

California Youth Focus Group Report

June 17, 2019

Methodology

Born This Way Foundation and California's Mental Health Services Oversight and Accountability Commission (MHSOAC) conducted four focus groups with 13-25 year olds in California from April 9, 2019 to May 9, 2019. Two focus groups were held in California, and the other two were held virtually via video conference. All focus groups were two hours long, and a total of 37 young people participated.

This qualitative research followed a quantitative survey conducted with Benenson Strategy Group of more than 400 youth across the state of California. These focus groups were a tool to further explore the questions asked in that survey.

Focus Group #1

Date: April 9, 2019

Location: Chico Community Counseling Center, 109 Parmac, Chico, California

Number of participants: 4

Focus Group #2

Date: April 10, 2019

Location: Propper Daley, 6380 Wilshire Blvd., Los Angeles, California

Number of participants: 15

Focus Group #3

Date: May 2, 2019

Location: Virtual via Zoom

Number of participants: 6

Focus Group #4

Date: May, 9, 2019

Location: Virtual via Zoom

Number of participants: 12

- After each focus group, we sent each participant an email following up with a link to the questions we asked in the focus group. Participants were invited to write any additional feedback to any of the questions they felt they didn't have time to answer in person.
- We did not have time for the questions under the "Overflow" category. However, these questions were also included in the follow-up email we sent to participants.
- Each participant received a gift card for their time.

Executive Summary: Main Actionable Takeaways

Young people yearn to talk more about their mental health and want to practice taking care of it, but a large majority of those surveyed do not have access to reliable resources and aren't being taught the appropriate coping skills to deal with the stress they experience related to their school, work, family, and financial difficulties. This is especially true for those who live in rural areas and find themselves with limited technology and very few, if any, in-person mental health resources outside of the counselors in their schools, which participants have stated, are lacking in number, diversity, and mental health training.

There is a high demand for more in-person resources such as wellness centers, counselors, and therapists, as face-to-face conversation offers more comfort and connection than a digital resource. Young people want these resources both in their schools and in their communities for easy access. Participants said the resource they wanted to use the most was therapy, but more specifically, they wanted more therapists who identified as people of color (POC), therapists that practiced different specialties, and LGBTQ+ therapists. However, the cost of therapy, coupled with insurance issues, the time it takes to schedule an appointment, and the transportation issues to get to the appointment makes it difficult to actually see a therapist. Youth found therapy, longer in-depth counseling, and preventive services much less accessible than emergency and short term mental health services.

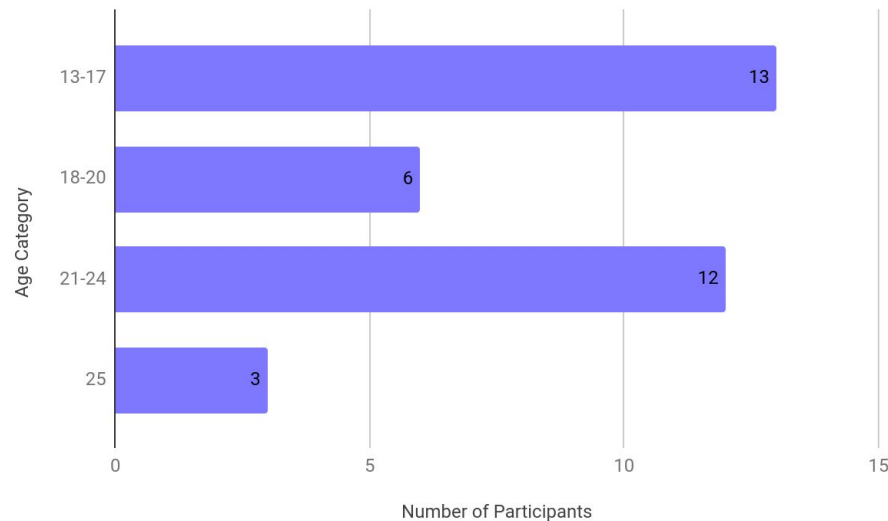
Young people are ready to fight the stigma surrounding mental health, but acknowledge they can't do it without the help of their schools and communities. They want their schools to make mental health a priority by implementing mental health trainings for their counselors, teachers, and peers and believe funding should go to those trainings as well as mental health programs, clubs, and classes in school that encourage students to talk about their feelings. Participants also long for their schools and communities to be more connected in their resources, which young people say, should be reliable, long-lasting, and affordable, even for those without health insurance. They also emphasized the importance of funding toward diverse, POC friendly, LGBTQ+ friendly, and culturally aware mental health resources.

Demographics

Out of 37 participants, 34 filled out their demographic forms. Three participants chose not to report their demographic information.

AGE - How old are you?

The 13-17 age group had the greatest number of respondents (13) and was closely followed by the number of respondents in the 21-24 age group.



ZIP CODE - Identify the city and zip code where you live.

Los Angeles was the city in which most participants (15) reported they lived. Out of the rest of the group, 3 lived in Pomona, 3 lived in Contra Costa County, 2 lived in San Bernardino County, 2 lived in Chico County, 2 lived in Shasta County, and 1 respondent lived in each Madera County, San Mateo County, Santa Clara County, Humboldt County, Shasta County, Concord California.

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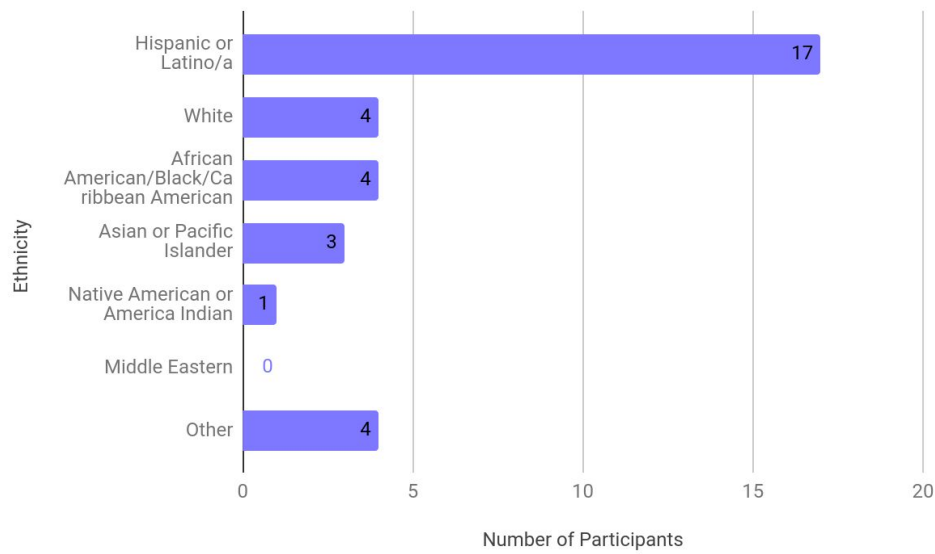
GENDER - What gender best describes you?

Just less than half of the respondents (16) identified as female. 11 identified as male, 6 identified as genderqueer or nonbinary, and 1 preferred not to disclose. It is important to note that no one in the focus groups identified as transgender.

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ETHNICITY - Which of the following ethnic group(s) do you identify as?

Half of the respondents (17) identified as Hispanic or Latino/a.



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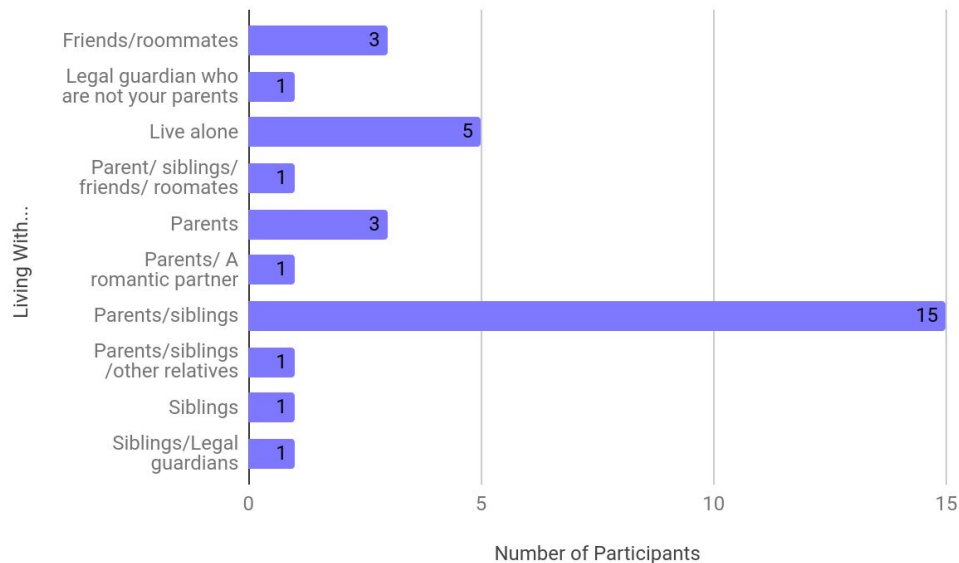
MILITARY - Have you or a family member ever served in the U.S. military?

A majority of respondents (20) reported that no one in their family had ever served in the military, although some (10) did have a close family member who served, and 2 respondents didn't know if a family member had ever served.

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LIVING SITUATION - Do you currently live with any of the following?

Under half of respondents (15) said they lived with their parents and siblings.



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CARETAKER - Who has been your primary caretaker growing up?

An overwhelming majority of respondents (27) reported their parents to be their primary caretaker, while 4 people said that their legal guardian or caretaker was their primary caretaker, and 2 others reported “Other.”

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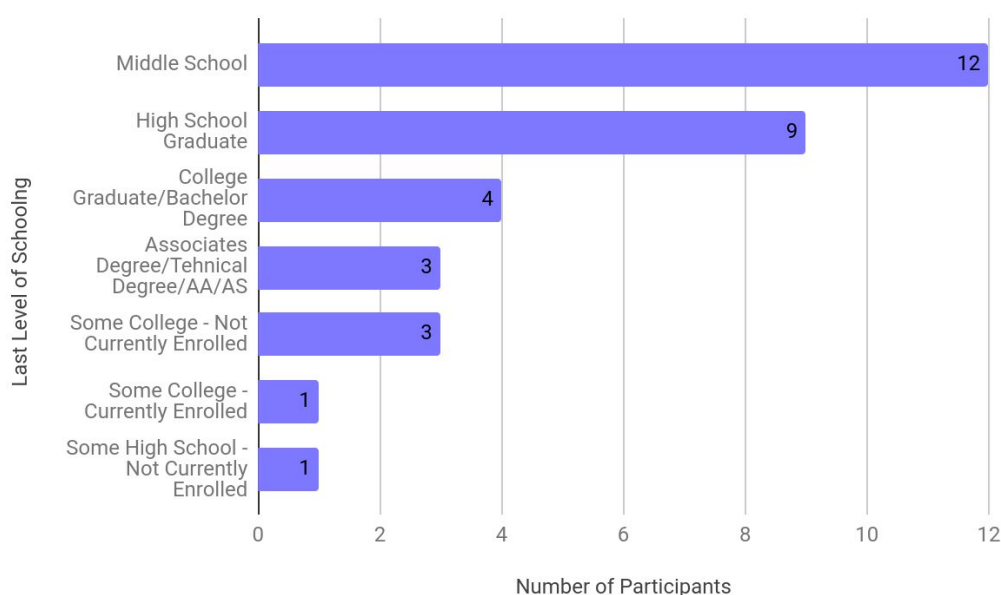
ENROLLMENT - Are you currently enrolled in a school or a college/university?

A majority of respondents (21) said they were in school full-time, while 8 said they were not enrolled, and 4 said they attended part-time.

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LAST LEVEL OF SCHOOL - What is the last level of school you have completed?

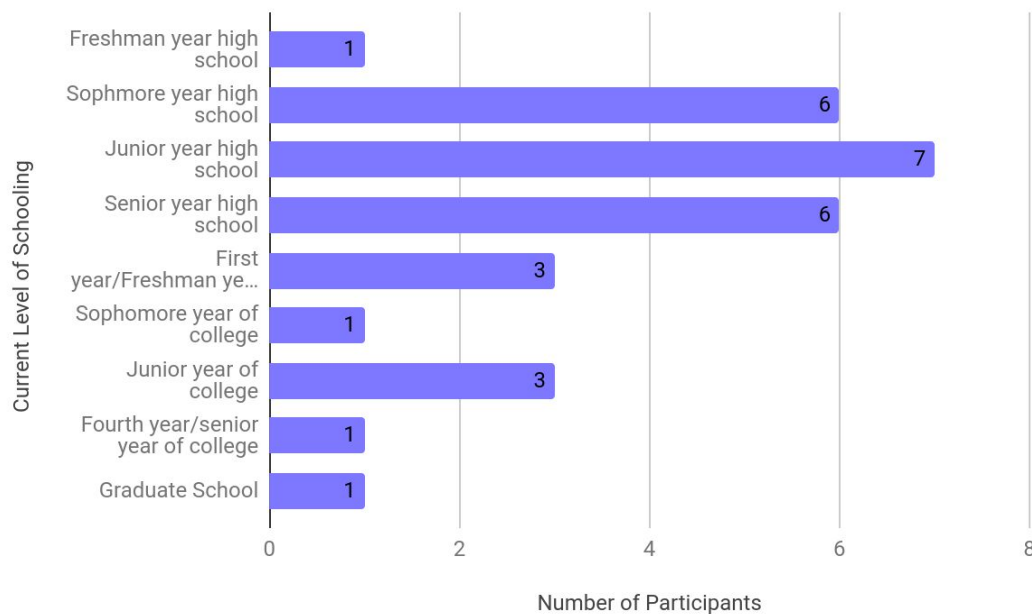
Middle school was the last level of school most respondents (12) reported that they completed.



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CURRENT SCHOOL LEVEL - What is your current grade level of schooling?

More than half of the respondents (19) said they were currently enrolled in high school.



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FAMILY EDUCATION - Among those with any post-high school education, which of the following best describes you?

A majority of respondents (22) were either the first in their family to go to college (12) or part of the first generation to go to college (10). The remaining 8 reported that their parents or guardians went to college.

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TYPE OF MIDDLE/HIGH SCHOOL - Among those that attend a middle or high school, do you attend a...?

Most respondents (16) answered that they attended a public school. Out of the remaining group, 2 responded that they went to a charter school, 2 responded with "Other," and 1 participant said they attended a private school. It is worth noting no one reported that they attended a religious school, public magnet school, or said they were home-schooled.

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TYPE OF COLLEGE - Among those currently in college, which of the following best describes the college or university you attend?

Out of the 16 people that responded to this question, 9 attended a community college, while 4 said they attended a state university, 2 were enrolled in a private liberal arts college or university, and 1 reported that they were enrolled in a technical college.

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EMPLOYMENT - Are you currently employed?

A majority of respondents (21) reported being employed. Of that number, 11 reported being employed full-time¹ and 9 participants reported being employed part-time². 7 were students unable to work, and 3 were unemployed but looking for work.

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RELATIONSHIP STATUS - Are you in a relationship?

An overwhelming majority of respondents (31) reported being single, while 2 were married, and 1 was divorced.

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ROMANTIC RELATIONSHIP - Are you currently in a romantic relationship?

A majority of respondents (24) answered “No,” while 9 answered “Yes.”

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¹ Working 35 hours a week or more.

² Working less than 35 hours a week.

Detailed Youth Focus Group Questions + Feedback

Before we started each focus group, we informed participants that we were going to ask them questions about how young people in their area prioritize mental health, access mental health resources, and the type of preferences they have in accessing them. Further, we asked for their ideas for innovations they envision in this space. We told participants that their answers will help us create a report for California's Mental Health Services Oversight and Accountability Commission (MHSOAC) to identify key mental health challenges, develop strategies to fight stigma in their communities, and implement solutions to these challenges through innovation.

California Youth Mental Health Behavior

We asked, "What are your biggest sources of stress, and why?"

Overall, **participants said they were most stressed out about balancing their school work and finals with their careers, family responsibilities, after-school activities, and mental health.** Other participants cited solely their financials, finding housing, and transitioning from high school to college or college to adulthood, and figuring out their place in the world as their major source of stress.

"It's tough to balance school and work. I work part-time, do work study, and am also trying to navigate university. Being a first-generation student, I don't feel like I have any guidance."

"I'm dealing with my mental health, but also dealing with my family's mental health, who also think of it as taboo."

"It's a hard balance with family, being the provider, taking care of yourself, while at the same time, taking care of others."

We asked, "What resources do you already use and what other resources would you be interested in using to address the stress in your life?"

Young people use many creative digital and in-person resources to help address their stress but emphasized that they wanted to use more in-person resources. The participants from the rural areas of California stated that the resources they mostly use are in school because the technology in their area may not be reliable, and in-person resources outside of school are located farther away. It's important to note that a large majority of participants stated they use resources that are free.

- Young people cited journaling, meditation, school counselors, phone apps such as [Buddhify](#), hotlines, and talking to their peers as the resources they already used. A few mentioned seeing a therapist.
- [Penny Lane](#), an organization that offers mental health and support services, and a high school group organization called LIFE are in-person examples of resources rural youth used to cope with their stress.
- **In regards to what resources participants said they would be most interested in using, a majority of young people said in-person therapy.** Although some stated that they have gone to a therapist already, they voiced that they specifically wanted therapists that specialized in different mental health issues and therapists of different backgrounds, cultures, orientations, and religions so that the therapist can better understand what they are personally going through. Participants also said they would like to see therapy of different forms, such as music therapy or art therapy.
- **Young people also mentioned the value of having health or wellness centers and mental health workshops in their school and community,** and a few participants said they would be interested in using resources that encourage connections between young people such as a mentoring program or a peer support system.

“I would like to see workshops that teach you how to disconnect from all the worrying you’re doing and how to take care of yourself.”

“I call a hotline. I don’t have support at home; I live in a rural area and don’t have areas to walk to to get help.”

“When I was a youth in foster care, they had an abundance of resources in lower education, but when I grew up, I found resources to be lacking in higher education.”

We asked, “Would you be interested in opportunities to learn about coping skills to deal with everyday stress, and if so, what types of coping skills would you like to learn?”

All the participants that answered this question (about ¾ of all participants) said yes, they would be interested in learning coping skills. **A majority of young people said they wanted to learn more about anger management, how to cope when they feel sad, and how to express how they were feeling in a healthy way.** Other participants said they wanted to learn about mindfulness, sleeping techniques, best nutrition practices, and how to maintain a work-life balance.

“When I get stressed, I get frustrated and angry, and I want to learn how to handle it without the anger or express what I’m feeling in a healthy way.”

“I want to be able to learn how to communicate your feelings more and how to release them.”

“Since I’ve been in college, I’ve had a lot of sleepless nights and haven’t been eating well, so it’d be helpful to learn more about nutrition and sleeping techniques.”

We asked, “What would be the most convenient areas to locate these resources?”

The majority of respondents said that **the most convenient areas to have these resources would be in their schools and around college campuses**. In schools, participants said these resources could specifically be available at assemblies, wellness and health classes, student centers, and with their teachers.

- Those who lived in the more rural areas of California stated a community center would be the most convenient location because their school was too far away. Those who did not have a close community center expressed the want for an expo or an event near them that showcased these resources.
- **The group’s general consensus about online resources was that they’re the most convenient, but they lack the personalization of an in-person resource.** Thus, students suggested in-person checks after using online resources.

“A majority of people spend time in school, so it would be useful for resources to be located there. Online is most convenient, but online eliminates personalization and motivation to follow up. Sometimes people just want to talk to people.”

“In our health curriculum, they only talk about drug and sex, but they never talk about mental health. It would be useful to have it in that health class.”

California Mental Health Resource Accessibility + Preferences

We asked, “Do you have reliable access to mental health resources, and if not, what are the biggest barriers that prevent you from using those resources?”

A majority of young people, especially those from rural areas, said they didn’t feel they had reliable access to mental health resources. Those who replied that they did have access to resources, such as a counselor or community center, noted that these resources are not available at all times.

- **The majority of respondents cited cost and or their insurance as a barrier.** Additionally, distance, wait times, and lack of the internet were cited as barriers by participants.

“There are no safe spaces for youth within Pomona. There’s an unavailability of resources and transportation.”

“The Pomona Student’s Union was something we formed on our own because there weren’t any mental health resources in our area. That’s why we created our own safe space to talk about mental health.”

“We have resources, but not so many are reliable because they cost money - like therapy and wellness groups. It’s overpriced or there’s a transportation issue. The resources tend to be in wealthier communities and provide more support than what we have in lower-income communities.”

We asked, “What kind of mental health resources are already in your community but are difficult to access?”

A majority of the focus groups said **counselors and therapists are already in their community, but they have a hard time accessing them because of lack of availability and training from the counselor or therapists.**

- Students said there’s an extreme shortage of counselors when one takes into account how many students there are in each high school. They also expressed that **students have trouble obtaining mental health resources from counselors because “they’re more focused on getting students to graduate.”**
- Many participants also said that **therapists were difficult to access because of the cost barrier, the amount of time it takes to make an appointment, the lack of therapists that specialize in specific mental health issues, insurance issues, and the lack of POC therapists.**
- Some members of the focus groups expressed a wish for therapists and counselors to be available during the after-school and night hours.
- Participants from rural areas, such as Chico and Pomona, said that although they did have internet access, there were connectivity issues that made internet and phone

resources difficult to use.

- A few participants pointed out there were mental health resources in their community, but they were aimed more toward children.
- A few participants also said that housing was difficult to access because they were on a first-come, first served basis.

“There are not enough counselors for the number of students at school, and the counselors are more focused on graduation requirements than students’ mental health.”

“There’s counselors, but there’s only two counselors for hundreds of students. There needs to be more support.”

We asked, “What resources do you find more accessible than others, and why?”

Overall, **young people cited emergency and short term services such as drop-in centers for youth as more accessible than longer in-depth counseling and preventive services.**

- One young person said resources that cater to heterosexuals were more available and accessible than LGBTQ+ resources.
- A few participants said that **online resources were more accessible, but online resources lack that personal support one would receive from an in-person resource.**

“There are more crisis services out there, and nothing specifically for everyday stress.”

“Texting services and hotlines are more accessible, but it’s more comforting to talk to someone face to face.”

We asked, “If you were looking for a specific resource, would the cost of the service prevent them from using it?”

There was a general consensus that **the cost of services prevented participants from getting the services they wanted to use.** Those who stated the cost hasn’t deterred them were, for the most part, using school counselors as their primary mental health resource.

“A lot of us don’t have insurance, and free resources are located in more affluent communities, but it costs gas money to get there.”

“I have Medi-cal, which is California’s version of Medicaid, and it’s hard to find therapists under the provider. I find it frustrating because it’s limited and there’s a lack of options. I’m currently “therapy shopping” right now because I want to find someone that I can form a connection with.”

We asked, “What kind of mental health services do you want to use but find too costly?”

Overall, **participants cited therapy, psychiatrists, and residential treatment programs as the most expensive services to use.** These therapists also include art and music therapy.

“Sometimes, therapists have a sliding scale, but it's still very expensive. Even with a sliding scale, it's \$130-\$180 for a 45-minute weekly session.”

“A lot of my friends don't get the help they need from a therapist because of finances. So they rely on technology because it's free.”

We asked, “Do you think anonymity is important when using or finding a mental health resource? Why or why not?”

About **more than half of the focus group said anonymity is important in finding mental health resources** depending on the severity of the situation. Some participants said anonymity was the only way some people could reach out to avoid judgment and feel safe. Other reasons for anonymity include that it prevents anyone from tracing it back to the participant and it protects their information from coming out to potential employers.

- Participants who stated they wouldn't be anonymous said they wanted to “normalize the talk surrounding mental health, help break the stigma, and encourage friends to talk about their own issues.”

“I would rather not stay anonymous just to help break the stigma. The reverse is why some people stay anonymous - they are scared of the stigma.”

“I'm scared of what others may think, and shy, so I prefer to be anonymous.”

We asked, “In what instances would you prefer to be anonymous?”

Participants agreed it depended on the severity of the situation, but they would prefer to identify as anonymous if they might be in danger or felt uncomfortable talking about their mental health.

- Some participants noted that they would prefer to be anonymous if they were trying to seek help with their parents around, if they needed medication, or if they wanted to protect their chances of obtaining future job opportunities.

“I'd prefer to be anonymous if my safety was at risk, like if I was scared of coming out.”

“Being anonymous makes you feel more safe and there's no judgment. They can't trace it back to you so it's a secure feeling.”

Ideas For Innovation

We asked, “How can mental health services be improved in your school?”

Overall, **students expressed wanting their schools to make mental health a priority by having more counselors, teachers, and their peers educated in mental health.** Students also said they wanted to have more counselors in their schools, but noted that they also wanted the counselors to have more training. Teachers, they said, should also have more training in mental health.

- Participants said the visibility and promotion of resources on school campuses could also be improved.

“I want someone in the school who is educated in mental health and knows how to help someone in distress. I want to learn how to be able to assess yourself and how to combat, control, or accept what I’m feeling.”

“Having our teachers being trained in Mental Health First Aid³ would be helpful. The administration doesn’t yet facilitate a safe space to discuss mental health for teens so teachers can’t find out what’s wrong. If they encourage you to talk more about mental health, then you’ll be more open about going to reach out to others.”

We asked, “What additional mental health services would you like to see in your school?”

Students expressed wanting a variety of additional mental health resources that focused on education, awareness, and breaking the stigma.

- Students said they wanted to have a block period in school that allowed them to check in with an adult about how they were feeling, a health class that talked about mental health issues, and assemblies that focused on mental health.
- There is a desire for more counselors on school campuses, or a number of counselors representative of the attending youth, trained in mental health resources.
- Students want mental health education in their health classes, programs on underage drinking and addiction, peer mentorship programs, and mindfulness activities like “interaction journals.”
- A few members of the focus groups suggested that many schools should have a “wellness night” in the same way that many schools already have a “college night,” providing information on resources and healthy practices to help students and destigmatize mental health.

³ Mental Health First Aid is a course that teaches participants how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

- Students also said they wanted mental health first aid trainings for their peers as well as their teachers and to make sure these instructions were culturally relevant.
- Participants also cited support groups and groups that focused on the importance of LGBTQ+ intersectionality as an important resource to have in school.
- Students in Pomona said they had many empty classrooms in their school and they expressed wanting those rooms to be turned into something beneficial toward their mental health such as a meditation or yoga room.

“Schools should offer activities, projects or create days dedicated to mental health. Students could learn how to make stress packs, be given interaction journals on emotional wellbeing to help you express your feelings, or there could be a mentorship program. You break a barrier talking to a peer that you’re never going to break with an adult.”

“Provide bags of food, clothing, waivers for transportation, and reliable resources when we need them. Like a place to go that is safe when your home is unsafe.”

We asked, “How can these services be made more accessible to students?”

Students said schools can adopt an “open door policy” and extend resources to after-school programs so that they feel welcome talking openly and honestly about their mental health at any moment.

- Students said schools could have an online form that students could fill out if they need help with something or feeling stressed out, and the school would return their message within the next day.

We asked, “How can schools raise awareness about the mental health services they provide?”

Students said **schools can raise awareness through online and in-person marketing.** In-person, schools can have events that promote awareness, like a “Mental Health Day or Week,” freshman orientations to talk about the mental health services they provide or a field day that highlights mental health resources. Resources can be listed on the school website, in a school agenda, journals that are handed out in homeroom, and via mental health pep rallies.

- Schools can use social media, such as Instagram, Snapchat, Twitter, and even Facebook, to promote the resources they already provide and any after-school groups or programs that would be helpful to students.

“Schools can have a platform that lets students have the opportunity to share their stories about mental health. Other kids will know they’re not alone if they’re struggling.”

“Just like there’s a field day with games, there should be a field day for mental health.”

We asked, “How can schools help to destigmatize mental health?”

Students said **schools can help to destigmatize mental health by openly talking about it, encouraging conversation with health education classes and assemblies, and normalizing talking about one’s feelings.** Specifically, schools can have mental health check in’s or advisory classes about mental health where teachers or different mental health speakers can share statistics about mental health and let them know they’re not alone.

- Participants said schools can create a safe space and improve the language surrounding mental health.
- Start mental health education in elementary school so that when children grow up, they know it’s OK to talk about their feelings.

“Have kids identify their feelings, and let them talk about them normally.”

“Communicate and work with the youth to find solutions.”

“We need to improve talk about mental health. Sometimes people tell other people to ‘Get over it’ if they feel bad. I’ve been told that and it doesn’t feel good.”

We asked, “How would you like to be informed about new resources?”

Generally, **participants said they wanted to be informed about new resources online through social media or within their school communities.** Specifically with social media, young people mentioned Snapchat and Instagram are trending right now. Twitter and Facebook are also used to share information.

- In person, young people would like to be informed through their schools or community centers, school newsletters, and articles, expos, fun wellness days, billboards, and anywhere where there’s “foot traffic.”

“It would be cool to have a wellness night where nonprofits and local leaders come together and have booths and hand out information for wellness and innovation.”

“It would be good idea for the city to host an event where they can showcase different resources.”

“Sometimes, students don’t know where resources are allocated, especially for minority groups. Just informing them about where resources are and how important mental health truly is would make a difference.”

We asked, “How can mental health resources build trust with their communities?”

Overall, **participants said reliability, consistency, and longevity are important for mental health resources, especially for counselors and therapists, to build trust.** They also thought it vital that these resources market themselves as “safe spaces,” invite youth to be more involved in a leadership position to encourage participation, and go out directly into the community to spread more information about what they do. Communal locations for these resources could be school, community centers, and support groups. Other participants cited confidentiality, open-mindedness, efficiency, and a commitment to diversity as a way for resources to build trust.

“Communities and schools should have a better relationship, so if the community has a new service, the school should know about it and advertise it.”

“Resources can build trust by keeping their opinions/politics/religious to themselves is vital.”

“It’s important for the resource be diverse so that more people feel connected.”

We asked, “What kind of mental health resources do you want the most access to, and why?”

Specific resources desired were counseling, therapy, coping skills, behavioral health assistance, anger management, and spiritual assistance. The mental health resources participants preferred were mostly in-person resources.

- A few students would like to see a school-system-wide crisis reporting program that allows students to report a crisis and receive direct assistance from the school.

“I want access to more queer and trans folks in any mental health service.”

We asked, “What kind of resources, digital or in-person, aren’t available that you would like to see present in your community?”

As previously stated, **participants stressed a want for therapy (individual and group) or counselors that have a similar background as themselves.** Others stated that mental health clubs or mental health educational sessions in schools and communities could provide a new level of accessibility with a lack of funding for school counseling, which should also be remedied.

- A few young people also mentioned that they would like to see English classes for parents in their community because their parents were immigrants and didn’t know the language.

“There should be more therapists who are POC. We need people who can understand us.”

“I think a mental health group chat in school could be cool.”

We asked, “Where could resources be located that would be more convenient and accessible?”

A majority of participants who answered this question said school “because students spend most of their day there” and community centers or organizations, such as the YMCA or Boys and Girls Club. Other locations included online, libraries, clinics, churches, homeless shelters, and gyms.

We asked, “Thinking about seeking mental health resources and help in general, what would make you feel more comfortable or more likely to do so?”

From feeling supported to wanting the mental health resources to be more diverse, culturally aware, and specifically knowledgeable in the LGBT+ sphere, participants expressed a variety of ways mental health resources could make them more comfortable.

- Young people stressed the importance of anonymity and confidentiality in the online environment, as well as making physical spaces more inviting and wheelchair accessible. Some participants stressed the importance of open-mindedness and trustworthiness.
- Some young people said they would be more comfortable if the stigma was less present and they knew the environment was safe.
- A few expressed a need for “more queer and trans knowledge for professionals.”
- A few participants also stressed the particular importance of destigmatizing the topic, specifically among the Hispanic population, and making resources more available to Spanish speakers.

“Resources should make you feel safe, or like you deserve to have that help and have more support.”

“People would be comfortable knowing you don't have to do it alone, like if a friend or support system came with you or if the therapist was around the same age.”

We asked, “What are some of the ways they see yourself or your peers being helpful to spread the word about mental health resources to your friends?”

The participants in the LA focus group thought it would be helpful to share information through an online system that keeps track of verified psychologists, therapists, and other mental health resources, as well as their costs, like Yelp. Other **participants cited social media, school mental health clubs, and peer support as ways they could be helpful in spreading the word.**

We asked, “Thinking about the innovations (changes, transformations) we’ve talked about, which kind of innovations or changes should be the biggest priority for the mental healthcare system in your state?”

A majority of participants that responded to this question cited the importance of mental health education and improving the accessibility of resources.

- One respondent cited the importance of educating counselors about the LGBT community in particular, saying, “...training schools and staff about the LGBT community.”

“It’s important to make sure every single school is educated about mental health and how it affects students.”

“I have to drive an hour for school, and any resources cost money to seek out help.”

We asked, “What type of innovations or changes to the mental health system do you think need the most funding to be efficient in your community?”

Participants cited that funding should go toward having staff and counselors trained in mental health and implementing mental health programs or clubs in schools. Participants also vocalized the importance of having a physical space to de-stress, and as stated by one young person, “that’s where mental health events can be held.” Other innovations included more drop-in centers for those experiencing homelessness, more community mental health resources for those in more rural areas, and improvements to insurance to make resources more affordable.

“High schools put money into sports, but they should take that money to use towards mental health resources in the school.”

“My school used to have art therapy, but they cut it out from the budget.”

Additional Questions

***Due to time constraints, the below overflow questions were sent out after the Focus Group for participants to provide additional input.**

If you do discuss your mental health, do you discuss it with a professional? If so, why do you choose to talk to a professional about your mental health?

"I talk about my mental health with anyone I openly choose to talk about it with because I need to release some energy and stress. I would prefer someone professional if I was in a situation that needed resources and knowledge."

If you don't frequently discuss your mental health, what are the biggest or most frequent barriers to mental health discussions?

"The most frequent barriers I faced when talking about mental health discussions was when the person wasn't receiving what I was sharing with them. When people don't know how to respond, they usually ignore you, which hurts a lot."

What sources of stress do you face or do you think are exacerbated for you compared to your non-LGBTQ+ peers?

"Being LGBTQ+, we're treated less than sometimes even though we're humans. There are not as many resources for the LGBTQ+ community, like sex education, health, mental health counselors directed and trained for the LGBTQ+ community specifically."

What do you think is unique for LGBTQ+ people when it comes to taking care of your mental health?

"That there are different approaches needed to assist the LGBTQ+. An approach that is compassionate and understanding."

In what situations would you want to seek out an in-person resource over a digital resource? A digital resource over an in-person resource?

"If I were in a dangerous situation like being abused, I would like to seek out an in-person resource. If I just needed to talk to someone about some stress or something I'm anxious about, I would seek out a digital resource."

Conclusions

Overall, the responses we received from participants in the focus groups about the role of stress, the lack of accessibility of resources, and the want for diverse, judgement-free, and POC mental health resources supported the data in the “California Youth Mental Health: Understanding Youth Accessibility and Preferences” Report.

The California Report found that: *“About a third of young people in California say young people “rarely” or “never” have access to resources to support their mental health.”*

The feedback from our focus groups further reinforces this data as most young people surveyed said they didn't have access to mental health resources because of costs or transportation issues. Additionally, young people in rural areas, such as Pomona and Chico, didn't have access to resources because they were simply nonexistent in their rural community.

The California Report found that: *“Stress plays a major role in young peoples’ wellbeing in California. Whether it’s professional, family, or finances, there’s a lot in the lives of young people in California that puts them on edge.”*

Like the report, young people in the focus group said they were stressed out balancing school with other aspects of their life, such as their relationships, careers, financials, and their wellbeing. First-generation students especially expressed the stress associated with their family and financials. Unlike the report, many young people in the focus groups said they were also stressed out about transitioning into adulthood and figuring out who they are as a person.

Those surveyed in the California Report said they wanted to learn coping skills to support the stresses associated with school life, everyday life, and work life.

Similarly, those in the focus groups expressed a want to learn more coping skills to deal with the stresses of work-life balance, everyday life, and transitioning into college. The coping skills they wanted to learn included meditation, mindfulness, healthy nutrition, anger management, and how to express their feelings in a healthy way.

The California Report found that, *“Almost half of all young people in California say they don’t know where to turn to get mental health resources and more than a third say even if they did know where to look, the cost of these services puts them out of reach for most people in their city.”*

Like the survey, youth in the focus groups also expressed that cost was one of the biggest barriers that kept them from using mental health resources. Young people simply didn’t have the finances or the insurance options to afford therapy, treatment programs, or visit a psychiatrist. Most youth said they knew where to turn to for mental health resources, but they were simply out of reach due to financial, transportation, or insurance issues. In rural communities, mental health resources simply did not exist. Of the mental health resources they knew of, participants said the resources could be advertised more and do more outreach with the community.

The California Report found that, *“Among students, there is a fairly good sense that their schools and universities provide them with on-campus access to mental health resources.”*

This statement is also supported by the young people in the focus groups. Although students knew they could go to a school counselor for help with their mental health, most voiced that there weren’t enough counselors for the whole study body. Participants also said they wanted counselors in their schools that specialized in specific mental health issues and that they wanted more diversity among their counselors (POC and LGBTQ+) so that students could be better understood.