



Fremont School Health Initiative

Teen Behavioral Health Survey and Focus Group Findings Report

A Youth Perspective
Spring 2009



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Overview

The Fremont School Health Initiative (FSHI) is a joint collaboration between the City of Fremont, Fremont Unified School District, Alameda County Health Care Services Agency, and Supervisor Scott Haggerty. The goal is to improve access to health and wellness services for Fremont youth and their families.

FSHI supports S.P.A.R.K.S. (Stand Powerfully and Reach Kids Successfully), which is a group of empowered youth composed of teens from Robertson Continuation and Kennedy High Schools. The youth serve as agents of change, modeling genuine youth-led civic engagement by demonstrating the powerful impact youth can have when given appropriate adult support. Representing a diverse group of students, S.P.A.R.K.S. members have become civic ambassadors and engaged their peers to ensure that an authentic youth voice is present and resonates throughout the initiative.

A review of existing health and school data revealed that addressing students' mental health needs is critical to supporting their well-being and academic achievement. In 2005, the California Healthy Kids Survey found that 31% of 11th graders in Fremont had experienced substantial depression within the past year which had caused them to cease some of their usual activities¹. Additionally, the City of Fremont Youth Needs Assessment, conducted in 2000 by the City of Fremont with assistance from Harder and Company Community Research, found that 20% of local high school students reported feeling suicidal within the past year.

In response to these behavioral health concerns, the S.P.A.R.K.S. team administered a student survey and conducted focus groups in spring 2009 to guide the planning and implementation of school-based mental health prevention, early intervention, and treatment services in the Kennedy Attendance Area².

Between February and April 2009, Youth in Focus, which is a training and consulting firm whose mission is to educate underrepresented youth and adult partners in youth-led action research, evaluation, and planning to increase social justice, trained twelve S.P.A.R.K.S. youth on how to develop a research design, formulate survey questions, conduct data collection and analysis, and write final reports. In addition, the S.P.A.R.K.S. team learned about the purpose of focus groups, how to develop questions, and how to get participants to share more deeply and provide more specific comments. Finally, the youth reviewed existing data, brainstormed "what do we want to know," designed research questions, and developed the student survey and student focus group questions.

Student survey and student focus groups responses were coded, analyzed, and summarized by the Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. Following an overview of the findings, the report presents recommendations from the S.P.A.R.K.S. team and FSHI overall recommendations based on a synopsis of student survey and student focus group findings. Lastly, biographies and feedback from the S.P.A.R.K.S. team are presented. The aim of this report is to present findings that will help guide the planning and implementation of school-based mental health services in the Fremont Unified School District.

¹ Complete California Healthy Kids Survey questions and data can be found at: www.wested.org/hks.

² Schools in the Kennedy Attendance Area include: American High School, Irvington High School, Kennedy High School, Robertson High School, and Walters Junior High School

Student Surveys

In May 2009, the S.P.A.R.K.S. team created a 20-question student survey that addressed various mental health topics, including teens' sources of stress, desired school-based mental health services, mental health topics students want more information about, and who students feel comfortable turning to for support. S.P.A.R.K.S. youth administered the survey to 4,107 students in five schools³.

The high response rate (62%) was due to the strong partnership with the school district, as well as support and survey promotion from the Superintendent's office. These factors allowed the survey to be administered widely at each of the five schools. Passive parental consent forms were sent home prior to survey administration so that parents could decide whether they wanted their children to opt out of taking the survey⁴. Surveys were administered during the last week of May and the first week of June 2009. All surveys were given on the same day at each school during a set class period.

Table 1. School Survey Participation Figures

School	Target Sample (08/09 school attendance)	# of Completed Surveys	Response Rate
American High	2,049	1,211	59%
Irvington High	2,072	1,475	71%
Kennedy High	1,429	663	46%
Robertson High	300	127	42%
Walters Junior High	745	619	83%
Unknown	n/a	12	n/a
TOTAL	6,595	4,107	62%

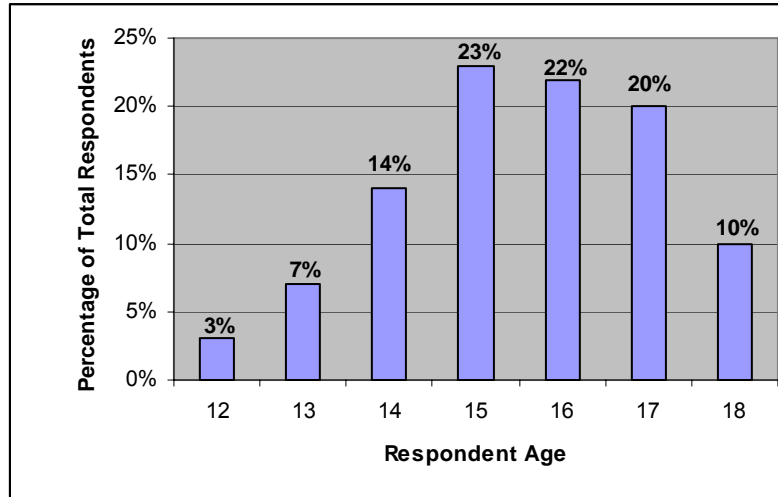
³ Twenty surveys were excluded from the sample due to missing/incomplete responses.

⁴ Twenty-four parents opted their children out of taking the survey.

Demographics

The respondents were almost equally divided between male and female (51% and 49% respectively). Youth between the ages of 12 and 18 completed the survey, with the majority of respondents falling between the ages of 15 and 17.

Graph 1. Age of Respondents (n=4075)



The majority of respondents were White (29%), Latino (23%), or Chinese (19%). Similarly, the languages most commonly spoken at home by parents were English (65%), Spanish (14%), and Mandarin (6%).

Table 2. Ethnicity of Survey Participants

Ethnicity	Percentage (n=4080)
Caucasian/White	29%
Latino/Hispanic	23%
Chinese	19%
Filipino	11%
African American	8%
East Indian	6%
Southeast Asian	5%
Pacific Islander	5%
Afghani	3%
Pakistani	2%
Iranian	1%
Other Asian	10%
Other Middle Eastern	2%
Other	5%

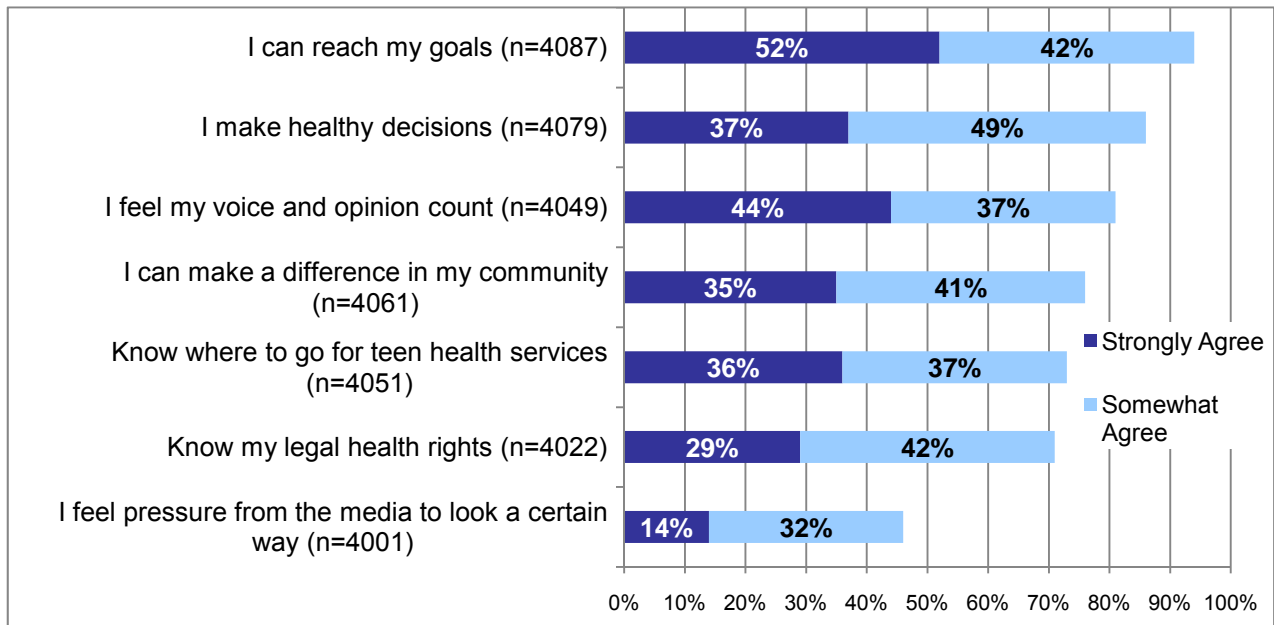
Table 3. Language Spoken by Parents at Home

Parents' Language at Home	Percentage (n=3645)
English	65%
Spanish	14%
Mandarin	6%
Tagalog	5%
Cantonese	4%
Farsi	3%
Hindi	2%
Taiwanese	1%
Japanese	<1%
Other (see appendix A1)	24%

Student Resiliency

Students were asked a number of questions regarding their resiliency/protective factors. Overwhelmingly, students felt that they could reach their goals (94%) and make healthy decisions (86%). Students also reported knowledge of the services available to them, specifically, where to go for teen health services (73%) and their adolescent legal and health rights (71%). They also demonstrated the belief that their voice and opinion counts (81%) and that they can make a difference in their community (76%). Still, almost half of respondents (46%) agreed that they felt pressure from the media to look a certain way.

Graph 2. Student Resiliency



Social/Emotional Issues

Table 4 shows that youth reported dealing with a variety of social and emotional issues, and that their friends also dealt with these issues. Further, the data shows a relatively high percentage of youth facing each issue. Youth felt stress about their grades (74%) and future plans after high school (69%). About half of the respondents felt that their friends also experienced stress related to grades and future plans (54% and 48%, respectively). Half of the respondents reported relationship issues with family, and slightly fewer (41%) experienced stress related to family finances. Many students felt stress about needing a job (44%). Roughly equal numbers reported experiencing low self esteem (40%) and depression (39%), though more respondents thought their friends experienced these issues (48% and 45% respectively). Almost half of the youth reported relationship issues with friends (49%), and again, a greater percentage reported that their friends faced this challenge (53%).

Table 4. What are the social/emotional issues that you or your friends may have experienced?	Me	My Friends
Stress over school grades (n=3851)	74%	54%
Stress over future/college/plans after high school (n=3817)	69%	48%
Relationship issues with family (n=3796)	50%	56%
Relationship issues with friends (n=3726)	49%	53%
Stress about needing a job (n=3709)	44%	39%
Stress over family finances (n=3719)	41%	38%
Low self-esteem (n=3728)	40%	48%
Negative body image (not liking the way your body looks) (n=3728)	39%	47%
Depression (n=3761)	39%	45%
Grief from death of friend or family member (n=3717)	37%	46%
Peer pressure (n=3682)	34%	47%
Parent has been laid off from work (n=3669)	28%	39%
Divorce (n=3656)	19%	44%
Self harm (hurting yourself on purpose) (n=3637)	14%	34%
Stress from my current job (n=3558)	11%	23%
Bullied over the internet (n=3517)	9%	8%

Physical and Emotional Abuse

Roughly two-thirds of respondents have been or know someone who has been verbally abused by a boy/girlfriend, and almost one-third have been physically abused by a boy/girlfriend (Table 5). Although reports of verbal and emotional abuse were more common, a large group of youth reported experiencing physical abuse by friends, boy/girlfriends, parents, and other adults. Reports of verbal abuse from parents and other adults were most common, and reports of emotional abuse from friends and boy/girlfriends were the second most common. When interpreting these findings, note that a definition of abuse was not included in the survey and therefore students' understanding of the questions related to abuse is unclear.

Table 5. Have you or anybody you know ever been physically or emotionally abused by any of the following people?	Boy/girlfriend (n=2445)	Parent/Guardian (n=2525)	Friends (n=2194)	Other Adults (n=1506)	School Personnel (n=1375)
Verbally (yelling)	65%	84%	62%	67%	62%
Physically (hitting or other)	31%	39%	30%	23%	16%
Emotionally (makes you feel bad)	74%	66%	72%	62%	69%

Mental Health

To better assess mental health and treatment needs, youth were asked a series of questions relating to identifying mental health problems, speaking with people about their problems, and the factors that would make them feel comfortable in seeking mental health services. Over three-quarters of respondents (79%) stated that they were sure or probably would know if they were experiencing mental health problems. Similarly, youth felt that they would be able to recognize if a friend had mental health problems with which he/she needed help (83%).

It is well understood that the availability of a support system is necessary for maintaining an individual's mental health. Youth named a number of people they felt most comfortable talking to about their life problems, most notably friends (77%), siblings or cousins (46%), and parents or grandparents (39%). Fewer youth felt comfortable talking with teachers (10%) or counselors (12%), and it is important to note that 8% stated they did not have anyone to talk to. When asked if they would prefer to confide in a male or female for advice or guidance, youth of both genders felt strongly that they would want to talk to someone of their own gender (72% of males, 74% of females).

When asked from whom they would like to receive advice, information, or guidance, youth reported the most important factor is the person's own experience with the types of problems youth are experiencing (69%). Respondents also reported that they would like to talk with students/peers (57%) and their parents and family (45%). A third of the youth reported that they would talk with counselors about social and emotional issues if there were counselors in their schools.

When asked where they feel safe, the majority of students (89%) said they felt comfortable at home or a friend's house (62%), whereas only half reported feeling safe at school and approximately a quarter said they felt safe in a park or counselor's office.

Table 6. Which of the following mental health services do you think are most important to have at your school? (Check all that apply)	Percent (n=3912)
Individual counseling/support	52%
Alcohol, drugs, and tobacco education and support groups	52%
Support groups to manage your emotions and behavior	48%
Anger management groups/class	44%
Other (see Appendix Table A2)	5%

Youth mentioned a number of reasons why they would not use the services listed in Table 6, including: embarrassment, being judged by a counselor, being seen at the clinic and talked about by their peers, cost, confidentiality, not needing the services, not trusting the service providers, lack of time, and not being able to or feeling comfortable with opening up about their feelings.

Table 7. Would you like to learn more about this topic?	Percent
Improving relationships (n=3931)	60%
Nutrition (n=3925)	53%
Depression (n=3927)	40%
Anger Management (n=3907)	40%
Drugs and alcohol abuse or addiction (n=3918)	37%
Peer Pressure (n=3911)	33%
Eating disorders (n=3901)	30%

Youth were asked what they would do to help a friend that had social or emotional issues. Overall, the responses generated a theme of comforting friends and being a good listener. Some youth responded that they would try to help solve the problem, while others stated that they would tell their friends to seek professional help (counseling, psychiatrist). Some youth noted that they were too involved in their own lives to be of assistance to their friends, but many stated that they would be there for their friends.

Student Focus Groups

S.P.A.R.K.S. youth were involved throughout the focus group research process, including developing focus group questions, recruiting participants, facilitating the group discussions, analyzing the focus group data, and summarizing the findings. To start, the S.P.A.R.K.S. youth identified three priority areas of interest to explore with focus groups: 1) main *issues and stressors that teens deal with*, 2) *barriers preventing teens from seeking mental health services*, and 3) students' ideas to facilitate *access to counseling services at school*. Three focus groups were conducted on each of these topic areas, totaling nine focus groups of 78 students. The groups were held on May 21st as part of a Youth Development Peer Resource Conference organized by Fremont Unified School District (FUSD). The youth who attended the conference were mainly youth from the FUSD Peer Advocate program. All of the school district's comprehensive high schools and the continuation high school were represented, except Irvington High. After data collection, the S.P.A.R.K.S. youth utilized a pile-sorting method of analyzing the data to group main findings according to theme. The following themes were identified by the youth, summarized according to each of the three topic areas.

Issues and Stressors Teens Deal With
Academics
Finances (family)
Peer Pressure
Relationships

The main stressors for students involve academics, finances, peer pressure, and relationships. Many students worry about meeting parents' expectations academically and how their performance in school will affect future college and career prospects. In the current economy, youth are also concerned about their ability to pay for college and find jobs, as well as the stability of their parents' jobs. In addition to academic and financial stress, students report stress due to pressures from peers to wear the right clothing or use drugs to fit in, and judgments or stereotypes because of religion or culture. Difficult relationships with parents, siblings, boyfriends/girlfriends, and friends were also noted as stressors that make youth feel frustrated, angry, unsupported, and stressed out. Participants generally agreed that there is a high level of depression among teenagers in Fremont due to the combination of issues teens are facing. Some youth reported a lack of communication and support from parents or family members, and that many teens "do not have anyone to talk to."

Barriers Preventing Teens From Seeking Mental Health Services
Do Not Know Where to Go
Who Can I Trust?
Will I be Judged?
How will I get to an Appointment?
Parents Disapprove of Counseling

Focus group participants said that while teens are facing many difficult issues, they do not always know where to go or who to trust if they want to talk to someone about their problems. Some teens worry about confidentiality and judgment if they open up to someone else, especially to an adult like a parent or counselor. Concern about image, that their friends or parents will judge them or think differently of them, may also prevent some young people from seeking counseling services. Other reasons mentioned for teens' difficulty in receiving counseling for stress, depression, or family problems included lack of transportation, parents' disagreement with or disapproval of counseling, and youths' doubt that counseling would help them.

While participants gave several examples of barriers to accessing mental health services, they also mentioned instances in which they or a friend sought help from parents, peers, or counselors. They felt that counseling services would reach teens most effectively if services were emphasized to be free and confidential and if teachers advertised and recommended services available at school. Participants described the ideal counselor as understanding, respectful, non-judgmental, comforting, trusting, experienced, happy, open, interested, and willing to listen. They also noted the appeal of peer counselors who had experienced similar problems and who were of a similar age. Students also suggested that a colorful and comfortable yet professional environment, with couches and teen-friendly decorations, could attract teens to counseling services.

Access to Counseling Services at School
Do Not Know Where to Go
Who Can I Trust?
Will I be Judged?
How will I get to an Appointment?
Parents Disapprove of Counseling

When asked about existing social and emotional support at school, participants mentioned that they would talk to peers, trusted teachers, or parents if they needed help. However, they were skeptical of turning to school counselors for assistance, as they felt that counselors might judge them and might not be able to relate to them. Participants associated school counselors with academic rather than personal support, but gave suggestions of factors that would encourage teens to use mental health services at school and ways in which counselors could gain students' trust. One idea involved increasing education and outreach, i.e., advertising available services to students, educating them about their health rights, and involving school counselors in courses and other school activities so they are more visible and integrated into the school community. Participants also felt that peer-provided services, such as peer advocates, mentors, and counselors, would be popular and effective with students. Youth felt that being able to personalize their care and choose their counselor or mentor based on their experience and skills was important. Ideas for helping to personalize care included matching peer mentors with students through a survey assessing common areas of interest and experience, sharing school staff and counselor biographies and expertise areas with students, and offering group counseling and support groups so that students can connect with youth going through similar problems. Privacy, confidentiality, and trust were re-iterated as key components of successful school counseling services.

Focus Group Recommendations

After reviewing these themes, the S.P.A.R.K.S. youth developed the following set of recommendations or guidelines for translating the students' feedback into practice:

- Make counseling services easier for students to access, like having them at school.
- Provide more support for students in areas such as academic stress, friend/family issues, and financial needs/stressors.
- Advertise school counselors' purpose and services to students and parents.
- Have more open and trustworthy counselors at school. Train counselors on how to be teen-friendly and non-judgmental.
- Emphasize confidentiality of counseling services to gain students' trust.
- Use peer providers that can collaborate with adult counselors.
- Have counselors who can relate to youth (similar age, gender, and life experiences).
- Make counseling space a teen-friendly environment while still being professional.

As a note of caution when interpreting these findings, the majority of students that participated in the conference focus groups were participants in the peer educator program. Their perspectives and opinions may be somewhat unrepresentative of the general student body because of their role in counseling their peers.



S.P.A.R.K.S. 2009 Teen Executive Summary

In spring 2009, the Fremont School Health Initiative and S.P.A.R.K.S. group conducted student focus groups and administered a student survey to guide the planning and implementation of school-based mental health services. The data was compiled from 4,107 student responses from four high schools and one junior high school in the Fremont Unified School District (FUSD). Survey and focus group findings show that the FUSD student population is ethnically diverse and composed of large minority populations.

Overall, students display high resiliency and confidence in their ability to set and reach their own goals, and extend such perceptions to their friends. Students are also aware of the services available to them. Yet concerns about confidentiality and the independence of counselors from school staff represent significant barriers to accessing mental health services. These concerns are magnified by the pre-existing stigma against utilizing such services. In addition to the ability to seek individual professional attention, students also desire counselors they can relate to. Mental health providers serving the youth are most likely to encounter social/emotional issues of anxiety over the future, poor school grades, interpersonal problems, and depressive symptoms, as well as reports of verbal, physical, and emotional abuse.

Based on the findings, School Health Services of the Alameda County Health Care Services Agency proposes several recommendations for future planning. Based on the diverse student population, mental health services need to be culturally competent. Similarly, further deliberation is needed to decide if services should be available in languages other than English, particularly Spanish and Mandarin. To remove barriers to care, counselors must emphasize the principle of confidentiality, mandated reporting requirements, the separation of therapy records from school records, and the separation of contracted mental health providers from school staff. Counselors should first work on building the therapeutic relationship to encourage student self-disclosure and build trust before incorporating family and friends into the therapeutic process. Similarly, to reduce the stigma around having a “shrink,” counselors should advertise specific types of problems youth typically encounter and that therapy can help address. When working with students, counselors should distinguish between issues normative to adolescence and those of a pathological nature. Finally, counselors need to be attuned to students’ needs and able to offer group therapy and peer support as effective ways to normalize students’ problems, build support, and give youth opportunities to relate to one another. Such approaches are particularly important around issues of anger management, alcohol, drug, and tobacco use and abuse.

The lack of explanation of terms within the survey questions represents one limitation of the survey. The rate of endorsement of certain questions could be misleadingly high due to different interpretations of terms like “abuse” and “health rights” Similarly, it is not clear where the socio-emotional issues youth reported are reflective of developmentally appropriate and common issues youth encounter in adolescence or those of a pathological nature which would be cause for concern. Additionally, because each school’s focus group participation rate is unknown, certain schools may have been over- or underrepresented within the groups. Finally, since the majority of focus group participants were from a peer educators program, their responses may not be representative of the general student population.

Despite these limitations, the student survey and focus group results are compellingly supportive of the critical need for school-based mental health services and will serve to inform the planning and implementation of such services within the Fremont Unified School District.

S.P.A.R.K.S. Youth Bios

This research was guided by S.P.A.R.K.S., a group of empowered Fremont youth, whose mission is to ensure that the youth voice is heard on teen health and wellness issues.

Name: Marcus

Age: 18

You can usually find me: at home playing music or making some, or at a friend's house

Favorite band: Coheed and Cambria, also Circa Survive

Favorite sport: football

Favorite food: sushi and Italian food

Favorite profession: architect

Quote this: "It is darkest before the dawn."

Name: Larah

Age: 18

You can usually find me: at home, the library, or at work

Favorite band: no preference

Favorite sport: volleyball

Favorite food: Pilipino food, pasta

Favorite profession: nursing

Quote this: "The true test of character is not how much we know how to do, but how we behave when we don't know what to do."

Name: Steven

Age: 18

You can usually find me: playing drums

Favorite band: Graham Central Station

Favorite sport: football

Favorite food: love 2 much to have a favorite

Favorite profession: music teacher

Quote this: "Believe those who are seeking the truth. Doubt those who find it." (André Gide)

Name: Aschuan

Age: 18

You can usually find me: dancing

Favorite band: all rap music

Favorite food: burritos

Favorite profession: cosmetology

Quote this: "What doesn't kill you makes you stronger."

Name: Fatimeh

Age: 17

You can usually find me: at the movies or the gym

Favorite band: none

Favorite sport: football and basketball

Favorite food: Thai food

Favorite profession: firefighter

Quote this: "In the confrontation between the stream and the rock, the stream wins; not through strength but through persistence."

Name: Meghan

Age: 16

You can usually find me: listening to the radio

Favorite band: The Fray

Favorite sport: football

Favorite food: Italian

Favorite profession: ER nurses

Quote this: "Live today like there's no tomorrow because tomorrow was never promised."

Name: Matt

Age: 17

You can usually find me: chillin with friends

Favorite band: Modest Mouse

Favorite sport: soccer

Favorite food: Italian

Favorite profession: doctor

Quote this: "An eye for an eye only makes the whole world blind." (Ghandi)

Name: Gabby

Age: 18

You can usually find me: sleeping and hanging with friends or boyfriend

Favorite band: open to all music

Favorite food: cereal and cheese

Favorite profession: psychologist

Quote this: "Everything happens for a reason."

Name: Genna
Age: 16
You can usually find me: running around trying to keep busy because 'Sleep is for the dead!'
Favorite band: Ray Charles and Vince Guaraldi
Favorite sport: extreme video gaming or tennis
Favorite food: grapes and tacos
Favorite profession: biology
Quote this: "March to the beat of a different drummer."

Name: Emily
Age: 16
You can usually find me: at home reading
Favorite band: Meg & Dia
Favorite sport: football (to watch not play)
Favorite food: I don't really have a favorite
Favorite profession: something that involves helping kids
Quote this: "I'd rather be hated for who I am than loved for who I'm not."

Name: Ryan
Age: 19
You can usually find me: at home, work or playing basketball
Favorite band: Hip Hop Music
Favorite food: Indonesian
Favorite profession: musician
Quote this: "Swimming with the pigeons, flying with the fishes." (Lil Wayne)

Name: Jaime
Age: 17
You can usually find me: in my garage with my friends or with my girlfriend
Favorite band: don't have one
Favorite sport: soccer
Favorite food: pizza
Favorite profession: mechanical engineering
Quote this: "Education is the transmission of civilization."

S.P.A.R.K.S. Feedback



Jaime Q.: “The most valuable part of the teen survey and focus group was the chance to work as team while working collectively as a whole. Our mission was to reach out to the teens and the focus groups were vital into coming to contact with actual teen thoughts.”



Marcus E.: “The most valuable part of the teen survey would probably be the honest answers we got. Through the focus groups the most important part would be the ‘digging deeper’ questions. We got a lot more information that way.”



Matt S.: “I felt that the most valuable part of the focus group was learning how to create open questions in order to get the most information possible for a topic. Also, having experience handling a group was very helpful; it showed me how to keep things on topic and to have everyone participate equally.”



Fatimeh K.: “Learning how to ask open ended questions and dig deeper to get at more information. Feeling really good that that we are able to gather more information and opinions from teens we do not personally know.”



Meghan H.: “The most helpful part of the focus group training and facilitating was that all of the teens that attended got to be heard. Learning the different ways to get information in a group discussion will be helpful throughout my life.”

Appendix

Table A1. Other languages at home, spoken by parents		
Vietnamese	135	15.9%
Chinese	119	14.0%
Punjabi	119	14.0%
Korean	63	7.4%
Burmese	41	4.8%
Urdu	41	4.8%
Gujarati	30	3.5%
Arabic	29	3.4%
Tamil	20	2.4%
Russian	16	1.9%
Pashto	13	1.5%
French	12	1.4%
Ilocano	11	1.3%
Swiss, German	11	1.3%
Telagu	11	1.3%
Filipino	10	1.2%
Portuguese	10	1.2%

Languages under 1% are not listed. Please contact Alameda County School Health Services for a complete list.

Table A2. Other Mental Health Service Offerings –This table represents the 5% “other” as shown in Table 6. Which of the following mental health services do you think are most important to have at your school?

Topic	Count	Details
Sex Education / Reproductive Health	33	Advice, awareness, STD, pregnancy (4), information, support groups, sex health, condoms, manhood 101, parent planning, planned parenthood, Gay/lesbian issues (3), abuse
Personal Issues	16	Learning to express yourself in a positive way, bonding/trust issues, juggling life, self esteem / accepting yourself (3), stress (6), learn to relax, social problems (2)
Mental Health	15	Mourning (2), bipolar people/screening (3), counseling, psychiatrists, psychologists, relationship (3)
Academics	15	Including: school, school planning, grade support (5), math, college (3)
Family	10	Family council, issues, problems, stress, divorce, overworked by parents, pressure from parents, spousal abuse
Bullying / Peer Pressure	8	Bullying (6), peer pressure (2)
Depression / Self abuse	11	Depression (6), suicide (2), cutting wrists
Hobbies / Clubs	6	Social groups, extracurricular, interest groups, athletic groups, fun, teen peer group
Health (other than sexual health)	5	Classes, issues, exercise
Nutrition	5	Dieting, eating disorders (3)
Abuse	4	
Peer counseling	4	
Clinic	3	On campus health office, teen clinic
Education	3	ADHS, parent group, parenting
Characteristics of Program / Clinic	2	Individual privacy, a group with people who went through what you did
Future	2	Where to go after high school
Gang	2	Stop gang activities
Religion / Spirituality	2	Christian groups, spiritual energy
Violence	2	Genocide in Cambodia
anger management class for teachers	1	
Financial	1	
Job	1	
Legal Advice	1	
OCD	1	
Society	1	
Tobacco	1	

Teen Survey 2009

This survey was created by S.P.A.R.K.S. (Stand Powerfully and Reach Kids Successfully) Youth is a group of Fremont teens that work towards making sure the youth voice is heard around teen health and wellness issues

The Purpose of this survey is to gather information about how teens feel about issues in their lives. Your feedback will be used to help shape mental health services at schools in your area. Please share your opinion honestly in this survey. Do not include your name to ensure your anonymity. The survey will take 15- 20 minutes. Thanks!

1) Age _____

2) Gender Male Female

3) Grade Level _____

4) How do you describe yourself? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Filipino | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other Middle Eastern: |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other: |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Afghani | |

5) What is the language your parents speak at home? _____

6) To what extent do you agree or disagree with the following statements? (Check one answer for each)	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. I can reach my goals.				
b. I know where to go for teen health services.				
c. I know my adolescent legal health rights.				
d. I make healthy decisions.				
e. I feel that my voice and opinion counts.				
f. I can make a difference in my community.				
g. I feel pressure from the media to look certain way.				

7) What are the social/emotional issues that you or your friends may have experienced? (Check all that apply)	Me	My Friends	Don't Know
a. Depression			
b. Relationship issues with family			
c. Self harm (hurting yourself on purpose)			
d. Low self-esteem (not feeling good about yourself)			
e. Negative body image (not liking the way your body looks)			
f. Grief from death of friend or family member			
g. Divorce			
h. Stress over family finances			
i. Parent has been laid off from work (lost their job)			
j. Relationship issues with friends			
k. Peer pressure			
l. Stress over future/college/plans after high school			
m. Stress about needing a job			
n. Stress over school grades			
o. Stress from my current job			
p. Bullied over the internet			
q. Other: (explain)			

8) Where do you feel safe? (Check all that apply):

- School
 Home
 Counselor's office
 Friend's house
 Park
 Other, please list _____

9) Who do you feel most comfortable talking to about your life problems? (Check all that apply)

- Friends
 Parents/grandparents
 Sisters, brothers, siblings, or cousins
 Teacher
 Counselors
 Don't have anyone
 Other, please specify: _____

10) Who would you like to get advice, information, or guidance from? (Check all that apply)

- Someone who has been going through what you are going through
 Students/peers (someone your age)
 Parents/family members
 Teachers
 Counselors

- Someone older (like a college student)
- Someone who has the same culture or background as you
- Someone who speaks the same language as you
- Other: _____

11) If there were counselors at your school, would you talk to them about your social/emotional issues? Yes No

12) If not, what would prevent you from talking to a counselor at school?

13) Do you think you would be able to tell if you had a mental health problem you needed help for?

- Yes, I'm sure I would know
- Yes, I probably would know
- No, I probably would not know
- No, I definitely would not know

14) Do you think you would be able to tell if a friend had a mental health problem he or she needed help for?

- Yes, I'm sure I would know
- Yes, I probably would know
- No, I probably would not know
- No, I definitely would not know

15) Would you prefer to talk or confide in a male or female for advice or guidance? (Check one)

- Male
- Female
- Doesn't matter

16) Which of the following mental health services do you think are most important to have at your school? (Check all that apply)

- Anger management groups/class
- Support groups to manage your emotions and behavior
- Individual counseling/support
- Alcohol, drugs, and tobacco education and support groups
- None
- Other, please specify: _____

17) What would stop you from using the above services in question number 16? _____

18) Please circle Yes or No for each of the teen health issues.	Would you like to learn more about this topic?	
Depression	Yes	No
Drugs and alcohol abuse or addiction	Yes	No
Improving relationships	Yes	No
Anger Management	Yes	No
Peer Pressure	Yes	No
Eating disorders	Yes	No
Nutrition	Yes	No

19) Have you or anybody you know ever been physically or emotionally abused by any of the following people? Mark with an "X" for any that applies.			
	Verbally (yelling)	Physically(hitting or other)	Emotionally (makes you feel bad)
Boy friend			
Girlfriend			
Parents/guardian			
Friends			
Other adults			
School Personnel			

20) How would you help your friend with a social/emotional issue? _____

21) Do you have any additional comments about how to improve mental health services at schools for teens?

Thank you for taking the survey and for being honest!

Focus Group Questions:

Team Access

1A) Did you know that the counselors at school are academic counselors, meaning they help you with your classes and college etc.,? Ask for hands.

1B) If you had a social or emotional issue, who would you talk to get help at school?

1C) If you were to create counseling services at school that would help teens with their social and emotional issues, what would it be like?

1D) What would make teens want to use the services? . (how would they find out, feel safe etc.)

Team Issues

2A) How many of you have had drama/ or stress in your life recently? Ask for hand raises.

2B) What are some topics that have caused you drama or stress - parents, boyfriends, school work, drugs.....Probe, dig deeper.....(how did it affect you?, What did you do to cope? Did you get help?)

2C) The CA Healthy Kids Survey that most of you take at school found that, 31% of 11 th graders in Fremont had experienced substantial depression in the past year that made them feel so sad or hopeless that they stopped doing some of their usual activities. Do you think this is true? Have you or any of your friends had experience with depression?

Team Barriers

3A) How many of you have had an issue or drama and you wanted to talk to someone, but did not know who could help you? Ask for hand raises.

3B) From some student surveys that were taken at Robertson, Kennedy, and Walters, 39% of the teens said it would be difficult to get counseling for stress, depression, or family problems. Do you agree? Ask for hands. (What prevents? Where? How?)

3C) If more counseling was available at your school, what would be the best way for teens to know counseling is available? Dig deeper(what would help you feel more comfortable or safer to get counseling? Staff? Students?)

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