Journal of Youth Development

Volume 19 | Issue 2 Article 6

7-2024

A Comparative Evaluation of Two Youth Mental Health Trainings for Volunteers

Monica M. Lobenstein
University of Wisconsin-Madison Division of Extension, monica.lobenstein@wisc.edu

Shannon Sparks
University of Wisconsin-Madison, Division of Extension, shannon.sparks@wisc.edu

Jennifer Park-Mroch
University of Wisconsin-Madison Division of Extension, jennifer.parkmroch@wisc.edu

Danette Hopke
University of Wisconsin-Madison, Division of Extension, danette.hopke@wisc.edu

Jayna Hintz
University of Wisconsin-Madison, Division of Extension, jayna.hintz@wisc.edu

See next page for additional authors

A Comparative Evaluation of Two Youth Mental Health Trainings for Volunteers

Authors

Monica M. Lobenstein, Shannon Sparks, Jennifer Park-Mroch, Danette Hopke, Jayna Hintz, Megan Suehring, Kea Norrell-Aitch, Karla Gearing, Michelle Gobert, and Sheila Michels

Volume 19, Issue 2, Summer 2024
ISSN 2325-4017 (online)

A Comparative Evaluation of Two Youth Mental Health Trainings for Volunteers

Monica M. Lobenstein, University of Wisconsin, Madison
Shannon Sparks, University of Wisconsin, Madison
Jennifer Park-Mroch, University of Wisconsin, Madison
Danette Hopke, University of Wisconsin, Madison
Jayna Hintz, University of Wisconsin, Madison
Megan Suehring, University of Wisconsin, Madison
Kea Norrell-Aitch, Michigan State University
Karla Gearing, University of Wisconsin, Madison
Michelle Gobert, Wabeno School District
Sheila Michels, University of Wisconsin, Madison

Introduction

Adolescence is a critical period for developing social and emotional habits important for mental well-being (Kessler et al., 2005). Half of all mental health conditions start by age 14, and the average delay between onset of symptoms and intervention is eight to ten years (Wang et al., 2007). Youth with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma, educational difficulties, risk-taking behaviors, and worsening physical health. Youth often do not get the help they need due to ongoing stigma and barriers in accessing mental health treatment. For example, in Wisconsin, 30% of the population live in a county designated as a Health Professional Shortage Area (Health Resources & Services Administration, 2023).

Youth mental health has been a growing concern for many years. According to the 2021 Wisconsin Youth Risk Behavior Survey (YRBS), one-third (33.7%) of Wisconsin high school youth reported feeling sad and hopeless; 21.7% reported self-harm; 18.1% had thoughts of suicide; and 52.2% felt anxious, tense, or scared. All of these represent marked increases from two years previous.[1] The percent of students who reported receiving the help they need decreased to 22.4% (Tortora, 2021).

The increase in needs is not unique to Wisconsin. Nationally, many youth have experienced mental health impacts related to the COVID-19 pandemic, decreases in the available mental health services and supports, racist and discriminatory acts of violence, and diminished access to behavioral health services and resources (Blackwell et al., 2022; Lobenstein et al., 2020).

To build youth resilience, it is important to help youth feel they are not alone and know they have a trusted adult they can turn to with their feelings (Green et al., 2020). Youth, themselves, have reiterated this. In the teen mental health survey conducted by National 4-H Council and The Harris Poll (2020), four of five surveyed youth indicated, "I wish more young people were more comfortable asking for help when it comes to their mental health." The consequences of not addressing adolescent mental health conditions may extend to and become entrenched in adulthood (MacLeod & Brownlie, 2014).

This article describes a pilot study to assess the comparative effectiveness of the evidence-based Youth Mental Health First Aid (YMHFA) training and the Supporting Youth Mental Health (SYMH) training, which was developed by Extension educators and specialists. The article looks at the comparison data to determine if SYMH is an acceptable training alternative that meets the needs of Extension volunteers and professionals to learn to support youth experiencing mental health challenges.

Extension and Youth Mental Health

Mental health promotion and risk prevention are keys to helping adolescents thrive (World Health Organization, 2020). Extension, as part of the U.S. Department of Agriculture, the community-based arm of the land grant university, and 4-H are uniquely positioned to bring evidence- and research-based mental health education to communities throughout the nation. Within Extension's positive youth development programming, knowledgeable, caring adults serving in volunteer or professional roles have an opportunity to create safe spaces for young people, allowing youth to share their feelings, debrief their experiences, and understand how emotions might affect them (Johnson, 2020; Walker, 2020). Adult volunteers who interact and build sustained relationships with youth in 4-H and other programs may have opportunities to support youth with mental health challenges. The Wisconsin and Michigan 4-H programs sought to equip Extension volunteers with knowledge and skills to assist youth facing a mental health challenge or crisis. YMHFA or SYMH were required courses for Wisconsin adult volunteers in chaperon roles starting in January, 2022.

Volunteers serving in chaperon roles oversee the custodial care of youth during camp or other educational travel opportunities. Proper volunteer training to support youth mental health can equip those who are most likely to encounter challenges or crises with the necessary knowledge and tools. Training fosters open dialogue about mental health and corrects misconceptions and biases, which is one way community organizations can support the mental health of children and young people (Office of the Surgeon General, 2021). Providing Extension volunteers with training helps them (1) understand youth mental health and their role in supporting it; (2) promote safe and inclusive environments that support youth mental health, reduce stigma, and increase help-seeking; and (3) build skills and strategies for preventing crisis situations, building relationships, and communicating nonjudgmentally.

1 According to the 2019 Wisconsin YRBS, 28.5% of Wisconsin high school students reported feeling sad and hopeless; 18% reported self-harm; 15.7% had thoughts of suicide; and 49% felt anxious, tense, or scared. However, only 23.9% of Wisconsin youth surveyed in 2019 reported receiving the help they needed (McCoy, 2019).

Youth Mental Health Volunteer Trainings

Youth Mental Health First Aid (YMHFA)

YMHFA teaches adults to:

> Identify, understand, and respond to signs of mental health and substance use challenges among children and adolescents ages 12–18. The training is intended to build understanding of common youth mental health challenges and typical adolescent behavior. It includes a five step plan for how adults can help young people who may be experiencing a mental health challenge (National Council for Mental Wellbeing, 2023).[2]

YMHFA is a widely adopted evidence-based program supported in the United States. It is one of four youth mental health programs recommended for Extension education in a literature review of community-based youth mental health education programs (Lobenstein et al., 2022). YMHFA has been found to increase confidence, mental health literacy, and positive attitudes towards youth mental health (Aakre et al., 2016; Gryglewicz et al., 2018; Jorm et al., 2010; Kelly et al., 2011). A study by Childs et al. (2020) with 893 YMHFA adult participants in child serving occupations used a pre- and post-test survey design to determine program effectiveness with a variety of child serving occupations. The researchers found statistically significant improvements in participants' confidence and intentions to intervene, preparedness to engage, and mental health literacy.

Trained YMHFA instructors facilitate 7.5 hours of curriculum. To effectively conduct the program while adhering to adult learning principles, 8.5–9 hours are needed for adequate breaks, mealtimes, and meaningful learning engagement. While effective for some audiences, the time commitment and the intensity of the training can be a limitation.

Supporting Youth Mental Health

In Wisconsin, basic training requirements for 4-H volunteers have increased since 2019 from less than two hours to nearly four hours.[3] When the land grant university moved to require youth mental health training for volunteers in chaperon roles in addition to the basic training, volunteers provided substantial feedback. While the topic and training had value, the time required for YMHFA was seen as an undue burden, creating an obstacle to retaining a robust volunteer base. Additional training limitations expressed by volunteers include: (1) broadband access issues, (2) and inability to attend trainings due to work schedules.

In the fall of 2020, a team of Wisconsin and Michigan Extension educators from diverse individual and professional backgrounds developed SYMH to address the need for less time-intensive training. SYMH is a two-part training: a one-hour online training plus a two-hour live training presented virtually or in-person. It is offered through flexible training options: asynchronous online modules or offline learning alternatives, as well as live training offered at a variety of times, including early mornings, evenings, and weekends.

In 2020, the enrolled 4-H population in Wisconsin was made up of 96% White youth and roughly 3% Black, Indigenous, and youth of color. SYMH is designed for the inclusion of more diverse audiences through youth voice videos from diverse youth perspectives, scenarios representing a range of backgrounds and youth mental health experiences, and availability of text, accessible interactions, and audio support throughout.

SYMH was developed to increase knowledge and skills of 4-H adult volunteers who work with youth, specifically in an overnight chaperon role. Through interactive online learning, practice scenarios, and discussion, participants learn about their important role in supporting youth. The steps delivered in SYMH to support youth

2 Youth Mental Health First Aid's five steps are ALGEE: Approach; assess for risk of suicide or harm; listen nonjudgmentally; give reassurance and information; encourage appropriate professional help; and encourage self-help and other support strategies (Kapil, 2021).

3 The increase in time resulted from an expansion of training related to orientation, safe and welcoming spaces, sexual misconduct, and reporting.

mental health are: build trusting relationships with youth before and throughout the program; recognize the signs of a mental health challenge; communicate nonjudgmentally with the youth about what they are experiencing; talk to a staff member about what is occurring; and continue a supportive relationship with the youth.

The Pilot Study

The purpose of this pilot study was to assess the comparative effectiveness of these two programs in preparing volunteers to support youth experiencing mental health challenges, and to assess how they had used their training in the months since their completion of SYMH or YMHFA.

Methods

Procedures and Measures

In September, 2022, an online Qualtrics survey was distributed via email to participants who had completed either SYMH or YMHFA between October, 2021, and June, 2022 (three to twelve months prior to survey distribution). Participants were asked to respond to a series of questions regarding beliefs about mental health problems, their confidence in helping youth experiencing mental health challenges, how they had used their youth mental health training in the previous six months, and a scenario of how they would respond to youth experiencing a mental health challenge. To develop the survey questions, the research team first identified content that was essential and common to both trainings. This common content included beliefs about youth mental health, and how to appropriately respond to a youth experiencing a mental health crisis. The survey was modeled after two previous studies of youth mental health first aid (Jorm et al., 2007; Jorm et al., 2010), and the six-month follow-up survey used with Wisconsin's YMHFA program participants. Questions assessing change in confidence and behavior were pulled directly from Jorm et al.'s (2010) evaluation study of the YMHFA training. The youth mental health scenario and follow-up questions were modeled after examples used by Jorm et al. (2007; 2010) in their two studies of youth mental health first aid and adapted to assess content common to the two trainings being evaluated (SYMH and YMHFA). The questions assessing beliefs about youth mental health were modeled after Jorm et al.'s (2010) survey and adapted by members of the research team with youth mental health content expertise to assess content common to both SYMH and YMHFA. Questions assessing the use of the youth mental health trainings were pulled from Wisconsin's existing YMFHA six-month follow-up survey.

Beliefs About Youth Mental Health

Participants were asked to respond to a series of four statements about mental health, indicating the degree to which they agreed with these statements: (a) mental health problems are a sign of a personal weakness; (b) everyone can have a role in helping a young person who may be experiencing a mental health challenge; (c) someone with a mental health problem is unlikely to ever recover; and (d) I believe that I can do something to help a young person who may be experiencing a mental health challenge. The responses were on a five point Likert scale ranging from strongly agree to strongly disagree.

Change in Confidence and Behavior

Participants were asked to reflect upon their confidence in helping a young person before and after taking a youth mental health course, as well as changes in the likelihood they would speak to a young person about their mental health challenge, take action to support a young person, and discuss a young person's mental health challenges with other appropriate helping adults after taking the course. A retrospective pre-post question design was used for all four questions; participants were asked to first think about how they felt or would have responded before taking the youth mental health course, and then to consider how they felt or would respond after taking the course (Robinson, 2017). Responses were on a five point Likert scale.

Use of Youth Mental Health Training

Use of youth mental health training was assessed with two questions. First, participants were asked if they used what they learned at least once in the previous six months to help youth. Second, participants were asked to rate the extent to which they felt they had enough support or information to intervene with a youth experiencing a mental health challenge on a scale of 0 (I need a lot more support/information) to 10 (I have all the support/information I need).

Youth Mental Health Scenario

Participants were asked to read a short scenario about a youth and indicate what signs of a mental health challenge the youth was displaying and how they would respond to the youth in the scenario. The scenario read:

> You notice a youth who you have known this past year has been functioning less well as the year goes on. At the beginning of the year, she was vibrant and seemed to enjoy spending time with her friends. Now, she has clearly lost weight, seems sad most of the time, has a hard time paying attention, and seems to have lost her motivation.

Participants were provided a series of options for how they could respond to the young person in the scenario and asked to select all appropriate responses. Two of the options: "Ask open-ended questions about how she is feeling," and "Listen to her and avoid making judgments," were appropriate responses. The other three options: "Avoid talking to her because youth can be moody and she might be going through a mood swing"; "Suggest she might be depressed and she should think about medication"; and "Compliment her on her weight loss and hope she opens up about what is happening," were not appropriate responses.

Participants were also asked two open-ended questions. They were asked to describe how they have used their training to support youth as well as what else they need to feel successful in supporting youth mental health challenges. Responses were thematically coded using an inductive approach (Bingham, 2022).

Participants

A total of 279 program participants who had completed either SYMH or YMHFA were asked to complete the follow-up survey. The survey had an overall response rate of 35%, with 99 program participants completing all or part of the survey. The majority (85%) of participants reported they had completed only one youth mental health program (see table 1); the other 15% indicated they had completed more than one program (a combination of SYMH, YMHFA, and other programs). The majority of survey participants were White, female, and not Hispanic. Most reported they were 25–64 years old (see table 2). On average, participants who completed YMHFA were younger and more highly educated than those who completed SYMH. Thirty-five percent (35%) of those who completed SYMH were 18–44 years old compared to 60% of those who completed YMHFA; 65% and 40% of SYMH and YMHFA participants respectively were between 45–74 years old.

Table 1. Youth Mental Health Program Completed

Youth mental health program	**SYMH**	**YMHFA**	**YMHFA** (& other)	**SYMH & YMHFA**	**SYMH & YMHFA** (& other)
%	28%	57	2	11	2

Table 2. Respondent Demographics

Self-reported gender	**Female**	**Male**	**Did not respond**			
%	83	6	11			
Self-reported ethnicity	**Chicano/a/x, Hispanic or Latino/a/x**	**Not Chicano/a/x, Hispanic or Latino/a/x**	**Did not respond**			
%	2	83	15			
Self-reported race	**American Indian or Alaska Native**	**Asian**	**Black or African American**	**White**	**Multi-racial**	**Did not respond**
%	1	2	1	77	5	14
Age	**18–24**	**25–44**	**45–64**	**65–74**	**Did not respond**	
%	7	41	36	4	11	

In terms of educational attainment, almost all participants reported completing at least some college, with 67% reporting having completed a bachelor degree or higher (see table 3). Among SYMH participants, 58% indicated they had completed a bachelor degree or higher, compared to 74% of YMHFA participants.

Table 3. Respondent Education Level

Education level (self-reported)	**%**
High school diploma or GED	2
Some college, but no degree	10
Associate degree (e.g., AA, AS)	14
Bachelor degree (e.g., BA, BS, BBA)	37
Master degree (e.g., MA, MS, MEng)	24
Doctorate (e.g., PhD, EdD)	1
Professional degree (e.g., JD, MD, DDS)	4
Did not respond	7

Results

For the purposes of analysis, only participants who reported completing just one program—either SYMH (N = 28) or YMHFA (N = 56)—were included.

Beliefs About Youth Mental Health

The majority of respondents strongly disagreed with the statements: (a) mental health problems are a sign of personal weakness, and (b) someone with a mental health problem is unlikely to ever recover. Conversely, respondents strongly agreed with the statements: (a) everyone can have a role in helping a young person who may be experiencing a mental health challenge, and (b) they believe they can do something to help a young person who may be experiencing a mental health challenge. Independent sample t-tests were performed to test for group differences in responses between those who completed SYMH and those who completed YMHFA in relation to these four beliefs about youth mental health. Likert scale responses were coded from 1 (strongly disagree) to 5 (strongly agree). While there was some variation in how individuals who had completed the SYMH and YMHFA programs responded to the beliefs about youth mental health statements, none of these differences were statistically significant (see table 4).

Table 4. Beliefs About Youth Mental Health

	SYMH		YMHFA			
Statement	**Mean**	**SD**	**Mean**	**SD**	**T**	**p**
Mental health problems are a sign of a personal weakness	1.32	.670	1.11	.369	1.562	.127
Everyone can have a role in helping a young person who may be experiencing a mental health challenge	4.68	.548	4.65	.645	0.169	.867
Someone with a mental health problem is unlikely to ever recover	1.46	.693	1.31	.605	1.052	.296
I believe I can do something to help a young person with a mental health challenge	4.61	.567	4.82	.434	-1.728	.091

Change in Confidence and Behavior

Paired sample t-tests were performed to assess if there were any significant changes in participants' confidence and likelihood to act after taking either SYMH or YMHFA. Likert scale responses for the confidence question were coded from 1 (not at all confident) to 5 (extremely confident); for the three questions focused on behavior, responses were coded from 1 (definitely not) to 5 (definitely). Overall, participants were significantly more confident helping a young person experiencing a mental health challenge after completing one of the youth mental health courses (pre-test: M = 2.61, SD = 1.031; post-test: M = 3.81, SD = .848; t = -13.249, p < .001). They also were significantly more likely to speak with a young person about their mental health challenge (pre-test: M = 3.20, SD = 1.030; post-test: M = 4.33, SD = .674; t = -11.953, p < .001); to take action to support a young person directly (pre-test: M = 3.44, SD = 1.185; post-test: M = 4.46, SD = .656; t = -9.571, p < .001); and to discuss a young person's mental health challenges with other appropriate helping adults (pre-test: M = 3.62, SD = 1.136; post-test: M = 4.58, SD = .633; t = -8.846, p < .001).

We also tested to see if there were significant differences in any of the four outcomes above for participants who completed SMYH versus YMHFA. Overall, SYMH participants had higher average scores prior to the training than YMHFA participants across all four outcome measures; they also had lower average scores than YMHFA participants after completion of the course (see table 5). However, only one of these differences was significant. Individuals who had completed YMHFA (M = 4.43, SD = .665) were significantly more likely than those who completed SYMH (M = 4.12, SD = .653) to speak with a young person about their mental health challenges (t = -2.012, p = .048).

Table 5. Changes in Confidence and Likelihood to Take Action

	SYMH			YMHFA		
Mean scores	**Before course**	**After course**	***Change***	**Before course**	**After course**	***Change***
Confidence in helping a young person with a mental health challenge	2.69	3.65	*+.96*	2.57	3.89	*+1.32*
Likelihood to speak with a young person about a mental health challenge[4]	3.42	4.12	*+.70*	3.09	4.43	*+1.34*
Likelihood to take action to support a young person directly	3.62	4.35	*+.73*	3.36	4.51	*+1.15*
Likelihood to discuss a young person's mental health challenges with other appropriate adults	3.81	4.50	*+.69*	3.53	4.62	*+1.09*

Use of Youth Mental Health Training

Approximately 60% of participants reported they had used their training at least once in the previous six months to help youth, with almost no difference reported between those who had completed SYMH (57.7%) versus YMHFA (58.2%).[55] Participants used this training in a number of contexts including work settings, such as schools, libraries, and behavioral health counseling; volunteer and coaching settings with programs such as 4-H; and with family members. Several participants noted they had learned to listen and were more attuned to behaviors and actions that could indicate a youth might need support. One commented, "I have learned to listen—it is not always necessary to have an answer but to be a sounding board for the youth." Another noted, "I have been able to notice smaller changes as a sign of needing help vs. thinking they are just having an 'off' day." A few recounted specific examples where they applied their training, such as, "I noticed some changes in mood/behavior and asked some open-ended questions, and then asked if the youth was 'willing to talk to a person that was trained on how to help people navigate those situations.' He agreed."

Others noted how they had changed their approach as a result of the training, including thinking more carefully about how they asked questions, being more empathetic, and listening to youth without judgment. As one noted, "in general, [the SYMH training] has made me more open and a better parent, school employee, and leader."

A one-way ANOVA was performed to compare the effect of the youth mental health programs on the participants' perceptions of whether they had enough support/information to intervene with a youth experiencing

4 Significant difference between groups, t(77) = -2.012, p = .048.

5 While this question asked respondents if they had used their training in the past six months, the majority of respondents had completed the training less than six months prior to completing the survey. SYMH participants had on average completed the training 151 days prior to completing the survey, while YMHFA participants had on average completed the training 159 days prior. While there was a correlation between time elapsed and likelihood to have used the training, with individuals who had taken the training longer ago being slightly more likely to have used the training at least once, there were no significant differences between SYMH and YMHFA in likelihood to use the training.

a mental health challenge. There was not a statistically significant difference in perception of support/information between those who completed SYMH versus YMHFA ($F_{1, 78}$ = .039, p = .844). The mean rating from all participants was 7.6 (on a scale of 0 to 10), with no significant difference between those who had completed the SYMH (M = 7.50, SD = 1.70) and YMHFA (M = 7.57, SD = 1.50) trainings.

When asked what else they needed to feel successful in supporting youth experiencing mental health challenges, several themes were identified. One in three responded they needed more practice or experience. Closely related to practice or experience was the theme of confidence, something mentioned by about 10% of participants. One participant commented they needed "more practice in supporting youth so that I have more confidence in myself." Another noted, "time and the use of the skills builds confidence."

About one in five participants noted they needed more training or a refresher course in the future to continue building their skills working with youth. One commented, "I would like to keep attending trainings where more information is learned about how to help youth who are experiencing a mental health crisis." Another commented they specifically would like "more exploration of different scenarios and appropriate language to use to engage with the youth." A third noted more generally they were interested in "continued training or a course you can take as a refresher."

An additional 12% of participants were interested in more community resources or tools/resources they could utilize when putting their training into practice. Several mentioned a need for more mental health resources and provider availability in their communities, or more individuals (professionals or volunteers) with appropriate training or qualifications to support them in their work. Others were looking for quick reference materials to refer to when working with youth as well as lists of referral options and local resources available to students.

Youth Mental Health Scenario

Results indicate that all participants correctly identified that the young person in the scenario was exhibiting enough signs of a mental health challenge to be concerned and to approach them. The majority of participants correctly indicated that the youth was exhibiting both behavioral and physical changes indicative of a mental health challenge (YMHFA = 92.7%; SYMH = 96.4%). Further, of the options for how to respond to the youth in the scenario, 65.4% of SYMH participants selected all appropriate responses compared to 70.9% of YMHFA participants; 30.7% of SYMH participants selected some but not all of the appropriate responses, compared to 27.3% of YMHFA participants. Very few participants (YMHFA = 1.8%; SYMH = 3.8%) selected any inappropriate responses. A chi-square test of independence showed that there was no significant association between the curriculum the respondent had completed and the likelihood of selecting the correct responses, X^2 (3, N = 84) = 1.064, p = .786.

Discussion

The study found that both SYMH and YMHFA participants reported increased confidence levels after training. They were more likely to be able to talk to and support youth experiencing mental health challenges after taking one of these courses. There was not a significant difference in change in confidence about helping a young person (from before taking the course to after taking the course) for those who completed SYMH versus YMHFA. Nor were there significant differences for those who completed SYMH versus YMHFA in likelihood to take action to support a young person directly or likelihood to discuss a young person's mental health challenges with other appropriate helping adults. However, there was a significant difference in likelihood that participants would speak with a young person about their mental health challenge. YMHFA participants showed a significantly greater increase from before the course to after the course than SYMH participants on this outcome.

Limitations

There are limitations to this evaluation study in sample size and design. The study was limited in the number and demographic diversity of participants who completed the online survey. A larger sample size as well as SYMH pilot testing in states with more diverse volunteer bases could provide enough data to demonstrate effectiveness with

more audiences. Further, the study was a pilot, and there were not enough participants in the education population to undertake reliable testing of single-item measures.

In addition, there are disadvantages to using a retrospective pre- post-test design. We acknowledge the length of time (three to twelve months) between the trainings and the survey may have impacted memory recall. In addition, the retrospective design may have introduced a desire to show a learning effect (Lamb, 2005). These limitations would be expected to impact the SYMH and YMHFA groups equally. Thus, the comparisons of change in confidence and likelihood to take action across the two trainings hold. By combining four retrospective pre-post-style questions with multiple other question formats, we designed a pilot survey that gives us a strong basis for further research.

Implications

This pilot study documents that SYMH appears to be an acceptable training program to prepare adult volunteers to support youth mental health, even as we encourage volunteers to take YMHFA as an alternative or additional training to enhance knowledge and skills. It is important to acknowledge that learners showed positive changes in four key areas of supporting youth mental health with both trainings. While the evidence from this evaluation shows a statistically significant greater effect with YMHFA learners in their likelihood to speak with a young person about a mental health challenge, this difference in impact is countered by volunteers' expressed difficulties with capacity, willingness, or access to take part in the longer training. Extension must balance the difference in impact with the ability to deliver the SYMH training in less than half the time while meeting volunteers' needs with an effective, hybrid training approach.

Likewise, since results suggest there was not a significant difference in learners' confidence in helping a young person or their likelihood to take direct supportive action and discuss the challenge with other appropriate adults, we see SYMH as a gatekeeper-type training that shows acceptable effects. It provides volunteers with the skills necessary to recognize when a youth may be experiencing a mental health challenge, strengthens their willingness to respond, and enhances their effectiveness in providing support. Providing accessible training to a large number of adults who are uniquely positioned to respond to youth needs increases the safety of youth in 4-H and other youth program environments.

References

Aakre, J. M., Lucksted, A., & Browning-McNee, L. A. (2016). Evaluation of youth mental health first aid USA: A program to assist young people in psychological distress. *Psychological Services*, *13*(2), 121–126. https://doi.org/10.1037/ser0000063

Bingham, A. (2022). Deductive and Inductive Approaches to Qualitative Data Analysis. In C. Vanover, P. Mihas, & J. Saldana (Eds.), *Analyzing and interpreting qualitative research: After the interview* (pp. 133–148). Sage Publications.

Blackwell, C. K., Mansolf, M., Sherlock, P., Ganiban, J., Hofheimer, J. A., Barone, C. J., Bekelman, T. A., Blair, C., Cella, D., Collazo, S., Croen, L. A., Deoni, S., Elliott, A. J., Ferrara, A., Fry, R. C., Gershon, R., Herbstman, J. B., Karagas, M. R., LeWinn, K. Z., Margolis, A., Miller, R. J., O'Shea, M., Porucznik, C. A., Wright, R. J. (2022). Youth well-being during the COVID-19 pandemic. *Pediatrics*, *149*(4). https://doi.org/10.1542/peds.2021-054754

Childs, K. K., Gryglewicz, K., & Elligson, R. (2020). An assessment of the utility of the Youth Mental Health First Aid Training: Effectiveness, satisfaction, and Universality. *Community Mental Health Journal*, *56*(8), 1581–1591. https://doi.org/10.1007/s10597-020-00612-9

Green, A. E., Price-Feeney, M., & Dorison, S. H. (2020). *Implications of COVID-19 for LGBTQ youth mental health and suicide prevention*. The Trevor Project. https://www.thetrevorproject.org/2020/04/03/implications-of-covid-19-for-lgbtq-youth-mental-health-and-suicide-prevention/

Gryglewicz, K., Childs, K. K., & Soderstrom, M. F. (2018). An evaluation of Youth Mental Health First Aid training in school settings. *School Mental Health*, *10*(1), 48–60. https://doi.org/10.1007/s12310-018-9246-7

Health Resources & Services Administration. (2023). Health Workforce Shortage Areas. Retrieved March 30, 2023, from https://data.hrsa.gov/topics/health-workforce/shortage-areas

Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomized trial. *BMC Psychiatry*, *10*(1). https://doi.org/10.1186/1471-244x-10-51

Jorm, A. F., Wright, A., & Morgan, A. J. (2007). Beliefs about appropriate first aid for young people with mental disorders: Findings from an Australian National Survey of Youth and parents. *Early Intervention in Psychiatry*, *1*(1), 61–70. https://doi.org/10.1111/j.1751-7893.2007.00012.x

Johnson, G. (2020, January 30). Police killings and Black mental health. Penn Today. Retrieved March 30, 2023, from https://penntoday.upenn.edu/news/police-killings-and-black-mental-health

Kelly, C. M., Mithen, J. M., Fischer, J. A., Kitchener, B. A., Jorm, A. F., Lowe, A., & Scanlan, C. (2011). Youth Mental Health First Aid: A description of the program and an initial evaluation. *International Journal of Mental Health Systems*, *5*(1), 4. https://doi.org/10.1186/1752-4458-5-4

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, *62*(6), 593. https://doi.org/10.1001/archpsyc.62.6.593

Lamb, T. (2005). The retrospective pretest: An imperfect but useful tool. *Harvard Family Research Project*, *11*(2). https://archive.globalfrp.org/evaluation/the-evaluation-exchange/issue-archive/evaluation-methodology/the-retrospective-pre-test-an-imperfect-but-useful-tool

Lobenstein, M. M., Moellendorf, D., & Smetana, B. (2020). Current Crises' Impacts on Youth Mental Health. Retrieved March 30, 2023, from https://extension.wisc.edu/files/2020/12/Current-Crises-Impacts-on-Youth-Mental-Health-APA-Citations.docx

Lobenstein, M. M., Park-Mroch, J., Crowley, L. L., Bean, C., & Voss, M. W. (2022). A Review of Youth Mental Health Curricula in Peer-Reviewed Studies Addressing Access, Equity, and Belonging. *The Journal of Extension*, *60*(2), Article 1. https://doi.org/10.34068/joe.60.02.01

McCoy, K. (2019). (rep.). *Wisconsin 2019 YRBS Summary Report*. Wisconsin Department of Public Instruction. Retrieved March 30, 2023, from https://dpi.wi.gov/sspw/yrbs.

MacLeod, K. B., & Brownlie, E. B. (2014). Mental health and transitions from adolescence to emerging adulthood: Developmental and diversity considerations. *Canadian Journal of Community Mental Health*, *33*(1), 77–86. https://doi.org/10.7870/cjcmh-2014-007

Mental Health America National. (2023). *Ranking the states 2023*. Mental Health America. https://mhanational.org/issues/2023/ranking-states#youth_data

National 4-H Council & The Harris Poll. (2020, June). 4-H Youth Mental Health Survey Toolkit. *Teen Mental Health*. https://4-h.org/professionals/marketing-resources/4-h-youth-mental-health-survey-toolkit/

National Council for Mental Wellbeing. (2023). *Youth Mental Health First Aid*. Mental Health First Aid for Youth. Retrieved March 30, 2023, from https://www.mentalhealthfirstaid.org/population-focused-modules/youth/

Robinson, S. (2017, July 30). Starting at the end: Measuring learning using retrospective pre-post evaluations by Debi Lang and Judy Savageau. *AEA365*. Retrieved March 30, 2023, from https://aea365.org/blog/starting-at-the-end-measuring-learning-using-retrospective-pre-post-evaluations-by-debi-lang-and-judy-savageau/

Tortora, O. (2021). (rep.). *Wisconsin 2021 YRBS Preliminary Release - Graphs*. Wisconsin Department of Public Instruction. Retrieved March 30, 2023, from https://dpi.wi.gov/sspw/yrbs

U.S. National Library of Medicine. (2021). *Protecting youth mental health: The U.S. Surgeon General's Advisory* [internet]. National Center for Biotechnology Information. https://pubmed.ncbi.nlm.nih.gov/34982518/

Walker, R. (2020, February 5). The mental health of black youth: A one-size-fits-all approach does not identify suicide risk. *Milwaukee Independent*. Retrieved March 30, 2023, from http://www.milwaukeeindependent.com/syndicated/mental-health-black-youth-one-size-fits-approach-not-identify-suicide-risk/

Wang, P. S., Angermeyer, M., Borges, G., Bruffaerts, R., Tat Chiu, W., DE Girolamo, G., Fayyad, J., Gureje, O., Haro, J. M., Huang, Y., Kessler, R. C., Kovess, V., Levinson, D., Nakane, Y., Oakley Brown, M. A., Ormel, J. H., Posada-Villa, J., Aguilar-Gaxiola, S., Alonso, J., Lee, S., Heeringa, S., Pennell, B. Chatterji. S., Ustün, T. B. (2007). Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World psychiatry: Official journal of the World Psychiatric Association (WPA)*, *6*(3), 177–185.

World Health Organization. (2020). *Guidelines on mental health promotive and preventive interventions for adolescents: Helping adolescents thrive*. Retrieved March 30, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK565375/