

# Bridging Generations: Youth-Adult Partnership for Black Youth Mental Health Policy Innovation in Georgia

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*Summary:* Youth-centered policy approaches are needed to address Black youth mental health and amplify their voices in policy change. This paper describes the implementation of a policy assessment framework, focusing on how it was adapted to meaningfully incorporate youth voices, and highlights successes and lessons learned for future use.

*Key words:* Mental health, policy, youth engagement, health inequities, health equity, youth voice.

From 2007 to 2020, suicide rates rose 144% among Black youth between the ages of 10 and 17, and in 2021, 21.6% of Black high school students reported seriously considering suicide during the past year, a 66% increase from 2009.<sup>1</sup> Black youth

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experience disproportionate levels of trauma, leading to increased rates of suicidal ideation, depression, and anxiety.<sup>1</sup> To address this crisis, proactive, person-centered, culturally tailored policies that promote Black youth mental health (BYMH) are needed. However, policies are too often developed without input from those directly affected, resulting in missed opportunities to develop effective interventions.<sup>2,3</sup> Including youth in the development and implementation of policies allows young people to influence decisions that affect them, fostering developmental and relational benefits for both themselves and their communities.<sup>4</sup>

In 2022, the United States Department of Health and Human Services Office of Minority Health (OMH) established the Promoting BYMH through Policy program, funding eight demonstration projects to identify innovative policy solutions using the BYMH Policy Framework (hereinafter referred to as the Policy Assessment Framework or PAF) and to pilot-test these policies by implementing them in three different settings.<sup>5</sup> The PAF is an instrument designed to identify and assess the impact of policies on BYMH and consists of four phases: identification, assessment, strategic reform and implementation, and evaluation. The PAF includes guidance and assessment tools to support completion of each phase.

This paper describes how one OMH-funded demonstration project used the PAF to identify a policy and assess its impact (phases 1 and 2) and develop an action plan for implementation and evaluation (phases 3 and 4), with a particular focus on the meaningful incorporation of youth voice, highlighting successes and lessons learned for future use of this framework. The project team included researchers from a historically Black medical school, youth and adults affiliated with a youth engagement organization with extensive experience in youth-adult partnership, and a policy organization focused on children's issues. This project committed to amplifying youth voice across all activities. One method for this involved creation of a youth-adult partnership advisory council (AC), which guided all project activities and used a consensus-building process to inform key decisions, the creation of which is described elsewhere.<sup>6</sup> Several youth contributed as co-authors to this paper and perspectives from one of these youth, who served on the AC and was later hired as a youth engagement specialist on the project team, are included in callout boxes.

## **Implementation of the Black Youth Mental Health Policy Framework**

Phase 1 of the PAF involves the identification of policies that affect BYMH outcomes. The PAF suggests engagement of key populations, including “Black community stakeholders, BYMH technical experts, and culturally competent policy makers as evidenced by training,” as their guidance will inform selection of policies that are relevant to the mental wellness of Black youth.<sup>5</sup> The project team conducted a literature review and environmental scan to identify potentially relevant policies and evidence of their impact on BYMH, resulting in an initial list representing a wide range of public policies and programs covering the spectrum from prevention (e.g., universal mental health promotion) to treatment (e.g., access to services). These policies and programs had been implemented in a variety of settings, including health care/clinical, after-school, community-based, and schools. In addition, youth-facilitated focus groups

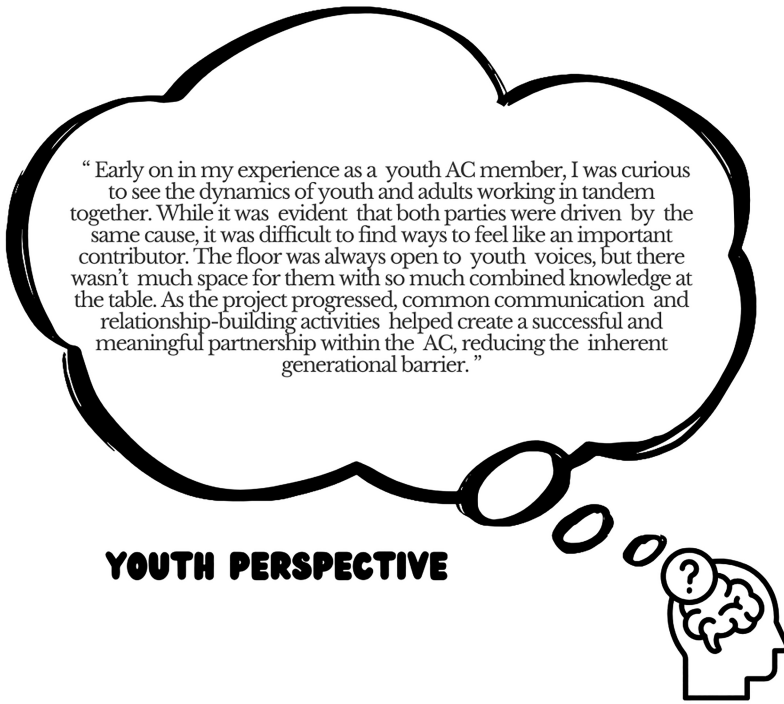


Figure 1.

were conducted to gain the perspective of Black youth. The youth engagement partner recruited six youths between the ages of 16–19 to co-develop the moderator’s guide and facilitate the focus groups. The youth facilitators developed a recruitment flyer, and AC members and other youth-serving organizations were asked to share it with their networks through in-person activities, listservs, and social media platforms. Thirteen youths between the ages of 10 and 17 participated in three focus groups stratified by age group. Three overarching themes emerged as important considerations for policies that promote BYMH: (1) building connections; (2) creating safe environments; and (3) removing stigma. The AC reviewed the list of potential policies and focus group findings, discussed their alignment, and selected three policies for further consideration: (1) promote mental wellness/suicide prevention; (2) increase digital and cultural awareness; and (3) engage youth in leadership roles. Through a deliberative consensus-building process facilitated by the project team, the AC selected one policy for assessment in phase 2: *mental wellness promotion/suicide prevention*.

Phase 2 of the PAF focuses on appraising the potential impact of policies on BYMH, assessing the feasibility, and developing an overall score. Policy appraisal involves three criteria: health equity lens, mental health in all policies, and stakeholder engagement and awareness. In preparation for Phase 2, the AC was trained to use the PAF instrument by practicing in small groups with the sample policy of requiring uniforms in schools, allowing the youth and adult AC members to gain experience using the PAF and build rapport and trust with their AC colleagues. The groups included at least

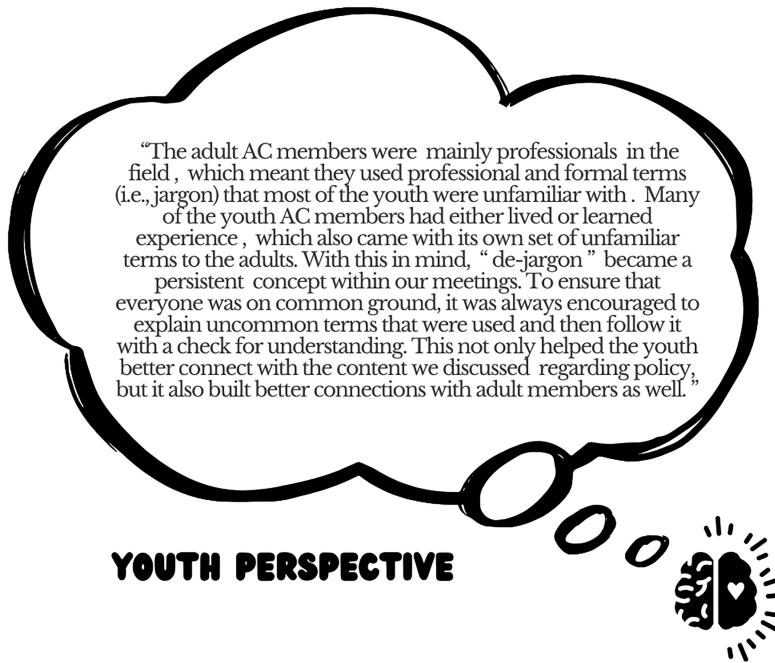


Figure 2.

two youth to ensure balanced power dynamics. The PAF instrument provided a series of guiding questions and during this exercise, the issue of inaccessible language (i.e., jargon) arose because the youth AC members were unfamiliar with policy terms such as appraisal and feasibility. The terms were described using youth-friendly language, defining feasibility as “how do-able is the policy” and appraisal as “the likelihood that the policy would impact BYMH.”

After the practice session, AC members felt more comfortable using the PAF. The AC again broke into small groups and were asked to assess the feasibility and appraise the potential impact of the policy chosen in phase 1. The team provided a revised list of guiding questions, adapted to eliminate jargon, to guide this process (see Box 1). Through an iterative process of re-visiting the findings from the youth-facilitated focus groups, reviewing the three broad policy options identified in Phase 1, and using the PAF feasibility and appraisal questions, AC members refined the chosen policy to be more specific and asset-based: *increasing opportunities for peer-led/peer-informed mental wellness activities*. The AC felt that this policy aligned with the focus group findings by providing opportunities to build connections, create safe environments, and remove stigma and wanted to prioritize youth leadership and involvement in the creation of mental wellness activities. They also wanted to ensure enough flexibility with the policy so it could be implemented in a variety of settings, while also providing enough specificity that its impact could be measured.

Phase 3, strategic reform and implementation, aims to create an action plan to

**Box 1.**

**PHASE 2: FEASIBILITY (HOW DOABLE IS THIS POLICY?) AND APPRAISAL (LIKELIHOOD THAT THE POLICY WILL IMPACT BLACK YOUTH MENTAL HEALTH?)**

Criteria	Framework Questions	Revised Questions Posed to the Advisory Council
<i>Phase 2A: Feasibility</i>		
<i>Relevance</i>	What is the purpose of this policy? How does this policy impact BYMH (i.e., individual, family, and community level)? What stakeholders support or oppose this policy? What additional policies, across any level (i.e., Federal, State, and local) intersect with this policy?	Is this a good policy to make changes in order to better support Black Youth?
<i>Operations</i>	What are the resources and capacity supporting this policy? How amenable is this policy to revision?	Can this policy be changed and what resources and support are behind this policy?
<i>Budget</i>	What budget is available to support policy revision (e.g., expanded capacity, changes to implementation, etc.)? What benefits are associated with the cost incurred in the policy revision?	How much money is available to help change this policy and what benefits come from the cost of updating this policy?
<i>Phase 2B: Appraisal</i>		
<i>Health Equity Lens</i>	How does the policy accommodate and circumvent known risk and protective factors for BYMH?	How does this policy address and avoid risk or benefits to BYMH?
<i>Mental Health in All Policies</i>	How are subject matter expert(s) in the field of mental health involved in the supervision, implementation and monitoring of the policy?	How are mental health experts involved in overseeing, carrying out, and checking this policy?

*(continued on p. 95)*

**Box 1 (continued)**

Criteria	Framework Questions	Revised Questions Posed to the Advisory Council
<i>Stakeholder Engagement</i>	How is the implementation of this policy the same or different in Black communities versus other communities (e.g., enforcement, application, duration (time since implementation), etc.)?	How can this policy be applied the same or differently in Black communities compared to others?

*Note:*

Source: Adapted from ATW Health Solutions. Black Youth Mental Health Policy Framework Development & Action Report: Promoting Behavioral Health in Black Youth Study. Washington, D.C.: U.S. Department of Health & Human Services Office of Minority Health, 2021.

enhance known protective factors, is tailored to the characteristics of the setting, and is informed by those tasked with implementation and those affected by the policy. In this phase, the AC discussed potential implementation settings, agreeing that the setting should be where youth spend time, have opportunities for mental wellness activities, and have needed supports and resources to serve in leadership roles. The AC suggested that the settings should include schools, after-school programs, and Mental Health Resiliency Clubhouses, a program administered by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) with 13 sites across the state.<sup>7</sup> Advisory council members created a list of criteria to consider when selecting implementation sites. Site selection criteria included factors such as commitment to youth voice, population served, geographic location, community sociodemographic characteristics, willingness and readiness to implement, pre-existing mental wellness activities, and engagement with their community and were intended to identify sites that served Black youth, had high social and economic resource needs, had strong relationships with their community, and were committed to promoting mental health in their policies and programming. Through a relationship-mapping exercise, AC members reviewed and assessed organizations using these criteria, identifying 10 potential implementation sites. Interviews were conducted with representatives from each site to further assess their interest and alignment with the project, resulting in the selection of three implementation sites, an out-of-school time program, a Mental Health Resiliency Clubhouse, and a high school.

Several aspects of the project are being evaluated for process and outcomes, including the AC, use of and fidelity to the PAF, implementation sites, and mental wellness activities. Implementation and evaluation are outside the scope of this paper and will be detailed in future publications.

## Discussion and Lessons Learned

This project demonstrated that the BYMH PAF is a useful instrument for identifying and assessing policies for their impact on BYMH, though modification and refinement of the PAF was needed to meaningfully engage youth in the process. This project identified several opportunities for PAF improvement and generated important lessons learned and takeaways for future use. First, the PAF instructs users to gain insight from key populations, a well-established best practice for community-based participatory research that is essential for addressing health inequities among vulnerable populations.<sup>8</sup> However, the specific role of youth with lived experience was unclear in the PAF guidance. By incorporating youth voice into all activities, we found that youth leadership and youth-adult partnership were essential for a meaningful process and guided the project in directions that were fundamentally different from where an adult-led approach would have gone. The youth-facilitated focus groups provided an understanding of the sociocultural factors that influence BYMH outcomes through their lens, which was a powerful driver of the policy selection. During early conversations with AC members, a noticeable gap emerged between the adults and youth, with adults elevating public policies or laws (i.e., big P policies) and youth focusing on policies that hit closer to home, such as school policies and family or social norms (i.e., small p policies).

We found that planning for policy implementation was strengthened by engaging key stakeholders such as school social workers, youth advocates, administrators and program leadership, and policymakers. By amplifying the voice of youth AC members, equipped with the youth-led focus group findings, the AC agreed that focusing on youth leadership and/or youth-led programs would better meet their needs and priorities. Recognition of the power that youth voice brought to the AC's decision-making influenced the requirement that implementation teams include both youth and adult members.

These experiences align with Larson et al.'s findings that youth-led programs involve distinct developmental experiences compared with adult-led approaches; they highlight the risk of "adults' control undermining youth ownership" in adult-driven approaches.<sup>9</sup> To avoid this risk, the project often reflected on whether decisions were youth- or adult-driven and intentionally focused on the youth AC members' guidance on policy decisions. Based on this experience, we believe the PAF would benefit from additional clarity on engagement of Black youth and encourage others using the PAF or similar frameworks to prioritize inclusion of youth voice in intentional and meaningful ways.

This project developed practical approaches to PAF implementation and established a youth engagement model that facilitated multi-generational collaboration. By reframing the language and developing interactive activities for the AC to effectively use the PAF, we showed that it could be adapted for application in different settings, while consistently centering youth voice.

Importantly, AC members were reminded of the powersharing training concepts at the outset of each meeting and the concepts were reinforced as needed during meetings. For example, each meeting began with a relationship-building activity. Initially, some AC members were impatient to "get to the work," but were reminded that trust was essential and investing time in these activities fostered trust, especially as the AC members were getting to know each other. The youth engagement community partner

proved invaluable to the project and prompted the lead research team to build its own internal capacity by hiring a youth team member who had served on the AC. The project's collaboration with the youth engagement partner and experience with the youth-adult partnership AC positioned it to support the youth serving on the implementation teams.

## Conclusion

The BYMH PAF is a useful instrument for identifying and assessing policies that promote BYMH. Engaging youth in policy development facilitates understanding of the distinctive perspectives, preferences, and challenges faced by youth. This project demonstrated how meaningful collaboration between youth and adults can amplify youth perspectives to identify and develop policies that pertain to them. Policy Assessment Framework users should prioritize Black youth with lived experience as a key population to inform policy identification and consider adaptations to better engage youth in the process.

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