

# Redesigning Behavioral Health Systems & Supports for Families

Appendices

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# Appendix A. Parent Voices CYBHI Focus Group Write-Up: Oakland Families

January 31, 2023

Prepared by Social Policy Research Associates and Parent Voices California

This summary reflects the perspectives and recommendations of ten parents who reside in California and participated in a focus group geared toward gaining a deeper understanding of their families', particularly their children's, ability to access quality behavioral health services. The focus group was held on a weekday evening in downtown Oakland. These parents described themselves as mothers, guardians, grandparents, current and former foster care parents, and child care providers. Some shared the number of children they have or care for (ranging from 1 to 8) and the ages of the children (ranging from 2- to 19-years-old). Others shared that they have raised "many" children. All participants in the focus group also identify as Black and/or African American women. Several parents knew one another already.

Parent Voices Oakland program director convened the focus group and welcomed everyone. From there, SPR guided the conversation amongst parents, in which they shared their lived experiences with mental health and mental health systems. Their stories can support California Department of Public Health (CDPH) and the California Health and Human Services Agency (CalHHS) as they reimagine mental health and emotional well-being for all children, youth, and families in California. The focus group touched on the following topics: (1) Their Understanding of Mental Health; (2) Personal Challenges with Mental Health 3) Factors Impacting Mental Health 4) Positive Experiences with the Mental Health System; (5) Challenges with the Mental Health System; (6) Needed Mental Health Support; (7) Needed Information in the Community; (8) Recommendations for Improving the Mental Health System, (9) Recommendations for Supporting Emotional Wellbeing of the Black Community, and 10) Closing Thoughts and Feedback.

## Understanding of Mental Health

Parents were asked to describe what came to mind when they heard the phrase "mental health." The discussion that followed touched on what mental health means to them, what they understand about it, and their experiences with mental health and illness/issues. Below are themes from this discussion:

- **Mental health affects everyone and is needed to survive.** Regardless of race, age, gender, etc., everyone needs to address and tend to their mental health, even if it's just "a break from the day" or doing something to relax. They noted that mental health is not only important, but critical to one's survival.

*"All of them are doing beautifully, but without mental health, without the services help, we wouldn't have made it. So, this is really important to me."*

- **Self-care can help one's mental health.** A parent noted that they are taking on a lot of responsibility after the recent passing of their brother because they are the eldest child in their

family. So, this phrase made them think about the need for self-care and how it not only helps individuals but also the greater community.

- **Mental health includes all aspects of one's self, as well as being self-aware.** Parents discussed the need to have balance across one's mind, body, and soul. They shared that being mentally healthy means a person is stabilized, anchored, and able to think clearly even through difficult times. Parents also described the importance of being self-aware and able to work through stress. One parent noted that being self-aware is "key as to which direction you're going to, negative or positive."
- **Childhood development and childrearing are key to one's mental health.** A parent noted that a child's upbringing and environment can impact their mental health and their ability to be self-aware later in life. Thus, a child's social and emotional development is key to their future mental health. Another shared that it's important to be both a mom and a friend to their children so they can talk about anything and weather difficult times together, while another talked about how she's helped her son by having him write in a journal every day.
- **Mental illness is associated with geniuses.** A parent shared their experience with their father, who is a genius and bipolar. The parent's mother would call her father "crazy" and took the family away from him. He subsequently had a breakdown. The parent was young when this happened, and later found out that many geniuses have mental illness. So, she understood that it's okay to be "crazy" and she notes that she "owns [her] crazy" now.
- **Mental health can run in families.** A parent shared that her whole family suffers from depression and mental illness. She shared that her niece and nephew are experiencing mental illness and their mother (her sister) helped them get medication. Her sister also asked her to pray for them.

In addition to the themes above, some parents shared that the phrase "mental health" brought up personal struggles for them. When reflecting, one parent shared specific feelings and experiences that they have felt in the past, particularly "being out of place, disfunction, scattered, lost...anxiety." Another parent at first was unable to share verbally because they were brought to tears by what this brought up for them.

## Personal Challenges with Mental Health

Parents shared their personal stories about mental health challenges. They reflected on past and present experiences with their own mental health, as well as challenges discussing mental health with family members who have mental health issues or illnesses. Below are themes related to personal challenges parents have experienced:

- **Mental health is often misunderstood and/or avoided.** Parents discussed how mental health is a taboo topic in their families and communities. Many people "dance around" issues of mental health in conversations. One parent shared that when she was young, she didn't realize she had depression. Additionally, many people do not understand mental health; they label mental health issues as "crazy" and attach a negative stigma to it. This then causes many people who

are experiencing mental health issues to retreat and not ask for help. Others may not seek proper help because they don't think a therapist can do anything.

*"And then, growing up, I used to get depressed, but I didn't know what it was. So, I would just sleep, sleep, sleep."*

- **Discussing mental health issues is challenging.** For a lot of people, admitting that one has mental health needs or issues is shameful. Some parents shared that they have family members with mental health issues/illnesses and described experiences when they tried to discuss these issues with those family members. Despite having good intentions and having a solutions-oriented approach, family members reacted by growing angry and frustrated; family members also assumed they were being judged. It was also noted that sometimes people with mental health issues may feel like they don't have an issue, rather the person/people pointing it out to them are the ones with issues. A parent raised that if someone has mental health issues, it is likely that there has been miscommunication or no communication about it.
- **Past harmful or traumatic experiences continue to have an impact today.** A parent shared that they think their family has given her a "complex" from constantly calling her "crazy" when she was growing up, because she was born in jail and both her birth parents were addicted to drugs. Now, as an adult, she gets very angry when people call her "crazy" and does not want to be associated with that word. She now has a lot of anxiety when she thinks about mental health.

## Factors Impacting Mental Health

Parents identified several challenges that would need to be addressed to support the mental health and wellbeing of children, youth, families, and their greater community. Specifically, parents described the many factors that cause and exacerbate mental health issues and illness. These factors are described below:

- **Beauty standards.** There is an expectation that young girls and women should be "overly developed" and curvaceous, and social media amplifies these harmful beauty standards. Thus, body shaming has become a prevalent issue and this all can lead to mental illness. A parent noted that children and youth should have restrictions on the amount of time they spent on the internet and that social media should be de-centered in their lives.
- **Oversexualization of young Black girls and women.** Parents talked about how their daughters are oversexualized. When young Black girls and women are more physically mature, they experience unwanted attention from others. One parent shared an experience where a school administrator was looking at their daughter inappropriately. Black females are then forced to protect and cover their bodies. Another parent shared that her daughter received unwanted attention from a boy that was 6'4, which she considers bullying given the power dynamics at play.

*"She has to wear a long sweater, she wears a long jacket to try to cover, and all of that. So it's really tough to go to school, and no protection, like she was talking about. Nobody does anything. So, I would say that's bullying, because she has been being bullied by a boy that was 6'4."*

- **Classism and racism.** Parents discussed how racism leads to children and youth be outcasted, which then impacts their mental health. Thus, racism must be eradicated and addressed to support emotional wellbeing.
- **Colorism.** A parent described how children from a young age begin to notice differences, specifically skin color. Her five-year-old son matriculated into school and is now noticing that her skin is lighter than his. She makes a point to then remind him that his skin is beautiful and that he is loved.
- **Incarceration and the prison system.** Parents noted that going to jail and being arrested impacts one's mental health and that the high rates of Black and brown people being incarcerated are also tied to racism.
- **Adultification of Black children and youth.** Parents noted that people treat Black children and youth as adults. They also shared that some youth do look like adults because they are more physically developed.

*"They don't care it's a kid."*

- **Bullying.** Bullying has become a serious issue for children and youth. Parents shared that their own children have experienced bullying, particularly at school.
- **Shaming of disabilities.** Children and youth feel ashamed for their disabilities. One parent shared that their daughter (who is autistic) received a message that having autism is bad, thus she felt ashamed.
- **School-to-prison pipeline.** Parents described how disturbing it is to always see young Black boys being punished in schools. They shared that they see teachers chastising these boys and "beating down his self-esteem and spirit." This is harmful not only to young Black boys' mental health, but also to Black parents.

*"You will see the little Black boy outside of class and he's sitting down in the corner, and you see the teacher chastising him, and I said to him, 'Why every time I've got to go to this school to pick up my daughter, a Black boy is sitting out here in the hallway?' And it really disturbed my spirit because I had a small boy."*

- **Schools' curriculum.** Parents noted that their Black children are being taught that they descend from slaves, rather than teaching them of their African heritage. Black children are not being taught about the African royalty from which they descend. This then impacts their self-esteem and self-worth.

*"We come from Kings and Queens."*

- **Single-parent households.** A parent discussed how single parents, particularly single moms, are operating with high levels of stress. This stress can then manifest to parents turning to corporal punishment more quickly, rather than as a last resort. They went on to note that Black women are being taught that they should be able to handle everything on their own, which then contributes to mental health issues in families. Some parents disagreed with the sentiment that that a lot of mental health issues stem from single-parent homes and described how in their own situations it was better for them to be solo parents, rather than stay with their male

partners. Notably, it was agreed upon that having good male role models/father figures in children's lives makes a positive difference and that a family's values are critical

- **Competition in the Black community.** A parent shared that there is a "comparison culture" in the Black community, particularly between women; this then leads to jealousy and can also be destructive. They compared this to Asian and Mexican communities where they work together and support one another's businesses. They noted that this also leads to poor mental health.
- **Substance abuse.** Parents noted that people often turn to drugs and alcohol to self-medicate when they are chemically imbalanced. However, it was also noted that these substances can help someone who has mental illness, as long as it does not get to the point of causing harm.

## Positive Experiences with the Mental Health System

A few positive experiences with the mental health system were shared during the discussion as parents provided advice to one another. Often these instances were described as anomalies or unique blessings. Also, parents often shared specific instances when one person in the healthcare system provided them with quality and/or helpful support. These positive experiences are shared in detail below:

- **The City of Berkeley provides more services, though sometimes only for their residents.** Parents noted that sometimes it can be advantageous to travel to Berkeley because the city has more money, resources, and services. Parents described the city and community in Berkeley as more caring and noted that their doctors are better paid and educated. Berkeley Primary was specifically called out as a medical provider that provides quality care. One parent noted that they intentionally transitioned from Kaiser Permanente to Medi-Cal so they could receive care from Berkeley Primary for their pregnancy. A parent also shared that Berkeley was the only place she could go to receive life-saving cancer treatment, when everywhere else she went she was told her case was hopeless.
- **A doctor took the time to explain the science.** One parent shared about a rare instance where a doctor explained what was happening inside her child's brain when he was on social media. The doctor went on to explain the science behind mental health in a way that resonated for this parent.
- **A doctor provided insurance advice.** A parent shared that their doctor explained that their Medi-Cal insurance would be turned down by most services providers. The doctor then recommended they switch to the other Medi-Cal insurance as soon as possible because they'll have a much easier time scheduling.
- **A Children's Hospital staff worker shared resources.** A parent shared the name of a specific hospital worker with the group and recommended others to reach out to them. This parent had a positive experience with this worker when they explained that parents can apply for grants when their child has a medical need for therapy, but the family does not have enough money. She is now, after months of searching for a therapist, being connected to someone who can help her apply for grants to cover the costs.

## Challenges with the Mental Health System

Parents shared several challenges they have experienced with the mental health system, including their local school districts. Parents discussed personal experiences with racism and discrimination. They also described having to put a lot of time and energy into navigating the system, overcoming barriers, and obtaining the information they needed. These challenges are described below:

- **Parents experience racism from healthcare staff and professionals.** Parents shared stories about how they were discriminated against for being Black. One parent shared that many provider services staff would question whether she was a Berkeley resident and qualified for services and try to deny her family services. Another shared experiences where staff would “treat [her] like garbage” and not listen to her because she was a Black woman with a history of drug use. This would then result in her being upset and/or require firm advocacy as a response, which staff would then interpret as anger. Parents noted that people of all races, but especially White people, have pre-conceived notions about Black people and often profile them.

*“You have to fight for your children in Berkeley...Okay, if you live in Berkeley, first of all, first thing when you call or you're in, they've got to say, ‘Do you live in Berkeley?’ Especially if you're Black.”*

*“When you say you're coming from East Oakland. They will try to do everything possible to keep you out of services in Berkeley.”*

*“I broke down, and you know, the White people, they don't like your Black folk emotion. They don't know what to do with it. They don't honor it.”*

- **Doctors aren't explaining mental health well to parents.** A parent described an experience where she told her doctor about what was happening with her son and the doctor went on to explain the connection between social media and dopamine in her son's brain. This doctor went on to explain how humans are like computers and can overload, thus they sometimes need to be stabilized. The parent noted that this is rare, as most doctors don't help parents understand what is happening.
- **Parents are having difficulty finding therapists.** One parent described taking her granddaughter to a doctor so she could get therapy services; however, the doctor told her to call [211 Alameda County](#) to receive referrals for services. 211's referrals have not panned out though as all the therapists are turning her away because they want more money. Another parent shared that for months she has been trying to find a therapist for her three-year-old son. An incident occurred and she wants to him to attend therapy so he can talk about it and so it can be notated. It has been difficult to find a therapist though, because many don't work with younger children, or they don't accept her insurance.

*“She's telling me, Gram Gram, I need to see a therapist. Come on. I keep trying to get her a therapist. The therapist is going for more money. They're opting out.”*



- **Parents are forced to talk to many different people to find and access services.** When parents go to their doctor or call 211, they are being referred to other organizations or entities. Parents described being referred repeatedly to different people and entities.

*“This what I’m talking about barriers, they’re sending you back and forth.”*

*“...almost anywhere you go, it’s always ‘go to this person and go to that person,’ and that person is sending you back to the same person.”*

- **Parents are forced to “work the system” and be fierce advocates to receive services.** When the typical process for receiving services fails them, parents described being forced to do their own research to find services and support. Parents would call and email many people advocating for themselves and their children. Parents also shared that they had to figure out who was in power and plead for their help.

*“So had I not been connected with different organizations, you see, well, I’m going to the directors saying, ‘my baby is crying, she needs help.’”*

*“Well, I kept doing emails and like [another focus group participant] said at the end of the table, you have to go above someone’s supervisor. You just have to keep climbing the ladder and advocating for yourself and your children. And so, I had to do a lot of advocating, a lot of it.”*

- **Parents must often learn insider tricks on how to navigate healthcare systems through word-of-mouth.** Parents described getting advice and receiving resources and information from other parents. Thus, getting information on how to receive services is often dependent upon who they know and whether their connections have the knowledge they need. A parent described learning medical terminology from a connection that helped her better advocate for herself.

*“So, there’s certain terminology you need to learn to use too, when you’re talking to people, because it lets them know... it’s sad how this world is run, but it’s the truth. Just ask them, is that standard of care?”*

- **Insurance is a major barrier for receiving services.** Parents described being turned away from mental health providers because of their insurance. One parent noted that a service provider suggested she pay out-of-pocket first and get reimbursed later by insurance; however, she shared that she is not financially stable enough to pay up front. Parents also discussed barriers they face with Medi-Cal insurance. They noted that there are two types of Medi-Cal offered (Alameda Alliance and Blue Cross), however, both are good for different medical services and procedures so it’s hard to choose which is the best option for a family. It was also noted that not everyone is aware of these two insurance options, nor the pros and cons of each. One parent shared that they were never given an option when they signed up.
- **A family’s geographic location impacts their ability to receive services.** In response to positive praise for Berkeley, one parent shared a word of caution. She noted that while Berkeley allocates more money to certain health services and resources, the city is also very exclusionary. This parent shared that she had to constantly advocate for herself and her family as a Black woman living in Berkeley.

*“People don't want you to come to their city if you don't live there...They don't want to share their resources. You are correct. They don't want outside people coming in.”*

- **Schools are not focused on children and youth.** A parent noted that local school districts are more focused on politics than their students, as school leaders are more interested in money and care more about their “friends” than the children. Related to this, parents aren’t equipped with legal counsel to address the issues at and corruption in schools. Parents need legal counsel to understand their children’s rights to be able to advocate for them and the services they need.

## Needed Mental Health Support

Parents shared specific mental health support that is needed for their children. They also noted the need for support for school staff who spend a lot of time with their children. These recommendations are described below:

- **Children are in dire need of mental health services after the pandemic.** Parents described how shutting down schools during the COVID-19 pandemic has affected children and youth’s mental health. One parent shared that her own daughter suffers from post-traumatic depression because of the pandemic. Another parent noted that it seems like people expect them to continue as if they’re okay. She shared that she is still struggling with her own trauma from when she was in third grade, so it is vital that children get the support they need now.

*“You can't just walk it off. I remember stuff I've been carrying since the third grade. So, mental illness is real, and we need support.”*

- **Children and youth require regular check-ins with adults who care for them.** Parents noted that supporting children’s mental health starts by caring for and listening to them. Children need adults to check in with them and ask them how they are doing. This is especially important in schools. Parents shared that every morning their children should be greeted by teachers in a way that communicates that the children have value; this is especially needed for Black children.

*“Children need, when they come, ‘how do you feel today? Are you happy? What happened?’”*

- **School staff need their own mental health support.** A parent noted that school staff have their own mental health issues that they need to address. When staff do not get the services they need, this negatively impacts the children they interact with.

## Needed Information in the Community

Parents identified specific areas where parents are lacking information related to mental health. These areas include:

- **Social Media.** A parent shared that many people in the Black community do not realize the impact that social media has on mental health. People do not realize that it releases dopamine in people’s brains. Parents described how removing technology from their child impacted their mood and behavior. One parent shared that their child is “a whole totally different child” when they take away their technological devices.

- **Nutrition.** Many people also do not realize the impact of one’s nutritional diet on their mental health. Parents described how the different foods children eat impact their behaviors. Specifically, a parent shared that when their child eats junk food they yell, kick, and scream. It was also noted that good nutrition can prevent people from revisiting past trauma and it is especially important for people with a lot of melanin.
- **Science.** People aren’t aware of the science behind mental health and how mental illness is a chemical balance. People need to be educated about this and about how to stabilize those chemicals.

Additionally, a parent noted that older generations didn’t believe in mental health so, they coped with mental illness with alcohol and food. Also, due to doctor-patient confidentiality, a lot of parenting is being taken away from the family. Parents can no longer insist that they are in the room for therapy sessions. So, this has created a shift in the community, as younger generations of parents understand more about mental health and are less in control in certain situations.

## Recommendations for Improving the Mental Health System

Parents shared several recommendations for how the mental health system can be improved, including at schools and in their communities. Recommendations related to health care centered around universal access and increased efficiency. Parents also made specific recommendations for how to support the Black community. These recommendations are shared in detail below:

- **Everyone should have quality healthcare, especially people of color.** Parents discussed how everyone should receive the services they need. A parent shared that all people of color in America should get mental healthcare services. Another said that no one should be denied healthcare services, especially when it can save someone’s life.

*“Even if you know about it, you might not get covered. Even if you know about it and ask for it, you might be denied. So, in that sense, when I’m thinking vision, what’s your vision? Nobody is denied care that will help save their life.”*

- **Everyone should have the knowledge and resources they need to take care of themselves and their families.** Parents discussed the absurdity of having to talk with people in the community or seek out a specific person in the healthcare system to learn about and access services and supports. They note that parents “just need to know exactly where to go instead of having the run around,” specifically as it relates to prevention and services.

*“And just thinking about how you’re all talking about what you’ve gone through, ‘Here, you need to go over there and talk to this person,’ these are all things that should be standard. You shouldn’t have to go talk to Miss Johnson down the street. That is ridiculous. That’s what it means to be in a system that is supporting people and their wellbeing.”*

- **Everyone should only need to walk through one door or speak with one person.** Parents noted that they should be able to go anywhere for the care they need and receive it. When they walk through a service providers door, they should be asked “what do you need?” They should not be sent to someone else or referred to another provider. When parents talk to someone about

their healthcare needs, that person should follow through and ensure they get the services they need, instead of sending them to someone else.

- **Schools should hire more Black teachers and teachers of color.** As noted previously, children’s mental health and wellbeing is being negatively impact by numerous factors that occur in their schools. Parents shared that having teachers of color will help improve health outcomes for their children, because those teachers will be able to relate to children of colors’ lived experiences. This is also important because children spend so much time at school and thus, they need teachers who come from similar cultures.

*“If they [schools] have more people of color that can really resonate with you - you may have lived in the neighborhood, you may have lived in a building, you may have been to school, but it doesn't really quite resonate because the day-to-day life is different.”*

- **Schools should be removed from the mental health system altogether.** One parent noted that schools should focus on “be[ing] a school,” rather than try to do everything. She shared that schools are trying to be a parent, therapist, and counselor to children, however, “they don’t have no right and they put the child in turmoil.” They recommended that if anything happens related to a child at school that is health or mental health related, a parent or guardian should be notified and then the child should be taken to a professional.
- **Contrasting from the bullet above, schools should help address a students’ mental health if they are causing “trouble.”** A parent recommended that schools recognize that when a student is getting into trouble, they need someone to talk to and may have something going in their life. They want to see schools focus on what may be causing the students’ behavior and get them the support they need.

## Recommendations for Supporting Emotional Wellbeing of the Black Community

Parents also provided recommendations related to supporting the emotional wellbeing of the Black community. They include:

- **There is a need for more Black male mentors.** Young Black men need mentors; this would help support their emotional wellbeing. Also, mentors need to learn how to support youth and younger men.

*“They can teach them good things, because I feel like too often men are talking to other men, but they are not necessarily productive or good conversations.”*

- **Black people should receive reparations, including having Black schools.** A parent noted that America was built by Black people brought to America involuntarily, thus they deserve funds. As part of this, they recommended Black schools, similar to Catholic or Jewish schools, where children learn about their heritage and history.

*“We need to know our history, all the history. Not just part of it they want us to know, everything. Because we stem of a line of people that are damaged but can be repaired.”*

## Closing Thoughts and Feedback

Towards the end of the conversation, parents also discussed feelings of hopelessness. A parent noted that **they are often being asked about what they want, but nothing changes after.**

*“...they [the California Department of Public Health] want to know what we want and we speak about what we want. It don't make no difference. Look how long we've been talking about it.”*

This parent recommended that **CDPH reach out to Black men and conduct a focus group to hear from them as well.** She shared that it's important to hear from Black men who have experienced mental health issues and illness. She also recommended **that young Black men and women need to be put into positions of power and at decision making tables.** It is important that people with the lived experiences of being Black decide how public funding is being used and where it goes.

*“We only telling our part of the story. It's some young men and some young women that has gone through this, they got scrapes and bruises all over them...”*

# Appendix B. Parent Voices CYBHI Focus Group Write Up: Spanish Language Families

January 6, 2023

Prepared by Social Policy Research Associates and Parent Voices California

This summary reflects the perspectives and recommendations of thirteen parents who reside in California, all of whom participated in a focus group geared toward gaining a deeper understanding of their families', and particularly their children's, ability to access quality behavioral health services. Among the parent participants, there were eight mothers and one father. Given the varying levels of English proficiency, this focus group was conducted in Spanish and facilitated by a Parent Voices staff member.

Throughout the focus group, parents shared their lived experiences with the mental health system and made recommendations for improvement, which can support the California Department of Public Health (CDPH) and the California Health and Human Services Agency (CalHHS) with reimagining mental health and emotional well-being for all children, youth, and families in California. Key themes about their lived experiences are grouped into the following topics: (1) Their Definition of Mental Health and Their Dream Mental Health System; (2) Positive Features of the Current Mental Health System; (3) Challenges with Mental Health and the Mental Health System; (4) Needed Support from the Mental Health System; (5) Their Vision of Mental Health System in the Community; and, (6) Recommendations for Improving the Mental Health System and for the CDPH Children and Youth Behavior Health Initiative (CYBHI).

## Definition of Mental Health and Dream Mental Health System

Parents were asked about their perception and definition of what mental health means to them, as well as what their ideal mental health system looks like. Overall, parents felt that mental health was related to an individual's wellbeing, and a few specifically attributed mental health to their child's academic and social needs. Additionally, their ideal mental health system worked in synchronization with other sectors, such as the education system (K-12 schools) and medical system (practitioners and clinics). Below are additional themes and details:

### Definition of Mental Health

**Mental health is associated with a person's wellbeing** (5). Most parents related mental health to a person's feelings, emotions, and thoughts. They specifically related it to depression, anxiety, behavior, and eating disorders. One person felt that attending to mental health was taking individual actions to control your feelings and emotions, as well as seeking support from a professional when that is not enough.

**Mental health is associated with children's needs.** A few parents felt that mental health had to do with challenges or obstacles that can affect their child's learning. As such, they thought about social, emotional, psychological, and behavioral services that are available to their child.

*“I relate mental health directly to the services that my child receives. It’s the social aspect. It’s the emotional aspect. It’s the psychological aspect. And it’s the behavioral aspect. All of those are necessary. As other parents mentioned, they need to be balanced in a way so that our children, our youth, can function within the community, within society, within their social groups.”*

**Emotional and physical balance are key to “good” mental health.** They shared that balancing and managing emotions and thoughts is important for having good mental health. A few parents also shared the importance of balancing their emotional wellbeing with their physical health. They found that physical activities were positive outlets that helped their child regulate their energy and socialize in non-academic spaces.

*“I believe that good [mental] health is when someone can balance their emotions and thoughts, when stress doesn’t affect them, and when they can respond to stressful or complicated situations.”*

*“I personally involve my child in many extracurricular activities [because] he’s a kid with a lot of energy. And one of the areas that he needs to work on are his social skills. There [in the extracurricular activities] he is putting to practice many of the tools they teach him at school. For example, he gets really anxious and when he’s overstimulated it’s hard for him to process instructions and [social] dynamics, and he sometimes cries when he’s overwhelmed. Now, he uses a breathing strategy, so sometimes what he will do is move away from the group for a few minutes to take deep breaths, and he comes back to the group when he’s ready to engage. As a mom, I’m hopeful that he will self-regulate and use this strategy when he identifies that he needs it.”*

## Dream Mental Health System

The mental health system works in cohesion with other sectors, such as education and medicine, to maximize the support offered to a child. Parents want systems to speak more directly with one another, so that they share key information about a child with one another and align in their approach to support a child and family in need of mental health services. They also believe that this system should include parents by equipping them with information and strategies that can be done at home, with the purpose of providing consistent support to a child in all sectors of their life.

*“Something ideal for me would be—I always wonder why systems don’t work in coordination with one another. Sometimes the clinic says one thing, and the school says something else. Sometimes organizations offer you something completely different or it’s a totally different system, and they don’t coordinate with one another, at least where I live. We need to work together. There needs to be training for us [parents] so that we know what the specialists are working on [with a child], or be given information so that we can work on it at home.”*

The mental health system has sufficient, qualified therapists who can meet the demand of mental health services. Parents want trained therapists who are prepared to support their child through their hardships. They believe that this will require consistent, longer sessions for children to build trustworthy

relationships with their therapist so that they are comfortable enough to share their feelings and work on those challenges over time.

Schools have a designated space and more trained staff to support with mental health needs. They believe that schools need sufficient counselors and specialists to support teachers with academic and behavioral needs that might arise in their classroom, particularly given the large class sizes that teachers must navigate. They see these personnel as key individuals that can support families and children in school buildings and provide referrals to external resources and organizations. They also believe that schools should provide a course or integrated activities as part of the regular school day to educate students on mental health and create a safe space to discuss mental health needs.

## Positive Features of the Mental Health System

A few parents shared positive experiences with accessing mental health services for their children. They found that a common positive feature of the mental health system was when individuals supported the child and parent in accessing mental health services and resources. For example, parents valued when resources were shared with them and when people advocated for their child's mental health wellbeing. These themes are described in more detail below:

**Parents appreciated when their child's therapist shared strategies and resources to promote mental health at home.** A few parents spoke about the role of the therapist who supported their child, informed parents of behaviors to monitor, and equipped parents with strategies and tools to continue focusing on their child's wellbeing outside of therapy sessions.

*"It's been a long process, but it's been satisfying because I've seen how much my child has progressed. I've seen how he's improved, how all the advice and suggestions that the counselor has given me I've tried to carry out, and there are some that don't work for us, but the majority do. I've noticed that he's had like anxiety attacks, and that he directs his anxiety towards his hands. He's asked me for a deck of cards, which he will shuffle, or rubber bands or other simple things that help him [calm his anxiety by attending to his fidgety hands] and relax him a lot. Personally, I think that having the counselor has been very helpful."*

**Parents valued when school staff supported their child's mental health.** A few parents shared stories about how school staff noticed behaviors in their children, which was often an initial and important sign to seek appropriate services for their children. Additionally, some parents noted that they had contacted school staff to help fill out medical forms. School staff then shared their observations on the forms, which helped parents secure an evaluation with their medical provider to determine whether their child had a certain diagnosis.

## Challenges with Personal Mental Health and the Mental Health System

Parents highlighted personal challenges their children experience with bullying and the stigma of mental health. They also identified external challenges with the mental health system, such as barriers experienced at schools and difficulties with therapists. These challenges are summarized below:



## Mental Health Challenges

It was difficult or complicated for children to talk about their mental health, often because children were aware and internalizing stigmas associated with mental health. Many parents noticed that their child often held back from sharing what was going on and typically said they were fine. Often, the child was going through a hardship or challenge and spoke up after weeks or months of enduring the situation. In most instances, parents were mindful about how their child might have internalized misconceptions of mental health, which also exist within their community. As such, this harmful perception of mental health was often the reason why the child refrained from discussing what they were going through.

*“I think it’s hard [for a child] to call it by its name. And its name is mental health. There’s stigma [associated] with that word. But talking about emotions, about how to manage them, and what they [the child] is living through [is okay]. I agree with the idea that when a parent sees a change in their attitude it’s a red flag that something is going on.”*

*“My 14-year-old son has a therapist. I saw that he was a bit anxious, and I thought he was a bit depressed. When I suggested the idea of going to therapy, he was 10-years-old and the first thing he told me was, ‘I’m not crazy.’ There is a stigma, as if talking about mental health is like saying you’re crazy, which is wrong. It’s been a long process, but I’ve seen how much he’s advanced.”*

The most pressing issue that affected children’s mental health was bullying. Almost every parent talked about the bullying their child experienced at school. They shared how their child endured bullying for months without ever mentioning it to their parent. In fact, parents typically found out from a child’s teacher or friend. In thinking about the mental health system, parents often talked about schools because some of the root mental health hardships took place on school grounds.

## Mental Health System Challenges

**There is a shortage of therapists to meet the demand for mental health services.** Some parents spoke about their experiences being on a waiting list for their child to begin therapy. Others understood that the current pool of therapists tried meeting the demand as best as they could, though they felt that session times were too short and did not provide sufficient time for their child to develop trust and open up about their feelings and hardships.

*“I think that the services that are provided are limited. There is so much need for so many children that there are not enough therapists and psychologists, so you are put on an almost infinite waiting list whether that be at school or external services.”*

**The mental health system does not allow for sufficient continuity in a child’s mental health plan.** A few parents shared their frustration upon learning that their child needed to switch therapists, often because they reached their allotted sessions. This shift often happened when the child was developing trust with their therapist, resulting in a major setback in needing to build rapport with a new therapist. Additionally, some parents believed that their child was “graduated” too early from their sessions. They noted that their child often “relapsed” and repeated the actions and behaviors they had supposedly worked on and overcame. As such, parents wanted more continuity in their child’s therapy and mental

health plan to mitigate the risk of the child falling back to former patterns and capitalize on the trust and relationship they built with their therapist.

*“My child’s therapist has been changed. The contract with the services and with that therapist ends and they assign you a different one. And my son is barely starting to open up and trust when they inform him that they will not have the same therapist in the next few weeks. And that means needing to start from zero again. It’s difficult for my children to open up and develop a sense of trust to then be notified that they’ll be working with someone else.”*

*“They [therapists] set their sessions with goals, and when the child has met some of those goals the therapists ‘graduate’ them. They say, ‘We met your goals. You don’t need to continue attending’ and they just let them be. And guess what happens? I’ve seen it with my son. He was ‘graduated’ twice from his sessions, and 2-3 months later he falls back to the same habits as if he hadn’t been in therapy. He needs to have continuous support and not to be told ‘You reached your goal, goodbye.’ Because then we have to start all over again – we have to apply again and wait our turn on the waiting list until another kid is ‘graduated.’”*

**Some therapists made little to no effort to connect with their children.** During the pandemic, families were receiving virtual support from their therapists. In some instances, a few parents recalled how the therapist would only offer telephone sessions or Zoom session without turning on their camera. Parents described feeling perplexed that these therapists were not making an effort to have face-to-face interaction and develop a bond with their children in this virtual format. One parent found this unprofessional and unproductive to receiving adequate support for their child. Another parent shared that during an interaction with their child's therapist they got a sense that the therapist's lack of interest in connecting with their child was due to racism and discrimination.

*“I’ve faced many barriers for my children, especially during COVID. My child’s emotional stability was very affected. I sought help for my son, and I was so frustrated when a so-called therapist offered a Zoom session but didn’t even turn on their camera. They didn’t even try to connect with my son. Sometimes the session was over the phone. I thought, ‘Really?’ You’re trying to teach my son about managing his emotions, about how to do things, but you’re not even trying to connect with him and understand his emotions, which I think is very important.”*

**There are insufficient school staff on campus to support mental health needs.** Parents felt like there are not enough supportive staff, such as counselors or specialists, in school buildings to help teachers navigate student behavior in large classrooms. While some schools may have individuals in these roles, parents understand that they often have large caseloads which limits their capacity. This lack of personnel has come to affect communication among staff, as parents recalled reporting about their child’s conditions or needs to the administrators who failed to share this information with the other staff that frequently interacted with their child, such as yard duties.

**School staff often created barriers to securing mental health services for their child.** While some school staff were helpful, as detailed in the previous section, others were not as attentive to supporting families and students. Despite parents expressing concern that their child might be affected by situations, such as the loss of a relative or bullying, teachers often contradicted parents, saying they

perceived the child to be fine in school. Parents felt that administrators and teachers often dismissed their concerns because of their preconceived notion of what a student in crisis might look or act like. This was a major barrier for families seeking mental health support, especially when staff refused a parents' request to fill out papers to support having their child evaluated by their medical practitioner or specialist.

*"I recently lost my sister, and before that I lost my mother. I asked for my daughter to receive support for this grief. I noticed that she was depressed and confused about their passing. They [the school] never offered me support. They told me, 'Oh, she looks fine at school' but they never took the time to talk to her in private to ask her how she was doing."*

*"My son looks 'normal' and has a high academic performance. The principal removed some of the services he had, because she said that he was academically high-achieving and that because of his good grades he didn't need to be evaluated or seen or treated. I didn't feel supported by the principal."*

**The education system and mental health system did not work well together in service of the family and child.** As illustrated in the themes above, schools and therapist offices alike faced capacity constraints and challenges that limited the services they individually provide to families. Parents noted that these systems do not speak with one another to align in their approach to support children.

*"When I've asked for emotional support for my son, so he can control his emotions in school settings, I'm told, 'Yes, we have someone who can help,' but the school isn't specific in saying, 'We're going to give you an appointment and this is the program or steps we're going to take, or this is what we're working on together.' They only give you surface-level information, but there is no system that works together with families."*

*"When the psychologist sent some forms for the teachers at the high school to respond to, only one teacher filled them out. This was during COVID so there were other challenges, but there was no interest from the teachers to help resolve this. I suppose that it was a time when they had a lot of work, but unfortunately this request was coming from the psychologist, and they didn't prioritize it because they had other things going on with distance learning. So, my daughter doesn't go to therapy anymore, and I'm left with the doubt of what happened [and why they didn't fill out the forms]."*

## **Needed Support from the Mental Health System**

Many parents emphasized the need for information and strategies to build their knowledge of mental health topics and services. They explicitly named their need for the mental health system to provide them with additional resources that can help them support their child outside of therapy or school counseling. As mentioned in the "Positive Features" section above, parents appreciated when therapists shared strategies and resources to promote mental health at home. Thus, this request has the potential to create positive experiences for more families. This theme is described further below:

**There is a desire for workshops and classes geared toward adults that provide information on what mental health encompasses and how to talk about it with youth.** Many parents felt like these learning

spaces could help adults that interact with children, such as families and school staff, understand how to identify that a child needs support and how they can help until more formal supports (i.e., counselor or therapist) can be provided. These workshops can also help parents identify strategies that they can practice at home to further promote mental health outside of therapy. Ultimately, parents believe this is a first step toward providing preventative services and an “emergency mental health response” to children in need.

*“I think that being proactive means that everyone is trained to react to a situation or emergency that involves someone else having a mental health crisis, in schools as well as sports and extracurricular activities. That someone is always available [to respond and support], because sometimes it [mental health crisis] doesn’t happen at home or at school, it happens when you’re in other places. So, I think that educating more, not just parents, but other adults in the community who have contact with youth. I think that would help them [youth] feel more comfortable opening up and talking with others about what’s going on.”*

## Vision of Mental Health in the Community

Many community members only associate mental health with therapy for unstable individuals that require serious support. Parents know that these misconceptions exist and provided the following suggestions to increase the awareness and knowledge of community members in order to move toward a more holistic and inclusive vision of mental health:

**All community members should be trained to recognize and support mental health needs and respond to potential mental health crises.** Mental health issues do not only arise at home and in school, but can also occur through interactions with others and in other places (grocery stores, extracurricular events, public spaces, etc.). They also see this as an opportunity to inform the community about different kinds of mental health needs and strategies to combat stigmas associated with mental health support. More specifically, parents would like for sessions to cover autism and individual education plans (IEPs). They feel like informing the community about these topics can increase awareness of how external factors might affect a child with autism or an IEP, and what other adults can do to navigate conversations or situations with these children. This can serve as a starting point toward building a more supportive community that is mindful of mental health needs.

*“I think talking to the community about what an IEP is isn’t a bad idea, not because someone in their household will be evaluated but because people need to know what it is and what it entails. It can help create a support system among families when they see that another family has a child with a need, they can share information about what they know and how they can help their child. It needs to be something that is commonly heard so that it doesn’t feel so foreign.”*

*“Workshops not only for families but also for the community, because it’s difficult to reach people through one-on-one conversations and sharing my child’s needs. We don’t need to label them. Instead, we need to start building the community’s awareness so they can identify that a child has special needs. Sometimes parents will talk about how a child is bratty or spoiled or something else, but they don’t know if that child might have autism or another condition. It’s not*

*just about informing families but also the community, because at the end of the day these children are all part of the community.”*

**Mothers hope to mitigate gendered expectations and norms within their family to increase a father’s involvement in their child’s mental health.** Most of the families come from cultures that reinforce gender norms, wherein the husband is head of household and breadwinner while the wife attends to household responsibilities and the children. This sense of machismo also reinforces the notion that a man should not show emotion, leaving the emotional labor to a woman. One mother discussed how, at first, she was the primary parent seeking support and attending to their child’s mental health needs, while her husband continued working with minimal involvement in their child’s situation. To her satisfaction, over time, her husband became more involved in their child’s needs. There is an opportunity to engage all family members when thinking about mental health outreach and education.

*“I sometimes wish he [husband] was more involved. It’s as if the man is predisposed to be the head of household and be the provider, which leaves the child care and anything having to do with the children to the woman. In other situations that don’t have to do with our children, I’ve noticed that it’s difficult for men to take on the initiative to be more involved with the doctors or attend appointments, like IEPs. In that sense, I think my husband has matured and changed a lot. He asks for permission at work to attend my son’s appointments. He used to think that no one would understand or respect his decision to not go to work to be with his son and wife at appointments.”*

**It is essential to have safe spaces for physical activity as a balance to their emotional wellbeing.** As mentioned in the “Definition of Mental Health” section, some parents associated “good” mental health with emotional and physical balance. As such, they felt it necessary to name that their children needed more spaces to play, since many current activities are not financially accessible to families and open spaces (e.g., parks) are not always safe.

*“Right now, there are not that many places that are economically accessible to families, where children can have some physical activity. It’s proven that children, humans in general, who have more physical activity and more contact with nature are less exposed to emotional imbalances. But this is not accessible to families with fewer resources. For example, paying for soccer for my children is \$300-\$500, my daughter’s gymnastics class is almost \$400 per month. If they don’t have somewhere to channel their energy, they will not be as balanced.”*

## **Recommendations for Improving the Mental Health System and for the CDPH Public Health Campaign**

Based on these lived experiences, parents shared various recommendations to improve the mental health system and support CDPH’s public health campaign. These recommendations can be used as a starting point for reimagining mental health and emotional well-being for all children, youth, and families in California.

## Recommendations for Improving the Mental Health System

- **Improve the accessibility of mental health services**, particularly for families with lower incomes, by making services free of charge or offered at an affordable cost.
- **Increase the frequency of counseling sessions** so that youth can speak to their therapist more regularly.

*“Mental health services should be public services. Many times it’s like Medi-Cal or the dentist, where you can only schedule appointments once or twice a year. For example, for my child, appointments are once a month. For more frequent sessions, I’m told that I need to look for another therapist or pay out of pocket, and that’s an expense that some families cannot always afford. It should be a service that families receive free of charge or at a more affordable cost and based on a child’s need, because there are some children that need therapy two or three times a week. They shouldn’t have to wait until next month to receive that attention.”*

- **Offer workshops and classes** that address mental health topics, such as autism and IEPs. This can be done in partnership with school buildings, so that these are offered during events when parents will already be in school buildings (e.g., during parent-teacher conference week).
- **Consider incorporating extracurricular activities as part of mental health plans**, so that children engage in physical activities outside of their counseling sessions. Parents believe this can help children maintain an emotional-physical balance, while providing them with opportunities to practice their social skills with others their age in non-academic spaces.

## Recommendation for the CDPH Public Health Campaign

- **Share mental health information through online and in-person outreach.** Parents believe that the campaign would benefit from social media announcements, though they acknowledge that some families will not be reached via a digital campaign. As such, they suggest sharing information and distributing flyers in common community spaces, such as in schools, churches, clinics, grocery stores, etc. Parents have existing networks with one another and often find out about new information because they heard it from another parent in the community. As such, it may be worth exploring how to identify and compensate a group of parents to promote the campaign in their community.

*“I think it’s a good idea to use Facebook [or other social media platforms], but we should also remember that there are some parents who don’t know how to use social media or the internet. There are also some parents who do not know how to read or write. So, I think that giving workshops or presentations in schools or churches would be good, that way they can hear and retain some of the information that is being shared.”*

## Overarching and Closing Thoughts

In addition to the specific thematic categories highlighted throughout this summary, parents commented more generally on their effort to work with others to support their child’s mental health:

**School staff and pediatricians were often the primary individuals that were allies in their child’s mental health journey.** Through their anecdotes, it was common for parents to mention how these

professionals informed the family of changes in a child's behavior or concerns they observed. Alternatively, they believed and cooperated with the parent when they raised an issue about their child's wellbeing. However, as noted in the challenges, not all school staff were as willing to collaborate with families who sought mental health services or medical evaluations.

**Parents strive to create a safe space at home for their child to open up about their feelings and hardships.** They engage other family members, such as siblings and relatives, so that the child feels the full support of the family. This approach also offers an opportunity for the child to speak to any or all of the relatives, based on their level of comfort and trust.

*"I don't want my children to carry difficult situations and stay quiet. I give them the opportunity to talk about any problem or any situation. It's hard for my son to express himself. But I try to give him time and encourage him to open up so that he doesn't feel alone, so that he feels like I am supporting him and finding support. I also talk to my eldest child and my husband, trying to make a plan so that my son can feel better, especially at home, because that's where he should have a safe environment."*

# Appendix C. Parent Voices CYBHI Draft Focus Group Write Up: Parent Voices Chapters Across California

January 12, 2023

Prepared by Social Policy Research Associates and Parent Voices California

This summary reflects the perspectives of four parents across California. All of these parents are Parent Voices members. Parents had children as young as two and as old as 12. When introducing themselves, parents were invited to share why they were interested in participating in this focus group. In answering this question, parents shared that they had personal experiences with the mental health system and had confronted mental health challenges. By participating in this focus group, they hoped to share their experiences, relate with other parents who had similar experiences, and learn something new to support their own and their children's mental and emotional wellbeing.

The focus group was held virtually from 6pm to 8pm. Parent Voices' organizing director convened the focus group and facilitated introductions. From there, SPR guided the conversation amongst parents to focus on: (1) Their Definition of Mental Health and Their Dream Mental Health System; (2) Positive Features of the Current Mental Health System; (3) Challenges with Mental Health and the Mental Health System; (4) Needed Support from the Mental Health System; (5) Their Vision of Mental Health System in the Community; and, (6) Recommendations for Improving the Mental Health System and for the California Department of Public Health (CDPH) Children and Youth Behavior Health Initiative (CYBHI). These questions and topics were guided by key outcomes established by CDPH and California Health and Human Services (CHHS), as parent perspectives are intended to guide these public agencies' strategies and activities related to the CYBHI.

## Definition of Mental Health and Dream Mental Health System

The focus group began with parents sharing their definition of mental health as well as their description of a dream mental health system. Parents' responses reflected a holistic vision of mental health that touches upon many aspects of emotional and physical wellbeing.

### Definition of Mental Health

Overall, parents agreed that mental health highlights a person's wellbeing. The following key themes surfaced through parents' discussion of how they define mental health to further detail this overarching sentiment.

**Mental health is reflected in a person's relationships and social interactions.** Parents described how mental health includes the extent to which a person feels comfortable managing relationships across contexts, noting that people that may be facing a mental health challenge might feel held back from engaging in certain settings and unable to manage their life. Parents reflected on their feeling that people struggling with mental health may feel more challenged with going through day-to-day tasks.

**Mental health includes the support systems in place to support a person's emotional wellbeing and how that person utilizes those support systems.** More specifically, parents shared that a person's



support network and their ability to utilize that support network provides an indication of their mental health. Moreover, having that support system can support strong mental health.

*“To me, mental health is having a support system, having people around me that can help me when I need help and knowing where to get help because not always can you do things alone. I think as women, we try to take everything on ourselves, at least, I think. So, for me that's what it is, having a good support system is good mental health for me.”*

## Dream Mental Health System

Parents shared their vision for a dream mental health system across a variety of settings and contexts. In general, this dream mental health system is one that includes resources and strategies that center children’s needs. Parents shared that as a result of living in a world with a dream mental health system, families would feel very comfortable navigating services, experience less stress, and have the support needed to be better parents. Specific themes and additional detail on this dream mental health system are highlighted below.

**Mental health coaches and socio-emotional learning (SEL) therapists are present in the PreK-12 system to provide individual support to both students and teachers.** One parent suggested creating a law/policy mandating schools to have mental health coaches for teachers and students. Parents shared that having access to a mental health coach can make a huge difference for children in their life outcomes. Moreover, these SEL therapists can support with monitoring students’ development, similar to how the Women, Infants and Children (WIC) program monitors the development of babies and shares milestones with parents. Parents shared that this WIC monitoring was helpful and should be carried into a PreK/elementary school setting, as it may help catch symptoms of autism or other behavioral issues.

*“I would want for there to be a mental health coach or maybe even a life coach type of person at the school for kids that kind of guides them, a guidance counselor, I guess. And on an emotional level, I know they have counselors there, but I don't know it's like, they don't focus on the important things, I guess. They say they're there, but they're not able to even talk to the kids on that level because they're not either qualified or something or they don't have the funding. So, it's like what are they even there for?”*

**Communities are united around wanting to support the mental health and wellbeing of children and families.** Parents highlighted that there is “power in numbers as mothers that support each other.” Moreover, when communities can unite around a common cause, the trust and rapport in community can build and the peer-to-peer help needed by families experiencing mental health challenges is more likely to occur. One parent shared that this community support is especially important for recent immigrants that may not have family in the United States. Also, parents believed that community support results in more peer-to-peer youth mentorship that develops them into leaders.

*“Even if it's little things, but if we can unite in a common cause, we all sometimes have something similar that we're struggling with. And I think, when it comes to the community, I think there has to be more unity in the community. We should know who our neighbors are, we should know... I think that we live here to... At least when my mom passed away, I found a lot of support in my friends and my family coming together and saying... The night she passed away, a*

*friend of mine took my three-year-old because I was crying so much and he had never stayed anywhere, he slept on top of her. Just little things like that, the trust and building that rapport with your friends, your family, the teachers, the school, the staff, getting involved... That's my ideal community where people aren't like, 'That's your problem.'"*

**Medical providers and school systems work together to support children's mental health.** Parents shared challenges they faced with medical providers not being willing to complete the paperwork needed to diagnose their child with ADHD. Parents shared that in order to get an Individualized Learning Plan (IEP) for their child, they have to pay a private psychologist out-of-pocket. Ideally, medical providers could coordinate with the school systems to ensure that they are up-to-date on the assessments needed to diagnose children and can seamlessly transfer diagnoses across systems.

## Positive Features of the Mental Health System

While all parents shared specific challenges they faced with the mental health system, some shared positive experiences. Examples are noted below.

**Online platforms for behavioral health offered through medical clinics have been useful.** One parent shared that her family doctor provided them with a specific behavioral health online platform to use to check in about her children's mental health. This platform and being open to referrals through that platform has been positive for that parent.

**Some parents felt that their mental health needs were met postpartum.** For example, one parent explained how she gave birth to twins and had specific mental health needs following this birth. She felt that her needs were generally met by the mental health system that supported her postpartum.

**Parents have felt successful with addressing mental health challenges on their own.** Some parents shared that they strive to be proactive with their child's mental health through implementing strategies that they have researched and leading by example. One parent shared that she takes notes on her child's behavior to help with her understanding of her child's needs.

*"As a parent, I just had to be more aware of myself and what I'm doing because my son is watching, and I don't want him to go down the wrong paths. So, I try to lead by example in doing things like exercising or doing fun things for him to help with his growth. Yeah, just more community-like activity, things and to help with the social development, too. So just getting out there with him and showing just how to be independent."*

## Challenges with Personal Mental Health and the Mental Health System

Parents had a variety of experiences with the mental health system as well as experiences with supporting their children through mental health struggles. Challenges faced by parents when navigating the systems as well as addressing the mental health of themselves or their children are elaborated on below.

### Challenges with the Mental Health System

While the "dream system" elaborated on previously is what parents hope for, their reality of navigating the mental health system includes numerous challenges.

**Schools are not properly staffed with counselors to support students' mental health.** Parents shared that in their children's schools, the ratio of counselor to student is too high. As a result, students cannot get the individualized attention they need to manage their mental health.

**Many therapists are not the right fit for parents' children.** One parent described her deep disappointment with her child's therapist. Specifically, this therapist did not engage in video call sessions (only via phone) or promote other strategies to have an engaging session. The parent did not see any positive changes in her child after a year of working with this therapist.

*"I'm not sure if this person or the therapist does want to work harder or this is not her field or it's just very overwhelming for her. It's just very difficult to have this kind of understanding and communication when it comes to therapy. And that's why I ended up not having any therapy for him because I just felt like she doesn't understand him, and she doesn't understand what I'm talking about. It's been very difficult. So, this is very ... For me, it's very important to find the right person when you communicate, and they understand what you're talking about."*

**Schools have challenging IEP processes.** Parents shared that the schools require a specific diagnosis to have a student qualify for an IEP. However, parents interacted with doctors that were unwilling to sign off on the statement for an IEP; therefore, their child does not receive proper accommodations.

*"For me, my son has been diagnosed autistic and ADHD, but the school denies him of the IEP. They say because he's too smart academically, that's the reason why they don't recommend him to have an IEP. But it's like, if I'm asking for it, the doctors all recommend him to have an IEP. How are they able to say that?"*

**For many parents, schools are not viewed as a reliable place to receive support.** While parents noted that they would like to be able to turn to the school system to support their child's mental health, some parents felt that school systems currently do not support their children, even with basic needs (i.e., reliable bus transportation). Given this perception of school inadequacy, parents were unsure if schools had the capacity to take on additional mental health supports.

**It is challenging for parents to access behavioral health assessments for their children.** One parent shared that she wanted to re-evaluate her child as she did not think the first diagnosis was correct. However, the process was convoluted and inaccessible, resulting in her child not being able to receive a re-evaluation.

*"I really wanted to re-evaluate my child, because I don't feel like he's struggling with the same diagnosis that when they diagnosed him at the age of two. We didn't get a chance to do this, because the UCSF [University of California San Francisco] or any other places that you can do that, they always had this long waiting list to do this. To be honest, [the doctor] talked to the health professional, and they also talked to the social worker, and they explained to them my needs and everything, and the reason why I need to do this. They do things, but they did them very slowly, and sometimes they forgot about them, and I have to remind them many times. You know, 'This is what I need, and we need to do it as soon as possible.'"*

## Challenges with Personal Mental Health

Given the COVID-19 pandemic and day-to-day challenges faced by children and families, parents shared that they are facing challenges with addressing their own mental health needs in addition to their children's needs.

### **Children may lack the communication skills needed to engage in conversations about mental health.**

Parents shared that they tell their children that it is okay to feel their emotions and express them appropriately. They encourage their children to be as honest as possible when expressing how they feel. However, despite this guidance, some parents feel that their children have a hard time communicating as their children share that they do not know how they feel. This lack of communication prompts feelings of worry among parents.

**Children often do not know how to identify or express their mental health needs.** Parents shared that in addition to challenges with their children communicating their feelings, their children also can have a hard time sharing what they might need to support their mental health. Parents approach their children with patience and try to "meet them at their level," but parents feel challenged by not knowing what their child might need to best address a mental health challenge.

## Vision of Mental Health in the Community

Parents highlighted that community beliefs and actions related to mental health impact how families and children are supported. Therefore, parents reflected on their vision for a community in which children's mental health was prioritized.

**The community understands that children are still growing their behavioral and social skills.** Parents highlighted that young children learn how to interact with others and communicate effectively as they grow and mature. Currently, some parents feel that the community expects children to already know how to communicate and act across a variety of situations. These expectations do not set children up for success, and therefore parents hope that the community will someday embrace the developmental phases of a child and not expect them to act like an adult when they are only children.

*"Just being a kid in general, they're so much being hard on kids to expect them to not cry or to not throw a tantrum or to not have fits or not like something or tell you no. But it's like as adults, we're trying to learn how to do that still or set boundaries and things like that. So, just be open. I think it just comes from we were raised that way because nobody knew. But it's like we could have more conversations and make it aware. It could help change it. Just respecting kids' mental health and respecting them as people. And just because they're little kids doesn't mean they don't have feelings, or they don't think for themselves. It's just taking the time to listen and stuff and just take care of them. Be a little more compassionate. Then they feel comfortable to just be themselves and make their own decisions."*

**The community has spaces and opportunities to support parents and children.** Parents agreed that it was important to have community spaces such as teen groups or community center gatherings where youth can come together and learn from one another. Moreover, parents would like access to

community parenting classes, so they have strategies for supporting their child’s mental health. Having these community resources would signal that the community prioritizes mental health.

**The community honors and celebrates differences among families and children.** Parents shared how it is important for people to be aware that some children have disabilities, and they simultaneously have great abilities. Thus, parents would like the community to approach all children through an asset-based lens so that all children feel comfortable and can more easily thrive in their environments.

## Recommendations for Improving the Mental Health System and for the CDPH Public Health Campaign

Parents’ perspectives and comments yielded a set of recommendations for both the mental health system and the CDPH Public Health Campaign specifically.

### Recommendations for the Mental Health System

Building on what was already shared throughout this summary, the following recommendations reflect parent perspectives on ways to improve the mental health system.

**Increasing the pipeline for people to become qualified therapists and counselors.** Parents acknowledged both the shortage of quality therapists and availability of school counselors. As a result, parents recommended additional training programs or pipeline programs to increase the number of therapists and counselors available to effectively support their children.

**Centering schools as a resource for supporting parents with their child’s mental health.** Parents recommended that the school system be equipped to support parents with their children’s emotional challenges. Parents would rather not have to go to a regional center or a hospital to get help and resources, and they think schools should be equipped to do this. Moreover, teachers should be equipped with the skills to talk to parents about their child’s mental health and prioritize talking about mental health with parents.

*“I have this experience myself with my child when we were one particular school, he has nothing, he has no support at all. And then when he took into another school, he’s getting not only emotional support and everybody is aware of what he was expected to do, what are his strength, whereas where are his weaknesses, and I feel like it’s very important to have all this support for the child to flourish and grow because if this is missing, nothing is functioning on this child. It’s just everything is, it just feel falling apart still.”*

**Support organizations like Parent Voices that bring parents into a strong community that supports their mental health.** Parents shared that they prioritize going to community events, such as the ones hosted by Parent Voices, as they believe this connection to community is important for their own mental health and promoting the mental health of others.

**Create more accessible behavioral health assessments.** Parents consistently shared challenges with getting the services and evaluations they needed to properly diagnose their child and receive an IEP (when needed). They suggested that these services become available at multiple community locations, other than hospitals, so that more families can access them.

## Recommendations for the Public Health Campaign

As CDPH embarks on its public health campaign, parents shared the following ideas for CDPH to create an impactful and relevant campaign.

**Produce content on topics that matter to parents.** Specifically, parents suggested that CDPH focus their content on sharing information about mental health programs, drug and alcohol programs, recognizing autism in children, knowing the signs for behavioral challenges, and knowledge about how to cultivate emotional wellbeing at home.

*“Honestly, I think there should be more information about autism. If anything, the early signs of it in children, I think all preschool teachers and teachers general should be trained in identifying that kind of stuff because I'm just learning more about it. And there's a huge community of people who are on the spectrum, and it's a wide spectrum. So, each individual has a different set of behaviors or different things that affect them in their daily lives. And so, I think the unawareness and not knowing is a problem because then that creates... It makes it harder for those people dealing with it. So I think if people are more educated on things like that, how to spot those behaviors and what to do, how do you treat someone dealing with certain disabilities or different mental health issues if someone has ADHD, they'd be like, "Oh, that person has ADHD because they're doing this behaviors, I can know how to handle them at their level because I can notice it.”*

**Design content in a way that grabs parents' attention.** Parents suggested that CDPH organize their content so that they are first naming a relatable challenge (i.e., identifying behavioral challenges in children), then following this up by stating where to get help. Overall, parents suggested that this content should make parents feel less alone and work toward reducing any stigma against mental health.

**Share content throughout the community.** Parents suggested that CDPH share their campaign content at popular community sites, such as work, places, school setting, gyms, and churches. Also, parents recommended that CDPH produce commercials aligned with their campaign.

**Utilize social media.** Parents were very enthusiastic about the idea of utilizing social media platforms, namely Tik Tok and Instagram, to share the campaign. Parents shared that they already look at content on Tik Tok and Instagram related to mental health and would “follow” CDPH on both platforms.

*“I do think Instagram is also great thing. I like social media posts. If I follow the California Department of Public Health, I follow their page, so if I see a post, I'm likely to view the post or like it. And I think really topics relating to emotional wellbeing, different tips for parents and cultivating things at home, too, if there's a certain support, I think if someone gets therapeutic support, I'm sure that they'll also talk with the parents about things that they can do at home, but I think that's also very helpful if there's other tips parents can do or activities they think are really helpful for families.”*

**Expand outreach about mental health services.** One parent shared that she found out about mental health services when she applied to CalWORKS. However, she thinks that information about these

services should be made available to people who are not on CalWORKs, as she found these resources to be very useful and believes others would benefit as well, even if they are not eligible for CalWORKs.

## Overarching and Closing Thoughts

Overall, parents stressed the importance of mental and emotional wellbeing for themselves and their children. They shared that **with a strong mental health system and a community that embraced mental health, children would have improved behavioral development, higher confidence, more self-esteem, fewer experiences with bullying/teasing, and feel more empowered to stand up for themselves.**

*“If all of that was in place, I think my son's development would be a lot further along than it is right now. He would be a lot more confident in himself, and his self-esteem would be up, and be just encouraged to try to just want to be better, because he has a hard time with that. Being autistic, they have a lot of fears and anxiety and things that he's always afraid of just doing different things.”*

Moreover, parents shared that a strong mental health system not only supports their children, but **knowing that the resources in the community exist for all families (regardless of income) puts less stress on them.** As a result, they can be better parents to their children.

*“I don't know. When I'm overwhelmed, my kids, they are watching me; they're going to be overwhelmed as well. So, when I'm not able to do things, my kids are not going to be able to succeed and do things. This is all about parents. We have a huge responsibility... Everything is falling apart, and our children are watching all what we're doing. That's why we have this huge gap between families, because these families are having all what they need, and other families are struggling to have.”*