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Rawan Boulden

West Virginia University, rawn.boulden@mail.wvu.edu

Christine Schimmel

West Virginia University..., chris.schimmel@mail.wvu.edu

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Promising Practice

Addressing the Rural Youth Mental Health Crisis Through Youth Mental Health First Aid

**Rawn Boulden
Christine Schimmel**

This promising practice describes a statewide effort to address the surging youth mental health crisis through the provision of Youth Mental Health First Aid training in West Virginia public schools. Youth Mental Health First Aid is an evidence-based training for adults who work with youth. This interactive training increases participants' awareness of signs and symptoms of mental health challenges, adolescent development, the prevalence of mental health challenges among youth, and the steps they should take to ensure students with mental health challenges receive timely referral to mental health professionals. Survey data and participant testimonials indicate that this intervention has been highly effective in rural schools in West Virginia. In this article, we describe our work and offer implications for rural schools.

The Centers for Disease Control and Prevention (CDC) recognizes that mental health is key to overall health and well-being at every stage of life (2023). Diminished mental health impacts how we think, feel, behave, handle stress, relate to others, and make decisions. Before the COVID-19 pandemic, youth of all ages experienced barriers that could impede their ability to grow up free from anxiety, depression, and other mental health challenges (Vernon & Schimmel, 2019). Many children, even pre-pandemic, were plagued with anxiety and depression, often fueled by issues such as poverty, blurred family boundaries, abuse and neglect, family dissolution, and other traumatic life events.

Before COVID-19, the ongoing opioid epidemic greatly impacted rural Appalachia. For example, West Virginia had the highest rate of drug overdose related deaths in the U.S. in 2021 (CDC, n.d.). A rise in misuse, fueled by the perception that opioids were not addictive, led to a 2017 public health emergency declaration. That year, 47,000 people in the United States died of opioid overdoses, many of them in Appalachia. By 2021, in West Virginia, there were 90.9 overdose deaths per 100,000 people (CDC, n.d.).

The combination of rising youth mental health challenges and severe shortages of school-based (e.g., school counselors) and community-based (e.g., child therapists) mental health providers commonly experienced in rural settings often hinders youth mental health outcomes (U.S. Department of Health and Human Services [HHS], 2021). Despite federal funding to bolster the school-based mental health workforce due to pandemic impacts (e.g., 2021 American Rescue Plan Act), many rural and low-

income communities still have considerable work to do to fully strengthen and fund school-based mental health care (Enos, 2022).

Role of Rural Schools in Addressing Mental Health

Rural schools play a critical role in addressing youth mental health disparities. Rural locales commonly have numerous strengths, such as a strong sense of community connectedness; a high degree of social capital; and, in many parts of the United States, growing populations (Ajilore & Willingham, 2019; Zuckerman, 2020). Within rural schools, educators often enjoy smaller class sizes that promote improved teacher-student relationships, along with greater instructional autonomy, heightened peer connectedness, and higher job satisfaction rates than their non-rural peers (Player, 2015; Rooks, 2018; Tran et al., 2020). Regrettably, many rural municipalities experience significant mental health provider shortages (Boulden & Schimmel, 2022) and variable telehealth accessibility (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016b). Further, they witness higher youth suicide rates (Graves et al., 2020) and experienced skyrocketing youth hospitalization rates for suicidality during the COVID-19 pandemic (Yard et al., 2021). Longstanding barriers, such as mental health stigma, affordability, and poverty add to the growing barriers impeding timely access to care (Cheesmond et al., 2019; Hodgkinson et al., 2017; Stewart, 2018). In many rural settings, school-based mental health providers are the only accessible mental health provider (Boulden & Schimmel, 2022),

resulting in a demand for mental health services significantly outpacing the supply of trained clinicians in schools. If educators are unknowledgeable of signs and symptoms of youth mental health challenges and how to respond, many students needing treatment likely go undetected.

Teachers, the professionals who are on the front line of student interaction, feel overwhelmed by the increasing impact of deteriorating student mental health (Rothi et al., 2008). As student mental health struggles rise, teachers report feeling a moral obligation to attend to student mental health needs (Mazzer & Rickwood, 2015; Moon et al., 2017; Reinke et al., 2011). According to Moon and colleagues (2017), however, teachers lack confidence in knowing how to respond to student mental health needs. One evidence-based option poised to fill the gap in educator knowledge and skills is Youth Mental Health First Aid (YMHFA).

Youth Mental Health First Aid

YMHFA is an evidence-based program designed to teach adults how to help a young person experiencing a mental health crisis or challenge (National Council for Mental Well-Being [NCMWB], 2023). The program provides virtual, in-person, and hybrid training options, and the topics included in each delivery method include common mental health challenges of youth, typical adolescent development, signs and symptoms of mental health challenges, and identifying appropriate professionals when help is needed (e.g., counselor, psychologist, social worker). YMHFA also aims to reduce the stigma surrounding mental health disorders. Central to YMHFA training is the five-step action plan for helping, referred to as *ALGEE*, an acronym for the steps a person follows when they choose to intervene with a student experiencing a mental health challenge: *approach* and access for suicide or harm, *listen* non-judgmentally, *give* reassurance and information, *encourage* appropriate professional help, and *encourage* self-help and other support strategies. Participants are taught ALGEE during the training and have opportunities to practice their newfound knowledge, skills, and abilities individually and in small groups.

While not meant to supplant formal mental health professional training and certification, YMHFA has been shown to make a positive impact on the adults who have completed the course, although scant research focuses on YMHFA in rural school settings. YMHFA participants report

increased confidence, willingness to help, awareness of resources, and acceptance of individuals with mental health concerns (Noltmeyer, et al., 2020). Further, YMHFA participants report increased skills around assessing for risk of suicide, listening nonjudgmentally, encouraging appropriate professional help, and encouraging self-help strategies (Aakre et al., 2016). Participants also demonstrate improvements in mental health literacy, a reduction in negative attitudes toward youth with a mental health concern, increased confidence and ability to identify and respond to students with mental health problems, and increased intentions to engage with students around help-seeking behaviors (Gryglewicz et al., 2018). While not created for rural settings specifically, the training is appropriate across all urbanicities (e.g., rural, suburban, urban).

West Virginia Youth Mental Health

Mental health disparities have adversely impacted West Virginia's residents, including its youth (Annie E. Casey Foundation, 2022; CDC, 2019; Douglas, 2022). The West Virginia Department of Health and Human Resources (2020) found that, among children and adults, "West Virginia ranked the highest in the nation for the prevalence of poor physical health, poor mental health, and activity limitations due to poor physical or mental health" (p. iii). A report from Mental Health America (Reinert et al., 2022) indicated that West Virginia has the sixth-highest prevalence of mental illness and ranks 44th in youth access to mental health services. These realities adversely affect children's schooling, including their academic achievement, attendance, and behavior (Barr, 2018; Blodgett & Lanigan, 2018; Eklund et al., 2018). In this piece, we describe our initiative to address youth mental health and its effectiveness, followed by implications for rural educators.

Program Design and Efficacy

YMHFA in West Virginia Public Schools is a five-year SAMHSA Mental Health Awareness Training grant awarded to West Virginia University (WVU) in September 2021. The grant investigators cofacilitate YMHFA training. Both are full-time faculty in WVU's master's in counseling program and are practicing counselors in West Virginia and former school counselors. The project team contains two additional trainers and a graduate assistant who is a student in the counseling program. The project's annual objectives are to (a) train 125 West Virginia

public school employees in YMHFA, (b) provide YMHFA training in at least five West Virginia public schools, and (c) select five YMHFA trainees to receive complementary instructor training. As faculty members at a land-grant university in West Virginia, we are acutely aware of the challenges impacting the rural communities we serve. Thusly, as an additional goal, we desire to equip our educators with the knowledge, skills, attitudes, and awareness to (a) feel more confident in their abilities to identify possible signs and symptoms of mental health challenges, (b) understand the relationship between early intervention and improved mental health outcomes, and (c) be empowered to refer students and their families to school-based professionals (e.g., school counselors) who have the knowledge and expertise to decide the best next steps for each student.

Consistent with SAMHSA's priorities, our training is available to anyone who works with children in public schools. Hence, while teachers commonly comprise most participants, classified (e.g., administrative assistants) and administrative (e.g., assistant principals) staff often complete our training. The research is compelling regarding the impact of one positive, caring adult in a child's life (Bethell et al., 2019). Thus, we assert that any adult in the school building, regardless of title, can make an impact and help connect youth and their caregivers with appropriate professional help. In West Virginia's rural schools, educators often must wear many hats to ensure the school's functioning, consistent with the extant rural literature (e.g., Boulden et al., 2022; Boulden & Schimmel, 2022). This reality arguably makes the training even more impactful for rural school settings.

Since the project is federally funded, training is provided for free to public schools across West Virginia. NCMWB estimates that training costs \$110 per participant, so training a school of 60 educators would likely be cost prohibitive for most schools. School district leadership appreciates the training's cost-effective nature. The investigators employ a multipronged approach to promote this project throughout the state, including word of mouth, email, news articles, and social media (e.g., the grant's official X account). Once an administrator expresses interest, the investigators work closely with them to identify training dates. We usually provide YMHFA in one 8-hour day at a school in the partnering school district. The schedule includes a 45-minute lunch and two 15-minute breaks. To ensure time for input from all parties, the planning process typically begins 2–3 months before the event.

Participants receive several resources designed to support their learning and promote ongoing mental health discussions and introspection. All participants receive a YMHFA manual of detailed information on signs and symptoms of various mental health challenges and how to support a youth who may be in crisis. They also receive a participant processing guide to support them in their thinking, processing, and learning. As another benefit, each participant receives a thumb drive containing a document that lists mental health resources within their specific school district's jurisdiction and state-specific crisis hotlines. Participants also receive a "mental health toolkit" of devices educators can use in school settings to help deescalate a student. In addition, up to five individuals per year who complete YMHFA training receive complementary YMHFA instructor training (a \$2,200 value).

Reflecting on our work since September 2021, we have made significant strides in both achieving our goals and advancing our mission to address youth mental health disparities throughout our state. We have provided 12 YMHFA trainings across three school districts in West Virginia and have trained 221 educators. Five educators also have successfully received YMHFA instructor training.

SAMHSA requires us to measure "the number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion." To capture these data, participants complete pre- and post-training assessments. Sample assessment items include: "Currently, I am confident that I can have a supportive conversation with a youth about mental health or substance use challenges" and "I intend to take action to help youth I work with to address their mental health or substance use challenge." On the post-assessment, participants rate their knowledge both before and after completing YMHFA through questions such as, "I can recognize the signs and symptoms of mental health or substance use challenges that may impact youth." We are pleased that 99% of trainees demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion. A quote from a rural administrator further illustrates the project's impact:

I want to say thank you to both of you for the wonderful training my staff and I received last week. I have had an abundance of positive feedback from everyone in attendance. Our students are struggling, but we feel better prepared to identify and assist our students thanks to this training. We are sharing our

thoughts with others throughout the county so other schools may be in contact soon!

Implications for Rural Schools

As we approach the beginning of our grant's third year, we have made significant strides in addressing mental health in West Virginia. Here we offer implications for rural schools and partners facing similar youth mental health headwinds.

Effective Partnerships

Providing YMHFA would not be possible without strong university-school partnerships. WVU is the flagship institution in the state and is one of two universities that has a school counseling graduate program. WVU has developed and sustained meaningful relationships with school district personnel and administrators who "gatekeep" our ability to provide trainings in schools. Given the vital importance of these proactively curated partnerships, we highly recommend that interested rural schools collaborate with partnering entities (e.g., universities serving rural constituents, independent trainers) in advance to discuss the feasibility of trainings such as YMHFA. In addition to building rapport and trust, these interactions should increase understanding of each school's specific training needs, how the training aligns with those needs, and what adaptations can be made to focus on youth mental health needs at schools that may receive trainings.

It is important to proactively develop clear and consistent communication pipelines, especially leading up to YMHFA training. Two months before each training, we communicate with our school district liaison to receive training rosters (i.e., names, job title, school district email address) and to determine logistics such as the training's timing, breaks, lunch, audio/visual capacities, internet, and printing needs. One month before, we confirm the status of our training with the liaison and ensure that our training and logistical needs have been addressed. These efforts mitigate training day stress and support a smooth and positive training experience for all.

Culturally Informed Adaptations

We also recommend that culturally informed adaptations are made to enhance the training experience to reflect the needs of not only youth in America, but also youth in the school district in which the training will be rendered. YMHFA's curriculum has been revised to discuss the confluence

of culture and mental health. To complement this approach, trainers may decide to provide resources that unpack this intersection in greater detail (e.g., Mental Health America, 2023; SAMHSA, 2023). While sharing these and other resources on thumb drives for participants to keep may prove beneficial, participants may also benefit from active discussions during the training, creating opportunities for participants to learn from diverse perspectives and lived experiences. For instance, considering the unique school-based experiences of many rural LGBTQ+ youth (Palmer et al., 2012), it would be wise to explore ways rural educators can make schools safer and affirming for these students.

Next participants apply their new knowledge, skills, and abilities through a series of scenarios, created by NCMWB, wherein youth are experiencing varying levels of crisis. While several unique scenarios are provided, they may not fully reflect the attitudes, norms, and customs of youth in participants' rural schools. Hence, we recommend obtaining input from either administrators (before the training) or trainees (during the training) on how the scenarios can be modified to be more culturally aligned. Trainers also should exercise flexibility regarding the training and encourage an egalitarian approach. For example, if trainees express a desire to unpack a topic more thoroughly (e.g., addressing stigma, affordable mental health resources in their community, how to address an actual student in their school possibly experiencing a crisis), we have found it helpful to create a forum for individuals to explore these topics during the training and perhaps encourage them to continue the conversation during lunch and following the training. While NCMWB provides a timing guide for each training section, rigidly sticking to the timing guide and not respecting participants' training needs and desires can foster unease and a tense training environment.

Funding Sources

It is prudent to explore diverse funding sources related to providing YMHFA. Our effort is funded by a SAMHSA grant, totaling nearly \$500,000 over 5 years. Given the training's scope (i.e., training over 600 educators), a grant of this magnitude is expected. However, schools do not need a federal grant to render or receive YMHFA. Rural schools should search for YMHFA instructors in their area; local training facilitators may charge a nominal fee or no fee to provide trainings. If enlisting trainers is not a viable option, rural schools may consider getting

school district staff trained as YMHFA instructors and perhaps leveraging their connectedness with the rural community to request training sponsorships from local businesses and organizations or requesting funding through the local school board. This internal trainer approach may be more cost effective while simultaneously helping ensure the training reflects the school district's needs.

Ongoing Trainings

While YMHFA is a useful and effective evidence-based training, it should not be the only professional development school staff receive on this topic. It should be viewed as a *conversation starter* leading to regular ongoing dialogues on student mental health. School staff may consider providing professional development mediums throughout the school year to diversify the learning experience. For instance, school staff may consider offering optional book clubs featuring selections such as *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (van Der Kolk, 2015). Other professional development routes may include guest speakers, engaging activities designed to increase mental health literacy, and incorporating multimedia (e.g., videos, movie clips) to enhance learning.

Self-Care

Emphasizing appropriate self-care is necessary in today's environment. Educator burnout and attrition have dramatically increased since the COVID-19

pandemic (Kush et al., 2022). Predating the pandemic, this emigration has disproportionately impacted rural schools (Ingersoll & Tran, 2023). While YMHFA discusses self-care, we recommend devoting more time to this topic, both during and following the training. During the training, participants should be given opportunities to reflect on and discuss accessible self-care resources within their communities and/or online, such as civic organizations, recreational activities (e.g., biking, hiking), libraries, social gathering locations, and adult mental health providers, through the lens of SAMHSA's (2016a) Eight Dimensions of Wellness. This conversation may expose participants to resources of which they were not aware. To further promote self-care, participants may be asked to develop a self-care SMART goal and an accountability system to measure progress.

Conclusion

YMHFA in West Virginia Public Schools has experienced success in equipping West Virginia public school educators with knowledge, skills, attitudes, and abilities that may save lives. Early intervention is key in supporting improved student mental health outcomes (Colizzi et al., 2020), hence the need for YMHFA in schools across the country. YMHFA is not a panacea for the challenges many rural school communities face. However, it is a critical step in creating trauma-informed rural schools that are sensitive and responsive to students' needs.

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Authors:

Rawn Boulden is an Assistant Professor in the School of Counseling and Well-Being at West Virginia University. Contact: rawn.boulden@mail.wvu.edu

Christine Schimmel is a Professor in the School of Counseling and Well-Being at West Virginia University. Contact: chris.schimmel@mail.wvu.edu

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