Suicide is a major preventable cause of death among youth, particularly age 10-14 years old. 
Risk factors include low self-esteem, loneliness, relational conflicts, mood/anxiety disorders.
Resilience, i.e., exhibiting positive adaptation when faced with adversity, may represent a protective process.
Certain racial and ethnic minority populations are particularly at risk for suicidal thoughts and behaviors, including youth identifying as Native American, Black, and Hispanic.
School-based mental health interventions offer potential for bolstering youth resilience and thereby decreasing psychological distress.

However, few studies evaluating mental health programs have examined intervention outcomes specifically among racial and ethnic minority students.

Hypothesis: Based on the individualized nature of the intervention, we expected that Healthy Kids would yield an equitable increase in resilience for youth identifying as a minority race or ethnicity.

**METHODS**

**Program Design:** Building Resilience for Healthy Kids (‘Healthy Kids’) – universal, school-based, resilience-focused program

**Series of 1:1 sessions with pairs of coach and student**

**Seven 15-minute sessions in total, including an initial rapport-building session and then six intervention sessions incorporating motivational interviewing techniques, personalized goal setting, and strategies for improving resilience**

**Study Design**

**Single-arm pragmatic trial, Jan-March 2020**

**Urban public middle school in Colorado Springs**

**Online surveys, pre- and post-intervention**

**Key Measures**

- **Resilience** – Child and Youth Resilience Measure using Rasch analysis
- **Self-efficacy** – Self-Efficacy Questionnaire for Children
- **Academic pressure** – Educational Stress Scale for Adolescents
- **Anxiety/Depression symptoms** – PROMIS Pediatric Anxiety and Depression Symptom Scales

Although suicide is a leading cause of mortality among racial and ethnic minority youth, limited data exists regarding the impact of school-based mental health interventions on these populations, specifically. A single-arm pragmatic trial design was utilized to evaluate the equity of outcomes of the universal, school-based mental health coaching intervention, Building Resilience for Healthy Kids. All six-grade students at an urban public middle school in Colorado Springs, Colorado were invited to participate. Students attended six weekly 1.5 sessions with a trained health coach discussing goal setting and other resilience strategies. 285 students (86%) participated with 252 (88%) completing both pre- and post-intervention surveys. Students were a mean age of 11.4 years with 55% identifying as girls, 69% as White, 13% as a racial minority, and 18% as Hispanic.

While Hispanic participants demonstrated significantly lower scores on baseline measures of self-efficacy, no significant differences by race and ethnicity for self-efficacy remained at the post-intervention survey. In addition, racial minority students exhibited significantly greater improvements in personal and total resilience compared to White and Hispanic students, controlling for baseline scores. Overall, our data together suggests that Building Resilience for Healthy Kids may represent an equitable and accessible option for improving youth mental health.

**REFERENCES**