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A Review of Youth Mental Health Curricula in Peer-Reviewed Studies Addressing Access, Equity, and Belonging

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Abstract. The goal of this literature review was to identify evidence-based curricula that support youth mental health with special attention to inclusion of access, equity, and belonging (AEB). Four databases were searched for peer-reviewed articles published between 2010 and 2019 related to youth mental health curricula. A total of 1446 articles were identified, and 171 articles underwent a full-text review. Of the 61 curricula identified, 44% addressed AEB to some extent and 65% showed program effectiveness. Four programs were recommended (Sources of Strength, Teen Mental Health First Aid, Dynamic Mindfulness, and Youth Mental Health First Aid) and eight conditionally recommended.

INTRODUCTION

Worldwide, half of all mental illnesses begin before the age of 14 and three-quarters begin before young adults reach their mid-20s (Kessler et al., 2007). In the United States, two of the most diagnosed mental health disorders are anxiety and depression and are often found to be co-occurring (Ghandour et al., 2019). Promotion of mental health in young people occurs through early education and skills building and addressing and preventing mental health issues (Patel et al., 2007). Many curricula and educational resources exist that address mental health and can be promoted among school-age youth.

4-H and other Extension youth programs are built on the conceptual framework of positive youth development (PYD), which is well positioned to implement appropriate curricula in community-based settings that complement the efforts of schools. In Extension and for the purposes of this paper, PYD is defined as an intentional, prosocial approach to developing thriving youth (National Institute on Food and Agriculture [NIFA], 2016). With its roots in prevention, the focus of PYD creates a shift from deficit-based to asset-based strategies and life skills development, implemented most often in the community-based contexts in which youth live.

A vital part of effectively implementing educational programs is understanding community contexts, detailing subtle differences in the intent and development of curricula, and understanding how the curricula interact with those (Smith et al., 2017; Vance, 2012). PYD approaches, such as encouraging personal agency and respecting youth, have been shown to result in greater resiliency and sense of well-being in youth (Sanders et al., 2015). This PYD lens is an integral part of how Extension educators anticipate using curricula that support mental health in young people.

Considering a youth's context is part of the PYD approach. Youth from minoritized or underserved populations experience additional risk factors including historical trauma, alienation, acculturation, racism, and discrimination. Unfortunately, injustice is evident in Extension's past programming. Historically, Black individuals have experienced discrimination in the Cooperative Extension Service through unequal racial policies, particularly in the southern branches of Extension. Black leadership protested the racial policies from the beginning and worked for change. Resistance to these efforts was notable, as one Extension official expressed, "the Extension Service is not an integration agency. We are the education agency of [the] USDA for Agriculture, Home Economics, and Youth and related programs" (Harris, 2008). This racial inequality eventually led to the disappearance of a Black Extension force and years of lost representation (Harris, 2008). In addition to racial inequality, approaches to relationship education and marriage advice in 4-H programming have left little room for LGBTQ+ youth (Rosenberg, 2015).

Improving Extension's outreach to minoritized youth with an inclusive approach to PYD is important, especially when looking at the evidence of the increased risks experienced by youth and the intersectionality of mental health and minoritization. For example, between 1991 and 2017, the suicide rate among Black youth increased more than 70% (Lindsey et al., 2019). The suicide rate for Indigenous young people is more than double the rate of non-Hispanic white youth (National Center for Injury Prevention and Control, 2019). Youth who identify as lesbian, gay, bisexual, transgender, queer, or other minority gender and sexual identities are at greater risk for depression, anxiety, substance abuse, and suicidality than their gender-conforming or heterosexual peers (Russell & Fish, 2016).

In the context of access, equity, and belonging (AEB), the following definitions guided this paper. Access refers to the opportunities youth have to engage in services, programs, and experiences. It is the result of individual circumstances; structural or systemic barriers and supports; design and availability of a service, program, or experience; or some combination of these (Osher et al., 2020). Expanding access is the intentional multi-layered work of systems and design changes that remove barriers and increase opportunity (Osher et al., 2020). Equity is "when a person or group receives the unique resources and opportunities needed to reduce or eliminate the barriers" (Fields, 2019). As an essential element of 4-H, belonging can be defined as when "youth feel like they belong in a program that is safe and a positive environment" (Kress, 2005). Inclusion is a deeper function of belonging related to equity and "is the act of creating a space where each person is authentically valued, respected and supported" (Fields, 2019). Peer-reviewed studies of curricula with embedded stigma reduction strategies and culturally competent practices that build on existing protective factors can help address AEB as youth learn about concepts and skills that promote mental health (Siegel et al., 2011).

The need for a systematic review was identified by the Mental Health and Well-Being (MHWB) Champion Group, a subcommittee of 4-H's Access, Equity, and Belonging Committee (AEBC). The purpose of the AEBC (2020) and its subcommittees was to increase the capacity of the 4-H system to achieve its vision to "reflect the population demographics, vulnerable populations, diverse needs and social conditions of the country" (4-H Program Leaders Working Group, 2020). A part of the group's formal charge was to recommend curricula for use by Extension educators, with each curriculum being appraised for how it addressed AEB among diverse youth and helped prevent mental health crises. Thus, the primary objective of this systematic review was to identify available evidence-based curricula that generally promote the mental health and well-being of school-age youth and have proven effectiveness, as shown through multiple peer-reviewed articles. The results are used to make recommendations to Extension educators about available and effective programs suitable for the community-based contexts in which they work. The results will also assist in identifying gaps in what is available for those contexts and determining how Extension educators may help fill those gaps.

METHODS

SEARCH STRATEGY

Four electronic reference databases (ERIC, PsycINFO, PubMed, Web of Science—Social Science Citations Index) were searched on August 15, 2019, within the Abstract and Title fields. The search terms were broad with the intent of capturing all potentially relevant studies. An information specialist and reference librarian were consulted to identify the most appropriate search terms to address the above stated goals of the literature review. The search terms were (((youth or teen* or adolescen* or juvenile*) AND ((mental or emotion* or behav*) and (health* or wellness or well-being or wellbeing)) in Title AND (curricul* or program*) in Abstract or Title). For all systematic or literature review articles identified in the original search, a manual search of the reference lists of review articles was conducted to discover additional papers meeting the search criteria that were not identified in the original database search.

ELIGIBILITY CRITERIA

In addition to using the search terms above, the inclusion criteria for the search were: articles published from January of 2010 to August of 2019; peer-reviewed journals; and programming conducted on a human population group. Limiting the search to the most recent decade of articles was selected to allow for studies that address current contexts of youth mental health and societal considerations of AEB.

Subject categories were adolescents or children (PsycINFO—ages 13-17 and 6-12) and mental/emotional/behavioral health. The search was limited to articles published in English. Titles and abstracts were examined by two reviewers for further exclusion. The exclusion criteria were three broad categories: 1) not related to youth; 2) not related to mental health; and 3) not related to curriculum or education. Abstracts included must have held an indication that the curriculum was used to benefit youth mental health, which was defined as school-age (generally ages 5-18, though any application in this age range was acceptable). Abstracts must have included an indication that the curriculum had a focus on mental or behavioral health, not simply a mention of behavioral health as a measure of outcomes. The abstract must have included a description of the use of a standardized, defined curriculum that would be available for general use, either purchased or shared.

SEARCH OUTCOMES

Using the search terms, 1446 records were found and 276 duplicates were removed. Two researchers independently reviewed the contents of the titles and met to discuss discrepancies in inclusion criteria; there was disagreement on 138 titles, largely related to identifying curricula inclusion. If either researcher identified the article title as meeting inclusion criteria, the article was retained. From the initial review, 838 articles were excluded (39 not related to youth; 99 not related to mental health; 699 not related to education or curriculum; one not in English). There were 332 titles remaining at the abstract review stage, and inclusion and exclusion criteria remained unchanged. An additional 215 articles were excluded (10 not related to youth; 13 not related to mental health; 192 not related to curriculum), leaving 117 articles remaining for full text review.

Of the 117 articles, 29 were deemed a systematic or literature review and were separated for an additional step of a reference review, with the reference lists culled for articles that would meet the original inclusion/exclusion criteria by title. The review of reference lists added an additional 126 articles meeting criteria by title. Of these articles, 43 were removed by abstract review, applying the same three exclusion criteria (not related to youth, mental health, or curricula). A total of 88 articles from this reference review, which were identified as meeting inclusion criteria by title and abstract and were included in the full-text article review, were combined with the 83 from the original search, leaving a total of 171 articles which underwent a full-text review (see supplementary material for complete list).

The following information was extracted from each full-text article and was reported in a predesigned table: authors; first author last name; publication year; article title; journal title; name of program; article type; article aims; study location; sample size; sample type; curriculum setting; curriculum age group; demographic focus; tier of prevention; curriculum delivery person; curriculum format; curriculum focus; curriculum number of sessions; curriculum length of sessions; curriculum training costs; curriculum implementation costs; curriculum access; program effectiveness; and addresses AEB.

THEMATIC ANALYSIS AND PROGRAM RECOMMENDATIONS

A thematic review of the 171 full-text articles was conducted and focused on curricular design elements as well as research study design elements in the identified articles. Curricular design elements emphasizing the AEB theme included stigma reduction, cultural competence, empathy with others, relationships/friendship, social skills, or peer support. Study design elements included in the review used culturally competent practices to serve diverse racial, cultural, sexual, gender, socio-economic status, or other identities.

Program recommendations were developed to efficiently summarize the study findings in a manner that supports program implementation by Extension educators. The first criterion was sufficient peer-reviewed evidence to support implementation as an evidence-based program (EBP), measured by having at least three peer-reviewed studies in the literature. All programs without three peer-reviewed studies were reviewed against federally funded lists of EBPs; those programs were included. The second criterion was whether the program could be implemented in non-clinical settings by non-clinical facilitators, that is, Extension educators.

RESULTS

Of the 171 studies reviewed, 70% were quantitative in nature, 10% were qualitative, 10% were mixed methods, and 10% presented pre-outcome or methods were unspecified. Study types were reviewed and showed that 33% had an experimental design, while 5% used a quasi-experimental design and 47% were non-experimental with convenience sampling. Roughly one-third of the studies had sample sizes of 100 or fewer, one-third ranged from 101 to 500, and another third were over 500. Fewer than half of the studies were conducted in the United States. Most of the studies (65%) demonstrated effectiveness in the hypothesized outcome.

In the final analysis, 75 of the 171 studies reviewed addressed AEB in at least a small way. The majority (62%) of the study methods used classroom-based or in-school instruction, with the remaining spread across clinical, after-school, home, community, online, or professional settings. In addition, the study methods specified a universal prevention approach in 52% of the studies and a targeted prevention approach in 38%.

In all, 60% of the curricula focused on youth mental health as a general or non-specific category. An additional 7% explicitly focused on suicide prevention, one study focused on self-harm, and 10% were tailored to anxiety and depression management. Taken together, three-fourths of the studies specifically utilized curricula and methods to directly address youth mental health and harm prevention. Building protective factors related to skill-building in resilience, mindfulness, positivity, and life skills was the focus of 23% of the curricula.

The larger the sample size and the more methodologically rigorous the study, the less likely it was to address AEB. Of studies using experimental, randomized, and control methods, 72% had positive findings, yet only 25% addressed AEB. Of the quasi-experimental designs, 38% addressed AEB, and in studies using convenience or non-experimental methods, 47% addressed AEB. A similar pattern was identified based on study sample size. In studies with 100 or

fewer participants, 46% addressed AEB. With sample sizes of 101-500, 57% addressed AEB. Yet, with larger studies of sample sizes over 500, only 35% addressed AEB.

PROGRAM RECOMMENDATIONS

This review of 171 studies identified 61 distinct curricula that aimed to address youth mental health. No individual program in our review had more than four studies to support its effectiveness, and there was insufficient replication and quantity of data to make firm recommendations about the utility of the AEB-focused curricula. Recommendations also took into consideration if the program could be implemented by a non-clinical professional, the training and participant costs, and the manualization or ease of implementation by Extension educators. Though each identified curriculum demonstrated effectiveness in supporting youth mental health, each only minimally addressed AEB. Complete results are found in the Appendix.

Four programs were identified that either had a minimum of three peer-reviewed articles that supported the program's effectiveness or were listed by a federally funded agency as an EBP. These programs include Sources of Strength, Teen Mental Health First Aid, Dynamic Mindfulness, and Youth Mental Health First Aid. Sources of Strength had effective use of a social network model that identified and trained "natural leaders" to form inclusive peer networks around positive social norms. Teen Mental Health First Aid (T-MHFA) emphasized peer support and reducing stigma. The training and curricula for Dynamic Mindfulness, formerly known as Transformative Life Skills, had an entire unit that focused on healthy relationships and some belongingness and inclusion aspects. Youth Mental Health First Aid (Y-MHFA) is like T-MHFA with manualized implementation but focuses on training adults who work with youth.

Eight programs were conditionally recommended, as they were determined to be either more difficult for educators to access and implement or having a narrower evidence base. The Adolescent Depression Awareness Program (ADAP) is conditionally recommended, with studies showing initial effectiveness, supported by Johns Hopkins. The path to training was not clearly laid out, and it is labeled as school-based. However, this program shows promise and could be a good fit for community implementation. Creating Opportunities for Personal Empowerment (COPE); Yellow Ribbon; and Question, Persuade, Refer (QPR) are available and affordable, but effectiveness is in early stages or mixed. Zippy's FRIENDS and Youth Aware of Mental Health are widely used internationally with a strong evidence base but are less available to educators within the United States. In Your Own Voice recommends that trainers be individuals in recovery. Positive Action is intended to be implemented school-wide or district-wide, led by teachers at each level.

The University of Montana Extension is currently playing an integral role in piloting Youth Aware of Mental Health programs in the United States, and future review will determine if this becomes a recommended program.

Several resources that emerged during the review—including Big Brothers Big Sisters, Prodigy, and Turn 2 Us—were existing programs but did not have a defined curriculum for implementation. Further, two of these are individual, localized programs which do not appear to have been replicated elsewhere. Though much can be learned from the methods of these three programs, they are not yet applicable for Extension educators. Additional information or resources for five programs (Aussie Optimism Program, Project Wings, FRIENDS, Skills for Life, and Making the Link) were extremely challenging to find, and with limited or no availability are not recommended for use by Extension educators. Others, like Bounce Back, CLIMB, and MBSR were designed to be implemented by clinicians or highly trained professionals, making implementation in Extension programs unlikely. The Family Bereavement Project was too narrow in scope to be recommended.

FUTURE RECOMMENDATIONS
AND CONCLUSION

In all, findings indicated that the larger and more rigorous studies were less likely to specifically address AEB. It is likely that AEB considerations in programming to address youth mental health are still in their infancy and need more time to come to the forefront. As further program development and research on their effectiveness continues, it is critical that AEB be a distinct focus, there be standardization for ease of replication, and the proliferation of curricula be avoided. Only if these things occur can a strong evidence-base be established for curricula that incorporate AEB and support youth mental health. Additionally, it will be particularly important for larger, well-funded studies to include consideration of AEB in the methodological approach and to rigorously evaluate the utility and applications of these constructs in youth mental health curricula.

Given this foundational understanding of existing curricula and their effectiveness, Extension is well-positioned to work toward identifying gaps related to AEB in mental health curricula. Within those gaps, educators may also play a unique and integral role in identifying, adapting, or developing strategies to help create more AEB in community-based mental health education programs.

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APPENDIX. PROGRAMS FROM PEER-REVIEWED STUDIES REVIEWED FOR RECOMMENDATIONS

Program Title and Location	Program Description	Facilitator Training	Access, Equity, and Belonging Recommendation and Rationale
Sources of Strength—https://sourcesof strength.org/	A best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. **Audience:** Youth in middle or high school **Setting:** School-based **Time:** 3–4-hour training for peer leaders; programming takes about 40 hours over 3–6 months; designed to be a multi-year program	Adult Advisor training required 3–6-hour orientation training plus monthly support calls **Cost:** Base $5000/school (Additional services available)	Recommended Recommended as evidence-based by HRSA's Rural Health Information Hub. Implements a social network approach to spread positive social change. Peer leaders identified as "natural leaders" representing "diverse social groups."
Teen Mental Health First Aid (T-MHFA)—https://www.mental healthfirstaid.org/population-focused-modules/teens/	T-MHFA is an evidence-based training that teaches high school students in the 10th, 11th, and 12th grades the skills they need to recognize and help their friends with mental health and substance use challenges and crises and how to get the help of an adult quickly. **Audience:** Youth in grades 10–12 **Setting:** School or community **Time:** 3, 90-minute interactive classroom sessions or 6, 45-minute sessions, on non-consecutive days	Certification required 3-day interactive facilitator training **Cost:** $3,200/person (Group rates for host sites are available.)	Recommended Adult version designated as evidence-based by National Registry for Evidence-Based Programs. Studies show that the program increases youth supportive behaviors with peers and reduces stigma.
Dynamic Mindfulness (DM)—https://dmind.org/curriculum/	DM, formerly known as Transformative Life Skills, is a strengths-based curriculum intervention, which includes three core practices (ABCs): yoga postures (Action), breathing techniques (Breathing), and centering meditation (Centering). Within these practices, youth learn cognitive-behavioral therapy strategies to learn skills for self-awareness, impulse control, and managing anxiety and stress. **Audience:** Youth of any age **Setting:** School-based **Time:** 48, 15-minute lessons	Training recommended (not required) 6 hours for Foundations course; 6 hours for Teacher course **Cost:** $35 to purchase curriculum; facilitator training offered on a sliding scale $100–150	Recommended CASEL-designated evidence-based program. One of four units addresses "Healthy Relationships" and studies in a range of diverse school settings show increases in prosocial behaviors and decreases in hostility among participants.
Youth Mental Health First Aid (Y-MHFA)—https://www.mental healthfirstaid.org/population-focused-modules/youth/	Mental Health First Aid is an 8-hour course that teaches awareness of mental health problems and crisis and the skills to identify, understand, and respond to signs of addictions and mental illnesses. **Audience:** Adults who work with Youth/Teens and Children **Setting:** Community **Time:** 8-hour training	3–4-day facilitator training **Cost:** $1,500 facilitator trainer costs, manual required for each participant	Recommended Adult version designated as evidence-based by National Registry for Evidence-Based Programs. Studies suggest effectiveness in training adults to support youth mental health, addresses equity, widely available, and manualized.

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Program Title and Location	Program Description	Facilitator Training	Access, Equity, and Belonging Recommendation and Rationale
Adolescent Depression Awareness Program (ADAP)—https://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/ADAP/	The Adolescent Depression Awareness Program (ADAP) educates school-based professionals, high school students, and parents about the illness of depression. **Audience:** Grades 9-12, Professionals, and Community Members **Setting:** School and Community based **Time:** 3 hours, recommended in 2-3 sessions	No information available.	Conditional Recommendation Initial studies show effectiveness and the program addresses stigma reduction as a key objective.
Creating Opportunities for Personal Empowerment (COPE)—https://www.cope2thriveonline.com/	A manualized cognitive-behavioral skills building intervention program that can be delivered in primary care, school-based clinics, and mental health settings **Audience:** Children (ages 7–11); Teens (ages 11–18); Young Adult (ages 18–24) **Setting:** School-based, clinical, or self-paced online **Time:** 7 sessions, 20-50 minutes each depending on delivery style	4-hour online facilitator training **Cost:** $385 for facilitator training, $5 (self-print) to $20 printed manual required for each participant	Conditional Recommendation Initial studies show effectiveness, and the program has been adapted for multicultural audiences.
In Our Own Voice (NAMI)—https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-In-Our-Own-Voice	In Our Own Voice is a presentation that provide a personal perspective of mental health conditions **Audience:** Teens (ages 11–18) and Community Members, Spanish language limited availability **Setting:** Community **Time:** 40-, 60- or 90-minute presentations	No information on Training. **Cost:** Free	Conditional Recommendation The presenters with lived experience are usually from the local NAMI chapter. Young adults should be presenters.
Positive Action—https://www.positiveaction.net/	Positive Action is a modular social and emotional learning program that embeds academic content in lessons designed to develop an intrinsic interest in learning and promote prosocial behavior. **Audience:** Pre-K to 8th Grade **Setting:** School based **Time:** 140 sessions lasting 15–20 min for K–6 (4 days a week) & 70 session lasting 20min for older children (2 days a week)	2-hour online webinar, on-site orientation, or on-site training of trainers available **Cost:** $550 for the online webinar and $3000 for the other options.	Conditional Recommendation Initial studies show effectiveness with low-income and ethnic minority youth. The program requires significant time commitment.

Program Title and Location	Program Description	Facilitator Training	Access, Equity, and Belonging Recommendation and Rationale
Question, Persuade, Refer (QPR)—https://qprinstitute.com/	QPR is intended to reduce suicidal behaviors and save lives by providing innovative, practical, and proven suicide prevention training. This training works to empower all people, regardless of their background, to make a positive difference in the life of someone they know. **Audience:** Adults (adaptable for youth) **Setting:** Flexible for almost any setting **Time:** 1 hour for adults; typically longer for youth audience	Facilitator training required 12-hour facilitator training **Cost:** $495/person for a 3-year certification (renewable)	Conditional Recommendation Studies show evidence of effectiveness with adults, the primary audience for the program, which has been adapted for use in training teen audiences.
Youth Aware of Mental Health (YAM)—http://www.y-a-m.org/	YAM is a universal mental health intervention intended to raise mental health awareness, enhance skills and emotional resiliency, and empower youth. **Audience:** Youth in grades 7–12 **Setting:** School-based **Time:** 5 weekly, 1-hour lessons	Two trained adults conduct every YAM program. One of these adults must have completed an intensive week-long certification before becoming a YAM instructor and the other one a shorter training to act as support in the classroom.	Conditional Recommendation Emerging research shows that YAM is promising for use in the United States. Program focus is placed on youth voice with emphasis on understanding different perspectives and problem solving.
Yellow Ribbon—https://yellowribbon.org/	The Light for Life Foundation International/Yellow Ribbon Suicide Prevention Program® removes barriers to helping and makes suicide prevention accessible through community-based instruction and resources. **Audience:** Youth/Teen and Children **Setting:** Community **Time:** 30–60-minute training	3-hour facilitator training offered online **Cost:** $295 for facilitator training	Conditional Recommendation Studies were mixed on effectiveness and the program AEB aspects touch on more basic concepts such as stigma reduction. Low barriers to implementation suggest potential utility.
Zippy's Friends—https://casel.org/zippys/	Zippy's Friends is a skills promotion program for social and emotional learning teaching positive problem solving. **Audience:** Ages 5-8 **Setting:** School-based **Time:** 45 minutes, 24 sessions	6-hour facilitator training and a 2-day train-the-trainer option **Cost:** Unknown	Conditional Recommendation Studies suggest effectiveness in international implementation. Difficult accessibility in the United States reduced recommendation to conditional.