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**A Qualitative Study Examining  
Cal-HOSA Students' Involvement  
in Practicing and Promoting  
Mental Wellness**



## **A Qualitative Study Examining Cal-HOSA Students' Involvement in Practicing and Promoting Mental Wellness**

California HOSA Future Health Professionals

Headquarters

PO Box 12259

Bakersfield, CA 93389

E-mail: [info@cal-hosa.org](mailto:info@cal-hosa.org)

Website: <https://www.cal-hosa.org>

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## EXECUTIVE SUMMARY

As one of the nine nationally recognized Career and Technical Student Organizations (CTSOs), HOSA focuses on students enrolled in health science and medical technology education programs at the secondary and post-secondary levels. With an emphasis on students' personal, college, career, and leadership development, HOSA is an integral part of career technical education and academic curriculum. For nearly 40 years, California HOSA (Cal-HOSA) has served as a pathway to industry for students interested in healthcare careers. Cal-HOSA also represents a place of belonging or a culture of inclusivity within schools that attracts students who have felt marginalized and often excluded from school activities.

In 2018, Cal-HOSA started its prevention and early identification and intervention project. This project is a mental healthcare framework to address the risk factors associated with mental health issues, and suicide ideation among youths and young adults. From a mental wellness perspective, Cal-HOSA has the attributes (protective components) that mitigate risk factors associated with psychological distress.

To-date, no empirical studies have explored the influence of CTSOs on mental health prevention and early detection. Cal-HOSA is the first CTSO to investigate this connection and was therefore chosen as the focus of this study. The objective of this study is to explore Cal-HOSA students' participation in, and behaviors towards practicing and promoting mental wellness in schools and communities. Specifically, this study examined Cal-HOSA's students' participation in youth-led activities focusing on prevention and early identification of risk factors and protective factors associated with mental health and wellness.

For this qualitative study, we conducted semi-structured interviews with 94 Cal-HOSA students from 10 high schools implementing a pilot mental

health and wellness project. Responses were audio recorded and transcribed, and then a thematic analysis was performed. Five main themes emerged from the analysis:

- Cal-HOSA students recognize risk factors for mental health disorders and seek solutions to prevent and mitigate these disorders
- Cal-HOSA helps students develop meaningful conversations with peers and teachers
- Cal-HOSA helps students develop resilience to overcome adversities
- Cal-HOSA promotes servant leadership and well-being of communities
- Wearing HOSA Blues contributes to students developing a greater connection to Cal-HOSA

Students who connected with their lived/life experiences even when these experiences (e.g., stigmas, marginalization, traumas, and stress) could lead to mental health problems, and participated in Cal-HOSA activities, were more likely to demonstrate positive attitudes consistent with being well-informed and engaging in well-being behaviors. This study represents an initial step in recognizing the role that CTSOs, such as HOSA, play in helping students understand the consequences of stigma and shame in seeking services for mental health issues. Highlighting the various aspects of Cal-HOSA as a protective factor may inspire more CTSOs and CTE programs to replicate Cal-HOSA's prevention, early identification and intervention model. Our research has shown that school sites can be ideal places to: (i) begin conversations about mental health that achieve a better understanding of risk and protective factors, (ii) increase training opportunities for students and educators to develop knowledge and skills about prevention and early identification, and (iii) improve awareness and promotion of mental health and wellness.

# 1. BACKGROUND

The National Coordinating Council estimates that more than 2 million students participate in the nine nationally recognized Career Technical Student Organizations (CTSOs). CTSOs have contributed greatly to the education and workforce development of adolescents and young adults (Ulrich et al., 2007). It has been well-documented that students who participate in CTSOs strengthen their career and college readiness, their leadership development, and their service to communities (Alfeld et al., 2006; Aragon et al., 2013; Brand et al., 2013). Students in CTSOs demonstrate growth in knowledge, experience, and self-confidence related to career readiness (Loera et al., 2016). Simply put, students participating in CTSOs demonstrate higher levels of academic/school engagement, community engagement, motivation with purpose, self-efficacy tackling challenging tasks, and future employability opportunities when compared to non-CTSO students (Loera et al., 2013, 2016). It is important to mention that the earlier students begin participating in a CTSO during their secondary school years (e.g., starting in grades 7-9), and the longer they participate in CTSOs the greater the impact on their academic success and career identity (Advance CTE, 2020).

## 1.1 HOSA: Future Health Professionals

As one of nine nationally recognized CTSOs, HOSA focuses on students enrolled in health science and medical technology education programs at the secondary and post-secondary levels. With an emphasis on students' personal, college, career, and leadership development, HOSA is an integral part of career technical education and academic curriculum. For nearly 40 years, California HOSA (Cal-HOSA) has served as a pathway to industry for students interested in healthcare careers. Cal-HOSA also represents a place of belonging or a culture of inclusivity within schools that attracts students who have felt marginalized and often excluded from school activities.

Cal-HOSA has been described by students as a community with supports and resources helping

students discover their purpose. From a mental wellness perspective, Cal-HOSA has the attributes (i.e., protective elements) that mitigate risk factors associated with psychological distress. Simply put, Cal-HOSA increases students' personal beliefs and views that they hold the potential means to succeed. This sense of personal agency beliefs is associated with lower anxiety and stress levels, related to positive behaviors and attitudes, and increased self-efficacy among adolescents (Bandura, 1977; Little & Lopez, 1996). Our work is guided by the assumption that students who actively participate in Cal-HOSA activities and events (e.g., leadership conferences, community service, organizing health career clinics, promoting health literacy) starting in their middle school grades tend to eventually activate their personal agency and motivation toward their pursuit of academic and career goals during high school and continue on a positive trajectory post-high school. This *motive-control belief system* (Walls & Little, 2005) influences school adjustment and academic achievement. This may help to explain the resilience of Cal-HOSA students and their motivation to thrive and overcome adversities. Anecdotal data from students describing Cal-HOSA as a preventative strategy, has led to it becoming an avenue to focus on students' mental wellness. The timing could not have been better as a HOSA and NAMI (National Alliance on Mental Illness) collaborative that declared mental health as its 2017-2019 national service project for HOSAs internationally. In 2018, Cal-HOSA started its prevention and early identification and intervention project. This project is a mental healthcare framework to address the risk factors associated with mental health issues, and suicide ideation among youths and young adults. This framework is detailed in Cal-HOSA's 2020 Prevention, Early Identification and Intervention: A Youth-defined and school-based Leadership Development Project report.

## 1.2 Mental health literacy in schools

When stigma associated with mental health is high, the likelihood that student-educator conversations

about mental health will occur is much lower. Easton and colleagues (2013) found that stigma combined with poor health literacy led to poor health outcomes. Stigma is a significant barrier to people seeking and receiving treatment (Henderson et al., 2013; Knaak et al., 2017; Gronholm et al., 2018) and learning strategies to manage their health and mental wellness (Nyblade et al., 2019; Smith & Applegate, 2018). It is important also to note that the amount of stigma that people feel and the impact of this stigma on individuals' mental wellness depends on their backgrounds and lived experiences.

Overcoming the stigma barrier can lead to more conversations about stigma inside classrooms and increase mental health literacy among youths. Youths are already engaging in much of their own decision-making about their health and well-being (Cusack et al., 2017). Early intervention to increase mental health literacy while students are in school may foster the development of strategies and coping skills necessary to overcome other risk factors (Manganello, 2008). Early intervention also may change youths' behaviors to adopting protective factors that will improve their wellness. Youths can be agents of change in helping

to destigmatize mental health inside their households and communities. Contemplating the work that educators and leaders in the helping professions do in serving vulnerable populations, and in preparing future health and mental health care professionals, raises the question about whether or not our current efforts are adequate and appropriate in teaching aspects of cultural literacy and inclusivity. Noddings (1995) contends that when adolescents believe that they are in environments where they are cared for (i.e., school) and learn to care for others (i.e., classroom, curriculum), they will be more successful in translating that knowledge of wellness strategies and coping skills into real-life practices.

### **1.3 Aims**

This study aims to explore Cal-HOSA students' involvement in practicing and promoting mental wellness in schools and communities. Specifically, this study focused on Cal-HOSA's students' participation in youth-led activities focusing on prevention and early identification of risk factors and protective factors associated with mental health and wellness.

## 2. METHOD

### 2.1 Recruitment and participants

We focused on students participating in Cal-HOSA in grades 8-12. Purposive sampling was used to select 94 students from 10 high schools who were participating in the prevention and early intervention project. These 94 student interviews were done between January and February 2019. Once Cal-HOSA advisors agreed to the interviews, each advisor recruited a cohort of 6 to 12 students, and all interested students were provided with a consent form and information about the study for parental completion. The majority of the participants were female (n=75, 79.8%) and in grade 12 (n=58, 61.7%), with fewer in grade 9 (n=2, 2.1%), and 10 (n=8, 8.5%). In terms of race/ethnicity, the largest group was Latino or Hispanic (n=53, 56.4%), followed by Asian (n=19, 20.2%), and white (n=11, 11.7%). See Exhibit 1 for more details about the demographics of the participants.

### 2.2 Procedure

One author (GL) performed all of the interviews using an interview guide. All individual interviews were done in person at each school. Each Cal-HOSA advisor organized a meeting room and a schedule of student participants. The interviewer collected the signed consent forms prior to commencing, explained the interview purpose and process, and expected duration (30-35 minutes). Each interview was audio-recorded with participants' consent, and later transcribed.

### 2.3 Data collection

The semi-structured interview questions were designed to investigate Cal-HOSA students' participation in designing activities for their schools' prevention and early intervention projects, and their behaviors in practicing and performing specific tasks in promoting student mental wellness. The questions were developed based upon seven work plans considered pilots with evidence-based practices in decreasing stigma, training youth mental wellness ambassadors, and promoting mental wellness (Beck

Exhibit 1. Participant's Demographics

Demographics	Individual Interviews	
	N	%
<b>Gender</b>		
Female	75	79.8
Male	19	20.2
<b>Total</b>	<b>94</b>	<b>100.0</b>
<b>Grade Level</b>		
9 <sup>th</sup>	2	2.1
10 <sup>th</sup>	8	8.5
11 <sup>th</sup>	26	27.7
12 <sup>th</sup>	58	61.7
<b>Total</b>	<b>94</b>	<b>100.0</b>
<b>Race/Ethnicity</b>		
African American or Black	2	2.1
Asian	19	20.2
Filipino	9	9.6
Latino or Hispanic	53	56.4
White	11	11.7
<b>Total</b>	<b>94</b>	<b>100.0</b>

et al., 2018). Piloting of the interview script with a convenience sample of individuals with knowledge of Cal-HOSA who were not involved with the study, enabled subsequent refinement of the questions (Cusack et al., 2017).

### 2.4 Data analysis

Two authors (GL, JP) independently used the process for thematic analysis outlined by Braun and Clarke (2006), whereby each familiarized themselves with the interview transcripts, and generated initial codes for overarching themes and subthemes. The authors (GL, JP) discussed their initial coding and came to a consensus on a codebook. The codebook was independently applied to all interview transcripts. After coding all of the data for interviews, one author (GL) reviewed the coded extracts for coherence within the themes, and further refinements were made to the themes and subthemes.



### 3. RESULTS

#### 3.1 Key themes

Analyses revealed five overarching themes, including: (1) Cal-HOSA students recognize risk factors for mental health disorders and seek solutions to prevent and mitigate these disorders; (2) Cal-HOSA helps students develop meaningful conversations with peers and teachers; (3) Cal-HOSA helps students develop resilience to overcome adversities; (4) Cal-HOSA promotes servant leadership and well-being of communities; and (5) Wearing HOSA Blues contributes to students developing a greater connection to Cal-HOSA.

##### 3.1.1 Theme 1: Cal-HOSA students recognize risk factors associated with mental health disorders, and seek solutions to prevent and mitigate these disorders

Cal-HOSA students associated terminology such as “stigma and shame” and “stress and anxiety” with mental health issues, and recognized that these factors can further isolate individuals with mental health disorders. In particular, one student stated, “It’s hard to come out and say, ‘Oh, I have this’ and ‘I have that’ because it’s so stigmatized and [lonely]” (Participant la3). As exemplified by the quote below, other students noted that stigma and shame were widespread problems at their schools:

*...a lot of students are scared to ask for help. They’re scared to admit that there’s something going on in their lives...And mental health is...extremely vital in terms of how to cope with stress, to cope with struggles at home [and school].*

*(Participant la9)*

The students also noted that failing to identify and treat mental health disorders early on could negatively impact students academically and personally.

The majority of students described stigma as a barrier to seeking mental health care, and emphasized that more conversations about mental health can help to normalize help-seeking behaviors. For example, one student highlighted the need for “opportunities for us to learn that mental health is not something that should be stigmatized or demonized” (Participant

sa10). When asked how they thought stigma could be reduced in schools, the students offered a variety of responses. Some students said reducing stigma could start by changing perceptions in households and neighborhoods, and that “it happens out in the community [by] spreading the word about popping the stigma” (Participant sa4). An important takeaway message from the students’ comments is that increasing mental health literacy can be done through conversation. Nearly all the students cited their involvement in Cal-HOSA and knowing someone close to them who struggles with a mental illness as their motivation for reducing stigma:

*I joined HOSA... [because] I wanted to break that stigma that is associated with mental illness and the depression that my father was going through...I wanted to help my father and communicate to him that asking for help was okay...with HOSA and NAMI as a partner, I was able to obtain information and become more knowledgeable and had that conversation with my father...I was able to influence him and he got help.*

*(Participant la9)*

Three students in particular identified themselves as having a personal story of feeling hopeless, disconnected from school life, and alone to deal with their hardships prior to joining Cal-HOSA. One student who exemplified these feelings stated, “I lost hope in high school...I started not caring about my grades...I started dealing with isolation, I needed therapy...it was a bad time” (Participant la4). Another struggling student said, “I was just a regular student that didn’t have any connections with school...I just felt like I wasn’t part of the school family” (Participant la6). An additional student who was feeling disconnected noted that, “Being a teenager and trying to find your place, it’s hard to find purpose in life...I thought I was the only one...that’s so hard to deal with feeling alone” (Participant la3).

Most students were in agreement that sharing stories can be a strategy and solution to reaching students who feel isolated and excluded. Storytelling can provide these students with hope and support.

*I feel like my story relates to a lot of kids...those with suicidal thoughts, because I've had suicidal thoughts...those who feel isolated, I've been isolated and alone...I feel [my story] can help them and knowing someone else went through what they are going through and understands them.*

*(Participant sw3)*

*I feel like sharing my story about my personal background with mental health can impact others because I can connect with them...help them see that they are not alone, and they can get better.*

*(Participant sw6)*

When prompted to expand on their responses to the question, “What is it about stigma and shame that creates a sense of urgency to act,” several students referred to stress and anxiety as a concern. In particular, one student noted that, “I’ve struggled with anxiety and depression for a while, but my family don’t believe in that, they don’t believe in getting help” (Participant sw14). Others emphasized empathy and said, for example, that “We relate to the problems youth go through...we know their struggles and stressors” (Participant sw11). Another student emphasized their “empathy for others” and reported they were “really good at looking at things from others’ perspectives” (Participant sa7).

Some students pointed out an urgency to reach people and detect early signs of distress and prevent a more debilitating condition from developing. One student who felt this concern said, “there are problems happening in our community and if we don’t try to help them as early as possible, their [mental condition] will get worse... the earlier we reach out to someone suffering, the better the chances they have to be helped” (Participant gh3). Similarly, another student stated:

*...learning about how to prevent mental illness... makes you want to act more...because you know that there are so many people that you know could be affected by a mental illness...Since we're future [health] professionals...mental health is a part of healthcare...we're gonna have patients who struggle with mental illness...we need to know about prevention.*

*(Participant sa1)*

Some of the students’ responses were more specific to solutions for mitigating risk factors rather than describing challenges. For example, some students highlighted the role that students in Cal-HOSA play as agents of change and addressing stigma, with one student stating that “it feels like it’s my responsibility to do my best to help make a difference and create change toward preventing stigma” (Participant sw20). Other students stated the importance of taking the message of change into communities:

*We have to reach out to them...I know you can only help people who want help, but some people just feel so lost...You have to reach out to them; you can't expect them to come to us...There are people out there that are dying, and it can be prevented. Death by suicide can be prevented if we reach out to people.*

*(Participant gh9)*

*I am a mental health project leader...I feel like I can make a difference in this society. My role is to help prevent the stigma...I want people to know what mental health is and why it's okay to talk about it and it shouldn't be ignored.*

*(Participant sw20)*

### **3.1.2 Theme 2: Cal-HOSA helps students develop meaningful conversations with peers and teachers**

Students reported that Cal-HOSA provides safe and judgment-free spaces for peer-to-peer and student-to-teacher support networks. Trust was critical in helping students participate in meaningful conversations with others in the Cal-HOSA community and engaging fully with the community. With the tightly knit network that is HOSA, students described the relationships with caring adult mentors as an important factor that helped them overcome challenges that could have resulted in a range of negative outcomes or set them on a path that would lead to other problems. The following three quotes exemplify the importance of the relationships the students develop in Cal-HOSA:

*Cal-HOSA gives you mentors who are there for you and help you...having a mentor to reach out to, I feel like I'm not alone when dealing with a problem... Cal-HOSA reminds me that I'm not alone...gave me a little family at school and I feel safe.*

*(Participant gh2)*

*Cal-HOSA brings all of us together from everywhere [and from] different backgrounds...[in Cal-HOSA] I know that I have my mentor that's gonna take me there [heal me]...she's probably the first one that has made me feel like there is hope in life.*

*(Participant gh5)*

*You build relationships...and with relationships comes trust, you trust people because there is unity and a feeling that people care for you...people you can talk to that actually care about how you feel.*

*(Participant va6)*

Many students made comments during the interviews that highlighted their awareness of the vital role of establishing relationships with their peers, and they credited these relationships for them feeling connected and purposeful in their aspirations to serve those in need. For example, one student reported: "I feel really connected with my peers...we are all in it for the same thing...it helps me be more active in my community and help my community" (Participant va8). Another student mentioned the collective resilience of their peers in Cal-HOSA "...we have all gone through similar struggles...we've become a family...we've overcome...we've grown as people" (Participant sw9). Other students reported this sense of community as a transmittable quality that permeates throughout the school. In particular, one student noted "it's the people that are in HOSA that allow you to have these caring relationships because once one person shows that they care, everybody else does too. It's kind of a chain reaction...I believe that we create trusting bonds" (Participant la1). Furthermore, Cal-HOSA students adopt a sense of identity synonymous with love and compassion for vulnerable populations, which is typified by the quote below.

*I love loving people, it [relationships] brought out the caring in me so that I can show my love for other people...We're all people and we all have needs. We all need to be included and work together to be whole...I've learned to be more caring toward others...show more compassion for others...I need to care for people, let them know they are loved, and they are surrounded by people that love them.*

*(Participant gh8)*

Expanding on the prior theme of storytelling, students cited their lived and life experiences as a strategy to empathically communicate and connect with people who are dealing with personal issues and negative thoughts, and too afraid to open up and share their struggles. To create safe spaces and allow meaningful conversations to happen within these spaces, students mentioned that discussing four different types life experiences could be a protective factor. These experiences, which are exemplified by the quotes below, include personal experiences with trauma, family members' experiences with mental health disorders, experience relevant to their generation, and experiences interacting in HOSA culture.

### **1. Personal experiences with trauma**

*Relating experiences [story] because most stories have something that deals with past pains or they've gone through something traumatic...You may not see it on the outside, but it's there sitting on the inside.*

*(Participant la1)*

*I feel like when you share your own story, people are more open to sharing their story after hearing about the traumatic events you've gone through and see similarities between the two...there is a connection.*

*(Participant sa9)*

### **2. Family members' experiences with mental health disorders**

*They don't give you a manual when you have a family member with a physical and mental disability...what allows me to connect with people is to share my experience...a story of hope. I believe that if I share my story [and experiences], it will help people to see that they are not alone in their struggles and they can overcome.*

*(Participant la3)*

### **3. Experiences relevant to their generation**

*We connect with people by sharing our own experiences and how our generation sees mental health...we are changing stigma [and] stereotypes about mental health...[we] are servant leaders impacting change not only within the school community, but the entire community.*

*(Participant sw9)*



*We advocate for engagement...sharing our personal stories...we connect and make us relatable and we have open conversations...It's really cool to see what's happening and the ideas [solutions] that our age group is coming up with for our school [and community].*

*(Participant sw14)*

#### **4. Experiences interacting in HOSA culture**

*Everyone wants to feel part of a community... Cal-HOSA gives me a sense of community and belonging...HOSA teachers are the most trusting adults that I look forward to seeing every day because they create that caring classroom environment.*

*(Participant sw10)*

*I think Cal-HOSA creates a culture of acceptance and safety that no matter where you go in HOSA, you'll find someone you can identify with or feel comfortable with...you find others [with common experiences] who accept you and you them...you are able to care for them and [from that experience] learn to care for yourself.*

*(Participant sw13)*

Overall, students saw themselves as servant leaders who could advocate for school and community engagement, and build on community strengths. For example, one student reported that “we spread our message [of well-being] to our neighbors...we just want to get the community involved and learn as much as we are learning about mental wellness...when you bring it into a real-life experience perspective, it really hits you close to home because it's something that happened to you” (Participant wu2). Another student highlighted an experience of discovering purpose through acts of kindness: “I realized just how much I love the feeling of helping someone or when giving back to my community...Cal-HOSA confirmed what I want to do...my purpose in life, a sense of purpose that I connect with” (Participant sw22).

##### **3.1.3 Theme 3: Cal-HOSA helps students develop resilience to overcome adversities**

Resilience was a common theme often expressed in Cal-HOSA students' responses to the interview

questions, and they described their experiences overcoming a range of obstacles. Additionally, they discussed how they used their own lived experiences as examples of perseverance and as sources of motivation to succeed. One student noted that because of Cal-HOSA, “I am a stronger person and more confident to overcome fears so that I can enjoy working with others” (Participant sw7). The quotes below further highlight the impact that Cal-HOSA has on helping students overcome life's obstacles.

*I look at things in a whole new perspective now and I keep this mindset that if I have overcome something this tragic in my life, I can overcome a lot of things now...That was like a war for me that I overcame.*

*(Participant la4)*

*I went through depression my freshman year and kept it to myself...being in HOSA and with everything I went through, I [opened up]...became stronger...I realize I can overcome anything no matter what...everything that we do in HOSA has a purpose.*

*(Participant ms3)*

When asked to “define resiliency and what it means to you,” several students defined it as being “HOSA resilient.” Three students expanded on what it meant being HOSA resilient. One student stated, “it means that no matter what your background is, what you've gone through, what problems you have, you can still come out as a leader” (Participant va1). Another student linked compassion with being HOSA resilient, as a personal asset used to cope: “When coping with issues...it's really the compassion for me...I need to care for people, let them know we need each other to pull through and be whole” (Participant ma1). The third student used a metaphor relating HOSA resilient to protecting oneself and coping with the negative effects of life stressors: “It's like being a caterpillar in your own hands. You're not gonna squish it...you want to hold it and take care of it, be patient and know it's gonna take time to transform and work from there... The end result will be a butterfly...[being HOSA resilient] means we have the capacity to transform into beautiful masterpieces” (Participant la7).

#### 3.1.4 Theme 4: Cal-HOSA promotes servant leadership and well-being of communities

At least half of all students interviewed identified as servant leaders. When asked to react to “why were Cal-HOSA students from earlier interviews describing themselves as ‘servant leaders’ promoting well-being,” the students provided a range of motivations. For example, one student stated that, “we promote mental wellness because we are youth and the future healthcare workers...We are the starting point for change” (Participant wu7). Another student said, “We’ve done so many things in the community to help others, we just know this is what we should do to help our community...recognize that it is so much more than just us...we want to be a bigger part of our communities” (Participant yv1). Two quotes from students who were explicit about their roles as leaders are included below.

*Cal-HOSA connects students to their community... Cal-HOSA has taught me and peers to be community (servant) leaders and we feel responsible to engage with the community.*

*(Participant sw1)*

*Through HOSA, I learned how widespread our mental health crisis is, and it made me wanna act on it, ‘My goodness, so many people are suffering,’ I feel responsible knowing that I can make a difference...That’s what people mean when they refer to themselves as a servant leader.*

*(Participant sw21)*

A couple of students were confident in asserting that real change in reducing stigma and promoting mental wellness must happen with youths leading the way. According to one student, “we are a student-led organization...we are the next generation [of professionals]...we want to be the change agents... we need to be out in the community...we need to be hands-on in finding solutions to these problems” (Participant sw5). Another student noted, “We are setting the foundation...in Cal-HOSA we’re all working to build one foundation and become a voice with a strong message [of hope]...regarding our physical and mental health” (Participant sw6).

#### 3.1.5 Theme 5: Wearing HOSA Blues contributed to students developing a greater connection to Cal-HOSA

Students were asked what it felt like to put on HOSA Blues—business attire that all students are required to wear when attending a HOSA event—for the very first time and if that feeling changed over time. While the responses varied, the students consistently reported a positive sentiment attached to the navy-blue blazer with an emblem affixed over the heart. One student reported, “I feel empowered...like I’m in control...I have power to change something meaningful” (Participant la7). Similarly, another student stated that, “Wearing the HOSA Blues means empowerment and inspiration...to do big things, to achieve greatness...to influence people’s lives” (Participant la9). The quotes below from students show a range of positive feelings associated with wearing HOSA Blues:

*You see everyone wearing it and you feel you’re connected...you are a brand linked to the helping profession...wearing HOSA Blues means I should be helping others...I felt like I was a part of something big.*

*(Participant sa2)*

*I felt like a different person, a more professional person...the best version of me. HOSA Blues made me feel accomplished and part of something really great.*

*(Participant sa4)*

*[HOSA Blues] show that you belong to a group that cares about you and you care about something... You are a professional with a goal in life to help others...it’s an awesome feeling.*

*(Participant sw8)*

*[HOSA Blues] means representing a positive culture...feeling safe around others...I feel like an important member of a community and I’m doing something for our future.*

*(Participant ma9)*

*The first time I put on my HOSA Blues, I didn't recognize myself...I was like 'Whoa, this is pretty cool.' I never saw myself doing something like this...it was me that I was looking at...we are all a part of this idea of helping people.*

*(Participant sw14)*

Overall, students associated HOSA Blues with terms such as “**professional and influential**,” “**empowered and determined**,” “**confident and resilient**,” “**fulfilled and motivated**,” “**connected and impassioned**,” and “**honorable and role model**.” While

there is no clear evidence of HOSA Blues being considered a protective factor by students, there seems to be an anecdotal connection between wearing HOSA Blues and engaging in activities that promote social and emotional competence. Wearing HOSA Blues could lead to a greater participation in community or support networks that translates to more inclusion and overall better well-being and self-efficacy. Being heavily involved in HOSA could be a protective factor, and wearing HOSA Blues could contribute to being heavily involved in the organization's work.

## 4. DISCUSSION

The current study provides support for the idea that students who join Cal-HOSA and participate in activities organized by Cal-HOSA are more likely to report having a presence of a calling in healthcare and in advocating for vulnerable communities. The use of terms such as “stigma and shame” and “stress and anxiety,” are common among youths who feel marginalized and excluded from participating in school life. While Cal-HOSA students had heard these terms before joining Cal-HOSA, they had rarely associated them with mental health issues. After participating in Cal-HOSA and learning more about these terms, students were more likely to engage in conversation about mental health because they no longer feared being labeled by others.

The interview data reported on in this study showed that Cal-HOSA students who connected with their lived and life experiences and participated in Cal-HOSA activities were more likely to demonstrate positive attitudes consistent with being well-informed and engaging in well-being behaviors. We are not aware of any studies that have explored CTSOs (e.g., HOSA) implementing prevention and early identification programs that promote mental wellness. However, some findings of the current study are similar to those found in studies of school-based prevention and early intervention models (Neil & Christensen, 2009; Domitrovich et al., 2010; Colizzi et al., 2020). These findings suggest that when students are provided with a safe and caring environment where they can develop meaningful relationships with peers, it leads to discoveries of personal strengths, connectedness, and resilience in overcoming adversities. This phenomenon of engaging in conversations about mental health led by peers with real-life experiences as an effective intervention, has been supported by prior studies (Naslund et al., 2016; Reupert, et al., 2019).

Our findings lead to several encouraging key implications. First, Cal-HOSA serves as a protective factor that mitigates the many risk factors to which young people are exposed. If left unresolved, these

risk factors could lead to a life trajectory of more trauma, psychological distress, and suicidal ideation. Cal-HOSA can also be seen as an intervention to improve low school engagement and poor academic achievement, which are important risk factors. Several studies have linked school-based mental health programs and mental wellness with improvements in students’ academic outcomes (Murphy et al., 2015; Agnafors et al., 2020). Second, because CTSOs are already integrated into a school’s academic infrastructure, they are in a position to promote and focus on students’ mental health and well-being. For example, students in Cal-HOSA associate terms like, “sense of purpose,” “sense of identity,” and “servant leadership” with the organization’s name. Joining Cal-HOSA translates to strengthening self-efficacy, acquiring meaningful roles that increase health literacy inside communities, and a personal belief that “I Can Make A Difference”. Finally, exposing students to leadership and training opportunities may facilitate a career path into the mental and behavioral health fields. The Carl D. Perkins Career Technical Education (CTE) Act of 2006, which mandated training for CTE students to equip them with competencies for high-skills jobs, may help alleviate the shortage of mental and behavioral health professionals. Importantly, a 2017 report from the National Council for Behavioral Health indicated that the need for treatment is expected to increase while the number of well-trained mental and behavioral health professionals will remain a critical gap.

Limitations of this study include possible underrepresentation of the sample in terms of gender, race, and ethnicity. Also, given the stigma surrounding the topic of mental health, it is possible that participants may have withheld information or presented it in an ideal manner to avoid openly disclosing to an interviewer that they met for the first time. Although efforts were made to stress the participants’ anonymity in reporting, there was no guarantee that they fully divulged their experiences relevant to the topic.

## 5. CONCLUSIONS

This study has provided insight into Cal-HOSA students' participation in prevention and early identification practices. This study represents an initial step in recognizing the role that CTSOs, such as HOSA, play in helping students understand the consequences of stigma and shame in seeking services for mental health issues. We hope that by highlighting the various aspects of Cal-HOSA as a protective factor we will inspire more CTSOs and CTE programs to replicate Cal-HOSA's prevention, early identification

and early intervention model. Our research has made the case that school sites can be ideal places to: (a) begin conversations about mental health that achieve a better understanding of risk and protective factors, (b) increase training opportunities for students and educators to have knowledge and skills about prevention and early identification, and (c) improve awareness and promotion of mental health and wellness, and incorporate it into traditional school curricula.



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