An Evaluation of a Mindful Schools Project Focusing on Youth Mental Health Training

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Abstract

There is an ongoing debate about how to serve the number of students that are affected by mental health concerns. Some schools are implementing a program called Youth Mental Health First Aid USA (YMHFA) as part of the Mindful Schools Project/Advancing Wellness and Resilience in Education that assists schools in developing safer environments and increasing mindful awareness of issues related to school-age children's mental health in the community. This article evaluates the perceived effectiveness of the YMHFA program training components. Using an evaluation method, the goals of this study are to (a) determine the effect of the program on the school environment, (b) determine what aspects of the training were viewed as most beneficial to help the students from the school staff perspective, and (c) determine the extent to which the staff used the five elements of the program to support the students emotionally. Data was collected using surveys from staff members. Descriptive statistics were used to inform the implementation of the mental health program in schools. Recommendations for the practice of mindfulness are discussed in relation to the YMHFA training components.

Keywords: mental health program, school environment, evaluation, logic model, mindfulness

Introduction

Many students struggle with mental health issues on a daily basis. According to the National Survey on Drug Use and Health (2019), more than one in five persons experience signs and symptoms of mental illness. The National Alliance of Mental Illness reports that 20% of young children live with a mental health condition and around 50% of the students with a mental illness at age 14 or older do not graduate from high school.

The American Psychiatry Association (2013) confirms that problems in mental health, such as learning disorders and disruptive behaviors, can occur as early as childhood and adolescence. Students who face academic, behavioral, and emotional challenges may qualify for special educational services; however, in order to address the needs of all students, schools are going beyond the scope of academics and behaviors in order to promote mental health services. Schools have been identified as one key sector in the socialization and promotion of mental health in children (Fazel et al., 2014).

With the growing demands for mental health services for children, schools are trying to find ways to promote mental health services and foster a positive school environment. Programs that address mental health in youth are becoming part of the movement towards prevention and intervention. Awareness on how to provide appropriate care when students experience a mental health issue or face a crisis is the main goal of school mental health programs.

Schools as a Place to Implement Mental Health Programs

Existing research has focused on the growing concern and need for mental health programs in schools through collaboration of all staff and families, despite the barriers for implementing such programs (Alderman & Taylor, 1999; Brenner et al., 2007; Dinkmeyer & Dinkmeyer, 1984; Climie, 2015; Milovancevic & Jovicic, 2013; Weist & Lewis, 2006). A number of studies that link mental health and academic achievement have generated findings asserting that improved mental health is strongly correlated with positive self-concept and school success (Mann et al., 2004). Conversely, mental health issues are strongly correlated with low academic achievement (Ogle et al., 2015).

Research suggests that the school setting is an appropriate place for treating children with mental health symptoms. Beidas and Kendall (2010) found that as few as eight therapy sessions in schools, delivered by mental health professionals, school counselors, and school psychologists using a flexible treatment program, reduced children's anxiety.

Haggard et al. (2007) found that schools are prime providers of mental health support in the United States. Those services include many practices, from prevention practices to applying interventions with students; however, these services are based on funding rather than on the need and are negatively impacted when funding is not available.

In a longitudinal study that examined the relationship between social and behavioral self-concept, academic success, and mental health issues, Ogle et al. (2015) found in elementary school students from 36 classrooms ($n = 364$) that positive self-concept correlated positively with academic success and negatively with mental health symptoms. The researchers concluded that every learning opportunity helps students not only to know about the outside world, but also to learn about themselves in relation with the world around them, integrating new learning when support is provided.

Morcom (2014) concluded that when teachers take the role of a facilitator, it empowers students and creates a collaborative learning environment, that in turn, creates an effective environment for students' emotional well-being, where they feel safe to integrate emotions within their learning.

Youth Mental Health First Aid USA Program: Action/Training Components

Youth Mental Health First Aid (YMHFA) is part of the Mindful Schools Project/AWARE (Advancing Wellness and Resilience in Education) that is committed to assisting schools in developing safer environments and increasing awareness of issues related to school-age children's mental health (Substance Abuse and Mental Health Services Administration, 2016). The purpose of this public education initiative was to train adults that interact with children on a regular basis about the risk factors associated with mental health illnesses.

As defined by the National Council for Behavioral Health (2013), Youth Mental Health First Aid (YMHFA) is an eight-hour course used to train adults in a five-step action plan in order to identify and respond to initial signs of mental illness in youth and to also provide support to a young person who may be facing a crisis or in need of mental health support. Within the YMHFA curriculum, adults who help children are described as first aiders. These are individuals who have initial contact with the child in need and provide support and resources based on the training provided. Although this program is targeted towards helping adolescents between the ages 12 and 18, it is also offered for elementary school staff (YMHFA, 2012). One possible reason is that the curriculum can be used as a prevention measure for younger students. Another reason is that some children in fifth grade are approaching age 12.

Research in YMHFA Program Effectiveness

In a program evaluation study of the YMHFA program, Aakre et al. (2016) found that social services staff had increased ability, became better prepared to address students' emotional needs, and were more likely to respond to a student in distress after they participated in an eight-hour training. Research related to mental health in schools found that students who received mental health intervention for a year showed significant improvement in knowing how to manage their mental health and how to improve their behaviors (Walter et al., 2011). Other studies suggest that improved mental health correlates with successful academic outcomes (Mann et al., 2004; Morcom, 2014).

There is ample research in the field of child development and mental health programs and their impact on the school environment and students in schools, however, the perspective from school staff is limited. It is important to study the outcomes of the implementation of mental health programs from the staff perspective because professional school staff members have the training and the expertise to communicate with school-age children. Although data collected monthly from trainees of the program reflects the number of times that the training components were used every month, this study will review the results of the implementation in the district under study from the staff perspective covering grades K–12.

Mindfulness as it Relates to YMHFA

A foundational element embedded throughout each of these training steps is the importance of the first aider to be present, calm, and the ability to listen in an open and accepting way to the child in need. This can also be described as cultivating mindfulness. The practice of mindfulness encompasses having an acceptance of the present-moment with a kind attitude (Kabat-Zinn, 2003). Research suggests that the practice of mindfulness has mental and psychological benefits that help to increase youth well-being (Marich et al., 2016), and enhance self-awareness and positive outcomes in youth (Kerrigan et al., 2011). Mindfulness research related to youth well-being outcomes has shown to decrease anxiety and improve coping skills associated with academic stress (Dellbrige & Lubbe, 2009; Sibinga et al., 2013). Although the YMHFA program does not explicitly state the application of mindfulness into its training steps, it appears to be woven throughout the training components and suggestions for integration will be discussed.

Methods

Study Background

In the 2015–2016 school year, the school district under study received a five-year grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the knowledge in responding to youth mental health crises in the early stages. The purpose was to train adults that interact with children on a regular basis about the risk factors associated with mental health illnesses. Participants were sought from schools and from the community. While school staff were not mandated to take the training, they were highly encouraged to attend one of the sessions that were set by the trainers. School staff were made aware of the training through e-mails sent by the trainers with the schedules for upcoming training. The trainers are employed by the school district; they are trained on how to provide the training in different states through the grant funds. The present study determined the extent to which the program has improved the mental health environment of the schools from the school personnel perspective.

The Five-Step Action Plan

As described in the Youth Mental Health First Aid USA manual (2012), the five-step action plan serves as steps to be followed by the first aider when working with a child or adolescent who is experiencing symptoms of mental illness. The action plan is meant to serve as a framework to

provide help to a child in need. The five steps are listed in order of actions A, L, G, E, E, and is given the name of ALGEE plan. The manual states that flexibility is key in providing help as steps do not need to be followed in any particular order, and not all five steps may be necessary in the process of providing aid. An overview of the steps is included below:

- *Action A: Assess for risk of harm or risk of suicide.* The first aider should give support to any possible crises that may occur. Crises can display in the form of harm to self, such as finding the helpee to be in a high anxiety state, showing signs of non-suicidal harm or injury, or are found in a more elevated need for help, such as having a panic attack, going through a traumatic event, becoming aggressive, or attempting suicide.

- *Action L: Listen nonjudgmentally.* Empathic listening is required when working with young persons who are dealing with mental health problems. The first aider needs to allow the helpee to express thoughts freely and listen to those thoughts nonjudgmentally; this attitude shows respect and understanding towards the helpee.

- *Action G: Give reassurance and information.* This support includes emotional help and offers help with actions on how to deal with everyday tasks that are perceived stressful to the young person. Information requires knowledge in mental health and giving hope.

- *Action E: Encourage appropriate professional help.* In some cases, young people are not aware that professional help is available to them. Encouraging such support may lead the person in need to ask the parents to provide this help through their support or through professional help.

- *Action E: Encourage self-help and other support strategies*. Helping the youth to find a system of support within the social environment or with a trusted adult at school could be a valuable resource to the child in need.

Study Design

Program evaluation is commonly applied in the educational field to study the outcomes of a program to determine the value of a specific educational program. Scriven (1967) defines evaluation as a tool that determines the merit, worth, or value of an evaluand, or things that are measured. For the purpose of this study, the evaluation used a formative method because it seeks to find information that could be used to improve future implementation of the YMHFA program from the school staff perspective. A survey was designed to address this formative evaluation. The survey questions were informed by the review of the evaluation literature to help in answering the research questions. The key stakeholder identified was the district and therefore data was relevant to making decisions at the district-level in regard to future implementation of the YMHFA program. The Institutional Review Board for both the university and the school district approved the study prior to implementation.

Research Questions

The primary purpose of this study was to evaluate the perspective of school staff after the implementation of this YMHFA training. The following primary questions were addressed:

1. How does the program impact the school environment to support students emotionally?

2. What aspects of the training were most beneficial to help the students with mental health issues?

3. To what extent do school staff use the five elements learned at the training to support students?

School District Student Population

The school district is one of the ten largest districts in the Southeast region and one of the 15 largest in the United States. Its mission is to provide a high-quality education for all students. The district comprises more than 150 schools and more than 13,000 employees. It has a diverse student body of more than 100,000, with 42.3% White, 20.9% Black, 31.8% Hispanic, 1.6% Asian, 0.4% American Indian/Alaska Native, 2.9% Multiracial, and 0.1% Pacific Islander. More than 10,600 students have a primary language other than English.

Participants

District staff who participated in the YMHFA training were recruited for this study and included school counselors, school psychologists, social workers, teachers, and support staff in elementary, middle, and high schools ($n = 414$). Seventy-three district staff members consented to participate in the study. Out of 73 participants, 48% worked at the elementary level, 26% worked at the middle school level, and 26% worked at the high school level. Teachers comprised 30% of the participants, followed by school psychologists (22%). School counselors ranked next at 20%, and 10% of the participants were school social workers, and 8% were school administrators. Other participants included 8%. Paraprofessional and school nurses had the least participants with 1% each, and none of the participants were classified as lunchroom services staff, custodial services staff, or school officers. Among the participants, 4% had less than one year experience in their position, 7% of the participants had between one and two years of experience, 18% had between two and five years of experience, 15% had between five and eight years of experience, 11% had between eight and ten years, and 44% had been working for more than 10 years with the school system. Moreover, 45% indicated that they attended the training because their employer asked them to, 53% attended because they were interested in the training, and 67% attended to earn professional development credits.

Participants in the survey were informed of the voluntary nature of the questionnaire and their right to skip any items or to stop taking the survey if they wished to do so. Participants were provided with an electronic copy of the survey to participate in the study prior to starting the survey questionnaire. In order to maintain confidentiality and protect the staff identity and e-mail addresses, the director of student services sent the questionnaire link to participants directly from the school district office. An electronic written consent to participate in the study preceded the questionnaire.

Instrument

This evaluation study employed a survey that was developed to gather data about the effectiveness of the program from a school staff perspective. The questionnaire was pilot tested with a different pool of educators before being sent out electronically by the district office to the school staff. It had a total of 12 questions that addressed the participants' perspectives of effectiveness of the program on the school environment. The survey questions that informed the research questions were:

1. What is your school level?
2. What is your position at the school?
3. How many years of experience in your position as a school staff?
4. You attended the training because…
5. Please indicate your level of agreement regarding the effectiveness of the Youth Mental Health First Aid USA training.
6. Please indicate your level of agreement regarding the five elements of the Youth Mental Health First Aid USA action plan.
7. How often do you use skills you learned in the Youth Mental Health First Aid USA training in your direct contact with students during a typical week?

8. To what extent do the components of Youth Mental Health First Aid USA improve the school environment?
9. Overall, I am provided with adequate resources for referring a student in need for professional mental health services.
10. For which of these topics, if any, would you like to receive further staff development?
11. To what degree do you believe the skills that students acquired through the Youth Mental Health First Aid USA have extended to their school setting?
12. Please indicate your level of agreement regarding the extent to which these factors play a part in implementing the Youth Mental Health First Aid USA at your school.

Logic Model

A logic model guided the program evaluation (Figure 1). A logic model is defined as a visual representation of the activities or interventions of a particular program as they relate to desired short-term outcomes, intermediate outcomes, and long-term outcomes (Scriven, 1991). The primary elements of the logic model consist of inputs, outputs, and outcomes. Inputs include the school's resources, such as materials, trained educators to teach the components of the program, and participants to collect and monitor monthly data. Outputs are what the school system offered. In this case, it was the training. Outcomes refer to the intended goals of the program. Short-term outcomes are considered the results in mental health in the first two years following the implementation of the program for the purpose of this study, the intermediate outcomes are considered the results that are expected in the year or two following the short-term period of implementation, such as improved mental health signs and symptoms in schools. The long-term outcome could be those that are anticipated to improve the school environment.

Figure 1. *Logic Model of the Mental Health Program*
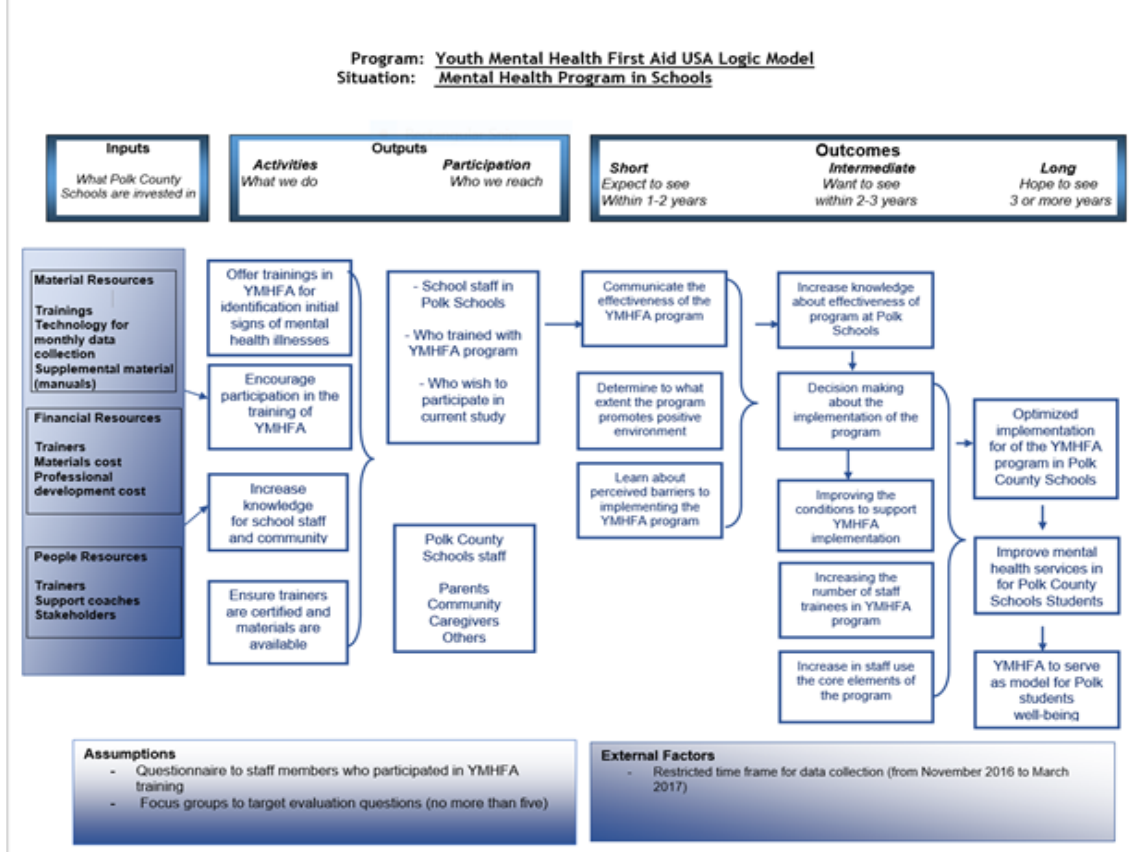
Results and Discussion

The research questions and results of the survey questions are reported below. The first four questions served as demographics to identify the school level, position, and years of experience of participants. Question 8, 10, 11, and 12 on the survey addressed the first research question: "How does the program impact the school environment to support students emotionally?". Questions 5, 7, and 9 on the survey informed the second research question: "What aspects of the training were most beneficial to help the students with mental health issues?" Question 6 on the survey informed the third research question: "To what extent do school staff use the five elements learned at the training to support students?"

The survey was sent to 414 recipients who completed the eight-hour training. Seventy-three surveys (18%) were returned (35 from elementary school staff, 19 from middle school staff, and 19 from high school staff). Among the participants in the study, the highest number of responses came from teachers ($n = 22$) followed by school psychologists ($n = 16$) and school counselors ($n = 16$). Seven responses came from school social workers and six from school administrators. One nurse and one paraprofessional answered the survey. Finally, six marked "other" on the survey. Thirty-one percent of the participants had more than 10 years of experience in schools, 13 had between two and five years, 11 had between five and eight years, and eight had less than two years. Responses on the questions that allowed multiple entries revealed that almost half of the participants (49%) attended the training for professional development reasons, while 39% marked personal interest in the training, and 33% attended because they were asked by their employers to attend.

Impact of the Program on the School Environment

Research Question 1. "How does the program impact the school environment to support students emotionally?" Survey questions 8, 10, 11, and 12 informed this research question.

Survey question 8. *"To what extent do the components of program improve the school environment?"* (Table 1 represents data related to this question.)

Table 1. *Perception of Participants about Effect of the Program on School Environment*

	Not at all	Very little	Somewhat	A lot	Don't know
n	2	7	26	30	7
%	2.78	39.72	36.11	41.67	9.72

Question 8 asked participants how YMHFA improved the school environment. Forty-two percent perceived that the program greatly affected the school environment, and 36% perceived the program somewhat made a difference. These percentages combined establish a positive indication that the program was perceived as having a positive impact on the school environment.

Survey question 10. *"For which of these topics, if any, would you like to receive further staff development? Choose all that apply."* (Table 2 represents data related to this question.)

Table 2. *Perceived Staff Development Interest Topics*

	n	*%*
Crisis intervention for personal problems	16	21.92
Violence prevention such as bullying and fighting	33	45.21
Physical activity and wellness counseling	22	30.14

Assessing and evaluating students in emotional well-being	24	32.88
Teaching mindfulness to students in the classrooms	45	61.64
Encouraging families and community involvement in education	36	49.32
None of the above	4	5.48

Question 10 looked at the areas of interest of the participants in different trainings for staff development. Out of the 73 participants, 62% were interested in receiving training in teaching mindfulness to students in the classroom. It was interesting to learn that such a high percentage of the participants were interested in teaching mindfulness in the classroom, a topic that is closely related to mental health. Trainings related to assessing and evaluating the emotional need for students was also rated high (33%). One possible reason for this interest could be that this is a strong indicator about the need for such programs such as mental health and mindfulness in the schools.

Survey question 11. *"To what degree do you believe the skills that students acquired through the training have extended to their school setting."* (Table 3 represents data related to this question.)

Table 3. *Staff Perception of Students Acquired Skills Extension to School Setting*

	Not at all	Very little	Somewhat	A lot	Don't know
n	4	4	31	12	22
%	5.48	5.48	42.47	16.44	30.14

Question 11 asked the degree to which the participants believed that the skills that the students acquired through the program have been applied in their school setting. Sixteen percent out of the 73 participants believed that the skills extended significantly to the school setting,

Survey question 12. *"Please indicate your level of agreement regarding the extent to which these factors play a part in implementing the training at your school.* (Table 4 represents data related to this question.)

Table 4. *Factors that Affect Implementation of the Mental Health Program in Schools*

	Completely disagree		Somewhat disagree		Neutral		Somewhat agree		Very much agree	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Belief that students' preference for a particular adult regardless of degree of training constitutes a barrier to implementing the program	4	5.48	4	5.48	14	19.18	27	36.99	24	32.88
Program implementation requires active teacher communication /referrals	0	0.00	0	0.00	5	6.85	27	36.99	41	56.16
Program implementation requires physical space/ private room	2	2.74	1	1.37	8	10.96	28	38.36	34	46.58

	n	%	n	%	n	%	n	%	n	%
Program implementation requires within school schedule	0	0.00	0	0.00	17	23.29	26	35.62	30	41.10
Belief that schools is not an appropriate sector for mental health programs implementation	10	13.70	8	10.96	18	24.66	13	17.81	24	32.88
Belief that emphasis in school is on academic achievement rather than mental health/wellness	0	0.00	5	6.85	11	15.07	18	24.66	39	53.42

Question 12 asked the participants to indicate their level of agreement regarding the extent to which each of the factors played a part in implementing the program at their school. Seventy-nine percent out of the 73 participants completely agreed that the implementation of the program requires support from the administration, while 19% somewhat agreed. Only 1% remained neutral and another 1% completely disagreed that administrative support is needed to implement the program. The high rating on this item may lead to the conclusion that the program has better outcomes when supported by the administration. Students' academic and behavioral outcomes may be affected by the staff receiving administrative support. Thirty-seven percent somewhat agreed and 33% strongly agreed that the belief that students would rather talk to adults they feel comfortable with regardless of the adult training constitutes a barrier to implementing the program. Fourteen percent did not agree or disagree, only 5% respectively disagreed or strongly disagreed about the students' choice of staff in addressing their emotional needs. This high percentage of responses could be a reflection on the belief about the students' rapport with adults, or it could have come from the respondents' own experiences with the students. In either case, this response could be an indicator that all staff at the school should be ready to respond to a student in distress. This ability to demonstrate equanimity within an educational environment relates to mindfulness, as establishing an ability to respond rather than react can be foundational elements when helping a student in distress.

Aspects of the Training Components that are Most Beneficial

Research Question 2. "What aspects of the training were most beneficial to help the students with mental health issues?" Survey questions 5, 7, and 9 answered this research question.

Survey question 5. *"Please indicate your level of agreement regarding the effectiveness of the training."* (Table 5 represents data related to this question.)

Table 5. *Participants' Perceived Effectiveness of the Eight-Hour Training*

	Completely disagree		Somewhat disagree		Neutral		Somewhat agree		Very much agree	
	n	%	n	%	n	%	n	%	n	%
Received useful training	1	1.37	1	1.37	3	4.11	21	32.88	47	64.38
Training helped me become more prepared to help students emotionally	1	1.37	1	1.37	5	6.85	24	36.99	42	57.43

Training helped me to become more likely to respond to student in distress	3	5.11	1	1.37	11	15.07	18	24.66	40	54.79
Training helped me become more confident with the ability to refer to specialized services	2	2.74	1	1.37	10	13.70	20	27.40	40	54.71
I perceive that program is a positive addition to my school	1	1.37	1	1.37	4	5.48	17	23.29	50	68.49
The program helped promote a positive school environment	1	1.37	1	1.37	6	8.22	19	26.03	46	63.01

Question 5 asked the participants to indicate their level of agreement regarding the effectiveness of the training. More than half of the participants strongly agreed that they received valuable information. This is a positive indication that the program was perceived as informative and helpful for the trainees. Given that more than half of the respondents (52%) were psychologists, counselors, or social workers, this finding suggests that even these professionals may have either developed new skills in meeting the emotional needs for the children or found the information relevant to assisting students in distress. In either case, the answers suggest a positive effect of the training on the participants. Similarly, the data suggest that a high percentage of the staff who participated (58%) strongly agreed that the information helped them to become more prepared to address the students' emotional needs as a result of attending the training. Similarly, a high percentage, 55% of respondents, strongly agreed that the training helped them become more confident in their ability to refer a student to specialized mental health services.

Survey question 7. *"How often do you use skills you learned in the Youth Mental Health First Aid USA training in your direct contact with students during a typical week."* (Table 6 represents data that relates to this question.)

Table 6. *Frequency of Use of the Five Elements of the Program by Participants*

	2 to 5 times a week	Once a week	Once a month	Don't keep track
n	23	15	11	24
%	31.51	20.55	15.07	32.88

Question 7 asked the participants how often they use the skills they learned in the training in their direct contact with students during a typical week. More than half (52%) said they use the skills at

least once a week; the high percentage of use of the components of the program could be interpreted as a positive effect of the program.

Survey question 9. *"Overall, I am provided with adequate resources for referring a student in need for professional mental health services."* (Table 7 represents the data relating to this question.)

Table 7. *Perception of Participants about Resources of Mental Health Services*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
n	5	8	8	35	17
%	6.85	10.96	10.96	47.95	23.29

Question 9 asked the participants their opinion on whether they were provided with adequate resources for referring a student in need for professional mental health services. Out of 73 respondents, almost half of the participants (48%) agreed that they were provided with enough resources to refer. This finding suggests that resources seem to be adequately provided for referring the students in need to mental health services.

Answers to the survey reflect that, in general, aspects of the training such as the frequency of the use of its components and the availability of the resources to refer a student in need seem to have a good outcome. Other aspects such as the usefulness and positive impact also were highlighted through answers to different questions on the survey.

Use of the Five Elements Among School Staff

Research Question 3. To what extent do school staff use the five elements learned at the training to support students? Survey question six directly answers this question.

Survey question 6. *"Please indicate your level of agreement regarding the five elements of the action plan that are essential to the program".* (Table 8 represents data related to this question.)

Table 8. *Perceived Effectiveness of the Components of the Program by Participants*

	Completely disagree		Somewhat disagree		Neutral		Somewhat agree		Very much agree	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
As a result of training, I am able to assess risk of suicide or harm for a student in distress.	1	1.37	3	4.11	9	12.33	26	35.62	34	46.58
As a result of training, I am able to listen nonjudgmentally.	2	2.74	1	1.37	10	13.70	21	31.51	40	54.79
As a result of training, I can give reassurance and confirmation to a student in distress.	1	1.37	2	2.74	8	10.96	21	28.68	39	53.42
As a result of this training, I can encourage	1	1.37	1	1.37	10	13.70	20	27.40	40	54.79

appropriate professional help to student in distress.										
As a result of this training, I can encourage self-help and strategies to a student in distress.	1	1.37	1	1.37	12	16.44	20	27.40	39	53.42

Question 6 asked participants whether they feel prepared to help a student in need using the five elements of the training. Out of the 73 participants, the majority (82%) agreed that they were able to assess the risk of suicide or harm for a student in distress, to listen non-judgmentally (82%), give reassurance and confirmation to a student in distress (77%), and encourage appropriate professional help to a student in distress and encourage self-help and other support strategies to a student in distress (77%). This finding could indicate the effectiveness of the training in this element. A high percentage (53%) strongly agreed that they were able to encourage self-help and other support strategies to a student in distress. The training seemed to have had a good outcome in regard to the effectiveness of the five elements. According to the responses, in general, participants seemed to have acquired all five elements of the training.

Recommendation: Integrating the Practice of Mindfulness

Question 10 of the survey asked the participants what areas of training they would be interested in receiving. Interestingly, 45 out of the 73 participants or more than half of the participants (62%) indicated they would like to receive training in teaching mindfulness to students. Mindfulness, as it relates to the YMHFA program, is helpful in that it underscores the core elements of present-moment awareness and acceptance, which seem to be already woven into the action steps of the YMHFA training program. For example, the "L" (listen nonjudgmentally) and the "E" (encourage self-help) in the ALGEE five action steps, call for adult first aiders to be aware of their thoughts in order to ensure they are listening in a non-biased and accepting way when working with a child. This is an important part of fostering empathy as a child needs to feel that they are with a safe and trusting adult who cares about them and wants to listen in order to understand their experience and perspective. Thus, mindfulness emerges as a core element in encouraging wellness and promoting self-care. Similarly, Broderick and Metz (2009) conducted a study that integrated mindfulness into a curriculum aimed at supporting adolescent mental health through emotion regulation skill development and found significant improvement in emotional and physical well-being. Based on the participants' feedback, as well as the mindful awareness components already present within the action steps, it is recommended that the practice of mindfulness be introduced as a foundational component within this training curriculum.

Limitations of this Study

The survey was sent to 414 recipients who participated in the eight-hour training. Seventy-three (18%) of surveys were completed and returned. Although the percentage of the staff who chose to participate is relatively small, a possible explanation could be the mode of delivery (e.g., electronic survey versus an in-person survey), which may have affected participation. Results must be viewed with caution because of this limitation. Also, the sample did not have a good representation of staff who were not faculty. Another limitation relates to the first question on the survey that asked the participants the grade level they served and gave access to only one of several choices. This question should have allowed for multiple answers because several participants, such as school psychologists and school social workers, serve more than one grade level at more than one school. Question 2

asked the participants whether their position at the school should have allowed an entry for "other" in order to be inclusive of all roles within a school environment.

Implications for Future Research in the Mental Health Program

The present study has important implications on mental health practices in schools. Overall, the mental health program was perceived by the staff members as being effective, which is consistent with findings from previous YMHFA studies (Aakre et al., 2016; Childs et al., 2020). The current study found that implementation of the program was seen as effective; this aligns with previous findings that mental health programs promote positive outcomes when presented in a public school (De Laet et al., 2015; Marcom, 2014; Olge et al., 2015; White, 2011). Climie (2015) suggested that innovative mental health programs need to be implemented to increase the access for school children to such programs; implementation of those programs requires that schoolteachers and staff become trained in mental health issues and educated about ways to support children in the schools. Likewise, this study comprised teachers and educators that participated in the training and reported similar outcomes

The current study suggests that next steps in the research should include mental health providers, parents and guardians, and other partners who participated in the training to gain knowledge of their perspective in the efficacy of implementation of the program. This could lead stakeholders to get a more holistic viewpoint from different groups. Similarly, Weist and Lewis (2006) proposed a framework to extend school mental health services to collaborate with all staff, families, as well as mental health professionals in the community in order to improve the quality of students' lives.

Lastly, connecting the practice of mindfulness more explicitly within the existing training components may serve to provide a common thread between these action steps. This aligns with Broderick and Metz's (2009) study that integrated emotional regulation skills and mindfulness into a curriculum aimed at supporting adolescent mental health and found significant improvement in emotional and physical well-being. It would also be helpful for future research to provide a pre/post questionnaire such as Brown and Ryan's (2003) Mindful Attention Awareness Scale (MAAS) in order to explore if the participants increased in mindfulness before and after the training was implemented.

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