IMPACT:
ELEVATING YOUTH VOICE AND ENGAGEMENT IN TAY MENTAL HEALTH SERVICES

Submitted OCTOBER 2018
by No Stigma, No Barriers, a TAY Mental Health Collaborative to
The Mental Health Services Oversight and Accountability Commission
ACKNOWLEDGMENTS

The No Stigma, No Barriers Year Two Collaborative partners, listed below, wish to thank the Mental Health Services Act Oversight & Accountability Commission for funding this three-year project, which seeks to facilitate the engagement of transition age youth (TAY) ages 16–25 with California’s state and local mental health systems.

California Youth Connection (CYC) is a statewide nonprofit organization comprised entirely of youth ages 14–24 with direct experience of our state’s foster care, mental health, and juvenile justice systems. CYC facilitates youth-led organizing, education, and advocacy, providing a transformational experience of community and individual empowerment. www.calyouthconn.org

Youth In Mind (YIM) is a nonprofit organization founded and steered by youth affected by the mental health system. Youth In Mind members participate in multiple levels of leadership and advocacy, including member leadership summits, mental health conferences, and local advocacy activities with the purpose of promoting positive change through authentic youth engagement. www.yimcal.org

Young Minds Advocacy (YMA) is a nonprofit organization founded to address the number one health issue facing young people and their families—unmet mental health needs. Using a blend of policy research and advocacy, impact litigation, and strategic communications, YMA works to change attitudes towards mental illness and break down barriers to quality mental healthcare for young people and their families. www.ymadovacy.org

Peers Envisioning and Engaging in Recovery Services (PEERS) is a diverse community of people with mental health experiences. PEERS’ mission is to promote innovative peer-based wellness strategies. PEERS creates culturally-rich, community-based mental health programs that honor diverse experiences and eliminate stigma and discrimination. www.peersnet.org

California’s Mental Health Services Act (MHSA), approved by voters in 2004, plays a major role in funding innovative mental health services, mental health treatment, prevention and early intervention, education and training to people of all ages affected by mental illness throughout the state. The Mental Health Services Oversight and Accountability Commission (MHSOAC) oversees the investment of MHSA dollars, and provides vision and leadership to California’s public mental health systems, in collaboration with clients, their families, and underserved communities. The act requires that MHSOAC utilize transparent and collaborative processes to determine the mental health needs, priorities, and services for California mental health consumers. Contracting with the No Stigma, No Barriers Collaborative partners ensures that these values are upheld for transition age youth.
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As a member who has had the privilege of being on the No Stigma, No Barriers Board since the summer of 2017, I have had the pleasure of working alongside amazing people who have a beautifully overwhelming desire to create space for transition age youth to be knowledgeable about mental health and receive support for their wellbeing. What I find most exciting about this collaborative is the raw honesty and knowledge that each board member brings to the table. It is amazing to see our board members become part of the decision-making process within the mental health system and becoming a voice for others within their community.

One aspect that I really appreciate about the NSNB Board is how much it has helped me develop as a leader and as an advocate for mental health. Being given opportunities such as teaching a workshop on mental health resources within higher education at the NAMI conference and shadowing MHSOAC Chair John Boyd have been such meaningful experiences because they gave me a platform to create change head on. While shadowing Commissioner Boyd I was able to provide input on a variety of different cases and see what our communities are trying to do to improve the mental health system. Being the only youth in the room was definitely intimidating but made my voice that much more impactful.

The impact that the No Stigma, No Barriers Collaborative has made was most notable when several board members held a workshop at the MHSOAC meeting in June. Four other board members and I gave a workshop on ways to engage and bring together members of different generations, with the goal of closing the generational gap and allowing equal opportunity for all to take part within the same mental health services. Throughout our workshop we utilized different strategies common among youth-shared spaces such as chart writing, where someone visualizes and writes the key points that are being said on paper, and interactive activities such as having the commissioners become a part of our presentation. According to MHSOAC Vice Chair Commissioner Khatera Aslami-Tamplen, our board provided some much needed feedback about the realization for the need for proper youth representation when discussing and creating services that will have a direct impact on transition age youth.

The No Stigma, No Barriers Collaborative is a force to be reckoned with and will continue its mission of creating direct engagement of transition age youth with California’s state and local mental health systems.

—Kimberly Coronel, 18, NSNB Year Two Board Member, San Bernardino County
YEAR TWO NSNB BOARD ROSTER

DeAnna Atkins, Alameda County

Kimberly Coronel, 17, San Bernardino County

Gabby Davis, 20, Alameda County

Mellie Dunn, Alameda County

Smitha Gundavajhala, 22, Alameda County

Cecelia Najera, 25, Stanislaus County

Susan Page, 26, San Francisco County

Christina Parker, 23, San Bernardino County

Sydnee Perez, 20, Alameda County

All’Love Aundrea Stuckey, 27, Humboldt County

Jennifer Trujillo, 18, Kings County

Amber Ward, 24, Monterey County

Ashley Wiley, 24, Alameda County

Wallace Wilhite, Alameda County
California Youth Connection (CYC) convened a group of like-minded partners to submit a collaborative proposal in 2016 to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to facilitate the engagement of transition age youth (TAY) stakeholders with California’s mental health systems. The partner organizations—CYC, Youth In Mind, Young Minds Advocacy, and VOICES—brought to the Collaborative decades of experience conducting youth-led outreach, training, organizing, and advocacy as well as deep knowledge of the state’s child serving systems. Proposing a youth-directed program to elevate youth voice as a strategy to improve and transform systems, the Collaborative was awarded a three-year contract with MHSOAC, and in November 2016 launched a coordinated program of TAY-stakeholder engagement, education, and advocacy. In year two, PEERS joined the Collaborative, and VOICES transitioned out. Over time, CYC has broadened its work with TAY-led organizations from throughout California, diversifying the perspectives and collaborations that support our primary goal of bringing youth voice to the center of policy, planning, and oversight.

To ensure that California’s local and statewide systems provide better and more responsive supports and services to improve mental health outcomes for TAY and their families, the Collaborative engages in local and statewide:

- Outreach, Engagement, and Communication
- Training and Education
- Advocacy

In the fall of 2016, the partners convened a group of young people ages 16 to 28 with personal and professional experience with California’s mental health systems to guide the Collaborative. Becoming the board of the Collaborative, the group focused initially on creating collective identity for the project through naming, branding, and communications, and then began drafting a charter to provide operational guidance for the board and the Collaborative. The board named the Collaborative “No Stigma, No Barriers” (NSNB) to reflect their commitment to eliminating stigma around mental health and breaking down barriers—both internal and external—to wellness.

Drawing upon the board members’ own experiences and information gathered through the NSNB activities, the work of the collaborative aims to ensure that California’s local and statewide systems provide access to high quality, responsive supports and services to improve mental health outcomes for the state’s 5,500,000 transition age youth and their families.

Between adolescence and early adulthood, young people undergo profound neurological, emotional, and social development. At the same time, between the ages of 16 and 25 or so, young people—often referred to as transition age youth or TAY—are also faced with the task of establishing independence, sometimes earlier than they would choose. Many also experience the initial onset of

TO BE WELL TAKES A COMMUNITY

“To be well takes a community—seeing others that have gone through what you are going through, and who show you a way up. That’s exactly what collaborations such as NSNB empower youth and young adults to be able to do more of. Empowering one another on our journeys to be more well, mentally and in every other area. Your story matters! You never know who could be watching.”

—ALL’LOVE AUNDREA STUCKEY, 27, YEAR TWO NSNB BOARD MEMBER, HUMBOLDT COUNTY

OVERVIEW

From the beginning, the guiding strategy of No Stigma, No Barriers has been to infuse youth voice and engagement into TAY mental health services and ensure that TAY voices become central to the planning and oversight of California’s mental health system.
serious mental illness during these transitional years. According to the National Institute of Mental Illness (NAMI), one in five teens and young adults live with a mental health condition, with half developing the condition by age 14 and three-quarters by age 24.¹

The young people guiding the Collaborative affirmed from the outset the importance of providing supports beyond a medical, illness-based model, asserting instead the value of asset-based approaches, peer-led programs, and support for various paths to mental wellness. Supports for connecting with and maintaining employment, education, housing, and positive relationships are also noted by the young people of the Collaborative—and affirmed by other transition age youth they surveyed—as being essential to mental wellness.

This is the second of three annual reports on the state of the community of transition age youth with mental health needs in California and the TAY leaders, providers, and systems engaged in serving them. In keeping with No Stigma, No Barriers’ commitment to putting youth voice at the center, this report is filled with the observations, recommendations, creativity, and personal perspectives of the youth guiding the collaborative.


KNOWING YOU MAY BE SOMEONE ELSE’S LIFELINE

“What keeps me going is other people. I think a lot of other TAY youth feel they may have stigmas around mental health or they aren’t willing or able to take resources but they’re able to continue on with life despite having mental illnesses or thoughts of suicide or wanting to give up—just from talking with other people, knowing that they may be someone else’s lifeline so they know if they were to end their own life it might potentially cause someone else to end theirs. What keeps me going is other people. Other people going keeps me going.”

—CHRISTINA PARKER, 23, NSNB YEAR TWO BOARD MEMBER, SAN BERNARDINO COUNTY

ABOUT THE COLLABORATIVE

The No Stigma, No Barriers Collaborative, directed by transition age youth (TAY) ages 16 to 28, was formed to end stigma towards mental illness and break down barriers to care for young people in California. We do this through trainings, outreach, and advocacy at the county and state level. The Collaborative is a three-year project funded by the Mental Health Services Act (MHSA). Year Two project partners include California Youth Connection, Youth In Mind, Young Minds Advocacy, and PEERS.

www.nostigmanobstacles.org

NO STIGMA, NO BARRIERS YEAR TWO STATE OF THE COMMUNITY REPORT
Over the past 30 years, the thousands of current and former foster youth who have been a part of CYC have consistently reflected and deliberated on questions of mental health experiences, needs, services, and outcomes. As youth who have experienced foster care, CYC members have by definition experienced trauma related to both the experiences that brought them to the attention of the system, and trauma related to their experience of the system itself. Nearly all of our members have had contact with the mental health system whether through a screening or evaluation, a relationship with a therapist, a prescription for psychotropic medication, or a hospitalization. Those who’ve listened to their experiences and their preferences and their recommendations understand a fundamental tension in transition age youths’ relationship to mental health services: on the one hand, youth are often forthcoming about their emotional and mental health needs, and they want support to be consistently available and easy to access; on the other hand, many youth have been offered, or even forced to accept, services and interventions that they did not want and that did not feel useful, and which in some cases even contributed to their trauma and suffering.

CYC has pursued a number of state bills and initiatives over the past three decades that directly address the mental health needs of children in foster care. In some cases, CYC members have supported expansions of services and sought improved access; and in many other cases, they have supported youths’ right to decline services that they do not want or feel that they are unlikely to benefit from. What seems like a tension or a contradiction to some advocates and audiences is experienced by the youth themselves as a simple formulation: Yes we need help, but it has to actually help.

CYC’s recent participation in campaigns to reduce the utilization of psychotropic medication among youth in foster care illustrates the balanced and sophisticated approach that our members tend to take. When advocates including National Center for Youth Law completed analyses documenting unjustifiably high rates of psychotropic medication prescription among foster youth of all ages, CYC members activated by sharing their own stories, reflecting on their experience, and developing a vision for a better approach. While CYC partnered with other advocates to raise awareness and pursue legislation that sought to increase state oversight of medication prescriptions for youth in foster care, youth in county-based CYC chapters have approached local child welfare agencies and non-profits that serve foster youth to ask

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and advocate for increased investment in alternative forms of mental health and wellness support, including after-school programming and activities, peer to peer supports, education about nutrition and exercise, and community engagement activities. CYC youth understand that young people do sometimes need more intensive intervention, and continue to support increased access to quality services—but they want those services to be available as part of a comprehensive continuum of support.

Through a range of activities, the NSNB Board and partner organizations have demonstrated that when we truly engage with youth voice, the conversation expands to include a much broader conceptualization of mental health. Despite a system that is shaped by funding tied to diagnoses, impairments, and deficits, when young people visualize effective mental health systems, they envision strong supports for healthy social, emotional, and behavioral development.

As noted in last year’s report, “Transformation,” the founding No Stigma, No Barriers Board selected as its first year advocacy priority supporting local advocates in getting transition age youth appointed to local mental health boards. The collaborative partners operate from the assumption that TAY should be part of any decision-making process that directly impacts them. For Matt Gallagher, a mental health advocate since his teens and currently the District 3 Consumer Representative to the Sacramento County Mental Health Board, it’s a matter of trusting youth to help build the system:

“For years I have heard counties, providers, and advocates all encourage youth representation in the local mental health planning process, but there has been no effort to translate this rhetoric into reality. Adults, including myself, sometimes think we know everything, and we perceive youth as inexperienced. This assumption is

ASKING THE RIGHT KIND OF QUESTIONS

“I feel mental health services are not youth friendly. You go because you want help, and most times you end up feeling that it’s something you’re doing wrong. There’s a stigma behind mental health that makes you not want to go get medicine or get treated. And when you do get treated it’s often not helpful. In many cases the foster parent uses these meetings with the psychiatrist or therapist to vent and say this child has issues without allowing the youth a chance to speak. In most cases when they prescribe medication, it’s supposed to be a two-part thing with therapy and a psychiatrist working hand in hand, and that’s not often what happens. They should just try to talk to youth. When you go in the first thing you talk about is: What is the issue, what is the problem? They don’t try to get to know who you are, what’s the backstory, and that’s really important. So it’s as simple as asking the right kind of questions.”

—KIMBERLY CORONEL, 18, NSNB YEAR TWO BOARD MEMBER, SAN BERNARDINO COUNTY
often incorrect. In some cases, people will purport to value the youth perspective, but will tokenize the youth voice, saying ‘look, we have youth participation,’ and the room bursts into applause because a single youth is in attendance. Such tokenization does not actually value or integrate the youth voice, but is rather perceived as patronizing, demeaning, and condescending. Resolving these problems begins by valuing the youth perspective and by trusting youth to be experts on youth-related issues. California’s public mental health system currently serves children, youth, and adults; yet, youth are not involved in the creation of the system that serves their population. On one hand, youth are told to trust the system to fulfill their mental health needs. On the other hand, youth are not trusted with positions that would allow them to provide meaningful insight about the system. Trust is a two-way street; if you want youth to trust the public mental health system of care, begin by trusting youth to help build that system.”

As will be further explored later in this report, NSNB has had some success in seating TAY on local mental health boards, and has been supporting those young leaders in learning to navigate and help shape the proceedings of the boards and connect them to the realities of systems’ performance on the ground.

Working to place youth on local mental health boards is a very direct and concrete way to elevate youth voice, manifesting the conviction that youth participation in local oversight and decision making both adds vital insight to and increases accountability for the process of crafting effective service systems.

VALUES AND NORMS

The NSNB Board generated the following set of values and norms to guide the work of the Collaborative:

- Community unity and shared power
- My voice is heard and respected
- Centering and incorporating youth voice—giving youth more space to advocate for themselves.

- Youth-centered ideas and goals
- There should be equity among organizations. (Power and wealth should be shared.)
- Stipends for youth advocates—compensate them for emotional labor.
- Build allies, honor bravery
- Access/information sharing about mental health resources.
- Feed people—bring snacks.

NSNB was formed to model authentic youth engagement and leadership—this means not just presenting youth with facts, dilemmas, or decisions formulated by experts or administrators, but rather engaging youth themselves in defining and prioritizing issues and needs. To that end, the NSNB partners and board committed to making all aspects of the Collaborative a platform for youth voice, including this second year State of the Community Report.
All activities of the No Stigma, No Barriers Collaborative are led by a group of young people ages 16 to 28, who comprise the NSNB Board and are supported by CYC and its collaborative partners. The overarching aim of these efforts—which include advocacy, trainings, and outreach—is to improve mental health outcomes for California’s transition age youth (TAY).

In its second year (FY 2017-18), the No Stigma, No Barriers Collaborative engaged in a broad range of youth-led activities throughout the state. The Collaborative focused on topics including improving mental health supports on campus, increasing youth representation on boards and planning bodies, reducing stigma, and improving accessibility. To these ends, NSNB Board members planned and implemented three primary strategies:

• Outreach, Engagement, and Communication
• Training and Education
• Local and Statewide Advocacy

As CYC and other youth-led organizations have long recognized, the impacts of youth-led advocacy are two-fold: integrating authentic youth voice makes for better systems by ensuring that services and supports match young peoples’ needs and are accessible; and participating youth experience lasting empowerment by learning and practicing new skills, being recognized and respected, and seeing the impact of their efforts on the world around them.

Given this dual nature of the work, the primary NSNB strategies are overlapping and integrated. For example, youth receive preparatory training in advocacy skills. These skills include strategic sharing and public speaking, which support both outreach and advocacy efforts. Youth are trained in governance and group process, including reflection and continuous learning. They debrief following outreach and advocacy activities, and revise their learnings into future training activities.

Furthermore, integrating youth-led outreach and organizing, training, and advocacy provides opportunities for youth to practice new skills in progressively more complex and higher stakes environments. An NSNB Board member’s first speaking experience may be at a peer outreach event, where they gain the confidence to speak before an audience of local stakeholders, before learning how to craft and confidently deliver testimony before a government planning body or at the state legislature. Their experience and example then becomes an inspiration and model for other youth. CYC’s 30 years of youth leadership development has demonstrated that integrating youth-led organizing, training, and advocacy provides a demanding, empowering, and rewarding experience for participating youth.

“Stigma keeps people from being free. I got involved in the youth board to help young people talk about their mental health needs.”

—GABBY DAVIS, 20, NSNB YEAR TWO BOARD MEMBER, ALAMEDA COUNTY
OUTREACH, ENGAGEMENT, AND COMMUNICATION

The hub for the Collaborative’s outreach, engagement, and communication is the NSNB website, www.nostigmanobstacles.org, a dynamic platform for information about TAY mental health. The site provides:

- Resources for youth in need of mental health support
- Connections for TAY and their allies to get involved with NSNB
- Quotes and stories from TAY advocates

Throughout the year, the NSNB Board collaborated with staff of the partner agencies to craft presentations, informational materials, and community education campaigns drawing on both their personal experience and their research regarding mental health topics and policy. In just one example, youth developed outreach presentations focused on mental health service access and treatment as a social justice issue. They engaged in dialogue with advocates and community members from throughout the state regarding high rates of mental and behavioral health conditions among marginalized populations, as well as the disproportionate use of restrictive and criminal justice interventions with those same populations. Year Two partner Youth In Mind synthesized the learning from this youth-led engagement and research in its Travel for Justice curriculum, a significant part of NSNB’s spring 2018 training agenda.

In another example, in collaboration with Young Minds Advocacy and Teenz Talk, NSNB youth leaders participated in a series of listening sessions at Northern California high schools, including in Palo Alto and Half Moon Bay. Palo Alto had received recent attention in the press for an increased number of teen suicides, and NSNB youth were interested in understanding the struggles of students from comparatively privileged backgrounds. The dialogue focused primarily on the need for additional proactive supports for wellness, echoing a theme that NSNB members had heard among youth from across the spectrum of race, ethnicity, class, and gender—including the members of CYC, all of whom have experienced foster care.

The Year Three NSNB Board plans to maintain this focus on wellness in its own practices, as well as in the curricula it is developing for youth-led trainings. In keeping with the name of the Collaborative, the board sees combating stigma as a key proactive strategy to support wellness, preventing the shame and isolation that they feel contribute to the needless worsening of transition age youth mental health.

COMMUNICATION + STRATEGY = ADVOCACY

Inform, engage, and empower mental health stakeholders to influence policies and programs impacting the lives of TAY.

Change attitudes about mental health and illness and educate the public about the unique needs of TAY.

WHY IS TAY MENTAL HEALTH IMPORTANT?

NSNB partner PEERS developed a brief promotional video for the Collaborative, which has been distributed online and via social media.
TRAINING AND EDUCATION

The NSNB Collaborative’s training and education activities are designed to equip youth throughout the state with knowledge of the structure, performance, and outcomes of California’s mental health systems serving transition age youth; the skills and confidence to engage with those systems; and to educate stakeholders about youths’ perspectives on their own experiences and needs.

As described above, NSNB training activities are integrated with outreach and advocacy strategies. For example, in their initial development of a Transition Age Youth Mental Health 101 curriculum, the NSNB Board found it useful to review and reflect upon SAMHSA’s Eight Dimensions of Wellness, in order to ground training information about law, policy, and financing in a clear representation of desired outcomes for youth.

They included a review of the Eight Dimensions in workshop training sessions delivered to youth at CYC’s July 2017 Summer Leadership and Policy Conference and February 2018 Day at the Capitol Event; at the May 2018 California Mental Health Advocates for Children and Youth Conference; and at the June 2018 National Alliance on Mental Illness conference, as well as Youth In Mind’s five Travel for Justice local training events. The tool was also useful to the board as they discussed and integrated responses to the TAY survey they conducted during Year Two.

The Eight Dimensions of Wellness are:

- **Emotional**—Coping effectively with life and creating satisfying relationships
- **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
- **Financial**—Satisfaction with current and future financial situations
- **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
- **Occupational**—Personal satisfaction and enrichment from one’s work
- **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
- **Social**—Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual**—Expanding a sense of purpose and meaning in life

https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness

The board has incorporated SAMHSA’s Eight Dimensions of Wellness into their trainings.
The Year Two NSNB Board was also interested in drawing direct links between social justice and unmet health needs of transition age youth in California. They worked with partner Youth In Mind to develop a Travel for Justice curriculum focused on engaging young people in thinking about how individuals, their community, and public systems all impact their health.

Each Travel for Justice training integrated elements of the Eight Dimensions of Wellness, and was co-hosted with a local community-based organization to ensure that the discussion was grounded in local realities. These forums were modeled on NSNB's Year One Stomp Out Stigma! Trainings, where local partners supported NSNB trainers in customizing the materials and work products for their own transition age youth communities.

Each forum featured a lived-experience panel where young people shared their experiences and perspectives. The outcomes of the trainings included ‘DIY Make and Take It’ wellness strategies developed by youth participants from the Eight Dimensions of Wellness and templates for how to replicate the conversations with more youth from their communities.

**WHAT DO YOU NEED TO FEEL YOUR BEST?**

“I like to be around people. I don’t like to be isolated. Well, sometimes I do like to be isolated. What makes me feel my best is being around people who are at their best. When you’re around negative energy you tend to reflect that negative energy, and when you’re around positive energy you tend to reflect that positive energy so I like to be around positive people.”

—CHRISTINA PARKER, 23, NSNB YEAR TWO BOARD MEMBER, SAN BERNARDINO COUNTY
TAY MENTAL HEALTH AND WELLNESS SURVEY RESPONSES

To further inform their Training and Education curriculum development and planning, the Year Two NSNB Board developed a Transition Age Youth survey and distributed it via the email lists and social media of NSNB Collaborative organizations and other community partners. The survey was developed and vetted by the NSNB Board, and was distributed widely in spring of 2018.

30 young people from counties including Shasta, San Bernardino, Fresno, Contra Costa, Humboldt, Kings, and Los Angeles provided detailed and thoughtful responses to the survey. Consistent with the feedback NSNB has received in the community, respondents talk much more about wellness and relationships than they do about programs and services.

The following are the words of youth respondents themselves:

WHAT IS THE IMPACT OF HAVING YOUTH ON STAFF?

Nearly three-quarters said they felt it was “very important” or “somewhat important” that they “see and interact with staff who are near their own age when they seek mental health support.”

“It allows me to vent without judgement.”

“It’s important because you know that you have someone to talk to when it can personally be difficult.”

“Peers my own age understand me more.”

“Very important because it shows you that you’re not alone and united we can conquer all fears.”

“Because they are closer in age to me and will most likely understand the situation at hand because they also live in the time frame where they know what it is like to live in a world where being young comes with new difficulties.”

HOW DO YOU DESCRIBE MENTAL HEALTH AND WELLNESS?

When asked how they describe mental health, TAY frequently referred to a sense of peace and calm.

“[It is} the state of being at ease and in peace both in mind and wellness.”

“Mental wellness is self-care and relaxing the mind from stresses and tensions in the real world.”

“What this concept means is having the mind be at a state of peace and calm. Your body and mind are both on the level of goodness and calm.”

“Processing before reacting. Feeling in control and at peace.”

“Being in tune with your whole self and being at peace.”

“I would describe having mental wellness as having a positive and peaceful state of mind.”

“To me, mental health and wellness is a state of being at peace in your own mind; fully in control of your emotional state, with the ability to process negative experiences in a healthy and positive way.”

“In my own words, I would describe mental health as a state of being where you’re content where you’re at in your life. You have a sense of calmness and wellness in your mind, body, and spirit.”

STIGMA

All but two youth out of 30 said they had experienced stigma (prejudice, blame, or misunderstanding) about mental health.
WHAT DO YOU NEED TO FEEL YOUR BEST AND TO KEEP GOING?

Many young people cited safety, stability, and trust as crucial to feeling their best.

“To feel like I am in a safe place, like I’m loved, and my opinion and I matter. Also, to know that no matter what I do the people I trust and count on will always be there for me.”

“Stability and a strict, busy schedule.”

“Personally, I need security and stability in my life.”

They also spoke about order, both financial and in their living space:

“Finances under control, and the house to be clean.”

“Financial and housing security.”

“Well, I personally need coffee first and then I need to feel supported and like what I say matters. I need a clean stable environment that makes me want to be motivated.”

Nature, music and poetry also help young people feel their best and keep going.

“Nature and music.”

“Poetry.”

“I meditate, listen to music, give advice, and help those who want help.”

They also spoke of the importance of belonging and having a sense of purpose:

“I like to feel like I belong and that I am important in situations, as well as feeling like I matter.”

“To be hopeful and positive of what’s to come.”

AN OVERWHELMING NUMBER OF YOUTH NOTED THE IMPORTANCE OF RELATIONSHIPS:

“Friends and family.”

“Meaningful human interaction.”

“I need encouragement, love and support from others around me.”

“Someone to validate and to hear me out. I need someone to listen with an empathetic heart.”

“To feel my best I need the people around me to make me feel welcomed, feel that I belong and just to listen to me.”

“My team.”

“For me to feel my best, I sometimes require reassurance.”

“I need the support of others—knowing there are people ‘in my corner.’ Having practical tools for emotional processing and the support of a therapist is also needed to feel my best.”

“I need to be surrounded by the people who support and motivate me.”

“In order to feel my best I need outlets and the ability to do things that make me feel good around people who understand me and make me feel good and wanted.”

“Honestly, coffee and most importantly family, and my ilp worker.”

“My dad.”

“My family.”

“I need to have a loving parent(s) that will be there for me no matter what. I also need to be able to be where I need to be when I need to be.”

“In short, my cat and my relationships. Being there with and for people is really important and I want to help people be happier and be their best selves.”

“My faith, family, friends and loved ones.”

“I love when people tell me that they are proud of me. It lets me know that I am doing something right.”

“My family and friends keep me going as well as finding happiness and hope at the moment and future.”
LOCAL AND STATEWIDE ADVOCACY

In late fall 2017, the NSNB Board conducted a planning retreat, during which they surfaced a number of issues that they considered to need significant attention from advocates. Among their priorities were the following:

- Training for educators about trauma and mental health needs
- Additional structures for peer support and personal mental health advocacy
- Universal education to reduce stigma
- Culturally appropriate resources/support for the mental health of boys and men of color
- Increased support for the transition from youth to adult mental health systems
- Reexamining and rewriting WIC 5150 and 5250 codes

They also engaged in a grounding exercise where they discussed what advocacy means to them, individually and as a group. At the start of the year, the Year Two NSNB Board defined advocacy as the following:

- Artistic forms of communication
- Normalizing mental health
- Sharing personal stories
- Cultivating bravery and allies
- Training and collaboration
- Mentorship training
- Reaching out to other and older generations

Following this grounding exercise, the NSNB Board received training in mental health advocacy topics including “TAY Mental Health 101” about the structure, performance, and outcomes of California’s mental health systems; “OMG! (Oh My Government!)” about how to engage with California policymakers, including the state legislature and administration, as well as local governments. Advocacy skills training included Root Cause Analysis, Developing Solutions and Strategies, Strategic Sharing, and Public Speaking.

The board continued to research and discuss their advocacy topics and ideas throughout the year, integrating their learning and observations with the Collaborative’s Outreach and Engagement, Training, and Advocacy strategies. After deliberating on likely advocacy opportunities and potential strategies, the NSNB Board decided to structure their statewide and local advocacy around three primary topics:

1. Continued efforts to secure TAY appointments to local Mental Health Boards
2. Increasing campus awareness and support for TAY mental health needs
3. Improving the SSI program

The NSNB Board collaborated with the Year Two partners, particularly Young Minds Advocacy, to develop local and state advocacy actions that included presentations before local Mental Health Boards, individual and group meetings with campus administrators, and collaboration to respond to a federal request for comment regarding SSI. The following section contains additional information and work products from the NSNB Advocacy activities.

“I want a mental health system where therapists can successfully communicate with youth. We can accomplish this through youth-led trainings that let young people share ideas on how we can improve services in their county.”

—JENNIFER TRUJILLO, 18, YEAR TWO NSNB BOARD MEMBER, KINGS COUNTY
CROSSING OVER TO ADULTHOOD

TAY describe an unsettling difference between the response to mental health challenges experienced by a young person under 18 and the response to those experienced by young people even a few months older.

“Before 18, you are thought of as being different in the sense of your mental illness is seen as a mental health issue, and you’re not so much stigmatized as “being crazy,” and it’s dealt with as such. When I was under 18 I got 5150’d, and that experience was more conducive or helpful than being 5150’d after I turned 18. I think it’s because for under 18’s, the services understand that your thought processes are different, and they really try to help that young person deal and recover from whatever traumas or issues they’re having at that time.

When I was under 18 I was allowed to draw as part of my therapy, and I was taken to get food. It was still problematic but it was way better in terms of the level of service you get than after 18. So I do feel that mental health services for people under 18 are more conducive or helpful than over 18 although they’re still problematic for the under 18s.

When you transition to the over 18 category you still have a lot of services because you fall into that MediCal category for Katie A. So even though you have less conducive services than you did when you were under 18, you still have access to more services than you will when you turn 21.

When you exit out of the “under 21” age range, you no longer have access to a lot of those resources you did under 21, which is problematic because many mental illnesses do not develop until after 21. 25 is the mark where a lot of those issues may arise.

Before you were 21 you had all these resources but maybe you didn’t need them, and at 22 you have a psychotic break or develop schizophrenia, and you no longer have those resources you had before you turned 21 but now you need them.”

—CHRISTINA PARKER, 23, NSNB YEAR TWO BOARD MEMBER, SAN BERNARDINO COUNTY
In Year Two, the No Stigma, No Barriers Board focused their local and statewide engagement on three primary advocacy priorities:

1. Continued efforts to secure TAY appointments to local Mental Health Boards
2. Increasing campus awareness and support for TAY mental health needs
3. Improving the SSI program

The following pages detail the NSNB Year Two strategies, activities, and accomplishments on each of these priorities.

### Youth Representation on Local Mental Health Boards

The Year Two NSNB Board continued to focus on educating young people in communities across the state about the role and potential influence of local mental health boards. They also engaged county mental health board members, local administrators, and advocates directly to educate them about the value of youth representation on mental health boards.

In the fall of 2017, this sustained focus led to a significant victory, when NSNB Board member Susan Page was appointed to the San Francisco Mental Health Board and voted co-chair.

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**SF Woman Uses Own Struggles to Advocate for Well-Being of Youth**

*By Jaya Padmanabhan on December 21, 2017*

“Susan Page sees her role on the Mental Health Board as being a voice for youth to ‘really make youth feel comfortable speaking up about their mental challenges.’ The Youth Committee is a sub-committee of the mental health board and, according to Page, the mission is to promote the best mental health care for youth in San Francisco.

‘I’m the only youth on the Youth Committee and I’m really hoping to get more youth involved so we can really be a youth committee that is fully with youth, for youth,’ she said.”


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*Susan Page prepares to speak at an event for Google. (Photo courtesy Susan Page)*
HOW TO INCREASE YOUTH VOICE ON YOUR LOCAL MENTAL HEALTH BOARD: A YOUNG ADVOCATE’S GUIDE

What is a County Mental Health Board? Each county in California has a local Mental Health Board (MHB) that serves as a community-led hub for mental health. MHBs are responsible for reviewing and evaluating a county’s mental health needs, services, and funding.

What does a local MHB do? County Mental Health Boards provide input and accountability for local mental health policy and decision-making. MHBs represent their community’s strengths and needs while working toward a more accessible and effective mental health system. Meetings must be open to members of the public.

Who can serve on a MHB? County Mental Health Boards typically have 10 to 15 members. Generally, board members must live in the county where they serve. Under state law, boards must reflect their county’s mental health community in a culturally appropriate and diverse way.

There is a statewide lack of youth voice on local Mental Health Boards. Across California, only a few county MHBs require youth representation. And, only a handful have a youth (under 18) or Transition Age Youth (ages 18-26) board member. That means MHBs lack creative, bold, essential youth representation. MHBs may be inaccessible to youth because:

- Meetings may be scheduled during the work or school period;
- Meeting discussion can be filled with jargon, but lack youth perspective; and
- The folks who nominate board members often don’t know many engaged youth.

Having youth voice on MHBs can unlock new ideas, perspectives, and knowledge for all involved. It would also connect young people with key opportunities to grow and improve their community’s mental health system.

Take action to build a youth-focused board culture! Here’s how:

1. Identify allies such as the No Stigma, No Barriers Mental Health Collaborative who advocate for greater youth voice. Visit www.nostigmanobstacles.org for more info.

2. Encourage conversations on why mental health is important to young people! Talk to your friends and classmates about their interests in changing mental health policy.

3. Find out when and where your MHB meets, who’s on the board, and how to get issues important to youth on the board’s meeting agenda.

4. Ask your board to host meetings that work with a young person’s schedule, such as after school.

5. Join your county MHB Children’s or Youth Committee, or ask the Board to create one.

DOES YOUR COUNTY HAVE A CHILDREN’S OR YOUTH ADVISORY COMMITTEE? Most of California’s 58 county mental health boards do not. Alameda, Fresno, Humboldt, Kern, Riverside, Santa Clara, San Francisco, Marin, and Ventura County MHBs have Children’s Advisory Committees.
MENTAL HEALTH NEEDS ON CAMPUS

Most of the youth participating in NSNB advocacy activities are of college age, and their discussions about the mental health resources available on campus led the board to select as an additional advocacy priority educating college and university faculty, staff, and youth about the mental health needs of students, and the resources available on campus. For several participating youth the experience was intensely personal.

As noted above, NSNB Board members participated in listening sessions with high school students and conducted outreach and interviews on campus. They researched statistics about mental health needs among college students and explored the availability of mental health services on the campuses they and their friends attended. They synthesized this work into a fact sheet intended to spur conversation among campus leadership to recognize and understand the mental health needs of students, and invest in proactive supports for wellness. The fact sheet was distributed widely by NSNB and its partners, and the NSNB Board created a training curriculum that they delivered at a number of statewide conferences.
ON CAMPUS, IN NEED: INCREASING COLLEGE STUDENTS’ ACCESS TO MENTAL HEALTH CARE

On campuses across the nation, college students face a lack of quality mental health care. An increasing number of students are seeking on-campus counseling to address anxiety, depression, self-harming behaviors, eating disorders, and more – in addition to stress from academic and social pressures. Many college students have experience with mental health systems: Half of all students seeking on-campus services have received therapy and counseling before college.**

With shortages of trained staff, culturally responsive care, and institutional supports, college counseling centers struggle to provide quality treatment to meet students' needs. As a result, students often encounter wait lists for services, confusion over how to get help, or inadequate services that end prematurely.

- Nearly half of students surveyed nationwide reported lacking information on how to get help for their mental health needs.***
- Psychotherapy services in college counseling centers have a premature termination rate of 80 percent – nearly 2x the rate of private practice and community clinics.**

ACTION THROUGH ADVOCACY: TIPS FOR COLLEGE STUDENTS

1. Do online resources make it easy to access mental health care? Your college's website should offer a clear way to 1) learn more about available mental health supports and 2) how to get them. If you encounter incomplete or confusing information, contact your campus mental health center or student assembly representative about getting and making the information more accessible.

2. Know your rights, pair with an advocate. If you cannot access mental health services or supports, the law may be on your side! Most colleges must provide reasonable accommodations – like reduced course-loads, class schedule-adjustments, modified testing environments, and course withdrawals without penalty – to give students with mental health disabilities an equal opportunity to participate in their education. Talk to your local educational advocacy organization about your school's responsibilities.

3. Build a team, break down stigma. All over the country, students and administrators are teaming up to address service gaps and create a college culture that promotes wellness. Some have adopted innovative models, such as peer-led services, to connect more students with mental health supports. National mental health organizations such as Active Minds and the National Alliance on Mental Illness (NAMI), in addition to local student-led groups, have college chapters to build community, support student wellness, and break down stigma. You can visit www.activeminds.org/our-programming/chapters and www.nami.org/namioncampus for information on how to join or start a NAMI or Active Minds chapter.

Sources:
*NAMI, www.nami.org
**2016 Center for Collegiate Mental Health, as reported in Salon
***National Council on Disability, 2017 Mental Health on College Campuses Report
ON CAMPUS, IN NEED:
INCREASING COLLEGE STUDENTS’ ACCESS TO MENTAL HEALTH CARE

College students and alumni are turning their experiences into strategies for improving their communities’ mental health programs. Here are their resources and recommendations.

“I got into advocacy because I saw that programs meant to help young people weren’t meeting our needs, weren’t taking our concerns seriously, and were ignoring or deprioritizing young people’s problems. Through advocacy, I have found personal healing in reaching across the silence to other students, and in affirming our shared struggles. Students and young people have been mobilizing to promote their mental health, telling their stories with the bravery required to confront institutions. It’s our turn as their allies and advocates to listen.”

Smitha Gundavajhala, YMA Communications Associate, UC Berkeley ‘17

“As a college student with a mental health challenge, I surround myself with supportive, positive people. I have also grown to see the importance of telling my story through blogging and speaking in the community. Communication skills build self-confidence and allow me to see that my diagnosis should not affect what my professional ambitions are.”

Susan Page, NSNB Advocate and San Francisco Mental Health Board Member, Arizona State University ‘19

Hear Me Out: The Young Minds Advocacy Blog

Susan writes for Hear Me Out, Young Minds Advocacy’s blog. Hear Me Out offers youth the opportunity to be at the forefront of local and statewide mental health discussions. College students who face mental health challenges have important stories to tell. Your experience is a powerful advocacy tool that can help spark individual and system-wide change. Become a guest blogger today! Visit Hear Me Out at www.ymadvocacy.org/blog/ to learn more.

No Stigma No Barriers (NSNB)

Led by a group of young people ages 16 to 28, the No Stigma No Barriers (NSNB) collaborative aims to ensure that California’s local and statewide mental health programs work to improve outcomes for transition age youth (TAY) and their families.

In 2018, NSNB youth board members will examine intersecting issues of education and mental health. Check out www.nostigmanobstacles.org for resources, information, and engagement opportunities to help young advocates thrive.
IMPROVING SSI

In early 2018, the NSNB Board responded to a nationwide invitation by the Social Security Administration for Transition Age Youth to comment on how the Supplemental Security Income (SSI) program can better serve young people at the local, statewide, and national level. **After discussing how to take action on this issue, and, given the SSI program’s connection to TAY mental health and its responsibility to serve disconnected youth, several members drafted responses based on their SSI experiences and the experiences of their peers.** NSNB held several advocacy meetings to help NSNB Board members prepare responses, and members shared their experiences with SSI based on a mental health disability.

Christina Parker, a No Stigma, No Barriers Board member from San Bernardino County, delivered her response to the Call for SSI Comments via her channel of choice: poetry. In addition to conducting substantial research to better understand the SSA Request, Christina met with and interviewed transition age youth with SSI experience to understand the barriers young people encounter in pursuing SSI benefits and wellness and to gather their recommendations for local, state, and federal government. This poem, which Christina co-wrote with YMA attorney and NSNB supporter Aisa Villarosa, is based on those recommendations and reflections. Watch the video.

Christina’s poem and corresponding text, as well as other NSNB members’ statements, were submitted by the 2/2/18 Federal Comment deadline.

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A PERSONAL EXPERIENCE WITH SSI

“From the ages of 14 to 18, I did not have many resources, but I needed help to really understand what it would take for me to grow up and become an adult. I think that SSI could be a great resource; however, I think that SSI should have a separate section that supports TAY. Most of the time, it’s difficult to understand what I’m being asked on the application and what I’m eligible for. I would also suggest that community organizations have SSI people to help TAY. Also, I find it extremely frustrating that I could be eligible for one thing and not eligible for something else. For example, when I was facing homelessness and trying to get a hotel voucher. I was denied one. This was because the system said I was on SSI. However, my SSI had stopped.

There needs to be better data systems that can communicate with one another around who I am as a person and when certain services start and end. Being on SSI is very important to me because I can receive supplemental money to support me and my kids. It is needed[,] but improvements can be made to show that the government cares about ease of access for TAY and that they care about our basic well-being.”

—A.W., 24
Happy birthday, today, she’s 23 / living and stressing with mental health disability. So, she applied for SSI and asked for her pain to be dissipated / by a system that never educated her on signs of mental health related issues. See, application aside, the issue lies in the missed communication, lack of youth education and procedural specification. 23 with schizophrenia diagnosis, foster care scars, in and out of psychosis... SOS, SSI. Supplemental Security Income? She needs this. She KNOWS this. The lack of Accessibility has ceased her ability to apply / because even when she tries, in the allotted time, hope has evaporated, and even if the app was not outdated, the hour, minutes, months and long periods of time adds to the complication. “Transition Age Youth.” What age is that? Oh yeah—the number where Application frustration means our girl / who can’t find a way out of her situation. 6 percent of the US population—and over 1 in 5 of our Homeless Americans—have a severe mental disability. Now I’m no mathematician / but with those figures you would figure / the SSI process would be less of a mystery. And even if simplicity meant the ability to apply / Well, what if she denied. You see denial rates are not uncommon even if someone suffers with more than one mental health related issue / they still can be issued a denial. Some youth lose hope and ask themselves “why do I even try” ...if I continually am put on “trial”? Some may never get the support they need / and even become a part of our growing homeless community. Some may try to reapply, / Some don’t even know how to answer the questions which lessons those who can who applies. He received SSI benefits from 15 until he turned 18. This new classification of “grown,” when 1 day ago he was a minor / triggered a major change in his SSI benefits which left him with no benefits.

Transition Age Youth—TAY? Transition, Age, You lose. 1 in 3 youth lose their SSI through redetermination / this redefined interpretation of qualification based on age interferes with transitional aged youth ability to transition. How can you get job training if the government won’t listen? Resources to bridge their transition / is often unknown to the recipients and as we know this is one of the most pivotal moments in a youth’s life. Depending on their disability / they may not have had learned the fundamentals of adulting, like applying to jobs or finding secure housing. Their family’s willingness to support / or presence thereof / also attributes to their ability to acclimate. if SSI is the only thing they are able to depend on and that is taken away, then the homeless rate may keep climbing. Resources and those who need it may continue to decrease And before someone transitions out of “TAY,” their opportunities could cease. And if resources were created for a specific group but is not accessible to whom it was intended for—like youth!—then maybe it should be reevaluated Youth who have been receiving supplemental security income from age 14-17. Should continue to receive benefits up until 22. This transition of 17 to 18 is a pivotal moment that should be supported. Youth ambitions and journey to higher education should not be interrupted. Information access / increases youth ability to receive services. Collaboration / to educate and identify youth who meet the requirements for all services should be an realistic objective. Simplifying-the SSI application by making it youth friendly is relative to the population who may not understand how to navigate the system. The resources are there / we just need to better the system.
HOW TO DO YOUTH-LED WORK

An important part of youth-led work is supporting the youth in building their professional and leadership skills. This year the NSNB Board members identified skills they want to develop, and each is receiving coaching on those skills, including:

- Time management
- Building effective agendas
- Meeting facilitation
- Curriculum development
- Note taking

In addition to building professional and leadership skills, the youth guiding the collaborative are learning how to navigate different government systems with which they work, including the mental health system and the legislative system. They are gaining understanding of the different levels of entry and advocacy.

“Not only is NSNB preparing young people to work in the mental health world but we are also engaging and educating the mental health world on how to work with young people.”

—JOY ANDERSON, CYC MENTAL HEALTH PROJECT COORDINATOR

Authentic youth led work is not a linear process. It requires flexibility and accommodations. For example, when an NSNB Board member shadowed a member of the MHSOAC, advance preparation helped make the day a success for all involved. It is important to let organizations engaging with youth know what to expect from young people, and how to effectively engage them. It is equally important to prepare young people and provide them with stipends for their participation—not tokenizing them but introducing them as an equal participant at the meeting.
As in NSNB’s first year State of the Community report, the Collaborative contacted organizations around the state that utilize a broad range of models to meaningfully integrate youth in their programming and decision making. This year, the NSNB Board sought the perspectives of youth organizing project staff and youth development staff regarding the process and impact of authentic youth engagement. The board asked organizations to reflect on the positive impacts youth engagement, organizing, and advocacy have on young people themselves.

As the youth organizing and lived-experience movements grow and more mental health organizations employ transition age youth to guide and conduct their services, organizations and advocates are documenting positive effects on the social-emotional and academic development of participating young people.

The following two pages are observations provided by organizations that responded to NSNB’s survey of organizations that integrate youth into their programming and governance:
**YOUTHS’ VITAL ROLE IN MENTAL HEALTH ORGANIZATIONS**

**WHAT DO TRANSITION AGE YOUTH LEADERS BRING TO YOUR ORGANIZATION AND WHAT IMPACTS COULD YOU NOT ACHIEVE WITHOUT THEM?**

<table>
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<tr>
<th>We tap into the youth voice more intentionally about programming and needs of TAY and as a result, we are restructuring our program to provide a holistic approach, while also reaching more youth.</th>
<th>They bring a deeper understanding through their lived experience. Through this they are able to connect with those who are at a low point and help them rise to their highest potential. By utilizing the ‘for them, with them, by them’ model. Our leaders are the beacon of hope. Through their leadership and advocacy they continue to break the stigma; creating a better path for future generations.</th>
<th>Honesty. TAY leaders keep us real. Their voice centers us in the work and keeps us focused on a true north that actually makes sense for the reality of today’s experiences as youth.</th>
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<tr>
<td>We updated and overhauled our national chapter network reporting. This was done to build our network’s capacity to collect and utilize important data from their work and to strengthen the unification of our voices for greater impact. This process included staff direction, advisement by our Youth Best Practices Committee, professional development for our network, and the input of all of our chapters.</td>
<td>Perspective</td>
<td>Youth bring innovation, leadership and capacity building. Also a dedication to telling the truth. There is no other way for us.</td>
</tr>
<tr>
<td>Systems and adults responsible for young people are safe, loving, welcoming and responsive. Over the BBQ or in our garden, the Community Health (CHD) team normalize talking about feelings, dreams, and pain. In a world that dangerously labels many youth as problems, young people are on journeys to find themselves. So [ours] is a space to nurture their whole selves. <strong>Cooking, art, dance, community organizing, and access to our on-site licensed therapists</strong> are all healthy outlets available to young people.</td>
<td>Employing several promising young people.</td>
<td></td>
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<tr>
<td>We provide a safe and warm welcoming environment where our TAY can have access and support to all of our services.</td>
<td>Our organization is youth-led and youth-driven. <strong>We believe that youth voice is incredibly powerful in fighting stigma around mental health and inspiring other young people to join the movement. The youth we work with each bring their own unique stories and experiences to the table; their stories are powerful and directly influence the work we do.</strong></td>
<td>Their leadership, passion, understanding of the current conditions of foster care, intelligence, peer to peer learning, and so much more.</td>
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Thank you to the following organizations for responding to our survey:
## What Do You See as the Greatest Impact of This Engagement and Advocacy Work on Your Organization’s TAY Leaders Themselves?

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<th>Impact Area</th>
<th>Example</th>
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<td>I see that they take ownership of their experience, and see they have more agency than they previously thought.</td>
<td>Their internal shifts of empowerment from the impact, connection, skill and knowledge building and truly knowing they’re replacing purpose to the harms people and systems have done in their lives.</td>
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<tr>
<td>A commitment to change.</td>
<td>TAY leaders working with our organization are connected with a supportive community of local youth and nonprofit organizations involved in mental health advocacy.</td>
</tr>
<tr>
<td>The opportunity to have experiences that help them to believe they are capable, lovable and worthy of greatness.</td>
<td>Knowing that they’re making a real difference in our culture and that their voices matter.</td>
</tr>
<tr>
<td>Their ability to believe in themselves and share their healing with others.</td>
<td>This work heals when youth are given the right supports, structures and opportunities.</td>
</tr>
<tr>
<td>Once they get involved they start to take the next steps in their recovery journey by finding purpose and meaning in the work that they do.</td>
<td>They recognize their skills and become the voice of their peers in the program as well as the voice of other youth in the community—collaborating with county leaders to identify needs and drive planning efforts.</td>
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<td>I have seen an increase in self-empowerment and increased understanding of mental health and how to take care of themselves. I have seen an increase in hope, particularly about their future.</td>
<td>Stable, flexible employment.</td>
</tr>
<tr>
<td>Finding their voices as advocates and leaders and being able to truly own the power they have to affect great change, now and in the future.</td>
<td>They become more connected and empowered to contribute in the community, whether that is through advocacy, employment, or school.</td>
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</table>
HAS ANYTHING IMPROVED IN MENTAL HEALTH SERVICES FOR YOUNG PEOPLE UNDER AGE 25?

“To some extent it has. There are pros and cons to this system. One pro is making it more easily accessible and more talked about. There’s a little bit less of a stigma than there used to be. But the mental health system is still not where it needs to be. For example, my voice was not heard when it came to prescribing a medication. I didn’t need medication but I was still prescribed it because of my foster mom. So the youth’s voice is still not valued especially when it comes to medication.

I think we look too soon to medication. Honestly, I think what people need is company. They need people to be there for them. Mentors. People who will be there for them to give stability. I feel like that’s where mental health starts.

My adoptive mom ended up putting me back into the system but while I was under her care, she said I was bipolar and took me to a psychiatrist. While we were there, the psychiatrist didn’t listen to me. She just listened to my mom, even though I was going to be the one taking the medication. I was prescribed two medications: one for bipolar and one for depression. I didn’t want to take them but I had to. I slept all the time and gained weight. It was not good for my mental wellness. The plus side is that once I was back in the foster care system I had a social worker who listened to me, and she allowed me to take myself off that medication.

When we go to NSNB quarterly meetings we talk about over-prescription and the need for youth to have a voice. Most of the time the prescription process is not a youth-friendly process.”

–KIMBERLY CORONEL, 18, NSNB YEAR TWO BOARD MEMBER, SAN BERNARDINO COUNTY
My mental health advocacy interest was sparked by my personal frustration about the lack of understanding and resources at my university. No Stigma, No Barriers (NSNB) gave me a chance to advocate, learn about resources and information on mental health, and bestow that knowledge to other transitional aged youth (TAY). I joined NSNB in 2017 and am now in my second term.

No Stigma, No Barriers has contributed to the expansion of my advocacy, leadership, facilitation, public speaking, information gathering, teamwork, and many other valuable skills. It has allowed me to work through my own personal mental health stigma. Fighting to reduce stigma allowed me to identify my own stigmas. As we worked on curriculum and ways to reduce stigma for others, I began to use those techniques for myself. NSNB has not only impacted me, but it has also affected mental health providers’ understanding by bringing harmful practices to their attention along with unique fresh solutions.

The conversation of suicide is only talked about among professionals after people have committed suicide. I wanted providers to think about how we can provide mental health resources that will prevent—or reduce the number of—mental health crises for individuals, instead of struggling to ineffectively treat, support, or help someone during a crisis. The system gives quick fixes like medication and monotherapy with individuals who do not culturally and linguistically or ethnically identify with their patients. In crisis you can be involuntarily admitted to a medical facility similar to a ward, which further stigmatizes mental health by not providing therapeutic services or explaining resources and tools for patients to integrate back into their lives when they are released 72 hours to 14 days after being admitted.

In May of 2018, I had the pleasure to work alongside other young professionals in sharing our personal stories, identifying lapses in the mental health system, and making recommendations for improving supports and services for TAY at the California Mental Health Advocates for Children and Youth (CMHACY) conference. I sat alongside other colleagues on the Suicide Prevention Panel and shared my personal experience with suicidal ideation and how during times of crisis the system only furthered my distrust and unhealthy thoughts. Instead of thinking about help I rationalized why I couldn’t tell anyone due to the fear of police officers and being placed on a 72-hour hold. I was traumatized from my experiences and because of that I recommended that we treat every mental health crisis as a medical emergency and not criminalize individuals in crisis. I spoke on the panel about police officers’ lack of mental health response training, the use of restraints despite cooperation, and the lasting impact this experience can have on a young person. Being...
placed in handcuffs and a police car criminalizes youth and may make them feel that how they think is wrong. This type of response can trigger fear, reduce an individual’s ability to confide in others, and add to their mental distress. I think police officers should have extensive training on mental health crisis response, and should be accompanied by a medical team. Restraints should only be used if the patient is endangering themselves or others and they should be placed in an ambulance and not in a police vehicle for transportation.

During CHMACY providers were able to learn from consumers and ask questions to better support their youth. My proudest moment was seeing how receptive the room was to our candid, vulnerable stories and recommendations. The majority of the people in the room worked with young brilliant minded individuals who may be struggling with a mental health disorder. I think hearing from people who have lived experience allowed the providers to better understand their community.

No Stigma, No Barriers means a lot to me because the team provides support not only to providers and consumers, but members and staff offer support to one another as well. That support has assisted with our ability to be impactful and work towards our mission of removing mental health barriers and stigma for young people all around California.

–CHRISTINA PARKER, 23, NSNB YEAR TWO BOARD MEMBER, SAN BERNARDINO COUNTY
CYC expresses deep gratitude for the vital contributions of our Year One and Year Two NSNB Collaborative Partners: VOICES, PEERS, Young Minds Advocacy, and Youth In Mind.

In Year Three, we look forward to continuing to make connections in the community to support the NSNB Board in designing and delivering youth-led outreach, training, and advocacy.

YEAR THREE NSNB BOARD ROSTER

**Kimberly Coronel, 18,**
San Bernardino County

**Smitha Gundavajhala, 23,**
Santa Clara County

**Kevon Demaria Lee, 20,**
San Bernardino

**Dana LeSueur, 24,**
San Bernardino County

**Shantell Marche House, 22,**
Alameda County

**Michelle Amber Mathews-Williams, 26,**
Stanislaus County

**Lauren Ashley Ann Mendez, 22,**
Stanislaus County

**Cecelia Najera, 26,**
Stanislaus County

**Sean Noonan, 24,**
San Bernardino County

**Ricardo Ortega-Martinez, 18,**
Los Angeles County

**Christina Parker, 24,**
San Bernardino County

**Malaysia Zhané Parris, 24,**
San Bernardino County

**Jerry Salazar, 22,**
Los Angeles County
Join the movement to end stigma towards mental illness and break down barriers to care for young people in California! Connect with No Stigma, No Barriers to request a training, find or share resources, and stay in touch at: nostigmanobarriers.org

Resources

**TEXT**
- Crisis Text Line
  - Text “BEGIN” to 741-741
  - Free, confidential, 24/7

- Boys Town National Hotline
  - Text “KIDS” to 201-211
  - Free for many carriers, every day, 2am to 1am CST.

- Text Line
  - Teen Line: Text “TEEN” to 98826 between 8am – 9pm PST
  - Standard messaging and data rates may apply.

- TrevorText
  - Support for LGBTQ youth. Text “Trevor” to 1-202-364-1200
  - Available 24/7: 8am – 10pm EST
  - Standard text messaging rates apply.

**CHAT**
- National Suicide Prevention Chat
  - Available 24/7

- Boys Town National Hotline
  - 1-800-445-4200
  - Counselors are ready for your call 24/7.

- TrevorChat
  - Support for LGBTQ youth. Online instant messaging with a TrevorChat counselor.
  - Available 7 days a week between 2am – 10pm ET/7pm PT – 2pm PT

**TALK**
- National Suicide Prevention Lifeline
  - 1-800-273-TALK (8255), En Español: 1-888-626-9454
  - Available 24/7

- TrevorHotline
  - Support for LGBTQ youth. Call 1-866-686-7888
  - Available 24/7

- Teens Line
  - Teens helping teens. Call (919) 853-HOPE or (800) TLO-TEEN (nationwide toll free)
  - Available 6pm – 10pm PST

- Boys Town National Hotline
  - 1-800-445-4200

- National Human Trafficking Hotline
  - 1-888-373-7888

For general mental health support, contact your local mental health department. California Department of Health Care Services also suggests Network of Care as a great resource for learning more about mental health and searching for a wide variety of services and supports in your community.

**NOTE:** The exact contact information and details for the resources highlighted above may change at any time. Please visit the organization’s websites for the most up-to-date information.

Get Involved

We need your help to create meaningful change! Here’s how you can get involved in the TAY mental health movement:

**Transition Age Youth (16 to 28)**

Stay Connected

Sign up to join our email list to stay connected to NNSBI.

Attend a Training

Attend a NNSBI training or become a youth trainer to help end stigma and empower TAY.

Share Your Story

Share your story on the NNSBI blog to help fight stigma.