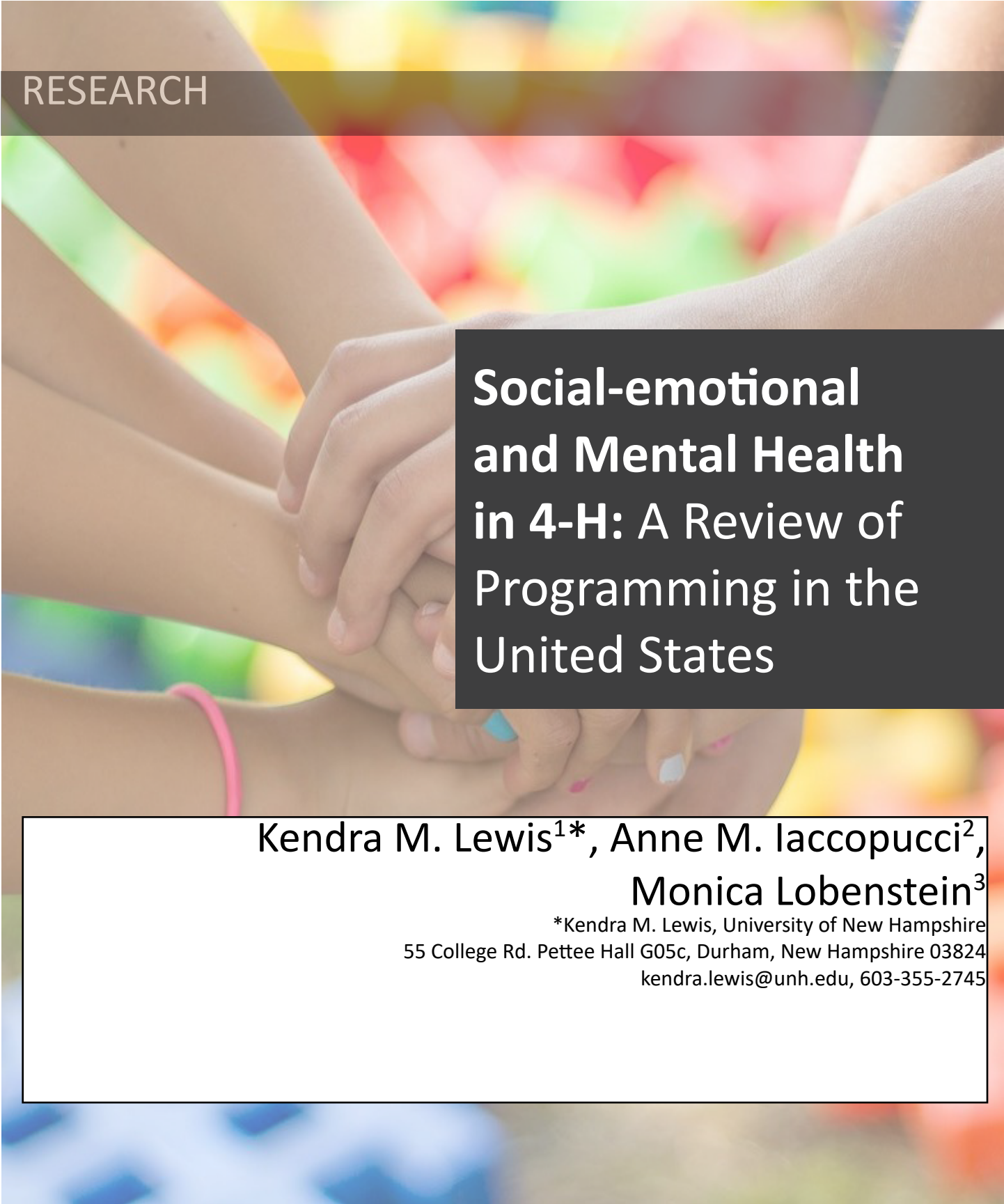


RESEARCH



Social-emotional and Mental Health in 4-H: A Review of Programming in the United States

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Abstract

Youth in the United States have reported dramatically increasing rates of social-emotional and mental health challenges. As the largest youth-serving organization in the nation, the 4-H youth development program has the potential to support youth's mental health and well-being. To assess this potential, the researchers surveyed 4-H State Extension Staff on which programs are being used in 4-H to address mental health needs, how these programs are selected, and current staffing needs in terms of mental health programming. Results highlight the benefits of shared resources, expertise, and training materials that address youth mental health challenges.

Social-emotional and Mental Health in 4-H: A Review of Programming in the United States

Social-emotional and mental health challenges in children and adolescents are occurring at alarming rates in the United States (US). Data from the 2021 Youth Risk Behavior Survey (Centers for Disease Control and Prevention [CDC], 2023) show that 42% of teens feel sad or hopeless for more than two weeks in a row, impacting their daily activities. Twenty-nine percent of teens report experiencing poor mental health, and 22% have seriously considered attempting suicide. Eighteen percent made a suicide plan, and 10% attempted suicide. These rates increase for teen in minorities; 57% of females and 69% of lesbian, gay, bisexual, transgender, queer or questioning, or other identities (LGBTQ+) youth felt sad or hopeless for more than two con-

secutive weeks, and Hispanic and multiracial youth have higher rates of sadness and hopelessness than their Black, Asian, or White peers. Thirteen percent of females and 22% of LGBTQ+ teens attempted suicide, and Black youth have higher suicide attempt rates than other racial groups.

In a recent Harris Poll (2020), 35% of teens surveyed reported feeling anxious daily, with the top stressors reported as schoolwork (71%) and thinking about the future (65%). The COVID-19 pandemic also had a negative impact on youth mental health, due in part to social isolation, inactivity, increased drug use, and susceptibility to abuse at home. The Annie E. Casey Foundation reports that 11.8% of youth in the US had anxiety or depression in 2020, an increase of 25.5% from 2016. Suicide rates have increased over the past decade and continue to be the second leading cause of death for young people (CDC, 2022).

In addition to the COVID-19 pandemic, today's youth are impacted by other social determinants of their mental health, including having basic needs met, caregiver parenting behaviors, and experiences with their home and community environments (Velez et al., 2022). A unique factor for younger generations is social media usage. Social media provides opportunities such as social connection and identity exploration, but can also pose risks such as bullying, social exclusion, exposure to risk-taking behaviors in media content, social comparison, and less time spent on other (and potentially more important) activities such as sleep (Nesi, 2020). Research on the impact of social media on youth mental health is mixed, with evidence that social media can have a small but negative impact on youth (Nesi, 2020). Further, approximately two-thirds of youth have experienced some form of trauma, such as abuse, school or community violence, terrorism, racism, assault, or neglect (Substance Abuse and Mental Health Administration, 2023). The impact of climate change on youth mental health is also gaining more traction, with research showing climate change can influence youth distress, depression, anxiety, bipolar disorder, and other challenges (Clayton et al., 2023).

There are many programs that exist for K-12 schools to address mental health, generally as part of social-emotional learning programming. The most recent data reports that 76% of school principals and 53% of teachers implemented an social-emotional learning program in the 2021-22 academic year (Schwartz et al., 2022). While some of these programs are used in schools (Youth Mental Health First Aid, teen Mental Health First Aid), some are less prevalent in school settings. Therefore, out-of-school-time programs, like 4-H, are well-positioned to address this gap in social-emotional learning programming.

4-H programming varies in how it is delivered and by whom. Programming may be delivered in community clubs, in short-term special interest clubs, in schools both during and after school hours, and more. Programs and curricula may be delivered by volunteers, 4-H staff, or other individuals such as by teachers or afterschool program staff. Training needs vary by program or curricula; some may require formal training and others may be “grab and go” style, where the program leader can use them without training. Social-emotional and mental health programming can be embedded into 4-H in various ways. One is that programming specifically targeting skill-building in social-emotional learning and mental health can be delivered. Another way is for 4-H staff and volunteers to model and promote social-emotional skills, such as through recognition of youth mental health challenges and supporting youth in moments of need, creating safe environments, encouraging identification and regulation of emotions.

As the largest youth-serving organization in the nation, with specific goals related to health, academic success, and life skills, the 4-H youth development program is poised to support efforts toward promoting youth’s mental health and well-being. Several existing 4-H curricula seek to address the social-emotional needs of today’s youth and teens, such as *Your Thoughts Matter* (The Ohio State University, 2023), *Mindful Me* (Regents of the University of California, 2023), *Mindful Mechanics* (Regents of the University of California, 2023), *4-H Yoga for*

Kids (University of Arkansas, 2023), and *GEM: Get Experiences in Mindfulness* (University of Delaware, 2023). These curricula are all activity-based programs that teach participants strategies and tools for health and well-being. Another training, *Youth Mental Health First Aid*, is a certification program that trains adults and teens to notice the signs and symptoms of youth in mental health crises (YMHFA; developed by the National Council on Mental Well-being, 2023a). While these curricula and training may be growing in popularity, it is unclear to what extent they are being implemented, how they are selected, and what delivery support is needed across Extension.

A recent review of youth mental health curricula that address access, equity, and belonging identified four programs recommended for use by Extension educators (Lobenstein et al., 2022). These programs included *Sources of Strength*, *teen Mental Health First Aid*, *Dynamic Mindfulness*, and *Youth Mental Health First Aid*. An additional eight programs were conditionally recommended but were considered difficult for Extension educators to access or implement or were less strong in evidence base. It is currently unknown how prevalent the use of these recommended programs is throughout 4-H.

Objective

To assess current needs, resources, and youth mental health programming, we surveyed 4-H Extension Leaders across the nation. The purpose of this study was to answer the following:

1. What programs are being used to address mental health needs among youth in Extension programming?
2. How do staff choose which programs to implement in their state?
3. What are the current needs of staff in terms of youth mental health programming?

Note that we use the term “youth” to be inclusive

of children, pre-teens, and teens. We also use the term “program” to be inclusive of curricula, workbooks, trainings, activity guides, and other learning tools to simply the language within the results.

Method

This study was approved by the Institutional Review Board at the University of California, Davis. We developed a survey that asked participants about current needs, resources, and mental health programming for youth in their state. The survey was collected online using Qualtrics. The survey link was emailed to state 4-H program leaders as well as staff that have a health and/or well-being component to their position. We asked that the survey be completed by someone in the state who could best speak to the mental health programming in the state. Data were collected from 31 of the 50 states and five territories, a response rate of 60% (33/55 for the 50 states and five major territories). We had responses from each region of the 48 contiguous states, giving us responses across the country. Seven states had two people respond to the survey, providing us with a total of 40 survey responses. Some participants did not answer all the questions; the sample sizes noted below indicate the number of responses for each question.

Survey

Participants provided information on what state they represented and their role or title. We asked participants to share which programs they currently offer in their state. A provided list of programming options also offered participants an “other” choice where they could share programs not listed. One question focused on how decisions are made about which programs are implemented, with five options: community needs, availability, funding, training requirements, and other, with the opportunity to write in other reasons. Another item asked participants to rank the order of importance for each of these options. Finally, participants had an

open-ended opportunity to describe their needs in delivering mental health programming within Extension. These responses were reviewed to examine overall themes. A co-author reviewed open-ended responses and color-coded different portions of the response based on themes. Other project staff reviewed the codes; any discrepancies were discussed until a consensus was reached. All other questions were analyzed using frequencies. The survey also asked some preliminary questions about the use of the *Youth Mental Health First Aid* program specifically; we used responses to these questions to form the basis of interviews with staff about the program. This preliminary data and the results of the interviews are shared elsewhere (Iacopucci et al., 2024). See the appendix for a copy of the survey.

Results

The survey was completed by Extension staff in various roles: 12 were 4-H agents or educators; seven were administrators, coordinators, or managers; 10 were professors, deans, or some other leadership role; and 11 were specialists. Some participants provided a specialty within the role (as indicated by their title); these included healthy living (including behavioral health, mental health, and wellbeing) (8), civic engagement (2), curriculum (2), career (1), and military (1). The most used program was the *Youth Mental Health First Aid* program, selected by 24 of the 33 states and territories. Other commonly used programs included *Your Thoughts Matter*, *4-H Yoga for Kids*, and *GEM: Get Experiences in Mindfulness*. Table 1 lists the programs, including a brief description and number of states and territories that report using that program. Four states did not report any programs; nor did any territories.

Participants (n=28) were asked what method they used to make decisions about what programs to deliver. The most common method was through community needs (21), followed by funding (15) and availability (15), training requirements (5), and

other (6; requests from external organizations or parties and partnerships). When we asked participants to rank the importance of these options for decision-making in order of importance for choosing programming, the highest ranked was community needs. Availability and funding tied for second place, with training requirements and “other” being the lowest importance. Other considerations that people listed for ranking were capacity and interested staff to lead, as well as partnerships that can provide funding and expertise. One state also noted that “Funding muddies things but it [sic] always at the forefront.”

Finally, we asked participants about their needs in delivering mental health programming. Themes in responses included staff and volunteer time and capacity to deliver programming: (e.g., “continually training new staff, new volunteers, some partners such as educational service units”, “more hands on deck to deliver programming”), and some states rely on partners to help with this. They also reported time for staff and organizations receiving the programming: “The biggest barrier to getting staff to do it is time”. States reported needing training and some specific programs or curricula to deliver: “access readily deliverable materials”, “grab and go lessons”, “would like to focus on one or two great programs”. States reported funding for materials as a need, as well as support from administration and County Councils. Program promotion and knowing how to market effectively was also identified as a need by some.

Implications & Recommendations

Programming that supports youth mental health and well-being continues to be a growing need nationally (CDC, 2021). Cooperative Extension is situated within many counties across the nation as a trusted resource for positive youth development programming and, therefore, ideally situated to support efforts toward youth mental health. 4-H is well-positioned to fill the gaps of schools in

addressing mental and emotional health of youth. However, to better deliver these programs, Extension professionals have expressed a need for increased staff and volunteer time, training, funding, and program promotion resources.

Extension professionals are primarily using *Youth Mental Health First Aid*, *Your Thoughts Matter*, *4-H Yoga for Kids*, and *GEM: Get Experiences in Mindfulness* for their youth mental health and well-being programming. We recommend that initial training and promotion efforts focus on these identified curricula because there is collective knowledge and existing expertise in delivering these programs. While there are many programs that focus on social-emotional learning and mental health, these aforementioned programs have already been established within Extension and may have existing partnerships, funding sources, and trained professions in the system that could be leveraged for greater use and promotion.

In a recent review of evidence-based youth mental health programs for Extension educators, *Youth Mental Health First Aid* (National Council for Mental Wellbeing, 2023c), *Teen Mental Health First Aid* (National Council for Mental Wellbeing, 2023c), *Sources of Strength* (Sources of Strength, 2023), and *Dynamic Mindfulness* (Niroga Institute, 2023) were all recommended as effective programs for Extension professionals (see Lobenstein et al., 2022 for review and evidence base). *Your Feelings Matter* was released after this study was conducted, but it is similar to *Your Thoughts Matter* for a younger age group (grades 3 to 6). While a majority of states reported using *Youth Mental Health First Aid*, and some using *Teen Mental Health First Aid*, no one reported the use of *Sources of Strength* or *Dynamic Mindfulness*. We recommend promoting *Sources of Strength* and *Dynamic Mindfulness* alongside these other programs, as they are evidence-based programs that also attend to issues of access, equity, and belonging (e.g. “stigma reduction, cultural competence, empathy with others, relationships/ friendship, social skills, or peer support” and the “study design elements included in the review used culturally competent practices to serve diverse ra-

cial, cultural, sexual, gender, socio-economic status, or other identities”, Lobenstein et al., 2022, page 4). Greater efforts can be made to promote these programs to Extension staff for use with youth.

Extension staff described community needs, funding, and program availability as important factors in determining which programs to promote. Extension staff can be supported through national and local needs assessments for youth mental health. We recommend that sites conduct a needs assessment and that through this process, sites may be more likely to identify funding opportunities, partnering organizations, and expand program awareness and availability.

Extension staff time and capacity were reported as the biggest needs in developing and delivering youth mental health programming. To address this need, one strategy could be establishing collective programming across the US within Extension. For example, a nation-wide selection of curricula, training, and pre-identified funding sources and partners could assist states that have not previously engaged in this work to take it on. A national repository of resources, partners, funding opportunities, and recommended curricula related to youth mental health can better support program delivery and awareness. Existing institutional knowledge on youth mental health and well-being programming can enhance efforts and possibly improve mental health outcomes for more youth.

To further support this work, centralized funding and training opportunities could be considered. Large-scale, multistate grants that support youth mental health could provide the funding and cross-training support that many states describe as drivers for this work. Collective 4-H efforts that target youth mental health across the US can benefit from shared resources, expertise, training materials, and resources that address youth mental health challenges related to access, equity, and belonging. Coordinating intentional funding strategies, training, and resources can support a national effort in 4-H programming that addresses the growing social-emotional and mental health needs of our

youth.

Finally, strong support from the State Treasurer ultimately made this program possible. Without their generous support, costs of program supplies would have been the responsibility of local school sites. Providing all materials needed for turn-key implementation was certainly a selling point for this program. The state treasurer’s office has generously provided funding for expanding this program from 13 schools to 20.

Conclusion

Community needs, program availability, and funding are drivers for selecting programs to address youth mental health concerns. Program support and resources that address the needs of Extension professionals would enhance the delivery of youth mental health programming throughout Cooperative Extension. Funding, training, and program promotion that focuses on *Youth Mental Health First Aid*, *Your Thoughts Matter*, *4-H Yoga for Kids*, and *GEM: Get Experiences in Mindfulness as well as Sources of Strength*, *Dynamic Mindfulness*, and *Your Feelings Matter* serves to result in the greatest impact to those Extension professionals currently engaged in this work.

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Table 1

Program Names and Number of States Using Programs (n=29)

Program & Brief Description	Regions	Number (Per- cent)
<p>Youth Mental Health First Aid “Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis... The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.” (National Council for Mental Wellbeing, 2023a)</p>	West, Southern, North Central, North East	24 (83%)
<p>Your Thoughts Matter This workbook is “intended for advanced-level youth who are interested in learning more about mental health, why it is important to overall well-being, and steps that promote understanding and action.” (Ohio State University, 2023). This workbook is appropriate for middle and high school youth.</p>	West, Southern, North Central, North East	13 (45%)
<p>4-H Yoga for Kids This curriculum provides simple yoga exercises intended to encourage thoughtful movement and breathing as a stress-relieving exercise. (University of Arkansas, 2023). This curriculum is appropriate for ages 5 to 19.</p>	West, Southern, North Central, North East	13 (45%)
<p>GEM: Get Experiences in Mindfulness “The program focuses on stress management taught through practical and interactive mindfulness-based activities to facilitate experiential learning. Participants of the program will learn what mindfulness is and how to integrate it into daily life, strength and flexibility poses, breathing techniques and other relaxation skills.” There are five lesson topics: Goal setting and intentions, awareness and attention, self-care through stress reduction and relaxation, communication and relationships, and gratitude and acceptance. (University of Delaware, 2023). The program is for ages 10 and up.</p>	West, Southern, North Central, North East	13 (45%)

<p>4-H Mindful Me</p> <p>The program promotes mindful practices that lead to improvements in managing one’s own goals, developing a sense of self, time management, stress management, emotional regulation, and mindful eating practices. Specific outcomes from youth participation in the curriculum include short-term (skill development and knowledge gain), mid-term (increased stress management, mindful eating, etc.), and long-term (improved physical, emotional, and social health) benefits. (Regents of the University of California, 2023). The program is for ages 5 to 8, or grades K to 3.</p>	West, Southern, North Central, North East	8 (28%)
<p>4-H Inspire Kids to Do Guides</p> <p>The 4-H activity guides include hundreds of hands-on, interactive activities that can be done at home or in the classroom (4-H, 2023). Target age varies by activity. There are various 4-H at home guides, several with a focus on emotional wellness and health.</p>	West, Southern, North Central, North East	7 (24%)
<p>Teen Mental Health First Aid (tMHFA)</p> <p>“teen Mental Health First Aid (tMHFA) teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers” (National Council on Mental Wellbeing, 2023b). tMHFA also covers the impact of school violence and bullying on teens’ mental health along with equipping teens with an action plan to open a difficult conversation and seek adult assistance when a crisis arises (National Council on Mental Wellbeing, 2023b).</p>	West, Southern, North Central, North East	7 (24%)
<p>4-H Mindful Mechanics</p> <p>The overall program aims to promote mindful practices that lead to improvements in managing one’s own goals, developing a sense of self, time management, stress management, emotional regulation, and mindful eating practices. Mindful Mechanics can also serve as a training for teens (or grades 9-12) that would like to lead lessons from the companion curriculum, Mindful Me, through a ‘teens as teachers’ (TAT) approach. The Mindful Me curriculum uses children’s literature and best practices in the field of positive youth development to deliver programming to 5-8-year olds. The TAT approach provides teens with the opportunity for individual growth and meaningful contribution (Regents of the University of California, 2023).</p>	West, Southern, North Central, North East	6 (21%)

<p>Social & Emotional Learning in Practice: A toolkit of practical strategies and resources “This toolkit includes activities, templates and tools organized around four ways to help support staff and youth in SEL”. (Regents of the University of Minnesota, 2023)</p>	Southern, North Central, North East	5 (17%)
<p>4-H Mindful Teen “Mindful Teen: From Surviving to THRIVING! is a six-lesson workshop series for youth in grades 7-12 based on the book, The Mindful Teen: Powerful Skills to Help You Handle Stress One Moment at a Time by Dr. Dzung Vo ... The program can be implemented both in-person or virtually, empowering youth and equipping them with practical strategies and mindful practices to manage stress, difficult emotions, and improve and support their overall well-being, relationships, and performance in school, sports, the arts, and other daily activities.” (Iowa State University Extension and Outreach, 2023)</p>	Southern, North Central	5 (17%)
<p>Be SAFE “Be SAFE includes engaging activities that promote social and emotional learning and development, address and prevent bullying and foster positive relationships with peers and adults.” (Michigan State University, 2023a). This program is for ages 11 to 14.</p>	Southern, North Central	3 (10%)
<p>Heads In, Hearts Out Activity Guides “These resources encourage youth and families to use their minds (putting their "heads in") as a tool to expand their knowledge around variety of topic areas. By creating a shared educational experience, youth and their families will work, grow and learn together, putting their "hearts in" to the process”. (Michigan State University, 2023b). Target age varies by activity.</p>	North East	1 (3%)
<p>Other Programs listed under “Other”: 4-H Teens Helping Teens Task Force (1), ASIST (1), Coping with COVID (1), Less Stress for Students (1), Mental Health Awareness and Advocacy Training (2), QPR (3), SAFETalk (1), Superhero You (1), Youth Aware of Mental Health (1), a combination of curriculum or developing own (2). Target age varies by program.</p>	West, Southern, North Central, North East	11 (38%)

Appendix

Copy of Survey

Youth mental health has become an increasingly talked about topic within Extension and 4-H programming. To assess current needs, resources, and youth mental health programming, we ask that you please complete the following survey. We are also seeking individuals willing to be interviewed about their experience using the Youth Mental Health First Aid program. If you are willing to be contacted for an interview, you can indicate your preference within the survey.

The survey should take 10 minutes to complete.

Responding to the questions below is voluntary. Information is stored on a secure computer with restricted access. Your participation will be kept confidential and will not be identified in any publication. There is no direct benefit to responding; however, the information may improve the 4-H program.

If you have questions, please contact if you have questions, please contact [author] at [email].

Do you consent to participate in this study?

- Yes
- No

State: [Select]

Role/Title: [Fill in]

Name:

Would you be willing to talk with us more about your experience in an interview?

- Yes
- No

If yes, email contact: [Fill in]

Please check all programs currently implemented in your state:

- Youth Mental Health First Aid
- Teen Mental Health First Aid (tMHFA)
- 4-H Mindful Me
- 4-H Mindful Mechanics
- 4-H Mindful Teen
- Your Thoughts Matter
- GEM: Get Experiences in Mindfulness
- Social & Emotional Learning in Practice: A toolkit of practical strategies and resources
- Be SAFE
- 4-H Yoga 4 Kids
- Heads In, Hearts In Activity Guide
- 4-H Inspire Kids to Do Guides
- Other: _____

How did you make decisions about delivering these programs, generally? [Check all items]

- Community needs
- Funding
- Availability
- Training requirements
- Other: _____

Rank the order of importance in making decisions about delivering these programs

- Community needs
- Funding
- Availability
- Training requirements
- Other: _____

What are your needs in delivering mental health programming within Extension?

Questions Related to Youth Mental Health First Aid

Who is trained as an instructor of Youth Mental Health First Aid (certified to train others in YMHFA) in your state Extension program? [Provide sliding scale numbers for each below]

- Staff
- Volunteers
- Community Partners
- Unsure

Who is trained in Youth Mental Health First Aid in your state Extension program? [Provide sliding scale numbers for each below]

- Staff
- Youth Volunteers
- Adult Volunteers
- Community Partners

Please indicate your willingness to engage in Youth Mental Health First Aid Training: [1-10 scale; 1 unwilling – 10 very willing]

Please indicate your attitude towards engagement of Extension Professional's in Youth Mental Health First Aid Training: [1-10 scale; 1 unimportant – 10 very important]

What successes have you had with the Youth Mental Health First Aid program?