



# Youth Behavioral Health Findings

Below is a summary of the youth behavioral health findings from the Listening Tour. Similar to the 2019 Listening Tour findings, themes have been grouped by:

1. Structural factors contributing to needs
2. Obstacles while seeking care
3. Challenges while providing care
4. Opportunities to address needs

This report addresses the key findings within the youth behavioral health interviews and focus groups. Access to services was the top theme when examining structural factors contributing to needs. For obstacles while seeking care, mental health including mental health stigma was most prevalent, and for obstacles to providing care, mental health including stigma and substance use was the most prevalent. Lastly, recommendations for improvements around youth behavioral health focus on increasing education.

*The 2022 Community Health Needs Assessment (CHNA) included a Listening Tour with community members and leaders, including public health officials, health providers, nonprofit workers, Cottage Health employees and government leaders. Focus groups and interviews were conducted from July through September 2022 on the topic of youth behavioral health. Secondary data were also obtained and incorporated from Behavioral Health Asset Mapping interviews conducted by Santa Barbara Alliance for Community Transformation (SB ACT).*

## Structural Factors: Access to Counseling and Therapy Services

The **struggle to find services** was evident. Particularly, it was mentioned that getting appointments in a timely manner as well as hearing back from providers was apparent.

*“But when I was trying to look for a psychiatrist here, it was impossible to find one, and I feel like finding a good one because there’s a fair amount of them, I think, but finding ones that you can get an appointment within a timely manner is really challenging.” (Youth Behavioral Health: Parent Interview JS)*

*“So I signed up for Acacia’s (counseling services) waitlist, thinking that it wouldn’t take too long to get on. And I kind of put it on my mind because I was like, ‘okay, they will reach out to me when they’re ready.’ And then the end of the quarter rolled around, and I still was on the waiting list and experienced a couple of panic attacks.” (Youth Behavioral Health: Student Interview)*

A barrier that came up was when **insurance was not accepted if it was not Medi-Cal**, leaving families paying out-of-pocket for psychological services.

*“They recommended for me to get her a psychologist or a therapist on the side, you know, besides the one at school because there were more issues that she was having. And the school couldn’t really, you know, cover that much more. So, I reached out, and I started calling. But nobody would take our insurance because everybody wanted either CenCal, which is Medi-Cal, and my daughter was not on Medi-Cal. So, I had to pay cash... She can’t get any, you know—she can’t get a therapist or psychologist because nobody wants insurance. Everybody wants to get paid cash. And I’m sorry, but when this is happening, you don’t have any more money to pay.” (Youth Behavioral Health: Parent Interview)*

To echo the 2019 CHNA report, **there are still not enough beds** to meet this public health crisis.

*"I know that Cottage Behavioral Health is very aware of this, but we don't have beds. We don't have psychiatric beds. All the way down. All the way through the prevention, early intervention, all the way to the highest psychiatric needs. We don't have enough services in this community to even touch the public health crisis that we have." (Youth Behavioral Health: Service Providers General Countywide)*

The struggle with access to counseling services is two-fold. There has been a recent increase in requests for services for youth, and **there is also a shortage of services available.**

*"What we're seeing a lot is, you know, kind of the primary need that many people have already expressed—anxiety, depression, gender identification. Kids are feeling overwhelmed. They haven't been in school and the lack of services available. So we have many more kids that are needing help. And at the same time are probably fewer services, fewer providers to access. And so when the families are trying to access the care, there's a long waiting list, or they don't know where to go. And so then we see them in the Emergency Department in crisis. And from when they're in crisis, we have to figure out how we can safely plan them hopefully back home or link them to services. It's so it's not too bad if it's sent outpatient for severe and persistent." (Youth Behavioral Health: Service Providers Healthcare Counseling)*

There is also a sense that **school counselors are overwhelmed and cannot meet the needs of students, as well as students feeling like perhaps their problems are not big enough to reach out for help.**

*"I see a lot of people struggle, especially with anxiety, and probably lack of sleep... And I agree that people don't go or want to get help, because they feel like they're not bad enough, or they'll wait until it really is a big problem. And when they need help, oftentimes counselors aren't readily available. Well, there'll be a lot of waitlists, or you'll have to sign in. And especially during this beginning of the year, I've seen a lot of people who need to talk to their counselors, whether it's for school or personal reasons, but they aren't really taking anybody because they're so busy." (Youth Behavioral Health: Youth South County)*

The **implications of not being able to access services** early on present themselves as larger issues in the future.

*"I think a lot of us are probably seeing similar things. But one of the biggest challenges is, and this is why I've gotten involved, is that we just don't have enough support around early intervention. And so the stress, added stress, that we see families under from not being able to access services early on, and then seeing those issues grow." (Youth Behavioral Health: Service Providers General Countywide)*

## **Obstacles While Seeking Care: Mental Health and Stigma**

Mental health emerged as the top theme in trying to understand the barriers people face around experiencing care. Within mental health, the role of stigma associated around mental health surfaced as the key factor in helping understand youth mental health needs.

## **Reaching Out: Obstacles for Youth in Seeking Care**

Youth talked about the **difficulties in finding a therapist** that they could relate to and how sometimes they do not feel heard.

*"Not everyone reaches out for help like they're supposed to. And sometimes when they do reach out, they don't get the help that they want. I've struggled through so much stuff, and when I tried to reach for help, when I tried to get therapists or whatever, they just sometimes told me that I'm at the wrong one. And then sometimes, it's like, 'okay, I need help, but you're just blaming me for it and not helping me.' So it's like, then what do I do? I'm just, you know... that's when like suicide thoughts come in, or just substance use constantly and stuff like that." (Youth Behavioral Health: Youth Voices North County)*

Additionally, youth spoke about how some of their issues are so intense that they feel like **therapists aren't equipped to deal with the issues.**

*"Adding onto that, not personally, but from a few close friends, I've noticed and I've heard them talk about the same thing. Like the therapists would tell them that they're the problem because their struggles are just so strong and so heavy, and they're just so frequent that the therapist can't even handle it. They break because well, they break, and they flip it and tell them that they're the problem. But that doesn't result in anything good or beneficial, you know? That can be another huge cause of suicide." (Youth Behavioral Health: Youth Voices North County)*

Youth are also calling for **more culturally-relevant service providers** in schools to address the diverse student population.

*"Culturally, mental health is dealt with differently among many different groups. So I think that is something that our schools aren't very conscious of, like, we are doing some things towards mental health, but we're also not making them culturally relevant to people that have different backgrounds and address mental health differently." (Youth Behavioral Health: Student Voices South County)*

**Family members that may not understand** what struggles with mental health look like were another piece of the story. This was reported across income levels.

*"Cuando tu no tienes ese apoyo con tu salud mental, hablando de experiencia propia, sufriendo de ansiedad y depresión desde muy chicos pero tu familia te llama loca o te dicen "a pues tu nomas quieres quejarte de todo. Pero en serio que si te lleva a ese camino de las sustancias."*

*"When you don't have that support with your mental health, speaking from my own experience suffering from anxiety and depression since I was very young, but your family calls you crazy or tells you 'well, you just want to complain about everything.' But seriously, it takes you down that path of substance use." (Youth Behavioral Health: MICOP North County)*

Understanding the importance of familial obligations in migrant communities is especially needed when trying to understand youth mental health.

*"Quieren trabajar, se sienten como que quieren trabajar y eso es algo que les afecta mucho porque muchas de las veces, ya no quieren seguir con los estudios pero como venimos, más bien nuestras familias vienen aquí y se migran aquí como que tenemos esa presión y eso causa mucha ansiedad y mucha depresión y si, es todo."*

*"They [youth] want to work, they feel like they want to work, and that is something that affects them a lot because many times, they no longer want to continue with their studies. Rather, our families come here and migrate here, we have that pressure and yes, that causes a lot of anxiety and a lot of depression, that's it." (Youth Behavioral Health: MICOP)*

### **Stigma Surrounding Mental Health and Youth**

*"I think for a lot of us that I work with, and just know, they don't deal with it. You know, they continue to suffer silently with mental health; they continue to increase their substance use. And then really, I think a lot of it has to do with the stigma of, you know, seeking treatment for mental health or substance use. So I mean, the youth that I do, I don't think they are dealing with it. They're just coping with negative behaviors." (Youth Behavioral Health: Service Providers Counseling Countywide)*

*"I just think the stigma surrounding going to like school therapists, if you actually have something going on, is kind of like, just has a bad rep amongst high schoolers. So I just think, focusing really on the teachers and making sure you have an open dialogue with them. And like everyone is saying, just be more supportive and lift up those that are maybe struggling more than others, because those are the people that really need that support." (Youth Behavioral Health: Youth Voices South County)*

## Obstacles While Providing Care: Mental Health, Stigma and Substance Use

As well as for obstacles seeking care, mental health emerged as the top theme in trying to understand the barriers people face around experiencing while providing care. Within mental health, the role of the stigma associated around mental health, as well as the influence of substance use, emerged as key factors in helping understand youth mental health.

### Increase in Mental Health Referrals

One of the main concerns with providers and school officials was the clear increase in mental health referrals, with a focus on anxiety, depression and eating disorders.

*"We've had an increase with the youth, and I think these are the ramifications of COVID. I think some of the mental health providers were reporting a 55% increase in requests for mental health services. There was a lot of increase in crisis calls to then our mild to moderate health vendor provider during the pandemic. So I think we're going to see the impact of the pandemic, long-term and impacting our youth, for sure, especially with eating disorders, because that's requiring mental health and then inpatient hospitalization. So that's been a big challenge." (Youth Behavioral Health: Service Providers Counseling Countywide)*

In addition, one of the physicians echoed what the youth were saying– that there was an increase in mental health issues.

*"I have in my practice, and I think this has been looked at in the literature, I am seeing a decrease actually, in substance use, with the exception of nicotine use, which has skyrocketed, basically due to the availability of vaping devices. But I'm seeing less substance use disorders, and very broadly speaking, a skyrocketing in anxiety disorders., And, of course, mood disorders have been fairly, fairly significant." (Youth Behavioral Health: Physicians)*

It was also mentioned that the **increase in school violence** was significant as well as a contributor to some of the anxiety.

*"Which we have someone in every elementary school and junior high at the Santa Maria School District, we've noticed a greater increase in referrals for our poorest neighborhoods in Santa Maria for resources, along with what everybody else had—a lot of increase in gender issues, body dysmorphia, self-esteem, anxiety, depression, a lot of violence. School community violence has increased." (Youth Behavioral Health: Service Providers Counseling Countywide)*

### Mental Health and Substance Use While Providing Care

Reported stigma had to do with adults **overidentifying and then hyper-criminalizing students of color** when it comes to substance use in schools.

*"There was a bias that came into identifying students that I don't think we have to unpack here, but students of color, especially Latinx students were more often identified. But then we look at when students self-report through, say, the California Healthy Kids survey their usage. White students were reporting almost the same level of usage as their peers, as their Latinx peers and their Black peers." (Youth Behavioral Health: Service Providers Countywide)*

Substance use was also identified as a major concern by service providers with an increase in fentanyl use.

*[A]: "I'm sure we're all seeing the fentanyl situation."*

*[E]: "Rainbow fentanyl, I heard, is the new thing. Vaping and access to any sort of THC products, and marijuana is by far and away, the biggest issue. And then also prescription meds. And then alcohol." (Youth Behavioral Health: Service Providers Countywide)*

Although cannabis was made legal for recreational use in California in 2016, it is still illegal at the federal level. This contributed to some of the **blurry lines for families and service providers to interpreting the law, health risks, and communication** with youth around drug and alcohol use.

*“One more thing I would just add is, I think, in talking to families, the legalization of marijuana has made it very confusing with the interpretation that somehow now that it’s legal under 21, it’s now okay. And I just hear a lot of people condoning it not realizing the challenges of smoking, and edibles, and everything else we’re seeing. (Youth Behavioral Health: Service Providers Countywide)*

*“En nuestra comunidad, se ve mucho el abuso de drogas y del alcohol y creo que es algo que es bueno que estamos hablando sobre eso porque muchas de las veces no no más es el joven o la joven que está batallando con esas substancias pero también las familias y pues es difícil cuando uno ve a un familiar haciendo esas cosas.”*

*“In our community, you see a lot of drug and alcohol abuse, and I think it’s a good thing that we’re talking about it because a lot of the time, it’s not just the young man or young woman who is struggling with these substances, but also families. And it is difficult when you see a family member doing these things.” (Youth Behavioral Health: MICOP North County)*

There was a consensus to destigmatize mental health.

*“Finding a way to destigmatize this, these mental issues and substance abuse issues, because sometimes we don’t have an issue. Until we know or we admit we have an issue, we don’t have an issue. And I think that’s trying to get them to understand that maybe we do have an issue. We need to look at things a little bit differently.” (Youth Behavioral Health: School Leader Interview North County)*

### Recommendations for Improvements for Youth Behavioral Health

The call for **linguistically- and culturally-competent service providers** emerged throughout the Listening Tour. At the state level, recommendations included advocacy in the roll-out of programs to include multiple languages in their training curriculum. At the local level, diversifying hiring practices as a way to counter implicit bias is mentioned as one possible solution to the staffing shortage.

*“I know, we’ve kept tabs the last year or so on that peer support specialist certification because I think that would be great for our community at the state level. The unfortunate part is all of the training curriculum that the states rolled out so far has only been in English. Something that we’re gonna nudge the state about as, as they continue to roll off that program to consider other languages for their training curriculum.” (Youth Behavioral Health: MICOP)*

*“I think they need to have maybe the people who really got it to be in those hiring processes. Because, for example, some of the clinicians who have been hired in agencies who are people of color, their interviews were different. So, all it takes is one person... who has biases, to say, ‘No, we’re not going to hire that person.’ And they’re letting go of really good clinicians. And then blaming the community and saying, there’s not enough... I would say, you know, gather the people who really get it and are willing to mentor those people. And really look at their hiring process because I think that’s really where they’re missing.” (Youth Behavioral Health: School Service Provider Interview South County)*

Listening Tour participants also emphasized the importance of **having spaces where youth and their families’ voices were heard and felt safe** and supported while accessing services.

*“Not just making the referral, which is time consuming for everybody, but to truly make that call, walk the family through the process, to ensure that they’re accessing the service. And when I take calls, half the time it’s parents and youth just wanting to feel heard, not just like they’re a checklist item.” (Youth Behavioral Health: Service Providers General Countywide)*

This desired sense of safety and support also included youth experiences in school settings.

*“You know, when I was about to graduate high school, they told me that there was this class, like a workplace or classroom where you can just go there and just be able to really think about how you’re feeling. And there’s then something that’s going around in the district, where they’re making a place, a safe place, where you can go just to relax, and just see if you’re doing well. And there’s also a good therapist there. So maybe that can go around everywhere.” (Youth Behavioral Health: Youth Countywide)*

*“The student officers on campus – I know that I would like to see a counselor instead of one of those walking around all the time. That just brings me even more anxiety.” (Youth Behavioral Health: MICOP)*

*“It’s almost like we’re all suffering together. So it’s hard to tell who’s actually suffering. And it’s like, you have to go into crisis to get the help that you need. A lot of our schools, what they’re focused on is like waiting for people to get to a crisis and then addressing it, instead of focusing on being proactive and preventing this crisis from actually happening. And I don’t know, I think it’s like, they’re saying, we have resources that are available, and that there’s people here to help you. But then it makes you feel worse when you’re not getting that help. And it’s like, what am I doing wrong? This help was available, it just feels like within the culture of high schools, it’s normal to be suffering. And it’s like, that is not being addressed the cultural impact that this has. We’re only exposed to what happens in crisis, not what good mental health looks like on a daily basis. So I think that being promoted will help the culture as a whole improve. So we’re not just waiting for people to be in a deep crisis to get the help they need.” (Youth Behavioral Health: Youth South County)*

Since families in crisis often end up in the emergency department for mental health care, a need for more compassion was mentioned as well as a recommendation to **centralize care for youth and families**.

*“But there’s a lot of compassion that has to come with dealing with these patients when they’re in the emergency room, but it just doesn’t happen. There’s no time for it, and, having some sort of emergency psych situation, that was maybe more fully developed, I think would be necessary. I mean, my daughter, we sent her back to Nebraska. And part of the reason that we made that decision was that we felt like they had a much more robust behavioral health system where she was going.” (Youth Behavioral Health: Parent Interview)*

*“There’s that program where we’re trying to get into Santa Barbara. It’s something that was developed in Australia and then Canada, and now in California called alcove. It’s coming out of Santa Clara County, and it is work that’s being done at the State. And we’re on that track to have it here with everything, but the funding. But it’s centralized and integrated care where people can go in and get access to medical and mental health care at that moment. But it’s housing multiple organizations under one roof without the client having to worry about who’s there. All they have to do is go in and say, ‘I need support.’ And it’s a big emphasis on early intervention.” (Youth Behavioral Health: Service Providers General Countywide)*

One participant talked about a continuation high school that is **prioritizing mental health for students**.

*“Personally, my school, La Cuesta, often gets a bad rep because it’s a continuation high school. But in reality, when you walk in there, you can feel like you’re at home and what home should feel like. You feel welcomed, you feel supported, you feel understood. They actually have a policy where they prioritize your mental health first. So if you’re not mentally there or mentally ready, they’ll prioritize that before they force any work onto you. And you don’t see that in, from my experience, any of the other schools here. And they have, I don’t know about other schools, but they have a psychologist there now. And they have a lot of opportunities and programs.” (Youth Behavioral Health: Youth Countywide)*

## **Preventative Health and Education for Youth and Families**

Lastly, participants wanted resources and communication to prevent health issues and empower youth and families with the tools to implement self-care, seek services and support, and identify mental health concerns early on.

*“I think prevention like you were asking is really key here...And then like you guys said, having kids back in school and having that layer of extra eyes, and involvement in children’s lives, where they can identify mental health issues maybe even earlier than they present to their doctor and have on campus access to counseling services.” (Youth Behavioral Health: South County Physicians)*

*“I don’t think we can do enough around education and empowerment. I feel so strongly about just the more we can empower youth and parents to have tools. We can’t get the services fast enough, but we can keep educating parents. I mean, simple things like encouraging parents to go to support groups, so that they’re able to get the tools they need to support their child and get just the support they need to go through this. It’s easy to say ‘practice self care,’ but we need to be reminded of that on a regular basis at every age. So educating our community more and that’s something that doesn’t cost a lot of money and doesn’t take a lot of effort. And then working as much as we can in partnership to be able to leverage what we have.” (Youth Behavioral Health: Service Providers General Countywide)*

A recommendation is to **get youth involved in prevention campaigns** early on as a way to increase education and advocacy.

*"I also want to add that, what can be done to encourage prevention is having students participate in prevention campaigns. One of the things that Future Leaders of America does is a lot of prevention work on things like alcohol and drugs. We have students who give presentations on the effects of cannabis, the effects on tobacco. So as they're working on different prevention campaigns, they're also learning about how prevention works, what are some of those resources." (Youth Behavioral Health: Services General Countywide)*