

# Frontline School-Based Stakeholders and the Mental Health Literacy Needs of Adolescents: A Program Evaluation

**SHERRIE PAGE GUYER, DNP, MSN, RN**



## DNP Project Team

UVA DNP Advisor: Regina DeGennaro, DNP, APRN, CNS, AOCN, CNL

UVA Second Reviewer: Richard J Westphal, PhD, RN, PMHCNS-BC, PMHNP-BC, FAAN

UVA Clinical Research Data Specialist: David Martin, PHD

Practice Site Mentors: Sarah Jaynes-Gobble, MEd and Catie-Reagan King, EdD



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## Debuts the *School Nursing Practice Framework™*

**School Nursing Practice Framework™**  
*Supporting Students to be Healthy, Safe and Ready to Learn*



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BETTER HEALTH. BETTER LEARNING.™



# Background: NAMI (2021)

- ❑ 50% of all lifetime mental illness begins by age 14
- ❑ High school students with significant depression > twice as likely to drop out
- ❑ Depressive disorders are the most common cause of hospitalization for Americans under age 18
- ❑ 97,000 Virginians age 12–17 have depression
- ❑ 56.2% of Virginians age 12–17 who have depression did not receive care in last year
- ❑ Not enough professional help



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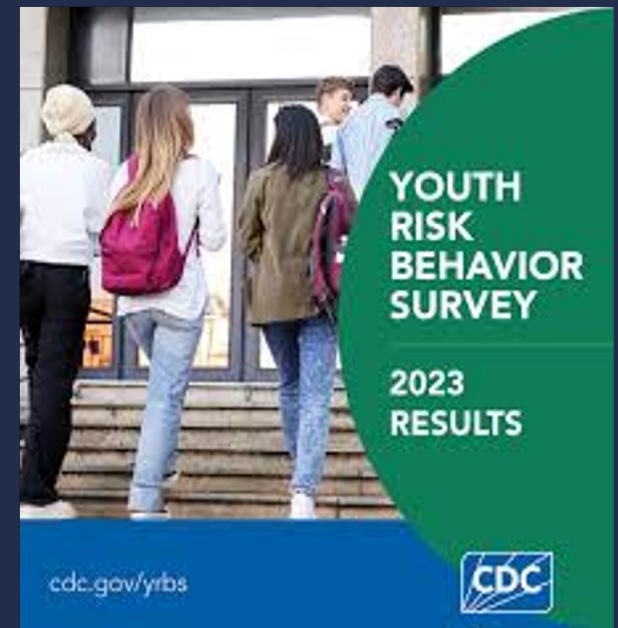
## Background and Significance: CDC

- ❑ 40% of high school students felt persistently sad or hopeless
- ❑ 29% experienced poor mental health
- ❑ 20% seriously considered attempting suicide
- ❑ 9% of high school students attempted suicide (10% in 2021)
- ❑ Suicide is the third leading cause of death among adolescents ages 15–19 years

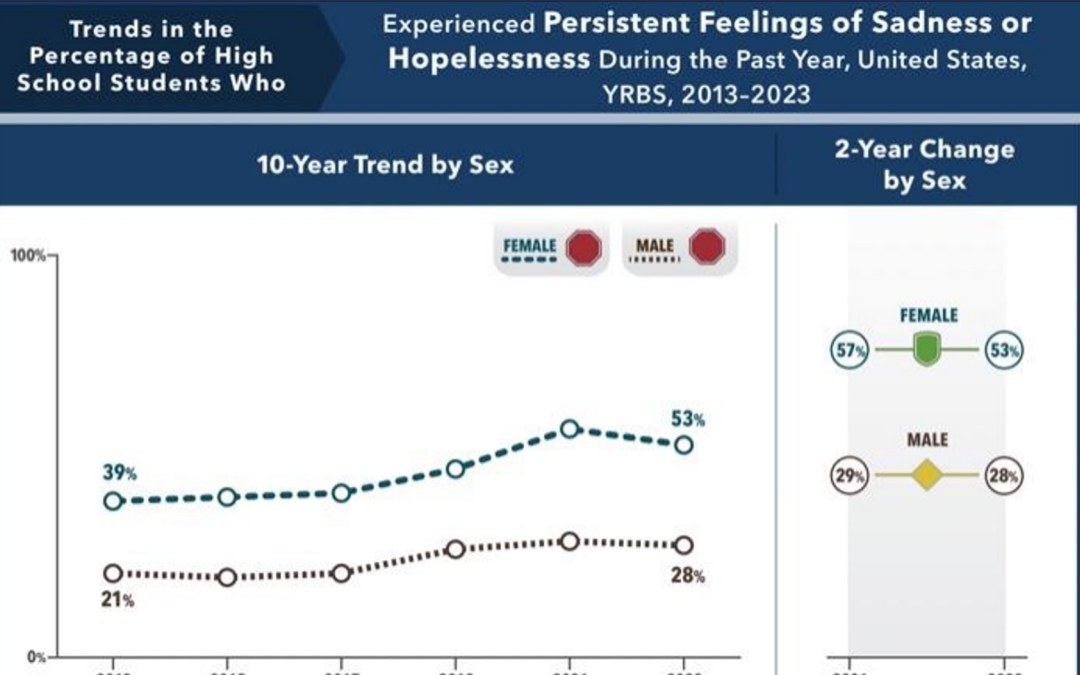
(CDC, 2023)



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# Gender Over the Last Decade



CDC 2013-23

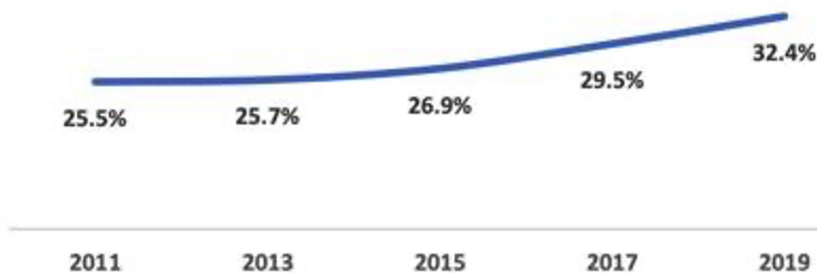


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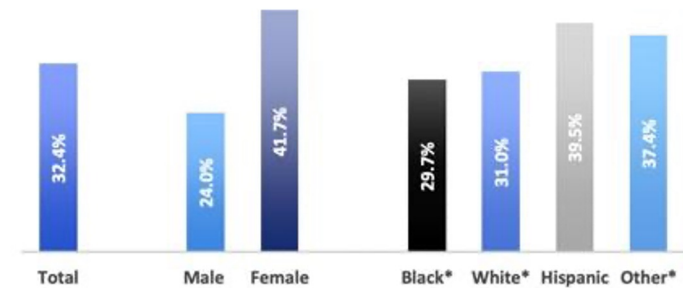
# Background: Virginia's Gender Disparities

## Virginia Department of Health Youth Survey (2019)

**Figure 1:** Percentage of Students who felt sad or hopeless almost every day for 2 weeks or more, VYS, 2011-2019



**Figure 2:** Percentage of Students who felt sad or hopeless almost every day for 2 weeks or more by sex and race/ethnicity, VYS, 2019



\*Non-Hispanic (NH)  
Other = Asian, Multiple Races, All other Races

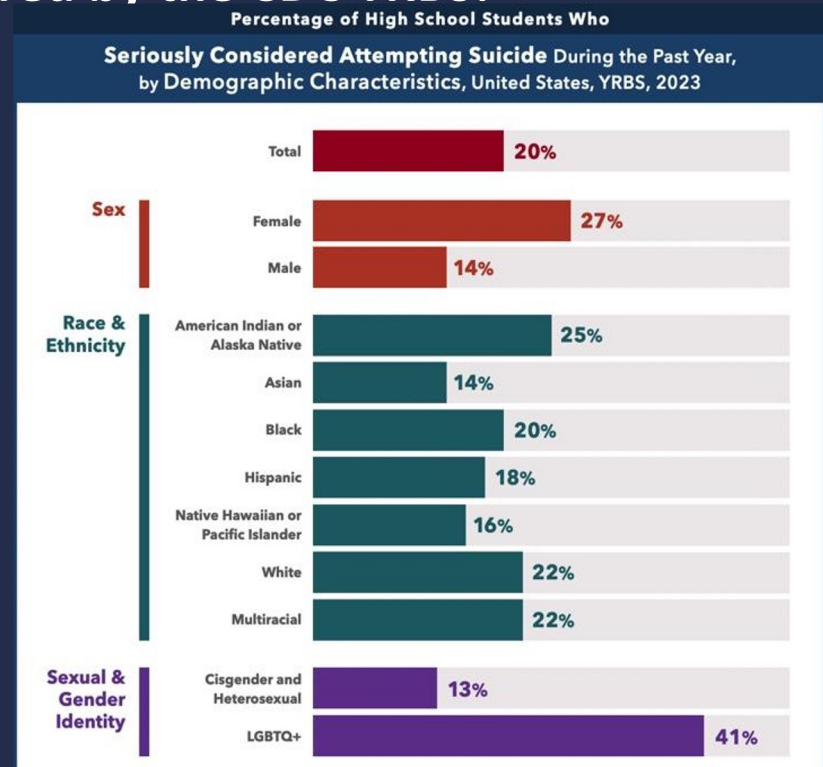
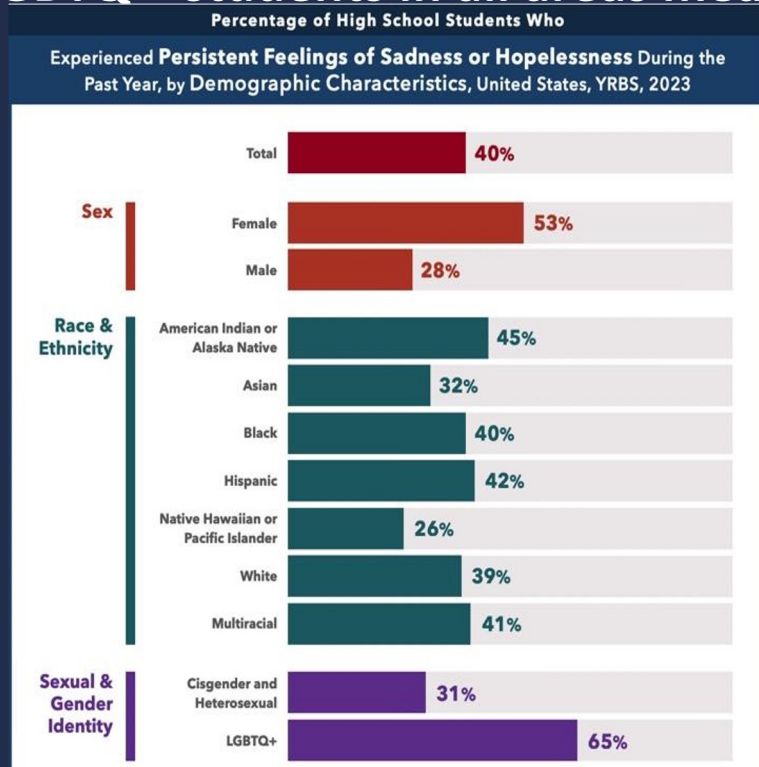


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# Background: Mental Health Disparities (CDC, 2023)

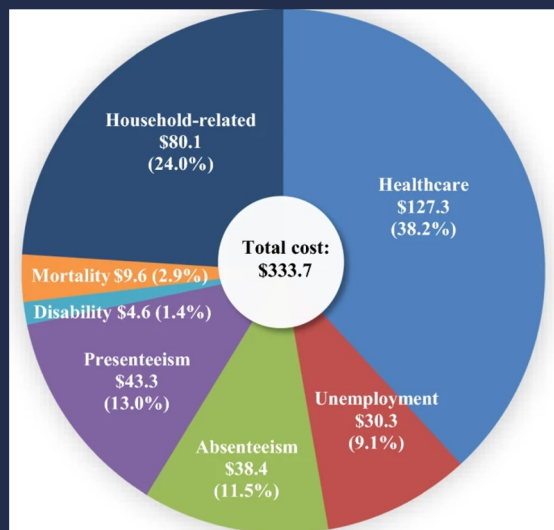
- The prevalence of mental health concerns was significantly higher in female and LGBTQ + students in all areas measured by the CDC YRBS:





# Economic Burden: Major Depressive Disorder

In 2019, the number of adults with MDD in the USA was estimated at 19.8 million, with the incremental societal economic burden of MDD was estimated at \$333.7 billion (\$382.4 billion in 2023 US dollars)



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# Background and Significance: Schools

- ❑ Schools are a promising context for a public health, population-wide intervention
- ❑ There is no national standardized best practice curriculum for Mental Health Literacy (MHL) Education
- ❑ Virginia SOLs require 1 semester total of Health Education\* in 9th and/or 10th grade
- ❑ MHL is a small portion of SOL Health requirements



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# Virginia Standards of Learning for Grades 9 & 10

## Grade 9:

- ☐ Identify school and community mental health resources to help and assist with mental illnesses or challenges.
- ☐ Promote access to mental health resources to help oneself and others.

## Grade 10:

- ☐ Identify school and community mental health resources to help and assist with mental illnesses or challenges.
- ☐ Describe the stigma surrounding mental illnesses and challenges and the impact of stigma and discrimination on help-seeking behavior.
- ☐ Identify help-seeking strategies and resources and when to seek support for oneself and others with signs of mental illnesses or challenges.
- ☐ Explain how demonstrating empathy, compassion, and acceptance can support others who are dealing with mental illnesses and challenges and help reduce stigma.

# Background and Significance: School Nursing

School Nurses are often the initial access point to:

- ❑ Identify concerns
- ❑ Determine interventions
- ❑ Link families to school and community resources (NASN)



## Public School Nurses in the U.S.



School nurses are licensed nurses who work in schools to promote individual and population-based student health, provide care coordination, advocate for quality student-centered care, and advance academic success. Students need to be healthy and safe to be ready to learn. School nurses are health services leaders who bridge health care and education, collaborating with health and education partners to create healthy communities.

**Only 65.7%**

of schools have access to a **full-time (>35 hours/week) school nurse** (RN/LPN/LVN)

**7.6%**

of schools have access to **LPN/LVN only**

**6.3%**

of schools **do not have access** to a nurse at all



Nursing licensure and credentials vary. The numbers on this infographic reflect all who self-reported as school nurses, including RNs and LPNs/LVNs. Only RNs are able to conduct nursing assessments, use nursing judgment in creation of nursing diagnoses, and develop or modify nursing plans of care. LPN/LVNs must be under the supervision of an RN and may contribute to nursing assessment and planning of care.

## Rural disparities:

**70.3%**

of **urban schools** employ full-time school nurses.



**56.2%**

of **rural schools** employ full-time school nurses.

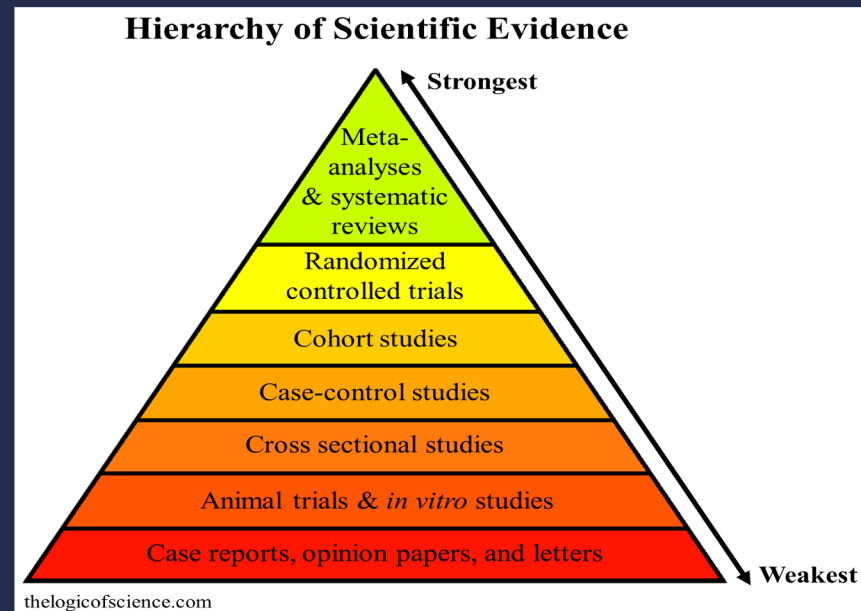
# CLINICAL QUESTION

- ❑ What MHL educational interventions are best practice to improve MHL in high school students when compared to a control group, to best support an increase in positive mental health, prevent mental health concerns, and encourage early intervention?

# Key Search Terms and Data Bases

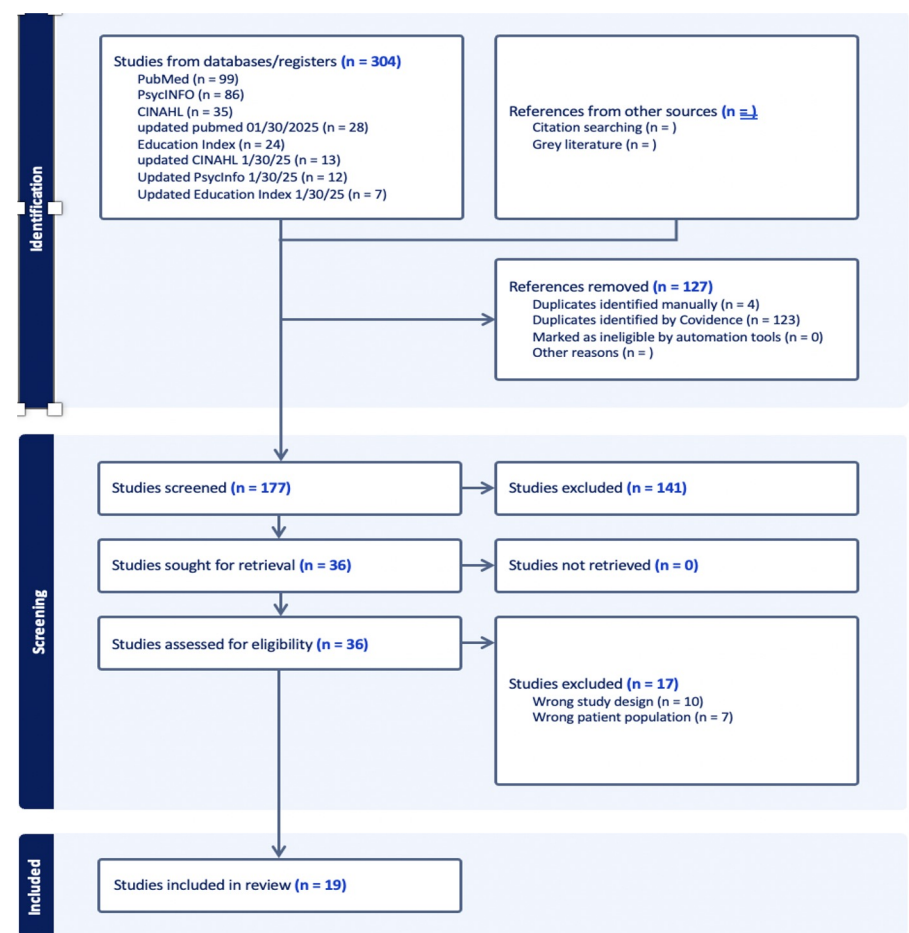
("mental health" OR "mental") AND ("adolescences" OR "adolescence" OR "adolescent" OR "adolescence" OR "adolescents" OR "high school students") AND ("literacy" OR "health literacy") AND "school-based"

- ☐ PubMed (99)
- ☐ CINAHL (35)
- ☐ PsycInfo (86)
- ☐ Education Index (24)



## SYSTEMATIC LITERATURE REVIEW

- ❑ 304 references imported for screening
- ❑ 123 duplicates identified by Covidence
- ❑ 4 duplicates identified manually
- ❑ 177 studies screened against title and abstract
- ❑ 141 studies excluded
- ❑ 36 studies assessed for full-text eligibility
- ❑ 17 studies excluded
- ❑ 11 Wrong study design
- ❑ 7 Wrong patient population
- ❑ **19 studies included**





# Literature Review Revealed Three Main Themes Related to MHL:

- 1) School-based mental health awareness programs improve short-term mental health awareness knowledge in high school students.
- 2) There is mixed evidence regarding if mental health awareness programs increase help-seeking behavior.
- 3) It is unclear if mental health awareness educational interventions affect related stigma. (Stigma is a main barrier for help-seeking).



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# Purpose

**To formatively evaluate a mental health literacy program used for adolescents in a school setting**

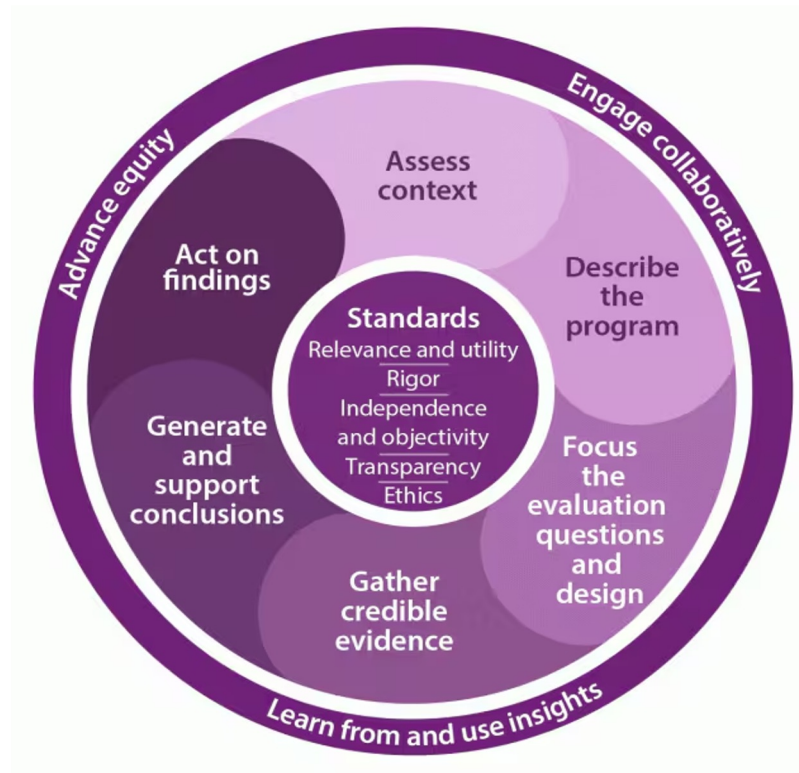
*Why is this important to school nursing and public health?...*



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## CDC Program Evaluation Framework (2024)

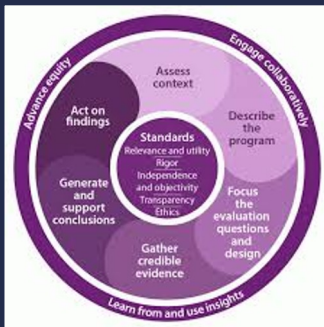


The CDC (2024) framework is comprised of six sequential steps:

- 1) Assess context
- 2) Describe the program
- 3) Focus the evaluation questions and design
- 4) Gather credible evidence
- 5) Generate and support conclusions
- 6) Act on Findings

## Step 1: Assess Context

**“To be a positive force that works to cultivate awareness and understanding of teenage depression and anxiety”**



## Step 2: Describe the Program

### Mental Health Awareness e-Toolkit Learning Objectives

Upon completion, students should be able to:

1. Define mental health and mental illness.
2. Identify effects of mental health stigma and how to positively contribute to stigma reduction.
3. Identify steps to proactively care for one's mental health.
4. Identify trusted adults in one's life and when to use them as a resource for help.



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## Step 3: Focus the Evaluation Qs & Design

Developed a Needs Assessment Formative Evaluation Survey with short answer and open-ended interview questions for stakeholder feedback to help identify gaps related to the MHL needs of high school students.



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## Step 4: Gather Credible Evidence

- ❑ Conducted 5 in-person focus group interviews that all included at least one school nurse, counselor, health teacher, and a representative from the NPO
- ❑ Survey completed by 19 stakeholders from 5 different Richmond-area high schools



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## 5 Richmond, VA Area Schools

- ❑ 1 Rural-based Public School about an hour from Richmond
- ❑ 2 Independent Prep Schools in a suburban county outside of Richmond
- ❑ 2 Independent Prep Schools in the City of Richmond



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# Stakeholder Representation

**19 Total Interviews/Surveys from 5 Different Richmond Area High Schools**



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## Step 5: Generate & Support Conclusions/Ideal MHL Content

- ☐ Definitions related to Mental Health and Mental Illness
- ☐ Coping Strategies
- ☐ Mental Health Self-Care
- ☐ Mindfulness Practices
- ☐ Stress, Anxiety, and Depression Awareness (Causes, Signs/Symptoms, Treatment)
- ☐ Stigma (Effects of Stigma and Ways to Encourage Stigma Reduction)
- ☐ Suicide Awareness/Prevention
- ☐ Trusted Adult Importance & Identification
- ☐ Resources for Mental Health Concerns and Knowing When & How to Access Them for Self and Others



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## Step 5: What Is Working?

- ❑ All schools interviewed taught MHL that exceeded SOLs
- ❑ School counselors taught some or all of the curriculum
- ❑ Pre-packaged curriculums appreciated
- ❑ Endorsed guest speakers who represented the school's community
- ❑ Support of smartphone-free schools for positive mental health



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## Step 5: What Isn't Working?

- ❑ 1. Virginia's current MHL SOLs need strengthened
- ❑ 2. Students need more MHL Education than is allotted for in the school schedule
- ❑ 3. Context Matters: Identity relevance is important
- ❑ 4. School-wide coordination of MHL, including stakeholders, administration, and parents is vital
- ❑ 5. School stakeholders crave guidance on how to navigate the multiple access to care barriers that exist beyond school



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# Thematic Analysis of Survey Priorities

- ❑ MHL curriculum topics need to go beyond the current state Standards of Learning (SOLs) requirements
- ❑ Students need more Mental Health Literacy (MHL) Education than is allotted for in the school schedule within and throughout grade levels
- ❑ Identity relevance embedded into curricula is critical
- ❑ A culture that supports positive mental health within a school community is essential to apply MHL knowledge
- ❑ School-based stakeholders want guidance related to how to navigate the multiple barriers to adolescent mental health care that exist beyond the school setting.



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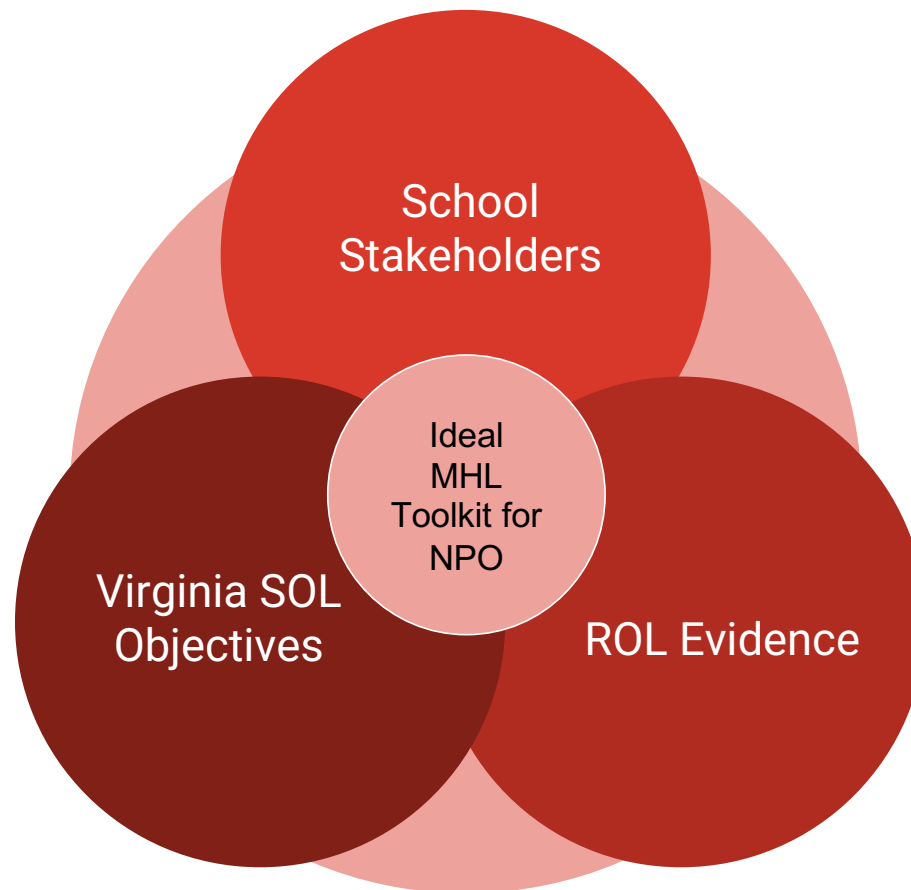
## Step 6: Act on Findings

- ❑ Present findings to the NPO's Board of Directors (4/15/25)
- ❑ Submission to Libra: Final defense PowerPoint, Abstract, E-poster
- ❑ Publish findings in scholarly literature and mainstream media
- ❑ American Nurse; JOSN; Public Health Nursing; VA Journal of Ed. & Virginia Living
- ❑ Present at related professional conferences (Poster @ VASN, 11/25)
- ❑ Co-disseminate with NPO to spread the word about their toolkits
- ❑ Use this model pre- or post-conferences for CQI Program Evaluations



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## Diversity, Equity, and Inclusion

- ❑ Free online MHA toolkit available to all schools throughout Virginia.
- ❑ Meets each community where the community is at, as curriculum can be tweaked for each school's specific needs.
- ❑ Accessible — only need I-net Connection by school.



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# Ethical Applications

- ❑ Utilitarianism: Promotes the greatest amount of good for the greatest number of people
- ❑ Beneficence: Entails promoting the well-being of others
- ❑ Truth-Telling: Our youth need to understand the evidence about mental health concerns, current statistics, and how to promote positive mental health, as well as recognize when and how to seek help
- ❑ Autonomy: The right to self-determination

# Financial Sustainability

- ❑ Financially, the NPO is well-funded and dedicated to putting money towards continuous toolkit improvement.
- ❑ MHL Education supports prevention and early intervention of mental health concerns, which can help prevent costly later-stage treatment
- ❑ Sustainability-wise, the NPO's website and toolkits will be maintained in perpetuity by the NPO and cost nothing for schools to use



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# Advocate for Congressional Legislation

**“As a former school nurse, I can tell you how the 119th Congress can help the teen mental health crisis through school-based legislation” (*American Nurse, March 14, 2025*)**

**The Mental Health in Schools Act of 2024**

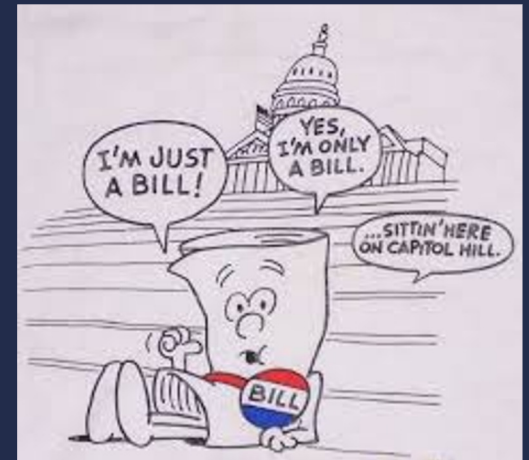
**+**

**The One School One Nurse Act of 2025 =**

**Increased prevention and early intervention of youth mental health concerns**



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# QUESTIONS?



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