

YOUR TIME YOUR VOICE YOUTH WELLNESS SUMMIT

Parlier, CA

May 22, 2024



Department of
Behavioral Health

1.1 About the Community

Parlier Unified School District is located in Parlier, CA. This is a small city of 14,625 persons (as of 2022) with a poverty rate of 27.4% (Data USA, 2024). The city is in rural eastern Fresno County, approximately 20 miles outside of the county seat of Fresno. Based on self-survey results from event all participating youth self-identify as Latino or Latinx. This number is reflective of the community with close to 96% of the community having identified as Hispanic or Latino (Census Reporter).



Figure 1 Parlier High School

1.2 Summary

Building on the success of a youth wellness summit in the late fall, the Department sought to gain additional insights from youth in rural, predominantly Latino communities with additional youth wellness summits. On May 24, 2024, the Department of Behavioral Health, in collaboration with the Parlier Unified School District, facilitated a youth summit for 31 students grade 9th to 12th from both Parlier and San Joaquin Valley High Schools.

The Parlier Youth Wellness Summit was intentionally designed to be like a previous youth wellness summit for continuity of the recommendations from the students. The event was held after school from 1:30pm to 5:30pm, with all the students volunteering their time and having to register for the event. A brief introduction was provided as to the purpose of the wellness summit. A presentation on the social determinants of health (SDOH) was facilitated by the Fresno [HOPE HUB](#) with interactive examples of what SDOH are and their impacts on society. Presenters from the California Health Collaborative provided a

presentation on advocacy and the role the students can play in advocating for their own and their community's wellness needs.

Staff from the district lead the youth on a 30-minute art/painting activity that prompted them to paint what a "world where wellness is a priority" looks like to them.

At the end of the activity, youth were asked to share how they interpreted the prompt or what their painting signified. The youth were introduced to a California Department of Health Care Services wellness app called [Soluna](#), and were able



Figure 2- Activity on Youth Advocacy

to participate in an interactive activity using their smartphones with the app's representative. The Soluna session explained the app and its features, how it can be used to support their wellness, and an exercise in breathwork as an example of skills and tools that can support their own wellness. At the end of the event the Soluna representative noted that 8 youth (about 25%) downloaded/registered for the app during the session.

After a break, youth were allowed to gather in small groups of four to six to discuss the following questions and develop some group responses:

- 1 *Why should you care about mental health and advocating for youth mental wellness?*
- 2 *In what ways can youth play a larger role in their school and communities to stop stigma (and shame) associated with mental health?*
- 3 *What changes can youth make in schools to ensure that their voices and mental wellbeing become a priority?*
- 4 *As young leaders, what do we (as a group) think ought to be the Department of Behavioral Health's priorities in improving student's mental health?*

The event wrapped up with an overall survey, a survey on Latino/x usage and a raffle of youth centric items (Beats headphones, Dick's Sporting Goods gift card, Game Stop gift card, etc.). Raffle tickets were given to the youth throughout the event to both increase chances for winning items at the end of the day and to entice participation from the group.

Students then were able to obtain dinner from a taco truck on their way out or could congregate for a while at the venue to eat dinner, visit the resources tables, etc.

1.3 Promoting Connections

Prior to the pandemic, numerous studies were focused on examining the importance of social connections for youth, but *"the pandemic disrupted connections to family, school, and community, which are essential supports for youth mental health."* (Delaney et.al. 2024). Therefore, after the pandemic, some efforts are focused on understanding what may be long-term impacts of the pandemic on community connections. The students who participated in the wellness summit included students whose transition years from elementary to middle school and/or middle school to high school were impacted by the social and physical isolation of the pandemic.

The students who participated in the Parlier Wellness Summit, reported a heavy interest in improving their physical environment to support their wellness. This environment is not limited to their school setting, it includes the community of Parlier as a whole. The students expressed an interconnection of a "cleaner" community leading to a safer community, which would then lead to more personal connections. The youth felt that more personal connections would support their overall wellness. For this group, it was important to uplift the community, creating better connections amongst the youth, but also between the youth and their community.

While the information reported in the youth summit did not specifically identify the pandemic as a factor, these students had their educational and adolescent experiences directly impacted by the global pandemic – remote schooling that caused physical and social isolation. Their desire for a connection with one another and their community may come from a want and need to reestablish the ties and bonds that

were lost during the pandemic. The connections may be a means of assurance of stability and a return to normality and safety that they experienced before the pandemic.

It should also be noted that the youths' focus on a "cleaner" environment may have some considerations of how factors, such as SDOH can have an impact on the mental wellness of individuals. That by addressing those environmental factors, the overall wellness of the youth and community can be improved without having to provide direct or specific mental health services or engagement at the individual level.

Overall, the youth at the Parlier Summit had a more community-oriented focus and approach to wellness than individual needs. They expressed a need for more education about mental health and mental health literacy.

1.4 Key Themes

- **Theme One: *Community and Environmental Factors***
 - SDOH- Youth seem interested in having more of a community wellness focus that could start with more tangible efforts such as community clean up, community activities and community gatherings.
 - Youth did not seem to want "someone" to address local environmental issues, rather interested in community opportunities where they can be involved and support efforts to improve their community and city. A desire to be more of active participants in community efforts and working across their community.
- **Theme Two: *Connections***
 - Peer Connection - there are models and opportunities for enhancing and strengthening youth connections through peer activities. These can range from general peer connections through campus clubs, to more formal peer to peer support models and programs where youth can learn to support other youth.
 - Exploring opportunities for wellness clubs or a NAMI club on campus that may support connections and promote wellness.
 - Community Connection – The Center for Disease Control ([CDC](#)) has resources focused on creating social connections. Facilitating opportunities for youth to be involved locally with their community and engage in community activities that can support their wellness, as well as increase civic engagement from youth to improve their community.
 - Environmental impacts on the local youth and their wellness are a high priority area. The interest to address these environmental needs also ties in with their desire to better connect and interact with their community. Focusing on public "clean up" or "beatification projects" can support this need, and simultaneously provides an opportunity for tangible gains through completion of community projects.
- **Theme Three: *Education***
 - Education and development of educational staff to help identify and support the mental health needs of students. This can range from training and professional development to having personnel be aware of campus and/or district resources which can support student needs.
 - Mental health literacy - The need to better understand what mental health is, who the care and support network are, what and where the mental health resources are, how to

access supports, etc. All of which are of great importance. This is not limited to educational personnel, but for the youth themselves and their community as well.

- **Theme Four: Advocacy and Input**
 - Youth are interested in opportunities to be heard - to share their experiences and ideas to support each other. This ranged from peer-to-peer support, to supporting the development of marketing messages around mental health, to participating in forums where they can lift up their needs or ideas, which can benefit the community.
 - On several occasions, the youth identified their desire to be able to contribute to ideas and ways to share information to help their community connect.
- **Theme Five: Awareness and Information**
 - The youth believe more targeted advertising about mental health, the relevant resources and supports are important part of behavioral health services. Knowing where to go to get more information are important and access earlier support needs with more mental health literacy. Having mental health information and resources available at the schools was considered beneficial as well.
 - Information on what mental health is, what it is not, what resources youth can access and use, where to seek support and help, etc. were important areas for the youth.
 - The youth expressed “intensive advertising” as an important area. They communicated the desire to have opportunities to help inform and drive some of the messaging - having a local voice to support advertising to help ensure more effective messaging.

1.5 Conclusion

The students who volunteered to participate in this youth wellness summit were engaged and focused on their community. In the art activity, students demonstrated their understanding of social/emotional challenges, wellness challenges, and an openness when discussing those subjects based on the number who shared their paintings and the meanings to them (with many being images of nature, etc.). The themes clearly show their concern and desire to support their community and to build connections with each other and within that community. The youth were open about the subject of mental health and not curtailed by concerns of stigma, but rather confidence in understanding what mental health is and a higher need for additional mental health literacy.



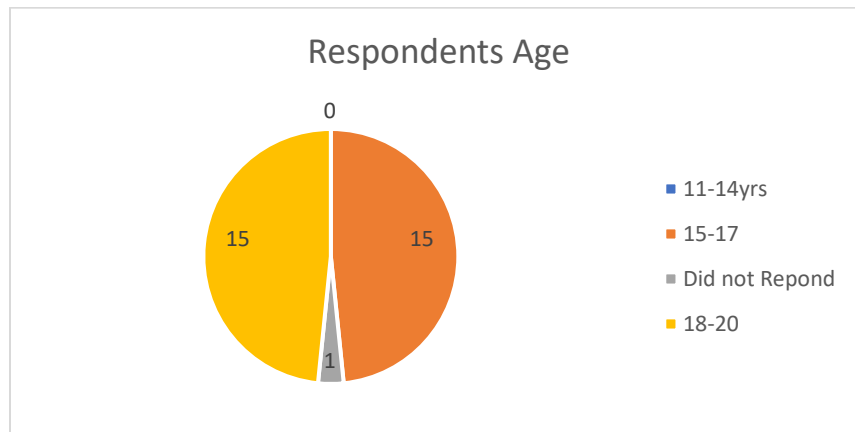
Figure 3-Dialog through art.

Appendix

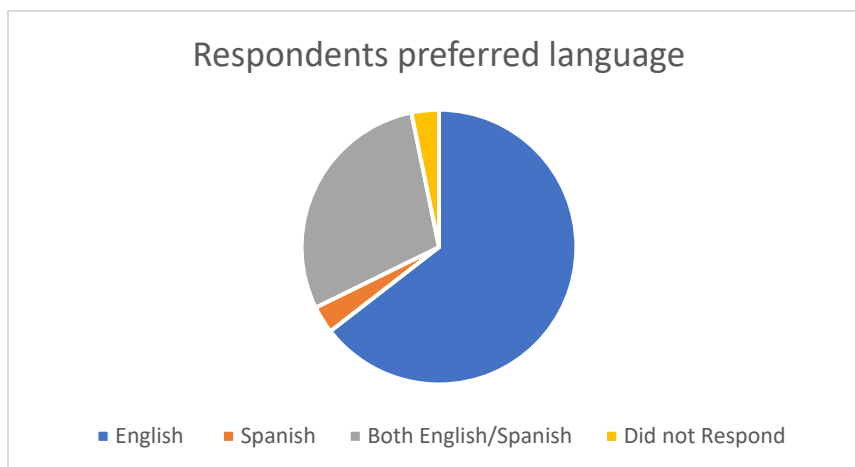
Appendix A- Post Event Survey Results

The Fresno County Department of Behavioral Health (DBH) facilitated a post summit survey for the Parlier event which collected basic demographic information and firsthand feedback about the event and the experiences of the students. The survey was used to help inform DBH and its partners on the impact of the summit's support of the youth in advocating for their own wellness needs, best ways to engage/communicate and support involvement in planning and system improvement.

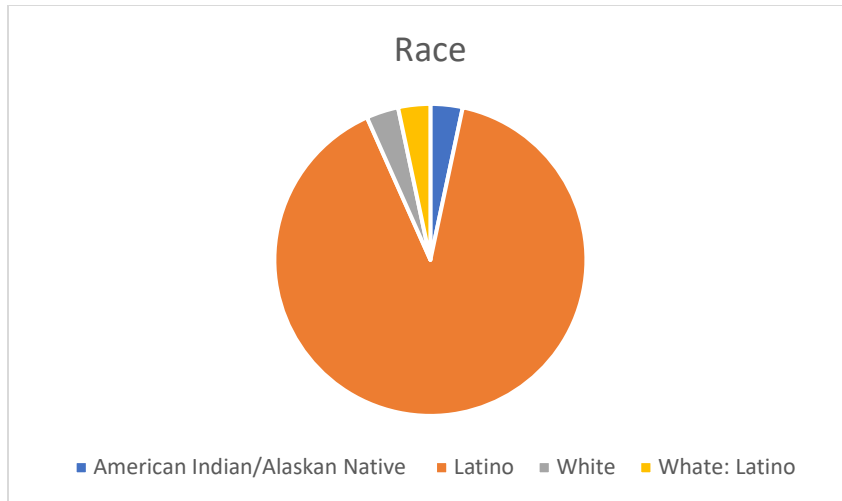
Each of the 31 youth participants received a \$10 gift card for completing the event survey at conclusion of the summit. Graph 1 below shows the overwhelming majority of the respondents were between the ages of 15-20 (aligned with age of highschoolers). The school confirmed there were not students in the group 19yrs or older. The students who self-identified as Latinos with Mexican/Mexican American backgrounds were 81% of the participants (according to census data project, Parlier is 96% Latino). 64% of the youth identified English as their preferred language with close to 30% identifying both English and Spanish.



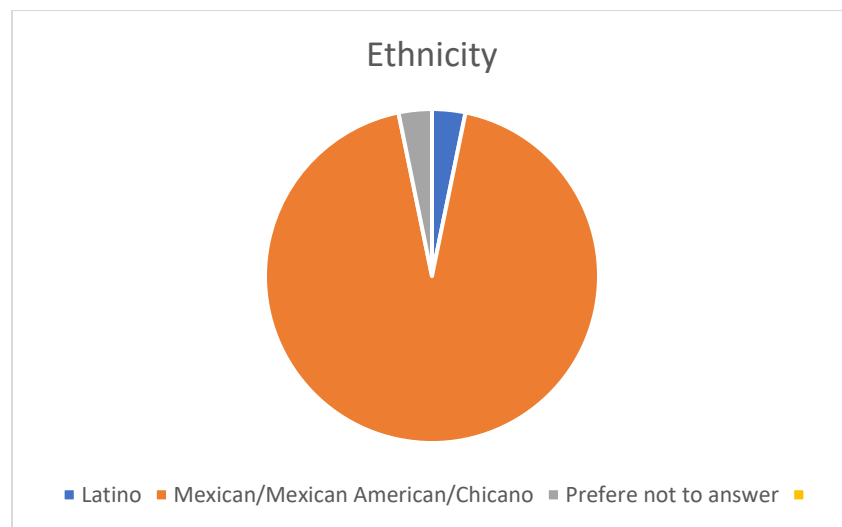
Graph 1



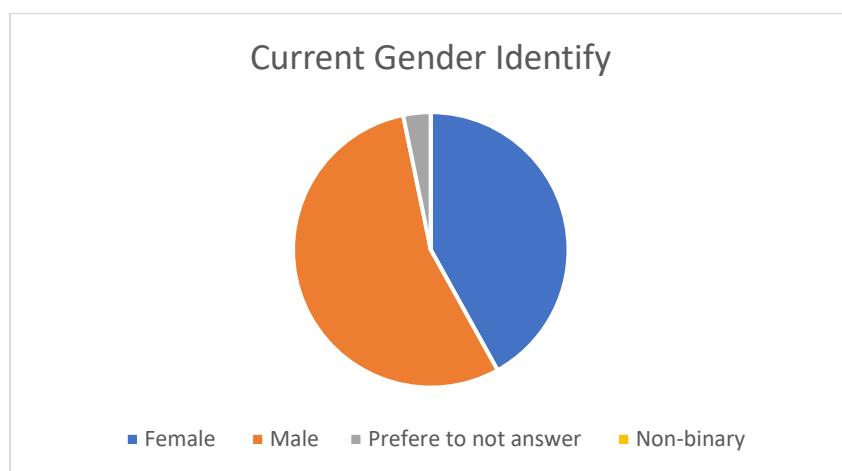
Graph 2



Graph 3



Graph 4



Graph 5

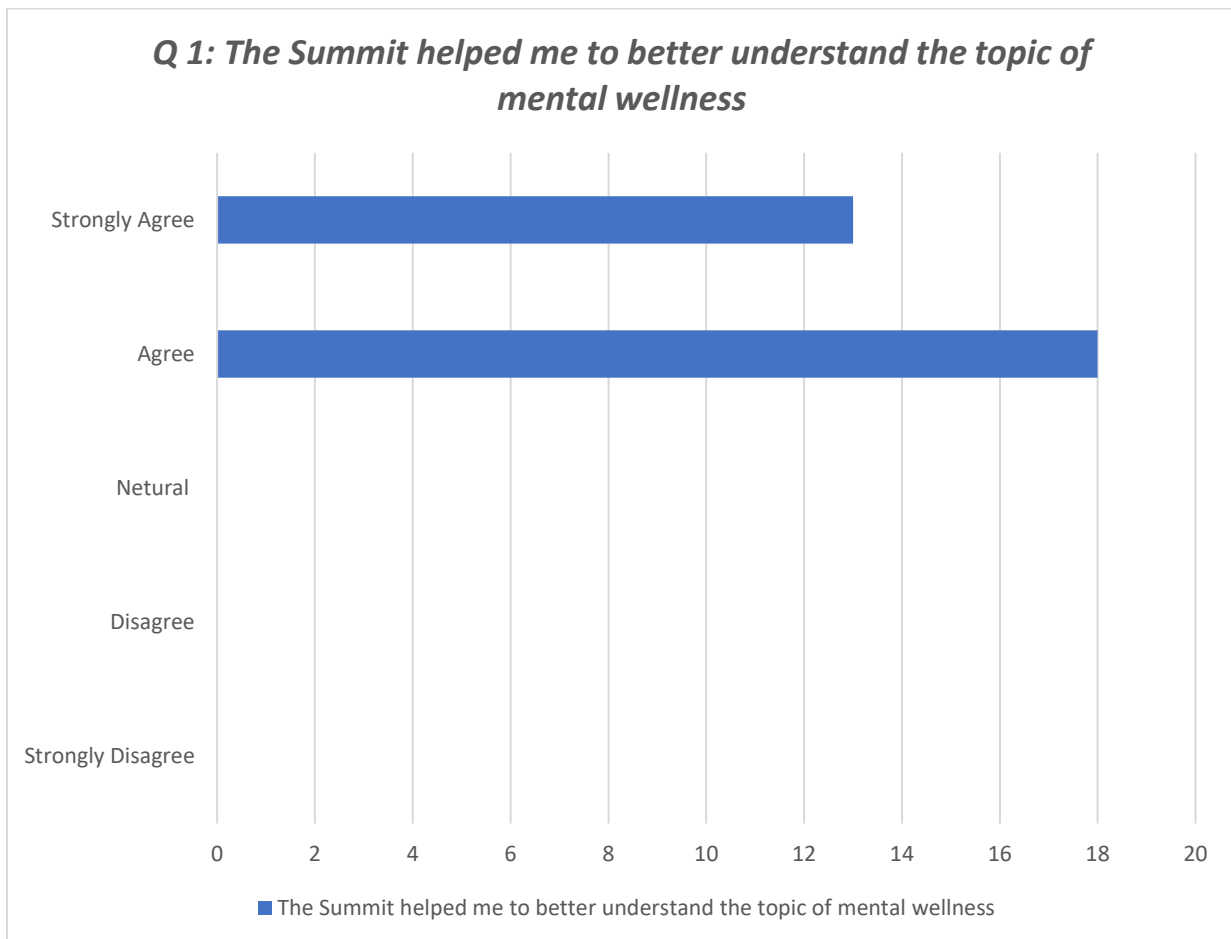
Key Findings and Considerations

At the Parlier event, youth participants were asked to complete a five-question survey to provide data that the facilitators/planners could use to assess the effectiveness of the event and its ability to achieve the goal of information and empowering the youth to be behavioral health advocates.

The survey is applicable to those who participated. The sample size of 31 is not large enough to be indicative of the entire district or the community but it does provide some self-perceptions from the youth.

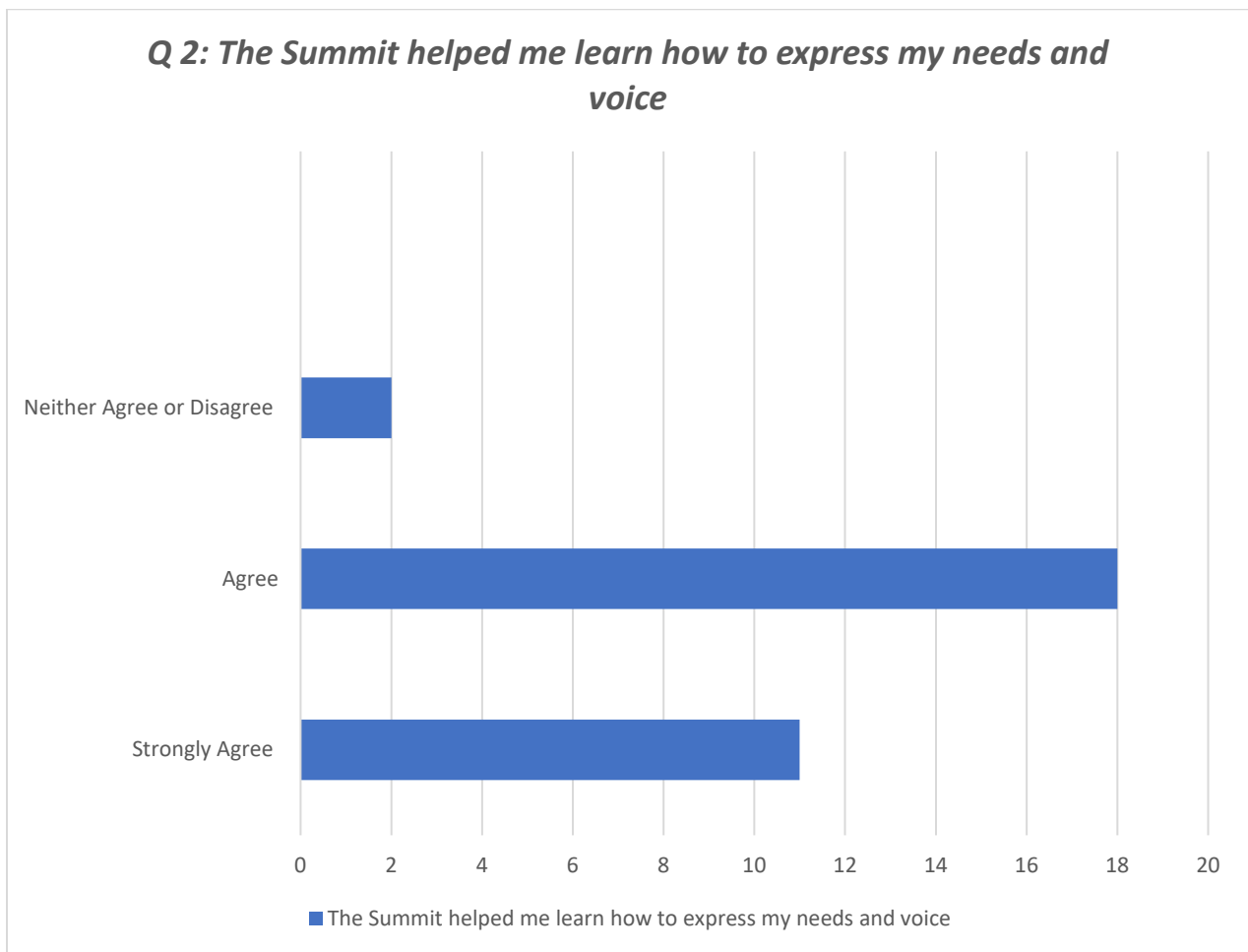
Based on the responses to question one, the youth participants found the summit useful in helping them better understand mental wellness. The survey does not identify which presentations, or activities supported this response.

One of the goals and/or purposes for the summit was to empower youth to inform and advocate for their behavioral health needs, and to become more familiar with the process and ways they can lend their critical voice to systems development, needs assessments, and community planning.



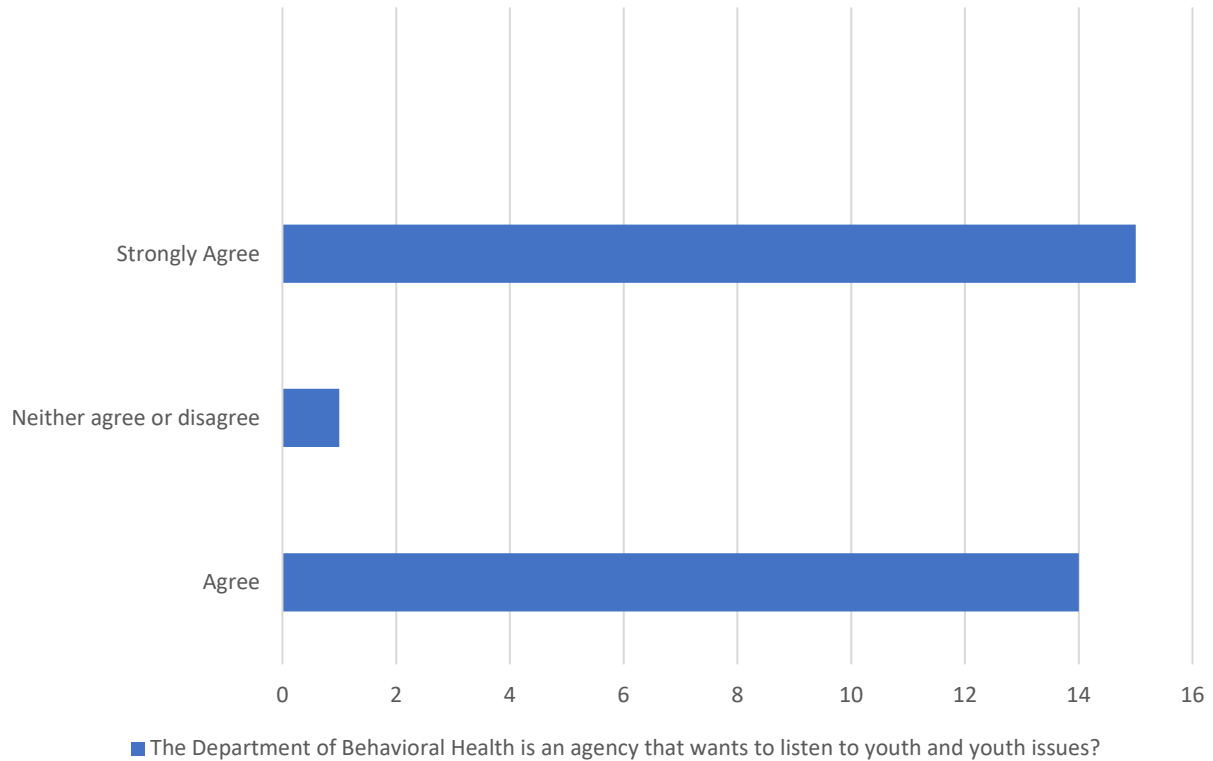
Consideration: The youth are interested in learning more about mental health and wellness and presenting the information in more interactive formats, such as art or technology, to increase interest and understanding.

The responses to questions two and three can affirm the general goal of the summit was met based on youth reports of being able to lend a critical voice to behavioral health discussion and a sense that DBH and the partners were interested in their insights, thus potentially strengthening their future involvement in community planning and stakeholder involvement.



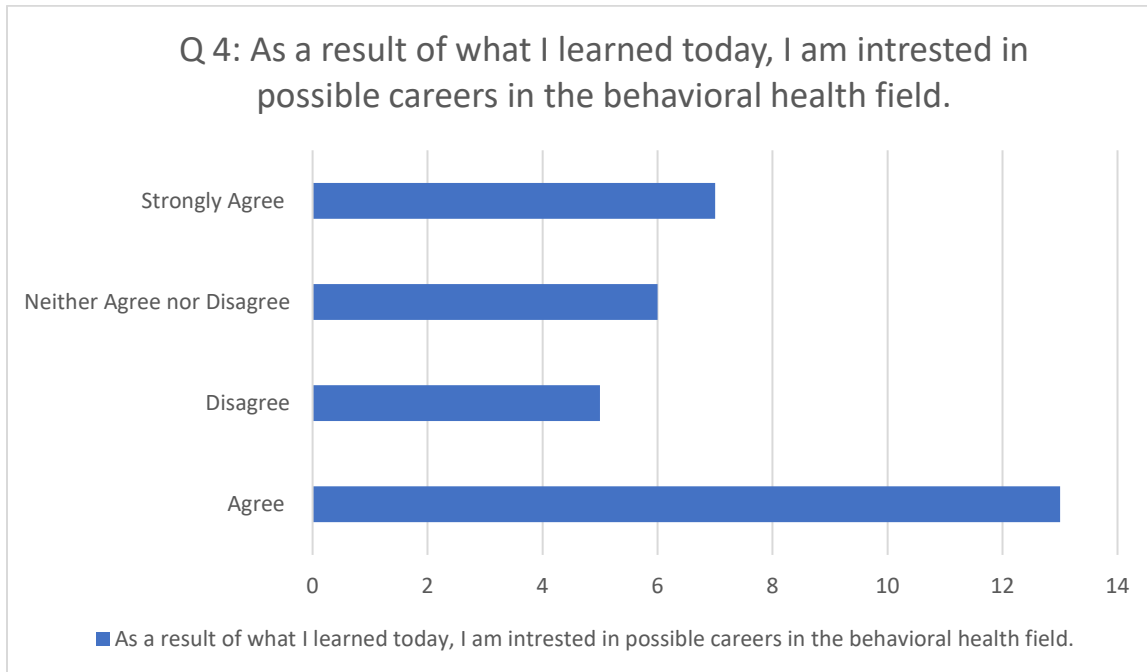
Consideration: Provide ways for youth to increase their involvement in advocacy for each other and community through more youth lead activities. Creation of a “wellness club”. Creating a “wellness” officer as part of the student government, explore establishing a NAMI on Campus Club, or developing a youth wellness advisory committee where the youth can engage with peers on needs, feedback, ideas, and be able to formally share with local policy makers.

Q 3: The Department of Behavioral Health is an agency that wants to listen to youth and youth issues?

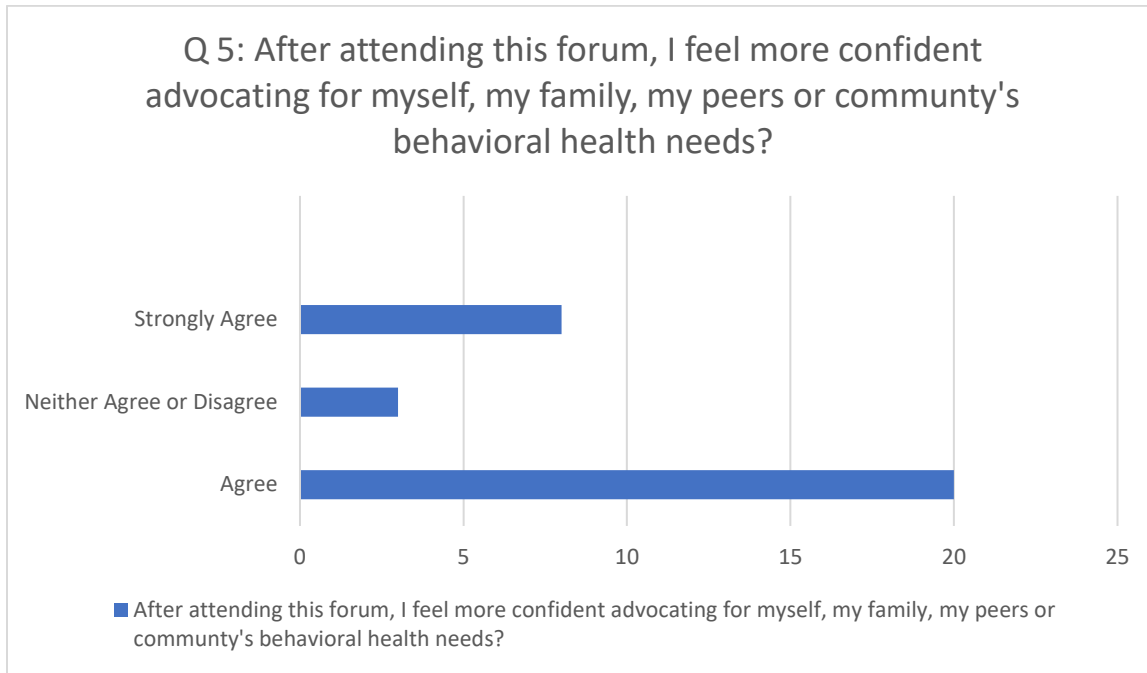


Consideration: Continue to engage with youth from rural communities through partnerships with the district. Explore ways to understand local needs, report/update youth on efforts, and/or include them in development of communication, marketing, and engagement strategies.

This youth summit did not have a presentation/activity that allowed meaningful or focused interactions with behavioral health professionals who could share about work in direct care, but the event did allow them to experience the different concepts and focus areas in the behavioral health field such as advocacy, wellness, social determinants of health, prevention resources, the roles of health/community health workers, policy development, health navigation, wellness coaching, etc. With the limited focused exposure for behavioral health careers, 64% of the summit participants expressed interest in future careers in the behavioral health field.

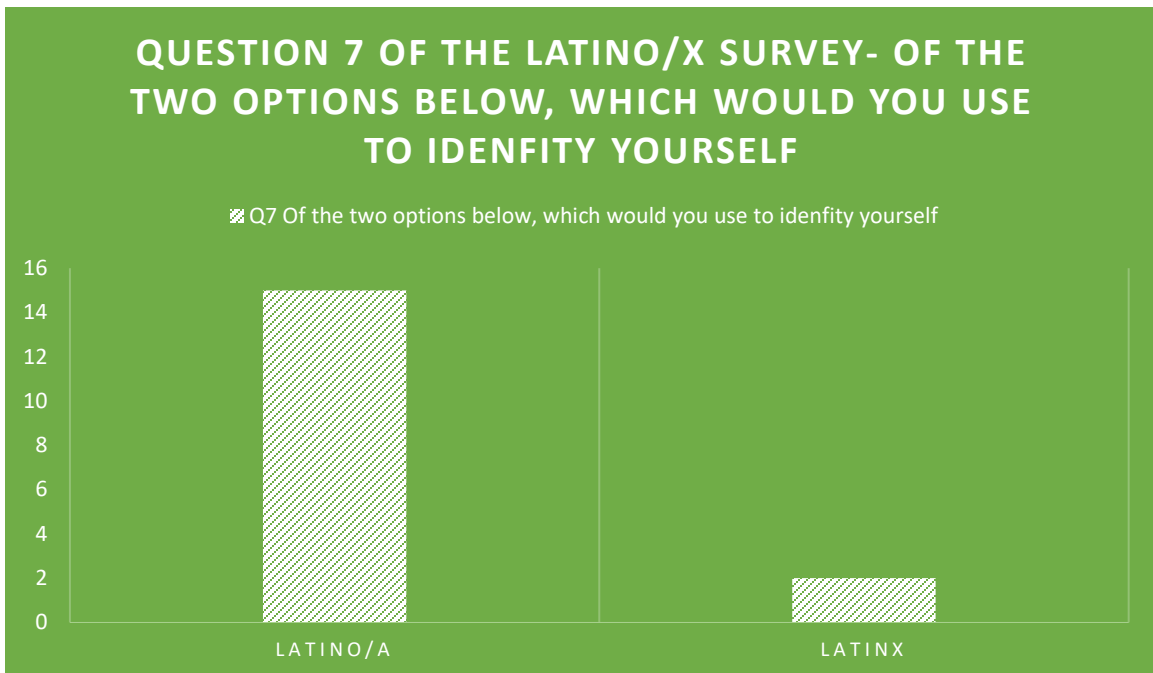


The figure below shows that 90% of the participants now feel more confident about advocating for their local wellness needs. Some may have just needed exposure to the information and opportunity to consider the topics, some may have identified with the topics and areas that interest them, and some may have just developed more confidence in a supportive environment where they were asked for their thoughts, opinions, etc. The “why” is unknown, what is clear is there is an opportunity to include, involve, and develop the youth participants to be informed stakeholders who can support and guide community wellness efforts and planning.

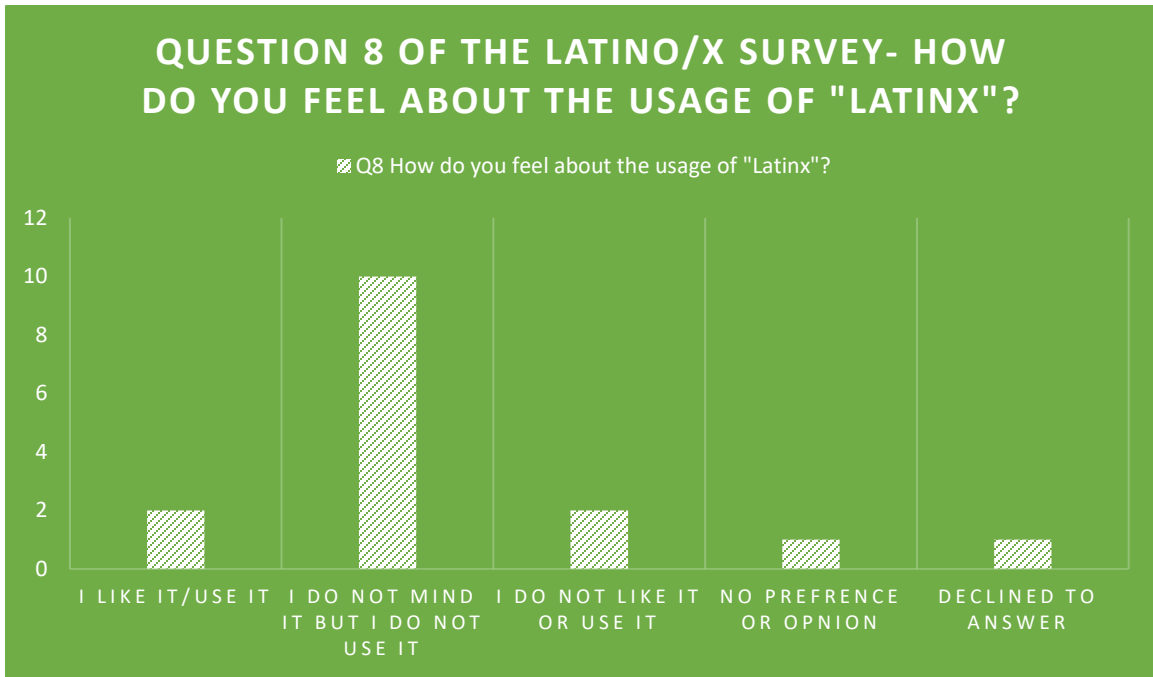


Appendix B- Latino/Latinx Survey Results

Almost half of the summit participants (17 of the 31) completed the Latino/a/x survey. Of those, all 17 confirmed they identify as Latino or Hispanic. 12 (70.59%) of the youth respondents said they are bilingual. Of the same 17 youth, 13 (76%) identified English as their primary language, with 10 (62%) identifying Spanish as their second language. While this is a small sample size, it does show (and if combined with results of this survey in other settings) that many rural Latino youth do not self-identify as Latinx. Of the rural youth (most who are bilingual but consider English their primary language) prefer Latino/a over the term Latinx. This does not mean that use of Latinx should not be used for those who self-identify as Latinx, but it does show that for purposes of communication and more effective engagement with this population they identify as Latino/a. This slight consideration may improve communication and make topics feel more applicable to them if the term Latino/a is used when engaging them. Noting this is a very small sample size.



The figure below shows a greater identification or usage of the terms by Latino/a or Latinx youth.



YOUR TIME YOUR VOICE YOUTH WELLNESS SUMMIT

YOUNG PEOPLE WANTED

MAY
22, 2024
1:30 PM
6:00 PM

Come learn the foundations to wellness and help us shape the future care that better responds to your generation and cultural needs.

FREE!

RAFFLE

FREE!

DINNER/FOOD PROVIDED!!!

Parlier High School Library
601 3rd St
Parlier, CA 93648

 Department of Behavioral Health

Your Time, Your Voice Youth Wellness Summit-Parlier

Agenda

1pm DBH team set up.

1:30pm-2:00 pm (Check in, snacks, etc.).

2:00pm-2:15pm Welcome/Intro

2:15pm-2:45pm Social Determinants of Health (SDOH) or Adverse Childhood Experiences
(ACES) by *FCHIP Hope Hub*.

2:45pm-3:15pm Advocacy by *California Health Collaborative*

3:15pm -3:50pm Art Activity and Process- *Parlier Unified*

3:45pm-4:20pm Soluna Presentation and Breathing Exercise- *Maria Mayes*

4:20pm-4:50pm- Youth Breakout

5:10pm- Youth Report Out and Recommendation

5:10pm-5:30pm Raffle, survey, warp-up. *FCDBH*

5:30pm-6:00pm Food served/food truck.

6:00pm Complete (start clean up)

Appendix E- Acknowledgements

The Fresno County Department of Behavioral Health would like to acknowledge the support and assistance of the following individuals and organizations in bringing this effort to life.

- Parlier Unified School District
- Lydia Martinez - Parlier Unified School District
- Dr. Rafael Iniguez - Parlier Unified School District
- Dr. Johnny Alvarado- Parlier Unified School District
- Ana Robleto - Fresno HOPE
- Ashlee Hernandez - Fresno HOPE
- Espi Sandoval
- Maria Mayes- Kooth USA (Soluna)
- Miriam Andres - Parlier Unified School District
- California Health Collaborative

Appendix F – References

References

Census Profile: Parlier, CA. Census Reporter. (n.d.).

<https://censusreporter.org/profiles/16000US0655856-parlier-ca/>

Data USA: Parlier, CA. (2024). <https://datausa.io/profile/geo/parlier-ca>

Delaney, K. R., Gomes, M., Browne, N. T., Jordan, D., Snethen, J., Lewis-O'Connor, A., Horowitz, J. A., Cogan, R., & Duderstadt, K. G. (2024). The mental and behavioral health crisis in youth: Strategic Solutions Post covid-19 pandemic: An American Academy of Nursing Consensus Paper. *Nursing Outlook*, 72(5). <https://doi.org/10.1016/j.outlook.2024.102177>