

Utilizing a Youth Participatory Action Research Approach to Co-create and Pilot a Mental Health Promotion Intervention

Malika Khurana, Maria Isabella Jimenez Rodriguez, Liz Barnett

Mentored by Eboneé T. Johnson, Ph.D.

2025-2026 Teen Working Group: Erin Chen, Gabby Cwiertyny, Jason Dong, Emily Liu, James "Ace" Milligan

Alumni Teen Working Group Members: Srinidhi Kompella, Claudia Lagunas, Emma Lamp, Cooper Davenport, Maria Isabella Jimenez Rodriguez, Amerie Alvarado, Alexandria Peterson, Andrew Dong

PROJECT CRATERS

Creating Responsive Action Through Empowering Resources & Strategies

Introduction

Youth are among those most affected by the worsening global mental health crisis. (McGorry et al., 2024; 2025)

3 core challenges in improving mental health outcomes among youth as reflected by youth (Fisher et al., 2025; p. 102-106)

1. "fractured mental health," referring to symptoms and signs of mental health conditions
2. "counterintuitive lack of awareness of mental health from expected social supports," reflecting limited knowledge or poor receptiveness from close adults, including dismissal of feelings and symptoms
3. "structural barriers faced by youth in accessing mental health services," encompassing high costs, long wait times, invalidation within healthcare systems, and stigma and shame

Purpose

To co-create and pilot a mental health promotion curriculum utilizing youth participatory research and engagement strategies.

Methods

Youth Participatory Action Research (YPAR)



"an approach to scientific inquiry and social change grounded in principles of equity that engages young people in identifying problems relevant to their own lives, conducting research to understand the problems, and advocating for changes based on research evidence" (Ozer, 2016)

Intervention Mapping

1. set proximal (specific, measurable) objectives
2. select appropriate theoretical frameworks
3. design the program components and activities
4. implement the intervention
5. monitor and evaluate outcomes (Bartholomew et al., 1998)



Acknowledgements

- Thanks to all teens that visited the University of Iowa as part of school visits with the College of Public Health, Project HOPE, and the MPATH Project. Your consultation and expertise was invaluable to the co-creation of CRATERS.
- We would like to thank the University of Iowa's College of Public Health, Office for Undergraduate Research, Center for Advancement, and Scanlan Center for School Mental Health for supporting this work.

Results

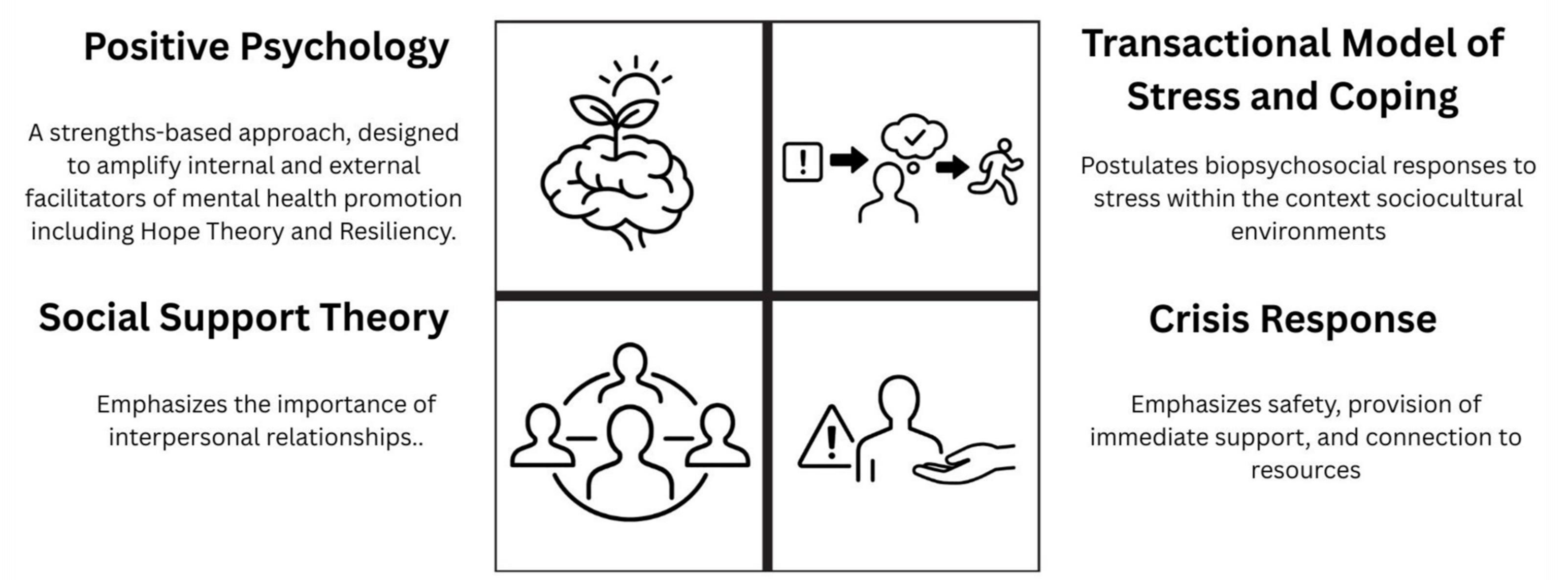
1. Set Proximal Objectives

To increase mental health literacy and enhance mental health promotion in Iowa's adolescents

2. Select Theoretical Frameworks

(Cavaiola & Colford, 2018; House, 1981; Lazarus & Folkman, 1984; Seligman, 2018; Synder, 2002; Wong & Wong, 2013)

CRATERS Conceptual Framework



3. Design the Program

Module	Content Areas	Youth Developed Framework
It's Okay to Not Be Okay	<ul style="list-style-type: none"> Defining Mental Health Acknowledging Emotions Mental Health Stigma Being Okay 	<p>Mindset: Open, Observing, Nurturing (MOON)</p>
Building Healthy Habits to Promote Hope and Resilience	<ul style="list-style-type: none"> Defining Health Identifying Healthy Habits Power of Hope 	<p>Motivation, Action, Resilience, Sustainability (MARS)</p>
Mental Health in Relationships	<ul style="list-style-type: none"> Defining Relationships Setting Relationship Boundaries 	<p>Open communication, Reciprocal, Boundaries, Inclusion, Techniques (ORBIT)</p>
How to Support Others	<ul style="list-style-type: none"> Defining Social Support Identifying Types of Social Support Recognizing Signs and Symptoms of Emotional Distress 	<p>Check-in, Offer, Monitor, Encourage, Transfer (COMET)</p>

"Commentary and experience was really great"

"The food and gifts and vibe- it felt very comfortable and welcoming"

5. Data Collection, Monitoring, & Evaluation

Sample: 24 parents/guardians consented; 16 youth assented, 14 youth, completed CRATERS

Demographic Data	
Age	Mean: 13.9 Range: 12-17 Standard Deviation: 1.5
Grade Level	3 — 7th grade 8 — 8th grade 1 — 9th grade 2 — 10th grade 2 — 11th grade
Race/Ethnicity	11 White or Caucasian 2 Asian or Asian American 1 Black or African American 1 Spanish, Hispanic, or Latino/Latina 1 Undisclosed
Living Situation	All participants live with parents; 1 lives with parents and grandmother.

Pre-assessment data (MHLq)

RESPONSE SCALE

#	Response Option
1	Strongly Disagree
2	Disagree
3	Neither Agree nor Disagree
4	Agree
5	Strongly Agree

MENTAL HEALTH LITERACY PRE-TEST (KEY QUESTIONS)			
#	KEY PRE-TEST QUESTION	MEAN	SD
1	If a friend of mine developed a mental disorder, I would offer them support	5	0.5
2	Physical exercise helps to improve mental health	4	0.4
8	If a friend of mine developed a mental disorder, I would talk to their parents	3	0.6
9	Good sleep helps to improve mental health	4	0.7
10	If I had a mental disorder, I would seek professional help	4	0.5
13	If a friend of mine developed a mental disorder, I would listen without judging or criticizing	4	0.6
10	If I had a mental disorder, I would seek my friends' help	4	0.5
21	Having a balanced diet helps to improve mental health	4	0.7
22	If a friend of mine developed a mental disorder, I wouldn't be able	2	0.6
29	If a friend of mine developed a mental disorder, I would talk to the teacher	3	0.1
24	Talking over problems with someone helps to improve mental health	4	0.6
29	If a friend of mine developed a mental disorder, I would talk to the teacher	3	1
32	Talking over problems with someone helps to improve mental health	4	0.8
32	Talking over problems with someone helps to improve mental health	4	0.7

Participant Feedback

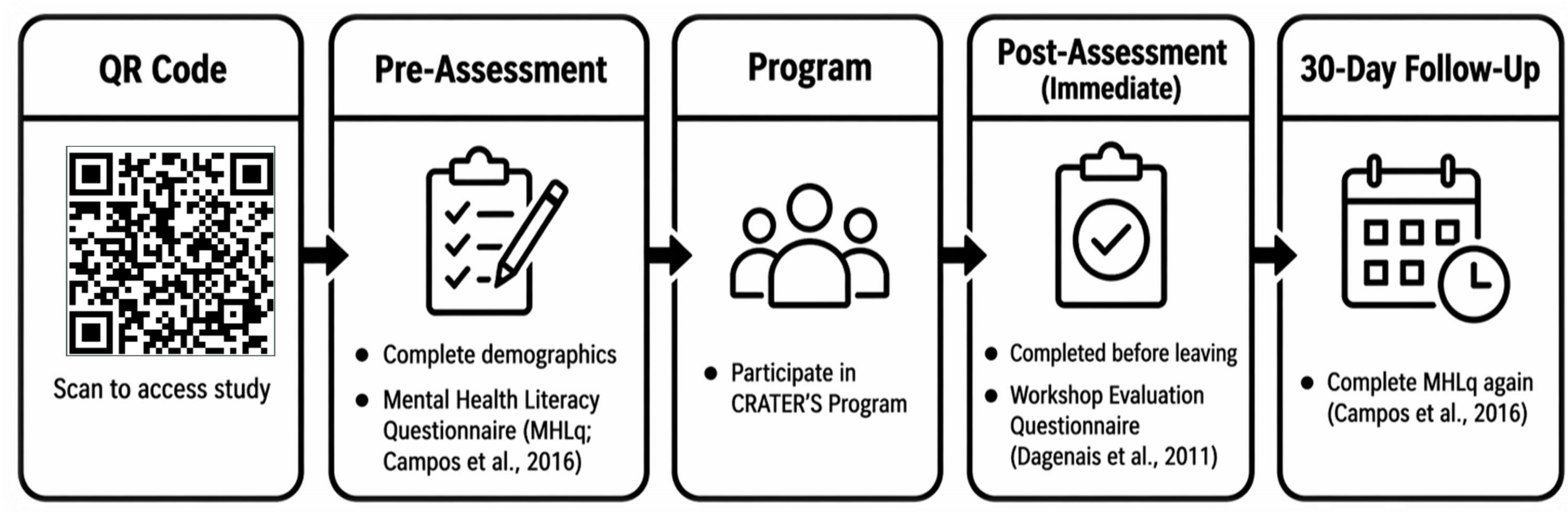
- High acceptability - met expectations, provided useful information, supported learning
- Key strengths - engaging facilitator delivery - interactive activities (role-playing, case studies, whiteboard exercises)
- Areas for improvement - session length (suggested shorter or multi-day sessions)

Discussion

- Key findings + limitations - ceiling effect observed in pre-test responses, limiting ability to detect change - high acceptability among participants with promising initial results - small sample size limits statistical power to determine efficacy
- Need + approach - Findings highlight the need for youth mental health prevention efforts. The CRATERS intervention applies a YPAR framework with youth co-developing the curriculum.
- Focus + impact - improves mental health literacy and supports positive mental health outcomes - contributes to the YPAR movement through a collaborative, strengths-based approach
- Measurement + future directions - expand beyond mental health literacy (e.g., help-seeking, stigma) - ongoing evaluation through efficacy and effectiveness studies

"I liked the part where we acted out case studies"

4. Adopt and Implement



References

Available on our website.

Learn More

<https://craters.lab.uiowa.edu> @projectcraters