



Improving Mental Health in Rural Youth

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COVID-19 brought concern for community mental health to the forefront. Many communities benefitted from this increased attention and funding for initiatives like the expansion of telehealth and tele-psychological services. However, for under-resourced rural communities lacking the infrastructure and access to these benefits, mental health solutions required more creativity.

By incorporating community members and students into a decision-making process, two school-based mental health



Figure 1 Photo provided by first author.

programs were implemented during COVID-19. As trust in community-based mental health initiatives grows, a third program will be introduced outside of the schools. The use of community-based participatory research (CBPR) through a school-hospital-university partnership has shown how a community can rally around mental health to transform a community in a sustainable way.

“A school-hospital-university partnership rallied the community to select and implement youth mental health programs despite all the challenges brought about by COVID-19.”

Highlights

This project and study incorporate community members and students into a decision-making process to guide community-level mental health interventions for youth.

The CBPR method encourages agency and decision-making power.

Community involvement may lead to greater community connectedness.

After an increase in suicides in rural Montgomery County, Illinois Hillsboro Area Hospital partnered with the [Department of Population Science and Policy at SIU School of Medicine](#) to create the David A. Imler Youth Assessment. By then also adding a third partner, the school district, an assessment was created to survey the youth population on mental health and identify the risk and protective factors associated with mental health outcomes. The partnership created a steering committee for diverse members of the community (e.g., high school staff, medical professionals, ministry, high school students, parents, and retirees) to assess data, select and implement community-centered programs, and make program-related decisions. The hospital provided seed funding to collect the data and implement the programs the steering committee chose. Students and staff from the schools, the hospital, and a community-based non-profit were trained to implement these programs with a focus on sustainability.

Methods

The Assessment was administered to all 6th to 12 graders in Hillsboro Jr. High and Hillsboro High School to understand mental health outcomes and model their relationship to the risk and protective factors. We developed pre- and post-tests and examined the reception and effectiveness of the programs implemented.

Results

- We found abnormal levels of depression (35.7%) and high suicide ideation (20%) across over 700 students in the jr. high and high school.
- Some of the biggest protective factors mitigating poor mental health were family attachment and rewards for prosocial involvement at school.
- The biggest risk factors for poor mental health outcomes were low commitment to school, family conflict, and bullying.
- The steering committee initially implemented two programs: *Sources of Strength* (fall 2020) and the *Blues Program* (winter 2021) with a third program (*Strengthening Families Program*) starting in 2022 to reach the whole family.
- *Sources of Strength* expanded to a second school and increased its student reach from 31 students and 39 adults in the first year to 76 students and 67 adults in the second year. The *Blues Program* maintained a consistent number of students of 20 in the first year and 17 in

HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR WORK?

Our interdisciplinary approach integrated psychology, medicine, and education to transform youth mental health in the community. We used a targeted approach to identify why depression and suicide were high in the community and supported local residents in deciding what they wanted to see in their town to address these issues.

the second year, even as legal issues around mask mandates impacted program growth. In year 3, the High School is hoping to integrate this program as part of its curriculum to improve delivery.

- The success in this community has led us to replicate this process in two neighboring communities in Illinois. More specifically, this same process began in fall 2022 with Nokomis schools - another school district in the county. School-wide data was collected, another community board was developed, and they will be evaluating program options based on their results over the next few months. A third community in a different county will begin in the fall.

What Does This Mean For Practice?

Rural hospitals are social anchors in their community that have immense potential to (a) change the power dynamic their residents may experience, and (b) reduce silos and strategize new ways to address mental health. This project could serve as a blueprint for other communities and universities looking to implement shared programming.

Overview of the Initiative: <http://www.hillsboroareahospital.org/community/david-a-imler-initiative/>

Press Release about the program's expansion: <http://www.hillsboroareahospital.org/news/david-a-imler-initiative-expands-to-include-strengthening-families-program/>

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