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Exploring the Use of Youth Mental Health First Aid Skills in Schools

Janay N. Tyler  
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Abstract

Exploring the Use of Youth Mental Health First Aid Skills in Schools

By

Janay Nicole Tyler

August 23, 2019

The aim of this study was to explore the impact of Youth Mental Health First Aid (YMHFA) training on participant knowledge and confidence and on youth behavior. YMHFA is a mental health awareness training program that was designed for adults who regularly interact with adolescents (age 12-18) who are experiencing mental health concerns. Participants in the study, referred to as “First Aiders” were recruited from a database that included the emails of all participants in a grant funded YMHFA training effort in a state in the Southeastern United States between 2015-2018. First Aiders were sent a follow-up survey measuring their confidence in skills learned from YMHFA, how the skills from the training were being utilized and if trainees reported seeing changes in students. A univariate analysis was conducted from participants’ responses to the follow up survey. Of the 119 First Aiders who responded to the survey, 88.3% of those reported utilizing the skills from the training and 49.6% reported changes in their students. First Aiders reported that they utilized skills from the YMHFA training in various ways, such as to de-escalate a mental health crisis or to refer students to mental health professionals when needed. The First Aiders reported that because of their own use of the YMHFA skills and strategies with students, they believed students were more open to discussing their mental health with the First Aiders. The public health implications of the results will be discussed.
Exploring the Use of Youth Mental Health First Aid Skills in Schools

by

Janay Nicole Tyler

B.S., East Carolina University

A Thesis Submitted to the Graduate Faculty of Georgia State University in Partial Fulfillment of the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA

30303
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Author’s Statement

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Janay Nicole Tyler
Exploring the Use of Youth Mental Health First Aid Skills in Schools

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Date
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73% of mental health disorders will present symptoms before age 25 (McGorry & Mei, 2018). These disorders can be a result of genetic and environmental factors, such as any exposure to violence, abuse, parental substance abuse, poverty, immigration, homelessness or loss. The onset of mental health disorders frequently begins in early adolescence. Approximately 1 out of every 10 children are at risk of a major depression episode before the age of 14 (Keyes, 2006). Therefore, early intervention of for symptoms of mental health disorders are critical to identify illness and improve prognosis over time. Though mental health disorders are diagnosed by specialized health practitioners, it is important for parents and educators to be able to recognize the characteristics and behaviors that may require follow-up and intervention. This evaluation will review the effectiveness of a mental health awareness training of adults who work with adolescent students.
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CHAPTER II

LITERATURE REVIEW

Mental Health in Adolescence

Health and Human Services Office of Adolescent Health (2017) states that 31% of students in grades 9-12 in the United States (US) reported that they have experienced depressive symptoms, 17.2% of students (Grades 9-12) had suicidal thoughts, 7.4% had suicide attempts, and 2.4% had related injuries. Furthermore, at least 20% of youth with known mental health conditions do not receive needed treatment for their particular condition (Aakre, Luckstead & Browning-McNee, 2016). The National Alliance on Mental Illness (NAMI) reports that 50% of all mental health conditions develop by age 14 and that it takes an average of 8-10 years for those individuals to begin receiving mental health supports.

If left untreated, mental health disorders can evolve into other issues such as erratic and risky behaviors, physical illness and suicide. Mental health disorders are often associated with poor physical health in adulthood, including alcohol misuse, smoking and substance abuse (Whitley, Smith & Vaillancourt, 2012). Mental health disorders can affect the academic functioning of adolescents, and they are associated with “lower academic achievement, less engagement/participation, poor peer and familial relationships, and are at a greater risk to drop out of school all together” (Whitley et al., 2012, p. 58).

Further, failing to address mental health concerns amongst adolescents can result in other negative effects like impeding the process of social/emotional development (Kieling, 2011). Treating mental health disorders can be costly depending on the intervention, however, untreated mental health disorders can have far-reaching consequences, such as family, peers or school problems, developmental/behavioral problems, substance misuse, early sexual activity and other
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risk-taking behaviors. This information is increasing the need globally for mental health promotion in various countries. In the systematic review by Das et al. (2016), it was revealed untreated mental health disorders may have very concerning outcomes such as teenage pregnancy, domestic violence, physical fights, crime and suicide. It even accounts for about 45% of years lost because of disabilities (Das et al., 2016). Disability-adjusted life years (DALY) is calculated by the sum of the Years of Life Lost (YLL) from premature mortality in the population and Years Lost due to Disability (YLD). YLL is calculated by multiplying the number of deaths multiplied by the standard life expectancy. YLD is calculated by multiplying the number of incidents in the particular period by the average duration of the disease and by the severity of the disease where 0 is perfect health and 1 is death.

**Effective Interventions**

Adolescence is considered a “critical period for early intervention to alter the trajectory of mental health disorders” (McGorry & Mei, 2018, p. 182). Early intervention of a mental health crisis can prevent premature death, social isolation, poor functioning, and reduced educational productivity (McGorry & Mei, 2018). Providing youth with the assistance that they need can prevent adverse behaviors and more severe symptoms of mental health disorders in adulthood. Early intervention can lead to positive outcomes for children at risk for mental health disorders (McGorry & Mei, 2018).

A recent example comes from a study by Lynch et al. (2016) who utilized information from the Early Detection, Intervention and Prevention of Psychosis Program (EDIPP), a national multisite research treatment study that tested an intervention for those experiencing their first mental health episode or who are at high risk of developing a mental health disorder. This program included a community education and referral model, where there were trained mental
health professionals who delivered training to community members about youth mental health and encouraged referral to various community mental health resources. This study used qualitative and quantitative data to evaluate each of the six education programs involved. The programs had various components, but they each generated a stream of referrals to mental health professionals. It was reported that 38% of referrals were made by mental health professionals, and 37% of referrals were made by parents, and 16% were made by school professionals. This study concluded that mental health education programs may be feasible for communities that want to provide preventive services to youth with limited resources (Lynch et al., 2016).

The effectiveness of interventions to prevent and manage mental health in youth is underscored by a recent review review by Das et al. (2016). The effectiveness of interventions to prevent and manage mental health in youth is underscored by a recent review by Das et al. (2016). This review found that school-based interventions were popular and provided integral mental health services to students. School-based interventions included information from studies that provided group-based interventions in schools, which made a positive impact on the social and emotional wellbeing of students. Cognitive behavioral therapy that was delivered in schools reduced the symptoms of depression in students in a different study by Callear & Christensen, (2010) and Waddell et al. (2007) that was reviewed by the authors (Das et al., 2016). The study further supports the importance of addressing students’ mental health in schools, suggesting that even group based-interventions that that do or do not include cognitive behavioral therapy are effective in reducing depressive episodes and anxiety. Thus, evidence suggests that there are a number of effective school-based interventions available, accurate early identification is needed.
Identification of Mental Health Concerns

The Association for Children’s Mental Health (2019) states that 1 in 5 children have a diagnosable emotional, behavioral or mental health disorder and 80% of them do not receive the mental healthcare they need. Many of the youth who do not receive care for their mental health often go undiagnosed due to the lack of recognition. Mental health awareness in schools can increase the amount of screenings that are held, therefore increasing the amount of youth that have mental health concerns that are detected and treated.

Mental health screenings are provided in various ways. In schools, once a teacher raises a concern about the mental health of the child, they are then screened by a mental health professional. There is also universal mental health screening, which includes screening every child in the school, regardless of any specific concerns from the adults in the schools. The use of universal mental health screening in schools are on the rise (Dowdy, Ritchey & Kamphaus, 2010; Siceloff, Bradley & Flory, 2017). Students who are identified by the universal screener as being “at-risk” for later mental health concerns are connected to mental health supports in an effort to prevent later concerns. Schools with large numbers of students who score in the “at-risk” range implement school-wide prevention interventions to more efficiently promote the positive mental health of their students.

A recent study examined the time between the first emergence of psychotic symptoms and treatment in adolescents underscores the importance of early identification of mental health issues (Lynch et al., 2016). The study by Lynch et al. (2016) included 337 participants the mean age being 16.4 with a standard deviation of 3.3. The study examined the time between the first emergence of psychotic symptoms and treatment. Researchers found that there was typically one or two years and the delay in seeking help for psychosis contributed to a longer duration of non-
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treatment. In adult patients “who are hospitalized for their first-episode of psychosis, it was 
found that the delay in initiating help was a significant contributor to longer duration of untreated 
psychosis” (Lynch et al, 2016, p. 510). Any contact or concern for the patient either came from 
their primary care provider or the police. The article reported that 5% of psychosis patients who 
have their first hospital visit were examined by their primary care doctor and 20% by the police. 
Thus, having someone long term in the patient's life, who can recognize the signs of mental 
health can encourage rapid care.

**Monitoring Mental Health in the School Environment**

A growing body of research supports that schools are good settings for the early 
identification and intervention of mental health concerns in youth (Franklin, Kim, Ryan, Kelly & 
Montgomery, 2012; Osagiede et al., 2018; Wei, Baxter and Kutcher, 2019). This is important as 
these mental health promotion programs in schools can promote the development of social skills, 
socio-emotional competencies, and learning outcomes while reducing any disruptive behavior 
(Garcia-Carron, Villarejo-Carballido & Villadron-Gallego, 2019). For example, recent reviews 
show that teachers can increase the immediate and long-term effectiveness of mental health 
interventions due their regular access with students (Franklin et al., 2012). Some studies indicate 
that interventions utilizing teachers as the provider of a mental health intervention had outcomes 
that were equal or similar to those of interventions with mental health professionals (Franklin et 
al., 2012). Other studies show that teachers may be trained to increase their sensitivity or 
awareness of early signs of developing mental health conditions (Wei et al., 2019). Collectively, 
a growing body of evidence shows that “teachers are an important link between students and 
available mental health resources and services within the school’s environment” (Osagiede et al., 
2018, p. 244).
Mental health awareness training can help teachers understand and recognize the signs and symptoms of mental health concerns in youth to not only provide support for students but prevent any mental health challenges that can impact learning and overall functioning in students (Furnham & Swami, 2018; Whitley, Smith & Vaillancourt, 2012). The majority of the teachers in one study stated that there were mental health concerns in their schools but 87% confirmed that there was a lack of training in youth mental health that created a barrier to providing mental health services to their students (Canadian Teachers Federation, 2012). Thus, research supports that teachers have a desire to understand mental health difficulties that their students face and how to deal with the students mental health concerns (Whitley et al., 2012).

Mental health trainings have been shown to increase teacher’s skills in different ways. For example, Wei, Baxter and Kutcher (2019), utilized participants from the Go to Educator Training program (GTET), a program that was developed for early identification of possible mental health disorders in students, linked schools and healthcare providers and improved mental health literacy. This finding supported research that stated, “knowledge can change attitudes about mental illness” (Wei, Baxter & Kutcher, 2019, p. 5). Another study aimed to measure mental health knowledge of 327 middle school teachers and if their Mental Health First Aid (MHFA) training would increase information and support, they provide to students (Jorm, Kitchner, Sawyer, Scales & Cvetovski, 2010). Part one of the training for all educators covered policy, common mental health disorders, and how to apply the mental health action plan. Part two was specifically for educators that were responsible for the welfare for students. As a result of the training, the teachers demonstrated a significant increase in knowledge that was maintained at the follow-up. Teachers were seemingly knowledgeable about recognizing signs of depression and belief about the effectiveness of different approaches. Students of the teachers who attended
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the training “were more likely to report that they received information about mental health problems” (Jorm et al., 2010, p. 7) which could include a lesson, brochure or poster, and website referral. Students also demonstrated an increase in stigma perceived in others. This research suggests that educators are well-positioned to be able to effectively identify and help their students with mental health issues, can could serve an important role in the referral process for early intervention.

Youth Mental Health First Aid

Youth Mental Health First Aid (YMHFA) is a manualized mental health awareness curriculum. The program is “designed to educate the general public on common emotional problems and psychological disorders” (Aakre, et al., 2016, p.122). YMHFA was developed to provide those who take the course with education and tools to help youth in emotional distress. Through this evaluation, we will be exploring the impact of the YMHFA training on educators and their students. More specifically, we will examine participants’ confidence levels, discipline or referral (to psychological disorder professional) procedure changes post-training, and reported behavior change in students. The training gives the adults ample time to get to know students, students' patterns and behaviors which would create the demonstrates and ideal setting to have YMHFA trained professionals interacting with students. Previous research by Jorm et al. (2010) has demonstrated the importance of YMHFA trained individuals in educational settings. Having trained individuals who regularly work with the youth, can assist with barriers, academic success and progression of mental health conditions that are associated with youth receiving not being recognized or receiving treatment. With the appropriate training such as YMHFA teachers can provide initial intervention and be more knowledgeable about mental health issues when referring to mental health resources.
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YMHFA was designed to “teach the public how to respond in a mental health emergency and to offer support to a young person who may be in emotional distress” (Mental Health First Aid, USA, 2016, p. ix). The course contains components relating to anxiety, depression, substance abuse, self-harm, harming others, psychosis and the disorders related to psychosis, disruptive behavior disorders such as Attention Deficit Disorder and Attention Deficit/Hyperactivity Disorder and eating disorders. The course introduces the public to these common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Those who work with adolescents in schools are lacking behavioral health education prior to serving the students. YMHFA can provide the information that educators will need to have more positive interactions with students about their mental health.

In an evaluative study that included a social services department in Maryland, researchers wanted to evaluate the information retained from the YMHFA training (Aakre et al., 2016). Researchers utilized a questionnaire with situational hypothetical questions that assisted in indicating appropriate assistance regarding the behaviors, the likelihood of providing help and knowledge about MHFA. Overall, there was a significant improvement in the trainees from the social services department, scores from pre to post survey in 4 out of the 5 actions of YMHFA. “YMHFA trainee rated themselves significantly more confident in helping, more likely to help and more comfortable in helping someone in distress” (Aakre et al., 2016, p. 124) post-training than prior to. There was also an increase in MHFA knowledge as well, with trainees passing score of 6 or more items out of 10 99% of the time.

Grylewicz, Childs & Soderstrom (2018), investigated the gap in effectiveness of the YMHFA since there is very little information about the training in the U.S. They investigated if
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there were improvements in literacy, attitudes, confidence and intention to engage in help seeking behavior (Grylewicz et al., 2018). The study also investigated how YMHFA improves mental health literacy, if demographics have role in the improvements of YMHFA, and the extent to which it meets staff expectations. Researchers utilized a 76-item questionnaire that assessed demographic characteristics, mental health literacy, confidence, attitudes and intentions, utility, engagement and expectations from participants. It was found that there was a lack in education for mental health/substance abuse, which explains the increase in mental health literacy and is beneficial for utilization for students. Ultimately, researchers found a 17% increase from pretest to post test in mental health literacy. Participants demonstrated improvements in mental health literacy, reduction in negative attitudes toward youth with mental health disorders, increased intention to demonstrate help-seeking behaviors, and high training satisfaction. The authors stated, “First Aiders not only felt that the training met their learning needs, they also found the trainers to be engaging and perceived the training content to be culturally sensitive and translatable to practice” (Gryglewicz et al., 2018, p. 57). This can demonstrate how the training can benefit the literacy of the staff and improvements that can be achieved through the training. With educators having the YMHFA training this can assist with a reduction of the long-term effects of untreated mental health disability.

Rationale

This research is designed to analyze how each professional who is in contact with the youth in schools are utilizing YMHFA training, if there are any observable differences in students or behavior in the school as a whole, and if the First Aiders still feel confident about the skills they have learned at their post-training. In a state in the Southeastern US, having adults who constantly interact with adolescents such as teachers and administrators trained YMH First
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Aiders is extremely important with recognition and intervention. Having trained individuals in a school setting provides support to students, not only with reducing stigma but with being comfortable speaking with someone about their mental health and seeking professional help. This encourages students to utilize any mental health services that may be available to them on campus or community partners if the school has any available. YMHFA will not only benefit educators, who have been reported being able to use the training in their personal lives, but for adolescents who may be misbehaving and disruptive in class, have a hard time paying attention and are demonstrating poor academic performance. The literature supports that there is a need for YMHFA trained academic professionals it has educated those who were previously unaware about mental health in youth and how to assist. It is important to view the role, confidence, utilization in students individually or as a whole. This study will attempt to answer the following research questions: (1) Following up from their training, what is the current confidence of using the YMHFA skills in those who work with adolescents in school settings? (2) How are the YMHFA skills being utilized in schools? And (3) Do YMHFA trainees report seeing changes in the students and staff?
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CHAPTER III
METHODS

Participation in the study was anonymous and voluntary. The study was approved by the Institutional Review Board of the author’s university. Participants in the study were gathered from a database that included the emails of all participants in a grant funded YMHFA training effort in a state in the Southeastern US between 2015-2018. The follow up survey was sent to 4,498 certified First Aiders for the study that have been trained in school settings, with a response rate of 2.7%. The low response rate was not surprising due to the lapse of time from training, the delivery method of the survey (emails often times are either not checked or sent to junk mail) and participants may have already responded to a follow-up email immediately after the training.

Survey

Participants were asked to complete a 14-item survey that utilized questions from the YMHFA pre-training and the post-training survey, however, in addition to the previous questions, the survey had an open-ended question about how the YMHFA strategies were utilized. The survey featured eight statements measuring confidence after YMHFA training in the form of a Likert scale that ranges from “strongly agree to strongly disagree” (1-5). The survey included an open-ended question about utilization of the YMHFA skills, one question about the changes First Aiders may have seen in their students and one question about additional mental health supports that were needed for students. Participants were able to select yes or no if they have seen and behavior changes in students and provide an explanation about the changes they saw. Additionally, six questions focused on demographics: age, gender, race/ethnicity, date of training, and professional role in schools.
Data Analysis

Data from the surveys were recorded, coded and analyzed in Excel. The Likert responses were coded from “Strongly Agree to Strongly Disagree” to scores 1-5. Those who responded to the profession in which they would use their training was categorized and coded by number:

- (0) was assigned to those who did not respond or specify
- (1) corresponds to educators
- (2) license counselor or social worker
- (3) Psychologists
- (4) positions that offer other student support
- (5) respondents who do not work in schools but work with adolescents.

The open response question that asked about utilization was coded by how the various professions that are in contact with students utilized the skills from YMHFA training.

Numerical categories 0-8 were assigned to the following categories based off if participants

- Provided no response or have not utilized skills from the training
- Have used the skills from the training but did not specify how they have used them,
- Their behaviors or protocols have changed as a result of the training,
- Referred adolescents to a professional,
- Have increased confidence in interactions with adolescents
- De-escalated a mental health crisis, utilize their skills to educate others,
- Bring awareness to parents or staff about a child's mental health
- Increased awareness of signs of a mental health crisis.

A univariate analysis was run because research questions are not comparing categories but analyzing one category at a time. Categories with open ended answers were analyzed by the author and an additional rater. Separately, the author and the rater examined the participants
responses. Based of the content of the response they created their categories of common themes in the responses and categorized each answer.
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CHAPTER IV

RESULTS

Of the total respondents (N=202) here were a total of 119 participants who responded to the informed consent, leading to a 2.7% response rate since the survey was sent to 4,498 First Aiders. Of the 119 participants, 33.6% (N=40) of the participants did not respond or specify their profession in the schools.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Profession</strong></td>
<td><strong>N</strong></td>
</tr>
<tr>
<td>Educator</td>
<td>21</td>
</tr>
<tr>
<td>Licensed Counselor or Social Worker</td>
<td>23</td>
</tr>
<tr>
<td>Psychologist</td>
<td>12</td>
</tr>
<tr>
<td>Student Support</td>
<td>23</td>
</tr>
<tr>
<td>Respondents who did not respond or specify</td>
<td>40</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>106</td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>16 to 24</td>
<td>1</td>
</tr>
<tr>
<td>25 to 44</td>
<td>47</td>
</tr>
<tr>
<td>45 to 60</td>
<td>55</td>
</tr>
<tr>
<td>61 to 80</td>
<td>15</td>
</tr>
<tr>
<td>81+</td>
<td>1</td>
</tr>
<tr>
<td><strong>Year of training</strong></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>5</td>
</tr>
<tr>
<td>2016</td>
<td>9</td>
</tr>
<tr>
<td>2017</td>
<td>18</td>
</tr>
<tr>
<td>2018</td>
<td>59</td>
</tr>
<tr>
<td>Don’t remember</td>
<td>28</td>
</tr>
</tbody>
</table>


Table 2

Overall Confidence of Skills

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the signs that a young person may be dealing with a mental health challenge or crisis</td>
<td>N=65 54.6%</td>
<td>N=51 42.9%</td>
<td>N=2 1.7%</td>
<td>N=0 0%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Reach out to a young person who may be dealing with a mental health challenge</td>
<td>N=62 52.1%</td>
<td>N=52 43.7%</td>
<td>N=4 3.4%</td>
<td>N=0 0%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Ask a young person whether s/he is considering killing her/himself</td>
<td>N=61 51.3%</td>
<td>N=48 40.3%</td>
<td>N=8 6.7%</td>
<td>N=1 0.8%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Actively and compassionately listen to a young person in distress</td>
<td>N=84 70.6%</td>
<td>N=30 25.2%</td>
<td>N=4 3.4%</td>
<td>N=0 0%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Assist a young person who may be dealing with a mental health problem or crisis to seek professional help</td>
<td>N=68 57.1%</td>
<td>N=45 37.8%</td>
<td>N=2 1.7%</td>
<td>N=3 2.5%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports</td>
<td>N=59 49.6%</td>
<td>N=52 43.7%</td>
<td>N=6 5%</td>
<td>N=1 0.8%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Be aware of my own views and feelings about mental health problems and disorders</td>
<td>N=74 62.2%</td>
<td>N=40 33.6%</td>
<td>N=2 1.7%</td>
<td>N=2 1.7%</td>
<td>N=1 0.8%</td>
</tr>
<tr>
<td>Offer a distressed young person basic &quot;first aid&quot; level information and reassurance about mental health problems</td>
<td>N=65 54.6%</td>
<td>N=48 40.3%</td>
<td>N=4 3.4%</td>
<td>N=1 0.8%</td>
<td>N=1 0.8%</td>
</tr>
</tbody>
</table>

Confidence

The overall confidence averages were calculated by each question. Those who selected “Neither disagree or agree” were not included in the averages since there was not a clear selection from the participant. The majority of participants responded that they were confident
that they could recognize that a young person may be dealing with a mental health challenge (M =1.5; SD =0.6; Mdn =1), 97.5% of the participants agreeing or strongly agreeing and 95.8% felt confident with reaching out to a young person who may be dealing with a mental health challenge. The overall average for each profession category was 1.5. Four respondents (3.4%) felt uncertain about reaching out to youth about their mental health. Asking a young person whether they have considered killing themselves yielded the least confidence (M =1.6; SD =0.73; Mdn =1) with 91.6% of participants responding with agreeing or strongly agreeing and 8.4% responding with either disagree (n =1), strongly disagree (n =1) or uncertain (n =8).

Majority of the participants (n =114) believed they can actively and compassionately listen to a young person in distress (M =1.4; SD =0.6; Mdn =1). Four participants neither agreed or disagreed and one participant strongly disagreed about being able to listen to a young person in distress.

About 95% of the participants felt confident assisting a young person with a mental health crisis to seek professional help (M =1.5; SD =0.7; Mdn =1) and 93.3% felt confident connecting youth to community, personal and peer supports (M =1.6; SD =0.7; Mdn =2). Six (5%) participants neither agreed or disagreed that they were able to connect your to community personal or peer supports. Majority of the participants were aware of their own views and feelings about mental health challenges (M =1.5; SD =0.7; Mdn =1). Ninety five percent (n =114) of the participants either agreed or strongly agreed with this statement and 2.5% either disagreed or strongly disagreed. About 95% of participants either agreed or strongly disagreed that they felt confident offering basic “first aid” to a youth in distress (M =1.5; SD =0.7 ; Mdn =1). Four (3.4%) neither agree or disagree and 1.6% either disagree or agree with feeling confident about administering basic “first aid” to someone in distress.
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Utilization

Overall, 7 (5.9%) of the participants either changed behaviors or protocols they used with the students and 7.6% had referred students or youth to a professional to receive care. There were 13.4% (n=16) participants that experienced increased confidence in their interactions with students that concerned their mental health. Two (1.7%) participants experienced a situation where they had to de-escalate a mental health crisis. There are 7.6% of participants (n=9) who have used their skills to educate other adults and youth about what they have learned in the trainings. Four of the participants revealed that they have utilized their skills from the training by bringing awareness of a students’ mental health to their parents and to those who interact with that student constantly. Lastly, 8.4% (n=10) of the participants experienced an increase awareness of the sign of a mental health crisis. Eleven percent of the participants either did not respond to the question about how they utilized the skills they have learned from the training or they have not had a chance to use the skills at all. Overall, 88.2% of participants reported using their YMHFA skills.

Table 3

<table>
<thead>
<tr>
<th>Utilization of Skills</th>
<th>N=119</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have used training, but did not specify</td>
<td>48</td>
<td>40.3%</td>
</tr>
<tr>
<td>Changed behaviors or protocols</td>
<td>7</td>
<td>5.9%</td>
</tr>
<tr>
<td>Referred to a mental health professional</td>
<td>9</td>
<td>7.6%</td>
</tr>
<tr>
<td>Increased confidence in interactions</td>
<td>16</td>
<td>13.4%</td>
</tr>
<tr>
<td>De-escalation</td>
<td>2</td>
<td>1.7%</td>
</tr>
<tr>
<td>Educate others about mental health</td>
<td>9</td>
<td>7.6%</td>
</tr>
<tr>
<td>Bring awareness to parents or educators</td>
<td>4</td>
<td>3.4%</td>
</tr>
<tr>
<td>Increased awareness of signs</td>
<td>10</td>
<td>8.4%</td>
</tr>
<tr>
<td>No response</td>
<td>14</td>
<td>11.8%</td>
</tr>
</tbody>
</table>
**Reported Changes**

Participants were asked if they have noticed any school wide impact as a result of the YMHFA training. Overall, 49.6% reported that they have seen changes in their school. Though 59.6% of the participants did not respond to this open-ended question, 16.8% of the responses report that students are now more open speaking with someone about their mental health, asking for help and receiving care. Participants have stated that “students are willing to come and talk to us, they feel safe and know that they are not judged”, “My students feel comfortable coming to me and talking when they are in need, they know I genuinely care”. Various responses from participants reported that one of the changes are students feeling more comfortable to ask for help or come to them when they are in need. Students were also either receiving care or open to care. Participants reported “the number of students who have been referred to school mental health services have increased” and “students are receiving appropriate supports and are more likely to identify and communicate their needs to school staff”. Staff at the schools have referred the students appropriately and students received the assistance they need for their mental health.

There were answers (6.7%) from participants who report that students and staff were more aware of sign of a mental health crisis and provide support to those in need. Participants reported “recognizing the signs has helped me work with staff to help the students.”, they are “more aware of the students feelings”, “students/staff have become more involved in supporting each other and creating ‘safety nets’ to support students who may be in crisis.”. First Aiders who responded, found the staff was more knowledgeable and knew when to intervene with students.

Students were reported to receive the care that they need (5.9%) and were learning and utilizing skills about recognizing a mental health crisis for themselves and coping strategies (3.4%). Participants revealed that students were learning valuable strategies to help cope or
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manage their mental health. They stated, “our students are using the strategies we have taught them to manage their anger and distress”, “techniques in anger management have helped some of my students”, “the students have come back to say that they are using the skills to help them cope”. Not only were educators equipped to help students when they are in need, but they educated the students about being more aware about their mental health and steps they can take in situations where they can utilize their coping strategies.
The aim of this study was to analyze the confidence of First Aiders, the utilization of the YMHFA skills, and the impact of the YMHFA training on schools and youth following their training. The first research question for the study was: What is the current confidence of using the YMHFA skills in those who work with adolescents in school settings? It was found that participants in the study are still confident in utilizing the skills learned from YMHFA. Over 90% of the participants responded with either agree or strongly agree about their confidence in recognizing signs of mental health crisis, reaching out to a young person about their mental health, asking a young person if they considered killing his or herself, actively listening to a young person in a mental health crisis and assisting with seeking professional help.

These confidence results show that mental health literacy training has increased the confidence in those who interact with the students at school in those who responded to the survey. In agreement with the research from Gryglewicz et al., (2018), educators in this current study have displayed more knowledge about mental health conditions, signs and how to provide early intervention to a mental health crisis. First Aiders in the schools are more confident about what they are saying and doing when a student is addressing their mental health concerns to them. This confidence determines if the First Aider can properly handle and refer the student in crisis if needed. The students in the schools have an increased chance of being referred or progressing in their mental health crisis with the increased confidence.

Examining the impact that the trainings have had in with some educators and students in the literature and in the current study, it is important to have all educators and professionals that interact with students have trained in mental health literacy or attend a YMHFA course. Educators are constantly interacting with their students and will be able to notice any behavior
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changes and refer to the correct personnel for treatment. Those who are interacting with the students will also have more confidence with approaching students about their mental health. These confident interactions can lead to the students feeling comfortable enough to share their mental health concerns and more open to treatment.

The next research question in the study was: how are the YMHFA skills being utilized in schools? Participants were prompted to give examples of how they are utilizing the information from the training with the students they interact with. It was found that the participants utilized their training in various ways. Participants have changed their behaviors, attitudes and protocols when addressing students who they suspect may have mental health concerns or in crisis, referred students to mental health professionals, had more confident interactions with students, de-escalated mental health crisis, educated other professionals and parents about youth mental health, made others aware about their mental health concerns for a student, and were more vigilant of signs of a mental health crisis.

Similar to the Kutcher et al. (2016) study, participants used their skillset to assist students with receiving mental health education and care. The education in turn reduces the stigma surrounding mental health in the schools. Educators also used the information from the training to have more confident interactions with students by creating comfortable environments for students to express how they are feeling. Referring to mental health professionals or resources in the community aligns with the Osagiede et al. (2018) review. Students and their parents also were reported receiving education about mental health and being the initial intervention by de-escalating a mental health crisis for their students.

YMHFA trainings can assist with behavior changes in students, that reduce self-harm and harm on others in the school. Students are no longer going without care, since teachers are aware
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of community resources or can refer them to a professional in the building. This can reduce and further and harmful progression of their mental health condition, which could be harmful to their academics.

The final research question of the study was: are there any reported changes in the students as a result of the YMHFA training in educators and staff? There has been a reported change in the way educators and administrators in the schools handle a mental health crisis and discipline with their students, successfully de-escalating a mental health crisis and referred their students for care. Participants in the study have reported to be more aware of the mental health resources available to students in their school/community. The students have responded positively to those who have been trained. Students are more open with communicating with adults in the schools about their mental health and to receiving care.

The YMHFA training for those with students has seemingly made a positive impact on how students view mental health. More knowledge for the staff has made the students more open to speaking about their mental health. This can confirm that teachers are just as useful as mental health professionals that are located in the schools (Franklin et al., 2012). This further confirms that youth serving adults are important in early intervention, even the parents (McGorry & Mei, 2018).

With the report from participants in this study students are not only open to care but are more open when speaking to educators about their mental health. In the long term, this can make a difference in the students’ mental health and their academic career. Das et al. (2016) explained that students who do not receive an early intervention are at risk for unfavorable events such as teenage pregnancy, physical fights, and suicide. Although the locations of participants are not revealed, it is important to mention that more educators or professionals in the schools reported
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being more aware of community resources that are available for students. Students and professionals are recognizing their mental health concerns, educators intervening when they can, and students are being connected to care.

Limitations and Future Research

Although the emails were sent to many participants, there were only responses received by 2.7% of those who were selected. Having additional responses could confirm the impact of YMHFA training. The open-ended responses were not answered often. With the information from the open-ended questions, there could be more insight about utilization, and school-wide changes. For future research, there may be opportunity for in person interviews to get a larger response rate for these questions. The categories could be predetermined among a group and reviewed by a committee prior to and during coding. Future research should also include information from previous evaluations and follow-ups to show a comparison. Students should also be surveyed or interviewed to measure the total impact of the trainings and their mental health. Gathering information about what the students have learned and how comfortable they are about receiving care or speaking to a teacher or administrator about their mental health. Possibly reviewing academic performance in relation to the mental health climate of the schools could also demonstrate further effects of YMHFA trainings and behavior changes in students.

Conclusion

YMHFA has shown benefits in schools in the study. Having those who are constantly around adolescents can be beneficial to referring them to the appropriate professionals for intervention. Educators those who work with youth can utilize the trainings to become more confident in interacting with youth in a mental health crisis and in return allowing students to feel more comfortable approaching someone who has been trained, about their mental health.
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First Aiders in schools can also prevent high dropout and suicide rates. Having trained staff in schools can change the course of the youth’s life by reducing the amount of untreated mental health conditions.
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References


Appendix A

Georgia State University
Center for Leadership in Disability

Informed Consent

Title: Youth Mental Health First Aid Instructor Follow-Up Study
Principal Investigator: Emily Graybill, Ph.D., NCSP
Sponsor: Georgia Department of Education (GaDOE)

Procedures
We want to ask you to be in a research study. If you decide to participate, we will ask you to complete a survey regarding your confidence level as a Youth Mental Health First Aider (YMHFA) and your use of the YMHFA skills with youth. This study involves the same risks that you face in your everyday life. To help protect your confidentiality, the survey will not be linked to you and we will not collect any identifying information. Being in this study will not help you. Your answers will help us to better understand the effectiveness of the Youth Mental Health First Aid training. Being in this study is your choice. If you want to be in the study and then change your mind, you may stop at any time.

Voluntary Participation and Withdrawal
You do not have to be in this study. You may skip questions or stop participating in the survey at any time.

Contact Information
Please contact Dr. Emily Graybill if you have questions or concerns, or if you would like a copy of this consent form.

Emily Graybill, Ph.D., NCSP
Center for Leadership in Disability
Georgia State University
75 Piedmont Avenue, Suite 514
Atlanta, GA 30303
Email: egraybill1@gsu.edu
Telephone: (404) 413-1424

Consent
If you are willing to volunteer for this research, please click “AGREE” below.
Thank you for taking the time to complete this survey. This survey will assess your current levels of confidence in demonstrating the skills that you learned in your Youth Mental Health First Aid (YMHFA) training course. This survey will also ask for your comments on the course. Please answer the questions below:

As a result of participating in the Youth Mental Health First Aid (YMHFA) Training, I feel more confident that I can...

<table>
<thead>
<tr>
<th>Strongly Agree (1)</th>
<th>Agree (2)</th>
<th>Uncertain (3)</th>
<th>Disagree (4)</th>
<th>Strongly Disagree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the signs that a young person may be dealing with a mental health challenge or crisis. (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach out to a young person who may be dealing with a mental health challenge. (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask a young person whether s/he is considering killing her/himself. (3)</td>
<td></td>
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</tr>
<tr>
<td>Actively and compassionately listen to a young person in distress. (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer a distressed young person basic &quot;first aid&quot; level information and reassurance about mental health problems. (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist a young person who may be dealing with a mental health problem or crisis to seek professional help. (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports. (7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be aware of my own views and feelings about mental health problems and disorders. (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EXPLORING THE USE OF YOUTH MENTAL HEALTH

How have you used the information learned from the Youth Mental Health First Aid (YMHFA) course?

________________________________________________________________

Have you seen any schoolwide impact as a result of you and/or your colleagues attending a Youth Mental Health First Aid (YMHFA) training? For example, has the approach to disciplining students with social/emotional concerns changed?

   Yes (Please explain) (1) ________________________________________________

   No (2)

Have you seen any changes in your students that you believe is a result of you and/or your colleagues using the skills learned in a Youth Mental Health First Aid (YMHFA) training?

   Yes (Please explain) (1) ________________________________________________

   No (2)

What additional mental health supports do you feel your students need?

________________________________________________________________

Are there any additional comments you would like to make about the Youth Mental Health First Aid (YMHFA) course?

________________________________________________________________

Date of training:
   Month (1)
   Year (2)

▼ January (1) ... December ~ I don't remember (72)
EXPLORING THE USE OF YOUTH MENTAL HEALTH

Why did you attend this course? (select all that apply)

☐ My employer asked/assigned me  (1)

☐ Personal interest  (2)

☐ Other professional development (specify profession)  (3) ____________________________________________________

☐ Community or volunteer interest (please specify)  (4) _____________________________________________________

☐ Other (please specify)  (5) ______________________________

In what role do you see your Youth Mental Health First Aid (YMHFA) training being of use? (select all that apply)

☐ At work (please describe your work position)  (1) __________________________________________________________

☐ As a parent/guardian  (2)

☐ As a family member  (3)

☐ As a peer/friend  (4)

☐ As a volunteer/mentor  (5)

☐ Other (please describe)  (6) ________________________________________________________________

Would you recommend this course to others?

Yes  (1)

No  (2)
EXPLORING THE USE OF YOUTH MENTAL HEALTH

What is your gender?
   Male (1)
   Female (2)

How do you describe your race/ethnicity? (select all that apply)
   □ American Indian or Alaskan Native (1)
   □ Asian (2)
   □ Black or African American (3)
   □ Hispanic or Latino origin (4)
   □ Native Hawaiian or other Pacific Islander (5)
   □ White (6)
   □ Multiracial (7)
   □ Other (please describe) (8) __________________________________________

What is your age?
   16 to 24 years (1)
   25 to 44 years (2)
   45 to 60 years (3)
   61 to 80 years (4)
   81 years or older (5)