Undergoing Mindful Action to Transform Environments & Relationships (UMATTER): A School-Based Health Education & Health Promotion Program to Reduce LGBTQ+ Youth Suicidality in Idaho's West Ada School District

Intervention Proposal

Carmelita Perrien Naccarato

Certificate in Health & Human Rights

Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University

In partial fulfillment of master's degree requirements, for graduation May 2023

Thesis Sponsor: Christian Gloria, PhD, MA, CHES

Signature: Christian Gloria Date: April 02, 2023

To queer youth everywhere. I see you, and I love you. You contain multitudes that you deserve to explore. Please stay with us – it gets better, I promise.

To the inner child in each of us, may we make them proud.

Author's Note

At the time of writing, 430 bills attacking LGBTQ+ people have been introduced in legislatures across the U.S., making it at least three years in a row of legislators breaking their prior records for anti-LGBTQ+ hate (American Civil Liberties Union, 2023; Krishnakumar & Cole, 2022). Not only that, but in less than three months, legislators have introduced more bills against LGBTQ+ people than they did for all of 2018, 2019, 2020, 2021, and 2022 combined (Ceron, 2023). There is a tidal wave of anti-LGBTQ+ sentiment that is drowning us all, pulling us under with each bill that gets signed into law. If you cannot see how we are all fighting desperately against this onslaught, then you are choosing not to look.

Now more than ever, queer people need you. We do not just need your love or your support – we need your *anger*. There are leaders publicly calling for our extermination, but worse than that, the process has long been underway (Luneau, 2023). We are being denied life-saving healthcare. We are being refused legal documents. We are being erased from the history books. Everywhere you look, the existence of queer people is being ripped out from our society as though we are the scourge upon an otherwise flawless nation.

But we are the beating heart of our communities. We are joy incarnate. Despite the darkness we face each day, we bring our own light and refuse to dim ourselves in service of hate. We will keep fighting because we know that we may be the only ones who do. Writing this thesis has been an act of intense emotional labor, but I chose to create this program because I fear no one else will if I did not. We need accomplices in this fight who will take up our cause, rise up with our anger, and push back against our eradication. We need you to see us, love us, and fight for us, for programs like UMATTER. We cannot lose one more queer person.

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Abstract

The high prevalence of suicidal ideation and suicide death among youth in Idaho presents an urgent public health problem. In 2020, suicide was the leading cause of death for Idahoans ages 15-24 (World Life Expectancy, 2021). Of particular concern are the disproportionate health outcomes experienced by LGBTQ+ youth. In the U.S., LGBTQ+ youth are three times more likely to experience suicidal ideation than their peers, and one LGBTQ+ person between the ages of 13 and 24 attempts suicide every 45 seconds (The Trevor Project, 2021b; The Williams Institute, 2020). Using the PRECEDE-PROCEED Model, the Undergoing Mindful Action to Transform Environments & Relationships (UMATTER) program has been developed to combat this problem. UMATTER aims to prevent suicidal ideation and suicide deaths in LGBTQ+ sixth to eighth grade students in the West Ada School District and will do so via health education and health communication. Through early intervention, UMATTER will build a foundation for preventative mental health care that will not only reduce suicidality but allow the children of the Treasure Valley to experience a lifetime of good health.

Methods

Theoretical Framework

The PRECEDE-PROCEED Model, much like the Socioecological Model (SEM), dates back to the 1970's (Porter, 2016). In fact, the PRECEDE-PROCEED Model provides a guide for how to move through all levels of the SEM while designing a public health intervention. PRECEDE stands for Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation (Holt et al., 2022). There are four phases in PRECEDE which establish

the socioecological conditions in which the intervention will take place, focusing on community needs assessments and trust building (Holt et al., 2022). PROCEED stands for Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development (Holt et al., 2022). There are four phases under PROCEED that move through program implementation and evaluation (Holt et al., 2022).

Given that the PRECEDE-PROCEED Model is built on the importance of community-based programming, especially in that it is structured to be participatory and builds community ownership of the intervention, it is the ideal model to use to guide the creation of the UMATTER program (Holt et al., 2022). To be sustainable and successful, UMATTER will need to have extensive community buy-in and ownership. A detailed diagram of how UMATTER uses the PRECEDE-PROCEED Model is available in Appendix A.

Phase 1: Social Assessment

The program will improve the quality of life for LGBTQIA2S+ middle school students in the West Ada School District of Idaho. Qualify of life for this population encompasses three domains: connection with others; self-esteem; and holistic well-being. For the first domain, the program will build participants' capacity to create meaningful relationships, knowledge of available resources, and compassion for others. For the second domain, the program will teach participants positive coping strategies and help them nurture a healthy self-image. For the final domain, participants will practice self-acceptance and how to ask for help.

To ensure this program reaches the target population, participants will be recruited directly from enrolled students in West Ada middle schools. Students will receive information about the program while at school and receive informational pamphlets and parental consent

forms to take home. Supplemental recruitment will utilize Queer-Straight Alliances at libraries within five miles of the school district's boundaries (Meridian Library District, 2023). Students will participate in all stages of programming with at least two students hired onto the program team.

Other stakeholders include parents and family members of West Ada students, West Ada teachers, local healthcare providers, and local religious, political, and cultural leaders. These individuals will primarily be recruited through participants with supplemental recruitment through local organizations such as Mama Dragons, a group for mothers who currently or formerly are members of the Church of Jesus Christ of Latter-Day Saints (LDS) and are raising LGBTQ+ kids (Mama Dragons, 2023). Additional recruitment from places of worship, healthcare centers, and cultural centers within five miles of the school district's boundaries will be used when necessary. As with students, stakeholders will be involved in every step of the process, particularly with getting buy-in from parents, teachers, religious leaders, and politicians. While all stakeholders should be compensated for their work, students take priority, if funding is limited.

Phase 2: Epidemiological Assessment

In 2020, 421 Idahoans died by suicide – a rate 1.4 times the national average (America's Health Ratings, 2023). Suicide is the leading cause of death for Idahoans ages 15-24, suggesting that young people are particularly vulnerable (World Life Expectancy, 2021). This vulnerability only increases if the individual is queer: LGBTQ+ youth are three times more likely to experience suicidal ideation or attempt suicide than their cisgender and heterosexual peers (The Williams Institute, 2020). In the U.S., one queer person between the ages of 13 and 24 attempts suicide every 45 seconds (The Trevor Project, 2021b). Across the U.S. population, this means

that 17% of LGB adults have attempted suicide in their lifetime compared to just 2.4% of cishet Americans (The Williams Institute, 2020). While there is a lack of data specific to suicidality among queer youth in Idaho, evidence on a population level suggests that this population is particularly vulnerable and would benefit from supportive programming. As such, the program outlined herein aims to prevent suicide death among LGBTQ+ youth in Idaho. To do so, this program will target suicidal ideation, the point in the causal pathway with the highest potential for intervention success (Stanley et al., 2018). In addressing suicidal ideation at a young age, this program will have benefits throughout the life course, including preventing premature mortality and long-term improvements in mental health.

In terms of what factors the program should address, the focus will primarily be on behavior and, in smaller part, environment. There is not enough research at this time to justify genetic intervention, nor are genetics as changeable with a health intervention as behavior and environment can be. For behavior, the program will address both help seeking and coping skills. Improving help-seeking behavior for the target population will be fundamental as at least 60% of children experiencing mental health challenges do not receive formal mental health care (Gould et al., 2004). Furthermore, higher levels of suicidal ideation can lead to lower levels of help-seeking behavior (Gould et al., 2004). The program will therefore aim to build self-efficacy among the target population and their peers, to ensure that if a youth in crisis cannot seek help themselves, a peer can recruit the help of an adult. Evidence also shows that help-seeking is related to coping skills in that maladaptive coping strategies are barriers to help-seeking (Gould et al., 2004). On the other hand, positive coping skills—such as those that are problem-focused or active—are associated with improved mental health (Gould et al., 2004). With this in mind, it is important to supplement activities focused on help-seeking with ones that improve

participants' knowledge of and ability to use positive coping methods. Finally, in terms of the environment, bullying has proved to be a consistent, strong risk factor for LGBTQ+ youth suicide (The Trevor Project, 2021a). In 2017, up to 71% of Idaho students reported bullying based on their gender identity, gender expression, or sexual orientation (GLSEN, 2019). If a queer student reported bullying within the last year, their risk of attempting suicide within that same period was three times higher (The Trevor Project, 2021a). Additionally, middle schoolers report higher rates of bullying than high schooler students (The Trevor Project, 2021a). Recognizing the strong relationship between bullying and suicidality among queer youth, especially those in middle school, this program will address bullying and its root causes.

Phase 3: Educational & Ecological Assessment

When considering why young people do not seek mental health care, the most often cited reason is limited mental health knowledge (Radez et al., 2020). This predisposing factor is of particular concern as Idaho does not require students to be educated on mental health (Edge, 2021). The relationship identified between mental health knowledge and help-seeking behavior is likely mediated by self-efficacy, the belief that one can practice a behavior. As such, the program will not just provide knowledge, but check for understanding and ability to apply the information as well.

In terms of reinforcing factors, stigma presents further challenges. Research has indicated that perceived social stigma and embarrassment is the second most common reason youth do not seek mental health care (Radez et al., 2020). Local values of strength, grit, and 'pulling oneself up by the bootstraps' feed into the stigma as youth not only feel barred from talking about mental health, but also as though they should be able to fix everything on their own. In fact, one-third of students with serious suicidal ideation believed that people should be able to handle their own

problems without outside help (Gould et al., 2004). Stigma surrounding mental health not only impacts help-seeking, but it perpetuates negative cultural attitudes and bullying, making it a focus of this program.

While improving local resources and legislation would be beneficial to reducing suicidality in the target population, the social and political climate is not currently welcoming to such intervention. There is an increasing prevalence of policy restricting local libraries and against queer people, in particular transgender youth (Associated Press, 2023; Myrick, 2023). Addressing these enabling factors should be considered in future iterations of this program, when the local climate is receptive.

Phase 4: Intervention Design

Undergoing Mindful Action to Transform Environments & Relationships (UMATTER) is a school-based, sixth to eighth grade, health education and health promotion program in Idaho's West Ada School District. The mission of the program is to reduce suicidal ideation, and thus suicide deaths, among LGBTQ+ youth in Idaho.

Among participants, UMATTER will: increase mental health knowledge; teach positive coping skills; build help-seeking self-efficacy; reduce bullying; and decrease local mental health stigma. For mental health knowledge, the program will educate participants about local and national prevalence, language used, and how coping strategies can be used when navigating mental health concerns. These positive coping strategies will be practiced as part of the program's curriculum on self-efficacy. In relation to building self-efficacy, participants will also learn how to: apply mental health knowledge to themselves, such as by recognizing symptoms of common mental health conditions or practicing introspection; recognize when they use negative coping styles; and ask peers and trusted adults for help. To reduce bullying, UMATTER will

teach about self-love and empathy, while highlighting that mental health is an area of health just as important as physical health. This will go hand-in-hand with addressing stigma with the program aiming to normalize, but not romanticize, struggling with mental health and asking for help.

To address these factors, a multitude of activities will be utilized. The matrix provided in Appendix B details how each activity aligns with health behavior theory. Given that this is a school-based program, most activities will be woven into existing curriculum and all activities will be in-person to maximize engagement. For the curriculum-based aspects of programming, there are a variety of evidence-based resources that will be adapted for use in West Ada classrooms. For example, Erika's Lighthouse has created a free, age-appropriate, mental health program for middle school students (Erika's Lighthouse, n.d.). This program uses the CASEL 5 framework to bridge the gap between social-emotional learning (SEL) and mental health, focusing strongly on help-seeking (Erika's Lighthouse, n.d.). GLSEN has similarly created the Challenging Assumptions lesson plan that uses SEL to combat bullying in middle schools (GLSEN, n.d.). SEL is already supported by Idaho's state educational standards but is not required; implementing the programs from Erika's Lighthouse and GLSEN will ensure that SEL is not only taught, but standardized, across West Ada middle schools (Edge, 2021).

Activities not incorporated into regular curriculum will be part of semesterly, single-day, program events. Similar to field day or how sex education is taught in the school district, these events will bring students together from different classrooms and invite their caregivers to attend. Reaching caregivers is important, since many program aims operate at the interpersonal level of the SEM and to ensure their continued buy-in and support. Even though the target population for UMATTER is LGBTQ+ youth, the program will be delivered to all students. The reasoning for

this is that youths' identities are still developing, so students may not yet be identifying as LGBTQ+ or feel comfortable being out.

The activities utilized for these semesterly days of programming range from workshops to sessions with guest speakers. A workshop, for example, may build participants' self-efficacy by helping them learn how to identify their emotions. Students could be asked to describe their present feelings using age-appropriate tools such as drawing or journaling. The facilitator could then ask students to repeat the exercise while considering how they would feel if they were to get a bad grade or fight with a friend. This would allow students to potentially explore a range of emotions and open up conversation about 'negative' emotions. In terms of guest speakers, a local leader could host a Q&A session to debunk myths and provide answers to participant questions. Students, and their caregivers, could anonymously ask questions by placing them in a question box—a practice that is already utilized by the school district for sex education. Given the prior success of this strategy, adapting it for use in UMATTER to ask questions about mental health would likely see similar results, especially in making it easier to ask potentially embarrassing or awkward questions. Information on how these activities align with health behavior theories can be found with all other activity information in Appendix B.

Phase 5: Implementation

To support UMATTER, an estimated $134,320 in funding is needed; a breakdown of the expenses is provided in Appendix C. While the budget may seem large, every expense has been carefully considered to maximize engagement and encourage positive interaction with the program. For example, UMATTER will pay all staff members hourly wages $4.75 higher than Idaho's minimum wage, bringing them closer to a living wage. While this is not strictly necessary, by paying staff fair wages and thanking teachers for their time, UMATTER shows

that it values those supporting its success and incentivizes them to work towards their shared goals. Furthermore, offering a youth-favorite lunch, pizza, will encourage food-motivated young people to be active participants in the program. The program is also free for all participants, including caregivers. While caregivers may experience transportation costs or lost wages, those who normally supply lunches for their children would experience a reduced cost in that regard. Overall, the expenses of UMATTER are serving to build a positive, engaging experience. In doing so, it may create a positive association in participants' minds with talking about mental health, furthering the goals of the program.

There are multiple avenues by which to get funding for UMATTER. Primarily, there are a few organizations in the U.S. that UMATTER staff can apply to for grants. Such organizations include: The Arcus Foundation, Astraea Lesbian Foundation for Justice, The Ford Foundation, Open Society Foundation, and The Rustin Fund for Global Equality.

Beyond funding, this program has further needs. UMATTER will require physical space for continual curriculum work and the semesterly events. However, this need should be easily fulfilled as UMATTER is a school-based program. The program team will work with school administration to gain access to these spaces free of charge. Some equipment is needed, but it includes supplies typically present in classrooms such as projectors, whiteboards, and printers. Lesson plans will be needed to support integration into daily curriculum, but, as previously mentioned, the resources from Erika's Lighthouse and GLSEN are free (Erika's Lighthouse, n.d.; GLSEN, n.d.). Similarly, the statistical software used for program evaluation, R, is cost-free.

That leaves the primary need of UMATTER as people power. Although it would be ideal to have all teachers participate in the program, it is unlikely that will happen. To successfully run UMATTER, a total of 252 teachers are needed, 18 for each school with three serving each grade

(West Ada School District [WASD], n.d.). Of these teachers, about five from each school will serve as the core team for that school, responsible for coordinating trainings, overseeing activities and curricula development, and communicating with UMATTER staff. The UMATTER staff will be composed of two full-time and four part-time staff members. Two of the part-time staffers will be students from the target population and the other two will be other stakeholders as identified in Phase 1. This team will lead UMATTER from program planning through implementation and evaluation. They will meet regularly with meeting frequency increasing during piloting and early implementation. The team will use Asana assign tasks and keep track of important deadlines. To facilitate communication, especially for students or those who are busy like parents or politicians, the team and other stakeholders can stay connected to UMATTER's progress on social media. More detailed information will be provided to the team and stakeholders in memos, emails, and meetings. Younger stakeholders will receive information that is more visual with engaging imagery appropriate for their age. As for the leadership structure of the team, it will be a flat organization, putting all members on an equal footing in the decision-making process. While consensus is preferable, decisions only need a majority in-favor to proceed. In the case of a tie, the two full-time employees will discuss and decide how to proceed with the opinions of the students being given the most weight.

In terms of marketing, minimal marketing needs to be done to recruit participants, since UMATTER is school-based. However, marketing should be done specifically to encourage caregivers to consent to the children's participation and not opt out. To do this, the consent forms will use constructs from the Health Belief Model, emphasizing the severity and susceptibility of the children in relation to suicidality. Showing that the health topic is a pressing concern that can be prevented with the program should persuade caregivers to provide consent. Additional

marketing can be done with local stakeholders, including marketing to motivate caregivers to attend. For example, the local news stations can televise interviews with UMATTER staff and local experts on the benefits of the program, especially for families. The news organizations can share these stories online and on social media for a wider reach.

Overall, UMATTER will initially run for three years, beginning in 2024. A Gantt chart outlining the full timeline in detail is available in Appendix D. While this may seem like a long time, it is important to remember that the target population will be unavailable for about nine months during this period. Additionally, this timeframe includes piloting the program. UMATTER will be piloted at Sawtooth Middle School as the demographics of this school are similar to the district's averages (WASD, n.d.). Piloting the program will let staff receive feedback from participants and stakeholders, allowing them to evaluate the program and make revisions before full implementation. They will also be able to work through logistical issues and better prevent them in the full program. Furthermore, the pilot program allows school administrators to see the benefits of UMATTER with minimal risk to the district overall, increasing the likelihood that the program earns their buy-in.

Ideally, UMATTER will be sustainable and continue beyond the identified timeline. By hiring local stakeholders onto the team and working closely with local leaders, the goal is to teach everyone involved how to run the program themselves. Ideally, the West Ada School District would be able to get tax revenue from the state to support operations and the program would scale up as other school districts in Idaho were inspired by the success of UMATTER in West Ada. Such sustainability and scalability would indicate that the program was successful in the long-term. To be considered successful in the shorter timeline identified previously, UMATTER would need to achieve at least 10 of the 14 goals identified in Appendices E and F.

These objectives address participation, identified outcomes related to activities, and suicidality health outcomes in the target population.

Phase 6: Process Evaluation

The UMATTER team described in Phase 5, in collaboration with stakeholders, will be responsible for overseeing program evaluation and making any necessary adjustments. The team will conduct an initial needs assessment within the community, serving as the foundation for the program and informing any immediate adaptations. As stated previously, piloting the program provides an opportunity for evaluation before scaling UMATTER up to the whole school district. During the pilot and full program implementation, the UMATTER team will conduct regular interviews and surveys with participants to enable the evaluation process to be iterative and the program to be ever-evolving to participant needs.

Internally, there will be monthly peer and self-evaluations as well as upon completion of individual projects. The peer evaluations will be anonymous and provide feedback on team cohesion, while the self-evaluations will provide an opportunity for reflection. The team will meet to discuss how the feedback can improve their practices. Team members may also schedule individual meetings with peers to further discuss evaluations, so long as they are not doing so with malicious intent. There will also be performance reviews of each team member at the end of the pilot program and at the conclusion of the program following full implementation. Everyone will be both reviewed by two peers and responsible for providing feedback for two different teammates. These will serve as additional opportunities for team growth in regards to program implementation, especially in how it will allow for change following the pilot and before full program implementation. Performance reviews at the end of UMATTER will not only provide

information if UMATTER is continued or scaled, but they will also provide constructive feedback team members can take with them to future endeavors.

Phase 7: Impact Evaluation

The short-term goals of UMATTER can be found in Appendix E. To evaluate how well these goals are met, interviews and surveys will be used. They will be conducted at the beginning of the entire program, at the end of the pilot program, and at the end of the entire program. Evaluation at the beginning of UMATTER will provide a baseline for which to compare later data, while evaluating after the pilot program will provide information on how quickly the desired impacts can be achieved and highlight weaknesses to be addressed. The interviews and surveys will be conducted with student participants and stakeholders. Student participants may not self-disclose information on such a heavily stigmatized topic, so this potential bias will be countered by asking teachers, caregivers, and school psychologists if they have noticed a change in student behaviors or outcomes of interest. Together, these surveys and interviews will provide data to determine if the short-term goals were met and thus if UMATTER achieved its intended impact.

Phase 8: Outcome Evaluation

The long-term goals of UMATTER are available in Appendix F. Interviews and surveys will again be used to establish a baseline and collect data at the end of the program and one year after the program concludes. This will provide insight into how outcomes changed from program initiation to a year out from the program's conclusion as well as inform how quickly the outcomes can be impacted by UMATTER. As was done to evaluate the program's impact and for the same reasons, the surveys and interviews will be conducted with students, caregivers,

teachers, and school psychologists. Additionally, population-level data can be used to further evaluate the program outcomes. For example, school- and district-level data may provide insight into the rates of bullying within West Ada School District. Coupled with the survey and interview data, this creates a more holistic picture of how the outcome of interest has changed. Similarly, county health data could be used to evaluate changes to suicide rates after the UMATTER program was implemented. Although it would be more challenging, electronic medical records could be used to provide further insight into bullying, mental health, and suicidality among the target population. Using this range of evaluation methodology will create a more accurate understanding of the outcomes of UMATTER.

Expected Results

Although school-based interventions targeting suicide prevention are not ideal for conducting randomized controlled trials, robust evidence exists that supports programming like UMATTER (Singer et al., 2018). Based on existing evidence, it can be expected that UMATTER will reduce suicidal ideation among LGBTQ+ middle school students and, from there, reduce suicide attempts among this target population.

Overall, school-based programs for suicide prevention have been successful at improving students' health outcomes. Learning about suicide prevention in school increases students' self-efficacy; students who participate in school-based suicide prevention programs are 28% more likely to feel somewhat to very prepared to help a friend experiencing suicidal ideation (The Trevor Project, 2021c). Awareness programs, which are similar to aspects of the UMATTER programming, have been shown to reduce both suicidal ideation and suicide attempts (Zalsman

et al., 2016). For interventions conducted at the middle school or high school level, like UMATTER, evidence shows that they can reduce suicidal ideation by 13% and suicide attempts by as much as 34% (Walsh et al., 2022). Furthermore, SEL has been supported by studies for its ability to reduce suicidality with findings sustained over time (Singer et al., 2018).

In terms of how school-based suicide prevention programs like UMATTER help the target population specifically, LGBTQ+ youth who learned about suicide prevention in schools are significantly less likely to have attempted suicide within the last year (The Trevor Project, 2021c). In fact, LGBTQ+ students who learned about suicide prevention through school-based programming were 23% less likely to have attempted suicide within the last year (The Trevor Project, 2021c).

Therefore, the UMATTER program is supported by robust evidence and is expected to be successful in reducing both suicidal ideation and suicide attempts among LGBTQ+ middle school students in the West Ada School District.

Discussion

UMATTER is a school-based health education and health promotion program designed to reduce suicidal ideation, and consequently suicide deaths, among LGBTQ+ middle school students in Idaho's West Ada School District. It is based on the PRECDE-PROCEED Model and draws upon various health education and health promotion theories, including Social Cognitive Theory and Theory of Planned Behavior. The program will work with stakeholders such as students, teachers, and caregivers to both incorporate mental health programming into existing curricula and facilitate semesterly programming events. Activities used range from journaling to

workshops and will address outcomes like help-seeking behavior, bullying, and stigma. UMATTER will be piloted before it is implemented across all 14 middle schools in the West Ada School District. Evaluation of the program will be conducted throughout the three-year process with data collected primarily from surveys, interviews, and available epidemiological databases. Fourteen objectives have been identified to measure success and can be found in Appendices E and F. That said, available evidence strongly indicates that UMATTER will be successful in reducing suicidality among queer youth in West Ada.

UMATTER is not without limitations. One such limitation is that the intervention does not address all levels of the SEM and therefore may not be as effective as one that does. However, in targeting the individual, interpersonal, and community levels, the proposed intervention targets the majority of the SEM. Focusing on the individual and interpersonal levels was intentional and will lead to the best likelihood of adoption and success, given the hostile social and political climate (Associated Press, 2023; Myrick, 2023). Similarly, although the intervention does not specifically discuss LGBTQ+ identities, that does not mean it cannot be effective. Indeed, it will likely be more effective than one that explicitly referred to the queer experience as the current environment is not receptive to conversations around LGBTQ+ issues (Associated Press, 2023; Myrick, 2023).

Given the subtle nature of the program in supporting queer youth, it is recommended that UMATTER be adopted in states with similar social and political environments. Ideally, positive results from UMATTER would inspire other school districts in Idaho, and even beyond, to implement it in their own schools. The best candidates would be middle schools that are similarly majority white, predominantly middle-class, and in areas where conservative politics are dominant. Examples of where such schools may be found include Wyoming, Montana, and

Florida. Regardless of where this program is implemented, any institution outside of the West Ada School District should conduct a needs assessment with its target population and adapt the program based on those findings. Additionally, the program should monitor its environment and integrate more specific LGBTQ+ content when it is safe to do so.

With anti-LGBTQ+ sentiments and legislation exponentially increasing in the United States, there is an urgent need to protect the well-being of queer youth (Yurcaba, 2023). The UMATTER program draws on existing resources to address this problem, providing LGBTQ+ students with the resources they need to lead long, healthy lives.

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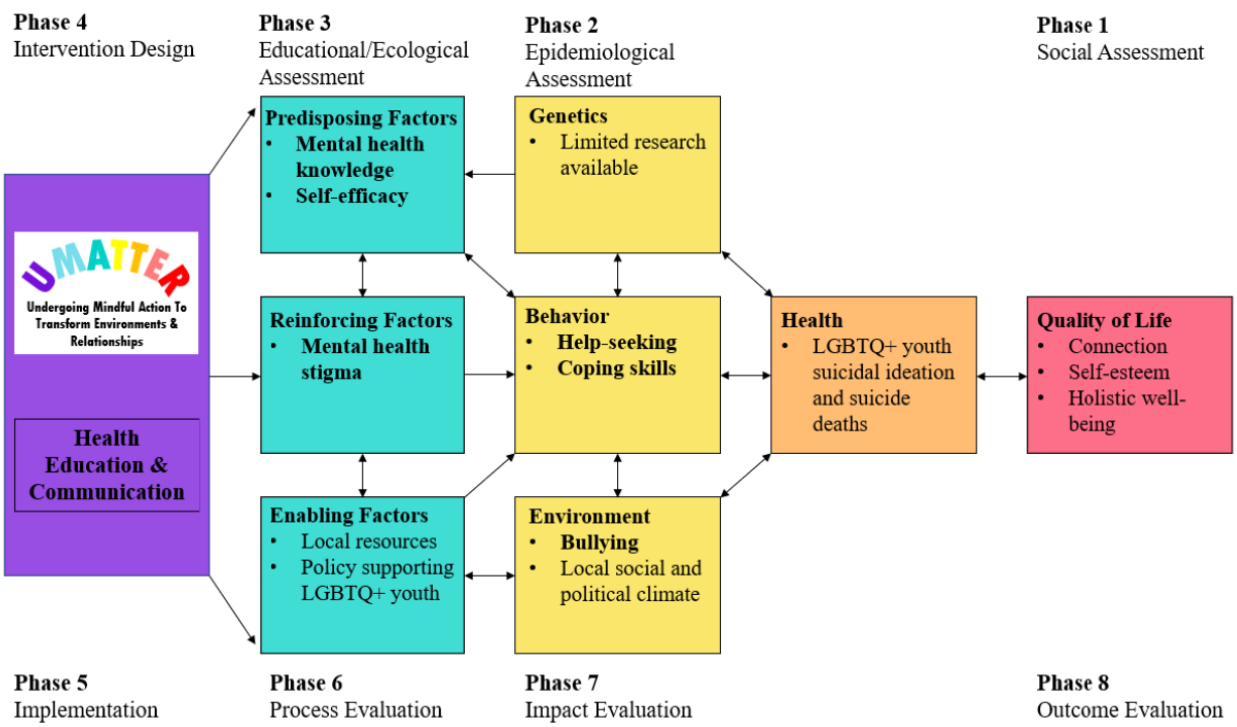
Appendices

Appendix A = PRECEDE-PROCEED Model



Note: Phase 2 and 3 bullets that are bolded indicate the factors targeted by UMATTER

Appendix B = Activity Matrix

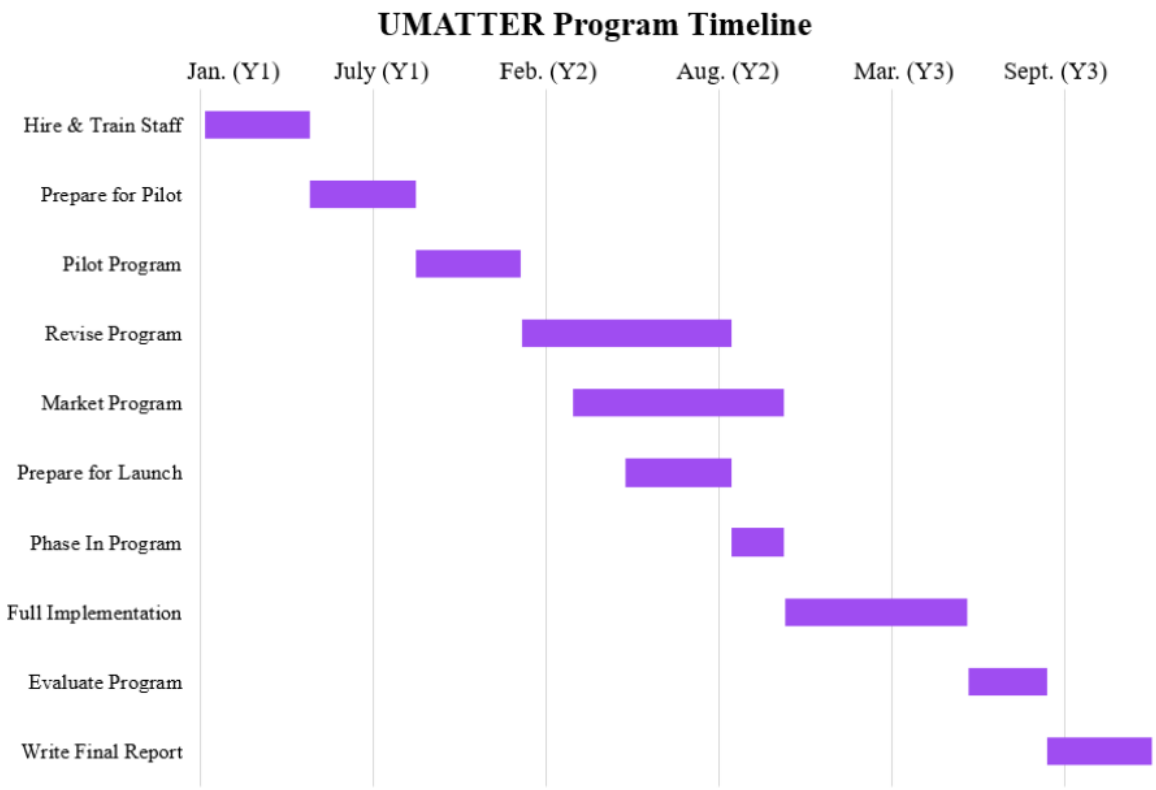
Program Outcome	Method	Theory - Construct	Intervention Strategy	Possible Activities
Knowledge regarding mental health	Active learning	HBM – perceived severity/susceptibility	Health communication & education	Seminars; guest speakers; panels
Positive coping skills	Skills training and practice	HBM/SCT/TTM – self-efficacy; TPB – perceived behavioral control	Health communication & education	Seminars; workshops; simulations; printed materials
Help-seeking behaviors & related self-efficacy	Skills training and practice	HBM/SCT/TTM – self-efficacy; TPB – perceived behavioral control	Health communication & education	Seminars; workshops; simulations; printed materials
Bullying	Persuasive communication; active learning; processing information	SCT – reinforcements, expectations, reciprocal determinism TTM – processes of change	Health communication & education	Seminars; guest speakers; panels
Stigma	Persuasive communication; active learning; processing information	SCT – reinforcements, expectations, reciprocal determinism TTM – processes of change	Health communication & education	Seminars; guest speakers; panels

Note: HBM = Health Belief Model; SCT = Social Cognitive Theory; TTM = Transtheoretical Model; & TPB = Theory of Planned Behavior

Appendix C = Proposed Budget

Internal Expenses	
Staff Wages *(Four part-time and two full-time at $12/hour)*	$85,920
Laptops for Staff *($300/laptop for each of the six staff)*	$1,800
External Expenses	
Communication Materials *($0.20/product twice a year for 9,304 students)**	$4,000
Lunches *(2,500 pizzas for participating students, teachers, and parents twice a year at $5/pizza)**	$37,000
Honoraria for Participating Teachers *($20/teacher for 252 teachers)*	$5,040
Honoraria for Guest Speakers *($20/speaker for each of the 14 schools)*	$560
TOTAL	**$134,320**

Appendix D = Gantt Chart



Appendix E = Short-Term Goals

1. By the end of the program, 80% of middle school students in West Ada School District schools will have participated in the UMATTER program.
2. By the end of the program, 20% of caregivers of West Ada School District middle school students will have participated in the UMATTER program.
3. By the end of the program, 60% of middle school teachers in the West Ada School District will have incorporated mental health content into their curriculum.
4. By the end of the program, one in three West Ada School District middle school students will be able to identify the signs of suicidal ideation.
5. By the end of the program, 40% of middle school students in the West Ada School District will be able to provide an example of how they would ask for help with their mental health from a friend or trusted adult.
6. By the end of the program, one in three West Ada School District middle school students will be able to identify at least three local and virtual mental health resources.
7. By the end of the program, there will be a 20% increase in help-seeking behaviors over the baseline among middle school students in the West Ada School District.
8. By the end of the program, there will be a 20% increase in usage of positive coping skills over the baseline among middle school students in the West Ada School District.
9. By the end of the program, there will be a 20% decrease from baseline in negative cultural attitudes towards those with mental health challenges among all UMATTER participants, including both West Ada School District middle school students and their caregivers.

10. By the end of the program, there will be a 20% decrease from baseline in stigma towards those with mental health challenges among all UMATTER participants, including both West Ada School District middle school students and their caregivers.

Appendix F = Long-Term Goals

1. One year after completion of the program, there will be a 20% reduction from baseline in bullying of LGBTQ+ middle school students by their peers in the West Ada School District.
2. One year after completion of the program, there will be a 20% reduction from baseline in bullying of middle school students experiencing mental health challenges by their peers in the West Ada School District.
3. One year after completion of the program, there will be a 15% reduction from baseline in suicidal ideation among LGBTQ+ middle school students in the West Ada School District.
4. One year after completion of the program, there will be a 25% reduction from baseline in suicide deaths among LGBTQ+ middle school students in the West Ada School District.