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## Implementing Youth Mental Health First Aid Training in Cooperative Extension Programs

Anne Marie Iaccopucci

*University of California, Davis, [amiaccopucci@ucanr.edu](mailto:amiaccopucci@ucanr.edu)*

Monica M. Lobenstein

*University of Wisconsin-Madison Division of Extension, [monica.lobenstein@wisc.edu](mailto:monica.lobenstein@wisc.edu)*

Kendra M. Lewis

*University of New Hampshire Extension, [kendra.lewis@unh.edu](mailto:kendra.lewis@unh.edu)*

Kea Norrell-Aitch

*Michigan State University Extension, [kea@msu.edu](mailto:kea@msu.edu)*

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# Implementing Youth Mental Health First Aid Training in Cooperative Extension Programs

**Anne M. Iaccopucci**

*University of California, Davis*

**Monica M. Lobenstein**

*University of Wisconsin-Madison Division of Extension*

**Kendra M. Lewis**

*University of New Hampshire Extension*

**Kea Norrell-Aitch**

*Michigan State University Extension*

*Mental health challenges for youth continue to be a growing concern. Youth-serving organizations have the potential to play a significant role in recognizing the signs and symptoms of mental health challenges in youth. The Youth Mental Health First Aid (YMHFA) training course is widely used to equip adults working with youth with skills to support mental health and de-escalate crisis situations. Cooperative Extension is a trusted organization in many local communities nationwide that delivers YMHFA. Program Leaders from 11 states, representing all five regions of Cooperative Extension, describe their successes and challenges in implementing YMHFA. Experienced program leaders suggest partnering with a supportive organization, securing long-term funding, and establishing dedicated staff for program delivery.*

**Keywords:** Youth Mental Health First Aid, mental health, prevention and early intervention, community programs, out-of-school-time, 4-H Positive Youth Development Program

## Introduction

Mental health conditions such as depression, anxiety, and behavioral disorders are experienced by 13% of youth 10-19 years old, worldwide (WHO, 2023). Within the United States, poor mental health and suicidal thoughts and behaviors of adolescents have increased significantly within the last 10 years (CDC, 2021). Youth are experiencing mental health challenges at an alarming rate, with one in five youth seriously considering suicide (CDC, 2021). Specifically, students who identify as female, LGBTQ+, Hispanic, and multiracial youth have been disproportionately impacted by reports of persistent sadness and hopelessness (CDC, 2021). In a recent Harris Poll (2020), 35% of teens surveyed reported feeling anxious daily, with the top stressors reported as schoolwork (71%) and thinking about the future (65%).

According to the Office of the Surgeon General (OSG, 2021), community organizations can help address some of the mental health challenges experienced by youth. Specifically, OSG (2021) recommends community-serving organizations (1) educate the public on the importance of mental health by implementing evidence-based programs that support youth and families, (2) address stigma and reduce negative stereotypes, (3) call attention to the voices of youth and their families, and (4) address the mental health needs of high-risk populations (female, LGBTQ+, Hispanic, and multiracial youth).

The Cooperative Extension System (CES) is a public and private partnership comprising the United States Department of Agriculture (USDA), land grant universities (LGUs), county governments, and local organizations. CES programs like the 4-H Positive Youth Development Program and the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), work to empower youth to thrive and reach their full potential. This takes place through hands-on learning, research-based programs, adult mentorship, and civic engagement by preparing youth to apply these skills to their educational and professional pursuits and in their role as citizens in a dynamic and complex world. CES programs serve youth and teens throughout the nation through clubs, out-of-school programs, in-school programs, conferences, and camps. The CES system can serve to address the mental health needs of youth across the nation. The infrastructure of CES enables local staff and volunteers to deliver evidence-based programs to communities and places adults in significant mentorship roles that can positively impact youths' mental health (Brown et al., 2023; Smathers et al., 2018). A recent review of evidence-based mental health curricula identified Youth Mental Health First Aid (YMHFA) as a recommended curriculum to address youth mental health within CES programming (Lobenstein et al., 2022).

YMHFA is an evidence-based, international program that began in Australia and was brought to the United States in 2008 (Kelly et al., 2011). The course is managed and operated by the National Council for Mental Wellbeing and taught by trained instructors. YMHFA teaches adult participants to identify and respond to mental health challenges, substance misuse, and crisis situations in youth. The target audience for YMHFA is adults who work directly with youth, including teachers, afterschool providers, youth-serving organizations, like 4-H, and caring community members. The goals of YMHFA training align with the OSG (2021) recommendations in that the program (1) educates adults about common mental health challenges, (2) seeks to reduce mental health stigma, (3) teaches adults how to recognize the signs and symptoms of a youth in crisis, and (4) equips adults with skills and resources to support a youth experiencing a mental health crisis. YMHFA courses can be taught by a trained instructor in-person or through a blended virtual option. Blended YMHFA courses involve a virtual and self-paced pre-work component completed by participants prior to the training, using the National Council for Mental Wellbeing's online platform, Connect. All participants are engaged in a 6.5-hour training that takes place one 1 day or is divided into two half-day sessions. After completing the YMHFA training, participants become Youth Mental Health First Aiders, similar to receiving a medical First Aid card. Youth Mental Health First Aiders are equipped

with an understanding of mental health challenges and a 5-step ALGEE (Assess for risk of suicide or harm, Listen non-judgmentally, Give reassurance and information, Encourage appropriate professional help, Encourage self-help strategies) action plan to know what to do in non-crisis and crisis situations. This course does not equip them to diagnose a mental health challenge, which is the job of a licensed professional (Kelly et al., 2011). Youth Mental Health First Aiders serve as liaisons connecting youth to mental health professionals, like providing care to someone who is injured until medical professionals can take over. Youth development professionals are likely to experience a time when a young person they work with goes through a mental health challenge or crisis. The ALGEE action plan makes the steps easy for most adults to remember when supporting youth through a crisis, as you never know when it will be needed (Kelly et al., 2011). That is why YMHFA courses are so useful for all adults who have a connection with youth (Marsico et al., 2022; Sánchez et al., 2021).

Reviews of the YMHFA program report that YMHFA is an effective tool for developing well-informed mental health supports for young people (Sánchez et al., 2021). Participants of the YMHFA training program, those certified as Youth Mental Health First Aiders, report significant increases in mental health literacy, confidence and preparedness to intervene when a youth is experiencing a mental health crisis, and ability to implement the 5-step ALGEE action plan (Aakre et al., 2016; Childs et al., 2020; Gryglewicz et al., 2018; Marsio et al., 2022; Noltemeyer et al., 2020; Ross et al., 2023; Sánchez et al., 2021; Wang et al., 2022). Specifically, Robertson et al. (2021) reported that Extension professionals trained in YMHFA increased their confidence and competence related to addressing mental health challenges experienced by the youth they work with.

Extension educators and program instructors provide research and educational information from LGUs to the residents of local states and counties. In many communities, Extension is a trusted resource for health information. In the midst of increasing rates of youth depression, anxiety, and behavioral disorders, Extension educators are positioned as well-suited agents for promoting well-being and mental health through the delivery of the YMHFA training. YMHFA is implemented in a variety of ways across the country by LGUs through the Cooperative Extension System. A review of how the program is implemented successfully and what challenges have been experienced within Extension can provide guidance for program expansion. YMHFA courses are a component of several Extension Services' program menu options. The YMHFA course is connected to 4-H (4th H—health or mental health) programs, as well as health and well-being and Family and Consumer Science Extension departments. The purpose of this study was to understand how the YMHFA program is implemented in Extension and to highlight the successes and challenges in program delivery. CES programs have the potential to positively impact youth mental health through programs like YMHFA. To best support the Cooperative Extension System in its use of YMHFA, our research was guided by two questions:

1. To what extent is the Youth Mental Health First Aid training course currently being used in Extension nationwide?
2. What strategies are being implemented to deliver and promote Youth Mental Health First Aid in Extension, nationally?

## Methods

This study was approved by the University of California, Davis Institutional Review Board. We first developed and administered a 13-question online Qualtrics survey about mental health programming to 4-H staff across the U.S. A majority of the questions asked participants to “select all that apply” responses about the mental health programming offered in their state, with options like “4-H Mindfulness, QPR (Question, Persuade, Refer), Youth Mental Health First Aid” and the ability to write in answers for responses not provided. The survey was emailed to program leaders and staff who had community health or well-being responsibilities associated with their position, with job titles such as a “Healthy Living Coordinator” or a “Youth & Family Resiliency State Specialist.” The survey was to be completed by a staff member who best knew about mental health programming happening in 4-H in that state. In all, 40 people in 33 states and territories completed the survey. We asked participants if they implemented YMHFA in their state; 24 reported yes. These 24 people represented the possible pool of interviewees to ask more in-depth questions about the implementation of YMHFA in their state. Survey results are shared elsewhere (Lewis et al., 2024); the present study focuses on results from the interviews about YMHFA.

The 24 potential interviewees were divided into the four geographic regions of Cooperative Extension (Northeastern, North Central, Southern, and Western), and the authors were assigned to interview two to three individuals from each region. The authors reached out to participants via email, explaining the request to interview them about YMHFA in their state. Of the potential 24 interviewees, 11 accepted the interview invitation, and 13 declined or did not respond. The authors conducted semi-structured interviews on Zoom and recorded them for transcription. Interviews lasted approximately 30 to 60 minutes. A script was created for interviewers but allowed for follow-up and clarifying questions as needed (See Appendix A). Interviewers first provided some background contextual information, followed by five key questions for participants about their involvement in YMHFA implementation in their state, partnerships that support implementation, funding, promotion strategies, and challenges with the program. For each question, there were probing questions and extenders, in case clarification was needed for the interviewee or to get more information based on their response (Schmieder, 2021). The interview questions were developed by the authors and informed by their own experiences implementing health programming in Extension. A total of 11 people were interviewed from the following states: California, Delaware, Florida, Georgia, Michigan, Nebraska, New Hampshire, Ohio, Oregon, Washington, and Wisconsin. The four authors were among those interviewed.

Recordings were sent off to scribie.com for manual transcription. Scribie uses a multi-stage process in which the entire recording is broken down into smaller sections, reviewed by multiple transcribers, graded, and time stamped with alternating speakers. Transcribed interviews were made anonymously and imported into MAXQDA software for analysis (VERBI Software, 2021). Prior to coding the interviews, the authors had a collaborative analysis session during which they developed a process for coding and analyzing the interviews (Schneider et al., 2018). Using a theoretical thematic analysis approach, they generated codes related to the research questions at a semantic level, looking at what interviewees explicitly said about their experiences with YMHFA (see Table 1) (Braun & Clarke, 2006).

**Table 1: Data Analysis Codes**

<b>Code or Question</b>	<b>Definition</b>	<b>Anchor examples</b>	<b>Themes and sub-themes identified during analysis</b>
Who are Extension's partners in offering YMHFA?	External organizations with whom Extension works. This does not include individuals (a single instructor independent of an organization) or internal program groups (camp staff).	<ul style="list-style-type: none"> <li>• Department of Health</li> <li>• Schools</li> <li>• Community foundations</li> </ul>	Partnerships
How does Extension contribute to YMHFA partnerships?	Extension leverages its assets to contribute to YMHFA programming partnerships	<ul style="list-style-type: none"> <li>• Networks</li> <li>• Facilitation skills and expertise</li> <li>• Coordination</li> </ul>	
How do Extension's partners contribute to YMHFA partnerships?	May include a variety of partner contributions, often those falling outside Extension's ability to support programming	<ul style="list-style-type: none"> <li>• Hosting spaces</li> <li>• Funding</li> <li>• Expertise</li> </ul>	
What funding sources support YMHFA?	Internal or external funding sources that may support program delivery	<ul style="list-style-type: none"> <li>• Grants</li> <li>• Participant fees</li> <li>• Extension funds</li> </ul>	Funding

How has YMHFA program implementation occurred?	Strategies used to effectively implement and manage YMHFA	<ul style="list-style-type: none"> <li>Processes</li> <li>Rollout plans</li> <li>Instructor team structures</li> </ul>	<b>Implementation</b> <ul style="list-style-type: none"> <li>Coordinator</li> <li>Fees</li> <li>Stepped Implementation</li> <li>Team Effort</li> <li>Program Structure</li> <li>Evaluation</li> </ul>
What strategies have been used to promote YMHFA?	Ways to market the program to targeted or general audiences	<ul style="list-style-type: none"> <li>Digital or print media</li> <li>Advocacy partners</li> <li>Targeted outreach</li> </ul>	<b>Promotion</b> <ul style="list-style-type: none"> <li>Networking</li> <li>Word of Mouth</li> <li>Media</li> <li>Targeted Approach</li> <li>Unique Marketing Approaches</li> </ul>
What challenges or barriers came up in delivering YMHFA?	Any experiences or challenges that made YMHFA difficult or impossible for learners to access or for partners to implement	<ul style="list-style-type: none"> <li>Technology issues</li> <li>Time and capacity</li> <li>Funding</li> </ul>	<b>Challenges</b> <ul style="list-style-type: none"> <li>Technology</li> <li>Time Commitment and Capacity</li> <li>Cost</li> <li>Lack of Need</li> <li>Cultural Appropriateness</li> <li>Program Content</li> <li>Access to Training</li> </ul>
How are people being motivated to take the YMHFA training?	Includes what seems to motivate individuals as well as Policies, Systems, Environments (PSE) elements that act as motivators to take part in YMHFA training.	<ul style="list-style-type: none"> <li>Policy requiring people to be trained</li> <li>Individuals see a mental health issue in their community and want to learn more</li> </ul>	<b>Audiences</b>
Who are the audiences	Individuals, groups, or organizations named who	<ul style="list-style-type: none"> <li>4-H staff and volunteers</li> </ul>	



accessing YMHFA?	receive training in YMHFA.	<ul style="list-style-type: none"> <li>• Teachers</li> <li>• Community members</li> </ul>	
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Interviews were coded by the authors, who worked in teams of at least three to search for themes within the content. One person read the interview out loud while others listened. Another team member used MAXQDA software to code and summarize each section of text with input from team members. This process acknowledged team members' knowledge and minimized individuals' implicit suppositions by using consensus building (Sanders & Cuneo, 2010).

Once all interviews were analyzed and coded, the authors created a "data summary" for each code, which they used to review and map the themes within the larger data sets (Braun & Clarke, 2006). The data summary included the number of passages with that code, the overall question related to that code (e.g., "How has YMHFA program implementation occurred?" for the program implementation code), and a list of all the passages that had that code. The team then identified sub-themes across the passages and color-coded each theme and the portion of the passage that corresponded to that theme. For example, some of the sub-themes that came up in the challenges and barriers passages included technology, COVID, and cost. After the data summary was completed for each code, the authors analyzed the coded segments for sub-themes. We drafted a narrative summary for each code and sub-theme. These summaries provided a foundation for the findings presented below.

## Results

Our review of key informant interviews with YMHFA leaders in 11 states, representing every Extension region in the country, revealed several themes and related findings. Major themes included mutually beneficial partnerships, a range of implementation strategies, funding sources and uses, promotion or marketing strategies, as well as challenges. The interviews also described a variety of target audiences for delivery of YMHFA in Extension, in communities, and among partners. We explored challenges first, recognizing that findings in some of the later themes showed how states worked to address issues.

### Challenges

Interview analysis revealed multiple challenges and barriers to YMHFA program delivery, including issues with technology, required time commitment, cost, perceived lack of need, content, accessibility, and cultural relevance.

### Technology

In relation to YMHFA, technology seems to be a multi-layered issue. Some participants have challenges with technology literacy and/or access to technology for online or virtual learning.

Additionally, YMHFA's online Connect system can be difficult for many to navigate, making participation (especially pre-work) and tracking in the centralized space more challenging. Several interviewees described technology as a challenge to program delivery in statements like, "Technology has been a problem. Technology literacy is a challenge. Offline pre-test options aren't available anymore, which is a challenge for folks, especially those in face-to-face sessions. The Connect system is also a problem (lots of steps)." Participant technology challenges can, in turn, affect YMHFA program capacity, as someone must support participants through the challenges. Further, some activities in the curriculum do not translate well to virtual learning. The COVID pandemic has forced some of these issues and complicated them, as some audiences have grown fatigued with learning in virtual spaces.

### ***Time Commitment and Capacity***

Both program participants and lead organizations expressed that time commitment and capacity were important barriers to YMHFA program delivery.

Time is an on-going challenge. It can be a challenge for instructors when participants don't show up when they've signed up. For participants, they may not have/make time to complete the pre-work, need to change their plans, or have tech issues.

For program participants, the length of training, required pre-work, and level of commitment required were all described as challenges. For example, the required training time was prohibitive for school-based staff and teachers, as professional development time allocations were limited and required substitute teachers to be in place for teachers to participate.

Lead organizations, in this case LGUs, also highlighted time and capacity as challenges for program delivery. The time needed to coordinate and manage program requests, track pre-work completion, assist in technological issues of participants, and the actual delivery of the program was described as a laborious and time-consuming process. Staff turnover rates and shifts in responsibilities and workload make it difficult for Extension staff to prioritize training. Further, the time required to maintain instructor certification and to be the key mental health resource for many LGUs was seen as an additional burden on YMHFA trainers. These capacity-related challenges for LGUs made it difficult for programs to expand to external audiences or train additional co-instructors.

### ***Cost***

Program cost, for both participants and instructors, created a barrier. Mental Health First Aid offers training (other than the first aid training), at a cost, to people who are interested in being certified instructors (\$2,200). There was also a fee for participants (\$23.95-\$28.95). Some states considered other training options that were more cost-effective and beneficial than YMHFA, as they questioned if the cost was worth the benefit of the current training. Organizations wanted to

offer the training at no cost to participants. In some cases, funds were not readily available to cover training fees. Some interviewees also noted a reduced level of participants' commitment when they did not have to pay for the course, stating "Educators want to offer training [for] free, but, when they offer it free, participants' buy-in isn't as strong, and they may not show up."

### ***Lack of Need***

Despite increases in demand for youth mental health training in some sectors, some training providers indicated they were seeing a perceived lack of need for YMHFA training. Outside organizations were filling the gaps with similar training, which may have appeared more convenient, affordable, and time-sensitive than the current YMHFA training. The YMHFA target audience is intended to be anyone working directly with youth; however, many participants tend to be those already involved in mental health work: "It can be a challenge to clearly communicate who the appropriate audience is for participation. Some people have a great deal of training already, so the training feels very basic to them." Interviewees also pointed to a need for more advanced training; YMHFA provided basic knowledge that many potential participants already had, causing them to seek other options.

### ***Cultural Appropriateness***

Interviewees acknowledged that YMHFA was Eurocentric and therefore not always culturally appropriate. The program has been made available in Spanish and English, and some concepts did not appear to translate well for Spanish-speaking audiences.

### ***Program Content***

While the content is generally considered high-quality and important, interviewees raised concerns based on feedback they received from participants. For example, "Some YMHFA material feels repetitive to participants. Some participants also often want more time to practice skills and debrief, vs. lecture from the instructors. This is a specific challenge with the curriculum." Participants were also looking for shorter resources or learning opportunities (e.g., *Your Thoughts Matter*, Dellifield & Raines, 2019) that could meet their needs.

### ***Access to Training***

Rural areas faced challenges such as access to courses, outreach, and finding instructors to lead the courses.

### ***Partnerships***

Our analysis of the interviews revealed that Extension's broad network of partners at the state and local levels can be an asset in building new partnerships around mental health. Extension

works in collaboration with external organizations who might provide instructors or coordinators to deliver YMHFA training. These partnerships have been formed with public health organizations or departments, federal and state departments, county departments, non-profit organizations or foundations, school districts and individual schools, and, in one instance, a hospital. Both Extension and their partners contributed to YMHFA training efforts.

Extension is a key partner in providing YMHFA instruction in many states. In many cases, Extension provided implementation support to partners through program hosting, promotion, coordination, and instruction. Participants reported “Extension took on a more active role with hosting training, responding to requests, and generally being the first stop for people who want to have a class. A wide variety of partnerships spring from this role.” In addition to YMHFA, Extension provides mental health training and education for partners and other audiences.

Likewise, partners contributed to programming in a variety of ways. Implementation support was one important partner contribution. For example, partnering organizations provided access to individuals who wanted to be trained, facilities and lunch to host the training, and program promotion to staff and community members. Many interviewees explained that partners often had extended networks and reach in communities, which helped them promote programs more widely. Many partner organizations provided funding support for YMHFA. Some of these were exclusively financial partners, who contributed grants or other funding to cover training costs, while others contributed to a variety of ways, only one of which was financial. Funding from partners helped pay for curriculum, materials, lunches, and fees to support delivery of YMHFA. Some partners contributed by serving as co-instructors alongside Extension YMHFA instructors. Some groups that typically take on this co-instructor role include schools, behavioral or public health centers, or community organizations. Partners also contributed subject matter expertise to fill a gap in capacity or limited knowledge and understanding. For example, National Alliance on Mental Illness (NAMI) provided specialized training to Extension staff. Service agreements and memorandums of understanding (MOUs) outlined partnership responsibilities and set the structure for using YMHFA as part of the districts’ professional development offerings.

## **Implementation**

The interview analysis identified structural suggestions for implementation of YMHFA as well as multiple areas of flexibility. Suggested structures included hiring a coordinator, having a team of YMHFA instructors, building partnerships, finding a way to handle fees, using a stepped approach to implementation, developing a workable program structure, and planning for evaluation.

### ***Coordinator***

According to interviewees, having a coordinator to help with course delivery tasks was helpful: “having a person or people with devoted time to support the project is vital to successful

implementation over the long term.” It allowed instructors to focus on preparing for the training. This coordinator tracked incoming course requests, set up courses in Connect, and tracked participation. This could include the completion of pre-work and following up as needed or adding participants from a waitlist. Having such a coordinator was vital to successful long-term program implementation.

### ***Fees***

Organizations that implemented a fee for participation felt this helped ensure attendance. The ability to use virtual delivery methods led to fewer expenses and supply costs. Leveraging partnerships between Extension and hosts, costs could be reduced to \$25, which some interviewees felt was no longer prohibitive. Funding could support a coordinator who was then able to manage the training, certifications, and billing.

### ***Stepped implementation***

Many states described thoughtful, often stepped, approaches to implementation when they began offering YMHFA: “This state strategically built capacity by getting 7 agents trained as YMHFA instructors. Agents were selected to be from different regions of the state to improve access to training.” In selecting individuals to be trained as instructors, the states focused on criteria such as educators who already had a background in mental health and/or regional location, rather than training everyone who was interested in being a YMHFA instructor. After they had trained instructors, many states began by offering YMHFA as professional development for internal Extension educators, or they identified a key target audience—such as adults in rural areas. One state started by training 4-H staff before moving on to volunteers and community members. This thoughtful approach gives focus to the work and a sense of reaching areas of greatest need.

### ***Team effort***

Having a team of YMHFA instructors could be useful in program implementation. Instructors can collaborate, even if they teach other versions of Mental Health First Aid (adult, teen). Having instructors to back each other up and provide training as a team was recommended as beneficial to successful implementation. Participants stated, “To start, YMHFA programs often need a champion, someone who helps start it, builds a team around it, and seeks funding. It can be a key area of professional development for educators in county and state roles.”

### ***Program structure***

YMHFA had traditionally been offered with a very specific, set structure—in-person, 1-day training for 8-9 hours. In the past several years, in-person offerings have been expanded to virtual and hybrid training structures, allowing for less travel time and fewer supply costs. The training could also be split into shorter blocks of time (e.g., 2- or 4-hour blocks). Splitting

sessions had the added benefits of allowing for less participant or instructor fatigue, better information retention, and more flexibility in scheduling. Maintaining the fidelity of the program while flexing structural components to meet audience needs was a key recommendation from participating states.

### ***Evaluation***

Some pre- and post-work, including evaluation, has been required in Connect, the YMHFA online management system. In addition to required evaluations, states showed intentionality in implementing additional evaluation components, such as pre-tests and 30- and 90-day follow-up surveys. These additional evaluations provide support for ongoing implementation and effectiveness of program delivery. Evaluations that demonstrate program effectiveness are also valuable in attracting and securing potential participants and funders.

### **Funding**

Interview analysis explored the importance of funding support to sustain the YMHFA program. Many interviewees reported seeking and securing funds to support YMHFA training as part of intentional efforts to offer it at no cost to participants. Funding sources they identified include state or national government grants, foundation funding, private grants, fees, internal/Extension funding, and partner funding. A variety of ways of approaching mental health education provided entry points to funding streams, including, for example, farm stress, opioid prevention, justice, or education funding. Some of the most common grantors mentioned include United States Department of Agriculture (USDA), National Institute of Food and Agriculture (NIFA), Rural Opioid Technical Assistance (ROTA) grants from Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), and Office of Juvenile Justice and Delinquency Prevention (OJJDP).

### **Promotion**

A variety of promotion and marketing themes were identified through the key informant interviews. Themes included use of digital and print media, as well as networks and partnerships, as described above. Messaging to target audiences was also an important consideration. Some unique marketing approaches were offered.

### ***Networking/Word of Mouth***

Word of mouth was a common means of promoting YMHFA. As a strategy, it leveraged broader formal and informal networks of individuals in communities. Public awareness events, such as community meetings or health fairs, were also suggested as a good way to promote YMHFA training opportunities.

### ***Media***

Interviewees described promotion of the YMHFA program using direct media, including local newspapers; social media like Facebook and X (formerly Twitter); electronic newsletters through email marketing and listservs; and targeted emails to individuals that might benefit from the training. States also promoted the program through more passive media methods such as flyers, public calendars, and websites.

### ***Targeted Approach***

One marketing strategy that was seen as effective for YMHFA was to select a specific group of participants and target program promotion to that audience. This may have been a more county-specific approach (versus a statewide approach), where educators created their own resources that were specific to an identified group's needs and interests. Local promotion was described as a more direct means for meeting community needs, "county-level promotion can be a little more targeted than statewide. It includes strategies like social media, local newspapers, Chamber of Commerce, and flyers distributed by partners." Examples included internal Extension staff, camp counselors, and Junior Fair Board.

### ***Unique Marketing Approaches***

One unique approach to promoting YMHFA was to have teenagers advocate for suicide prevention, which included posting positive messages on social media and recruiting adults to get trained in the program. Another approach was to promote YMHFA as a prevention strategy for the opioid crisis. Another leveraged the increased media attention around the need for more resources around youth mental health. By using timely, appealing, and accessible marketing practices, one state worked to connect with audiences whose growing awareness of this need was leading them to seek out training opportunities.

### ***Audiences***

For the most part, the interviews showed that Extension programs are mindful to target delivery toward adult audiences, as the YMHFA program is not designed for a youth audience. Both internal and external audiences were recipients of YMHFA training. Extension provided YMHFA training to internal audiences such as Extension and university staff, faculty, and volunteers. External audiences receiving YMHFA training through Extension included schools, youth serving organizations, for-profit companies, and community members. Other potential audiences included volunteers and staff of coalitions, school districts, youth-serving organizations, outdoor leadership organizations, the agriculture community, and law enforcement and probation professionals.

Interview analysis also revealed why people wanted to take the YMHFA training. Often, motivation was based on identified community needs, prevention-based approaches, training requirements, and professional development opportunities. Community needs assessments identified support for addressing mental health, specifically suicide prevention and anxiety. Prevention-based approaches, like YMHFA, help to address issues related to the opioid crisis. In some states, policies or laws were passed requiring specific audiences to be trained in emotional health strategies. Professional development may be a motivator for some individuals. This took many forms including the value of CEUs (continuing education units) or certification, increased education about the benefits of mental health training, or intentional professional and volunteer development structures that identified what level of training different audiences may need.

### Discussion

Youth are experiencing mental health challenges at an increasingly alarming rate (CDC, 2021). The Cooperative Extension System is well-positioned to help address the mental health needs of youth using YMHFA. The YMHFA training offers a way to address growing mental health needs in a way that compliments Extension's existing structures and ways of delivering programming. To best support Extension professionals in delivering YMHFA, this research sought to determine (1) to what extent is the Youth Mental Health First Aid training course currently being used in Extension nationwide? and (2) what strategies are being implemented to deliver and promote Youth Mental Health First Aid in Extension, nationally?

Extension educators who were interviewed described the implementation of programming that addresses the mental health needs of youth. In addition to YMHFA, some states reported using other programs like *Question. Persuade. Refer (QPR)*, *4-H Mindful Mechanics*, *Your Thoughts Matter*, *GEM: Get Experiences in Mindfulness*, and *4-H Yoga 4 Kids* (Author et al., 2024). The extent to which these programs were offered often depended on the establishment of partnerships that provided funding, the audience, and coordination support. States that reported robust YMHFA programs had secured either long-term grants or partnerships to support capacity needs for program delivery. However, program longevity and growth necessitated long-term University support for staffing and coordination. Increased staff investment for youth mental health efforts can better support the establishment and growth of programs like YMHFA.

In addition to funding challenges, a lack of cultural relevance was notable. Interviewees acknowledged that the YMHFA training was Eurocentric and not always relevant to the diverse populations. This observation is consistent with research done by Ross et al. (2023) which examined the use of YMHFA in public schools with predominantly low-income, ethnic minority students. Ross et al. (2023) suggests a need for cultural adaptations that consider language, help-seeking behaviors, and racism. Similarly, Wang et al. (2022) acknowledged the need for cultural adaptations to YMHFA for Asian-American youth, specifically addressing cultural mental health stigma, protective factors for second-generation immigrants, and parental support for managing stress. Additional cultural-specific modules can be added to the training to address some of the



needed adaptations. In some instances, these modules may be best developed by individuals with lived experience in each community – these could be Extension professionals, if applicable, or community partners. Extension professionals can also advocate for more formal modules to be developed by the National Council for Mental Wellbeing.

While challenges exist with funding, capacity, and cultural relevance, YMHFA is still a recommended program for Extension to support youth mental health. This is consistent with the findings and recommendations of Lobenstein et al. (2022), Troxel et al. (2021), and Yoo et al. (2023). Further, participants report high levels of satisfaction with the program (Childs et al., 2020; Ross et al., 2023). Satisfaction with the training was also found to predict instructors' confidence in implementation, suggesting that the training builds self-efficacy in teaching YMHFA and effective program delivery (Brady & Childs, 2023). Successful implementation of the program can vary based on needs and resources. Suggested structures included designating a program coordinator, creating a team of YMHFA instructors, using partnerships or establishing new supportive partners, and using a stepped approach to implementation, in which thoughtful consideration is given to the program structure, targeting internal audiences first and building out to community members as capacity and funding grow.

### **Limitations**

A limitation of this study was that we targeted 4-H staff specifically. However, in some states YMHFA is offered through other Extension units such as Health & Well-Being and Family and Consumer Sciences. Therefore, we did not reach the full scope of Extension experience in the delivery of YMHFA. While each region of the country is represented in this sample, only 11 states contributed to the dataset. It is unclear to what extent other states are participating, or not, in youth mental health programming.

### **Implications and Recommendations**

This study provides important information and considerations for any Extension program wanting to implement YMHFA or improve their current delivery. The interviews provided rich details about how others have addressed the challenges they have encountered and the successes they have had.

Through these experiences and interviews, we have several suggestions for anyone looking to implement YMHFA. One is to find a partner organization to work with. Partners can provide funding, staff (to be instructors or provide implementation support), or space/locations to hold training. Funding for YMHFA can also be found in local communities, as well as at the state and federal level. Our interviewees had a wide range for program funding, and we encourage those interested in bringing YMHFA to their programs to explore funding opportunities from local agencies such as public health networks or mental health centers, state departments such as the Department of Health and Human Services and Department of Education, and federal funding

streams such as those from Substance Abuse and Mental Health Service Administration (SAMHSA).

We recommend having a staff person with a portion of their job dedicated to the delivery of YMHFA. This person can help recruit new instructors, coordinate training, and provide support to participants in the YMHFA online Connect system. Having dedicated staff time can help ensure implementation success. We also recommend having a small fee, if allowed, associated with the course; many people who sign up for free courses will drop at the last minute, which is frustrating but also can lead to not meeting the minimum attendance to run the course.

### Conclusion

The YMHFA training course is an early intervention that teaches adults to identify and respond to youth who may be experiencing a mental health or substance use challenge. Given the growing rate of mental health challenges and concerns of young people, it is critical that the adults in their lives are prepared to support their needs. YMHFA is an evidence-based program that can help adults be better able to provide care to our young people. Extension programs can be a conduit to deliver YMHFA programs, strengthen mental health community-based programs, and support adults working with youth on the skills needed to address mental health crises. To be successful in this, Extension programs should consider technology, time, cost, and partnerships. Programs that have a dedicated funding stream, established community partners, and dedicated mental health leadership will be most successful in program implantation.

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*Anne M. Iaccopucci* is an Assistant Professor of Human Development at the University of California, Davis. Her research investigates positive youth development, health programming, and student success. For inquiries about this article, please contact [amiaccopucci@ucdavis.edu](mailto:amiaccopucci@ucdavis.edu)

*Kendra M. Lewis* is an Associate State Specialist in Health and Well-being at the University of New Hampshire. Her expertise is in positive youth development, mental health, social-emotional learning, and program evaluation. Email: [kendra.lewis@unh.edu](mailto:kendra.lewis@unh.edu)

*Monica Lobenstein* is a Learning Resources Specialist in the University of Wisconsin-Madison Division of Extension's Positive Youth Development Institute. Her research interests focus on high-quality educational resources and programming in positive youth development. Email: [mlobenstein@wisc.edu](mailto:mlobenstein@wisc.edu)

*Kea Norrell-Aitch* is an Educator with Michigan State University Extension in the Children and Youth Institute with a focus on Mental Health and Emotional Wellness. She is a certified Youth and Teen Mental Health First Aid Instructor, a Michigan ACE (Adverse Childhood Experiences) Initiative Community Champion and is dedicated to positive youth development through building resilience. Email: [kea@msu.edu](mailto:kea@msu.edu)

## Appendix A

## Youth Mental Health First Aid: Key Informant Interview Questions

### Pre-interview Script

This script should serve as a loose guide for how to welcome informants and briefly explain the project goals before conducting the interview. Feel free to paraphrase on a case-by-case basis.

1. Introduction: My name is... Thank you so much for participating!
2. Background - Before we get started, I will give you a little bit of background.
  - We are studying how Youth Mental Health First Aid is being implemented in Extension across the country to inform best practices and recommendations to support its expansion and effectiveness. To assess current needs, resources, and youth mental health programming, we asked folks from each state to complete a survey. These interviews are intended to give us greater depth and insight into how different states are leading and managing YMHFA.
3. Ask for permission to record and take notes.
4. Start the recording and begin questioning.

Main Question	Reframed Question	Expected Topics	Probing Questions	Extenders
Can you please describe how you've been involved in the Youth Mental Health First Aid program?	Can you please describe in what ways you have supported the YMHFA program in your state?	Levels of involvement	How long and in what ways have you been involved with YMHFA in your state? How long has the program been implemented there?	Can you tell me more about that?
		Shifts in involvement	Can you describe any ways your involvement has shifted?	
Can you please describe the <b>types of</b> partnerships you have built to support this program?	How have you worked with partners besides Extension to implement YMHFA in your state?	Names of partner groups/organizations	Are there specific groups or organizations you've worked with?	What else comes to mind?
		Partner contributions	What do those partners contribute to program implementation?	
		How partnerships were established	How did you establish these partnerships?	
		Program integration	How is YMHFA integrated into existing programs if at all)?	
Can you please describe what funding sources support this effort?	Can you please describe how YMHFA is supported financially in your state?	Variety of funding sources	What types of funding have you used?	Can you tell me more about that?
Please describe the strategies you have used to promote the program.	Please describe How you have marketed YMHFA to different communities or audiences in your state?	Specific marketing examples	Have you used digital, print, or other types of marketing strategies?	What else do you remember about that?
		Marketing leadership	Who has been responsible for promotion in your state?	
Can you describe any challenges you	Some states have encountered difficulties in	Types of challenges	Some types of challenges might be human, financial, programmatic, or other types.	Does anything else come

had with delivering this program?	offering YMHFA. What has been your experience?		What have you run into?	to mind when I ask about challenges?
		Addressing challenges	How have you addressed challenges with delivering this program?	

### How to use question table

1. Ask the first question in the **Main Question** column.
  - a. If informant does not understand the main question, ask the **Reframed Question**
2. As the informant answers, pay attention to the **Expected Topics** column. When their answer touches on one of these topics, check it off.
3. If they do not address the **Expected Topics** while answering the **Main Question**, ask the **Probing Question** associated with that topic. Repeat until all expected topics have been addressed.
  - a. Remember: informants might discuss expected topics out of order (e.g., discussing Q2 topics in response to Q1). If an expected topic is addressed at any time, check it off.
4. If their answers are short, ask **Extenders** until the answer is detailed.