

# Closing the mental health treatment gap for rural adolescents: An evidence-based collaboration in a public high school

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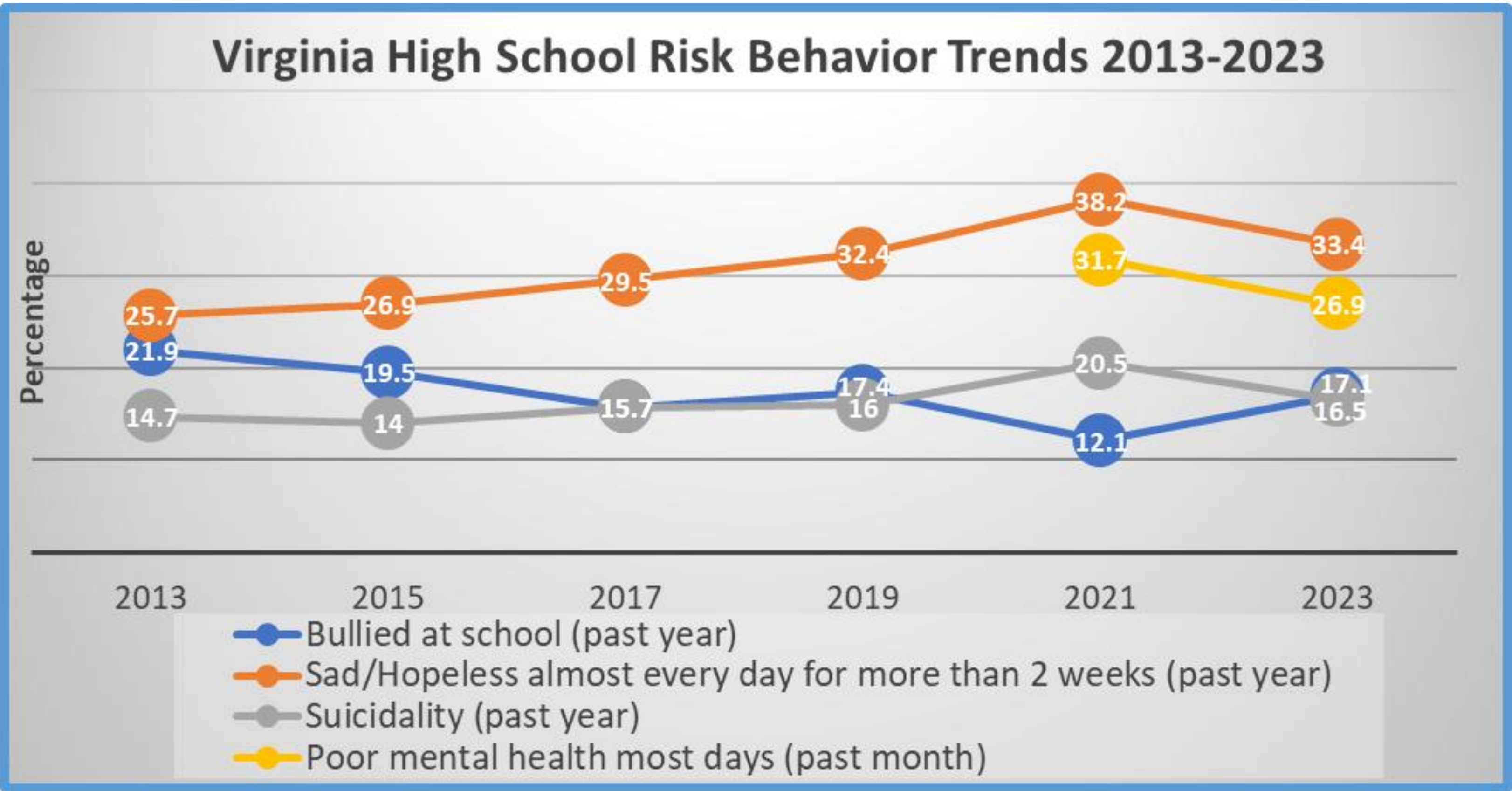


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## Overview of the Problem

**Mental health disorders** are the most common disease in US adolescents. **Virginia** high school students mirror national trends, with **increasing rates of anxiety, depression, and suicidality**. **Less than half** of youth who need mental health treatment receive any care.

- **Rural adolescents** have **less access** to care.
- **Rural adolescents** are less likely to seek care due to stigma.
- **Rural youth** are **twice as likely to commit suicide** compared to suburban peers.



## Findings

- **Clinical significance in reduction of anxiety.**
- Depression scores remained at baseline.
- Participants report **help with calming, anger, stress, and anxiety**.
- Counselors report **less peer conflict, brighter affect, better eye contact, improved attendance and better academic performance**.
- Difficulties include missed academic time, teacher buy-in, and student absences.

## Review of the Literature\*

**CBT programs** may be effectively delivered in **primary care, classroom**, online or multimedia-based settings. Youth are more likely to seek care if they have a **trusting relationship** with parents, providers, teachers, or counselors. **Barriers to care** include stigma, family beliefs, mistrust of health professionals, availability, cost, and transportation.

\*Details available on request

## Project Purpose

This project **enhances screening** for mental health disorders in rural high school youth and implements the **COPE Program** for youth identified as at-risk. This project was determined to be exempt from IRB review and was approved by the UVA School of Nursing and administrators at a local, rural public high school.

This program is a **collaboration** among the area health center, the school board, and high school administrators, counselors, and nursing staff.

## COPE Session Topics

1. Thinking, Feeling, and Behaving Triangle
2. Self-Esteem, Positive Thinking, Self-Talk
3. Goal Setting and Problem Solving
4. Stress and Coping
5. Emotional and Behavioral Regulation
6. Effective Communication
7. Barriers to Goal Progression

## Discussion

**COPE is an evidence-based intervention** that can be particularly useful in rural areas with a shortage of resources.

- **Increased access to CBT:** COPE allows non-psychiatric providers to administer a timely, effective program.
- **Low cost:** This project is facilitated **free of cost** to participants.
- **Reduced barriers:** COPE is delivered at school by trusted members of the staff, **reducing stigma and transportation needs**.

**Sustainability plan:** Seek grant funding for all middle and high school counselors to become COPE-licensed. The program has already been expanded to the middle school.



## The COPE Program

**Creating Opportunities for Personal Empowerment (COPE)** is an evidence-based, manualized, 7-session intervention that can be used as a **primary intervention** for mild anxiety, an **adjunct** for those with moderate to severe anxiety, or a **bridge** for those awaiting specialist care.

- ✓ COPE **increases** the **quality** of care when integrated into school or primary care settings.
- ✓ A 2020 study estimated that for **every hospitalization prevented** by participation in COPE, there is a **cost savings of \$14,262**.

## Methods Part 1

### Initial Survey and Screening:

In **August 2024**, all students in the school received an invitation to complete a social and emotional wellness survey. In **September 2024**, the director of school counseling screened results (193).

High-risk students were identified according to self-report of problems with **friendship, anxiety, socialization, bullying, sadness, or anger**. High-risk students were interviewed; 23 invited to participate.

### Permissions:

Student and parent permissions were obtained prior to implementation.

## Methods Part 2

### COPE Program Implementation:

The project leaders completed COPE training online and student manuals were obtained. In **October 2024**, participants (10) began the 7-week COPE program at the high school. Six participants completed the program.

### Current Progress:

The COPE program is facilitated in a small group setting by a primary care pediatric nurse practitioner and the school counselor. Participants completed **GAD-7** and **PHQ-9** screens pre-intervention, at week 4, and post-intervention.

A qualitative evaluation was also completed.

## Acknowledgements

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## References

