



**CAL-HOSA'S BLUEPRINT TO
STUDENT MENTAL WELLNESS
AND CAREER PIPELINE**

**AN EDUCATOR'S GUIDE to Changing Life Trajectories
from Illness to Wellness and Shaping Career Paths**

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An Educator's Guide to Changing Life Trajectories from Illness to Wellness and Shaping Career Paths

1st Edition

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Cal-HOSA's Mission

Cal-HOSA is a student-led career and technical student organization serving students in the health science and health careers through a career technical education path from middle school to high school to postsecondary, and eventually employment. As a health science and medical technology curriculum strategy, Cal-HOSA's mission is to “inspire, educate, and develop students who aspire to become excellent health care professionals through student-led leadership programs, integrated school-based health science programs, and community partnerships.”

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INTRODUCTION

HOSA: Future Health Professionals is a global student-led organization recognized by the U.S. Department of Education, the Department of Health and Human Services, and several federal and state agencies. The mission of HOSA is to empower HOSA-Future Health Professionals to become leaders in the global health community through education, collaboration, and experience. HOSA actively promotes career opportunities in the health industry to enhance the delivery of quality health care to all people. HOSA provides a unique program of leadership development, motivation, and recognition exclusively for secondary (middle and high schools), postsecondary, adult education, and collegiate students enrolled in health science education and biomedical science programs, or those who have interests in pursuing careers in health professions.

California HOSA (Cal-HOSA): Future Health Professionals. For nearly 40 years, Cal-HOSA has served as a pathway for students interested in healthcare careers. Cal-HOSA has over 10,000 members and more than 200 chapters throughout California. Cal-HOSA is a health science and medical technology curriculum strategy that is part of an instructional program that prepares students for healthcare careers. Cal-HOSA is one of nine nationally recognized career and technical student organizations (CTSOs), and one of six CTSOs under leadership, oversight, and responsibility of the California Department of Education. Its focus is on students enrolled in health science and medical technology education programs at the middle, secondary, and post-secondary levels. With an emphasis on students' personal, college, career, and leadership development, Cal-HOSA is an integral part of career technical education (CTE) and academic curriculum. More information about Cal-HOSA is available on the organization's website (<https://www.cal-hosa.org/>).

A Blueprint for Educators and Youths' Mental Well-Being

Cal-HOSA's Prevention Early Intervention/Identification Project. In 2018, Cal-HOSA and its consortium of schools implemented programs to: (1) identify mental health risk factors and needs of their student population; (2) equip school academic and career technical educators with the knowledge to recognize and appropriately respond to unmet needs; (3) engage community partners to support their school district's prevention and early intervention (PEI) efforts; (4) connect with families and involve them in designing strategies that are best suited for their cultural and linguistic needs; and (5) work with school districts to ensure that schools are equipped with on-campus resources to address mental health needs and integrate strategies into curricula. Early detection combined with appropriate services and resources can change a child's trajectory from a path of severe mental health issues to one of wellness and full participation in school and community life (e.g., participation in workforce, successful relationships, and prolonged social and economic prosperity). This blueprint will also help strengthen youths' interests in careers and college readiness in the mental health field.

Why Youth Mental Well-Being and Why Now?

According to the U.S. Surgeon General, "Mental health challenges are the leading cause of disability and poor life outcomes in young people." We are now seeing the significant impact of the COVID-19 pandemic on the mental health of youths in America, including depression, anxiety, trauma, and suicidal ideation. In the school environment, mental health problems adversely affect students' attention span in the classroom, aptitude for learning or study, and engagement in intramural and extramural activities; a situation intensified among students from vulnerable populations.

Mental health issues, such as anxiety and depression (and related symptoms), have increased among students in recent years. Individuals with an untreated mental illness have a life expectancy of less than 10–15 years, compared to the general population. Young adults, exposed to accumulated risk factors, have a 75% probability of developing a mental disorder by age 24. Detecting early warning signs of trauma and other risk factors associated with mental health in middle and high school students can improve their social-emotional learning, including individual and social awareness, empathy for others, self-management, healthy relationships, and responsible decision-making skills. Early detection and intervention serves as a protective sphere of influence to mitigate psychological distress or angst and to overcome past traumas.

Early Identification and Prevention as a Core Standard

Early and accurate identification of exposure to risk factors associated with stressors and adverse experiences in youths is key to the prevention and early intervention of severe and disabling mental illnesses, such as anxiety, depression, traumas, and other behavioral health disorders. This also means exploring and understanding the personal strengths or protective factors that youths have. Protective factors can also be described as social-emotional learning skills that support the mental well-being of youths.

Standard 1 – Demonstrate understanding of the risk factors and early signs associated with psychological distress: (a) analyze how and why life events and personal behaviors can lead to mental health problems; (b) recognize key words or phrases used to describe feelings of sadness and hopelessness; and (c) recognize early signs of self-harm and suicidal thoughts through health literacy media booklets.

Standard 2 – Recognize the cultural assets that individuals have that defines their sense of purpose, who they are and what they're about: (a) design strategies for building youths' self-awareness and their place in different environments

(e.g., school, community, workplace, world); (b) create opportunities for youths to serve as leaders, role models and mentors to others; and (c) create opportunities for youths to be exposed to meaningful and real-life (experiential) learning experiences.

Standard 3 – Educate students, school educators, and staff on the importance of community engagement: (a) use and apply a community engagement approach that increases community participation and resources; (b) organize community resources that promote community wellness; and (c) advocate for school and community inclusion, and social roles that students can play in serving others while reducing the stigma associated with mental health.

Standard 4 – Establish safe spaces to allow students to practice mindfulness and build relationships with others by sharing their story: (a) use classrooms as safe spaces where students can write and communicate their narratives (stories) about their lived/life experiences; (b) use storytelling as a strategy to connect with others with similar life experiences; and (c) engage students in mindfulness practices involving self-exploration activities that help to center them, and allow them to discover their core cultural values and what matters to them the most.

Standard 5 – Recognize students' cultural assets or strengths that builds their resiliency: (a) draw upon the students' cultural-specific knowledge and beliefs, and promote them as resources toward strengthening their resilience; (b) build on the Cal-HOSA community and its protective factors (e.g., sense of connectedness, hope, resiliency, self-efficacy) to engage hard-to-reach student populations; and (c) conduct a school-wide educational campaign activity to disseminate student-defined strategies about prevention and early intervention.

Standard 6 – Design and implement a peer-to-peer support network: (a) communicate with peer support groups in the community, and generate information about their specific functions and responsibilities to the community they serve;

(b) develop and implement a plan for students and teachers to collaborate in organizing a series of school-based forums about mental health and substance use issues; (c) create a network of health and mental health advocates using a community health worker model; and (d) partner with community-based organizations to increase access to resources and improve the health literacy of youths.

Standard 7 – Train youth leaders as mental health advocates to raise awareness and educate communities about mental wellness and reduce stigma: (a) provide training for youths that includes real-life experiential learning opportunities; (b) engage youths in developing strategies that are unique to the school community and community at large in need of resources; and (c) connect students with county and non-profit mental health agencies to provide real-life experiences working inside communities.

Changing Life Trajectories as a Career Pathway Strategy

Cal-HOSA has been described by students as a community with supports and resources for helping students discover their purpose. From a mental wellness perspective, Cal-HOSA has the attributes

(i.e., protective elements) that mitigate risk factors associated with psychological distress. Cal-HOSA increases students' personal beliefs and views, allowing them the potential means to succeed. Cal-HOSA, combined with social-emotional learning skills, seeks to create spaces of belonging and a culture of inclusivity within schools that attracts students who have historically felt marginalized and excluded from school activities and community life in general.

Through storytelling and sharing life experiences, students enhance their self-efficacy and resilience. Engaging in conversations about mental health, led by peers with real-life experiences, can be an effective intervention and help students to see themselves as agents of change in helping to destigmatize mental health inside their school, communities, and households. Exposing students to leadership and training opportunities may facilitate a career path into the mental and behavioral health fields. Training students enrolled in career technical education (CTE) and members of career and technical student organizations (CTSOs) can equip them with competencies for highly skilled jobs, and may help alleviate the shortage of mental and behavioral health professionals.

BLUEPRINT MODULE

Exploring The Life Trajectory of a Child with Multiple Exposures to Risk Factors

LESSON 1: RECOGNIZING THE SOCIAL DETERMINANTS OF HEALTH

OBJECTIVES

- Students will become aware of the social and economic determinants of health associated with mental health.
- Students will examine their personal exposure to risks associated with mental health disorders.

LEARNING STANDARDS

- **Communications:**
 1. Identify barriers to accurate and appropriate communication.
 2. Communicate information and ideas effectively.
- **Problem-Solving and Critical Thinking:**
 1. Identify and ask significant questions to solve problems.
 2. Interpret information and draw conclusions, based on the best analysis, to make informed decisions.
 3. Read, interpret, and extract information from documents.
- **Leadership and Teamwork:**
 1. Understand the characteristics and benefits of teamwork, leadership, and citizenship in the school, community, and workplace setting.
 2. Respect individual and cultural differences, and recognize the importance of diversity.
 3. Participate in interactive teamwork to solve real-life issues and problems.
- **Demonstration and Application:**
 1. Utilize experiential learning and life experiences to demonstrate and expand upon knowledge and skills.
 2. Demonstrate proficiency as a researcher in the mental health field that leads to continued learning and, eventually, employment.
- **Mental Health Pathway:**
 1. Describe the importance of early identification, prevention, and intervention.
 2. Design innovative strategies (and solutions) to improve mental well-being.
 3. Solve complex problems using real-life scenarios in mental health care.
 4. Build on the discovered strengths and capabilities (positive factors) of individuals.
 5. Conduct an ethnographic examination focusing on information retrieval, observing social behavior, managing stress and time, asking questions, exploring aspects of life trajectories, and analyzing data using relevant concepts.
- **Cal-HOSA Early Identification, Prevention, and Intervention:**
 1. Demonstrate understanding of the risk factors and early signs associated with psychological distress.
 2. Analyze how and why life events and personal behaviors can lead to mental health problems.
 3. Recognize key words or phrases used to describe feelings of sadness, helplessness,

and hopelessness that may lead to self-harm and suicidal thoughts.

MATERIALS

- Vignette handout
- Worksheet 1: Identify the Risk Factors
- Worksheet 2: First Three Years (birth to 2 years)
- Worksheet 3: Early Childhood Years (3 to 10 years)
- Worksheet 4: Adolescence Years (11 to 18 years)
- Worksheet 5: Young Adult Years (19 to 24 years)
- Worksheet 6: My Story

PROCEDURE

1. Teacher begins with a brief lecture on the different types of determinants of health (risk factors) associated with mental health issues. Also, explain to students what an ethnography is. For example, “Ethnography is the study of people (children) in their own environment using methods, such as participant observation and face-to-face interviewing.”
2. Then, assign students into teams of three to four. Hand out the vignette below and ask students to identify the determinants of health (or risk factors) for a 3-month-old infant and the infant’s family. Each team will focus on the life circumstances that impact the development and life course of the 3-month-old baby. Teams also can explore the role that the determinants may have played during the pregnancy and how they may have impacted the mother as well. As each team reads and discusses the vignette, ask students to think about the causes. For example, “Are there stressors involved? What may be causing those stressors?”
3. **Sample Vignette:** A 34-year-old married, working mother of five children (four sons aged 15, 11, 10, and 3, and a 3-month-old infant) lives in a two-bedroom apartment in a low-income community. She works at home as a seamstress to help support her family. For 15–20 hours per day, she sews and completes other activities, such as caring for her infant and keeping up with housework. Consequently, she is very sleep-deprived. One evening, starting with a persistent headache and high fever, she suffers a heart attack and is in a coma for eight days. She spends two months in the hospital. During the time she was in the hospital, her husband had to place their infant with a relative during the day so he could continue working as a car mechanic. Additionally, the 15-year-old son dropped out of school to help care for his three younger siblings. Upon awakening from her coma, the doctor tells her that due to her heart attack, she should no longer work as a seamstress—work that she always loved doing—in order to reduce her stress. Having to manage her medical condition and no longer being able to work, she becomes increasingly worried and preoccupied with how her family will be able to survive financially. The worries evolve into increasing depression, feeling incompetent and useless to her family, and eating and sleeping poorly. Her husband, concerned about the stress in her life and the fear of her having another heart attack and dying, sold her sewing machine, causing her to become even more depressed. Finally, the family lives in a region/city that has a 0.78 social vulnerability index score. This score indicates a HIGH level of vulnerability or potential negative effects on communities caused by external stressors on human health, human suffering, and economic loss.
4. As a final product, each team will prepare and give a 10-minute PowerPoint presentation to the class on their child life trajectory, highlighting all the risk factors evident in the first five stages of lifespan development (0 to 24 years of age) and leading to a potential mental health disorder. Specifically, ask students to discuss

the symptoms present by age 10, acute mental health issues by age 14, and severe mental illness by age 24. Provide students with a sample presentation template.

5. After completing **Lesson 3: Discovering Personal and Cultural Strengths – My Core Values**, the same teams will also prepare and give a 10-minute PowerPoint presentation to the class on their child life trajectory, highlighting individual and/or collective core values and protective factors relevant to the

child. Specifically, describe how each of the selected core values and protective factors was applied at each of the five stages (ages 0 to 24) of development. Ask students to create a narrative on how the selected protective factors helped the child decrease the impact of the risk factors. Finally, describe how the protective factors changed the course of a mental health disorder, and describe how the young adult is now thriving at age 24. Provide students with a sample presentation template.

WORKSHEET 1: IDENTIFY THE RISK FACTORS

DIRECTIONS: Given what you know about the mother and family, create the life trajectory of the infant. Start with identifying and describing the risk factors from the vignette provided.

Consider using the PowerPoint slide deck titled **Cal-HOSA Module 1 – Lecture 1: The Determinants of Health**, provided in the appendices and modify as needed. Also, incorporate short YouTube video clips or other media to help engage students and increase their grasp of the content.

Practice identifying social determinants of health, and categorizing them into social and economic factors, and environmental factors. For the third category, which may not necessarily be a risk, identify individual characteristics and behaviors. Ask students to draw three boxes, one for each category, on a piece of paper (EXAMPLE):

Social and Economic Factors	Environmental Factors	Individual Characteristics and Behaviors
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Below is a list of examples to start with, or the teacher can make a different list, if desired.

Lack of friends	Mold in house	Personal health practices	Air pollution
Language	Culture	Unemployment	Fast-food restaurants
Coping strategies	Poor transportation	Crime/violence	Gender and ethnicity

When students are finished, the teacher can conduct a group exercise engaging students in discussions and providing rationales for their responses. This will lead to more in-depth exploration and understanding of social determinants of health.

ANSWER KEY

Social and Economic Factors Lack of friends Unemployment Poor transportation	Environmental Factors Mold in house Air pollution Fast-food restaurants Crime/violence	Individual Characteristics and Behaviors Personal health practices Language Culture Coping strategies Gender and ethnicity
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1. Identify the risk factors (determinants of health) evident from the vignette and organize them in the three categories below. At least five (5) per category

	Social and Economic Factors	Physical Environmental Factors	Individual Characteristics and Behavior
1			
2			
3			
4			
5			

2. What other information could be missing in the vignette that should be included (e.g., immigrant family, past experiences with trauma, health issues prior to or during pregnancy, birth complications, etc.)

3. In general, there are five stages of child development. Among your team, start brainstorming how the exposure to these risk factors from an early age will shape the life course in the:

- First two years (infancy)
- Early childhood years (preschool, ages 3 to 4)
- Elementary school (ages 5 to 10)
- Adolescence years (middle school, ages 11 to 13; high school, ages 14 to 18)
- Young adulthood years (college, ages 19 to 24 years)

4. Interview two to three mental health or subject matter experts who can provide your team with specific information about the impact of these risk factors on the development of a child relevant to the five age stages.

WORKSHEET 2: FIRST THREE YEARS (AGES 0–2)

DIRECTIONS: Continue creating the life trajectory of the child from newborn through the first three years of life. Based on the vignette and interviews with mental health or subject matter experts, answer the following questions.

For these questions, consider using the PowerPoint slide deck titled **Cal-HOSA Module 1 – Lecture 2: The First Two Years (0-2 years)**, provided in the appendices, and modify it as needed. Also, incorporate short YouTube video clips or other media to help engage students and increase their grasp of the content.

1. **Is the infant getting the needed nutrition?**
2. **Is the infant getting the required 15 to 17 hours of sleep a day? If not, why?**
3. **In what ways are the circumstances harming the infant’s brain development in the first two years?**
4. **What ACEs (adverse childhood experiences) are there that will be most evident in the first two years?**
5. **How is the emotional development of the infant being impacted?**
6. **How is separation anxiety applied with the infant? What are the potential impacts if the separation from the mother lasts much longer?**
7. **How does the lack of social bonds (attachment) impact the infant’s development?**
8. **Do you see neglect in this child? If yes, describe it and its impact trajectory on the child from ages 3 to 10.**

WORKSHEET 3: EARLY CHILDHOOD YEARS (AGES 3–10)

DIRECTIONS: PowerPoint can be an effective tool to present material in the classroom and improve student learning. Continue creating the life trajectory of the child for years 3 to 10. Based on the vignette and interviews with mental health or subject matter experts, answer the following questions:

1. Thinking about nutrition and obesity for the child:

- Overeating increases risk of obesity, diabetes, and other health issues.
- Child obesity lowers self-worth, self-esteem, self-efficacy.
- Additional caregivers can impact a child's nutrition and obesity.
- Changes in family or relational dynamics also can impact a child's eating and growth patterns.
- Can child obesity be an issue? How can it impact both the physical and brain development of a child?

2. During the early childhood years, a child's language should become a more significant means of self-expression and social influence. Also, their imagination will flourish. Language in early childhood:

Approximate Age	Characteristic or Achievement in First Language
3 years	Children should... <ul style="list-style-type: none"> • ...have a vocabulary of 1,000 to 5,000 words • ...write sentences of three to eight words in length • ...recognize simple grammar (e.g., conjunctions, adverbs, articles) • ...ask questions, mostly "Why?" questions
4 years	Children should... <ul style="list-style-type: none"> • ...have a vocabulary of 3,000 to 10,000 words • ...write sentences of five to 20 words in length • ...recognize grammar (e.g., dependent clauses, tags at sentence end ("...didn't I?" "...won't you?")) • ...ask questions, mostly "How?" and "When?" questions
6 years and older	Children/adolescents should... <ul style="list-style-type: none"> • ...have a vocabulary of 5,000 to 30,000 words • ...write very long sentences • ...be capable of more complex writing • ...ask questions related to social differences and issues

3. Children with lower socioeconomic status (SES) backgrounds appear to have smaller vocabularies than those with higher SES. Grammar and reading comprehension also are lower. What is the impact of socioeconomic status to the child at the 3 to 10 years age range? For example, poverty, poor living conditions, parents' low education, etc.

4. **How can the child's circumstances impact his/her language development?**
5. **How is the acquisition of language associated with mental health (think in terms of the child's self-esteem and self-worth)?**
6. **How would you describe the living/housing conditions of the child and family? Could environmental pollutants (e.g., mold) be risk factors?**
7. **Too many changes in caregivers (e.g., mother, father, aunt, extended family) and in housing locations (e.g., moving from one neighborhood to another) can cause family dysfunction.**
 - Family instability, and family chaos (e.g., no routines for sleeping, eating, or homework), can increase children's internalizing and externalizing problems and impact their health.
 - Is there dysfunction in this child's family? Why or why not?

WORKSHEET 4: ADOLESCENCE YEARS (AGES 11–18)

DIRECTIONS: PowerPoint can be an effective tool to present material in the classroom and improve student learning. Continue creating the life trajectory of the child focusing on years 11 through 18. During this age phase, the adolescent should be able to apply logic, grasp mathematical concepts (i.e., number, classification, and many other scientific ideas). Also, the adolescent's thinking can be influenced by lived/life experiences. Guidance from caring adults, including parents, teachers, or career and technical student organization (CTSO) advisors are important in the adolescent's successful development during this stage. In other words, an adolescent acquiring knowledge during this stage depends on parents, teachers, and their environmental conditions. Answer the following questions:

- 1. Adolescents are more likely to engage in risky behaviors when their knowledge ability is inadequate or limited. Based on the background of the child (revisit vignette), how would you describe the adolescent's ability to make sense of information to make healthy decisions?**
- 2. How does the family's SES (e.g., poverty, living conditions, parents' education level, etc.) impact the adolescent?**
- 3. As mentioned in WORKSHEET 3, children with lower SES backgrounds appear to have smaller vocabularies than those with higher SES. Grammar and reading comprehension also may be lower. Is there a strong possibility that the adolescent may be considered an ELL (English language learner), ESL (English as a second language), or remedial in their education?**
- 4. What's the expected impact for the adolescent in their school and academics? How does this affect the adolescent's self-worth, self-esteem, and self-efficacy?**
- 5. Will bullying be a concern for this adolescent? Explain.**
- 6. Based on the life trajectory of the adolescent thus far, what do you anticipate the mortality rate being for this adolescent (dying younger than parents or others in his/her age range later in life)? Explain.**
- 7. Revisiting the issue of obesity (see response in WORKSHEET 3), how can it affect the adolescent at this age stage? Is the risk low, high? Explain.**
- 8. Think about the adolescent's living/housing conditions (see response in WORKSHEET 3), what kinds of respiratory illnesses (e.g., asthma) may be evident and affect the adolescent? Can this health condition lead to more severe health and mental health disorders? Explain.**

WORKSHEET 5: YOUNG ADULT YEARS (AGES 19–24)

DIRECTIONS: PowerPoint can be an effective tool to present material in the classroom and improve student learning. Continue creating the life trajectory of the adolescent entering the young adult years 19 to 24. Start with generating a class discussion on what happens when the child is now a person of adult size, shape, and sexuality—the beginning of puberty. The discussion can then lead into the relationship between puberty and stress. Stress can speed up puberty when an individual has lived in high crime, violent, and impoverished conditions. Early puberty can lead to emotional and behavioral issues, and later health problems (e.g., eating disorders, substance use disorders, depression, and other mental health issues). Delayed puberty can also be a sign of illness; for example, chronic malnutrition, social deprivation, poverty, and discrimination. Answer the following questions.

- 1. Do you anticipate this young adult will be impacted by the risks from prior years?**
- 2. How is stress relevant at this stage?**
- 3. Do you expect to see signs of persistent health and mental health disorders at this stage? If yes, explain.**
- 4. How do you describe the characteristics or identities (e.g., ethnic, gender, sexual orientation, etc.) of this young adult?**
- 5. Will this young adult have problems with forming and maintaining relationships? Connect this response to prior years.**
- 6. Imposter syndrome is when a person feels like he/she doesn't deserve personal success or achievements. A person who suffers from imposter syndrome has self-doubt and struggles with feeling fear of success, fear of failure, and engages in self-sabotage. Do you anticipate this adolescent will struggle with imposter syndrome? Explain.**
- 7. What mental health issues (e.g., depression, anxiety, suicidal ideation) may be evident in this young adult? Drug and alcohol use? Were these issues evident in prior years?**
- 8. Do you anticipate any major delinquency or criminal activity for this young adult? Explain.**

WORKSHEET 6: MY STORY

DIRECTIONS: PowerPoint can be an effective tool to present material in the classroom and improve student learning. Now that you've had a chance to read, examine, and diagnose someone else's story, write a brief story of you. Stories have the power to influence and connect and unite people. Stories give people an identity. Stories give voice and significance to peoples lived/life experiences. What is My Story?

1. **To help you start your story (MY STORY), think about something challenging in your life that you were able to overcome or accomplish. For example, learning a new culture, speaking a new language, parents' separation/divorce, being bullied in elementary/middle school, etc.**

MY STORY (Write your story in this space:)

2. **From MY STORY, identify and list at least five (5) risk factors evident in your story.**

- 1.
- 2.
- 3.
- 4.
- 5.

LESSON 2: DEVELOPING A THEORY CHART

OBJECTIVES

- Students will use a theoretical perspective to better understand a problem and ask the right questions to define the causes of the problem.
- Students will describe the “so what” or importance of a topic and its significance and value in solving social problems.
- Students will research, create, and customize a blueprint of theories and connect them to life trajectories and mental wellness.

LEARNING STANDARDS

- **Technology:**
 1. Use existing and emerging technology to investigate, research, and produce products and services, including new information to inform and advance mental well-being.
 2. Use information and communication technologies to synthesize, summarize, compare, and contrast information from multiple sources.
 3. Discern the quality and value of information collected using digital technologies, and recognize bias and intent of the associated sources.
- **Problem-Solving and Critical Thinking:**
 1. Identify and ask significant questions to solve problems.
 2. Use systems thinking to analyze how various components interact with each other to produce outcomes in a real-world setting.
 3. Interpret information and draw conclusions, based on the best analysis, to make informed decisions.
- **Technical Knowledge and Skills:**
 1. Interpret and explain terminology and practices specific to the mental health pathway.

2. Collaborate with industry experts and providers for specific technical knowledge and skills.
- **Mental Health Pathway:**
 1. Analyze causes for mental health disparities, examining various theoretical perspectives and literature.
 2. Synthesize research articles related to the theoretical perspectives and produce a theory chart illustrating key elements of each approach.

MATERIALS

- One piece of 8 ½ x 11-inch paper
- Pencil and colored markers

PROCEDURE

1. Start with a short lecture briefly describing the six (6) theories and its developmentalist (psychologist). Use this outline as a template to create your theory chart. Fold an 8 ½ x 11-inch piece of paper into four equal parts. At the center of your paper, write the word “**Theories.**” Then for each theory, fill in your chart by writing the information about each theory within one (1) box. Use the front and back sides of your paper. Encourage students to use Google to search each developmentalist and for additional information about their theory based on a child’s development. Teachers, see completed examples in the appendices.
2. Ask students to work individually. The students’ theory charts should include all six (6) theories listed on this outline. When students complete their charts, tell them they will select one theory that best supports their analysis on how the risk factors interact and shape the life trajectory of the infant (e.g., descriptions, explanations, rationale, and examples).

THEORY CHART OUTLINE: INFORMATION TO INCLUDE IN YOUR CHART

JEAN PIAGET

Dates of his life: 1896 – 1980

Name of theory: Cognitive Theory

- Briefly explain each of Piaget's four stages and create a drawing showing each stage
- What are the strengths and weaknesses of Piaget's theory?

LEV VYGOTSKY

Dates of his life: 1896 – 1934

Name of theory: Sociocultural Theory

- According to Vygotsky how do children learn best?
- Describe the zone of proximal development. Demonstrate how it works through a drawing.

ERIK ERIKSON

Dates of his life: 1902 – 1994

Name of theory: Psychosocial Development

- Briefly explain the first five developmental stages.
- What are the strengths and weaknesses of Erikson's theory?

B.F. SKINNER

Dates of his life: 1904 – 1990

Name of theory: Operant Conditioning

- What is Operant Conditioning? What are reinforcers? Illustrate with examples at least five reinforcers.
- What are the strengths and weaknesses of Skinner's theory?

URIE BRONFENBRENNER

Dates of his life: 1917 – 2005

Name of theory: Ecological Systems Theory

- What is the main point of Bronfenbrenner's theory?
- What are the five systems of this theory? Explain and give examples of each system.
- Draw a diagram of these systems showing how they influence a child's development.

ALBERT BANDURA

Dates of his life: 1925 – 2021

Name of theory: Social Learning Theory

- Briefly explain Bandura's theory.
- What is modeling? Why is modeling so powerful during early/middle childhood? Draw an example of a child learning through modeling.
- What are the strengths and weaknesses of Bandura's theory?

LESSON 3: DISCOVERING PERSONAL AND CULTURAL STRENGTHS – MY CORE VALUES

OBJECTIVES

- Students will identify their personal and cultural values that guide their lives.
- Students will discover the ways in which these values function as strengths to help them overcome challenges.

LEARNING STANDARDS

- **Communication:**
 1. Communicate information and ideas effectively to multiple audiences using a variety of media and formats.
 2. Advocate and practice safe, legal, and responsible use of digital media information and communications technologies.
 3. Understand and use correct medical terminology for common mental health disorders.
- **Career Planning and Management:**
 1. Identify personal interests, aptitudes, information, and skills necessary for informed career decision-making.
 2. Evaluate personal character traits, such as trust, respect, and responsibility, and understand the impact they can have on career success.
 3. Integrate lived and life experiences, and personal understanding of community and societal needs as part of career planning.
- **Responsibility and Flexibility:**
 1. Explain the importance of values and responsibility in fulfilling personal, community, and workplace roles.
 2. Demonstrate knowledge and practice of responsible health management.
 3. Demonstrate personal qualities and behaviors that constitute a positive and professional demeanor when interacting in the community or work setting.

- **Ethics and Legal Responsibilities:**

1. Explain the importance of personal integrity, confidentiality, and ethical behavior in the workplace.
2. Analyze and align personal cultural values with organizational culture and practices within the school and workplace environments.

- **Mental Health Pathway:**

1. Identify and describe prevention and early intervention barriers to mental health care.
2. Demonstrate the ability to build relationships by communicating empathy.
3. Build strong verbal knowledge to frame language in ways that increase engagement.
4. Interpret key terms from positive psychology in relationship to holistic wellness.

- **Cal-HOSA Early Identification, Prevention, and Intervention:**

1. Recognize cultural assets from within that defines a sense of purpose and role in school and community life.
2. Acknowledge cultural-specific knowledge to strengthen self-efficacy and resilience.

MATERIALS

- Sheets of 8 1/2 x 11-inch paper
- Pen or pencil
- Activity Handout: The Me Pie
- Risk and Protective Factors Framework Handout

PROCEDURE

1. Introduce the concept of values by explaining to students that they are a major component of their culture and how they live their lives. Ask students to think of five things (values) they consider important in their life. Ask students to take their piece of paper and cut it into five pieces. Now have them write their five values, in no particular order, one on each piece of paper.
2. Once students have their values written down, tell them to select two of the five values that are

MOST IMPORTANT to them. Next tell students that of the two values, they can only choose one. In selecting the one, students will share with the rest of the class the two values they kept and the reason for the one chosen over the other.

2A. To help students gain a deeper understanding and appreciation of their core values, have them complete the supplemental activity — The Me Pie. This activity teaches students about empathy and putting themselves in the shoes of someone who suffers from a mental illness. When students write “Mental Illness” on the gray slice of their Me Pie, ask them this question: “How would a mental illness affect your roles (pie slices) in society?” Encourage students to reflect on the importance of seeing the world through someone else’s eyes.

2B. Provide a short lecture on empathy with an emphasis on students’ ability to respond and understand other people’s emotions and circumstances appropriately without judgment or blame.

2C. Divide students into small discussion groups to share their ME PIE and engage in a dialogue about what they learned about themselves and others. Also, ask students to react to the idea of communicating empathy and its key elements and values for the helping professions. Consider starting with this question: “What were your thoughts when you wrote and saw the term “Mental Illness” as part of your ME PIE?” Follow that question with “What changes would be most evident in your life with a mental illness?”

3. On the Risk and Protective Factors Framework handout, ask students to start by transferring their five risk factors from their **WORKSHEET 6: MY STORY**, or come up with new ones that they are facing now. Remind students that a **risk factor** is something that increases the chances of

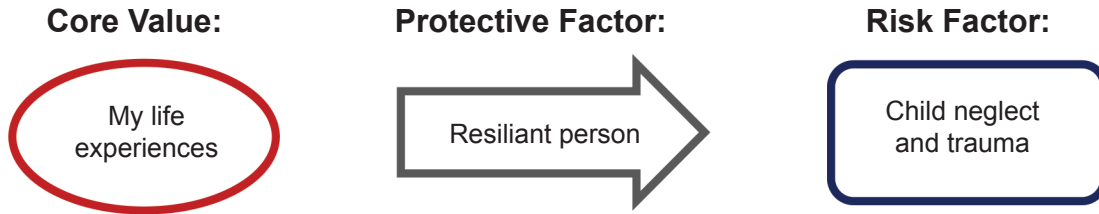
developing an illness. Provide some examples, such as feeling alone and isolated, witnessing a lot of crime in the neighborhood, experiencing discrimination, and being bullied at school.

4. On the Risk and Protective Factors Framework handout, ask students to write their five **core values** on the right column ovals, starting with the two most important ones. Have students use the same values they wrote down on the pieces of paper from steps 1 and 2 above. Remind them that core values are individual traits or qualities that represent the things that an individual holds as the highest priorities or most important things in living life.

5. Next, ask students to translate their core values into five **protective factors**, or positive aspects associated with their personal strengths and assets that help them overcome challenges or reduce the impact from negative outcomes (i.e., risk factors). Protective factors can be a person’s culture, spirituality, family support, relationships and/or friendships, etc. Think of protective factors as characteristics associated with a person’s core values that reduce the likelihood of negative outcomes. Ask students to create and write their five protective factors inside the arrows on the middle column of the core values handout.

6. Explain to students that internal (biological and psychological) and external (environmental) elements make people vulnerable to health and mental health issues. However, when people recognize and tap into their personal and/or cultural strengths and assets (protective factors), they become resilient in the face of adversity. Ask students to closely examine their individual risk factors, core values, and protective factors, and create stories for each risk factor, describing how the core value and protective factor will help the student overcome or reduce the risk factor. Have students create a narrative for each risk factor, protective factor, and core value. See the example below.

EXAMPLE:



Narrative: I've recognized that I am a person with **lived/life experiences**, and because of these experiences, I've learned to be self-reliant and to stay focused on my life goal(s). I am now a **resilient person** who can remain strong while I continue to encounter new challenges or difficulties and distress. Resilience then helps me overcome or reduce the impact of my **past and present traumas**. While being resilient does not mean I won't experience stress and other life struggles, it does help me better manage and cope with distress,

anxiety, and fear which in turn helps me maintain my mental well-being.

7. Divide students into small groups of three to four per group. Ask for students in each group to share their risk and protective factors framework and narratives. Keep going until all students have shared their framework. If there is time, ask students to identify and discuss the common risk and protective factors, and core values that they share as a group.

ACTIVITY HANDOUT: THE ME PIE

DIRECTIONS: We are people “in process” and made up of many parts and roles that we play in different social settings. We engage in many activities that strengthen our roles in the social world. For each slice of your ME PIE, write down one thing that represents a social aspect of YOU. Use the color key for guidance.

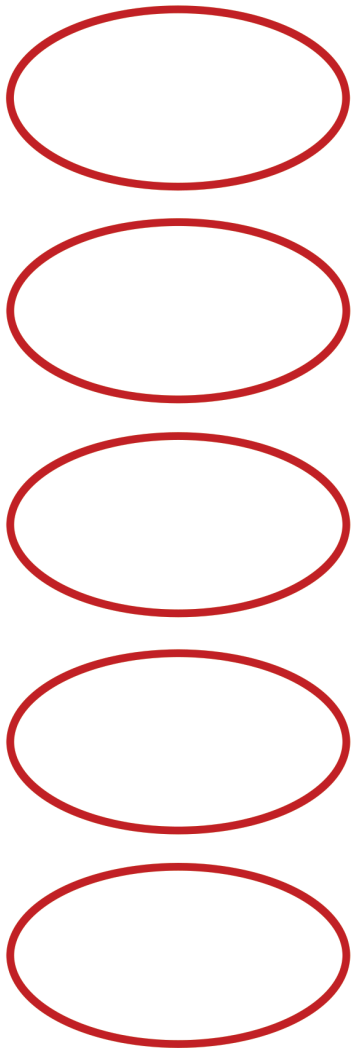
KEY: **Green slice** – write something about your personal interest; **Blue slice** – write something about your personal abilities or strengths; **Yellow slice** – write something about your culture and language; **Orange slice** – write something about your school life; **Turquoise slice** – write about your family life; **Purple slice** – write about your social/community life; **Gray slice** – write “Mental illness.”



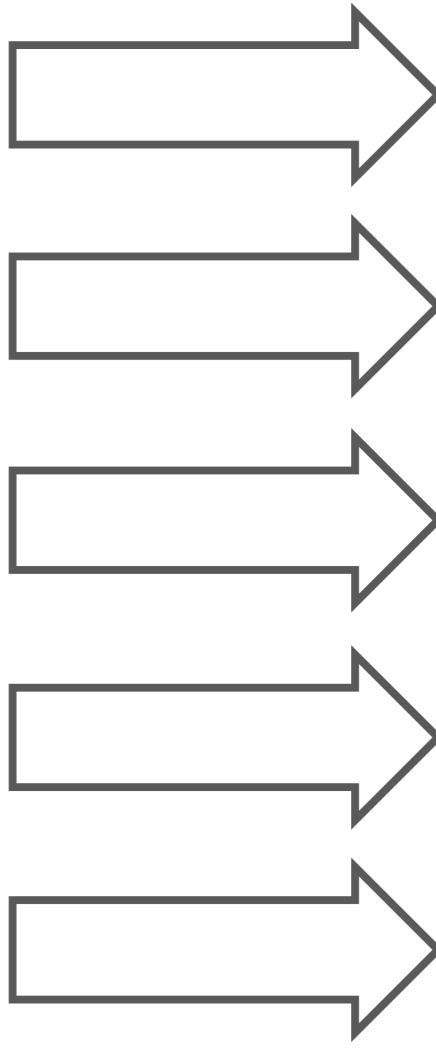
ACTIVITY HANDOUT: RISK AND PROTECTIVE FACTORS FRAMEWORK

DIRECTIONS: Using WORKSHEET 1 and your knowledge from the vignette, what would you say are the five risk factors facing you at this time. A risk factor is something that increases the chances of developing an illness. For example, exposure to trauma, discrimination, unemployment, and poverty. Write your five individual **risk factors** on the right column boxes. Next, write down your five **core values** on the left column ovals, starting with the two most important. Use the same values you wrote down on the pieces of paper. Finally, translate each of your core values into protective factors. **Protective factors** are positive aspects associated with your personal strengths and assets that help you overcome life challenges.

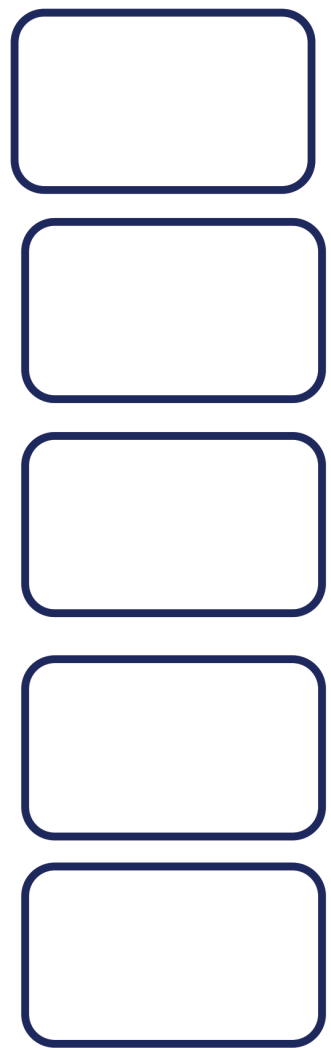
My Core Values



Protective Factors



Risk Factors



DECREASES

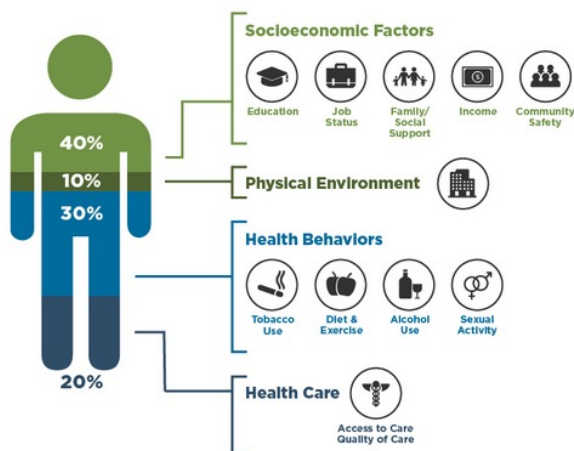
APPENDIX I

Lecture 1: The Determinants of Health

Lecture 2: The First Two Years (0-2 years)

Lecture 1: The Determinants of Health

Factors Determining A Child's Health



- Socioeconomic factors and the physical environment are very influential on a child's development, health and mental well-being

- Access to healthcare and genetic characteristics are less important

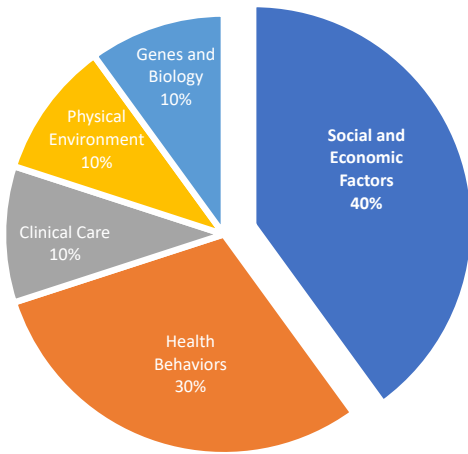
- People's health is determined by their circumstances and environment (social, economic and environmental conditions)

50% of these determinants are linked to zip code, access to transportation, living conditions/housing, income, education, and access to food

Source: Adopted from Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems, (October 2014)

Determinants of Health

What Creates Health?



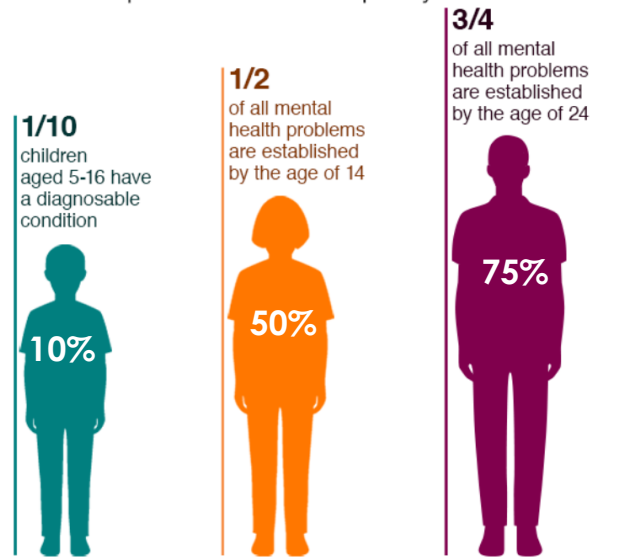
Necessary conditions for health

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Health Care
- Social justice and equity

World Health Organization (WHO). Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

Children & young people

Mental health problems often develop early



Source: The five year forward view for mental health, Mental Health Taskforce, 2016

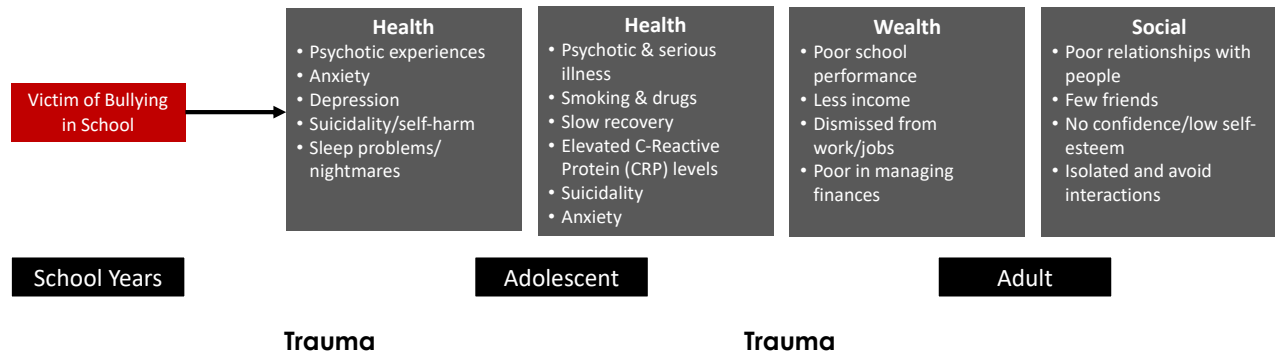
Intersectionality: Social and economic inequities, gender, sexuality, ethnicity, disability, migration

Structural Drivers: Political, social, cultural and economic structure, natural environment, discrimination and racism

Life Conditions: Early life and education, working and community life, aging, financial stability, exposure to crime and violence, inadequate living conditions and housing, lack of access to healthcare system, bullying in school

The Impact of Being Bullied: Trajectory from Adolescence to Adulthood

Identifying causes and impact of determinants and assessing a child's life trajectory



Source: Adopted and modified from Wolke D., & Lereya S.T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood*, 100, 879-885. doi:10.1136/archdischild-2014-306667

What are the Social Determinants of Health?

According to the World Health Organization, the **social determinants of health** are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local level.

The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

The social determinants of health are multi-layered and range from societal to individual factors.

Source: WHO Commission on Social Determinants of Health, & World Health Organization. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report*. World Health Organization.



Why treat people's illnesses without changing the conditions that made them sick?

Source: WHO Commission on Social Determinants of Health, & World Health Organization. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report*. World Health Organization.

Exercise Vignette

A 34-year-old married, working mother of five children (four sons aged 15, 11, 10, and 3, and a 3-month-old infant) lives in a two-bedroom apartment in a low-income community. She works at home as a seamstress to help support her family. For 15–20 hours per day, she sews and completes other activities, such as caring for her infant and keeping up with housework. Consequently, she is very sleep-deprived. One evening, starting with a persistent headache and high fever, she suffers a heart attack and is in a coma for eight days. She spends two months in the hospital. During the time she was in the hospital, her husband had to place their infant with a relative during the day so he could continue working as a car mechanic. Additionally, the 15-year-old son dropped out of school to help care for his three younger siblings. Upon awakening from her coma, the doctor tells her that due to her heart attack, she should no longer work as a seamstress—work that she always loved doing—in order to reduce her stress. Having to manage her medical condition and no longer being able to work, she becomes increasingly worried and preoccupied with how her family will be able to survive financially. The worries evolve into increasing depression, feeling incompetent and useless to her family, and eating and sleeping poorly. Her husband, concerned about the stress in her life and the fear of her having another heart attack and dying, sold her sewing machine, causing her to become even more depressed. Finally, the family lives in a region/city that has a 0.78 social vulnerability index score. This score indicates a HIGH level of vulnerability or potential negative effects on communities caused by external stressors on human health, human suffering, and economic loss.

Based on the Exercise Vignette...

- **How can pregnancy be a determinant of health?**

- Lack of knowledge of prenatal care (individual)
- Lack of support she receives from family, friends, community (social)
- Experiences with social and environmental stressors/toxic stress (social)
- The way she is treated by her care provider (institutional)
- No insurance, costs (systemic)

- **How can low birthweight of an infant be a determinant of health?**

- Every developmental accomplishment is delayed
- Rates of cognitive, visual, and hearing impairments increase

- **What about postpartum depression and the vignette?**

- Does a mother who suffers from depression reduce her baby's development?

Class Discussion:

How do we identify risk factors?
How do we know when we are exposed to them?

Worksheet: Identify the Risk Factors

Lecture 2: The First Two Years (0-2 years)

Exercise Vignette

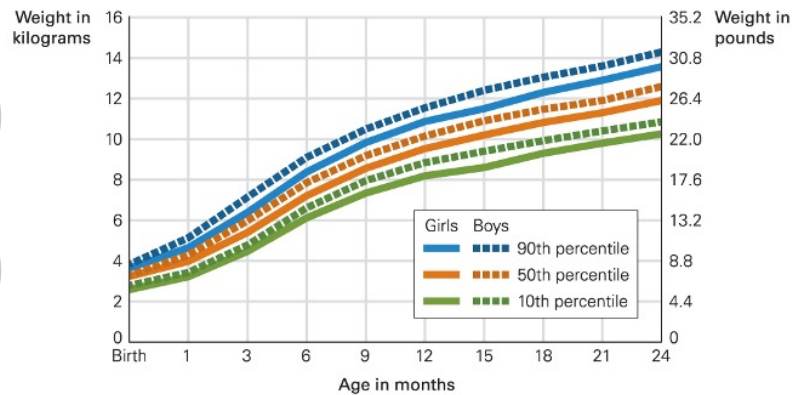
A 34-year-old married, working mother of five children (four sons aged 15, 11, 10, and 3, and a 3-month-old infant) lives in a two-bedroom apartment in a low-income community. She works at home as a seamstress to help support her family. For 15–20 hours per day, she sews and completes other activities, such as caring for her infant and keeping up with housework. Consequently, she is very sleep-deprived. One evening, starting with a persistent headache and high fever, she suffers a heart attack and is in a coma for eight days. She spends two months in the hospital. During the time she was in the hospital, her husband had to place their infant with a relative during the day so he could continue working as a car mechanic. Additionally, the 15-year-old son dropped out of school to help care for his three younger siblings. Upon awakening from her coma, the doctor tells her that due to her heart attack, she should no longer work as a seamstress—work that she always loved doing—in order to reduce her stress. Having to manage her medical condition and no longer being able to work, she becomes increasingly worried and preoccupied with how her family will be able to survive financially. The worries evolve into increasing depression, feeling incompetent and useless to her family, and eating and sleeping poorly. Her husband, concerned about the stress in her life and the fear of her having another heart attack and dying, sold her sewing machine, causing her to become even more depressed. Finally, the family lives in a region/city that has a 0.78 social vulnerability index score. This score indicates a HIGH level of vulnerability or potential negative effects on communities caused by external stressors on human health, human suffering, and economic loss.

The Importance of Nutrition

Body weight

- Average weight
 - At birth: 7 pounds
 - At 24 months: 28 pounds

Weight of Girls and Boys, Birth to 24 Months



Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Eat and Sleep: The rate of increasing weight in the first weeks of life makes it obvious why new babies need to be fed day and night. **Up to 75% of each meal goes to build your baby's brain.**



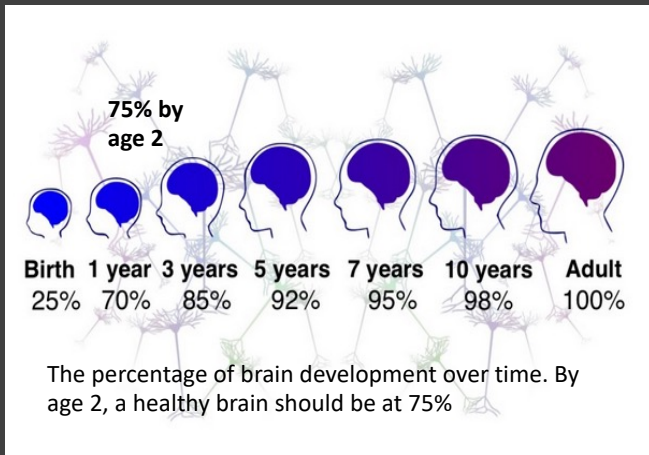
Sleep

Sleep specifics vary because of biology and the social environment.

- Newborns sleep about 15-17 hours a day, in one- to three-hour segments.

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

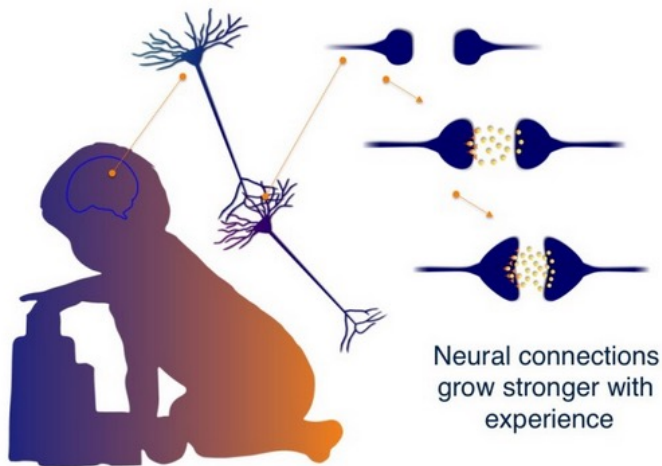
Brain Development



Source: University of Washington, Institute for Learning & Brain Science, 2016

Head-sparing. A biological mechanism that protects the brain when **malnutrition disrupts** body growth. The brain is the last part of the body to be damaged by malnutrition.

Biology (nature) + Experience (nurture) Build the Brain



The more experiences (positive) children have during the first two years, the stronger their neural connections and brain development

Source: University of Washington, Institute for Learning & Brain Science, 2016

Group Discussion

1. From the vignette, is the infant getting sufficient nutrition? How about adequate sleep?
2. Is the infant's brain developing adequately?



Stress, The Brain and Trauma

Harming the Infant Brain

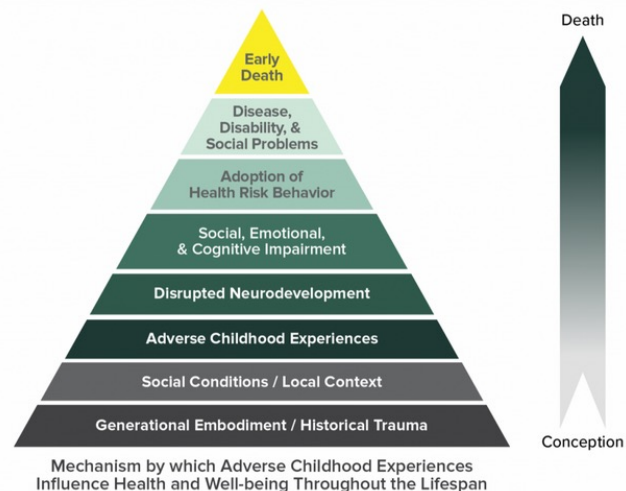
- Babies need stimulation; severe lack of stimulation stunts the brain.
- Too much of wrong stimulation has adverse effects (ACEs; adverse childhood experiences).
 - Stressful environment
 - Physical and emotional abuse
 - Neglect
 - Household dysfunction
- Shaken baby syndrome (abusive head trauma).

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

What Impact Do ACEs Have?



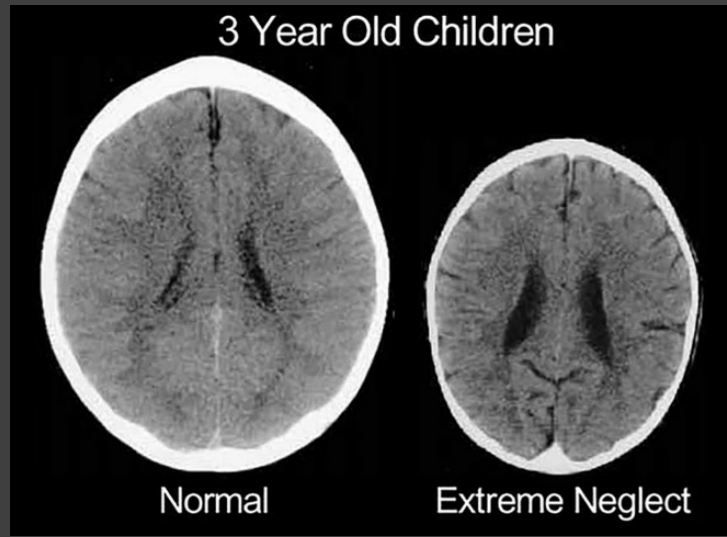
The Adverse Childhood Experiences Pyramid



Source: Felitti V.J., Anda R.F., Nordenberg D., et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4):245-258

Source: Advokids; <https://advokids.org/adverse-childhood-experience-study-aces/>

Brain scans showing a child with healthy brain and extreme neglect



Source: Perry D.P. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind* 3, 79-100

Growth of the Brain: Stress

Emotions affected by genes, past experiences, and additional hormones and neurotransmitters

- Excessive fear and stress harm the developing brain
- Abuse (form of chronic stress/toxic stress)
 - May cause potential long-term effects on a child's emotional development
 - Often creates high levels of stress hormones indicative of emotional impairment and later behavioral difficulties
- Three dimensions of temperament
 - Effort control (regulating attention and emotion, self-soothing)
 - Negative mood (fearful, angry, unhappy)
 - Exuberant (active, social, not shy)

Source: Berger K.S. (2022). *Invitation to the life span*, Worth Publishers, New York

Summary

- **Toxic stress** weakens the architecture of the developing brain, which can lead to lifelong problems in learning, behavior, and physical and mental health.
- Babies thrive when they receive warm, responsive early care.
- Early care has a decisive, long-lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions.

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

To Improve the Survival and Well-Being of Children...

Focus on the leading causes of death in children under-5 years. They can be prevented or treated with access to simple, affordable interventions including immunization, adequate nutrition, safe water and food and quality care by a trained health provider when needed.

Explore what “...can be prevented or treated” means?

Source: World Health Organization, 2020

Group Discussion

1. From the vignette, what types of stress/stressors may be evident?
2. How can these stressors become ACEs and impact the child's development?



Emotional Development and Social Bonds

At About This Time: Developing Emotions

Birth	Distress; contentment
6 weeks	Social smile
3 months	Laughter; curiosity
4 months	Full responsive smiles
4-8 months	Anger
9-14 months	Fear of social events (e.g., strangers, separation from caregiver)
12 months	Fear of unexpected sights and sounds
18 months	Self-awareness; pleasure from achieving; shame; embarrassment

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Emotional Development

Smiling and laughing

- Social smile (6 weeks): Evoked by viewing human faces
- Laughter (3 to 4 months): Often emerges as curiosity

Anger

- First expressions at around 6 months
- Healthy response to frustration

Sadness

- Indicates withdrawal and is accompanied by **increased production of cortisol**
- **Stressful experience for infants**

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Emotional Development (continue)

Fear

- Emerges at about 9 months in response to people, things, or situations

Stranger wariness

- Infant no longer smiles at any friendly face but cries or looks frightened when an unfamiliar person gets too close

Separation anxiety

- Tears, dismay, or anger when a familiar caregiver leaves
- If separation/anxiety remains strong after 3 years of age, it may be considered an emotional disorder

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Development of Social Bonds

• Synchrony

- Coordinated, rapid, and smooth exchange of responses between a parent and an infant

• Attachment

- The connection between one person and another
- Lasting emotional bond that begins to form in early infancy and influences a person's close relationships throughout life

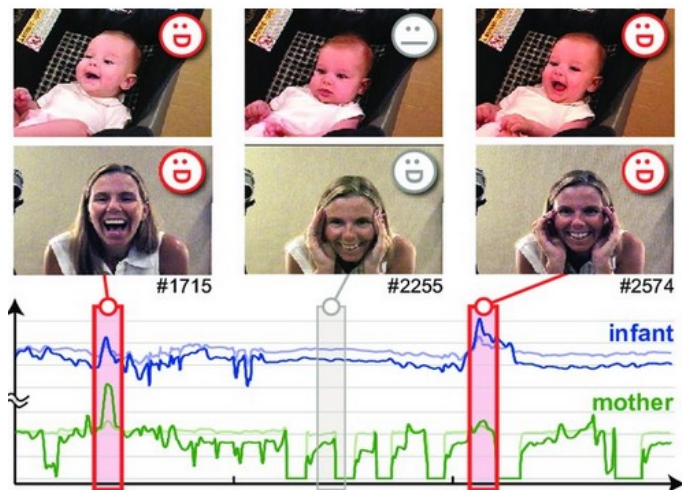
• Babies need to feel safe

- They need synchrony; that interaction with a caring adult
- Attachment is important for babies to develop healthy

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Development of Social Bonds (continue)

- **Synchrony** or a coordinated mutual exchange/engagement between the caring adult and infant.
 - Becomes more frequent and more elaborate
 - Helps infants to recognize/read others' emotions
 - Develop the skills of social interaction
 - Synchrony typically begins with a mother imitating infants



Source: Chu et al. (2015). Unsupervised synchrony discovery in human interaction. *IEEE International Conference on Computer Vision*. <https://www.researchgate.net/publication/299486137>

Development of Social Bonds (continue)

- **Attachment** or the connection between one person and another.
 - Affectionate touch is **bidirectionally** related to the parent-infant bonding
 - Breastfeeding, results in pulsatile oxytocin release in the mother that increases patterns of social interaction and **reduces pain and stress** (UvnäsMoberg et al., 2020)
 - Oxytocin evokes feelings of contentment, trust, empathy, calmness and security and reduces anxiety and fear
 - Under certain circumstances, oxytocin can hinder the release of cortisol, or stress hormones



Oxytocin is produced in pregnancy, levels increase significantly during active labor and childbirth, and both mom and baby produce oxytocin after birth and as long as the baby breastfeeds

Source: Health Foundations. <https://www.health-foundations.com/blog/2013/11/01/oxytocin-in-childbirth-a-labor-of-love>

Development of Social Bonds (continue)

- **Attachment (continue)**

- Mother suffering from depression, show difficulties in breastfeeding, reduce oxytocin release, and fewer face-to-face interactions with infant, are a higher risk of insecure attachment (Lovejoy et al., 2000; Stuebe et al., 2013)
- Any experience of fear, anxiety, stress, tension, discomfort, or distrust can negatively effect oxytocin production

- **Social Referencing** is the tendency of an infant gathering information from the mother to regulate his/her behavior towards an ambiguous/unfamiliar object or event

- Babies look to their mother, observe whether the mother appear to approve or disapprove of something, and then log that reaction in their brain for next time

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Impact of Neglect on Infant Mental Health

During Infancy

- Attachment disorders
- Delayed development
- Infant depression
- Inconsolable crying

During Toddler Years

- Aggressive behavior
- Impulsive behavior
- Difficulty being motivated to learn
- Difficulty tuning into teaching

Greater Likelihood for

- Disengaged
- Placement in special education
- Grade retention
- School dropout
- Co-morbidity

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

What a Parent Should Do in the First Two Years

- Talk to the baby. Babies will find the parent's voices calming.
- Answer when the baby makes sounds by repeating the sounds and adding words. This will help the baby learn to use language.
- Read to the baby. This will help the baby develop and understand language and sounds.
- Sing to the baby and play music. This will help the baby develop a love for music and will help the baby's brain development.
- Praise the baby and give the baby lots of loving attention.
- Dedicate time cuddling and holding the baby. This will help the baby feel cared for and secure.
- Play with the baby when baby is alert and relaxed.

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

What a Parent Should Do in the First Two Years

- Read to the toddler daily.
- Play matching games with toddler.
- Encourage the toddler to explore and try new things.
- Help develop the toddler's language by talking with toddler and adding words (e.g., toddler says "*baba*" and parent responds with "very good, that's a *bottle*").
- Respond to desired behaviors more than punishing undesirable behaviors. Model positive behaviors.
- Encourage the toddler's curiosity and ability to recognize common objects.

Source: Berger K.S. (2022). Invitation to the life span, Worth Publishers, New York

Group Discussion

1. From the vignette, is the infant receiving adequate attention and time with the mother to develop emotions? How about social bonds?
2. Considering the recommendations of what parents should do, is the parent from the vignette fulfilling these recommendations? What are the impacts on the child?

APPENDIX II

Youth-Driven Practices for Mental Wellness



HOSA Background

HOSA: Future Health Professionals is a global student-led organization recognized by the U.S. Department of Education, the Department of Health and Human Services, and several federal and state agencies. The mission of HOSA is to empower HOSA-Future Health Professionals to become leaders in the global health community through education, collaboration, and experience. HOSA actively promotes career opportunities in the health industry to enhance the delivery of quality health care to all people. HOSA's goal is to encourage all health science instructors and students to unite and be actively involved in the health science education (HSE)-HOSA Partnership.

HOSA provides a unique program of leadership development, motivation, and recognition exclusively for secondary (middle and high schools), postsecondary, adult education, and collegiate students enrolled in HSE and biomedical science programs, or those who have interests in pursuing careers in health professions. HOSA is 100% health care!

Since its inception in 1976, HOSA (formerly known as Health Occupations Students of America) has grown steadily, reaching over 300,000 members through 59 chartered HOSA associations that include the U.S., American Samoa, Canada, China, District of Columbia, and Puerto Rico. HOSA is international! It is not a club to which a few students in school join. Rather, HOSA is an effective youth-driven instructional tool that works best when it is integrated into the HSE and health science-related curriculum and classroom. HSE instructors are committed to the development of the total person. Those who join the HSE-HOSA Partnership recognize the importance of providing students with training far beyond the basic technical skills needed for entry into the health care field. The rapidly changing health care system needs dedicated workers who, in addition to their technical skills, are people-oriented and capable of playing a leadership role as a member of a health care team.

International HOSA's mission is especially critical when considering the acute shortage of qualified workers for the

Cal-HOSA's Mental Health Prevention and Early Identification/Intervention Consortium of Schools

health care industry. This shortage has been amplified by the COVID-19 pandemic. In the Spring of 2020 countless doctors and nurses returned to the front line out of retirement, and medical schools allowed students to graduate early to fight the pandemic. HOSA is a viable solution to health industry shortages. HOSA advisors globally are promoting the health professions and ensuring that future health professionals are prepared for college and their health profession of choice.

California HOSA (Cal-HOSA): Future Health Professionals

For nearly 40 years, Cal-HOSA has served as a pathway for students interested in healthcare careers. Cal-HOSA also represents a place of belonging or a culture of inclusivity within schools that attracts students who have historically felt marginalized and excluded from school activities and community life in general.

Cal-HOSA has nearly 11,000 members and 230 chapters throughout California. Cal-HOSA is a "health science and medical technology curriculum strategy that is part of an instructional program that prepares students for healthcare careers" (Cal-HOSA, 2020). More information about Cal-HOSA is available on the organization's website (<https://www.cal-hosa.org/>).

Cal-HOSA is one of nine nationally recognized career and technical student organizations (CTSOs), and one of six CTSOs under leadership, oversight, and responsibility of the California Department of Education. Its main focus is on students enrolled in health science and medical technology education programs at the middle, secondary, and post-secondary levels. With an emphasis on students' personal, college, career, and leadership development, Cal-HOSA is an integral part of career technical education (CTE) and academic curriculum.

Cal-HOSA Youth Leadership

Cal-HOSA provides a variety of leadership activities for students and educators. The following are examples of the types of activities currently being offered.

Cal-HOSA's Mental Health Prevention and Early Identification/Intervention Consortium of Schools

- State Officer Program and Leadership Training – Student Officers
- Local Officer Leadership Training – Students
- Washington Leadership Conference – Students
- Advisor Training – CTE Teachers
- Fall Leadership Conference – CTE Teachers and Student
- Teacher Leadership Certification
- Competitive Event Program
 - Regional Competitive Event
 - State Leadership Conference
 - International Leadership Conference
- Community Service Projects
 - Mental Health Wellness (Early Identification and Prevention)
 - Workforce Pipeline

Cal-HOSA's Special Project – Prevention Early Intervention/Identification Project

In 2018, Cal-HOSA launched its mental health prevention and early intervention project for educators. This project is a mental healthcare framework to recognize the risk factors associated with health and mental health issues, and suicide ideation among youths and young adults. The project's aim was to guide schools with a Cal-HOSA chapter to develop a series of action plans that would focus on early identification, early prevention, and early intervention within the CTE sector.

In 2020, Cal-HOSA was awarded, through a competitive process, a Kaiser Permanente Southern California Regional Community Health: Mental Health and Wellness Strategic Partnership Grant with a focus on building youth resilience and a future workforce pipeline from middle school, to high school, to college, and promote careers in mental/behavioral health.

To date, the Prevention Early Identification/Intervention Project has grown from 10 schools to more than 20 schools. At the national level, HOSA worked closely with the Substance Abuse and Mental Health Services Administration (SAMHSA) to approve the very first in California and

internationally Mental Health HOSA Competitive Event for the 2021 International HOSA Leadership Conference. In 2021, Cal-HOSA started working with other states to implement the Prevention Early Intervention/Identification Project and pilot test its competitive event.

With its **Mental Health Prevention and Early Intervention Consortium of more than 20 Schools**, Cal-HOSA seeks to build, implement, evaluate, and fine-tune evidence-based practices and programs to: (1) increase awareness of the risk factors associated with mental illness; (2) reduce the barriers that prevent children and families from accessing resources to succeed in school and community life; and (3) reduce the negative outcomes resulting from mental health needs not adequately met (e.g., substance use, school failure and dropout, poverty, homelessness, incarceration, suicide). Early detection combined with appropriate services and resources can change a child's trajectory from a path of severe mental health issues to one of wellness and full participation in school and community life (e.g., participation in workforce, successful relationships, and prolonged social and economic prosperity). Cal-HOSA and its consortium of schools have implemented programs to: (1) identify mental health risk factors and needs of their student population; (2) equip school academic and career technical educators with the knowledge to recognize and appropriately respond to unmet needs; (3) engage community partners to support their school district's prevention and early intervention (PEI) efforts; (4) connect with families and involve them in designing strategies that are best suited for their cultural and linguistic needs; and (5) work with school districts to ensure that schools are equipped with on-campus resources to address mental health needs and integrate strategies into curricula. This project also will strengthen youths' interests in careers and college readiness in the mental health field.

In 2020 Cal-HOSA produced two studies showing both quantitative and qualitative results from data collected from Cal-HOSA students in the Mental Health Prevention Early Identification Project. These studies demonstrate the effectiveness of the project and outline the key characteristics linked to strategies and solutions that schools can adapt and implement to improve the mental wellness of youths and interest them in careers in mental/behavioral health.



Andrew Hill High School: Wellness, Integrity, Nurture, and Growth in Students (WINGS)

Prepared by Cal-HOSA Advisors Joanne Winterstein, and
Veronica Correa; and Cal-HOSA Students Tiffany Phan,
and Stephanie Pham

Wellness, Integrity, Nurture, and Growth in Students (WINGS) is a youth-defined advocacy and school-based program dedicated to developing and mobilizing youth leaders as change agents to advance holistic health and reduce the prevalence of mental health issues at Andrew Hill High School.

PRINCIPLE 1: WELLNESS AND COMMUNITY

Being an active participant and making choices that lead to a healthy lifestyle by focusing on holistic health (physical, mental, emotional, social, and environmental) is central to this youth-defined principle.

- Promote and expand community-wide efforts to increase awareness and education about mental health with an emphasis on mental, emotional, social, and environmental well-being.
- Create opportunities at Andrew Hill High School for community members to engage in conversations with students about mental health to promote early detection and prevention of mental health issues.
- Explore relationships with regional community-based organizations to help organize activities/events for parents and families to discuss and better understand mental illness and the role of families and friends in promoting mental wellness.
- Make mental health a priority that starts with students at Andrew Hill High School and expands into neighborhoods and households.

PRINCIPLE 2: INTEGRITY AND SOCIAL INFLUENCE

Being authentic and fully engaged in recognizing and working toward meeting the needs of the school community to achieve its students' well-being. Building trust, strengthening connections, and ensuring inclusivity is central to this youth-led principle.

- Leverage students' lived/life experiences and cultures toward building trust and connecting with each other on a more meaningful level.
- Establish a peer-support network designed by youth for youth built around trustworthiness and relationships (peer-to-peer and peer-to-teacher).
- Encourage high school educators and administrators to work with students to empower them to create a sense of community and belongingness.

PRINCIPLE 3: NURTURE AND SUPPORT

A strength-based, youth-serving support network is important for promoting youth development activities and engaging in caring behaviors. Students who commit themselves to connecting people and forming healthy relationships are key to this principle.

- Support opportunities that contribute to positive youth development through positive and purposeful affirmations that convey inclusion and membership.
- Remind students that they have positive qualities that serve as protective factors that can help prevent the prevalence of mental health issues later in life.
- Demonstrate caring behaviors by checking in with each other and helping each other navigate through life's obstacles.
- Ensure that the wellness room is a safe space for students to congregate and talk about personal struggles and collectively support each other.

Andrew Hill High School: Wellness, Integrity, Nurture, and Growth in Students (WINGS)

- Promote WINGS Wellness Room Board, as a resource for students to access support information and connect with positive affirming messages of hope and encouragement.

PRINCIPLE 4: GROWTH AND DEVELOPMENT

This principle focuses on invigorating, expanding, and enhancing the personal growth of youths by recognizing their emerging personal assets and using them as protective factors to overcome risk factors.

- Recognize youths as the key change agents in their own development and when shaping school-wide efforts to support the needs of others.
- Remind students that it's okay to not always be okay, and provide them with safe spaces that are easily accessible
- Promote self-cultivation of youths by focusing on their undiscovered personal and cultural assets linked to resilience and when faced with adversities.
- Advance WINGS affirming school spirit by developing a gratitude chain (e.g., strips of paper with a message of gratitude) to engage and motivate youths to share something they are grateful for. This activity promotes inclusivity and behaviors consistent with well-being.

PRINCIPLE 5: STUDENTS AND RESILIENCE

Youth-serving activities build healthy school communities when students are involved in a decision-making role, and in the promotion and implementation of youth-led strategies and solutions.

- Emphasize youth leadership and civic engagement to raise awareness about mental health, such as participating in NAMI activities (e.g., NAMI walk), and distributing resources and information.
- Develop and grow youth leaders from within Andrew Hill High School, and apply their voices to reach and connect with students struggling and feeling disconnected from school and community life.
- Increase student capacity to advocate for themselves and others, and encourage them to become ambassadors of wellness.
- Advance youth-led efforts that promote self-reliance and a commitment to leadership that reflects the school community and their values.



Cal-HOSA and Cerritos College Partnership: Advancing the Mental Health Worker Certificate Program

Brief Collaborative Description

In the summer of 2020, a project consisting of Cal-HOSA, Los Altos High School, and Cerritos College resulted in an emerging mental health workforce strategy to expand career education for 18 high school youths interested in the mental health field. The aim of this pilot program was to strengthen a seamless continuous secondary, to postsecondary, to employment pipeline in response to the region's shortage of bicultural and bilingual mental health workers. This collaborative also includes community-based organizations (CBOs) as key partners.

The Mental Health Worker Certificate Program (MHWCP)

The program prepares students to enter the workforce as certified mental health workers at community-based mental health organizations and county behavioral health agencies. The MHWCP helps students, especially those with lived/life experiences, become an important piece of California's mental health workforce that mirrors underserved populations and helps to close the treatment gap. For many students with real-life experiences, this certificate reinforces their commitment to the helping professions that for many may have started in middle school. This certificate also means students can build a multi-faceted pipeline to careers in California's mental health system. From a replicable, transferable, and sustainable perspective, the emphasis is to connect middle and high school Cal-HOSA chapters, a community college certificated program, and university-level options to offer multiple entry points to ongoing educational/experiential learning and exit points to community-based mental health jobs. More information about the Mental Health Worker Program (MHWP) is available on the program's website (<https://www.cerritos.edu/mental-health-worker/default.htm>)

MHWCP Course Descriptions

This pipeline model makes it possible for participating high schools to enroll a cohort of up to 25 students per year. Each cohort stays together throughout their program of study to complete 18 units or six courses in three semesters:

- **Summer semester:** PSYC 101 (Introductory Psychology), INST151 (Principles of Recovery and Psychosocial Rehabilitation), INST 272 (Special Populations);
- **Fall semester:** INST 152 (Helping Relationships), PSYC 271 (Abnormal Psychology); and
- **Spring semester:** PSYC 273 (Mental Health Worker Field Experience).

Note: INST = Interdisciplinary Studies; PSYC = Psychology

Practice Implications

This collaborative model integrates college courses with the student's high school program of study. Due to the COVID-19 pandemic, currently the courses are online with a possibility of a college instructor going to a high school campus and teaching the courses in person. This would eliminate potential barriers (e.g., inadequate transportation, stress of adapting to a new learning environment, lack of time and resources, etc.) that keep high school students from participating in college. Another key benefit is the program's hands-on experiential learning course that combines classroom instruction with real-life work experiences that are consistent with the current mental health industry. Upon graduating from high school, students will have their Mental Health Worker Certificate with opportunities to gain employment at mental health agencies, all the while: (1) supporting their mental wellness and resilience, and (2) continuing their undergraduate and graduate education.

Cal-HOSA and Cerritos College Partnership: Advancing the Mental Health Worker Certificate Program

Cost-effectiveness and Replication

The cost to students is almost nothing (i.e., \$3 student health fee per semester). Schools can purchase the books and reuse them for new cohorts. This collaborative model can be replicated throughout California by working in partnership with Cal-HOSA's 230 chapters/schools, community colleges, county offices of education, and CBOs. The program can lead to a reliable pipeline of future mental health professionals in place to meet an increased demand for a workforce that is culturally, linguistically, and contextually appropriate and represents the diversity of underserved populations.

Cal-HOSA's efforts to advance secondary and postsecondary school partnerships has been recognized by school districts

and community colleges. For example, the Norwalk-La Mirada Unified School District has replicated the career pipeline model from Los Altos High School's Cal-HOSA program. Other school districts and community colleges are taking notice and exploring adopting the pipeline model next year.

Conclusion

Building on the ethnicity/race, gender, sexual identity, lived/life experiences of students from different geographical areas will translate into a diverse workforce that will mirror the composition of the most vulnerable populations being served. Equity and inclusion are achieved when the existing and future workforce matches the language and culture of the underserved populations they intend to serve.



**DINUBA HIGH
MEDICAL ACADEMY**

Dinuba High School: Youth Leaders in Community Inclusion

Prepared by Cal-HOSA advisors Theodore Celaya, Kellyn Schuster, and Tonya Pennebaker; and Cal-HOSA Students Mehakpreet Bhangu, David Camarillo, Stephanie Madrigal, and Courtney Newlin

Youth Leaders in Community Inclusion is a youth-driven program that collaborates with the National Alliance on Mental Illness (NAMI) to promote and improve mental health by creating a welcoming school environment for youths and families of Dinuba seeking help. Our mission is to build healthy communities through inclusion and promotion of mental well-being.

PRINCIPLE 1: SAFE SCHOOL AND COMMUNITY ENVIRONMENTS MEAN HEALTHY BEHAVIORS

This principle focuses on partnering with local businesses to promote social, economic, and community development, thus promoting well-being.

- Continue partnership with local NAMI to increase awareness of the social determinants of health (e.g., poverty, exposure to crime and violence, unhealthy physical environments) and their impact on mental health.
- Cultivate a welcoming and affirming school environment where all students feel safe and supported. Send notecards with positive messages to students on campus.
- Provide more experiential learning opportunities for students to learn more about vulnerable populations (e.g., homeless communities), and explore ways to find them resources.
- Create opportunities for students to volunteer at community-based settings, and participate in conversations with local government and businesses about solutions to support vulnerable populations at greater risk of mental health issues.

PRINCIPLE 2: CONNECTION AND COMMUNICATION FOR EMOTIONAL GROWTH

Interpersonal relationships and communication are critical to the social-emotional development of youths. Youth leaders who are thoughtful and effective communicators become the key actors in building healthy communities.

- Identify and build on the experiences and cultural assets that students bring to school. Leverage from their knowledge, emotional growth, and resilience to support students who continue to struggle from COVID-19.
- Designate a room on campus where students can come together to connect, to engage, to exchange stories, and to feel heard and cared for. Remind them they are not alone and have a support system. The need to belong (belongingness) and be accepted by peers improves students' emotional growth.
- Provide experiential learning opportunities for students to engage in meaningful, thoughtful community-based activities that facilitate emotional growth.
- Empower and support teachers as advocates for the mental wellness of youths in the classroom. Recognize and incentivize teachers who demonstrate a commitment to improving the social and emotional well-being of their students.

PRINCIPLE 3: YOUTH-DEFINED STRATEGY TO AN INCLUSIVE MENTAL WELLNESS PROGRAM

Engage youth to become actively involved in shaping the conditions of the environments in which they live, study, and socialize. Maximize the use of our wellness center. We will know the effectiveness of our involvement and wellness center if students:

- appear to be happier, get more involved in school life, and feel connected with a sense of belonging;
- walk out of our wellness center with a smile, and feel more hopeful;
- demonstrate a commitment to their own and others' mental wellness;

Dinuba High School: Youth Leaders in Community Inclusion

- are helping to advocate for mental wellness and spreading messages about the importance of mental health;
- demonstrate leadership, and go above and beyond to get the word out about mental wellness;
- identify and recruit students who struggle with issues and are at greater risk to develop mental health problems.

PRINCIPLE 4: ELIMINATE STIGMA THROUGH EDUCATION

Advance our efforts to eliminate stigma by spreading awareness through our “Green-Out” football games at which the stadium is decorated in green to support mental wellness.

- Create posters with inspirational quotes that communicate to our students, teachers, and staff members that our school cares and provides resources to families and the community.
- Communicate an open-door culture for the community to know that youths at Dinuba are ready to transform and eliminate a culture of silence when it comes to seeking mental health resources, and to ensure that our work in schools permeates throughout the community.
- Expand our “Green-Out” efforts to engage and educate parents about the negative impacts of stigma associated with mental illness, and to work with parents to change our culture from stigma to wellness.



Glen View High School: Higher Voices Over the Stigma

Prepared by Cal-HOSA Advisor Travis Mahan, and Cal-HOSA Students Asar Awawda, Nawal Manassra, Nicole Ramirez, Maggie Kouch, John Nucasa, and Arianna Sibley

Higher Voices Over the Stigma is a youth-defined program that elevates voices of youths to raise awareness about the stigma associated with mental illness and promote strategies to increase mental wellness. The purpose of the program is to recognize the risk factors and behaviors associated with mental illness, including trauma, and how to increase inclusivity, connectivity, family, and unity against stigma and shame. Students are the change agents that can set an example.

PRINCIPLE 1: ENGAGING IN DIALOGUE TO BRING AWARENESS

This principle means transforming a “culture of being silent” to a “culture of speaking up,” and recognizing the importance of the voices of youths in making the topic of mental health more visible and accepted.

- Elevate the voices of youth at the individual, peer, classroom, and school levels to motivate open, honest, and meaningful conversations.
- Increase peer-to-peer conversations as a strategy to reduce feelings of isolation, marginalization, and health deterioration.
- Enhance knowledge about the negative impact of stigma by creating safe spaces on campus where students can engage in conversation facilitated by a counselor.
- Bring awareness to youth suicide through interactive activities on campus focused on early identification and prevention during the month of September.

PRINCIPLE 2: MEANINGFUL CONNECTIONS AND SENSE OF COMMUNITY

Establish a school culture of inclusion and connection, and create a school spirit that encourages a sense of safety, connectivity, and togetherness.

- Increase social connectedness throughout the school, and create a sense of community and unity as protective factors to overcome the impacts of COVID-19 and other risk factors.

- Invest in opportunities for students to engage in the community, listen to people to better understand a diversity of challenges facing communities, and help generate community-based solutions.
- Recognize the value of speaking more than one language, and learn how to communicate using active listening techniques to respect and validate how people are feeling.
- Practice community engagement approaches as actionable steps toward immersing yourself on a deeper level by supporting others and walking in their shoes.

PRINCIPLE 3: BUILD HEALTHY FRIENDSHIPS WITH PEERS AND TEACHERS

Recognize the key roles that teachers play in strengthening students’ relationships with a caring adult. A supportive adult equipped with knowledge and resources can help students become more resilient and thrive, even when faced with adversities.

- Demonstrate empathy when listening to others’ stories, and highlighting the many commonalities shared as individuals and as a group.
- Invest in healthy relationships/friendships that are based on similar lived/life experiences.
- Be present and accessible to students who are visibly disengaged and seeking a space to share their story.
- Be a source of comfort, lead with inclusion, and seek fulfillment from your acts of kindness and service to others.

Glen View High School: Higher Voices Over the Stigma

- Be role models to other students by starting with self-care and recognizing your own mental wellness.

PRINCIPLE 4: VOICES OVER THE STIGMA

Recognize and treat mental health the same way you would physical health. Address stigma and shame through educational campaigns on the school campus that focus on normalizing and prioritizing mental health.

- Elect or appoint youths in leadership positions to promote and advance Voices Over the Stigma associated with mental illness. Promote, advance, and practice the “It’s Okay to Talk About It” idea.
- Provide training for youth leaders on practicing and disseminating compassion, and reinforcing positive portrayals of mental health and its treatment.
- Organize and implement spoken-word performances (e.g., presentations, seminars, conversations, etc.) on campus for students, administrators, educators, board members, parents, and the community at large to encourage more talk about mental health.
- Create opportunities for students to use their voices and connect with their peers and others who have similar lived/life experiences and aspirations to transform perceptions about mental health starting at a local level.

- Reach out and engage others who may not be open to talking about their struggles. Uplift people, celebrate their lived/life experiences, and build their resilience.

PRINCIPLE 5: IMPROVED HEALTH AND MENTAL WELLNESS BEHAVIORS

Translate wellness from our school environment to our neighborhoods by placing youths in leadership roles and recognizing them as a strength-based or asset-based community resource.

- Create and deliver a series of “Parenting with Love” workshops for students and parents in their neighborhoods.
- Create a positive, safe, and affirming school climate that includes motivational messages to give struggling people a sense of hope.
- Expand educational resources to younger children at the middle and elementary school levels, and give them an outlet to voice their needs and feel supported.
- Educate community leaders about mental health in youths. Start with leaders at the community level (e.g., faith-based leaders, health care providers, community health workers).



Manteca High School (MHS): The You Matter, Your Wellness Matters Affirming Clothespin

Prepared by Cal-HOSA Advisor Cheryl Behler, and Cal-HOSA
Students Rayanna Ladd, and Alyssa Levchenko

The You Matter, Your Wellness Matters Affirming Clothespin is a student-led and school-based program rooted in youths' engagement and commitment to promoting acceptance, inclusion, and positive well-being. **You Matter** means you are a change agent with the capacity to create meaningful change, and make a difference for yourself and others. **Your Wellness Matters** recognizes both physical and mental wellness as equally important to quality of life now and in the future. The **Affirming Clothespin** is a symbolic and visual display of making the invisible visible.

PRINCIPLE 1: LOVING YOURSELF BY CARING FOR OTHERS

Recognizing the important connection between your actions of acceptance, and the inclusion and the positive impact on marginalized youths feeling that they matter and are not alone when hurting.

- Invest in healthy relationships among peers that evolve into a sense of purpose, a sense of fulfillment, and a sense of belonging.
- Use the affirming clothespin as a symbol of support for mental wellness and fostering open conversations about mental health.
- Recognize the significance of the affirming clothespin in not only spreading positive messages of hope, but as a strategy for reaching and connecting with youths who are disengaged and at higher risk of mental health problems.
- Reach out and get people connected; get people engaged in the affirming clothespin effort, and communicate unity and strength for breaking the silence associated with stigma and shame.
- Build in time during classroom instruction for students to practice storytelling as a communication and human connection approach for reaching out and connecting through narratives.

PRINCIPLE 2: THE BENEFITS OF THE AFFIRMING CLOTHESPIN APPROACH ON STUDENTS' WELL- BEING

Creating a positive, safe, and affirming educational environment centered on respecting the social

and emotional well-being by being proactive about connecting through positive and inclusive language and behaviors.

- Improve relationships and friendships that connect people in ways that are free from social media, and dedicate time to listen and get to know each other through conversations.
- Enhance communications through peer-to-peer and student-teacher conversations.
- Extend the clothespin experience of empathy and feeling safe from the school campus to a virtual platform and inside neighborhoods.
- Increase safeness and trustworthiness in a network through the expertise of youth and teacher leaders in physical and mental wellness.
- Increase teacher awareness and experience with keeping students engaged through consistent reminders that they matter, that their in-person presence is appreciated, and that their well-being is a priority.

PRINCIPLE 3: I CAN MAKE A DIFFERENCE (ICMAD) LEADERSHIP APPROACH

Adopting an ICMAD leadership role and becoming a change agent toward creating and driving change to achieve mental wellness for youths, educators, and staff in schools.

- Build on the impact of the clothespin's positive affirmations, and make a difference for children in elementary and middle school.
- Recognize the impact of the COVID-19 pandemic on students, and take the lead to identify students who are having a hard time adjusting to school life.

Manteca High School (MHS): The You Matter, Your Wellness Matters Affirming Clothespin

- Empower youths to take on leadership roles and become role models conveying that asking for help is a sign of strength, self-love, and care for others.
- Act as a resource for teachers by sharing your knowledge about the challenges facing you and your peers; guide teachers and administrators in developing strategies and solutions to support students' well-being.
- Take notice and appreciate the everyday smiles on student's faces and know that you've made a difference. Seeing happiness around our campus and students wearing a smile all day – actively engaged in school life – means being closer to transforming a school culture and changing life trajectories.

PRINCIPLE 4: ELIMINATE STIGMA AND SHAME, AND FOSTER RESILIENCE

Encourage school educators, administrators, and staff to reach out to students and acknowledge them as allies in caring for students' emotional and mental well-being during these extraordinary times. Students can be trusted resources and messengers to curtail stigma and shame, and nurture resilience.

- Recognize that mental health is as important as physical health by promoting empathy and compassion – not stigma and shame – for people in need of care.
- Educate the entire school campus about the negative impacts of stigma and shame, and discuss ways to have an open dialogue about mental health.
- Promote resilience and perseverance in reaching out for help, versus fear and isolation.

- Practice mindfulness as a strategy to pay closer attention to your inner self, personal strengths, and lived/life experiences to thrive in the face of adversities.
- Empower vulnerable populations through community engagement activities to transform a culture of silence into a culture of acceptance that is free of judgement.
- Create a school environment in which students feel welcome and free to share their stories without fear of others condemning or shaming them.

PRINCIPLE 5: FROM LOCAL TO GLOBAL IMPACT CAMPAIGN TO EMPOWER AND INSPIRE

The act of giving to people in different parts of the world who are facing challenges and learning about their stories is the most fulfilling experience that all young people in leadership positions must experience.

- As an extension of the affirming clothespin project, connecting on a human experience and feeling fulfilled by the simple act of giving back in support of:
 - marginalized youth feeling lonely and excluded from school life;
 - vulnerable populations (e.g., elderly people), who are at risk of feeling
 - alone and less connected to community life;
 - healthcare workers, who are in the frontline caring for the most vulnerable;
 - troops overseas, who are away from their loved ones protecting the country.



MENTAL HEALTH & WELLNESS PREVENTION & EARLY INTERVENTION PROJECT

HOSA - NOCROP AT OXFORD ACADEMY

Overview

Oxford Academy is unlike any other public school. It is a 7th through 12th grade college preparatory institution that offers rigorous classes. Students are drawn from the entire attendance area of the Anaheim Union High School District although it is not centrally located geographically speaking. While many students reside within adjacent cities, there are those who live in the far side of the district posing a challenge to the daily commute especially when 34% of the student population comes from economically disadvantaged homes.

Students are selected from feeder elementary schools through a competitive application process that includes evaluation of academic records, standardized test scores, and entrance examination. Over 900 students test each year for roughly 230 openings in seventh grade. Based on performance on the entrance exam, OA admits approximately the top 35 applicants from each of the district's eight public junior high school attendance areas and approximately 35 spaces for non-AUHSD residents. This means that, at the onset, students are already introduced to the competitive nature of the OA community.

OA has an ethnic makeup of 67% Asians/Pacific Islanders, 17% Latino, 7% Caucasian, 1% African- American, and 8% mixed race. About 68% of students come from homes where English is not the primary language spoken (Oxford Academy, 2021). Ethnic makeup is important in understanding the culture at OA in particular because that there is a predominant group in the mix - the Asian population.

Identified Mental Health Needs

The results of a mental health needs survey have identified and classified into three categories as follows:

Understanding that physical and mental health are linked

Students, parents, and staff need to understand that physical and mental health are intertwined. They need to recognize the factors that could lead to physical and mental conditions. They need to recognize the symptoms early and know preventive strategies as well as available resources to change the trajectory of these conditions.

Developing healthy coping skills and resilience to stress

Students, with guidance from their parents and teachers, need to recognize stressful experiences, sources of stress, factors that affect stress and unhealthy responses to stress. They need to develop and nurture healthy coping skills such as living a balanced life, building peer support system, and finding altruism as they build resilience to stress.

Providing a safe, equitable, and inclusive environment

Students need to be in a safe physical and virtual space. Students need to be in a place that promotes inclusion and equity, nurtures kindness and optimism, and celebrates the uniqueness of others and their creative expressions. Students need to be in a community where they can learn and experience life without fear.

Summary of Mental Health Initiatives

From these cluster of needs, eight mental health activities have been planned and implemented within the two-year time frame. (Note that the team had to adapt to the COVID-19 pandemic restrictions.)

-  **1 Program of Work & Online Platform**
 - Prepare an annual program of work that includes MHW-PEI projects.
 - Build an online platform that will serve as a repository of information and communication network for members.
-  **2 Oxford Academy Wellness Center**
 - Build and use the Zen Garden that will serve as a Wellness Center at Oxford Academy.
 - Perform a bi-annual maintenance inspection and repair of the Zen Garden.
-  **3 Mental Health Trainings**
 - Participate in the Youth Mental Health First Aid Training for advisors.
 - Participate in the Cal-HOSA webinar series on Mental Resiliency Mental Resiliency in Challenging Times.
 - Provide opportunities for members to learn MHW-PEI skills.
-  **4 Partnerships & Collaborations**
 - Initiate service projects that are relevant to mental and physical health and in partnership with various clubs and organizations in and out of Oxford Academy.
 - Participate in the monthly Cal-HOSA meetings for MHW-PEI pilot schools.
-  **5 Community-Building Activities**
 - Facilitate a variety of community building activities that promote inclusion and acceptance.
-  **6 Civic Action Projects**
 - Initiate health-related civic action projects that foster a safe, equitable, non-judgmental community.
-  **7 Health Presentations**
 - Facilitate health presentations to members that highlight the importance of mental health and wellness.
-  **8 Multimedia Presence**
 - Use multimedia platforms to promote mental health and maintain an active social media presence.



Palmdale High School (PHS): Sunlight Through the Stigma

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Sunlight Through the Stigma is a student-defined, school-based program dedicated to raising awareness of mental health and to dispel negative stigmas associated with it. Our goal is to promote positive mental health and wellness, early intervention, and prevention in our school community through interactive events and activities. We aim to be a light in our school to make people feel more comfortable about discussing their mental health and erasing the stigma surrounding it. The following six principles guide this project.

PRINCIPLE 1: Value and Support Student Engagement. This principle builds on the importance of being a student-led grassroots project. That is, empowering students to speak up and stand firm on their convictions to shed light on the importance of students' mental well-being.

- Emphasize a bottom-up strategy that starts with engaging students from the very beginning and building from their life experiences and core values.
- Promote youth-defined solutions and strategies to keep the program relevant to the needs of students struggling with psychological distress. Help others without stepping into a therapist role.
- Encourage peer-to-peer connections among students to engage in conversations about mental health and to disseminate information about mental health to the student population, their households, and family members.
- Create safe spaces on campus to encourage students to speak up, and to feel appreciated and not judged for choosing to seek help.

PRINCIPLE 2: Establish a School Culture of Compassion and Inclusion. This tenet advances youth advocacy and leadership as a strategy to transform school culture to one that promotes mental wellness themes throughout the campus, and recognizes that change happens by reaching and engaging one person at a time.

- Use your voice to reach and connect in a relatable way with students who may be suffering alone and feeling disconnected from school life.
- Increase the health literacy about suicide prevention through school activities and events, including providing T-shirts, ribbons, and pamphlets with information and resources to discuss and acknowledge suicidal ideation. Make resources and information more readily available and accessible.
- Establish a student support network to promote peer-to-peer strategies centered on compassion to help other students alleviate the many stressors interfering with school and life.
- Create virtual spaces for students to visit and recenter themselves when experiencing stressful situations and the need to connect with compassionate students.

PRINCIPLE 3: VAR (Validate, Appreciate, Refer) Training for Students and Educators. This principle emphasizes student-focused training on how to identify, respond to, and manage mental health issues before they become a crisis.

- Create a train-the-trainer model that promotes peer-to-peer and teacher-to-student networks built on trust so that students needing help know who to talk to in their time of need.
- Identify and train student leaders to conduct workshops for students and teachers on the effective ways to approach, engage, and connect with students struggling with their mental health.

Palmdale High School (PHS): Sunlight Through the Stigma

- Promote the idea of being a “service to others” by listening, validating, recognizing, and responding without creating more harm.
- Become an agent of change by acknowledging personal struggles and accepting one’s lived experiences as a strength to increase trustworthiness and influence a new way of thinking about mental health and wellness.

PRINCIPLE 4: Create a Team Identity Built on Our Stories. This principle highlights the narrative that each team member brings to make a program successful in addressing mental health issues. By sharing “my” personal story to create a story about “us,” members promote inclusion and teamwork.

- Recognize you can’t do it alone; it requires a team and diversity of ideas and perspectives to create meaningful change.
- Invite all students to take their spot at the table, and participate in making decisions and contributions to making our school a better place.
- Communicate and connect ideas from the team to create something bigger than imagined; be courageous and innovative and unafraid to create change.
- Communicate and value personal stories from the team, and learn from each story to create a new and inclusive story to which others can relate.
- Engage and encourage caring adults to be team members to listen and support student-led efforts toward reaching a culture of wellness on our campus.

PRINCIPLE 5: Community Engagement and Service to Community. This principle speaks to the importance of working inside communities to better understand the issues and solutions associated with

mental health that matter most to them. It is important to recognize that all problems do not have the same solution.

- Build on the strengths and assets of each community that students at Palmdale represent.
- Emphasize the idea that we can only advance mental wellness by doing what matters to students and communities.
- Build partnerships between Palmdale High School and surrounding communities to identify existing resources to address the many years of mental health neglect due to stigma, and eliminate the “suck it up” mentality.
- Demonstrate appreciation.

PRINCIPLE 6: Self-efficacy and Resilience. This final principle focuses on student outcomes from discovering, accepting, and fostering their personal strengths while at the same time seeing themselves as assets to the betterment of their school and community.

- Increase students’ self-efficacy or confidence in being successful in becoming an advocate for youth mental wellness.
- Strengthen students’ resiliency to manage the stress related to challenges and barriers that may prevent them from proper care and treatment.
- Demonstrate perseverance when school- and community-life become overwhelming for students, and require them to make adjustments to their daily routine (i.e., COVID-19 pandemic).
- Create a culture of wellness that can lead to enhancing school and academic achievement, and possibly introduce a career path in mental healthcare.



Palmdale Prep Academy (PPA): The Wellness Connection Team

Prepared by Cal-HOSA Advisor Jody Finks; and Cal-HOSA Students
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The Wellness Connection Team is a student-teacher collaboration at a junior high school to raise awareness about mental wellness and suicide prevention. This student-driven leadership program is centered on community engagement and unity through diversity to ensure that all students feel included and connected. To achieve this, we promote wellness connection corners on our school campus. Four overarching principles guide this program.

PRINCIPLE 1: PEER-TO-PEER WELLNESS CONNECTIONS

Increase knowledge about mental wellness on a school campus by designating multiple social contexts or wellness connection corners as social contexts for students to have meaningful interactions.

- Recognize students' struggles, and encourage them through positive affirmation notes. Remind them that they and their voices matter.
- Increase the presence of teachers in conversations with students, and in making meaningful connections that translate to teachers genuinely caring for students.
- Empower the voices of students from connection corners to community engagement by encouraging them to lead advocacy efforts by disseminating information about mental wellness in their communities.
- Organize wellness connection corners as safe spaces for students to connect with other students during lunch by just hanging out and learning about each other. Create circles of friends throughout our campus.
- Smiles on students' faces is a sign that the wellness connection corners are making a difference for those seeking to belong and feel important.

PRINCIPLE 2: THE WELLNESS "GOODIE" BAG

Enhance students' sense of belonging and connections with peers and caring adults (e.g., teachers) when feeling disengaged and stressed. The wellness "goodie" bag embodies a therapeutic toolkit that equips students with important information and

resources about self-care, and helps to remind them that someone is thinking about them and available to help ease their pain.

- Ensure that students are fulfilled to the extent that they feel a meaningful human connection during a crisis (i.e., COVID-19 pandemic, remote learning). Encourage a teacher-student connection through a wellness "goodie" bag.
- While a wellness "goodie" bag may help students with severe psychological distress, it is a strategy to temporarily distract them to allow for time to reflect, self-regulate, make the struggle more manageable, and reduce the risk of a more negative outcome.
- Promote suicide prevention through the wellness goodie bags linked to themes, such as Halloween, winterland, springtime happy faces, and goodbye school year. Wellness "goodie" bags may contain:
 - o Information about where to get help (e.g., suicide hotlines)
 - o Letters from teachers
 - o Mindfulness resources (e.g., coloring book)
 - o Candy or snacks
 - o Stress-relieving toys (e.g., stress balls, stretchy calming noodles)
 - o Suicide prevention bracelet
 - o Positive and motivational messages (affirmations) for students related to wellness
- Promote and practice habitudes once per month, recognizing all the things that are uplifting and feel good.

Palmdale Prep Academy (PPA): The Wellness Connection Team

PRINCIPLE 3: SERVICE TO OTHERS AND STRENGTHEN SELF-WORTH

Build a sense of purpose by connecting with people, and recognizing that the diversity of differences is the value that we add to conversations and interactions that ultimately bring people together to work alongside each other and solve problems.

- Organize a mental wellness day with interactive activities that promote kindness, acceptance, respect, diversity, unity through differences, and suicide prevention.
- Expand helping relationships that embrace the value of diverse cultural identities and perspectives. Emphasize social connections and community wellness.
- Prioritize self-love as an integral component linked to community well-being. Recognize that community well-being starts with self-love and self-care.
- Demonstrate humility and appreciation for everyday interactions and human connections. Seek opportunities to help others and value those experiences.

PRINCIPLE 4: INVEST IN EARLY EDUCATION ABOUT MENTAL HEALTH CAREERS

Expand career readiness as early as middle/jr.high school to ensure that the future workforce reflects local communities and vulnerable populations.

- Invest in building a pipeline of young leaders interested in exploring and entering the mental health workforce. Create a culture of wellness that starts in grades 7 and 8.
- Support teachers in developing creative teaching approaches that inspire enthusiasm in students to model attitudes and behaviors in real-world situations.
- Build partnerships with community-based organizations to help teachers create a mental health workforce readiness training curriculum, and integrate it as part of the classroom instruction.
- Create an environment of trust so that effective relationships between teachers and students are developed, and conversations about mental health are normalized and career readiness is enhanced.



Soaring Above Stigma (SAS): Soaring Stronger Than Ever

Prepared by Jackie Valadez
Cal-HOSA Advisor, Southwest High School

With support from Central Union High School District and Southwest High School administration, Cal-HOSA Advisor Jackie Valadez organized and facilitated a workgroup on June 7 and 8 to define and refine Soaring Above Stigma's (SAS) best practices. The workgroup included 10 faculty members, three administrators, one counselor, four students, and two industry/county representatives. Their discussions centered around four SAS best practices: 1) Tackle your Wellness, (2) Coalition for Wellness at Southwest High School, (3) Students in Community Advocacy, and (4) SHS SOAR: Supporting Social Emotional Learning (SEL). The purpose of the workgroup was to reflect on the impact of SAS and recognize it as an intervention to help students at Southwest High School transition back to school from COVID-19 stronger and more resilient. Participants at the two-day event identified four principles of SAS that serve as a framework to provide continuity in promoting mental wellness in many community settings, and support career aspirations and well-being of SHS students. The principles and framework is aligned with the core competencies as outlined by the Collaborative for Academic, Social, and Emotional Learning (CASEL).

PRINCIPLE 1: Build the Nest – Self Awareness.

This component focuses on students discovering their personal strengths and ways to leverage their strengths to overcome stressors and enhance their social and emotional well-being.

Educators

- Encourage students to build on their cultural and community assets, and use them as protective factors to overcome struggles.
- Recognize students' life journeys (stories) and incorporate storytelling as a self-awareness strategy.
- Support the Coalition for Student Wellness as a student-defined best practice that engages students in group dialogue/conversations.

Students

- Actively engage in school life, and build upon personal strengths to become a leader and voice for yourself and others.

- Work with educators to co-design a digital resource space tailored for students seeking support and finding out "what matters most to them."
- Advocate for mental wellness during "Mental Health Mondays."

PRINCIPLE 2: Spread Your Wings – Relationship Skills and Social Awareness.

This principle focuses on building relationships and partnerships, both on and off campus, as a strategy to strengthen students' ability to comprehend and find solutions to diverse societal issues and struggles.

Educators

- Increase the presence of SAS students in school activities to connect with people and communities in need by adopting the role and qualities of a first responder, and being a component of the students' support web/network.
- Seek opportunities to grow and acquire new life experiences and enhance lived experiences.

Soaring Above Stigma (SAS): Soaring Stronger Than Ever

- Identify school-based student leaders (champions) willing to be spokespersons for the program.

Students

- Embrace and share lived/life experiences as a strategy to connect with other students with similar experiences.
- Engage in peer-to-peer SEL training activities that increase students' knowledge about mental health issues (health literacy).
- Maximize bilingual (English and Spanish) and bicultural abilities to do outreach, and encourage students who feel marginalized and excluded.

PRINCIPLE 3: Take Flight – Self-Management.

This means recognizing personal strengths and becoming more resilient in tackling and managing stressors and other anxieties from exposure to risk factors. That is, self-regulating emotions in the face of challenges.

Educators

- Connect and reconnect with students through listening and demonstrating empathy. Organize healing circles activities to create safe spaces for communication and conversation.
- Communicate the value of belonging to a community with common goals.
- Collaborate with educators to develop and share ideas that support the mental wellness of students and educators (e.g., EVERFI online course, integration of SEL activities).

Students

- Introduce self-regulation practices that teach students to manage negative emotions that impact their SEL (e.g., mindfulness and meditation).

- Engage students in activities that build their self-efficacy and teaches them to self-manage stress and anxieties.

- Encourage students to create monthly student-led mental health themes and activities that are inclusive to ALL students.

PRINCIPLE 4: SOAR to New Heights – Responsible Decision-Making. This principle aims at becoming more community-focused and adopting best practices from SHS to support communities and increase their awareness about the social and economic determinants of health.

Educators/Students:

- Increase student engagement in decision-making to ensure continuity in student-driven solutions and strategies.
- Reach out to parents at the beginning of the fall semester as part of the Tackle Your Wellness project to keep them informed and help them make decisions in their households about discussing risk factors associated with mental health issues.
- Encourage all stakeholders (students, faculty, administrators, counselors, etc.) to work together to continue conversations, and determine which professional development and training activities are best for all school personnel.
- Develop a message that will resonate with all students and educators that reduces stigma and increases conversations about mental wellness (e.g., "Are you OK?" "Can we talk?").
- Maximize digital communication (e.g., text through Remind, social media) to deliver positive messages to students who may be struggling that day.



Voices Interconnected to Empower for Wellness (V.I.E.W.)

Prepared by Cal-HOSA Advisor Tamara Desso; and Cal-HOSA Students Keila Viray, Emily Dibene, Maya Shankar, Naomi Li, and Angela Vargas

Voices Interconnected to Empower for Wellness is a youth-led program at Valencia High School dedicated to empowering youths by encouraging and educating them to take control of their well-being. We promote personal agency and student-centered approaches to strengthen community engagement, embrace the role of youths as leaders, and recognize the amazing things they can achieve as a collective voice.

PRINCIPLE 1: EMPATHY AND CONNECTION

Challenge negative assumptions and labels associated with mental health, and promote well-being by connecting people through understanding, compassion, and meaningful relationships.

- Empower young people by helping them recognize the value of listening, and sharing the thoughts and feelings of others. Validating the stories of others is key to empathy and building trust.
- Develop empathetic youth leaders who can envision themselves in another person's situation and build authentic relationships with other leaders in their communities.
- Expand and teach the power of empathy to middle school students as a social emotional skill needed to be more aware of their own and others' mental wellness.
- Lead students in self-discovery of their personal agency, and recognize the power of voices of youths toward creating change.
- Promote a sense of connectedness and community during and post-COVID by recognizing what was lost and gained from the pandemic and teaching others to do the same. Prioritize family and friends, and value the little moments connecting with each other.

PRINCIPLE 2: WELLNESS ROOM AND PERSONAL WELL-BEING

Enhance student and teacher well-being to reduce burnout and stress. Create opportunities and well-being activities for students and teachers in the student and staff wellness rooms that focus on their well-being.

- The wellness room promotes healthy development and resilience. Students become aware of their lived/life experiences, strengths-based approaches, and protective factors.
- The wellness room fosters a sense of welcoming and connectivity that makes people feel comfortable, and encourages them to tell their stories.
- The wellness room provides a safe space for students to unwind. Students have easy access to mental health and wellness resources. When a caring adult supports and validates students' feelings and experiences, it increases their self-efficacy and resilience.
- The wellness room provides a space for students to engage in one-to-one and group conversations guided by a social worker or mental health professional.

PRINCIPLE 3: END THE STIGMA SURROUNDING MENTAL HEALTH

Strengthen our adaptation of the Bring Change to Mind (BC2M) strategy to increase awareness and education about mental health through the voices of youths with the goal of reducing stigma.

- Increase the communication and positive messaging around mental wellness throughout the school campus. This is a critical step for all to unlearn the stigmas and myths about mental health.
- Create a culture of peer support that serves as a resource that is available and accessible to all students.
- Use respect and kindness to improve mental well-being on campus. Practice acceptance and unity to fight against the stigma surrounding mental health.

Voices Interconnected to Empower for Wellness (V.I.E.W.)

- Learn how to be a reliable source of comfort, information, and resources to those seeking support by being trustworthy and open-minded to those who share their personal stories.
- Lead with confidence in communicating and educating others about mental health. Understand the necessity of bringing meaningful change to how mental health is perceived.

PRINCIPLE 4: ADVANCE MENTAL WELLNESS IN SCHOOLS THROUGH TRAINING

Invest in training for teachers and school staff on early identification and prevention, and trauma-informed mental health care. Foster young leaders' interest in exploring and entering the mental health workforce.

- Create co-learning opportunities for students and teachers to work alongside each other and learn from each other about the challenges in addressing their mental wellness.
- Partner with community-based mental health experts to obtain resources and materials to support a training program at Valencia High School.
- Promote social-emotional learning strategies and check-ins as part of the classroom instruction as a reminder that our mental wellness matters and needs monitoring.
- Build on the digital capacity of youths to access and use appropriate information and resources available at their fingertips.

- Implement Kognito, a simulation tool for students to practice peer-to-peer conversations online. These tailored online simulations are guided by a virtual coach.

PRINCIPLE 5: STUDENT-CENTERED AND COMMUNITY-DRIVEN

Empower young people to take control of and manage their mental well-being. This principle focuses on translating school-based best practices into community-based solutions to address mental health among different populations within the community.

- Value the diversity of our student population (e.g., culture, language, life experiences). Be aware of how background affects individual experiences with mental health.
- Establish a culture of openness in which students feel empowered to advocate for structural changes in the classrooms that support students' mental wellness. Treat our mental well-being as a priority not as an item on a checklist.
- Advance the idea that stronger relationships result in a stronger community. Promote interconnectedness and togetherness in messaging to achieve mental wellness for all.
- Empower young people to take the lead and use their voices to reduce stigma and discrimination associated with mental health and wellness on campus.



Venture Academy: Youth in Action for Suicide Prevention

Prepared by Cal-HOSA Advisor Tracey Bidwell; and Cal-HOSA Students Jasleen Sihota, Jannes Palomares, Jared Palomares, Crystal Palma, Mekhi Moore, and Nathaniel Bidwell

Youth in Action for Suicide Prevention at Venture Academy is a proactive youth-driven program founded in 2018 as a strategy to empower young leaders in their mission to increase awareness and education about suicide, and to save lives. Our goal is twofold: (1) to transform knowledge from the Yellow Ribbon Suicide Prevention community-based model into actionable early identification and prevention practices; and (2) to be a peer network that connects vulnerable youths to trustworthy and caring people, who are appropriately trained and ready to help.

PRINCIPLE 1: BUILD ON KNOWLEDGE, RECOGNIZE RISK FACTORS, AND PUT INTO PRACTICE PROTECTIVE MEASURES

Become attuned to the unique situations of people who are exposed to the risk factors associated with suicide ideation, and how to focus on personal strength-based protective measures linked to mental well-being.

- Empower and support students as advocates for advancing respect and acceptance, recognition of diversity, and promoting mental wellness and protective practices.
- Promote school activities and school spirit that engage and encourage students to share their stories in an environment that feels comfortable, inclusive, and free of judgement.
- Create opportunities for students and teachers to work together to normalize conversations about mental health, and identify strategies to prevent students from having suicidal thoughts.
- Recognize youths as a resource and a symbol of help and inspiration toward bringing meaningful change in suicide prevention, promoting mental wellness, and enjoying their successes.
- Build in time during school instruction for students to recognize risk factors and discover protective factors associated with improving mental well-being.

PRINCIPLE 2: LEADERSHIP IN ACTION

Implement a strength-based approach to building youth leaders as resilient and confident agents of change to increase their involvement in youth and teen suicide prevention and awareness.

- Promote a “Call to Action” that emphasizes help-seeking behavior both at school and in community settings, and for being unafraid to ask for help.
- Provide youth leaders opportunities to engage in public-speaking events to improve their presentation skills and their messaging about suicide early detection and prevention.
- Demonstrate compassion and confidence when helping others, and increase knowledge about available resources when guiding and engaging peers in conversations about suicide prevention.
- Demonstrate joy and fulfillment about being a young leader, and adopt a “I Can Make a Difference” perspective.
- Persist in the face of challenges (e.g., stigma, shame, fear, intolerance), and remain dedicated to leading a network of friends toward a sense of community that is built on trust and trustworthiness.

PRINCIPLE 3: ADOPT AND CUSTOMIZE THE YELLOW RIBBON TRAINING

Focus on changing youths’ life trajectory from self-harm to self-love and modeling positive healthy

Venture Academy: Youth in Action for Suicide Prevention

behaviors. This principle is specific to youth leaders trained in Yellow Ribbon Suicide Prevention, and reinforces their commitment to reach the hardest-to-reach and hardest-to-persuade youths, and guide them to seek help.

- Build a peer network appropriately trained with specific competencies aligned with the Yellow Ribbon program to engage youths and increase their readiness to seek help.
- Ensure the peer network is equipped with resources, and easily accessible to students and families seeking support.
- Support the creation of a seamless, coordinated, artistic, and accessible suicide prevention “quilt” composed of individual patches with positive and powerful messages promoting suicide prevention.
- Engage leaders from community-based organizations to work alongside youths to eliminate stigma and build healthy communities.
- Offer Yellow Ribbon Suicide Prevention training every year to local middle and high schools to promote early detection of warning signs and how to help people thinking of harming themselves.

PRINCIPLE 4: REPRIORITIZING AND PUTTING PEOPLE FIRST

Putting people first and strengthening human connections is youths’ response to coming out of the COVID-19 pandemic. Specifically, focusing on these four C’s:

- **Connect with each other** – Enjoy being around other people, and ensure that all people are active participants in school and community life.
- **Change-agent** – Realize “I Can Be the Change” that brings people together to engage in community solutions for personal and community well-being.
- **Community engagement** – Connect communities with resources, and seek to empower communities to advocate for equitable access to services for their mental wellness.
- **Cultivate resilience** – Strengthen the resilience of young people, and encourage them to support families and communities.