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The Socioemotional Support and Mental Health Resource Accessibility
for Vulnerable Youth Populations in Licking County

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2021

Abstract

The purpose of my summer community service learning research project was to investigate the levels of accessibility to different types of mental health services and socioemotional support resources in Licking County, OH, for vulnerable youth populations throughout the COVID-19 pandemic. During this investigation, I explored available resources and served the public through volunteer work at a local organization called the Boys and Girls Club. Over the course of 10-weeks, I focused on developing a better understanding of the multifaceted public health and social welfare problems that low-income families face. My data includes observations through site experiences and virtual research from campus. Worked as an intern with the local youth to promote socio-emotional wellness within the classroom setting during the BGC summer program. Six general themes and implications related to this public health issue and the specific organization were uncovered, including 1) barriers of COVID-19, 2) changes in systems and models, 3) promoting youth voice, 4) identifying emotional needs and self-regulation skills, 5) setting expectation and accountability, and 6) forces within a community. Overall, this qualitative evidence will increase awareness of service accessibility and offerings, while serving others from Licking County during this unique moment in history. With this information, further research can be conducted along with additional work to support this organization and others in the local community.

Introduction

Purpose

Mental illness has become an increasingly prevalent public health issue in the United States. In 2019, approximately 49.6% of adolescents aged 13-18 living in the United States lived with a mental illness varying among conditions and degrees of severity (NIMH, 2021). The National Survey on Drug Use and Health defines mental health services as having received inpatient or outpatient treatment, counseling, or using prescription medications for mental health problems, emotions, and nerves. While many people suffer from mental illness, only around 44% received essential services in 2019 (NIMH, 2021). The purpose of my summer community service learning research project is to further investigate the levels of accessibility of important socioemotional support and mental health resources while serving with an organization that provides critical programming for vulnerable youth populations in Licking County.

Research Questions

When working to understand the existing socioemotional wellness and mental health at local levels in the United States, it is important to recognize social, economic, cultural, and political factors contributing to inequality in resource accessibility and awareness. My current research questions examine the dynamics of access to important services and types of resources within Licking County. First, what are the major factors influencing the need for new mental health resource options throughout the past 20 years? Additionally, do serious inequities exist in the accessibility to these resources among different demographics, and if so, who does this injustice affect the most?

Accessibility also requires the means to physically or technologically attain, financially afford, and emotionally accept mental healthcare services. I intend to focus on a few specific

factors throughout the research period. How does our healthcare system impact the cost burden of mental health services for populations in Licking County? Have changes to societal perceptions and the healthcare system affected the resources of youth's mental health services? What types of services and programs are popular and effective for underserved populations in Licking County? Furthermore, we live in a completely different world from a year ago, so it is crucial to study this current climate issue. What are the new implications of mental healthcare in the era of COVID-19? During my summer research, I will focus my efforts on the last two research questions that I associate most with a community service-learning experience. With this, I will also keep in mind the other questions I aim to address in future studies.

Rationale

My research focuses on how self-regulation and mental health are viewed and managed in the context of Licking County, Ohio. Researching this issue is of utmost importance because compared to other major medical illnesses, mental disorders contribute to the highest number of lost years of life due to premature mortality and disability (Leong & Kalibatseva, 2011). The impact is even more significant among the youth and other vulnerable people. By exploring a variety of resources and serving the public through volunteer work at a local organization, I will develop a better understanding of these multifaceted public health problems and the inequities faced by underserved populations. Overall, uncovering the other implications of COVID-19 will contribute unique insight for improvements necessary for public access to appropriate and affordable services that support social-emotional wellness for all.

Project Goals

My project goal is to observe and investigate the dynamics of local mental health services among youth by partnering with a local organization, the Boys and Girls Club of Newark. One of

the primary goals of BCG is to enable “all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens” and promote a safe and positive environment to form healthy lifestyles. Through interaction with people and data, I plan to document what essential services that support youth health look like in Licking County. As I aim to understand the impact of the COVID-19 pandemic better, this study will address the shortcomings and successes of current programs that provide mental health and socioemotional support. Moreover, this evidence may be used to relate and compare with other areas of the country and healthcare systems across the world. As an academic scholar and community member, I will further investigate my fields of interest, global public health, psychology, and service, while refining my professional project and research skills through the process.

The Boys and Girls Club

The Boys and Girls Club of America is a national organization with locations all across the country. Collectively, approximately 4,738 Boys and Girls Clubs currently serve approximately 4.6 million young people, through membership and community outreach. These Clubs exist at a variety of settings such as those that are school-based, on U.S. military installations, in public housing, in rural areas, and on Native lands. Among those found locally to central Ohio including Newark, Columbus, and Marion, there are 67 sites found across the state alone (BGCA). The mission statement of this organization has a strong focus on enabling youth to develop to their fullest potential and promoting “a safe, positive, and inclusive environment for all (BGCA).” When developing a project that focuses on the socio-emotional support and mental health resources available in the local area for vulnerable youth populations during the COVID-19, BGC was a relevant place to observe. No matter the circumstances, the organization

aims to provide access to not only important information, skills, and resources, but opportunities beyond the home.

Nationwide, Boys and Girls Clubs provide programs in a variety of areas including education, arts; sports and recreation; health and wellness; workforce readiness; and character and leadership (BGCA). Programs offered are determined by age level including a specialized curriculum at the Boys and Girls Club of Newark that fosters a strong foundation for social-emotional and health skills that were particularly important to highlight during the past year. Part of this curriculum involved the SMART Moves program which was designed by the School of Youth Development for Youth Development Professionals as they work with members on the day-to-day. The program targeted four essential competencies of the ten total core competencies based on the National Afterschool Association (NIOST, 2011). During the COVID-19 pandemic, SMART Moves primarily focused on 1) Safety & Wellness, 2) Interactions with Youth, 3) Learning Environments, Programs & Activities, and 4) Youth and Teen Growth and Development (Spillett, 2015). Altogether, all staff is trained to support members across critical areas for mental health, emotion regulation, and overall well-being in a classroom setting.

Existing Bodies of Work

Mental Health Pre-COVID

The evolution of mental health awareness and treatment within the U.S. healthcare system is complex. Health care reform began with lobbyists who focused on moral treatment and asylum (Morrissey & Goldman, 1986). As a result, the government funded the construction of psychiatric hospitals to provide residence and treatment. Rather than effectively caring for

patients, the understaffed centers violated many human rights through poor living conditions and abuse (Unite for Sight, 2012). These issues eventually led to additional reforms in the early 20th century, concentrating on mental hygiene and proper psychopathic hospitals (Morrissey & Goldman, 1986). By the mid-1950s, there was a transition from “asylum-based” mental health care to community-oriented care (Unite for Sight, 2012). This centered around community health and outpatient treatment including medications and psychotherapy (Morrissey & Goldman, 1986). Rather than treating patients in an ongoing manner, professionals consult episodically which mirrored the larger medical care system (Druss, 2002).

Since the transition, important interventions and services were developed to improve mental health care access and awareness. Talk therapy and medication have become more normalized for a range of mental illnesses. Recently, the use of telehealth medicine has become increasingly popular. To expand the delivery of services, mental healthcare providers adapted to the use of video conferencing and phone calls as an alternative format. People diagnosed with anxiety, depression, and PTSD have the most success with this technology (Wilson et al., 2017). Today, only extreme cases of those who threaten others or self-harm are forced into hospitals for inpatient care and observation, and many programs are designed to support less severe disorders (Unite For Sight, 2012). Now, community and national organizations have been created to support people in a variety of needs related to these issues.

Mental Health Accessibility

People diagnosed with mental illness and/or substance use problems have faced discrimination by employers, insurance companies, financial institutions, educational institutions, and other important facilities (Mork et al., 2016). The current structure of the healthcare system allows for lower reimbursement rates for mental disorders in comparison to

other physical medical issues (Novak et al., 2008). This marginalization reflects social and economic forces that undermined the mental health care advancement efforts in the early 1900s. It was not long ago that insanity was closely associated with impoverishment and incurability (Morrissey & Goldman, 1986). Moreover, within the past fifteen years, a significant percentage of people in the United States with mental health conditions have been uninsured (Novak et al., 2008). Altogether, this highlights the importance of equitable treatment across the entire spectrum of health issues and the necessity for affordable healthcare for everyone in the United States (Mork et al., 2016).

The Affordable Care Act (ACA) was initiated in 2010 by the Obama Administration to expand health insurance coverage. Although accessibility to physical healthcare has improved, little is known regarding individuals with mental disorders. Deterrents to seeking and accessing mental health services, especially across demographic groups, include complicated delivery systems, financial concerns, and social stigma. Cultural barriers exist as well, including language; the history of racism and discrimination within the medical system; and underutilization and premature treatment terminations based on socio-economic class (Leong & Kalibatseva, 2011).

Furthermore, with the emergence of telehealth services, researchers predicted a decrease in stigma and barriers to accessing care (Wilson et al., 2017). While this may be the case for some populations, others including those among racial and ethnic minority groups and lower-income households may experience even more disparity. Research indicates that there is a decreasing trend for average reimbursement rates and an increase in charges for telehealth services, impacting those with low disposable incomes (Wilson et al., 2017). Additional challenges associated with virtual therapy include limited access to the necessary technology,

internet access, data costs, privacy, and insurance coverage. Unfortunately, these potential issues likely impact people who might most require these services (Moreno et al., 2020). Moreover, policies initiated to support the increasing use of virtual services can be confusing and vary by the state through diverse restrictions on factors including types of services, provider acceptance, patient locations, and acceptable technology use. Overall, these issues impact access to mental health services and stem across a wide range of social, cultural, and structural barriers.

COVID-19 Context

The COVID-19 pandemic is unprecedented, inflicting dramatic change and insurmountable burdens. Globally, people adapted to new lockdowns, social distancing, quarantine protocols, unemployment, isolation, and limited access to necessities (Moreno et al., 2020). The coronavirus outbreak has caused an increase in known risk factors for mental health issues. Due to stress from numerous COVID-19 related elements, people display increased rates of depression and anxiety in particular (Moreno et al., 2020). While issues within the mental health care system existed prior, they have only been amplified over the past year. Disparities have been exacerbated due to factors related to COVID-19 including an increase in both financial insecurity and poverty which inhibit access to health care, especially in an insurance-based system (Moreno et al., 2020). Disadvantaged patients are disproportionately faced with issues impacting not only access but the quality of care. Although my summer research project builds on the aforementioned scholars' work, I will use the 10-weeks to examine the accessibility of mental health services while incorporating the most recent supplemental consequences of the COVID-19 pandemic specifically in Licking County.

Vulnerability

By definition, vulnerability can be described as “adversities that undermine, harm or damage key promotive or protective influences and carry the greatest dangers for maladaptive outcomes in development (Masten, 77).” Vulnerability due to lack of welfare, low-income status, and high-risk conditions within a specific community population may lead to trends that cycle through multiple generations. Research has shown that risk factors including family disruption, poverty, large family size and stress, paternal criminality and violence, poor mother mental health status, maltreatment, and foster placement have negative effects on child development. With this, these factors are associated with childhood psychiatric disorders (Appleyard, 235). The greatest source of vulnerability comes from *cumulative risk*, a result of a combination of many influential factors. For example, when focusing on elementary through high school-aged youth, issues at home and peer rejection, have been seen to contribute to depression symptoms, indicating childhood developmental delays from within the school context (Masten, 80). While these risks are seen to be potentially harmful to child wellbeing, reducing them individually is not a hopeless cause. Prevention, early intervention, and sustainable services that tackle these factors are necessary for overcoming situational barriers.

Positive Youth Development

Positive Youth Development (PYD) is an important aspect of the overall wellbeing of vulnerable youth populations as it promotes resiliency and prevents high-risk conditions (USDE, 1). The skills involved in the foundations of PYD are directly related to Erikson’s eight stages of development, a theoretical framework that identifies critical assets that lead to success in adulthood (2). At the individual level, having trust in others, a sense of personal identity, confidence, and integrity are necessary characteristics for overcoming personal and external

challenges that have the capacity to inhibit growth (2). Coming from a school or community standpoint, how children are treated can result in a multitude of interwoven effects. For instance, the support received at home can impact a child's achievements in the academic setting. Problems in those settings appear to indirectly affect both future social competence and psychological well-being (OCCF, 80). With this, when identifying successful support services for child development and socio-emotional wellness, there are a multitude of factors to consider.

In *Finding Their Way* from Children and Youth Services Review, principles of risk, prevention and protection, and resilience are key to understanding the behaviors that support Positive Youth Development (PYD). In one existing PYD model, scholars point out the need to become more aware of youth's strengths and not only individual deficits (148). Examples of risk and preventive factors that need to be recognized when promoting PYD include neighborhoods, peers and school systems, family, and individuals areas (148). Specifically, family substance abuse, conflict, and impoverished conditions are examples of risk factors, while caring relationships and problem-solving and social skills are protective factors. Each of these factors is directly or indirectly related to mental health and socioemotional issues within youth populations. Furthermore, within the model are five principles that represent critical elements of PYD. The principles include competence, confidence, character, caring, and connection. By focusing on these five, reducing potential risk factors, and having access to resources and skills, vulnerable youth are more likely to thrive into adolescence and adulthood (Forrest-Bank et al.,149).

Resilience

Resilience, the "capacity of a system to withstand or recover from significant disturbances that threaten adaptive function, viability, or development," is an important element

of positive youth development, especially in relation to the mental health of populations across the United States (Masten, 9). Masten, a pioneer researcher in childhood resilience, believes development and resilience parallel as dynamic attributes. While resilience is multidimensional and difficult to measure, it has been studied throughout the context of different historical events and situational experiences (Luthar et al., 556). It is extremely relevant in today's world, as more children continue to suffer from trauma, poverty, and mental health disorders. In *Ordinary Magic: Resilience in Development*, among the main findings researchers state that individual characteristics such as good intellectual function, positive self-worth, conscientiousness, agreeableness, and happiness were associated with both competence and resilience. Those with both competence and resilience were also likely to have positive relationships with at least one competent and caring parent or parent surrogate and had more socioeconomic resources (Masten, 76). Therefore, if individual resilience is a determinant of the resilience of systems around them, then contributing the best resources to support socioemotional and mental health is the goal.

Research Design

This research was funded by the Ashbrook Summer Scholarship. This award is designed to support researchers in a community service learning project within communities of Licking County, Ohio. During the processes of observation and data collection at the Boys and Girls Club, I also volunteered my time as an intern. When designing my summer project, it was of utmost importance that I offer my time and skills with an open mind to perform volunteer work in any capacity. This is established when collaborating with the directors of the local organization. As a result, I was asked to float between classrooms and work one-on-one with members to help them focus on emotion regulation and mindfulness during severe

circumstances. Working as a resource, I was able to specialize in efforts targeting certain needs of the organization in order to understand the systems at play from a first-hand perspective. Additionally, I used my funding to provide the organization with materials that were sustainable in promoting self-regulation and mental health support over time. This design involved feedback from those whom I served and learned from, allowing me to contribute in a positive manner.

Methodology

Data Collection

The methods of this research were designed to collect data through the use of survey and interview responses as well as personal observations throughout the community service volunteering experience. The research target participant population consisted of staff members at the Boys and Girls Club of Newark, who work directly with the vulnerable youth population of Licking County, OH. The youth population age range consisted of members from 6 to 18 years old. While the research design was created at Denison University over the course of many weeks, observational aspects of the study were conducted at the Boys and Girls Club school site during the summer workday hours. The interview participants included the Director of the Boys and Girls Club of Newark, while survey participants included the Youth Development Professionals (YDPs) who come from a variety of personal and professional backgrounds.

The single interview was conducted in person at the Boys and Girls Club while enforcing proper COVID-19 protocols and maintaining privacy in a closed office setting. The interview was recorded using a Zoom meeting which included audio recording and automatic transcription of the conversation. The interview included a total of 17 open-ended questions that asked the participant to describe the technical sides of their job and the organization, as well as personal

experiences working with this youth population over the course of the time of COVID-19 and throughout their entire career.

Additionally, surveys were conducted through the use of Google Forms, sent to the participants' work email addresses, yielding a total of 8 survey participants. The survey included a total of 20 questions, 2 being quantitative and 18 being qualitative. Participants filled out the responses via computer during the school day in a quiet space, while I watched over their classrooms. Questions were focused on general experiences within the YDP role as well as the impacts of COVID-19 on student behavior and overall well-being. My data will also include observations through site experiences and virtual research. This information is important to identify the people who have access to necessary resources and types of resources one local organization provides. Overall, this qualitative evidence helps to provide an important lens on local mental health accessibility and socioemotional awareness during this unique moment in history.

Data Analysis

The quantitative data collected through the surveys was analyzed and presented using graphs. Qualitative data from the survey responses were gathered together anonymously and coded manually for significant themes. Moreover, the qualitative data from the interview was analyzed through automated Zoom transcriptions, manually edited to ensure accuracy, and coded to identify additional themes from the perspective of a higher leadership role. Beyond these official forms of data collection and analysis, I also performed observations during my time volunteering at the site, being exposed to the day-to-day work experiences with youth from Licking County. I have recounted certain experiences to compare and contrast with the themes of other staff. In addition, I received direct training that the organization provides the staff before

the beginning of the summer program which provided the necessary information, in terms of the program curriculum, member caseloads, and legal obligations.

Results

Qualitative Data: Observations

Throughout my time volunteering with the Boys and Girls Club as an intern, I was exposed to a wide wide range of experiences in my role. Once it was determined that I would work for the organization as a floater staff member for the course of 3 weeks, I attended the staff meetings and training to provide a good understanding of how the club functioned as a unit with various rules, schedules, and procedures. During the week of training, I learned important information including how to maintain the member to staff ratio (15:5) as well as when and how to write a behavior report. With this, the group went over case files of each member to give a review of each person's background at home, previous trauma, learning disabilities, and mental health disorders. Throughout this session, it was clear that most members either came from a low-income household, had been through the foster care system, had at least one incident with Child Protective Services (CPS), had witnessed at least one traumatic event, and/or suffered from at least one mental health disorder.

Furthermore, among safety regulations including making sure members are in-sight of a staff member at all times and other various rules designed to protect the youth, each classroom also formulated group agreements in order to maintain accountability among not only all members but the staff as well. Another way of checking in on abnormal behaviors and episodes of anger, sadness, and/or frustration involved staff sending those individuals to the front offices of the building, to work one-on-one with the staff member. Everything is communicated in team

debriefing meetings at the end of the week or over the walkie-talkies on the day-to-day occasion. Through my interactions with the members and staff, I have learned the importance of teamwork and communication to keep everyone safe and activities managed properly.

Throughout my time at the Boys and Girls Club, I found that rather than being simply a mental health resource to the youth of Licking County, this organization (in partnership with others locally) supports youth in multiple realms. Fortunately, these realms coincide with mental health and self-regulation efforts, making it easier to support individual physical, mental, and emotional health together. Through the combination of curriculum-based learning, free meals, and outside programming, there is an interrelation of all services supporting mental health and wellbeing. More specifically, many important outside programming resources include suicide prevention training, mindfulness exercises, field trips to local parks and pools, yoga classes from a physical therapist at Licking Memorial, and more. This observational data was critical in understanding the experiences of members, and also better communicated the perspectives and knowledge that staff shared in the following interview and survey materials.

Qualitative Data: Interview & Surveys

In the interview with the Director of the Boys and Girls Club, I asked a variety of questions that touched upon different aspects of my research questions including the impact of the pandemic, the funding structures, connections to the community, influences of home life, and personal experience within the field of child development and social work related to welfare and mental health services. At the beginning of the interview, I learned about how the BGC faced challenges that came with COVID-19. The club originally adapted by providing all of the programming online via pre-recorded videos as well as meetings on Zoom. This format lasted

from March until August of 2020. When the school year was about to begin, the leaders of this organization knew that they needed to find a way to open up to support the local families within their community. With this, they developed a change in model to adapt to virtual learning. Instead of an after-school program, the Youth Development Professional (YDP) ran classrooms all day during school hours. Members in each class attend different schools and have different class schedules with different teachers. The YDPs had to navigate a new way of supporting all members on Zoom at the same time. Although it was difficult, they knew they needed to provide a safe place for the youth that had Internet access, meals, social interactions, and adult supervision. While they were successful in keeping their doors open, the director did find that quarantine did have effects on child behavior and regulation.

The Boys and Girls Club of Newark also has partnerships with Pathways Central Ohio, Licking Memorial Hospital and Crisis Center, Audubon Science & Nature Center, Big Brother Big Sisters, the Lookup Center, the YMCA, and more. Many of these places provide programming that teaches important skills and also highlights how to acknowledge emotions and, in some cases, manage anger. When applying to become a member at the Boys and Girls Club, the directors added a new section in which families listed all of the resources they have taken part in. Many had multiple combinations of the partners listed above in addition to experiences with departments like Child Protective Services (CPS), Job Family Services (JFS), incarceration, Medicaid, Temporary Assistance for Needy Families (TANF), food stamps, counseling, etc. These case files are very diverse, as the family units they work with look widely different. As seen in Quotes 1 and 2, this organization has worked hard to continue to support the youth during this unprecedented time. It was clear that in partnership, many other organizations within the community also worked to support this particularly vulnerable group.

Quote 1.

“A lot of our kids had not been around other kids when they were staying at home. They expressed that they were frustrated, they were sad, and they were stressed. This program kind of helped identify those emotions and help with getting through them (4:22).”

Quote 2.

“I think in our community, it was like they were changing their model of how they did things too. A lot of places were trying to reach out to the community as well, so there were pop-up places just like in neighborhoods of people bringing food, so the school buses would just find spots and give out food. That was one way. I also saw a lot of nonprofits say, for example, give out activity bags with STEM kits... I do think it was challenging for some families because they were not used to being home and their kids were not getting those meals every single day, or they were not having a safe place to go every so, this is just generalized... but I know we have families that are still not working, [with parents] who had jobs before (8:07-9:30).”

Funding is an important part of understanding what is accessible to the community and how services are developed and provided to the community. With this, funding distribution can look different across available resources that exist locally. As an organization, the Boys and Girls Club typically runs off of government grants, fundraising, and, at this moment in time, COVID relief dollars. Currently, the club in Newark is running strictly on fundraising from within the community. In the beginning, they asked for a pledge of support for the first five years. These community pledges are capital and used for operating funds, program supplies, and utilities. Moreover, this specific organization also has an endowment that allows them to secure future growth, especially during difficult times. Fortunately, they raised approximately 5.3 million dollars in capital by reaching out and asking for support to renovate and operate. In Quote 3, the director discussed the ways they raised enough money to keep the doors open during the course of the pandemic. The BGC was different from other organizations because, unfortunately, many other places completely closed down and were not able to provide critical services.

Quote 3.

“An anonymous donor came forward and recognized what we were doing and very generously said, ‘I will match up to \$100,000 if you guys raise that amount.’ That can kind of help support the continuous growth and for us keep the doors open and keep going. So, the community when we asked out in the fall time. The community actually responded back with \$145,000 and that donor matched it completely so from September to December we raised \$290,000 or something around that total (12:37).”

The impact on mental health and wellbeing of the vulnerable youth populations was also indicated to have been concerning, especially during a time of uncertainty. The director explained the ripple effects that occurred when members of the club were forced to stay at home. Staff found that fear and anxiety increased with the change and loss of structure. As a result, one could infer that these consequences are likely associated with the weakened ability to self-regulate throughout the day, which I was able to see through my one-on-one interactions with members of the club. The director and veteran staff members were able to provide critical perspective as they were present before, during, and after the rise of COVID-19 within Newark, Ohio. In addition to the suffering of emotion regulation and mental health, youth are often found engaging in other risky behaviors related to their overall health and personal growth. More specifically, the issue of truancy has led to other behaviors related to drugs, violence, and gangs within the area. The Boys and Girls Club is an important resource for helping keep youth inside a safe, nurturing, and appropriate environment as they mature. As indicated in Quotes 4 and 5, while the kids of this generation are resilient, they are still faced with many burdens unlike ever before. It is important to identify these changes and challenges and find ways to support them and their futures further.

Quote 4.

“I mean, I think that you know kids are very resilient and kids bounce back. I think a lot of people were like ‘how are they going to handle the change or are they scared?’ And I mean there were some and even those who questioned what COVID was. And then we add other kids that were worried, I would say self-regulation abilities suffered. But being

at home and not having structure and not having those activities like what we do and how we handle things, have shown some to have such a struggle with self-regulation (14:12-15:10)."

Quote 5.

"I think one of the risky behaviors that we see a lot in our community is truancy. I know a lot of members having close relationships with the Licking County Juvenile Court or we've even, I know of kids that will say they are going to school... So truancy is a big one, and then you know when they're not at school, where are they? Who are they hanging out with? What are they doing? Which leads to behaviors like getting into drugs or violence... (27:22-27:30)."

Furthermore, the director expressed their experience working with families within the community, many of whom come from lower socioeconomic backgrounds. When working in the field of social services, it is important to understand that some families will work with the organization, while others will work against it. Keeping this in mind, I was interested to listen in on debriefing meetings at the end of each week and hear what parents and guardians complained about on a daily basis. It is critical to acknowledge influences that come from both the home and school settings. It makes sense that the staff goes through every individual case file to get to know each BGC member. Awareness of potential triggers, behaviors, and experiences that the youth may have, allow staff to be more conscious of the development that occurs within the club. The Boys and Girls Club has a unique connection with the community because staff support the children and families by providing a safe and positive environment, but also hold adults accountable and are mandated reporters if anything serious is said or heard. Altogether, as identified in Quotes 6 and 7, while member behaviors often reflect family behaviors, it is also important to elevate their voices, challenge the intergenerational cycles, and work through burdens that exist heavily within the local community.

Quote 6.

"I think we have stepped up and, just like the field of working with youth and just like not even locally, but all Boys and Girls Clubs have put more emphasis on youth voice. Not only just about COVID, but even like their own way of thinking and approach and even

some kids have different opinions within their own families. So, we think of some strategies and have been really focusing on how we can help empower them to use their voice with how they feel about certain things (23:48-24:20)."

Quote 7.

"... Also because of foster care- we have one child who has been in six homes in the past year and I do not think he has had any consistency and parenting so he doesn't even have a regular experience, like this is how it should be for you. He doesn't have consistency. We have have had kids with some frustrations and sometimes physical violence and we have heard more once we get to know the families of them also experiencing domestic violence themselves or sexual abuse, so when we have a kid report then the mom or parent says that they themselves have had those experiences so they are kind of a trend, sometimes (30:50-32:40)."

In addition to the collection of interview responses, I also surveyed eight staff members at the Boys and Girls Club who came from a range of backgrounds and experiences. The Youth Development Professionals worked at the Boys and Girls Club from a range of 4 weeks to 2 plus years. With this, their reasons for working for this organization this summer included because they wanted to give back to the community, had prior experience in child development, were recommended to work there, or needed to have experience working with kids for future professional roles. Although these aspects of the staff differed greatly from each other, there were trends found within the answers of my open-ended questions about their experiences working with a vulnerable population of children in Licking County.

Throughout the survey, goals related to the organization's mission statement were commonly identified as a large part of the Youth Development Professional role. Most respondents recognized their desire to help the youth attending the Boys and Girls Club of Newark grow into respectful leaders, productive members of society, and responsible citizens. By guiding members to reach their fullest potential, the YDPs are focusing their support through a variety of efforts including delivering programming, managing the classroom, acting as a liaison between members and administrators, advocating on behalf of members, supporting

emotional needs, serving as a mandated reporter, and supervising areas of the club. As seen in Responses 1 and 2, YDPs care deeply about the members and go through training to prepare strategies that cultivate an environment that emulates positive behaviors and provides appropriate resources during particularly vulnerable periods of development.

Response 1.

“I went through the BGCA training program and have utilized resources within our system. Personally, I have trained for this position by incorporating aspects of mindfulness, interpersonal connection, and self-discovery. The other experience I have related to child development have been tutoring and coaching. BGCN listens to concerns and has helped children and staff advance immensely through adaptation & collaboration within the community.”

Response 2.

“The curriculum supports shared educational and developmental experiences by infusing socio-emotional skills into every aspect of programming. We always enhance program quality by fostering a sense of belonging. High Yield Activities increase positive cognitive resilience in a holistic, intentional manner. We offer recognition, empathy and perspective. Our program cultivates a family atmosphere with relevant and meaningful dialogue. Open-ended questions encourage self-reflection and integrate character development.”

Additionally, similar to the information found in my interview with the director of the Boys and Girls Club, the staff discussed how they had witnessed negative effects of the COVID-19 pandemic on member mental health and overall behaviors. With the inability to socialize with other youth outside the home and deal with the added burdens of home life during a stressful time for many families, responses identified increased symptoms of anxiety, depression, and attention disorders. Moreover, there was not only a focus on the impact the year had on socio-emotional and mental health, but also attention on child development both personally and academically. The combination of limited resources, routine, and overall support, were significant in the eyes of staff who worked directly with the youth. When the model changed to allow members to attend the club for full days during the period of virtual learning,

members showed the effects of prior issues such as failing out of classes and behaving poorly.

Examples of these descriptions are included in Responses 3 and 4 below.

Response 3.

“Yes. Anxiety is definitely higher. The added stress of having to wear a mask as well as the added discipline and reminders were major. I have directly asked my members what it is like a child during covid and they have always answered with "stressful." It added an additional level of instructions from myself and other staff when it came to protocols that kept changing. The youth are covid savvy, however. I did have a classroom when schools were closed and BGCN had day programs where members used school supplies and computers to do online classes. I am aware of many students failing that did not before. It became an additional responsibility at home for parents to ensure their child was online. We were aware of some families where that was not happening.”

Response 4.

“Most students experienced remote classes the past year. Due to remote classes, children have been at home without a structured schedule (like they would have if they were in-person classes). Due to this, I feel students have acted out more and it is sometimes hard for them to regulate their emotions. They haven't had as much interaction with others so being reintroduced to daily interactions has been a challenge.”

Lastly, Youth Development Professionals aim to build trust with the members that they work with every day at the Boys and Girls Club. With trust, there is a greater opportunity for positive connections within the child's life that supports proper development and healthy behaviors. An example of the way staff interact with members in the classroom can be read in Response 5. By holding members accountable for their actions, but also supporting them with essential self-regulation tools, the BCG staff are promoting success for youth within the community.

Response 5.

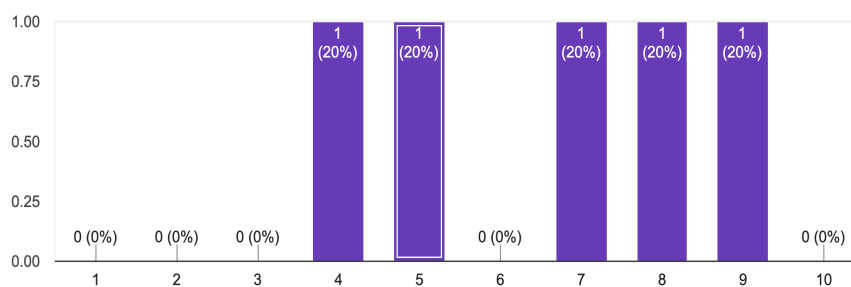
“I seem to have figured out how to build relationships with the members I care for. They must trust me and I must understand them. It does take a while. We have had the summer camp embers since June. I am just now truly getting to know the underlying things that many of them are dealing with, struggle with, and may be experiencing. I use my connection to initiate trust as well as letting them get to know me too. They have group agreements, but so do I. I always keep my word. I do give warnings but always follow through with anything I have said would be a consequence. I do teach that we are all responsible for ourselves when it comes to behavior. E plus R = O Event plus response equals outcome. I do make sure to give liberal, but honest positive recognition as well as

being honest about things that are disruptive or harmful. I use positive recognition reports, treats, extra privileges, and earnest praise. I do not patronize. I do write behavior reports as well. I make sure every member sees one, reads it and understands it. I try to notice the needs members have and their strengths. I also try to make sure that all members know that I do handle their concerns. I do have several techniques to get their attention. I do let members take a break with our front staff if I feel it is truly needed.”

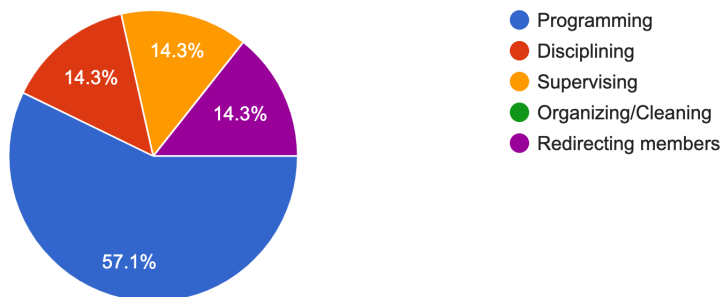
Quantitative Data

While the majority of my data was based on qualitative findings and observations, the staff survey included two questions that determined limited quantitative data, as seen in Graphs 1 and 2.

Graph 1. Student Behavior Change



Among the eight participants, five answered the questions, “On a scale of 1-10, how would you rate the changes in student behaviors with the rise of the pandemic?” differently. As a result, there was no significance to these numbers, but instead a representation of how different perspectives can be.

Graph 2. Task Majority

As seen above, seven of the eight participants responded to the question “What areas of youth development do you find spending most of your time on during the regular workday?” The majority (57.1%) of the participants of this small sample size responded with programming as the task they feel they spend most of their time completing at work. Meanwhile, the rest of the participants equally represented (14.3%) the other options including disciplining, supervising, and redirecting members. While limited, the quantitative data suggests that the biggest focus is on programming, which is directly related to educational, socio-emotional, and mental health resources. Among all of the options chosen by staff participants, each described actions performed in support of positive youth development, accountability, and trusting relationships.

Behavioral Tool Kits

As another element of my research project, I created seven behavioral tool kits for each of the summer classrooms at the Boys and Girls Club of Newark. These boxes will be stored in the “Calming Corner” of each classroom, a space that is dedicated to emotional regulation and self-soothing for members who need to take a break throughout the day. Each behavioral tool kit (a.) contains a variety of sensory toys appropriate for each age group as well as a notebook and a pen for journaling as a way to process their feelings. In addition to the boxes, I also donated growth mindset posters (b.) to hang up around the corner, for members to be exposed to during

these difficult or emotional situations. These affirmations aim to promote the positive youth development that the YDPs work towards in different ways in their classrooms. Moreover, three books (a.) that focus on identifying and understanding feelings, emotions, and mental health were purchased to go along with the behavioral tool kits. On the last day of my volunteer work on-site, I presented my kits at a staff meeting and the club as a whole was greatly appreciative. Similar to the rest of the curriculum that the club uses, these creations were evidence-based and created in a collaborative effort. Funding for these materials to make this element of my project happen came from the Lisska Center for Scholarly Engagement at Denison University.

a. Behavioral tool kits & books



b. Growth mindset posters



Discussion

General Themes and Implications

Based on the qualitative data and overall results of my research, there was a collection of significant themes uncovered related to the socioemotional support and mental health resources available for vulnerable youth populations in Licking County, Ohio. Simply listed these themes include, but are not limited to 1) barriers of COVID-19, 2) changes in systems and models, 3) promoting youth voice, 4) identifying emotional needs and self-regulation skills, 5) setting

expectation and accountability, and 6) forces within a community. Throughout this research process, the experience working with a given vulnerable youth population and Youth Development Professionals allowed me to directly observe the importance of positive youth development and resilience as described in the book, *Ordinary Magic*, and other published studies. While many supportive services could not stay open during COVID-19 due to budget, time, and logistical constraints, BCG of Newark remained an open resource and helped serve many local families. The data suggest what I have gathered and witnessed that creating safe and social environments, building caring relationships, strengthening the mental health movement, and continuing to align with a powerful mission statement: “to empower young people to be productive, caring and responsible citizens (1:20),” are of great value within the organization and youth development fields as a whole.

Overall, I infer that without services like these set in place, youth are less likely to reach each developmental stage and more likely to face serious mental health and self-regulation issues as they age. While the situational barriers youth are burdened with are not by choice, organizations like the Boys and Girls Club provide opportunities and support for them to take advantage of and prosper. Among the implications my findings have brought attention to, the most significant takeaway from my summer research project would be that the Boys and Girls Clubs has a dedicated staff, uses an effective curriculum, produces better outcomes for many members, and was among the most constructive resources to low-income families in the local area during the rise of COVID-19. While members have resources through organizations like these, there is always room for improvements in increasing accessibility for all youth who need support, especially given difficult circumstances and their vulnerable status. Moreover, change doesn't happen alone. Although I only directly observed one resource in the area, it was clear that

they worked alongside many others. The more local organizations and agencies work together in collaboration, the more successful the community will be in combating these impactful issues.

Limitations

Due to the unprecedented circumstances of the COVID-19 pandemic and general restrictions of conducting a community-based research project over the summer, I faced limitations. Specifically, due to the constraints of my timeline, I was reliant on a convenience sampling for participant recruitment purposes that came strictly from one organization, and not a combination across the local area. In addition, participation rates were low due to the limited staff. Each participant was encouraged to complete the survey during paid hours of the day at work. Due to the demanding workday, they may have spent less time and concentration on the task as their classrooms needed to be attended to during those times. As a consequence of using a limited sample size population, the findings cannot be generalized. The low generalizability indicates the need to replicate data collection at a larger scale to represent more significant themes surrounding our research questions of the general geographic area.

Furthermore, survey and focus group participants were not fully representative of the vulnerable youth population, but instead were examples of professionals who oversaw their behaviors. Our sample population consisted of all Boys and Girls Club staff members. Although other professionals were recruited, they chose not to participate in the end. In the given time, it was only feasible to survey and interview these participants as gaining consent from a large number of individuals under the age of 18 from their families would involve many additional steps. These limitations indicate the need for improvement in study samples and potential design implementations for future research.

Future Directions

After considering the limitations to this research design and reflecting on the research questions that have yet to be investigated, the future directions of this project could go on a variety of paths. While this project gives a strong foundation in better understanding one of many organizations that support lower-income families and vulnerable youth populations in the area, additional data and perspectives from influential places in the area must also be collected. Fortunately, moving forward as a senior at Denison University, I will have the ability to complete another research project through my final capstone which may evolve from this summer scholars project. With all of this in mind, elements of this research that would need to be considered are the type of participant sample, size of the sample, region of recruitment, and community involvement timeline. Additionally, it would be productive to further evaluate the funding, eligibility, and foundational process that allow these support systems to remain functional to the community.

Moreover, through this experience, I have also discovered a few areas in which the Boys and Girls Club could be additionally supported. During the busy week, field trips or fun days happen at least once for every age group to give members the opportunity to visit new places and try different activities. As previously mentioned, this summer the Boys and Girls Club hosted about 150 members from the ages 6-18 years old. Field trips have included visiting local parks, pools, zoos, and museums. While these experiences are really important for the members as they provide incentives for positive behaviors and activities to look forward to when at home. An issue that the Club faces with these trips is the limited means of transportation. The staff can legally only transport members with the BGC van. This van can only hold 10 members at a time, making trips limited to only local places in which multiple trips back and forth is feasible. The

donation of another van or more, would greatly increase the Boys and Girls Club's ability to provide these influential experiences. As a non-for-profit that has supported the development of the Boys and Girls Club of Newark, I think that Denison University should fund the purchase of new vehicles or lend campus-owned vehicles to the club over the summer when they are not in use by students.

In addition, another finding that came from this observational investigation included the limited individual attention during the summer program. By barely maintaining the regulated 1:15 staff to member ratio, Youth Development Professionals are often managing full classrooms. Whenever multiple members need attention (ie. tantrums, disagreements, etc.), it can be difficult for the YDPs to focus on every individual to the full need. My role as a floater was beneficial because YDPs or the directors at the front office could call me to a specific room to provide additional help and attention to the members. Knowing this, I would like to connect the Boys and Girls Club with the Knowlton Center for Career Exploration to create a job posting for Denison students. By increasing connections with Denison, the club would be able to hire more staff and manage all of the needs of the members even better than they were successfully doing before. In doing so, I would provide my research and hands-on experience to promote this initiative and bring awareness to the needs of staff and volunteers in this area of Licking County. Altogether, I think the future of my research and the support that I could continue to provide is sustainable and beneficial to the community and well my studies.

Conclusion

In conclusion, there is still much to be discovered about the impacts of COVID-19 on mental and socioemotional health in children, especially those from vulnerable populations. At

the same time, Licking County is one of many places across the country with unique services for families that help promote positive youth development, resiliency, and healthy psychological states through adolescence into adulthood. Thank you to the donors of the Ashbrook Summer Scholarship program who granted me this incredible opportunity, as well as Dr. Griffith from the Global Health Department and Dr. Dow of the Psychology Department who advised and made my work possible.

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