

# Mental Health First Aid in Schools

## Connecting Public Health, Policy, & Equity in COVID-19



Below are audience questions and answers from our December 15, 2020 web forum *Mental Health First Aid in Schools: Connecting Public Health, Policy, & Equity in COVID-19*, a collaboration between the [Public Health Institute \(PHI\)](#) and [IMPAQ](#), a subsidiary of the [American Institutes for Research \(AIR\)](#). These answers were developed by the web forum's panelists and production team and do not necessarily represent the views of PHI, IMPAQ, or AIR.

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When you say Youth Mental Health First Aid (YMHFA), what age are you referring to?

YMHFA is primarily focused on [youth ages 12-18](#) who are experiencing a mental health challenge, addiction challenge, or who are in crisis.

I teach YMHFA, and it feels like stats and other info is just a little different now with COVID. Ex: anxiety/depression rates seem higher. Will you please speak to this?

While rates of reported mental health challenges for children have been rising over the past decade, they are certainly exacerbated by the pandemic. A May 2020 survey of youth aged 13-19 found that [30% reported feeling unhappy or depressed](#). We know these challenges are specifically more difficult for youth in communities of color as they are nearly [twice as likely](#) to access mental health services in an educational setting compared to their white peers.

The closure of schools and pivoting to distance learning has a greater impact on youth in communities of color given their greater utilization of school-based mental health services. Schools act as a critical point of care for mental health services, with nearly 30% of these services provided by academic institutions. provides us an opportunity to acknowledge that we need robust options for mental health services for younger individuals.

The pandemic has shown us how reliant we are on schools for mental health services for children and going forward we need to think more holistically about various options to both enhance school-based mental health care options but also provide other options in the community as well.

In Black and other marginalized communities, mental health is seen as a weakness. What ways can we change this idea and stigma?

As we destigmatize care, it is helpful for individuals from these communities to engage as mental health champions who can support their friends, family members, and others. Part of this conversation includes encouraging and recruiting people from these communities to join the mental health workforce to provide important multilingual and multicultural care. One of the primary barriers to providing this care is the lack of diversity at leadership levels of organizations. Institutions that are led by multicultural and multilingual leaders can help demonstrate to other community members that pursuing a role in the mental health field and recruiting a diverse workforce can lead to a generation of diverse mental health care professionals.or who are in crisis.

Is there a list of the partners/organizations available for us?

Please view our [resources slide](#) for a list of relevant partners/organizations.

**I have my certifications in Adult and Youth Mental Health First Aid, I know how to use it in my personal life but want to know how to engage a school district to help. Should I send a proposal?**

When engaging a school district, it is key to promote a culture of discussion around YMHFA. Embedding trainers in schools and ensuring that the intervention is a district priority can help with this goal. YMHFA as an intervention must be sustained and become central to the district's culture and community to be successful.

In addition, it is helpful to engage community-based organizations to support campuses and districts who might be struggling to prioritize MHFA. Examples of such partnerships include Americorps, Health360, local health systems, and other federally funded organizations that help get community members trained.

**What does the coordination of care look like, regarding needing to refer a student to outpatient and/or other mental health services?**

In the case of one of our speaker's school districts, they partner with a nearby college that provides healthcare education. This gives local interns and students training to provide MHFA and other mental health services.

Each school district will likely have differing policies regarding referrals. It is important to establish partnerships with local healthcare organizations to create seamless care coordination.

**Our state (Colorado) offered a Pilot for Teen Mental Health First Aid in 2019 to partner with the schools. We also received funding from our State Legislature to help fund MHFA in schools. We have over 75 School Based Therapists from our Community Mental Health Center embedded in the schools. We were told that this is the group that could be trained for Teen MHFA. I look forward to other trainers who are not necessarily in the school to participate. MHFA National probably can direct each state on how to proceed as well.**

Thank you for this example! Communities may consider embedding MHFA trainers from local partners to expand access to MHFA training for students and staff.

**I work for adult health and would like to know more about how to integrate these resources in the community & religious settings. Thank you.**

Community- and faith-integrated strategies are critical for the successful implementation of Mental Health First Aid (MHFA). The more MHFA training that occurs at the community level, the more impactful it can be rather than focusing solely on professionals like law enforcement, first responders etc. Not that those folks are important, but MHFA teaches people to observe changes in a person's behavior – to look for signs that they may be experiencing a mental health challenge or entering a crisis. Most likely the people able to best observe those changes are the people who surround that person. That approach suggests that MHFA training at the community level would be of great benefit in preventing crisis and getting people connected to care much earlier.

MHFA has helped members of various communities create a space where mental health intervention is acceptable. The [MHFA website](#) has many resources specifically dedicated to help guide you in developing mental health support for your community.

**How can I inspire community coalitions to get trained so that they can be proactive in their work with schools, and in youth groups?**

Leading by example and [attending a training for Youth Mental Health First Aid \(YMHFA\)](#) is a key step in showing other coalitions the importance of having the skills necessary to identify, understand, and respond to signs of mental health challenges. Given the added stress of the pandemic, it is more critical than ever to be versed in how to help youth navigate these difficult times.

Another path beyond the training is to get [certified as an instructor](#). You can use the national curriculum to build the framework for discussions and use your personal knowledge of the issues your community faces to create an impactful learning environment. Using organizational supports, you can develop a well-educated coalition of Mental Health First Aid trainees who can provide outreach and care in their schools and youth groups.

**How do you bill Medicaid for MHFA?**

Please view our [resources slide](#) for information on Medicaid and MHFA.

**Would Teen Mental Health First Aid partner well with a program such as [Sources of Strength](#) or other programs already embedded?**

Yes, these programs are complementary to each other and would benefit the promotion of mental health in scholastic settings for younger adults.

**Can you post a link to information on the funding opportunity mentioned that is due in February?**

Please find more information on the Mental Health Awareness Training Grant due February 5, 2021 [here](#).

**How can [Prevention Research Centers](#) conduct research that will help youth in the future but also intervene in crises now?**

Prevention Research Centers (PRC) currently have relatively small footprints in research focused on children and youth or mental health. Because schools are the primary providers for mental health services for children, partnering with primary and secondary schools to implement, test, and promote interventions using a public health approach could be enormously influential. Many, but not all, schools use a tiered approach to deliver preventive or promotive interventions universally to all students (Tier 1) and have structures for identification and referral to selective (Tier 2) or intensive (Tier 3) interventions. Many interventions that have some evidence base do not have evidence for cultural adaptations or for modified program models to promote equity or to address the instructional shifts and isolation related to pandemic-related school closures. There is always new work and research to be done to support child, youth, and family development.

**What are some specific strategies that secondary students can do to keep them in a positive headspace?**

There are a multitude of excellent resources to help students cultivate the skills for developing a positive headspace. One significant option is engaging in the practice of mindfulness and meditation. There are many free apps and websites available that teach guided meditation practices [specifically for younger audiences](#). This has been successfully incorporated by [school systems](#) as an option to help keep students' minds healthy.

Getting in touch with your local National Alliance on Mental Illness ([NAMI](#)) affiliate is another option for discovering resources, workshops, and classes that can help students to succeed in creating and keeping a positive headspace.

**The vaccine distribution plan has decided not to vaccinate children until testing has specifically included kids. How will this influence in-person education and health disparities in youth mental health?**

Given that many schools are eager to return to in-person learning, paired with the fact that youth under 18 are not prioritized for COVID-19 vaccinations, it is possible that COVID-19 outbreaks will continue until school personnel are sufficiently vaccinated. These outbreaks will likely lead to periods of distance learning, similar to what we saw this year. Many schools may continue distance learning until school personnel and youth are vaccinated, which will continue to create challenges for accessing school-based health services. Fortunately, in many states, teachers are being prioritized in vaccine distribution efforts, which may help schools return to in-person learning more quickly. The uncertainty surrounding the return to in-person education underscores the importance of expanding virtual mental health services and programs such as youth and teen MHFA.

**Has anyone seen innovations in expanding youth access to mental health services during COVID (e.g., telehealth, video-based services, broadening the network of providers across state lines)?**

Many states and communities have adapted to expand access to care during the pandemic. For example, the Georgia Department of Behavioral Health and Developmental Disabilities asked all MHFA, YMHA, and licensed and retired mental health professionals to help create a [warmline](#) to support Georgians during the coronavirus crisis.

Additionally, several private insurers and state Medicaid programs included coverage for telemental health services during the pandemic. Under some state of emergency declarations, mental health providers are also allowed to practice across state lines, further expanding access to care.

### Has this been implemented with Native American youth?

Yes, there have been YMHFA initiatives carried out over the past few years. See some of the following examples here of YMHFA programs implemented for Native American Youth:

- [National Council for Behavioral Health partners with Boys & Girls Clubs of America to Offer YMHFA](#) (2018)
- [YMHFA Training](#) (2018)
- [County of Santa Clara Behavioral Health Services YMHFA for Native Community Needs](#) (2020)

**Coming from a coalition perspective, most have guidelines through their grants that only allow certain trainings. The coalition I am with was lucky enough to have funding to provide the Mental Health First Aid train the trainer. I am wondering if the coalitions are having funding limitations.**

Ofentimes funding is focused on certain professions that interact with the public in potentially stressful situations such as law enforcement, first responders, teachers etc. It can be more much more difficult to find funding opportunities for community-based efforts even though these individuals are critical in observing emerging challenges with mental health and the signs that a crisis may be presenting itself. For example, our panelist Brooke Briggance recently led a MHFA training for public librarians. This may not be a group of professionals one would automatically think of as needing this training and they certainly wouldn't have had it as part of their academic training for the profession (unlike a social worker or police officer for example). And yet, they were managing episodes of psychosis, overdose, suicidal thoughts, etc. on a daily basis. Those of us who are interested in MHFA certification as a first practice need to continue to advocate for community-level funding support for this training.

One of the strategies the [Cypress Resilience Project](#) has employed is offering open trainings that folks can sign up for as a fee-for-service model. They then use the funds generated from those trainings to support trainings for folks and organizations who cannot pay. The other strategy they use is to look for grants that offer broader-based support to address a specific mental health issue and apply that to various groups who may not typically have access to the trainings. For example, they currently have a grant from Cigna that is focused on combating loneliness and social isolation. That focus area is broad enough that it allows them to work with various stakeholder groups to provide trainings at the community level. Through this grant they have offered trainings to community college faculty and staff, community-based organizations supporting unsheltered youth, adult school students, a re-entry program's participants, and more. Finally, they seek to incorporate MHFA funding into any and all grant proposals they submit even when the main focus of the proposal is other work. That way they continue to train people in MHFA even if that is not the main funded activity for the grant.

### How long does it take to get a school district up and running with Teen MHFA?

The time it takes for a school district to fully implement Teen MHFA can vary depending on funding, staffing, and other factors. Schools and organizations offering the training are required to train at least 10 percent of adult staff in Youth Mental Health First Aid and to train at least an entire grade level. For more information, please visit the Mental Health First Aid [website](#).

**Are there any suggestions for reaching students and discussing trauma/mental health with students and parents as they learn remotely? I work primarily with refugee and immigrants, parents do not speak English, and students are responsible for daycare, cooking, while they learn from home.**

It is important to recognize that the mental health workforce pipeline needs to include multilingual and multicultural individuals. This will help reach high need populations and destigmatize accessing care.

Another immediate suggestion is to incorporate exercises at the beginning of class periods to check on students' emotional wellbeing. This can strengthen relationships with students and open the door to conversations around mental health.