



OUR HEALING IN OUR HANDS

FINDINGS FROM A MENTAL HEALTH SURVEY WITH
SAN FRANCISCO UNIFIED SCHOOL DISTRICT HIGH SCHOOL YOUTH



華人
進步會
CHINESE
PROGRESSIVE
ASSOCIATION



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WHO WE ARE

For over forty-five years, the **Chinese Progressive Association** has worked to educate, organize and empower the low-income and working class immigrant Chinese community in San Francisco. CPA builds collective power with other oppressed communities to demand better living and working conditions and justice for all. CPA's membership includes the Tenant Workers Center (TWC), which works to educate and organize low-wage immigrant workers and tenants to achieve economic justice, recognizing that worker and tenant exploitation have similar root causes.

Youth Movement of Justice and Organizing (MOJO) is CPA's leadership development program for high school youth, with a focus on low-income Chinese American youth. Since its founding, Youth MOJO leaders have worked on social issues affecting youth and their families such as health justice, education, immigrant and workers' rights. Through Youth MOJO, youth leaders develop and strengthen their leadership, communication, and organizing skills, and instill a commitment to participate in the political process and broader movements for social change.

MENTAL HEALTH IN SFUSD

Over the past several years, Youth MOJO members have experienced and recognized a heightened sense of fear, depression, and anxiety in themselves and among their peers. In response to their personal and collective experiences of feeling unsupported in accessing mental health services, youth leaders sought to better understand the mental health services that exist for youth in SFUSD and the systemic, emotional and cultural barriers to students' utilization of services.

Drawing on existing research of race-based disparities in use of SFUSD Wellness Centers^[1], youth members sought to better understand and respond to the challenges in outreach and engaged use of mental health services among students of color, especially Asian American youth, in SFUSD. Their research efforts aim to improve access and competency in mental health services for Asian American youth, and all youth of color, towards a vision of schools that are safe, supportive, and welcoming of all students.

YOUTH STATEMENT

In the words of CPA Youth MOJO Members:

Regardless of our identities, we all want to feel seen, heard, and valued as our full selves as students, family members, friends, and community leaders. We want to not only survive, but also thrive in our schools, homes, and communities, striving to be holistically healthy. As teens, there is a lot for us to navigate through; we struggle with academics, family issues at home, and conflicts within our social groups. In this unstable political moment, we are also faced with attacks on immigrants, working families, and people of color, which are negatively affecting us everyday.

If we want to be successful, we need our schools to support us beyond our academics. We need our schools to support our mental health and emotional wellbeing. Students should not have to choose between the importance of our academic success and our lives.



[1] Anyon, Y. and Stone, S. (2011). Racial group differences in use of school-based health centers: An exploration of the role of referral routines.



CPA YOUTH MOJO CORE LEADERS

Name: Nevin Dun Jian Chin

School: Lick-Wilmerding High School

Why this issue is important to me: I've grown up in a political era of extreme uncertainty and social change, exacerbated by the rapidly increasing prevalence of social media in everyday life. As a result, my generation is often characterized by economic anxiety around college tuition, job opportunity, and costs of living. This collective sentiment manifests itself in the self-deprecating humor of youth evident in media culture as well as the radical political activity of youth in this age. This atmosphere is present in my everyday reality, and to me it evokes the need for structural change in educational institutions, particularly regarding emotional wellbeing and mental health.

Name: Lisa Lai

School: George Washington High School

Why this issue is important to me: When my friend suffered with suicidal depression during junior year, I was at a loss, unsure of how to save her life. I joined MOJO to learn more and take action to help others like her. Many students do not use their school's Wellness Centers due to a lack of diverse, trustworthy, and understanding adults and culturally competent resources. We should prioritize mental health because our mental health is more important than academic achievements, and all students, regardless of class, language, race, identity, citizenship status, and background, deserve to thrive in school.



Name: Amy Li

School: George Washington High school

Why this issue is important to me: For a lot of Asian Americans, including myself, our mental health has been trivialized and made invisible at school due to the assumption that Asian Americans, as suggested by the Model Minority myth, are emotionally healthy because of our academic success. Many of my loved ones have been struggling with their mental health issues, such as self harm or suicide. Students are often forced to internalize their issues, specifically those who are marginalized within our system. All of these barriers create more internalization of individual blame and silence. Today, youth know youth the best, which is why we as youth need to spearhead this change for youth counseling service.

Name: Vannie Mai

School: Galileo High School

Why this issue is important to me: As a high school student, I faced my stressful classes everyday. All the pressures and expectations weighed my mental state down. I want to go to a school where I and everyone else in the same situation as me can feel welcome and can open our hearts and minds to each other. One cause of mental health was students' stigma which were often unaddressed, causing some youth to internalize their mental problems. However, in order for people to address their mental health struggles, we must fight for resources that can help them.

Name: Stephanie Tse

School: Abraham Lincoln High School

Why this issue is important to me: I had a few friends approaching me for emotional support due to stress from academics or drama, and almost every time I wanted to help convince them that what's going on isn't always their fault and giving up isn't a way of solving things.

EXECUTIVE SUMMARY

INTRODUCTION

Research shows that one in five students nationally experience a mental health disorder^[2].

Asian Americans are often viewed as the “Model Minority,” a myth which posits Asian Americans Pacific Islanders (AAPI) communities as introverted, docile, and high achieving. Limited data collection and reporting practices point to AAPIs as having both the highest likelihood of obtaining bachelor’s degrees and the highest median income among all racial groups^[3]. These statistics falsely portray the AAPI community as a monolithic group, which invisibilizes the stories and struggles of many young Asian American people who may internalize behaviors and disorders, such as depression, anxiety and suicidal ideation. Such invisibilization subsequently prevents AAPI students from receiving the mental health services they need^{[4][5]}.

To address this problem, Youth MOJO collected and analyzed data to better understand the mental health needs and barriers to service among Asian American youth in SFUSD. This mixed-method study examines the mental health needs and experiences of youth of color, particularly Asian American youth, enrolled in San Francisco public high schools. The CPA core youth members developed a survey in collaboration with CPA staff that covered students’ feelings of safety, experiences of bullying, utilization of school-based wellness centers and desired wellness center resources. 971 youth completed this self-administered survey. Data on students’

NATIONALLY, WHILE ASIAN AMERICAN YOUTH HAVE COMPARABLE, AND IN SOME STUDIES, HAVE REPORTED HIGHER RATES OF DEPRESSION AND SUICIDE IN RELATION TO YOUTH OF OTHER RACES^[6], THEY ARE DRAMATICALLY UNDER-RECEIVING MENTAL HEALTH SERVICES^[7].



“Mental health isn’t really talked about in my family, so whenever I feel sad or even a little depressed, I don’t talk about it, and I kind of try to stick to my own. And that also kind of ruined my friendships at school, because I didn’t want to talk to anybody, and I didn’t know how to approach anybody. And I looked down on myself.”

Youth MOJO member, Chinese Progressive Association

- [2] Promoting Access to School-Based Services for Children’s Mental Health. *AMA Journal of Ethics*. December 2016, Volume 18, Number 12: 1218-1224. doi: 10.1001/journalofethics.2016.18.12.pfor1-1612.
- [3] Power of the Purse: How Asian Americans and Pacific Islanders Contribute to the U.S. Economy. (2017). Retrieved from <http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE-AAPI-v14.pdf>
- [3] For example, in California, 13.1% of Asians, 15.4% of Native Hawaiians/Pacific Islanders lack a high school diploma compared to 11.3% of Black Americans, 25% of American Indian/Alaska Native, and 38.7% of Latinx. Retrieved from 2016 U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, American Fact Finder
- [4] Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Chochran, B. N., Shea, J. M., Srebnik, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Counseling and Clinical Psychology*, 70, 44-55
- [5] Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Chochran, B. N., Shea, J. M., Srebnik, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Counseling and Clinical Psychology*, 70, 44-55, 70, 44-55
- [6] Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. N. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63, 14-31.
- [7] Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. N. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63, 14-31.



experiences and understanding of school based mental health services was also collected from focus groups with over twenty youth from Arab Resource and Organizing Center, Filipino Cultural Center, Vietnamese Youth Development Center, and CPA's Youth MOJO, as well as with ten parent members of CPA's Tenant Worker Center. While data was disaggregated into the following Asian American (AA) ethnicities: Asian American, Chinese, Vietnamese, Filipino/a, it is focused on the experience and needs of Asian American (specifically East Asian) youth (See Table 1). Due to CPA's membership base representing primarily working class Chinese American youth, the data was mostly representative of East Asian, particularly Chinese, youth. We recognize that this does not represent the spectrum of data and experiences of Asian students, specifically Southeast Asian, South Asian, Pacific Islander youth. Because Pacific Islanders have not been represented fairly in the survey outreach, we aim to use "AA" instead of "AAPI" in our report and are committed to creating an inclusive conversation by outreaching to PI students and organizations in future conversations.

WHAT ARE THE MENTAL HEALTH NEEDS AND EXPERIENCES OF YOUTH OF COLOR, PARTICULARLY ASIAN AMERICAN YOUTH, ENROLLED IN SF PUBLIC HIGH SCHOOLS?

971 
surveys of high school youth

31 
student participants in focus groups

30 
interviews of wellness staff and administrators, key community-based organizations



KEY FINDINGS

1. Experiences of Bullying & Feelings of Safety at School

- Research results highlight high levels of bullying among marginalized students, across identities of race, ethnicity, class, and sexuality, especially among lesbian/gay students, Arab/Middle Eastern American students, and ELL learners.

2. Barriers to Accessing Wellness Services

- Lack of trust amongst strangers and adults, lack of awareness around outreach, low rates of referral to services, and cultural barriers served as barriers for students, especially for Asian Americans and students whose primary language is not English (particularly Toisanese speakers).

3. Effects of Mental Health on School Attendance

- Research results highlight that women and students with lowest GPA's were more likely to miss school than men and students with higher GPA's^[8].

4. Wellness Service Needs

- While SFUSD Wellness Centers provide many needed services, students exhibited a clear desire for additional outreach, services, and resources in understanding and aiding their mental, emotional, and physical health.

[8] Gender non-conforming students were the most likely to miss school for all reasons, but there were only 12 in this sample.



INITIAL RECOMMENDATIONS & NEXT STEPS

The findings from the student surveys and focus groups demonstrate the need for better outreach and engaged use of services for marginalized students, including low-income Asian American Pacific Islander students, English Language Learner students, and lesbian/gay and transgender/gender non-conforming students.

CPA youth leaders will present this data to SFUSD Student, Family, and Community Support Department and SFUSD Board of Education to call for the following changes within their district and high schools:

1. **Center the skills and experiences of young people** as effective peer counselors by creating **youth-anchored counseling** and **increasing outreach programs** such as Peer Resources and the Community Health Outreach Worker Program.
2. **Expand on current funding for school wellness services, resources, outreach, and education**; including more **professional development** for school staff on wellness practices and frameworks such as **healing-centered care**, youth-anchored counseling.
3. **Integrate culturally congruent mental health education for teachers, staff, and students** through curriculum and classroom practices.
4. **Increase youth and staff voice at school sites to make decisions** regarding wellness **budgets, programming, and hiring**.
5. **Strengthen and connect existing preventative care services and outreach** such as transformative justice practices, mindfulness practices.

INTRODUCTION

BACKGROUND

Launched in 1999, the San Francisco Wellness Initiative is “a groundbreaking program dedicated to improving the health, well-being and academic success of the city’s 16,000 public high school students at 19 campuses^[9].” School-based wellness centers seek to help eliminate barriers of cost, transportation and other common points of exclusion to mental and physical health care services. **However, in spite of the deep investment in comprehensive Wellness Centers within all SFUSD high schools, many students do not know about, have access to, or feel comfortable using available services.**

In community mental health settings, all youth of color are typically underrepresented compared to white youth, who are typically overrepresented. However, SFUSD Wellness Centers are doing a better job encouraging behavioral and mental health service access among African American and Latinx students than they are with Asian American & Pacific Islander youth^[10]. Asian-American youth make up 55% of the SFUSD, and yet consist of only 36% of students receiving Wellness center services^[11]. Limited data collection and reporting practices point to AAPIs as having both the highest likelihood of obtaining bachelor’s degrees and the highest median income among all racial groups^[12].

These statistics point to an underlying belief in Asian Americans as a “Model Minority” - introverted, docile, and high achieving, while invisibilizing the stories and struggles of many young AAPI people^{[13][14]}. “Asian American adolescents generally have higher rates of

“Isolation is a barrier: *it’s hard to find community* when alone. There’s an idea that you need to *keep things private*, that shame and privacy equate to family business.”

Alice Wong, Disability Visibility Project

“After a while, because it’s such a regular thing, sometimes when I step back and realize, ok I’ve been on the *verge of tears* for the past three weeks, that doesn’t seem normal but I can’t tell if there’s an actual problem... *I’m always tired*, it seems like something’s always wrong. I don’t know, if it’s a permanent problem I should deal with, I should ask for help for.”

Youth MOJO Member, Chinese Progressive Association

[9] San Francisco Wellness Initiative. Mission Statement. Retrieved from <https://sfwellness.org>

[10] Anyon, Y. & Whitaker, K. & Stone, S. & Shields, J. (2010). Chinese American Students’ Use of School Based Mental Health Services: Cultural and Contextual Influences.

[11] Anyon, Y. & Whitaker, K et al.

[12] Partnership for a New American Economy Fund (2017). Power of the Purse: How Asian Americans and Pacific Islanders Contribute to the U.S. Economy. Retrieved from <http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE-AAPI-v14.pdf>

[13] As an example, in California, 13.1% of Asians, 15.4% of Native Hawaiians/Pacific Islanders lack a high school diploma compared to 11.3% of Black Americans, 25% of American Indian/Alaska Native, and 38.7% of Latinx. Retrieved from 2016 U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, American Fact Finder

[14] Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Chochran, B. N., Shea, J. M., Srebnik, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Counseling and Clinical Psychology*, 70, 44-55

unmet mental health needs and are at greater risk for depression, anxiety, self-injury, and suicide than Whites or Black youth, even after controlling for income, insurance status, sex, age, geographic location, and a host of caregiver characteristics^[15].” For many Asian American youth, mental health needs have been both invisibilized and stigmatized^[16]. While Asian American youth have comparable, and in some studies reported higher, rates of depression and suicide in relation to youth of other races^[17], they are dramatically under-receiving mental health services^[18].

To address this problem, Youth MOJO collected and analyzed data to better understand the mental health needs and barriers to outreach and engaged use of services among Asian American youth in SFUSD. Their research efforts aim to improve access and competency in mental health services for Asian American youth, and all youth of color, towards a vision of schools that are safe, supportive, and welcoming of all students.



METHODOLOGY

In 2017, Youth MOJO youth members developed and conducted a survey focusing on mental health needs and access to services among SFUSD high school students with a primary focus on documenting the experiences of Asian American youth. In total, 971 surveys were collected, the majority of which were from Asian American youth. The survey was available online (via Google Form) and on paper, and included 12 questions on feelings of safety, experiences of bullying, reasons for missing school, familiarity and use of wellness center services and desired mental health services. Surveys were disseminated by leaders through street outreach, peer to peer school outreach, and targeted community organization outreach, some of which include Arab Resource Organizing Center (AROC), Vietnamese Youth Development Center (VYDC), Filipino Community Center (FCC), Coleman Advocates, Community Youth Center’s Bayview Youth Advocates (BYA).

- [15] Anyon, Y. & Whitaker, K. & Stone, S. & Franks, H (2013). Help-Seeking in the School Context: Understanding Chinese American Adolescents’ Underutilization of School Health Services. *Journal of School Health*, Vol 83 (8).[12] Partnership for a New American Economy Fund (2017). Power of the Purse: How Asian Americans and Pacific Islanders Contribute to the U.S. Economy. Retrieved from <http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE-AAPI-v14.pdf>
- [16] We need more counselors, not cops. (2018). Retrieved from <https://www.facebook.com/attn/videos/1695965553772230/>
- [17] Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. N. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63, 14-31.
- [18] Anyon, Y. and Stone, S. (2011). Racial group differences in use of school-based health centers: An exploration of the role of referral routines.

WHO TOOK THE SURVEY?



To more deeply explore mental health experiences amongst youth, and expand the representation of non-East Asian youth of color in the study, Youth MOJO core members conducted 5 focus groups with over twenty youth from Arab Resource and Organizing Center, Filipino Cultural Center, and Vietnamese Youth Development Center. Two internal focus groups were also conducted with CPA's Youth MOJO and with ten parent members of CPA's Tenant Worker Center.

Additionally, CPA staff led 6 wellness center interviews at Balboa, Phillip & Sala Burton, Galileo Academy of Science & Technology, June Jordan School for Equity, Abraham Lincoln, Lowell, and George Washington high schools.

There were some limitations to our report. First, our data was disproportionately representative of East Asian, particularly Chinese, youth, which we know does not represent the spectrum of experience of Asian students in SFUSD. Without greater representation of Southeast Asian youth, many of whom experience a distinct intergenerational trauma from refugee histories as well as heightened criminalization, our report does not adequately illuminate the connection between these issues and mental health service need and engagement. Further, our sample size is limited in representation of Pacific Islander youth, and due to low numbers of Pacific Islander survey respondents and focus group members, we do not have disaggregated data on Pacific Islander students. We recognize the importance of engaging a wider spectrum of students from a diversity of Asian ethnicities in future research. Lastly, given the sensitivity of our survey content, we recognize the data may be representative of certain youth who were more likely to respond, e.g. youth who had a significant experience related to mental health, etc.

KEY FINDINGS



“This usually happens a lot on school time. People either judge each other on how they look, how they dress, or what race they are. *Like some people got really racist, they make fun of me many time.* But who cares? I don’t hold it.”

Vietnamese Youth Development Center youth member

EXPERIENCES OF BULLYING & FEELINGS OF SAFETY

Within our current climate of xenophobic and racist violence, immigrant youth and youth of color are experiencing heightened levels of vulnerability and fear, bullying and safety concerns in school, to the point that such feelings became a normalized part of school life. This was apparent throughout the survey and focus group responses to the questions around bullying and safety.

Students whose primary home language is not English reported feeling less safe in almost all areas of school compared with their primarily English-speaking peers. For example, Toisanese speakers reported lowest levels of safety in classes and bathrooms. Spanish speakers reported the lowest levels of safety on the way to and from school, and outside of classrooms.

Vietnamese speakers reported relatively high rates of being bullied across almost every category: half were bullied for their appearance (compared to 8% of Cantonese and 15% of English only speakers); 67% of Vietnamese speakers were bullied for their weight

STUDENTS WHOSE PRIMARY HOME LANGUAGE IS NOT ENGLISH REPORTED FEELING LESS SAFE IN ALMOST ALL AREAS OF SCHOOL COMPARED WITH THEIR PRIMARILY ENGLISH-SPEAKING PEERS.



“A lot of *undocumented members* are in constant fear. You can tell they *are consistently stressed, aren’t as engaged and aren’t as present.* There’s lack of involvement.... Grades dropping... [students] often don’t have time to do homework.”

Kevine Boggess, Political Director, Coleman Advocates

(compared to 12% of English only speakers); and a third (33%) were bullied because of socioeconomic class.

Arab American/ Middle Eastern American students^[19]; bisexual and lesbian/gay students^[20], and students with 1.0-1.9 GPA's^[21] felt the least safe inside and outside of school. These groups were also the most likely to report bullying for a range of reasons, including race/ethnicity, gender/sexual identity, religion, and class.

- Arab/ MEA's were more likely than every other racial/ ethnic group to be bullied for all reasons listed in our survey.
- Half of Arab Americans were bullied because of religion, and 40% due to race.

Based on our survey respondents, Asian American and Vietnamese youth appear to feel less safe than their peers on the way to and from school, outside of classrooms on campus, and in the bathrooms at school.

Lesbian/gay students (39%) were almost 13 times as likely as straight students (3%) to be bullied for their gender identity or sex. Lesbian/ gay students were also almost 3 times as likely to be bullied for their appearance as straight students.

Compared to students with 2.0-4.0+ GPAs, higher percentages of students with 1.0- 1.9 GPAs experienced bullying according to race/ethnicity, weight, gender/sexual identity, religion, disability, and class.

“I don’t feel safe at school, because I make it known that I’m Palestinian, that I’m Muslim and a lot of people hate Muslims and Palestinians. So I get a lot of hatred from my teachers and students.”

Arab Resource and Organizing Center youth member

When asked what common mental health concerns they see among high school youth of color, Wellness Center staff responded with:

“There are high levels of toxic stress, anxiety, depression, substance use, with connection to trauma because of adverse childhood experiences.”

“The majority of students have had adverse childhood experiences that are somaticized in ways like headaches, stomach aches... there’s fear around the child accessing mental health services.”

“Families are getting displaced in San Francisco and afraid to tell because they’re afraid it will affect their enrollment.”



BARRIERS TO ACCESSING WELLNESS CENTERS

Lack of awareness, outreach, low rates of referral to services, and cultural barriers served as barriers for students, especially for Asian Americans and students whose primary language is not English, particularly Toisanese speakers. Additionally, due to the higher rates of internalized mental health needs, such as depression and suicidal ideation, together with the bias rooted in the Model Minority Myth, Asian American students are under-referred to services.

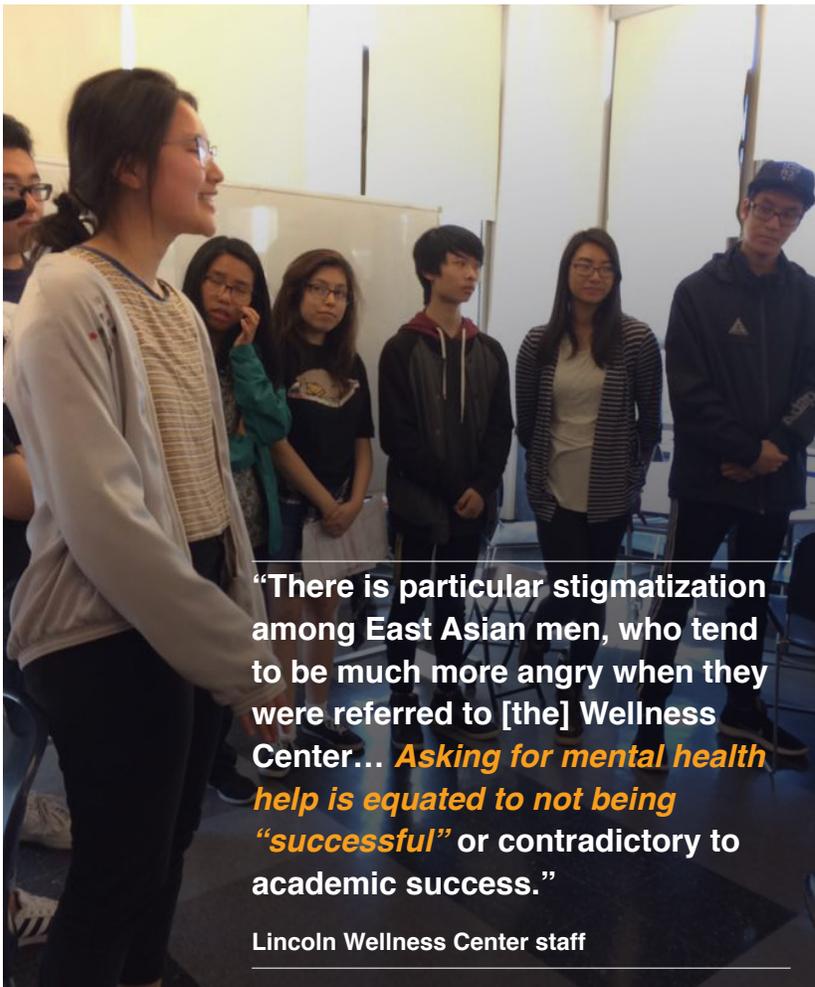
Asian American students were less likely than white students to have seen a therapist at school. Compared to 16% of white students, only 6% of Chinese, 7% of Asian American and Filipino respondents have seen a therapist at school. Almost all students of color (except Latinx and Pacific Islanders) were less likely than white students to use the wellness center. Half of white students reported never using the wellness center, but close to two thirds of Arab Americans/ Middle Easterners (67%), Filipinos (64%), and Vietnamese (63%) had never used the wellness center.

OVERALL,

91%

HAD NEVER

SEEN A COUNSELOR AT SCHOOL.



“There is particular stigmatization among East Asian men, who tend to be much more angry when they were referred to [the] Wellness Center... Asking for mental health help is equated to not being “successful” or contradictory to academic success.”

Lincoln Wellness Center staff

Among respondents who never used psychologist, therapist, or wellness center resources at school, the top two barriers that stopped them from talking to someone at school about emotional/ mental well-being were: 1. not wanting to talk to a stranger; and 2. wanting to work out problems on their own or with help from friends/ family.

From our focus groups, students articulated barriers around not having enough culturally responsive services and staff and engaging with these existing services, as well as not knowing how to access or get to those resources. Parent members of CPA’s Tenant Worker Center also reported not knowing about existing mental health resources at their children’s schools or how services work.

“Whenever I hear about *actual mental health problems*, sometimes I get really worried because that sounds like me. It’s not something I want to talk to my parents about, it’s not something I want to talk to my friends about, *it’s something I feel I should deal with on my own.*”

Youth MOJO Member, Chinese Progressive Association

Almost half of Asian American (47%) and Vietnamese (49%) students, more than a third of Latinx students, and more than a quarter of African American students (29%) reported that talking to a stranger was a barrier to using the Wellness Center services. Additionally, students who speak Toisanese reported avoiding going to the wellness centers at rates 50% higher than students who speak Cantonese. One possible reason could be fewer in-language resources for Toisanese students in wellness centers. Further, their fear of being seen as “crazy” is three times that of Cantonese speakers.

Additionally, low-income students (based on eligibility for free or reduced price lunch) indicated higher barriers to wellness center services than their peers of higher incomes.

In survey responses as well as qualitative interviews, Middle Eastern students reported more barriers to services than peers of other races or ethnicities. Barriers include Islamophobia, cultural barriers, not wanting to talk to a stranger, and fear of family and friends finding out that they were using mental health services.

“I feel like *they take more punitive measures* rather than sending us to the wellness center.”

Arab Resource and Organizing Center youth member

58% of men and 57% of women had never used the wellness center, compared to almost 80% of gender non-conforming students.

While research shows that Latinx and Black students receive higher levels of referrals, it is also demonstrative of the common use of mental health referrals as a disciplinary measure^[22]. Thus, as Asian American students’ needs are often invisibilized, those of Latinx and Black students are more likely to be punished or criminalized. This shows that while the bias in referrals manifest differently for different students of color, it has harmful effects for many students.



LESBIAN/GAY STUDENTS (36%) WERE ABOUT 2.5 TIMES AS LIKELY AS HETEROSEXUAL STUDENTS (15%) TO REPORT THAT CONCERNS ABOUT FRIENDS/FAMILY FINDING OUT WAS A BARRIER TO USING THE WELLNESS CENTER.

[22] Anyon, Y. and Stone, S. (2011). Racial group differences in use of school-based health centers: An exploration of the role of referral routines.

When wellness staff were asked about barriers to accessing wellness centers for our youth of color, they responded:

“For immigrant youth, often stress and pressure from low income families leave them feeling more pressure to succeed.”

“For Southeast Asian students, there is immigration trauma, more pressure to do well since they’re told here in America it is a lot better, especially 1st generation college students.”

“There’s also language barriers and disconnects among family.”

“We need hiring of staff who are representative of the population and trained in cultural competency in wellness programs”



“Black and brown youth often get referrals to the dean, and are often criminalized when they should have been referred to the Wellness Center.”

Lowell Wellness Center staff

In addition to school-based structural barriers, under-utilization of mental health services also has roots in the cultural norms and stigmatization of mental health needs among different Asian American populations^[23]. For some students, cultural norms and parental expectations may inhibit them from asking for help or seeking out Wellness Center services when in need. Having more representative staff, increased language choices, and improved cultural competency in referrals, family inclusion and service provision may increase Asian American student access and use of mental health services. Further, mental health centers with staff professionals who share Asian American students’ backgrounds and languages have been shown to

“improve service use, reduce drop-out and lead to better clinical outcomes, even after controlling for socioeconomic status and functioning at admission^[24].”

[23] Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Chochran, B. N., Shea, J. M., Srebniak, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Counseling and Clinical Psychology*, 70, 44-55

[24] Yeh, M., Eastman, K., & Cheung, M. K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? *Journal of Community Psychology*, 22, 153-163.

EFFECTS OF MENTAL HEALTH ON SCHOOL ATTENDANCE

Research results highlight that women and students with lowest GPA's were more likely to miss school than men and students with higher GPA's^[25]. Additionally, Latinx, African American, and Filipino/a youth are more likely to miss schools for reasons such as family problems, depression, bullying, stress and anxiety. Attendance is a key indicator of a student's feelings of safety, and belonging. For students struggling with mental health problems, skipping school becomes a way of hiding, dealing, avoiding and is often a coping mechanism for a larger problem. Often absences are tied to health problems and mental health issues.

For schools to be a place where all students can feel seen, heard, and valued as their full selves, and where all students can belong and thrive, we need to look at the root causes of school absences and provide the services that get to the heart of the issues youth struggle with.

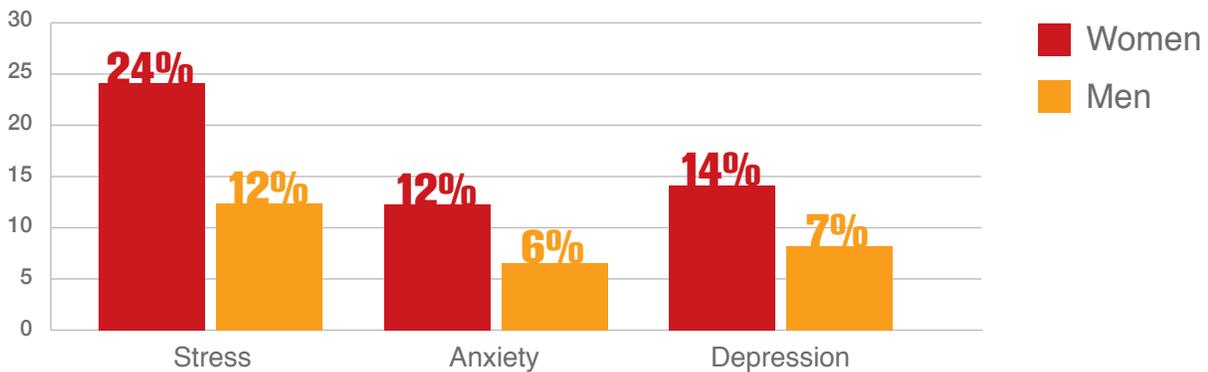
Women from our study were approximately twice as likely as men to miss school due to stress, anxiety, or depression. Almost a quarter of women had missed school due to stress.

Students with 1.0-1.9 GPAs (31%) were about twice as likely as those with 4.0+ GPA's (15%) to miss school due to stress.

MORE THAN A QUARTER OF LATINX STUDENTS AND ABOUT A THIRD OF MIXED RACE STUDENTS REPORTED MISSING SCHOOL DUE TO STRESS. A QUARTER OF AFRICAN AMERICANS ALSO REPORTED MISSING SCHOOL DUE TO FAMILY PROBLEMS, AND AFRICAN AMERICANS, MIDDLE EASTERN, AND FILIPINXS MISS SCHOOL ABOUT 1.5X AS MUCH BECAUSE OF FAMILY PROBLEMS.



Reasons for missing school Women vs Men



[25] Gender non-conforming students were the most likely to miss school for all reasons, but there were only 12 in this sample.



Spanish speakers were about 2-4 times as likely as non-Spanish speaking peers to miss school due to depression, family problems, and bullying. More than a quarter (28.6%) of Latinx students and about a third (33.8%) of mixed race students reported missing school due to stress. Meanwhile, a quarter of African Americans reported missing school due to family problems.

Lastly, Filipinos are much more likely to miss school due to stress and anxiety, while African Americans are more likely to miss school due to family problems. Filipinos miss school about 2x more than other ethnicities because of stress, 2-3x more than other ethnicities because of anxiety. African Americans, Middle Eastern, and Filipinos miss school about 1.5x as much because of family problems.

WELLNESS SERVICE NEEDS



While SFUSD Wellness Centers provide many needed services, students exhibited a clear desire for additional outreach, services, and resources in understanding and aiding their mental, emotional, and physical health. For many, these services are not easily apparent or accessible.

Consistent with the above finding, speakers of Asian languages, including Cantonese, Toisanese, Tagalog, and Vietnamese, also indicated the highest need for services.

Mexican students were also more likely than other racial/ethnic groups to report the need for resources around substance abuse, recognizing signs of trauma, and high need for services.

70% lesbian/ gay students and 80% of questioning youth reported needing support for someone who's struggling with gender/sexual identity, while only 30% of heterosexual students reported needing gender/sexual identity support.

Within the focus groups, students shared their processes for seeking emotional support with friends or greater community and spoke to their hesitations and the barriers they face in using their schools' wellness centers.

“More professional development with teachers at school site. Therapy can be a critical need, but it is not the only thing people can do to take care of themselves...There is a wide array of options to improve well-being. It would be beneficial to increase the knowledge of adults, their understanding of student mental health, and different outcomes of well-being to impact. [For example], the different impact trauma has and how it impacts learning.”

SFUSD Wellness Center staff



“I wish I could have had counselors that weren’t so busy all the time. I wish I had that in sophomore year, because I think that year was the hardest for me, so I think more counselors. **Someone to talk to.** Someone who doesn’t really know all the aspects of me, so they won’t judge me for things outside my school stuff.”

Youth MOJO member

“Sometimes it’s hard to open up to teachers or adults. [We need] peer led spaces for counseling --students taught how to talk to their peers.”

Filipino Community Center youth member

“At El Cerrito High School’s Wellness Center, our Program Director has done mandatory professional development trainings for teachers and staff around race, equity, and trauma and how it impacts young people in the classrooms and in the community - it allows teachers to be reflective about their own biases and mental health experiences. The wellness center was founded based on the ideas and practices of narrative therapy- *the problem is the problem, the person is not the problem, and young people have the values and skills to commit to work on finding the solution.* And they’re explicit about being anti oppressive..”

Lauren Liu, ACSW on practices at El Cerrito High School

CHINESE STUDENTS WERE ABOUT 2-3 TIMES MORE LIKELY THAN OTHER ETHNIC GROUPS TO INDICATE THE NEED FOR SERVICES RELATED TO PEER-TO-PEER COUNSELING. TOISANESE AND VIETNAMESE SPEAKERS WERE MORE LIKELY THAN OTHER LANGUAGE SPEAKERS TO REPORT NEEDING PEER-TO-PEER COUNSELING, SUBSTANCE ABUSE SERVICES, AND STRESS-HANDLING SERVICES.



INITIAL RECOMMENDATIONS AND NEXT STEPS

Within our current climate of heightened xenophobic and racist violence, there is a urgent need to address the mental and emotional health associated with multiple levels of trauma across identity groups. In addition to school-wide attention to challenging structural and interpersonal manifestations of xenophobia and racism, from our 971 student surveys and 5 focus groups, it was clear that for low-income Asian American Pacific Islander students, English Language Learner students, lesbian/gay and transgender/gender non-conforming students, and Arab-Middle Eastern, Latinx, and African American students, it is especially important we develop stronger outreach and engaged wellness services.

In addition to student voice, CPA youth leaders and staff conducted 28 interviews with educators, administrators, elected officials, community organizations, and wellness center staff. This included

staff from: Balboa, Burton, Galileo, June Jordan, Lincoln, Lowell, Mission, and Washington High Schools, as well as SFUSD district staff and Board of Education Commissioners: Stevon Cook, Matt Haney, Mark Sanchez, and Shamann Walton.

The collective data and perspectives of students and staff from vantage points throughout the district led CPA youth leaders to initial recommendations which address the immediate needs around mental health outreach and services, and also proactive opportunities to strengthen staff and student capacity to create schools that are spaces of healing, transformation, and growth.

CPA youth leaders will present this data to SFUSD Student, Family, and Community Support Department and SFUSD Board of Education to call for the following changes within their district and high schools:



Center the skills and experiences of young people as effective peer educators and counselors by creating youth-anchored counseling and increasing outreach programs such as Peer Resources and the Community Health Outreach Worker Program.



Expand on current funding for school wellness services, resources, outreach, and education; including professional development for school staff on wellness practices and frameworks such as healing-centered care, youth-anchored counseling.



Strengthen and connect existing preventative care services and outreach, such as restorative justice and mindfulness training programs), peer resources and remove barriers for engagement such as language access access and fees.



Increase youth and staff voice at school sites to make decisions regarding wellness budgets, programming, and hiring.



Integrate culturally congruent mental health education for teachers, staff, and students through curriculum and classroom practices.

SFUSD STAFF PERSPECTIVES ON WELLNESS SERVICE NEEDS

CENTER THE SKILLS AND EXPERIENCES OF YOUNG PEOPLE

“We should have a trainer to educate on how to give peer counseling, [and] then from there facilitate youth to do counseling with each other in space.”

SFUSD Wellness Center Staff

“More peer led youth outreach: peer presentations are often most effective in getting people into Wellness Center.”

Lincoln Wellness Center Staff

EXPAND ON CURRENT FUNDING

“We don’t have enough staff assigned when thinking about allocation of resources... For clinical staff at RAMS, the pay is low compared to industry... This leads to a higher turnover rate because candidates have families who can’t afford to live and work here.”

SFUSD administrator

“We have a system where if a school is doing really well, then we assume they don’t need as much. We want to spread our resources in most equitable place possible. Sometimes mental health needs aren’t always seen or known. Some schools, people assume people score high that they don’t have needs around emotional or mental well being.”

BOE Commissioner Matt Haney

“There’s currently not enough funding to provide services like translating outreach into different languages.”

SFUSD Wellness Center staff

INTEGRATE CULTURALLY CONGRUENT MENTAL HEALTH EDUCATION FOR TEACHERS, STAFF, AND STUDENTS

“Teachers, adult allies, and students need to unpack systems of oppression and power... having culturally competent trainings could help understand black and brown pain and not read it as anger/defiance but as depression/anxiety.”

Lowell Wellness Center staff

REFERENCES

Anyon, Y. and Stone, S. (2010). Racial group differences in use of school-based health centers: An exploration of the role of referral routines.

Anyon, Y. & Whitaker, K. (2009). Meeting the mental health needs of Asian American youth: A research review.. 10.13140/RG.2.1.3912.2000.

Anyon, Y. & Whitaker, K. & Stone, S. & Franks, H (2013). Help-Seeking in the School Context: Understanding Chinese American Adolescents' Underutilization of School Health Services. *Journal of School Health*, Vol 83 (8).

Anyon, Y. & Whitaker, K. & Stone, S. & Shields, J. (2010). Chinese American Students' Use of School Based Mental Health Services: Cultural and Contextual Influences.

"California Health Interview Survey." University of California, Los Angeles. 2012. CHIS survey 2012: 12-24 year olds in CA did not fear being attacked at school

Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Chochran, B. N., Shea, J. M., Srebnik, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Counseling and Clinical Psychology*, 70, 44-55

Hardy, K (2013). Healing the Hidden Wounds of Racial Trauma. *Reclaiming Children and Youth*, Vol 22 (1), p. 24-28.

Meyers, Laurie (2006). Asian American Mental Health. *Monitor on Psychology*.

Partnership for a New American Economy Fund (2017). Power of the Purse: How Asian Americans and Pacific Islanders Contribute to the U.S. Economy. Retrieved from <http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE-AAPI-v14.pdf>

San Francisco Wellness Initiative. Mission Statement. Retrieved from <https://sfwellness.org>

Whitaker, Kelly & Stone, Susan & Anyon, Yolanda. (2014). Estimating the Relationship Between School-Based Health Center (SBHC) Utilization and Youth Development Assets By Race.

Yeh, M., Eastman, K., & Cheung, M. K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? *Journal of Community Psychology*, 22, 153-163.

To view full survey, please go to <https://goo.gl/forms/20XcKzIDwQpq3NKn1>.



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Chinese Progressive Association
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