HELPING YOUTH THRIVE

HELPING YOUTH THRIVE THROUGH AN EQUITY LENS

PLWG
PROGRAM LEADERS
WORKING GROUP

FACT SHEET
8/12

4-H Program Leaders Working Group
Access, Equity and Belonging Committee

Youth Mental Health and Wellbeing

Why an Equity Lens?

4-H has made a bold commitment to youth across the United States: to reflect the population demographics, vulnerable populations, diverse needs, and social conditions of the country (United States Department of Agriculture, 2017). 4-H has affirmed that we will help close the opportunity gap for marginalized youth and communities to fully thrive(Extension Committee on Organization and Policy, 4-H, 2019; National 4-H Council, 2020). Making good on these promises requires that all those working with youth in 4-H critically analyze current programs and deliver those programs through an equity lens. Administrators, professionals, volunteers, and stakeholders have a responsibility to be aware of and confront the disparities that exist within 4-H programs and in society. Doing so is critical because those who aim to develop youth without acknowledgment of and response to a young person's possible societal inequities is perpetuating injustice (Fields et al., 2018). The 4-H Thriving Model (Arnold, 2018) describes the process of positive youth development in 4-H. We should explore the 4-H Thriving Model, our national theoretical framework, with the same level of critical review to ensure it guides our work with equity and social justice at the fore.

The 4-H Program Leaders Working Group, Access, Equity, and Belonging Committee (AEBC) has joined with the 4-H Thriving Model Taskforce to ensure this nationally adopted model is explored and utilized through an equity lens. The following fact sheet explores the Thriving Model in relation to youth with mental health challenges.

The vast diversity of youth with mental health challenges served by Extension professionals is robust and includes multiple identity groups. This requires an Extension professional first to familiarize themselves with the unique culture, social ecosystem, and history of the cultural group they plan to work with in order to ensure a level of success. An equity lens will allow an Extension practitioner to understand the specific conditions they must consider when planning to program with this population. The below are general guidelines and considerations for this population.

Social Conditions of Youth Population

Not all young people who face adversity experience negative mental health outcomes. The concept of resilience provides one possible explanation for the ability of some individuals to maintain positive mental health in the face of adverse life circumstances. Resilience in the context of adolescence and mental health is defined as a process by which risks are encountered, and assets or resources (internal and external resilience factors) are used to avoid a negative outcome, such as mental health challenges (Dray et al., 2014).

According to the National 4-H Youth Mental Health Survey, nearly 70% of teens consider themselves to be resilient (National 4-H, 2020). However, one in six U.S. youth aged 6-17 experience mental illness each year (National Alliance on Mental Health, 2020). Depression and anxiety among youth are on the rise across the nation, and one in five high school-age youth have seriously considered suicide (Centers for Disease Control and Prevention, 2019). Suicide is the second leading cause of death for people aged 10-34 in the United States (National Institute of Mental Health, 2019). Ninety percent of those who died by suicide had an underlying mental illness (Schaefer et al., 2017).

Youth experience risk and protective factors that either increase or decrease the likelihood of developing a mental health challenge . The most significant risk factors for youth include (Scales, 2010; Suicide Prevention Resource Center, 2013):
- prior suicide attempts
- drug and alcohol abuse
- mood and anxiety disorders
- access to lethal means

- acculturation
- hopelessness
- Discrimination, including but not limited to racism, homophobia, and transphobia
- family conflict
- access and use of mental health services

Protective factors include (Scales, 2010; Suicide Prevention Resource Center, 2013):
- effective mental health care
- connectedness to individuals, family, community, and social institutions
- problem-solving skills
- exploration of sparks
- identity development

Competencies Needed to Engage Youth Population

It is critical for youth development professionals to work towards the development of skills and knowledge that allows programs to benefit all youth. The following skills were adapted from the 2017 4-H Professional, Research, Knowledge and Competencies (PRKC; United States Department of Agriculture, 2017).

Developing an Awareness

- Exhibits self-awareness including one's cultural/social identities, assumptions, values, norms, biases, stereotypes, preferences, experience of privilege and oppression, and how they shape one's view on mental health and wellbeing.
- Recognizes the validity of multiple perspectives and strives to think openly and inclusively without prejudging others.
- Intervenes to explicitly address negative stereotyping and discriminatory statements or practices related to mental health.

Advancing Knowledge

- Actively pursues continued learning and skill development in youth mental health and well-being through professional training opportunities.
- Displays an understanding in the area of trauma and its effects on brain development in youth.
- Develops skills to recognize indicator behaviors and identify common mental health challenges in youth.
- Develops an understanding of trauma-informed strategies and techniques that can be used when working with youth and adults.

Providing Communication

- Provides educational opportunities for volunteers and colleagues related to mental health challenges and well-being for youth.
- Works with volunteers and colleagues to assess and plan for potential risks and emergencies related to mental health and well-being.
- Recognizes that practices, guidelines, and policies may need to be created and/or adapted to be more inclusive of those youth facing mental health challenges.
- Provides research-based information to the public and collaborates with other youth development educators and professionals.

Identifying Community Resources

- Identifies and builds relationships with community organizations that provide youth with mental health services and intervention opportunities.
- Creates and facilitates opportunities for the development of social and support networks among families.
- Develops and implements collaborative plans for referring young people to mental health services within the community.

Utilize Trauma-Informed Approach

- Gains sufficient, meaningful input from diverse communities/individuals to design programs with a trauma-informed approach.
- Develops programming utilizing a trauma-informed approach that helps youth regulate their emotions, thoughts, and behaviors in different situations.
- Designs programs and creates relationships that maximize protective factors, such as self-confidence or managing strong feelings and impulses to handle adverse situations or events.
- Establishes and maintains healthy relationships with all youth.
- Recognizes the role/function that communication, planning, and problem solving has in building resiliency.
- Engages program participants in safety-awareness and self-protection practices.
- Establishes a system for managing and responding effectively to crises, grievances, and conflicts.
- Uses policies, rules, procedures, and best practices fairly to the extent possible to accommodate the needs of diverse audiences.
- Maintains confidentiality.

Recognize Barriers

- Recognizes the cultural, technological, environmental, and social influences and differences amongst various youth within systems and how it may impact a youths ability to seek help.
- Identifies how ethical standards, social norms, and the well-being of self and others influences responsible decision making.
- Recognizes that families influence youth's ability and interests in seeking mental health and well-being services.

Belonging and Participation in 4-H

Belonging is a crucial component to the youth development experience in 4-H. For youth with mental health challenges, creating a welcoming, safe, inclusive environment is even more urgent. Youth experiencing mental health challenges come from varied socio-economic, cultural, and demographic backgrounds. Due to the intersectionality of this population, 4-H professionals should be aware and implement strategies that acknowledge the whole child, including their gender identification, sexual orientation, race, ethnicity, religious affiliation, etc. For further information and appropriate strategies, please refer to the other AEBC Youth Fact Sheets for the cultural, LGBTQ+, and racial demographics as well as the socio-economic backgrounds of the foster care youth the 4-H professional is working with.

Many states have guidance on how to create inclusive environments and a sense of belonging (Olson, 2017; Purdue Extension, n.d., Scott & Krinke, 2018). Here are some strategies to consider:

- Develop positive relationships with youth (Search Institute, 2018). Having a supportive, caring adult can help youth feel welcomed and have a sense of connection (National 4-H, n.d.). For example, say hi to every youth as they arrive and take time to get to know each of them.
- Create inclusive environments for all youth. Have plans for accommodations as needed (Support for Families of Children with Disabilities, n.d. a), and teach youth to value diversity through modeling behaviors that promote diversity and inclusion (Support for Families of Children with Disabilities, n.d.,b). When youth join your program, ask them if they need any accommodations or what might improve their learning experience.
- Model and emphasize the power of language for creating an inclusive environment. Language that feeds the stigma around mental health, such as "crazy", "psycho", "nuts", "insane", "lunatic", "deranged", etc. can perpetuate the negative stigma. The use of person-first language (e.g., "a child with a mental health disorder") is also important (National Alliance on Mental Illness, 2017).
- Create group norms (4-H Volunteer Cafe, 2013; Himelstein, n.d.; Lundeberg et al., 2018; Torreta & VanderWey, 2019) and revisit them every time you meet. This is especially important to do when you have new members. Remind existing members that they can play a role in helping new members feel welcomed (Keinath, 2019). Write group agreements down on a large piece of paper so all youth can see them, and have it taped to a wall for every time you meet. If meeting virtually, have these agreements typed up on a document that you share at the beginning of each meeting.
- Help all youth feel welcome by considering "Universal Design" strategies in your project. Universal Design includes creating an environment that reflects variability in how we learn. For example, don't just give instructions verbally, also have them written down or model instructions for those youth who may not learn as well verbally (Support for Families of Children with Disabilities, n.d.,c).
- Practice youth-adult partnership. Rather than treating youth as end-users, empower them to be partners and leaders in programming (Suydam, 2019). You can even talk with youth about what it means to be a 4-H member and how the group can be more inclusive (Keinath, 2019).

Community Relationships and Partners

Community partners can be leveraged to provide information and resources to promote mental health and ensure safe spaces in youth programs. These partners often provide mental health resource directories and other resources that youth development professionals as well as volunteers can use to refer youth as needed. Parent involvement is often needed when referring youth to community resources. Many community organizations and agencies provide education and/or curricula that can be integrated into youth programs and volunteer development. Connecting with community partners can also help with procuring funds for programs. While each community is unique, below are examples of organizations and agencies to consider:
- State and county health departments
- State and county behavioral health authorities
  - A Division of Substance Abuse and Mental Health
- National Alliance on Mental Illness (NAMI)
- Healthcare Organizations
- Insurance Companies
- Communities That Care Coalitions
- Local suicide prevention and similar mental health focused coalitions
- Local mental health clinicians and agencies
- United Way
- School Districts—student and family resources departments

Evaluation

Some of the practices that are important for creating an environment of belonging for youth experiencing mental health challenges apply when planning and implementing program evaluation. Specifically, paying attention to language use and implementing Universal Design are important (Support for Families of Children with Disabilities, n.d.,c).

It is important to consider the target audience and program design while planning evaluation strategies. Evaluation approaches may differ if the audience exhibits characteristics of a mental health challenge. Similarly, the program topic is important to consider. A program that focuses on mental health awareness education may have different evaluation considerations needed than a program of another topic such as physical wellness, sewing, STEM, etc.

From the beginning, programs should be measured for progress and tracked for results (Substance Abuse and Mental Health Services Administration, n.d.). When implementing a program, Extension educators should consider their target audience. Evaluating the needs of the target audience should begin at the very start of the project. Extension educators should include the following evaluation questions at every stage of the process, in planning, implementation, and evaluation.

Planning
Have I assessed the needs of the target population before beginning the project?

Implementation
Does my delivery method ensure and meet the needs of my target audience? Does my evaluation implementation plan ensure that youth will not be shamed if they choose not to participate?

Evaluation
Have I considered the complexities of measuring mental health in youth and is my evaluation tool validated for this population?

Analysis
Have differential impacts been considered? It is likely that individuals with multiple risk factors will have differential responses to programming.

When implementing programs for those experiencing mental health challenges, youth development professionals need to consider whether the programming addressed mental illness directly or indirectly. It is important to know whether the evaluation tool is validated for a population with mental health challenges, whether there is an interaction between mental health challenges and other expected outcomes or impacts, and whether there is a need to stratify the groups receiving the intervention or program before analyzing the outcomes (Potvin et al., 2007). Further, youths' personal mental health experience is considered sensitive information, and all evaluation instruments should be reviewed and approved by the necessary Institutional Review Boards.

Evaluation of a program begins with the end in mind. It involves far reaching conversations with community partners, subjective considerations, and careful analysis to determine whether programming has the reach and impacts that will help to reduce mental health disparities.

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