Fall 10-12-2022

Connecting and Communicating to Support Youth Mental Health

Michele Davide
Seton Hall University, midavide@optonline.net

Connecting and Communicating to Support Youth Mental Health

By

Michele Davide

DNP Scholarly Project Committee

Dr. Mary Ellen Roberts

Dr. Moira Kendra

Dr. Michael Peters

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice

Seton Hall University

2022

College of Nursing
Graduate Department

APPROVAL FOR SUCCESSFUL DEFENSE

Michele Davide has successfully defended and made the required modifications to the text of the DNP Final Scholarly Project for the Doctor of Nursing Practice during this Fall, 2022

Final Scholarly Project COMMITTEE

Dr. Mary Ellen Roberts Date

Dr. Moira Kendra Date

Date

Dr. Michael Peters

Dedication

I dedicate this project to my family who offered me unwavering support from the moment I declared I was going back to school.

To my husband, Richard Fardo. You always encouraged me to chase my dreams. Even though you never did get a solid answer to "What will you do with this degree?" or "How will this time and monetary investment translate into a higher paying job?", you graciously accepted that I was in it for the joy of learning and the desire to make an impact. You never hesitated to pick up my slack with household and parenting duties while I spent endless hours tap-tapping away. You are an amazing partner, and I am so glad that we are in this thing called life together.

Michael Fardo, you taught me how to just get pen on paper when I did not know where to begin. Your drive and energy inspire me, and I am so proud of the man you have become. Angelina, you taught me to raise my voice (in the good way) and never back down. Your tough love approach to editing allowed me to create a video that fills me with pride. I am in awe of the way you fearlessly break down barriers and take risks. RJ your enthusiasm for my education grounded me. You jokingly complain when I "nerd out" and when I'm not around you call me a hero. Thanks for being practically perfect. I am blessed that you are my children and I thank you for your patience when my educational journey took my time and attention away from you.

To my wonderful sisters LoriAnn Kriz and Jenn Weber, you were my sounding boards and voices of reason. You listened to me drone on about youth mental health. You opined, proofread, and distracted me when needed. Thank you for your support.

To my parents, Frank and Janine Davide you instilled in me an appreciation for education and an understanding that hard work pays off. Thank you for validating me and lending me your strength. You are my role models. I could never have accomplished this without you.

Acknowledgements

Thank you to Dr. Michael Peters for encouraging me to embrace mental health in the pediatric primary care setting. Your dedication to treating the "whole child" planted the initial seeds for me to begin this journey. I inherently understood that there was a worsening unmet need for youth mental health services, and you helped me realize that I could become part of the solution. Thank you for supporting me through this project and I look forward to continuing to work with you in the future.

Thank you to Dr. Barbara Strand, Dr. Michelle Heller, Maureen Torchia, Heidi Davis, and Allison Smith. You are my friends, mentors and co-conspirators. I have learned from you and leaned on you, and I appreciate your insight and support. Thank you Roxy DeAquino, Nancy Greene and Carolyn Evans for sharing my passion to improve access to youth mental health care and always going the extra mile for our patients.

I would like to acknowledge my friends Jenny Scott and Dr. Joni Hemond. I cherish the time we spent together early in our careers, during our initial introduction to motherhood, and navigating chaos at school and at work and during the days and weeks following 9/11. You helped me keep things in perspective and you always reminded me that it is essential to balance hard work with fun and prioritize family and friends.

I would like to acknowledge Dr. Mary Ellen Roberts. Your guidance throughout this program helped me to find my passion and grow as a practitioner and a person. You taught me to be flexible and that I can accomplish difficult tasks. Thank you for sharing your knowledge and for your tireless support of your students.

Table of Contents

Abstract

The nation is experiencing a pediatric mental health crisis amid a shortage of pediatric mental health care providers. The Connecting and Communicating project explores a strategy pediatric primary care practitioners can employ to bridge this gap and maximize their impact on supporting youth mental health in a community.

For this project, a pediatric primary care nurse practitioner created a pilot educational video with the dual purpose of educating parents and school staff on the importance of connecting with adolescents using the evidence-supported communication technique of validating strong emotions without judgment, and partnering with pediatric health stakeholders by requesting input on the pilot video. Validating strong emotions to strengthen relationships and promote resilience is informed by Carl Roger's person-centered theory, Marsha Linehan's Dialectical Behavioral Therapy (DBT) and John Gottman's meta-emotion philosophy.

The success of the project was measured using pre and post surveys and interviews. The survey responses and discussions indicated that creating this video was an effective way to educate individuals about a mental health topic and form local partnerships to support youth mental health. Requesting input on the pilot video led to numerous conversations with stakeholders about the need for collaboration on youth mental health initiatives. The project ignited a conversation in the community about youth mental health and led to presentations, meetings, and programs. The project identified the need for additional research on ways pediatric health stakeholders can form local partnerships on mental health initiatives and the impact of such partnerships on youth mental health outcomes.

Keywords: pediatric primary care provider, school, youth, mental health, partnership, collaboration, school-based mental health initiatives, training, and communication

Background

Pediatric primary care practitioners (PPCPs) have been identified as professionals who have the potential to help bridge the gap left by a shortage of pediatric mental health providers during a time of increased youth mental health challenges.

Globally, pediatric mental health care is estimated to cost $387.2 billion dollars a year (Keeley, 2021). According to Keeley (2021) across the world, 13% of children ages 10-19 have been diagnosed with a mental illness, 19% of 15-24 year-olds reported feeling sad and additional youth are experiencing mental health challenges that interfere with their ability to socialize, learn and prepare for the future and do not meet criteria for mental illness (Keeley, 2021).

In the United States, mental health disorders place a tremendous personal and economic burden on individuals, families, and society. In 2020, the estimated cost of mental health care in the U.S. was $280 billion dollars, which does not account for the cost of untreated mental illness or indirect costs associated with mental illness (The United States Government, 2022). In 2020, 29% of Social Security Disability Insurance beneficiaries, or 2.4 million people, received income support because they cannot work due to mental illness (The United States Government, 2022), and a disproportionate percentage of the homeless and incarcerated population suffer from serious and untreated mental illness (The United States Government, 2022; National Alliance on Mental Illness, 2022).

In the United States, one out of every six children between the ages of 6 and 17 experience a mental illness each year (National Alliance on Mental Illness, 2022) and suicide is the second leading cause of death for 10-14 year-olds and the third leading cause of death for 15-24 year-olds. Half of adults with mental illness experienced symptoms by age 14 and three quarters of the time their mental illness emerged by age 24 (National Alliance on Mental Illness,

2022). Annual estimated mental health care costs in the United States for youth up to age 24 is $247 billion when the cost of medication, inpatient treatment, outpatient treatment, special education, juvenile justice, and lost work productivity is included (Bardach et al., 2014).

Pediatric health leaders including the American Academy of Pediatrics (AAP) and the National Association of Pediatric Nurse Practitioners (NAPNAP) have tasked PPCPs with increasing their mental health competency and embracing opportunities to improve the mental health and wellness of youth. In 2019, the AAP published the Mental Health Competencies for Pediatric Practice policy statement (Foy et al., 2019), and the technical report, Achieving Pediatric Mental Health Competencies (Green et al., 2019). These publications detail capabilities and potential practice changes needed for pediatric practitioners to successfully provide mental health care to children in the primary care and specialty care settings (Foy et al., 2019; Green et al., 2019). The six core competencies recommended are foundational communication techniques, integration of mental health care into all patient visits, skillful assessment and treatment of children with mental illness, implementation of evidence-based psychotherapy and psychopharmacology, co-management of patients with mental health specialists, and prioritization of mental health as essential to pediatric care (Foy et al., 2019).

Green et al. (2019) and Frye et al. (2021) recommend restructuring undergraduate and graduate medical education and advance practice nursing curricula to strengthen mental health assessment and treatment. Practicing providers are encouraged to inventory their own mental health treatment deficits and seek educational opportunities to meet the pediatric mental health competencies (Green et al., 2019). Green et al. (2019) recommend mental health courses, webinars, mini-fellowships, depression guidelines, and a mental health toolkit with algorithms as tools to increase PPCP mental health competencies. Collaborative care arrangements between PPCPs and mental health specialists and hiring mental health specialists to work in pediatric

practice are additional strategies suggested for PPCPs to improve their delivery of pediatric mental health care (Green et al., 2019). PPCPs should educate their staff and structure their office policies to prioritize mental health, advocate for policies that support pediatric mental health care reimbursement and participate in cross-disciplinary learning experiences (Foy et al., 2019; Frye et al., 2021; Green et al., 2019).

Achieving these competencies requires time and money. Nurse practitioners, physicians, and physician assistants are allotted an average of 1-6 professional development days and reimbursed $1,000-$5,000 per year by employers for continuing education, and they use personal time and money to supplement those benefits (O'Brien Pott et al., 2021a). Academic institutions and professional organizations offer high quality continuing education programs (O'Brien Pott et al., 2021b), which are often supported or subsidized by government or corporate grants (American Academy of Pediatrics, 2022b; Substance Abuse and Mental Health Services Administration, n.d.-a). Recently, the federal government committed hundreds of millions of dollars to funding programs aimed at increasing access to youth mental health care including grants to support pediatric providers in mental healthcare training initiatives (U.S. Department of Education, 2022).

In addition to increasing their mental health competency, pediatric leaders recommend forming community partnerships as a strategy to support youth mental health to help meet the urgent demand for pediatric mental health services (American Academy of Pediatrics, 2021a; Arora et al., 2016; Centers for Disease Control and Prevention, n.d.; Hertz & Barrios, 2020; Hoover et al., 2019, Mitchell et al., 2021; Orenstein, 2021).

Definition of Terms

Adolescents: Youth aged 11-22 with rapidly developing brains who are biologically programmed to seek out peer relationships, act on impulses, and react emotionally and, as a group, were disproportionately impacted by the social isolation resulting from the COVID-19 pandemic.

Community partnerships: Organizations that serve an overlapping client base collaborating on projects to benefit the community.

Connectedness: Feeling supported by and cared about.

Mental health challenges: Broad term for recurrent or persistent feelings of sadness, hopelessness, worry, or stress, or any symptoms that impede emotional, psychological, or social well-being or impact a person's ability to function at school or home or in social settings.

Pediatric primary care practitioners (PPCPs): Nurse practitioners, physicians and physician assistants who provide well-child care, treat acute illnesses and manage chronic care needs of children from birth through adolescence. They often develop longstanding relationships with families, and they play an active role in educating parents and patients about social and emotional development.

Resilience: The process and outcome of successfully adapting to difficult or challenging life experiences.

School-based employees: All adults who work at schools including but not limited to school nurses, teachers, teaching assistants, administrators, coaches, and counselors.

Validation: Empathetic listening without judgment.

Youth: Individuals from birth through young adulthood including adolescents (aged 11-22). Mental health is influenced by many factors starting with caregiver attachment during the newborn period. While mental health challenges become more common and apparent once

children reach adolescence, youth of all ages experience mental health challenges and will benefit from community partnerships aimed at supporting the mental health of all youth. The terms "adolescents" and "youth" and "teens" are sometimes used interchangeably when referring to mental health challenges and interventions.

Description of the Project

Pediatric mental illness is associated with poor school performance, decreased graduation rates, decreased work productivity in adulthood and poor physical health outcomes. Untreated mental illness becomes more severe over time and results in symptoms that are more expensive and more difficult to treat (Hoover et al., 2019; National Research Council and Institute of Medicine, 2009). Care provided by parents of children with mental health challenges is considered exceptional due to the excessive time, energy and resources required (Brannan et al., 2022). Brannan et al. (2022) report that 48% of exceptional caregivers have quit a job and 27% of exceptional caregivers have been terminated from a job due to work demands conflicting with caregiving responsibilities.

Stronger connections to family members and school-based employees, earlier identification of mental health challenges, and timely referrals to mental health care services are protective of pediatric mental health which can translate into reduced suffering, improvements in quality of life for children and family members, and significant economic savings (Jones et al., 2022; Keeley, 2021; Knapp & Wong, 2020; Steiner et al., 2021; Wissow et al., 2016; The United States Government, 2022). Partnerships between school districts and community providers will improve student outcomes and positively impact "academic, social, emotional and behavioral needs" (Hoover et al., 2019, p. 21). According to Hoover et al. (2019) "coordinating resources and strategies leads to efficient, effective and sustainable workflows" (p. 21) and "community partners can link students to other services and supports in the community" (p. 21).

Pediatric nursing, medical, mental health, pedagogic, and policy guidelines recommend community medical providers, pediatric mental health providers, and educational leaders form partnerships to support children with mental health challenges (American Academy of Pediatrics, 2021a; Arora et al., 2016; Centers for Disease Control and Prevention, n.d.; Hertz & Barrios, 2020; Hoover et al., 2019, Mitchell et al., 2021). One strategy frequently suggested by leaders across disciplines is seeking joint professional development opportunities to foster collaboration between schools and community health providers (American Academy of Pediatrics, 2021a; Bradley-Klug, 2010; Bradley-Klug, 2013; Solomon et al., 2018; Zaheer et al., 2022).

Despite numerous strategies recommended in the literature that pediatric primary care providers and school staff can plan in partnership and independently to alleviate youth mental health challenges, (American Academy of Pediatrics, 2021a; Arora et al., 2016; Centers for Disease Control and Prevention, n.d.; Foy et al., 2019; Fry et al., 2020; Green et al., 2019; Hertz & Barrios 2020; Hoover et al., 2019) changes are slow to be implemented. The tremendous need for pediatric mental health services makes it difficult for medical providers or schools to find time to plan programs and forge partnerships (American Academy of Pediatrics, 2021a, 2021b; Office of the Surgeon General, 2021; Substance Abuse and Mental Health Services Administration, 2022). Instead of proactively planning partnerships and programs, pediatric practices and schools are overwhelmed meeting the day to day needs of the youth and parents they support (Baker et al., 2021; Chokshi et al., 2021; Kush et al., 2021; National Academies of Sciences, Engineering, and Medicine, 2021).

The Connecting and Communicating project involved a pediatric primary care nurse practitioner creating an educational video targeting local parents and educators of youth that encourages the use of validating strong emotions through empathetic listening without judgement to help adults build and strengthen their connections to adolescents. Studies prove

family and school connectedness protects the well-being of adolescents (Steiner et al., 2021) yet there is a void of published information describing concrete techniques adults can use to build and strengthen protective connections.

The communication technique of validating strong emotions without judgement to strengthen connections is informed by Carl Roger's person-centered theory, Marsh Linehan's DBT and John Gottman's meta-emotion philosophy. The person-centered theory states that individuals must be heard, understood, and regarded positively to grow (Rogers, 1957). Rogers' client centered approach to listening encompassed validation, reflection, positive regard, and body language as integral components of motivation to change (Weinstein et al., 2022). DBT is an effective transdiagnostic treatment for numerous conditions that involve emotional dysregulation (Linehan et al.,1993; Linehan, 1997). Zalewski et al. (2018) noted the relationship between emotional regulation, a main target of DBT, and parenting and recommends applying DBT to parenting as a strategy to reduce mental health symptoms in at-risk children.

John Gottman's meta-emotion philosophy led to the development of emotion coaching, a technique that has been successfully applied in homes and schools (Gus et al., 2015). Emotion coaching teaches adults to help children identify and name emotions, and then validate their emotions as a tool to nurture adult-child relationships, and help children regulate their emotions and build resilience (Gus et al., 2015).

The nurse practitioner selected the topic of using validation to connect with adolescents because it is a universal message that all adults who work with and care for adolescents can use during daily interactions with youth to strengthen relationships. In primary pediatric care this is known as anticipatory guidance (American Academy of Pediatrics, 2022a), and in schools it is considered a Tier 1 intervention, since it supports the wellbeing of all students (New Jersey Department of Education, n.d.).

The nurse practitioner used guidelines based on the cognitive theory of multimedia described by Brame (2107) to inform the outline, content, and structure of the video. In the video, the nurse practitioner described the youth mental health crisis, used published statistics to describe the positive impact of youth connectedness to families and schools, and recommended a universal solution for adults to strengthen relationships with teens. Personal examples and stock photos of children, families and school-based employees were used to connect with viewers and specific steps were outlined to help viewers understand and process the information (Brame, 2017). The nurse practitioner used lived experience as a parent of teens to empathize and connect with the audience and offer a personalized message. The nurse practitioner reached out to teens and parents, health and mental health professionals and school-based employees to gather input and update iterations of the video. The video was both personal and professional and elicited strong emotions in viewers.

After creating the first two drafts of the video and then the pilot video without professional assistance, the nurse practitioner determined that professional assistance was required to create a high-quality video. The first 3 iterations of the video took approximately 100 hours to complete in addition to the time spent researching the information that was included in the video and gathering input from stakeholders. As part of the second phase of the project, the nurse practitioner retained an audiovisual consultant to guide her through the process of designing a high-quality video using free and inexpensive technology resources. Given the technological challenges of the nurse practitioner, the creation of the 4th iteration of the video which was anticipated to be free and take approximately 20 hours, turned into a 100-hour project, and cost $1,012.50 in consulting fees.

The iterative process of seeking stakeholder and end-user input to improve the video was informed by Adam et al. (2019) using the human centered design (HCD) approach to video-

based health education. According to Glascoe & Trim (2014), "video interventions are known to be highly effective in changing knowledge, attitudes, and behaviors" (p. 889).

The creation of the brief video where the nurse practitioner outlines and recommends a universal, impactful communication technique to respond to a mental health crisis, using input from professionals across pediatric serving disciplines, demonstrates a strategy that health care providers, educators and parents can use to help adolescents thrive.

Purpose of the Project

The primary purpose of the project was to educate parents and educators about the impact of connectedness and the use of validation as a research-supported communication technique. The secondary purpose of creating the video was to identify opportunities for adolescent mental health stakeholders to work together at the community level to respond to the youth mental health crisis.

Goals and Objectives

Goals

The short-term goal of the project is the creation of a video informed by professionals across disciplines that will increase an adult's ability to communicate with an adolescent in a supportive manner that increases connectedness.

The secondary goal is to encourage cooperation and create partnerships between pediatric practices, local schools and other child-health serving organizations to develop and implement programs to support youth mental health.

The long-term goal of the project is to create a culture of cooperation between schools and pediatric primary care practices and improve the mental health outcomes of youth in the community.

Objectives

1. Identify a mental health knowledge gap common to parents and educators.
2. Search literature for research supported suggestions to address the knowledge gap.
3. Create a relevant, personal, impactful pilot video to increase knowledge and introduce practitioner to viewers.
4. Identify pediatric health stakeholders interested in viewing and discussing the pilot video.
5. Distribute the pilot video and pre and post surveys to evaluate change in knowledge and impact of the video.
6. Reach out to viewers and request feedback on the video and discuss opportunities for collaboration.
7. Evaluate the video based on feedback.

Significance of the Project

Pediatric mental health challenges, a national public health concern prior to the COVID-19 pandemic, have significantly intensified over the past three years (Office of the Surgeon General, 2021). A recent national survey found that 44.2% of high school students experienced persistent feelings of sadness or hopelessness, 19.9% of students had seriously considered attempting suicide, and 9.0% had attempted suicide (Jones et al., 2022). Due to increased mental health symptoms and pediatric emergency room psychiatric visits since the beginning of the COVID-19 pandemic, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) declared a National Emergency in Pediatric and Adolescent Mental Health in October 2021 (American Academy of Pediatrics, 2021b). A few months later, the United States Surgeon General issued a special report on the urgency of supporting pediatric mental health (Office of the Surgeon General, 2021) and over the past three years, legislators budgeted hundreds of

millions of dollars to address the national pediatric mental health crisis (Substance Abuse and Mental Health Services Administration, 2022; U.S. Department of Education, 2022).

Pediatric primary care practitioners (PPCPs) are paramount to identifying, treating, and referring children with mental health care needs (Foy et al., 2019; Fry et al., 2020; Green et al., 2019). PPCPs have been tasked with increasing pediatric mental health care capacity by expanding their knowledge and competence in pediatric mental health care and support. PPCPs face knowledge, training and logistical barriers that interfere with their ability treat pediatric mental health concerns, locate resources to help their pediatric patients with known mental health challenges, and identify children facing mental health challenges who are not seeking help (Foy et al., 2019; Fry et al., 2020; Green et al., 2019).

To answer the research question "How can a primary care pediatric practitioner improve mental health outcomes for children and adolescents?" pediatric primary care mental health policy and position statements were reviewed. The Pediatric Nurse Practitioner Association (NAPNAP) Position Statement on the Integration of Mental Health Care in Pediatric Primary Care Settings and the AAP Policy Statement, Mental Health Competencies for Pediatric Practice both call for pediatric health care providers to become more educated on diagnosing and treating mental health conditions and forming integrative and collaborative relationships with community organizations and pediatric mental health providers to meet the mental health needs of children (Foy et al., 2019; Fry et al., 2020; Green et al., 2019).

According to a joint report by the National Center for School Mental Health (NCSMH) and the National Association of School Psychologists (NASP), schools provide mental health treatment to 70%-80% of children who receive assistance, offer health promotion and social and emotional learning (SEL) to all students, are six times more likely than community mental health clinicians to provide evidence-based services, and are "considered the natural and best setting for

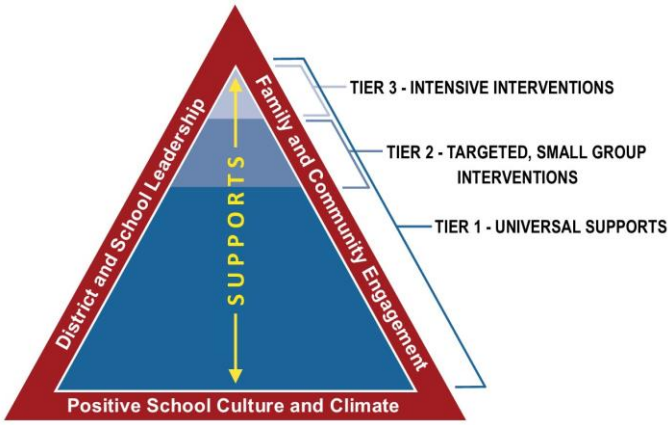
comprehensive prevention and early intervention services for all students" (Orenstein, 2021, p.1). In the United States, schools are the most common place that youth with and without mental health symptoms seek mental health services (Duong et al., 2020) and there is a need for interconnection across child-serving sectors (Duong et al., 2020).

In the wake of the COVID-19 pandemic, amid rising rates of pediatric mental health symptoms, schools are encouraged and financially incentivized to implement innovative programs to increase mental health treatment for children (National Academies of Sciences, Engineering, and Medicine, 2021; Substance Abuse and Mental Health Services Administration, 2022). The 2022 New Jersey Comprehensive School-Based Mental Health Resource Guide notes programming should be based on community partner problem-solving collaboration and take student needs and available resources into account (Zaheer et al., 2022).

Schools have played a significant role in supporting student mental health for decades. In the early 2000's schools began adopting the multitiered system of support model, (MTSS) such as New Jersey's Tiered Systems of Support model shown in Figure 1. According to the Multitiered systems of supports model, schools offer universal health prevention and promotion to all students, target preventive services to at-risk students, and provide or refer mental health interventions for students with intense mental health service needs (New Jersey Department of Education, n.d.).

Figure 1

New Jersey Tiered System of Support (NJTSS)



Note: This figure demonstrates the New Jersey Tiered System of Support model, an example of the widely accepted Multitiered System of Support used by districts across the country to plan supports and services for students with mental health needs. *New Jersey Tiered System of Supports*. New Jersey Department of Education. (n.d.). Retrieved April 17, 2022, from https://www.nj.gov/education/njtss/index.shtml. In the public domain.

In the past ten years, schools widely accepted the Center for Disease Control (CDC) Whole Child Whole School (WSCC) framework for addressing health in schools. The WSCC model highlights the importance of community support of schools, connections between health and academic success, and the need for evidence-based school policies and practices (Centers for Disease Control, n.d.). The center of the WSCC the model depicts safe, engaged, supported, challenged, and healthy students, surrounded by ten essential model components (including social and emotional climate, counseling, and psychological and social services), framed by community supports as shown in Figure 2 (Centers for Disease Control, n.d.). As evidenced by the MTSS and WSCC models, all school staff members and community health providers play a role in supporting the mental health of students.

Figure 2

Centers for Disease Control and Prevention (CDC) Whole School Whole Community (WSCC) Model

Note: This figure represents the CDC's WSCC model, which is centered around safe, healthy, engaged, supported, and challenged students. The CDC uses this model to frame components educational leaders and policy makers should use to address health in schools. The community plays a prominent role in the WSCC model. Connections between health and academic achievement and the importance of evidence-based school policies and practices are emphasized.

The ten components of the model are:

1. Physical education and physical activity.
2. Nutrition environment and services.
3. Health education.
4. Social and emotional climate.
5. Physical environment.
6. Health services.
7. Counseling, psychological, and social services.
8. Employee wellness.
9. Community involvement.
10. Family engagement.

Centers for Disease Control and Prevention. (n.d.). *Whole School, Whole Community, Whole child (WSCC)*. Centers for Disease Control and Prevention. Retrieved April 7, 2022, from https://www.cdc.gov/healthyschools/wscc/index.htm. In the public domain.

Pediatric primary care practices and schools are identified as locations that have the potential to help bridge the gap left by a shortage of youth mental health providers during this time of crisis. These organizations provide overlapping and complementary mental health services and partnering around mental health initiatives is a strategy recommended by leaders in the fields of pediatric health, education, and school mental health to help meet the mental health needs of youth in a community. This project fills a void in the literature. Despite

recommendations to partner, concrete strategies for individual community-based professionals to partner with school-based professionals around youth mental health are not well defined and innovative strategies to develop partnerships are needed to guide professionals in their quest to improve youth mental health outcomes.

It is hypothesized that creating an educational mental health video and eliciting input on the video content from community pediatric health stakeholders will start conversations about ways pediatric primary care practices and schools can collaborate on youth mental health initiatives. This project may lead to sharing information about current trends in youth mental health symptoms, referral patterns in schools and primary care practices, community mental health resources, and opportunities to network and pool information.

Review of the Literature

A literature search to identify collaborative partnerships between primary pediatric care providers and schools and evidence-based communication techniques designed to improve pediatric mental health outcomes was conducted through the Seton Hall University online library with the assistance of a professional librarian. The PubMed, CINHAL and APA PsychInfo Databases were queried using the terms “pediatric primary care provider”, “school”, “youth”, “mental health”, “outcomes”, “partnership”, “collaboration”, “school-based mental health initiatives”, “training”, “parental support”, “therapeutic relationship”, “validation” and “communication skills”. Studies describing the roles primary care providers and school staff play in youth mental health support, pediatric primary care provider and school collaboration, and communication techniques supportive of strengthening adult adolescents and youth mental health were identified. Published, peer reviewed journal articles were reviewed for relevance to youth mental health, pediatric primary care and school partnerships, and brief, transdiagnostic

interventions. Literature reviews supporting relationship building communication strategies to inform the educational video are summarized.

School-Based Mental Health Support

Solomon et al. (2018) elicited input from 23 policy makers, 14 educators and 27 students using semi-structured focus groups and interviews to understand various perspectives on what is needed to promote healthy schools as outlined in the WSCC model. Though widely accepted, this comprehensive framework is not universally implemented due to fragmented and uncoordinated services and a lack of funding. All three categories of stakeholders agreed that supporting mental health, social and emotional skills and school climate should be prioritized since it would benefit every student in every district. Students in the study reported seeking support from teachers over other school staff and finding teachers "more approachable, or easier to connect with based on their existing relationships" (Solomon et al., 2018, p. 30). The authors concluded that training teachers on strategies to support the mental and emotional health of students through professional development initiatives should be prioritized by policymakers and districts to optimize student health and academic success (Solomon et al., 2018).

Student-teacher relationships are critical to the well-being of children, even more so than relationships with parents and friends (Zheng, 2020). The correlation between school connectedness and pediatric mental health was evaluated by two researchers who conducted studies after the emergence of the COVID-19 virus. Jones et al. (2022) utilized data from the Adolescent Behaviors and Experiences Survey (ABES), a Center for Disease Control cluster national survey of 7,705 adolescents between January–June 2021 to evaluate how the COVID-19 pandemic impacted pediatric mental health and to discern factors protective of mental health. The authors noted that students who feel connected to school contacts are less likely to report sadness and suicidal behavior. These findings suggest that programs to improve family, school

and community connectedness have the potential to improve the mental wellbeing of students (Jones et al., 2022). Perkins et al. (2021) studied the impact of school connectedness on mental wellness during COVID-19 related distance learning. Students were given an online description of stress reduction strategies. Three hundred and twenty students in grades six through twelve completed surveys measuring depression and anxiety symptoms and their perception of school and social connectedness. The findings reveal that greater school connectedness is associated with increased mental wellness, regardless of social connectedness.

Primary Pediatric Care and School Collaboratives

Three studies considering various perspectives of primary care provider and school interprofessional collaboration were reviewed. A 2010 qualitative and quantitative study asked 570 pediatricians 32 short answer and Likert survey questions to ascertain their perspectives on collaboration with schools (Bradley-Klug, 2010). The findings indicate that pediatricians do not routinely communicate or collaborate with schools due to time constraints, lack of reimbursement for collaboration, not being sure who to contact at a school to share student-specific information, a deficit in the understanding of the role that school psychologists play in providing mental health services to children, and privacy concerns (Bradley-Klug, 2010). The authors recommend information sharing by schools to educate pediatricians about the mental health services they provide, putting a protocol in place to streamline the information release process to share medically relevant information between school personnel and pediatricians, and planning a joint professional networking event between a school and a pediatric practice to initiate a collaborative relationship (Bradley-Klug, 2010).

Bradley-Klug et al. (2013) evaluated how primary care partnerships are viewed by school psychologists. The qualitative and quantitative study utilized 33 short answer, multiple choice, and Likert survey questions to understand the perceptions of 340 school psychologists about

their communication with pediatric primary care providers and to gage the extent of communication between these two categories of children's health stakeholders. The goal of the study was to determine benefits, challenges, and opportunities to increase communication and the potential impact that increased communication between school psychologists and pediatric primary care providers would have on students. Like pediatricians' perceptions, school psychologists reported that communication and collaboration is minimal. The authors conclude that outreach programs describing the role that each organization plays in delivering mental health services to children and joint educational events between pediatric practices and schools would improve communication between schools and medical homes (Bradley-Klug, 2013).

Arora et al. (2016) investigated factors affecting school mental health providers' attitudes, training and comfort when collaborating with primary care providers. The study found a deficit in training and comfort levels with school mental health and primary care provider interprofessional collaboration, and the authors recommend joint professional development programs as a strategy to increase education and collaboration (Arora et al., 2016).

Brief Mental Health Supporting Interventions

Brief mental health and communication skills training programs were reviewed to inform the components of an educational video aimed at improving connectedness between adults and adolescents to support adolescent mental health. Ueda et al. (2021) conducted a randomized controlled trial to evaluate whether a 50-minute video-based educational program would improve the mental health literacy of educators. The 2 arm-parallel-group, non-blinded randomized controlled trial with pre-and-posttest and waitlist control evaluated the mental health literacy (MHL) of 112 teachers in Japan using questionnaires and multiple choice or Likert questions. The intervention improved teachers' MHL and their intention to assist students with depression. The study supports the use of brief mental health training sessions to increase the MHL of

teachers and increase the likelihood that teachers will assist students experiencing symptoms of depression (Ueda at al. 2021).

Miller et al. (2018) studied the association between teacher mental health literacy and student mental health literacy in a pre and post intervention study of the Adolescent Depression Awareness Program (ADPA). The study determines how teacher depression literacy and stigma relate to student's depression literacy and stigma following a teacher led mental health educational program for students. Yes and no and Likert questions were used to determine the depression literacy and stigma of teachers and students prior to and after implementation of the ADPA. The authors concluded that teachers' depression literacy is significantly associated with student depression literacy and teacher stigma is not transmitted to students. The results support programming to increase baseline mental health knowledge of teachers to facilitate teachers successfully implementing school based mental health programs for students and helping students acquire the tools they need to recognize depression and seek help if needed (Miller et al., 2018).

A communication skills training program for pediatric primary care providers was evaluated using a cluster-randomized trial where pediatric providers were randomly assigned to receive communication skills training or function as control providers. The trained providers received 3 hours of communication skills training which focused on eliciting concerns, partnering with families, and offering hope that treatment will be helpful. Children with routine visits were screened for mental health concerns. Children with mental health concerns were monitored over 6 months using the total symptom score and impairment score from the parent completed Strengths and Difficulties Questionnaire (SDQ) to determine if the children had a change in symptoms or level of impairment and if their parents had a change in their level of distress. There were significant improvements in function in minority children who saw trained

providers and a significant decrease in distress of parents of minority and Caucasian children who saw trained providers compared to those who saw the control providers. This study supports the use of brief communication skills training to decrease impairment in minority children and decrease parental distress in parents of minority and Caucasian children with mental health symptoms (Wissow, 2008).

To understand the impact of communication on pediatric mental health, a study linking teacher behaviors to student mental wellness was reviewed. According to Johnson (2008) "resilience research consistently points to the importance of positive and supportive relationships between children and their teachers as a key protective factor in children's lives" (Johnson, 2008, p. 388). Johnson used data from a previous study which tracked 55 South Australian students identified as having had a "tough life" and were classified as "doing O.K." or "not doing O.K." over an eight-year period to get their perspectives on teacher qualities that were related to resilience (Johnson, 2008, p. 389). Johnson found ordinary teacher behaviors correlating to positive student wellness include being available, listening actively and empathetically, supporting students overcoming adversity, mobilizing supports when needed, and acting human, such as making jokes, being "weird", "real" and "cute" (Johnson, 2008, p. 394-395). Johnson summarized his findings by stating "small and repeated actions to connect with and relate to students by teachers at the micro-level can disrupt seemingly hegemonic school processes that threaten the wellbeing of students" (Johnson, 2008, p. 396).

Communication is essential to establishing rapport for both educators and clinicians. A systematic review of 12 cross sectional observational studies evaluated how communication styles utilized during 4,581 provider and patient interactions were related to the formation of a therapeutic alliance between providers and patients. Pinto et al., (2012) concluded that interactions that are patient-facilitating, patient involving and patient supporting strengthen the

therapeutic alliance as measured by communication success, agreement, trust, and rapport (Pinto, 2012). Basic communication techniques associated with a positive therapeutic alliance can be utilized by educators in a student-centered district. It can be extrapolated that interactions that are student facilitating, inclusive, and supporting will strengthen educator-student connections that are vital to a student's emotional and academic success.

Validation to Strengthen Relationships and Regulate Emotions

Studies support the use of validation, a communication technique that involves giving a person permission to feel and express an emotion without judgement as a strategy to support mental wellness and strengthen relationships. Listeners who utilize this strategy identify and paraphrase how a person feels to acknowledge the legitimacy of their emotions, (Linehan, 1993) even when a listener disagrees with behaviors or actions related to the emotions.

Benitez et al. (2022) conducted three randomized studies using a pre-posttest design evaluating the effect of validation on the mood symptoms of 122 college students. The mini-meta-analyses showed validation improves mood and lessens symptoms of anxiety (Benitez et al., 2020).

Validation, a central component of DBT (Linehan et al., 1993; Linehan, 1997) is an effective transdiagnostic treatment for conditions that involve emotional dysregulation including aggression, attention disorders, borderline personality disorder symptoms, bipolar disorder, conduct disorder, depressive disorders, eating disorders, externalizing disorders, impulsive behaviors, non-suicidal self-injury, post-traumatic stress disorder, substance use disorders and suicidal behaviors (Herr et al., 2015; Groves et al., 2012, Zalewski et al., 2018).

Ratnaweera et al. (2021) conducted a qualitative analysis of 18 adolescents and 7 caregivers who recently completed a DBT program incorporating validation to improve

communication. The authors found the intervention led to closer and more supportive relationships between parents and adolescents, according to both teens and their caregivers.

Rathus et al. (2015) studied fifty adolescents and parents enrolled in a modified adolescent DBT program using the Treatment Acceptability Scale, a skills rating scale and an open-ended qualitative assessment. Adolescents and parents ranked validation as the most useful skill in fostering more connected parental relationships with fewer conflicts (Rathus et al., 2015).

Bjureberg et al. (2018) conducted an uncontrolled open trial evaluating 25 teens and their parents who participated in an online emotion regulation therapy emphasizing parental validation and invalidation. Bjureberg et al. (2018) noted sustained decreases in self harm and improved emotional regulation and global functioning in the adolescents after engaging in the therapy

Bean et al. (2021) reviewed the past 30 years of published literature on self-harm treatment and family factors and found there was an increased incidence of self-injury in families that demonstrated a lack of support and validation and those that engaged in repeated parental criticism and blame.

Shenk & Fruzzetti (2014) assessed 29 adolescents and their parents, using self and parent reports to measure adolescent functioning, and rated parental validation versus invalidation based on video recordings of discussions and interactions. The authors found parental invalidation corresponded to increased emotional dysregulation and problem behaviors in teens, and parental validation was correlated to increased adolescent relationship satisfaction (Shenk & Fruzzetti, 2014).

Gottman et al. (1996) conducted a 3 year longitudinal study on 56 typical families with 4-5 year old children utilizing laboratory sessions and home interviews for the children and parents. The researchers studied natural interactions, structured activities, and interviews at the

beginning and end of the study period (Gottman et al., 1996). Gottman et al. (1996) analyzed how parental feelings about their own and others' emotions (meta-emotion philosophy), related to parenting practices and their children's outcomes. The authors concluded that parents' feelings about feelings correlate to their parenting techniques, their children's ability to regulate themselves, and their children's social and emotional development.

The work of Gottman et al. (1996) led to the development of emotion coaching. Gus et al. (2015) reviewed international evidence from 13 randomized control trials between 2004 -2014 and a 2 year mixed methods pilot study. The authors concluded that emotion coaching can be applied in homes and schools where adults help children with an array of mental health challenges identify and name emotions, and then validate their strong emotions as a tool to nurture adult-child relationships, and help children regulate their emotions and build resilience (Gus et al., 2015).

Nunes et al. (2022) evaluated 501 families with adolescent children. The teens answered questions to ascertain their parental attachment, personal agency, and overall psychosocial risk. Parents were asked questions to measure their meta-emotion skills. The results indicated that parental emotional coaching is positively associated with the quality of adolescent's attachment to parents.

Validation is a communication technique that can be used and taught to pediatric providers and their staff, parents, and school district staff to help reduce symptoms of patients and families experiencing strong negative emotions. Pediatric primary care providers and their staff can offer validation during patient visits and parent phone calls when faced with situations where strong emotions are being expressed. Parents and school staff can use validation as a strategy to promote emotional regulation, increase resilience, and improve mental wellness of students, families, and fellow staff members (Bartek et al., 2021).

Project Methodology

Pediatric mental health care needs have been under-identified and under-treated for many years, leading to significant morbidity and mortality, family disruptions, lost productivity, and a large economic burden on society (McDaid et al., 2019, The United States Government, 2022). The situation was made significantly worse due to the COVID-19 pandemic and has drawn attention from pediatric health advocates and politicians nationally and globally (Centers for Disease Control and Prevention, 2022; Office of the Surgeon General, 2021). Barriers to pediatric mental health treatment include not identifying children having mental health challenges, logistical barriers to care, such as motivation to seek care, financial barriers, time constraints, and a shortage of pediatric mental health care professionals. Schools and primary care practices have been identified as places that can increase access to pediatric mental health care (Centers for Disease Control and Prevention, 2022), and community partnerships between schools and pediatric health providers have been recommended as an approach to improve access to pediatric mental health care.

The need for this project was inspired after the DNP student reviewed youth mental health literature, practice guidelines and webinars and noted repeated calls for partnerships between pediatric practices and schools. The DNP student observed that pediatric providers and schools support the same children with mental health concerns in overlapping and complementary ways yet rarely collaborate on patient care or mental health initiatives. This lack of collaboration leads to overuse and redundancy of some services and a significant gap in other services. Coordination of mental health services would be improved if schools, community providers and families were more comfortable working together to support youth mental health.

School staff and pediatric primary care practitioners are invested in pediatric mental health outcomes and are positioned to fill in gaps left by a shortage of pediatric mental health

providers by helping to identify, support, and refer youth with mental health concerns. School staff and pediatric primary care providers play a vital role in supporting families as they navigate the mental health care system. The majority of mental health care treatment is provided within schools by district and contracted mental health employees. Staff at pediatric practices and schools have overlapping and differing skill sets, referral sources and opportunities to support the mental health of the children in their community. By working together, the pediatric practice staff and the school district staff can learn from each other, support each other, and identify synergies and opportunities to expand access to pediatric mental health care services.

The DNP student noted during recent patient care visits that schools, primary care providers, or parents may notice an exacerbation of mental health symptoms in an adolescent and by working together and pooling information and resources children can access services before their symptoms escalate and they end up in crisis. Schools and primary care practices are increasingly using tools to screen adolescents for mental health concerns independently and collaborating on screening efforts would allow organizations to promptly identify changes in symptom severity or note early indicators of distress.

The first step in the Connecting and Communicating program was reviewing the pediatric mental health care literature to frame the problem of unmet pediatric mental health care needs and potential solutions to the problem. The literature recommends policy and financing initiatives to increase insurance coverage of mental health concerns and improve payment for services. There are recommendations to improve the nursing and medical school educational curricula to include mental health challenges and treatments and to increase the pediatric mental health care workforce including therapists and pediatric psychiatric providers. There are grants available to strengthen the pediatric and school mental health workforce through collaborative arrangements and integration of services. Those recommended changes are important; however,

the intention of this program is to create and implement a project that can make incremental improvements to pediatric mental health outcomes in a nine-month period that is achievable and scalable.

The Connecting and Communicating project began with brainstorming meetings between the DNP student and the project mentor, a partner at a pediatric practice and between the DNP student and the DNP program director. Once the broad idea of forming a partnership with a school district to support the mental health of local youth was conceived, the DNP student had initial conversations with a principal and a mental health outreach coordinator at a local school district discussing possible ways to partner around youth mental health initiatives. After these initial conversations, district personnel stopped responding to the DNP student's requests for follow up meetings to plan a partnership focused project. It became clear that forming a partnership with the pediatric practice was not a priority for the district. The DNP student pivoted to design a project that involved partnering with schools in the community using a different strategy.

The DNP student met with the DNP program director to discuss an alternative strategy for a pediatric primary care practitioner to partner with local schools. The discussion led to the concept of the DNP student creating and sharing an educational mental health video relevant to school staff to educate local school-based employees on a youth mental health topic and build relationships between a primary care practice and local schools. The DNP program director recommended contacting the president of the county school nurse association to further discuss the idea and brainstorm ways a primary care practitioner could partner with school nurses on a mental health initiative.

Connecting with local youth mental health stakeholders to create an impactful educational video relevant to parents and educators who strive to enhance the mental health of

youth is supported by recommendations by pediatric health and educational leaders, PPCP guidelines and school mental health experts.

Theoretical Framework

A trauma informed framework was used to design and support the Connecting and Communicating Program. Every member of society experienced some degree of trauma as a result of the COVID-19 pandemic. Healthcare, school, and routine interpersonal interactions were disrupted by the widespread medical, psychological, and financial effects of the COVID-19 pandemic and the prolonged exposure to fear and isolation. The literature reinforces using a trauma informed approach to support children and adolescents in homes, schools, and medical environments.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as the result of "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Services Administration, n.d.-b). Although traumatic events do not affect everyone who experiences them the same way, acquiring knowledge and skills to recognize behavioral responses to trauma and offering trauma informed supports will benefit children and adolescents, educators, health care providers and parents. Schools and pediatric providers can work together to learn and implement trauma informed approaches to supporting children, family members and each other.

In 2021, the AAP published a policy statement and a clinical report noting the need for trauma informed pediatric care and providing guidance for pediatric clinicians to become trauma informed. The clinical report describes trauma informed communication and notes the importance of transforming questions in medical care from determining what is wrong with a

patient into an understanding of what happened to a patient and their family, focusing on strengths and challenges, and avoiding blame. The report recommends changing the pediatric mindset from "I must fix you" to "I must understand you" (Forkey et al., 2021). The policy statement recommends partnering with schools as a trauma informed strategy to promote community resilience (Duffee et al., 2021).

Watson et al. (2022) surveyed 420 school social workers asking open ended questions about perspectives on the relationship between trauma and the COVID-19 pandemic, trauma related needs of students in the aftermath of the pandemic, and how they view trauma-informed models for schools. The findings of the study support applying a model of integrated components of trauma informed schools to help educators become more trauma informed and supportive.

The trauma responsive components summarized by the authors and endorsed by the survey results include recognizing the extent of trauma in the community, understanding behavioral responses to trauma, advocating for policies that address trauma response, and recognizing, prioritizing, and addressing student safety concerns. In addition to the basic components, the authors note the importance taking a trauma informed approach to fostering relationships, emphasizing trust, collaboration, empowerment, and cultural responsiveness, and avoiding retraumatizing trauma victims (Watson et al., 2022).

There is extensive trauma focused literature available for educators and medical professionals, and both groups of pediatric stakeholders are encouraged to seek further trauma-informed training to respond to COVID-19 pandemic related increased mental health care needs. (Sanders, 2020; Watson et al., 2022). Experts in education and pediatric care recommend partnerships between schools and pediatric providers to support the implementation of trauma informed practice in both settings (Children's Defense Fund–Ohio, 2015; Duffee et al., 2021).

School district staff and primary care pediatric providers and their staff can implement basic elements of trauma informed communication techniques when interacting with children and families to reduce the impact of trauma and foster a safe environment (Children's Defense Fund–Ohio, 2015; Duffee et al., 2021).

The Self Determination Theory (SDT) which states that connectedness, autonomy, and competence are the three basic human needs for optimal functioning and emotional wellness, helps to explain why the pandemic mitigation strategies were so devastating to children's mental health and the importance of educator relationships to students' mental well-being. A 2021 review that studied the impact of teacher and student relationships on mental health found that teachers' autonomous and supportive strategies correlated with significantly lower depressive symptoms in students (Zhang et al., 2021). High quality listening meets psychological needs by creating a genuine and empowering connection that fosters a feeling of competency and autonomy (Pinto et al., 2012; Weinstein et al., 2022). Educators, family members, health providers and any person with a meaningful relationship that supports autonomy will lead to connectedness, behavioral engagement, and improved wellness (Weinstein et al., 2022). Combining the Self Determination Theory and trauma informed communication frames the importance of primary care providers, schools, children, and families connecting and communicating to support youth mental health.

Risk Analysis

Despite a plethora of information supporting strategies that pediatric primary care providers and school staff can implement in partnership and independently to alleviate youth mental health challenges, (American Academy of Pediatrics, 2021a; Arora et al., 2016; Centers for Disease Control and Prevention, n.d.; Foy et al., 2019; Fry et al., 2020; Green et al., 2019; Hertz & Barrios 2020; Hoover et al., 2019) changes are slow to be implemented. A SWOT

Analysis was conducted to identify strengths, weaknesses, opportunities, and threats to the project.

Strengths

Support for the project from project mentor, a partner of the pediatric practice and the entire pediatric practice team was essential to the success of the program. Additional project strengths included the DNP student's expertise on mental health treatment in pediatric primary care and the DNP student and primary care practice staff's engagement with patients, families and staff and local school nurses.

Weaknesses

Time constraints created a barrier to creating and updating the pilot video. The DNP student and project mentor work at a busy pediatric practice and are under pressure to keep up with frequent patient care visits and extensive charting requirements. Additionally, the DNP student and the project mentor are involved in various committees and commitments that place demands on their time. This barrier was overcome by scheduling meetings over zoom during weekends and evenings to accommodate their schedules. The lack of a dedicated referral or mental health specialist at the pediatric practice is another project weakness. This was overcome by the DNP student seeking out nurses at the practice who are passionate about youth mental health and requesting they act as mental health liaisons.

Opportunities

The DNP student connecting with the president of a local school nurse association president and discussing the pilot video contributed to the success of this project. This connection provided an opportunity for the DNP student to gather input on the video from many local school nurses, learn about mental health initiatives taking place in local school districts and begin to plan the next phase of the project.

The DNP student and practice partner participate with the New Jersey AAP Mental Health Collaborative (NJAAP MHC), an organization that educates local providers on mental health topics and encourages collaboration between primary care providers and mental health specialists. This preexisting relationship provided an opportunity for mental health education professionals to view and offer insight and feedback on the pilot video.

The DNP student's participation in an advanced nursing practice behavioral health networking forum provided an opportunity to request and receive participation from several child mental health experts who offered insight and recommendations to improve the pilot video.

The recent declaration of a National Children's Mental Health Emergency and call to implement policies and funding opportunities to increase delivery of mental health services in schools and primary care sites increased awareness of the youth mental health crisis which encouraged community members to prioritize and engage in a program aimed at improving youth mental health outcomes.

Threats

The most significant risk to the project is distributing a video perceived as being irrelevant or not helpful to the intended audience of local parents and school-based employees. If educators do not find the video to be helpful in assisting them to communicate and connect with their students, then the credibility of the DNP student will be jeopardized and the longer-term goal of forming partnerships between schools and community medical practices through joint educational opportunities will be compromised. The DNP student has expertise as a pediatric primary care practitioner with a certification in pediatric primary care mental health (PMHS) and lived experience in counseling youth and parents during patient care visits and parenting adolescents with mental health challenges. The DNP student's knowledge about school mental health initiatives and classroom experience is based on published literature. This first-

hand knowledge deficit made it essential to gather input from school administrators, school nurses, educators and school mental health experts and incorporate feedback into the final draft of the video prior to distribution. To mitigate this risk, feedback was requested through pre and post video surveys, emails, and follow-up phone calls with representatives of many different pediatric health serving disciplines.

Stigma surrounding mental health continues to be a threat to implementing mental health initiatives. This threat is being mitigated by media campaigns aimed at increasing mental health awareness, the growing number of youth and families facing mental health challenges and the increased focus on mental health and wellness taking place in health care settings and schools.

Implementing this project successfully was threatened by the tremendous need for pediatric mental health services. The need for an under-resourced service puts time pressure on pediatric providers and schools (American Academy of Pediatrics, 2021a, 2021b; Office of the Surgeon General, 2021; Substance Abuse and Mental Health Services Administration, 2022). In addition to time constraints and competing priorities, traditional barriers to providing mental health care including logistical challenges and privacy concerns present risks to the success of the program. Instead of proactively planning partnerships and programs, pediatric practices and schools are overwhelmed meeting the day to day needs of the youth (Baker et al., 2021; Chokshi et al., 2021; et al., Kush et al., 2021) and parents they serve and prioritizing their personal mental health needs (National Academies of Sciences, Engineering, and Medicine, 2021). This threat was mitigated by creating a short, impactful video that program participants were able to view and respond to with flexibility regarding when the video was viewed, when feedback was offered, and how much time was spent offering suggestions and insight.

Since most youth mental health services are provided in schools, it is essential the DNP student work collaboratively with schools to promote community mental health initiatives. A

threat to primary care and school collaboration is that each practice sees patients from many different school districts and each school district educates students that receive health care from several different primary care practices. This creates the need for community-wide cooperation when planning youth mental health initiatives.

Another threat to the project is the lack of coordinated mental health teams in schools. During interviews with school nurses who work in different districts throughout the county, it became clear that within schools, mental health services are often fragmented which impedes coordinating services between school and PPCPs. To mitigate this threat, the DNP student requested the school nurses to act as the primary point of contact at local schools to give input into the pilot video.

Another threat to the project is the lack of coordinated mental health training for school-based employees. Not having a unified baseline knowledge of youth mental health challenges was mitigated by creating a video that is short, engaging, and specific to one topic that is relevant to all school employees and will support the mental health of all adolescents, regardless of the baseline knowledge of the viewer.

The impact of the COVID-19 pandemic on parents, teachers, school nurses and medical professionals, causing dramatic changes in homes and organizations is a threat to the project. Like youth, adults experienced increased mental health symptoms over the past few years along with widespread change and loss. Despite these challenges, school staff, parents, and health practitioners have been expected to play an active role in supporting youth. In some cases, schools, medical providers, and parents have been divided by stress, blame and conflicting priorities and opinions over the past few years. The video demonstrates how adults who care for and work with youth share a common goal of supporting adolescents, and emphasizes the need for adults to work together, bridge the divide, and transcend the blame and mistrust that stemmed

from the COVID-19 pandemic mitigation strategies and ripple effects seen during the past three years. This divide is one reason that gathering input from many different stakeholders is essential to the success of this project, even though it extended the amount of time needed to complete the final version of the video. The process of shared input and starting a conversation about joining together as a community to support youth is as important as the educational video that will be distributed.

Implementation Plan

Once the idea of creating an educational video on a mental health topic to share with local school nurses was conceived, the DNP student met with the project mentor and a community physician who is on the board of the practice physician management organization, to discuss the project. Practice management buy-in is essential to the success of the project. The DNP student presented a slide show describing the concept and content of an educational video targeting school staff and parents of teens to share a communication strategy that will support and protect adolescents. The goals of the project, benefits of the educational video, and benefits of partnering with local schools and community medical practices around adolescent mental health initiatives were outlined during the presentation. The community physician offered suggestions on organizing the presentation and the importance of sharing a clear, personal, and targeted message.

Initially, the project included using a Facebook group as a platform for local youth mental health stakeholders to view the educational video and encourage interprofessional collaboration on local pediatric mental health initiatives. During the meeting, the project was divided into stages. The first stage of the project is creating a pilot educational video describing a communication technique to strengthen connectedness that is impactful and relevant to school staff and parents and sharing the video with pediatric health stakeholders to gather input and

begin to form community partnerships. Input from pediatric health stakeholders including school nurses, educators, medical providers, administrators, parents, and other child health experts would be sought and evaluated. The second stage of the project will entail finalizing the video reflecting recommendations from pediatric health stakeholders and sharing the final version of the video with local schools and parents through mass emails, professional associations, and a group Facebook platform. The final video will be uploaded to youtube.com to allow anyone with internet access to view the video.

During the next meeting between the DNP student and project manager, an initial rough draft of the video was reviewed. Suggestions were made on the content and form of the video and subsequently, a second (pilot) draft of the video was completed. The pilot of the video (Appendix A), pre survey (Appendix B), and post survey (Appendix C) were sent to stakeholders from several different disciplines to gather a variety of perspectives on the concept and content of the video.

The president of a local school nurse association was contacted to discuss the video and facilitate gathering input from local school nurses. The local school nurse association distributed an email to their membership asking for assistance and input on the pilot video. Several school nurses responded and viewed the pilot video, completed the pre and post surveys and offered recommendations for improvement and collaboration.

As local school nurses reviewed the pilot video, they shared it with their colleagues including principals, teachers, guidance counselors, and social workers. There are many different disciplines involved in supporting the mental health of students and mental health teams look different in every school. Securing input and endorsement from professionals with different backgrounds prior to the video being finalized and widely distributed will ensure it is well

received and will lead to partnerships between schools and medical communities that are supported by all school staff.

A forum of advanced practice nurses with a special interest in youth mental health was asked to assist with the project by viewing and commenting on the pilot video and completing pre and post video surveys. Several members of the forum viewed the pilot video, completed the surveys, and gave input on the content and relevance of the video.

Local parent groups were queried about interest in participating in the project and several parents viewed the pilot video, completed pre and post surveys and provided feedback. Local teachers, school administrators, and program administrators at the NJAAP MHC participated in viewing, completing surveys, and providing feedback on the pilot video.

After pre and post video surveys and stakeholder input were reviewed, the DNP student met with the project mentor to plan final changes to the pilot video. Distributing a pilot draft of an educational video to a sample of professionals from various medical, mental health and educational disciplines is an iterative process and includes ongoing review of the evidence in the literature and continued collaboration with practice management and the faculty advisor.

Budget

Fertman & Allensworth (2016) define a budget as "a detailed statement of the resources available to a program (income) and what it costs to implement it (expenses)" (p.162). For a small program, such as the Connecting and Communicating project, the budget is simple and straightforward with few expenses, encompassing only staffing, technology programs, and marketing (which are all being donated) and often involve a single funding source. For larger projects, there may be multiple funding sources and revenue streams and multiple expense categories. The Connecting and Communicating program is an example of a program with a predetermined income (in this case, $0) and fixed expenses. In such cases, it is important to

contain expenses to the predetermined limit to remain fiscally sound. When planning larger programs, funding streams will be determined by the number of participants, sales or other factors, and expenses will be variable or will not be able to be precisely estimated in advance. For these programs, income and expenses will be estimated based on past experiences and assumptions. The budget will be flexible, and resources must be managed to ensure that total expenses remain equal to or less than the total income for the project to remain fiscally sound (Fertman & Allensworth, 2016).

The Connecting and Communicating project is a pilot program designed to determine whether an educational video targeting parents and local school district staff is a viable model to forge a partnership between adolescent mental health stakeholders to improve mental health literacy, communication skills, and connectedness in a community. If the program is beneficial to parents and school staff and meets the goal of increasing the confidence and capability of school employees to support adolescent mental health, the model will be expanded to include additional topics.

To expand the Connecting and Communicating program, external funding sources must be identified. Information from needs assessments of local school districts and pediatric practices, results from resource mapping, and survey results from the Connecting and Communicating pilot program can be used in the future to apply for grants. Potential funding sources include COVID-19 Relief Funding, grants from children's mental health advocacy groups, private foundations, and local hospitals. The recent increase in awareness about the need for innovative programs to address the pediatric mental health care crisis should make identifying funding sources for an evidence-based program with promising results from a pilot project a straightforward process.

Marketing Plan

Connecting and Communicating: Strategies to support pediatric mental wellness was an initiative designed to forge a partnership between local adolescent health advocates. The literature points to community partnerships as an important way to support pediatric mental health, yet there is a lack of published research describing such partnerships. The hypothesis driving this project is that creating community mental health partnerships and strengthening pediatric practitioner, school district staff, and parent communication skills associated with improved pediatric mental health outcomes will improve the mental health of youth in a community. This program was cost-effective, easily accessible, and relevant to all pediatric mental health stakeholders.

The DNP student prepared a short, focused educational video describing an easy to implement communication skill that supports pediatric mental health. The video was distributed to local pediatric health stakeholders via an email link to the video which was downloaded on youtube.com along with links to pre and post surveys through surveymonkey.com. This distribution model allowed any person with internet access to view the video and answer and submit survey responses. In addition to completing pre and post surveys aimed at measuring the effectiveness of the program, viewers were invited to follow up with the DNP student and offer recommendations and insight via email and phone conversations. This method of collecting feedback on the video and the concept of forming community partnerships intentionally allowed viewers flexibility in deciding when to respond and how much time they chose to spend providing feedback and suggestions.

Project Outcomes

The Connecting and Communicating pilot program was evaluated using feedback from pediatric health stakeholders in the community. Primary care practitioners, parents, educators,

administrators, school nurses and child mental health experts were asked to view the video, offer suggestions to improve the video and complete pre and post program surveys.

The pre- and post-video surveys contained 10 questions each, which were a combination of likert, yes-no, and short answer questions. The pre-video and post-video surveys asked for an email address to compare pre and post survey answers and follow up with respondents in the future.

The pre video survey asked what role the respondent plays in the life of adolescents. 39.29% of respondents are parents of adolescents and not school employees or health providers, and 32.14% of the respondents are parents of adolescents and either school employees or community health providers. This information is useful in planning revisions and distribution of the video. Understanding that many viewers will be looking at the information through both a personal and professional lens will influence how the information in the video is received and the respondents' motivation to form community partnerships to support adolescents. When asked whether "There is a national youth mental health crisis", 14.29% strongly disagreed, 7.14% were neutral, and 78.57% either agreed or strongly agreed. A pre survey question asked whether respondents personally noticed an increase in youth mental health symptoms since the beginning of the pandemic, and almost 90% of the participants responded yes. Over 85% of the respondents agreed or strongly agreed that strong connections with adults protect adolescents, over 82% of the respondents agreed or strongly agreed that it would be useful to have a proven strategy to support an adolescent who is upset, angry or sad, and over 85% of the respondents want to strengthen their relationships with adolescents.

The final pre video survey question was "When my children, students, or patients are upset, angry or sad, I say the wrong thing, or I am not sure how to respond". Over 20% of the

respondents stated they either strongly disagreed or disagreed, 50% answered they neither agreed nor disagreed and 28.57% stated they agreed or strongly agreed.

The post survey asked if strong connections with adults protect adolescents in order to compare the answers to the pre-video survey. In the post-video survey. 11.54% of respondents strongly disagreed (compared to 14.29% of the respondents who strongly disagreed in the pre-video survey). No respondents disagreed or neither agreed nor disagreed in the pre or post video surveys and 11.54% of the respondents agreed in the post-video survey (compared to 32.14% in the pre-video survey). Over 76% of the respondents strongly agreed in the post-video survey (compared to 53.57% of the respondents who strongly agreed in the pre-video survey). Comparing the pre and post video answers to that question revealed that the video changed how strongly viewers perceived the protective nature of adult-adolescent connections.

After viewing the video, over 92% of the respondents agreed or strongly agreed that they have a framework to respond to children, students or patients who are upset in a supportive way and over 92% of the respondents agreed or strongly agreed that viewing the video increased their confidence in their ability to effectively communicate with adolescents when they are upset, angry, or sad using a research-supported communication technique.

After watching the video, 100% of the respondents agreed or strongly agreed that they would recommend the video to other adults who work with or care about youth and over 96% of respondents agreed or strongly agreed that youth mental health educational events present an opportunity for community medical providers, parents, and schools to partner around supporting local youth.

The pre and post surveys both asked whether strong connections with adults protect adolescents and asked respondents to list benefits of strong adult-adolescent connections. It is clear from comparing the responses that most respondents agreed that connectedness is important

prior to viewing the video and the video strengthened that conviction. The responses to the short answer post survey questions confirmed the acceptability of a short, personal video describing a research-based communication technique to support youth mental health.

The responses to the short answer questions will be used to inform future drafts of the video. The survey answers showed that while respondents had a baseline knowledge of the fact that connections were important, they were not aware of how strongly connections were correlated to health outcomes extending into adulthood.

When asked about specific changes respondents would make during everyday interactions with adolescents because of viewing the video, it was clear that although many adults were not concerned about their ability to respond to upset, angry or sad adolescents, they generally noted a need to listen more actively and refrain from interrupting and judging. The respondents reflected on how giving adolescents advice instead of actively listening led to youth shutting down. Additionally, respondents who already intentionally validate adolescents noted the video is a helpful reminder to practice the skill more consistently. In the case of busy teachers and school nurses, viewers noted they should be prepared to refer students to counselors when they are not able to validate adolescents due to competing demands for their time and attention.

The post survey asked respondents to share their experience in supporting adolescents during the past few challenging years. The answers to this question demonstrated an overall sense of being overwhelmed by the mental health challenges of their students in schools and the need for more resources to meet the demand.

The final survey question asked for comments about the video and about supporting local youth. Comments to this question included the need to reduce stigma, practice empathy and slow down. One respondent appreciated the ability to view the video privately and replay parts if needed. Comments about the video included “great message, simple and worthy of spreading”,

"the video was wonderful and informative" "great video", and "important content". Suggestions for future drafts of the video include listing online and local resources, asking to address opportunities to offer advice and consequences for bad behavior, and offering more specific examples relevant to educators in a classroom.

In addition to the survey responses, input was solicited over the telephone and via email. This allowed participants to offer suggestions and impressions outside of the survey questions and give overall feedback on their experiences with youth mental health challenges and opportunities to work together on future initiatives.

One high school administrator noted that the message was very relevant to parents and specific classroom management strategies would be a helpful addition to the video. A teacher noted that educators in her district are required to find their own mental health related professional development opportunities and there is little universal district-wide mental health training available to support school staff in supporting adolescents.

Several school nurses discussed challenges in supporting children with mental health concerns which include a lack of formal mental health training, not being supported by school districts, and reporting to administrators who are not nurses and may not have medical training. School nurses noted that the mental health response in schools tends to be fragmented and nurses are often not included in program decision making or informed about students who experience a mental health crisis, which makes it difficult to coordinate care within the school itself to support the student and adds another layer of difficulty in trying to find ways to collaborate between schools and community medical practices. According to individual conversations with local school nurses it appears that the "mental health teams" and "coordinated mental health response" that is described in the literature often does not exist in local schools yet, which creates a barrier to developing partnerships between schools and community organizations.

Summary, Conclusions and Future Recommendations

The conclusion of this pilot project is the beginning of an exciting conversation and movement toward community connections. Partnerships that are forming because of the creation of the educational video will benefit the pediatric practice, local school staff, parents, and children.

The Connecting and Communicating project was divided into stages. The first stage was creating a pilot video on a mental health topic that a pediatric primary care practitioner would eventually share with practice parents and local schools as an educational tool. The pilot video was distributed to pediatric mental health stakeholders for input and recommendations for improving the video were evaluated.

The next stage in the project will be updating the video using stakeholder recommendations and then seeking approval from the project preceptor and pediatric practice partners. Once the final video is approved, the video will be widely distributed to parents and local school employees via email, facebook, and through child health serving organizations.

In addition to mass emails, the DNP student will recommend using this video as part of the "patient education" information distributed when patients are seen for well adolescent visits or mental health concerns and when parents call the practice asking for advice on supporting adolescents. To successfully implement the project, the preceptor and all practice partners will need to recognize the benefit of the final video and support its distribution as an acceptable method of sharing educational information with patients.

During the creation of the video, the DNP student coordinated with a local school nurse association, educators and administrators, parents and local and national child health serving organizations to get input on the video. As a result of this, the DNP student was asked to present at the Fall 2022 county school nurse association meeting regarding the importance of Connecting

and Communicating at a community level to support youth mental health. The DNP will discuss creating the video and seeking input and suggest additional opportunities for schools and primary care practitioners to partner on mental health initiatives. The presentation will allow time for extensive discussion about current school-based mental health initiatives and ways local schools and medical practices can learn from and support each other in developing mental health initiatives. A follow-up meeting where a panel of pediatric mental health stakeholders will hold a discussion about local youth mental health initiatives is being planned for the Spring 2023 meeting.

Creating the video led to a meeting between the DNP student and a national suicide prevention organization to discuss ways schools and primary care practices can work together to participate in suicide prevention initiatives. Another opportunity that stemmed from the project was the DNP student being invited to participate on the faculty of an upcoming NJAAP MHC series educating local pediatric providers on increasing their capacity to deliver mental health care including discussions about forming community partnerships to support youth mental health.

The framework of creating and distributing educational videos relevant to adolescent mental health can be expanded and used to partner with neighboring medical practices and communities interested in community youth mental health initiatives.

The Connecting and Communicating project explored taking the abstract recommendation to "create community partnerships to support pediatric mental health" and molded it into a concrete model that can be personalized and scaled by pediatric health providers. The role of the DNP student with a special interest in pediatric mental health is unique in that many general pediatric care providers feel unprepared to manage pediatric mental health complaints. Having a primary care background partnered with an interest and additional training

in treating pediatric mental health complaints in the primary care setting positions the DNP student to increase the competence and capacity for non-mental health specialists to assist children with mental health challenges and help them access much needed support and services required for them to begin to heal and prevent their symptoms from escalating. The joint educational video model is one strategy to help build mental health capacity that can be scaled to include additional topics and communities in the future.

After revising the video based on feedback during the pilot program, the DNP student will compose a press release describing the program and will share it with the practice management organization (a network comprised of 200 group medical practices). The DNP student will also contact the AAP and the National Center for School Mental Health, and Substance Abuse and Mental Health Services Administration (SAMHSA) to share the video and recommend using the model of jointly creating educational videos to foster local pediatric primary care and school district partnerships across the country.

Sustainability

The creation of a short, targeted video outlining a researched-based universal communication strategy to support adolescent mental health that is available on youtube.com is a resource that can be readily accessed now and, in the future, and can be viewed by adults wanting to build strong protective connections. The video will remain available on youtube.com and will be posted on Facebook and can be viewed and shared free of charge.

The next phase of the project, forming community partnerships to identify opportunities to collaborate on youth mental health initiatives has the potential to be sustainable, although that will require a commitment from pediatric practices, schools and community organizations. The author recommends engaging nurses to perpetuate partnerships. Nurses share a commitment to caring and are known to be excellent communicators, problem solvers, and care coordinators,

and nurses apply a holistic, person and community-centered approach to health care (American Nurses Association, 2015). Nurses in schools, nurses in medical practices, nurses in local hospital systems and public health nurses can act as leaders in this initiative.

The DNP student presentation at the county school nurse association is an excellent opportunity to gather support amongst school nurses and ask for a commitment to working with local medical practices on mental health initiatives. Identifying joint professional development opportunities, adding community organizations to email distribution lists, pooling school staff about topics for future educational videos, and sharing community youth mental health program ideas and resources are strategies that will encourage medical practices and schools to begin to build a culture of cooperation. The Connections and Communications program will become sustainable once a cultural shift occurs, and practices and schools begin to routinely communicate and collaborate.

References

Adam, M., McMahon, S. A., Prober, C., & Bärnighausen, T. (2019). Human-centered design of video-based health education: An iterative, collaborative, community-based approach. *J Med Interne Res. 21*(1), Article e12128. https://doi.org/10.2196/12128

American Academy of Pediatrics. (2021a, March). *Supporting mental health in schools.* https://downloads.aap.org/dochw/dshp/Supporting_Mental_Health_in_Schools_Final_Report-June_2021.pdf

American Academy of Pediatrics. (2021b, October 19). *AAP-AACAP-CHA Declaration of a national emergency in child and adolescent mental health* [Press release]. https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/

American Academy of Pediatrics. (2022a). *Bright futures guidelines and pocket guide*. Retrieved October 25, 2022, from https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/

American Academy of Pediatrics. (2022b). *Current partners.* Retrieved October 25, 2022, from https://www.aap.org/en/philanthropy/corporate-and-organizational-partners/current-partners/

American Nurses Association. (2015). *Nursing: Scope and standards of practice* (3rd ed.). Nursebooks.org.

American Psychological Association. *(2020). Publication manual of the American Psychological Association* (7th ed.). https//doi.org/10.1037/0000165-000

Arora, P., Connors, E., Biscardi, K., & Hill, A. (2016). School mental health professionals' training, comfort, and attitudes toward interprofessional collaboration with pediatric

primary care providers. *Advances in School Mental Health Promotion*, *9*(3-4), 169–187. https://doi.org/10.1080/1754730x.2016.1181526

Baker, C. N., Peele, H., Daniels, M., Saybe, M., Whalen, K., Overstreet, S., & The New Orleans, T.-I. S. (2021). The experience of Covid-19 and its impact on teachers' mental health, coping, and teaching. *School Psychology Review*, *50*(4), 491–504. https://doi.org/10.1080/2372966x.2020.1855473

Bardach, N. S., Coker, T. R., Zima, B. T., Murphy, J. M., Knapp, P., Richardson, L. P., Edwall, G., & Mangione-Smith, R. (2014). Common and costly hospitalizations for pediatric mental health disorders. *Pediatrics*, *133*(4), 602–609. https://doi.org/10.1542/peds.2013-3165

Bartek N., Peck J. L., Garzon D., & VanCleve S. (2021). Addressing the clinical impact of Covid-19 on pediatric mental health. *J of Pediatr Health Care*, *35*(4), 377-386. https://doi.org/10.1016/j.pedhc.2021.03.006

Bean, R. A., Keenan, B. H., & Fox, C. (2022). Treatment of adolescent non-suicidal self-injury: A review of family factors and family therapy. *The American Journal of Family Therapy*, *50*(3), 264-279. https://doi.org/10.1080/01926187.2021.1909513

Benitez, C., Howard, K. P., & Cheavens, J. S. (2020). The effect of validation and invalidation on positive and negative affective experiences. *The Journal of Positive Psychology*, *17*(1), 46–58. https://doi.org/10.1080/17439760.2020.1832243

Bjureberg, J., Sahlin, H., Hedman-Lagerlöf, E., Gratz, K. L., Tull, M. T., Jokinen, J., Hellner, C., & Ljótsson, B. (2018). Extending research on Emotion Regulation Individual Therapy for Adolescents (ERITA) with nonsuicidal self-injury disorder: Open pilot trial and mediation analysis of a novel online version. *BMC Psychiatry*, *18*(1), 1-13. https://doi.org/10.1186/s12888-018-1885-6

Bradley-Klug, K. L., Jeffries-DeLoatche, K. L., Walsh, A. S., Bateman, L. P., Nadeau, J., Powers, D. J., & Cunningham, J. (2013). School psychologists' perceptions of primary care partnerships: Implications for building the collaborative bridge. *Advances in School Mental Health Promotion*, *6*(1), 51–67. https://doi.org/10.1080/1754730x.2012.760921

Bradley-Klug, K. L., Sundman, A. N., Nadeau, J., Cunningham, J., & Ogg, J. (2010). Communication and collaboration with schools: Pediatricians' perspectives. *Journal of Applied School Psychology*, *26*(4), 263–281. https://doi.org/10.1080/15377903.2010.518583

Brame, C. J. (2016). Effective educational videos: Principles and guidelines for maximizing student learning from video content. *CBE-Life Sciences Education, 15(*4), Article es6. https://doi.org/10.1187/cbe.16-03-0125

Brannan, A. M., Brennan, E. M., Sellmaier, C., & Rosenzweig, J. M. (2022). Factors contributing to employment status over time for caregivers of young people with mental health disorders. *Healthcare,10*(8). https://doi.org/10.3390/healthcare10081562

Centers for Disease Control and Prevention. (n.d.). *Whole School, Whole Community, Whole Child (WSCC)*. Retrieved April 7, 2022, from https://www.cdc.gov/healthyschools/wscc/index.htm

Centers for Disease Control and Prevention. (2022, March 31). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic* [Press release]. https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html

Children's Defense Fund-Ohio. (2015, July). *Addressing children's trauma issue brief.* https://www.cdfohio.org/wp-content/uploads/sites/6/2018/07/addressing-childrens-trauma-issue-brief-JULY2015.pdf

Chokshi, B., Pletcher, B. A., & Strait, J. S. (2021). A trauma-informed approach to the pediatric

COVID-19 response. *Current Problems in Pediatric and Adolescent Health Care*, *51*(2), 100970. https://doi.org/10.1016/j.cppeds.2021.100970

Duffee, J., Szilagyi, M., Forkey, H., & Kelly, E. T., Council on Community Pediatrics, Council on Foster Care, Adoption, and Kinship Care, Council on Child Abuse and Neglect, & Committee on Psychosocial Aspects of Child and Family Health. (2021). Trauma-informed care in Child Health Systems. *Pediatrics, 148*(2), Article e2021052579. https://doi.org/10.1542/peds.2021-052579

Duong, M. T., Bruns, E. J., Lee, K., Cox, S., Coifman, J., Mayworm, A., & Lyon, A. R. (2020). Rates of mental health service utilization by children and adolescents in schools and other common service settings: A systematic review and meta-analysis. *Administration and Policy in Mental Health and Mental Health Services Research*, *48*(3), 420–439. https://doi.org/10.1007/s10488-020-01080-9

Fertman, C. I., & Allensworth, D. D. (2016). *Health Promotion Programs: From theory to practice*. Jossey-Bass.

Forkey, H., Szilagyi, M., Kelly, E. T., Duffee, J., Council on Foster Care, Adoption, and Kinship Care, Council on Community Pediatrics, Council on Child Abuse and Neglect, Committee on Psychosocial Aspects of Child and Family Health, Springer, S. H., Fortin, K., Jones, V. F., Greiner, M. B. V., Ochs, T., Partap, A. N., Sagor, L. D., Staat, M. A., Thackeray, J. D., Waite, D., & Weber Zetley, L. (2021). Trauma-informed care. *Pediatrics, 148*(2). https://doi.org/10.1542/peds.2021-052580

Foy, J. M., Green, C. M., Earls, M. F., Committee on Psychosocial Aspects of Child and Family Health, Lavin, A., Askew, G. L., Baum, R., Berger-Jenkins, E., Gambon, T. B., Nasir, A. A., Wissow, L. S., Joffee, A. (2019). Mental health competencies for pediatric practice. *Pediatrics, 144*(5), Article e20192757. https://doi.org/10.1542/peds.2019-2757

Fry, L., VanCleve, S., Heighway, S., & Johnson-Smith, A. (2020). NAPNAP position statement on the integration of mental health care in pediatric primary care settings. *J Pediatr Health Care*, *34*(5), 514-517. https://www.jpedhc.org/article/S0891-5245(20)30128-0/pdf

Glascoe, F. P., & Trimm, F. (2014). Brief approaches to developmental-behavioral promotion in primary care: Updates on methods and technology. *Pediatrics*, *133*(5), 884-897. https://doi.org/10.1542/peds.2013-1859

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, *10*(3), 243-268. https://www.johngottman.net/wp-content/uploads/2011/05/Parental-meta-emotion-philosophy-and-the-emotional-life-of-families-Theoretical-models-and-preliminary-data.pdf

Green, C. M., Foy, J. M., Earls, M. F., Committee on Psychosocial Aspects of Child and Family Health, Mental Health Leadership Work Group, Lavin, A., Askew, G. L., Baum, R., Berger-Jenkins, E., Gambon, T. B., Nasir, A. A., Wissow, L. S., Joffee, A. (2019). Achieving the pediatric mental health competencies. *Pediatrics*, *144*(5), Article e20192758. https://doi.org/10.1542/peds.2019-2758

Groves, S., Backer, H. S., van den Bosch, W., & Miller, A. (2012). Dialectical behavior therapy with adolescents. *Child and adolescent mental health*, *17*(2), 65-75. https://doi.org/10.1111/j.1475-3588.2011.00611.x

Gus, L., Rose, J., & Gilbert, L. (2015). Emotion coaching: A universal strategy for supporting and promoting sustainable emotional and behavioral well-being. *Educational & Child Psychology*, *32*(1), 31-41. https://www.researchgate.net/publication/275039780_'Emotion_Coaching_a_universal_strategy_for_supporting_and_promoting_sustainable_emotional_and_behavioural_well-being

Herr, N. R., Jones, A. C., Cohn, D. M., & Weber, D. M. (2015). The impact of validation and invalidation on aggression in individuals with emotion regulation difficulties. *Personality Disorders: Theory, Research, and Treatment, 6*(4), 310–314. https://doi.org/10.1037/per0000129

Hertz, M. F., & Barrios, L. C. (2020). Adolescent mental health, COVID-19, and the value of school-community partnerships. *Injury Prevention, 27*(1), 85–86. https://doi.org/10.1136/injuryprev-2020-044050

Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing Comprehensive School Mental Health: Guidance From the Field.* Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine. https://www.schoolmentalhealth.org/Resources/Foundations-of-School-Mental-Health/Advancing-Comprehensive-School-Mental-Health-Systems--Guidance-from-the-Field/

Johnson, B. (2008). Teacher–student relationships which promote resilience at school: A micro-level analysis of students' views. *British Journal of Guidance & Counselling, 36*(4), 385-398. https://doi.org/10.1080/03069880802364528

Jones, S. E., Ethier, K. A., Hertz, M., DeGue, S., Le, V. D., Thornton, J., Lim, C., Dittus, P. J., & Geda, S. (2022). Mental health, suicidality, and connectedness among high school students during the COVID-19 pandemic — Adolescent behaviors and experiences survey, United States, January–June 2021. *MMWR Supplements, 71*(3), 16–21. https://doi.org/10.15585/mmwr.su7103a3

Keeley, B. (2021). *The state of the world's children 2021: On my mind--promoting, protecting and caring for children's mental health*. UNICEF.

https://www.unicef.org/reports/state-worlds-children-2021

Knapp, M., & Wong, G. (2020). Economics and mental health: The current scenario. *World Psychiatry*, *19*(1), 3-14. https://doi.org/10.1002/wps.20692

Kush, J. M., Badillo-Goicoechea, E., Musci, R. J., & Stuart, E. A. (2021). Teacher Mental Health During the COVID-19 Pandemic: Informing policies to support teacher well-being and effective teaching practices. arXiv**.** https://doi.org/10.48550/arXiv.2109.01547

Linehan, M. M. (1993). Dialectical behavior therapy for treatment of borderline personality disorder: Implications for the treatment of substance abuse. *NIDA Research Monograph*, *137*, 201–216. https://pubmed.ncbi.nlm.nih.gov/8289922/

Linehan, M. M. (1997) Validation and psychotherapy. In A. Bohart & L. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy*. pp. 353-392. American Psychological Association. https://www.researchgate.net/profile/Marsha-Linehan/publication/232561580_Validation_and_psychotherapy/links/54eba9c70cf2a030519476eb/Validation-and-psychotherapy.pdf

Linehan, M. M., Heard H. L., & Armstrong H. E. (1993). Naturalistic follow-up of a behavioral treatment for chronically parasuicidal borderline patients. *Arch Gen Psychiatry*, *50*(12), 971–974. https://doi.org/10.1001/archpsyc.1993.01820240055007

McDaid, D., Park, A.-L., & Wahlbeck, K. (2019). The economic case for the prevention of mental illness. *Annual Review of Public Health*, *40*(1), 373–389. https://doi.org/10.1146/annurev-publhealth-040617-013629

Miller, L., Musci, R., D'Agati, D., Alfes, C., Beaudry, M. B., Swartz, K., & Wilcox, H. (2018). Teacher mental health literacy is associated with student literacy in the Adolescent Depression Awareness Program. *School Mental Health*, *11*(2), 357–363. https://doi.org/10.1007/s12310-018-9281-4

Mitchell, T. L. (2021). Facilitating social emotional learning in rural schools: A systematic review of strategies. *European Scientific Journal, ESJ*, 95. https://eujournal.org/index.php/esj/article/view/14095

National Academies of Sciences, Engineering, and Medicine. (2021). *School-based strategies for addressing the mental health and well-being of youth in the wake of COVID-19*. The National Academies Press. https://doi.org/10.17226/26262

National Alliance on Mental Illness. (2022). *Mental health by the numbers*. Retrieved October 26, 2022, from https://nami.org/mhstats

National Research Council and Institute of Medicine. 2009. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. The National Academies Press. https://doi.org/10.17226/12480.

New Jersey Department of Education. (n.d.). *New Jersey Tiered System of Supports*. Retrieved April 17, 2022, from https://www.nj.gov/education/njtss/index.shtml

Nunes, F., Mota, C. P., Ferreira, T., Schoon, I., & Matos, P. M. (2022). Parental meta-emotion, attachment to parents, and personal agency in adolescents. *Journal of Family Psychology, 36*(6), 964–974. https://doi.org/10.1037/0893-3200.10.3.243

O'Brien Pott, M., Blanshan, A. S., Huneke, K. M., Baasch Thomas, B. L., & Cook, D. A. (2021a). Barriers to identifying and obtaining CME: A national survey of physicians, nurse practitioners and physician assistants. *BMC Med Educ 21*(168), 1-8. https://doi.org/10.1186/s12909-021-02595-x

O'Brien Pott, M., Blanshan, A. S., Huneke, K. M., Baasch Thomas, B. L., & Cook, D. A. (2021b). What influences choice of continuing medical education modalities and providers? A National Survey of US physicians, nurse practitioners, and physician assistants. *Academic Medicine, 96*(1), 93-100.

https://doi.org/10.1097/ACM.0000000000003758

Office of the Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. U. S. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.

Orenstein, S. (2021, April 7). *Effective school-community partnerships to support school mental health*. National Center for School Mental Health. Retrieved April 17, 2022, from https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/Effective-School-Comm-Partnerships-to-support-SMH-Final.pdf

Perkins, K. N., Carey, K., Lincoln, E., Shih, A., Donalds, R., Kessel Schneider, S., Holt, M. K., & Green, J. G. (2021). School connectedness still matters: The association of school connectedness and mental health during remote learning due to Covid-19. *The Journal of Primary Prevention*, *42*(6), 641–648. https://doi.org/10.1007/s10935-021-00649-w

Pinto, R. Z., Ferreira, M. L., Oliveira, V. C., Franco, M. R., Adams, R., Maher, C. G., & Ferreira, P. H. (2012). Patient-centered communication is associated with positive therapeutic alliance: A systematic review. *Journal of Physiotherapy*, *58*(2), 77–87. https://doi.org/10.1016/s1836-9553(12)70087-5

Rathus, J., Campbell, B., Miller, A., & Smith, H. (2015). Treatment acceptability study of walking the middle path, a new DBT skills module for adolescents and their families. *American Journal of Psychotherapy*, *69*(2), 163-178. https://doi.org/10.1176/appi.psychotherapy.2015.69.2.163

Ratnaweera, N., Hunt, K., & Camp, J. (2021). A qualitative evaluation of young people's, parents' and caregivers' experiences of a national and specialist CAMHS dialectical

behavior therapy outpatient service. *Int J Environ Res and Public Health*, *18*(11), Article 5927 https://doi.org/10.3390/ijerph18115927

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical* Psychology**,** *21*(2), 95-103. https://doi.org/10.1037/h0045357

Sanders, L. M. (2020). Is Covid-19 an adverse childhood experience (ACE): Implications for screening for primary care. *The Journal of Pediatrics*, *222*, 4–6. https://doi.org/10.1016/j.jpeds.2020.05.064

Shenk, C., & Fruzzetti, A. (2014). Parental validating and invalidating responses and adolescent psychological functioning: An observational study. *The Family Journal, 22*(1), 43-48. https://doi.org/10.1177/1066480713490900

Solomon, B., Katz, E., Steed, H., & Temkin, D. (2018). *Creating policies to support healthy schools: Policymaker, educator, and student perspectives* (Publication No. 2018-47). Child Trends. https://www.childtrends.org/wp-content/uploads/2018/10/healthyschoolstakeholderreport_ChildTrends_October2018.pdf

Steiner, R. J., Sheremenko, G., Lesesne, C., Dittus, P. J., Sieving, R. E., & Ethier, K. A. (2019). Adolescent connectedness and adult health outcomes. *Pediatrics*, *144*(1). Article e20183766. https://doi.org/10.1542/peds.2018-3766

Substance Abuse and Mental Health Services Administration. (n.d.-a). *Grants dashboard*. Retrieved October 25, 2022, from https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_nofo_fy%3A2022#nofos-tab

Substance Abuse and Mental Health Services Administration. (n.d.-b). *Trauma and violence*. Retrieved April 18, 2022, from https://www.samhsa.gov/trauma-

violence#:~:text=SAMHSA%20describes%20individual%20trauma%20as,physical%2C%20social%2C%20emotional%2C%20or

Substance Abuse and Mental Health Services Administration. (2022, March 9). *HHS announces nearly $35 million to strengthen mental health support for children and young adults* [Press release]. https://www.samhsa.gov/newsroom/press-announcements/20220309/hhs-announces-35-million-strengthen-mental-health

Ueda, J., Yamaguchi, S., Matsuda, Y., Okazaki, K., Morimoto, T., Matsukuma, S., Sasaki, T., & Kishimoto, T. (2021). A randomized controlled trial evaluating the effectiveness of a short video-based educational program for improving mental health literacy among schoolteachers. *Front Psychiatry, 12*. https://doi.org/10.3389/fpsyt.2021.596293

The United States Government. (2022, May 31). *Reducing the economic burden of unmet mental health need -CEA* [Issue brief]. The White House. https://www.whitehouse.gov/cea/written-materials/2022/05/31/reducing-the-economic-burden-of-unmet-mental-health-needs/

U.S. Department of Education. (2022, July 29). *Fact sheet: Biden-Harris administration announces two new actions to address youth mental health crisis* [Press release]. https://www.ed.gov/news/press-releases/fact-sheet-biden-harris-administration-announces-two-new-actions-address-youth-mental-health-crisis

Watson, K. R., Capp, G., Astor, R. A., Kelly, M. S., & Benbenishty, R. (2022). "We need to address the trauma": School social workers′ views about student and staff mental health during COVID-19. *School Mental Health*. https://doi.org/10.1007/s12310-022-09512-7

Weinstein, N., Itzchakov, G., & Legate, N. (2022). The motivational value of listening during intimate and difficult conversations. *Social and Personality Psychology Compass*, *16*(2), Article e12651. https://doi.org/10.1111/spc3.12651https://doi.org/10.1111/spc3.12651

Wissow, L. S., Gadomski, A., Roter, D., Larson, S., Brown, J., Zachary, C., Bartlett, E., Horn, I., Luo, X., & Wang, M. C. (2008). Improving child and parent mental health in primary care: A cluster-randomized trial of communication skills training. *Pediatrics*, *121*(2), 266–275. https://doi.org/10.1542/peds.2007-0418

Zaheer, I., State, T., Junio, C. G., Wenger, P. J., Lannie, A., Heindel, P. C., Warner, E. H., Mays, A., Dyett, A., Dillon, A., Rodrigues, S., Litterer, D., Petrone, L., Nash, D., DePinto, L., & Lukachko, A. (2022, February). *New Jersey comprehensive school-based mental health resource guide*. New Jersey Department of Education: Division of Educational Services. https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE_MentalHealthGuide.pdf

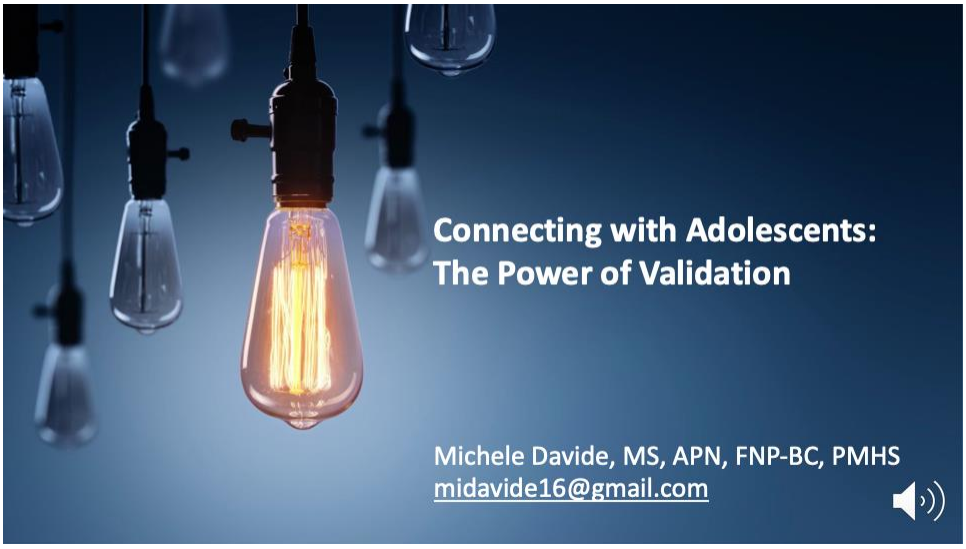
Zalewski, M., Lewis, J. K., & Martin, C. G. (2018). Identifying novel applications of dialectical behavior therapy: Considering emotion regulation and parenting. *Current Opinion in Psychology*, *21*, 122-126. https://doi.org/10.1016/j.copsyc.2018.02.013

Zhang, D., Jin B., & Cui, Y. (2021). Do teacher autonomy support and teacher–student relationships influence students' depression? A 3-year longitudinal study. *School Mental Health*, *14*(1), 110–124. https://doi.org/10.1007/s12310-021-09456-4

Zheng, F. (2022). Fostering students' well-being: The mediating role of teacher interpersonal behavior and student-teacher relationships. *Front Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.796728

Appendix A

Pilot Educational Video Title Slide and Links to Video and Surveys



Video

https://youtu.be/aGsWrQW-o1c

Appendix B

Pre-Video Survey

Connecting with Adolescents: The Power of Validation - Pre-Video Survey

Please complete this brief survey prior to watching Connecting with Adolescents: The Power of Validation video.

1. **What is your name? (optional)** _____
2. **Email address for tracking and follow-up. This will not be used for marketing purposes** _____
3. **What role do you play in the life of adolescents (youth between the ages of 11-22)?**
   - **I am the parent of 1 or more adolescents**
   - **I work at a middle school, high school or college as a teacher, teaching assistant, administrator, or school nurse**
   - **I am a community-based health care professional**
   - **Other, or I play multiple roles in the lives of adolescents, please explain**

     _____
4. **There is a national youth mental health crisis.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree
5. **I noticed an increase in youth mental health symptoms since the beginning of the COVID-19 pandemic.**

   _____Yes _____No
6. **Strong connections with adults protect adolescents.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree
7. **List benefits of strong adult-adolescent connections.** _____
8. **It would be helpful to have a proven strategy to help support an adolescent who is upset, angry, or sad.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree
9. **As a parent, caregiver, or professional, I want to strengthen my relationships with adolescents.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree
10. **When my children, students, or patients are upset, angry or sad, I say the wrong thing or I am not sure how to respond.**

    ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree

Appendix C

Post-Video Survey

Connecting with Adolescents: The Power of Validation - Post-Video Survey

Please complete this brief survey after watching Connecting with Adolescents: The Power of Validation.

1. **Email address for tracking and follow-up. This will not be used for marketing purposes. _____**

2. **Strong connections with adults protect adolescents.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree

3. **List benefits of strong adult-adolescent connections. _____**

4. **When my children, students, or patients are upset I have a framework for how to respond in a supportive way.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree

5. **Viewing Connecting with Adolescents: The Power of Validation increased my confidence in my ability to effectively communicate with adolescents when they are upset, angry, or sad using a research-supported communication technique.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree

6. **I will recommend Connecting with Adolescents: The Power of Validation to other adults who work with or care about youth.**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree

7. **Name specific changes you will make during everyday interactions with adolescents as a result of viewing Connecting with Adolescents: The Power of Validation.**

   _____

8. **Please share your experience in supporting adolescents during the past few challenging years.**

   _____

9. **Youth mental health educational events present an opportunity for community medical providers, parents, and schools to partner around supporting local youth**

   ___Strongly Disagree ___Disagree ____Neither Agree nor Disagree ___Agree ___Strongly Agree

10. **Please share any additional comments about the video or about supporting local youth.**

    _____