wellness and healing practices and retreats regularly for young people.

Other community-based organizations beyond youth organizing groups also helped young people overcome systemic barriers and access specific resources- for example, Immigrant Rising helped connect undocumented folks to mental health services. Another shared how non-profits helped them find a bilingual, free therapist, which opened up conversations and communication with their mother.

Some also pointed out that organizers are often doing mental health and healing work- but are not being resourced for it. One young person suggested that organizers and organizations should receive “additional funding to receive therapy, healing services, or annual retreats that have licensed therapists and healers.” This would help “organizers who need to be taken care of but are not prioritizing themselves.” As another pointed out- organizers have often taken on these roles but are susceptible to burnout because “you’re not necessarily being resourced to sustain yourself.”

[Appendix: Analyses of who participated](#)

