



Mental Health and Mentoring Legislative Principles

Effective approaches for mentors to help prevent or address youth mental health problems should consider the following:

- Youth mentoring programs of all types have the ability to prevent and help youth cope with their depressive symptoms, making it a broadly scalable support, both as a stand-alone service or when or when infused with specialized mental health programming. Mentoring also supports a wide range of meaningful outcomes for young people that can positively impact their mental health, such as educational engagement and attainment, skills training/career exposure, acceptance and identity development. It is one of few strategies for supporting youth that can serve as both a prevention and intervention tactic.
- Mentoring services have found particular success in improving youth mental health symptoms while embedded within and/or in partnership with other professional helping institutions and systems (i.e., clinical mental health services, schools, or child welfare systems) that can provide training, screening, supervision, and support to mentors while they work with young people.
 - Community-based mentors can help clinicians support youth in relational and process roles, and even provide limited lower-level interventions themselves.
 - This is particularly promising for youth in the foster care system. Mentoring programs for middle-school-aged youth placed in foster care have been found to significantly reduce mental health symptoms, especially symptoms associated with trauma, anxiety, and depression, as well as mental health service utilization after participation in the program.
 - Mentors can support school-based mental health providers (e.g., counselors, social workers, school psychologists) by integrating mentoring into multi-tiered systems of support.
 - Mentors could be brought into schools, during or after the school day, to provide extra support to youth who are struggling to help them catch up academically, while providing emotional support and advocacy.
 - Providers could refer young people with mild mental health symptoms to a mentoring program to deliver effective ‘light touch’ mental health interventions and targeted relational support. They can also serve on problem-solving teams for students who need services, as they may be able to offer valuable insight to school staff.
- Mentoring can be used as a strategy to reduce mental health stigma and increase treatment entry and adherence, especially for youth and families who are mistrustful of mental health services.
- There are some promising evidence-supported youth-initiated and peer mentoring models that have been effective at addressing mental health stigma and hopelessness. Other emerging research has shown promise in trained paraprofessionals delivering light-touch mental health interventions and youth-nominated support teams for youth who were psychiatrically hospitalized.

- Mentors – and anyone who interacts regularly with youth – should be trained in identifying the four common trauma responses, the guiding principles of trauma-informed care, and mental health “first aid” so they can provide in-the-moment support to youth who present with mental health needs, especially in light of the stressors of the COVID-19 pandemic.

As such, the mentoring movement is presented with the following opportunities to effectively contribute to this work:

- Increase funding to expand school- and community-based mentoring programs to improve mentor training, support, and recruitment. These programs offer a broad range of benefits – most notably relational supports – that could help prevent symptoms and improve youth mental health.
- Establish new funding to launch a demonstration grant/pilot program to design and rigorously evaluate effective models integrating mentoring and mental health services. Some ideas include:
 - Partnerships between mentoring programs and schools or mental health clinics in which:
 - Mentors are trained to support clinical services or deliver light-touch mental health interventions (e.g., motivational interviewing)
 - Clinicians are on-site or available to connect with students identified by mentors as needing additional support
 - Youth-initiated and peer mentoring models
- Establish new funding for research on:
 - Mentoring delivered to specific groups (such as bereaved youth/youth who lost a parent during the pandemic; youth who have attempted suicide or self-harm)
 - Mentoring for specific “at-risk” groups where they can make the biggest difference (e.g. youth who are showing early signs of mental health struggles, such as LGBTQ or refugee youth)
- Expand funding to support training for mentors and volunteers on mental health first aid and trauma response.