

Early findings of a nurse-led youth activist program in mind caring

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Abstract

Background: School-based youth activist programs in mind caring have been shown to support the mental health and learning needs of adolescent students.

Methods: We used collaborative action research methods to implement a nurse-led mind caring youth activist program for a rural, extended opportunity school in Thailand. The participants ($N = 67$) were the public health nurse assigned to the school, students willing to become youth activists ($n = 42$), school teachers and staff ($n = 7$), university psychiatric mental health nursing faculty ($n = 2$), and volunteer nursing students ($n = 16$). Qualitative thematic analyses methods were used to explore the transcripts of the participant's reflection circles and confirmatory interviews for evidence of effective program implementation.

Results: Major themes of change and growth were identified. Youth activists students said mind caring improved their mental health. Teachers described having a more positive attitude towards students' mental health and learning needs. Nursing students found optimistic confidence and self-awareness in the hands-on experience with the complex role responsibilities in public health nursing.

Conclusion: These results provide early evidence of stakeholder satisfaction with the implementation of a school-based youth activist program as collaborative action for organizational change.

KEYWORDS

collaborative action research, mental health, mind caring, screening, stigma

1 | INTRODUCTION

As rapidly increasing rates of mental health (MH) problems and psychiatric conditions in school-age youth start to exceed available MH care services, the foreseeable public health outcomes include potentially severe declines in youth health (Department of Mental Health, Ministry of Public Health, 2020). Adolescent mental health problems and learning difficulties associated with bullying, life stress, and trauma are particularly worrisome. Without timely recognition and support, the distress of having school problems and MH problems can dramatically increase the risk of stress related psychiatric conditions, including major depression, anxiety disorders, and binge drinking, that impair

critical areas of adolescent psychosocial functioning. These include impaired school behavior and classroom learning that, in turn, can upset family dynamics in ways that distort the adolescent's perception of the family as a trusted resource (Moon et al., 2017).

For early adolescents, ages 13–15, the loss of supportive family dynamics and relationships with the onset of distressing MH and psychosocial problems can result in the painful loss of self-esteem with intense feelings of loneliness, worthlessness, and hopelessness (Stalker et al., 2018). Supportive relationships with family and peers have been shown to help early adolescents use emotional awareness to seek and accept help when distress, problems, and self-stigmatizing thoughts make them want to withdraw (Moon et al., 2017). These



confusing experiences and painful emotions could activate suicidal thoughts in adolescents who feel isolated (Yeh et al., 2017). Whereas self-awareness and self-compassion make it more likely that even when distressed, an adolescent will seek support.

Public health nurses use health promotion theory and evidence-based strategies to partner with marginalized communities, implement effective programs, and demonstrate a commitment to health equity (American Public Health Association [APHA], Public Health Nursing Section, 2013). In Thailand, rural public health nurses collaborate with high-poverty communities assigned to their primary care unit (PCU). Their extensive responsibilities include the school nurse role, meaning rural public health nurses also are first responders for rural school. Along with facilitating school access to MH services, the public health nurse collaborates with school staff, local families, and community groups to make disease prevention, medical, and health rehabilitation services accessible to local families (Chaiwannawat & Kitiyawan, 2019; Thailand Nursing and Midwifery Council, 2018). The findings of recent service evaluations show that, for early adolescents, school-based MH promotion programs are more effective than individual service referrals (Department of Mental Health, Ministry of Public Health, 2019).

Mental health problems are highly stigmatizing conditions in Thailand. Cruel traditional beliefs keep people fearful of anyone has a mental illness or being diagnosed with a mental disorder (Juntapim & Nuntaboot, 2018). Even seeking or accepting mental health treatment is discouraged by beliefs about distress, mental disorganization, and impaired psychosocial functioning discourage offers of social support by encouraging social rejection (Stalker et al., 2018). Social rejection tends to be more common in rural communities that still believe the symptoms of mental illness actually are the signs of possession by a spirit or ghost (Yeh et al., 2017). A young adolescent student who was having problems at school and at home while experiencing highly stigmatizing MH symptoms could be overwhelmed.

Extended opportunity (EO) schools were designed to make quality education accessible to rural communities (Office of the Basic Education Commission, 2019). However rural poverty can make some students feel that they are personally challenged by the learning and socialization expectations of the school. Students who feel this way can come to believe that, for them, education is unattainable. When circumstances increase the frequency of these negative personal thoughts, ongoing exposure to stressful life events can significantly increase the risk of MH problems, particularly depression (Boonprathum et al., 2017). To address the MH impact of poverty, distress, stigmatizing health beliefs, and additional learning needs, EO school policies were expanded to require nurse led, school-based screening to support students who may need counseling or require referral to their local primary care unit nurse (Wongphuka et al., 2017).

1.1 | Mind caring youth activists

Mind Caring (MC) is a mindfulness strategy of MH promotion that increases self-awareness and early detection of MH problems in early adolescent students. Mind Caring skills are age-appropriate strategies

of harm reduction designed to emotionally immunize distressed students against impulsive self-harm (McGeehan et al., 2019; Stalker et al., 2018). Recent study findings show that early adolescents benefit from learning MC skills together if the learning experience empowers them to recognize and respond to troubling or discouraging thoughts (Anselma et al., 2020). Effective peer learning experiences also can help schools achieve their public health goals (Moon et al., 2017). Public health nurses who can collaborate with community and school stakeholders to implement a school-based MC program can also make MH promotion services more available to the students, parents, and teachers.

The recommended goals for school MC programs are to effectively support student healing and reduce the perceived severity of student's mental health problems by supporting the regular use of mental health self-care strategies (Department of Mental Health, Ministry of Public Health, 2019). Healing services can also be helpful for adolescents with complex MH symptoms (Sethi & Scales, 2020). University curriculums in Thailand contribute by requiring that all nursing students receive substantive MH preparation in school, community, and hospital settings for a total of six months over four years (School of Nursing, Walailak University, 2020; Thailand Nursing and Midwifery Council, 2017). The purpose of this study was to evaluate our implementation of a school-based youth activist program in MC for early evidence of effectiveness.

2 | METHODS

Guided by the action research model for organizational change, our collaborative implemented a nurse-led workshop in mind caring for youth activist (Sales et al., 2011). Effective implementation means the program engages students in peer-to-peer support activities that promotes student self-care, caring for others, and help-seeking (Contreras & Aceituno, 2017). We evaluated the effectiveness of our collective implementation strategy by thematically analyzing transcripts of the lived experiences of participants shared in small group reflection circles.

2.1 | Participants

Purposive sampling methods were used to recruit student, teacher, and staff volunteers at a rural Extended Opportunity (EO) school that expressed interest in implementing a school-based program to promote student mental health. The Bantungkroa school employs 36 teachers, enrolls 712 students and is one of 132 schools in the Nakhon Si Thammarat Primary Educational Service Area for Office 4 The school also has a long-standing training partnership with Walailak University's School of Nursing.

EO teachers and staff were eligible to participate if their role responsibilities include student health, their assignment includes student guidance, support services, or mental health services, and they attend the MC preparation workshop led by the nursing faculty. Eligible

teachers and staff also were willing to support MC student activities, provide feedback to the nursing students on the EO student's learning climates, preferences, and needs and give them time to work on their MC homework assignments.

The inclusion criteria for youth activist volunteers were: (1) senior, junior, or sophomore grade level, (2) interests in promoting student mental health, (3) willing to lead student MC workshops and related activities, and (4) attend a nurse-led, 6-h MC workshop to become youth activist, (5) conduct weekly 3-h MC workshops for 35–45 peers, (7) host before school self-care and peer-caring activities to sustain interest.

Nursing faculty participants were course professors for lecture and clinical courses in psychiatric mental health nursing. They gave the nursing students seminars on MC concepts and workshop development before turning to their assignment of developing a MC curriculum for their MC youth activist training workshops. The nursing faculty worked with the EO school director to prepare the volunteer EO teachers to support student's learning and practicing MC.

Nursing students developed and led the workshop that prepared the youth activists in MC skills and strategies that can promote attention, improve self-regulation of emotions, increase empathy, decrease situational stress, and reduce anxiety (McGeehan et al., 2019). Volunteers had to be currently registered second year nursing students, (2) have completed all required courses in mental health nursing, (3) attend the MC workshop led by the nursing faculty, (4) develop and implement the workshop to prepare MC youth activists, (5) then continue as MC coaches for the MC youth activists.

2.2 | Mind caring workshop for youth activists

Our nurse-led workshop prepared the volunteer youth activists in six MC strategies of mental health promotion for self-care and caring for peers: grounding, visualizing, dialogue, positivity, homework, and sharing. Grounding uses deep breathing and gentle music to focus attention and ease tension. Students use MC to fill each breath with self-compassion. Visualizing uses MC to help students visualize the purpose of their life by focusing on the future they wish for. Dialogue is self-sharing with each other in conversation. Students use MC to have small conversations with each other to feel independent as a storyteller and to feel caring by listening to others. Positivity is using living to inspire learning. Students use MC as a source of positive energy for self-esteem and love and esteem for family and friends. Homework are written assignments that apply MC (e.g., Describe how you use grounding). Students journal about each MC assignment by reading their assignment and writing about any changes they see in the way they think about things. Sharing is sharing your homework at school with each other. Students use MC to independently decide what they will share, to understand that listening to each other is sharing. Along with learning MC techniques and strategies, youth activists learn that *using* MC is self-care and caring about each other to prepare for being in the classroom, ready to learn. MC improves mental health by relieving the upsetting thoughts and emotions that can lead to bad

moods and bad behaviors that make it hard to be in school, learn, or ask for help.

2.3 | Measures

We used semi-structured interview questions to facilitate the reflections circles and confirmatory interviews. The questions invited participants to share their: (1) thoughts about the university-school collaboration to develop youth activists in MC, (2) suggestions to improve the MC workshop and, (3) the meaning of the MC workshop for you. All interview questions were assessed for construct validity and clarity. Construct validity was assessed by a team of experts, one psychiatrist, two psychiatric nurses, and two psychologists. Question clarity was assessed by pilot testing all questions with volunteer EO students = 10, EO teachers = 5, and nursing students = 10. To protect confidentiality, reflection circles and confirmatory interviews were conducted in private settings.

2.4 | Qualitative thematic analysis

2.4.1 | Reflection circles

Reflection circles were used to create an authentic context for inquiring, questioning conversations (cited by Contreras & Aceituno, 2017). Reflection circles begin with light small talk, followed with open-ended questions and two follow-up probes to obtain the deep understanding needed to effectively design and implement a school-based youth activist program in MC (cited by Contreras & Aceituno, 2017). Four team-led 60–90-min reflection circles were conducted, each was audio-recorded. Each team had one EO teacher, nursing faculty, nursing student, and youth activist. Each reflection circle had a specific topic (Contreras & Aceituno, 2017): (1) project scope, team structure, and individual responsibilities, (2) nursing student preparations, (3) implementation of the school-based MC youth activist program, and (4) final reflections.

2.5 | Data trustworthiness

Honest, credible assessment of data trustworthiness was established using member checking, peer checking, and prolonged engagement (Anney, 2014). Member checking was performed by asking circle participants to audit conclusions for the previous transcript. Peer checking was conducted by three expert supervisors. Prolonged engagement with participants was used to build shared trust and clearly link the purpose of the youth activist program and data with the study aims.

2.6 | Thematic analysis

Audio recordings for four separate reflection circles were transcribed. Participants were asked to individually write notes in their project



journals on what they learned from the reflection circle (Morrow et al., 2015). Transcript accuracy was tested with audio-recording playback while reading the transcript. Consensus was determined by having significant statements identified and independently reviewed by two members of the research team. Additional steps taken to reduce the risk of missed data, any differences or disagreements were subjected to repeated validation. Formulated meaning (Morrow et al., 2015) was used to define and identify significant statements, defined as deep reflections, on participant lived experiences. Data sensitivity was considered and interpreted based on inherent subject context, condition, and culture. Significant statements then were analyzed for inclusive themes. Disagreements or bias, observed at any point in the process, were resolved by consensus or expert review or both. Validity analyses used to confirm or modify each theme was tested using peer debriefings and participant reviews.

2.7 | Institutional review

All study procedures were reviewed and approved by the Walailak University Committee on Human Rights Related to Research Involving Human Subjects (# WUEC-20-168-01). Students, teachers, and staff were informed their participation is completely voluntary and they can change their mind and withdraw from the study at any time. Consent for minors younger than age 18 was provided by a parent or legal guardian. To assure that all minor age participants, the youth activists and the peer participants, each provided informed assent. All student participants were informed that the Mind Caring Youth Activist program at their school was not a school or class activity, at all times, their participation was completely voluntary, and they could change their mind and leave the study and the program at any time for any reason without being questioned.

3 | RESULTS

3.1 | Participants

Our recruitment procedures yielded adequate numbers of EO teachers ($n = 7$) and EO students ($n = 42$) willing to attend a MC youth activist workshop led by nursing students ($n = 16$) supervised by PMH nursing faculty ($n = 2$). EO participants were randomized to an ongoing reflection circle ($n = 5$).

3.2 | Thematic analysis

As explained by Colaizzi (1978), when using formulated meaning to thematically analyze the reflections of participants, the analytic aim is to achieve an authentic understanding of the participant's experience of a complex phenomenon. Instead of telling the phenomenon what it is, researchers listen respectfully and allow the phenomenon to speak for itself. Accordingly, we formulated two associated themes,

change and growth, from the lived experience reflections of nursing faculty, nursing students and EO students, teachers, and staff. Significant reflections primarily spoke of change as a result of growth experiences with mind caring that the participants said they lived, witnessed, or felt touched by.

3.3 | Significant themes of change and growth

3.3.1 | Nursing students and faculty

Under the supervision of the psychiatric nursing faculty, the nursing students developed and led the EO workshop in MC skills and the MC youth activist role. Their reflections on their lived experiences reference different contexts, positionality, and observations from different experiences with EO students and multiple individual, family, and community role responsibilities in public health nursing. Although the reflections of nursing students and nursing faculty largely were framed as professional roles, as shown in the following exemplars, most reflections also had explicit personal references.

"...to influence school students to make positive changes, ... by opening up a creative space, ... helped the school students, me, and my friends..." Female Nursing Student

"...we never thought we could do it, ...to create change... that can be designed in a sustainable way..." Male Nursing Student

"...we could see growth and change in the hearts of the school students..., [students said] thank you sister for coming to our school and doing this for us..." Female Nursing Student

"...they all became youth activists able to give workshops for all students in their school..." Female Nursing Faculty

3.3.2 | EO students

EO students who attended the nurse-led workshop in MC and became youth activists for the school had deeply personal feelings about their own psychological growth and development. Whereas nursing students found meaning in the context of their experiences, EO students who were learning new skills in mind caring, self-caring, and caring for others found meaning in developmental milestones that framed their feelings, socioemotional growth, feelings of belonging, and feelings that gave meaning to their "suffering". As shown with in the following exemplars, perceiving themselves as a "good" person made it easier for EO students to see themselves as a "good" student.

“...I am more in touch with my feelings..., I did not have this before..., I think deep listening connects me with myself in ways that give meaning to my life...” Female Youth Activist Student

“...I learned with other students..., like me they can have love, passion, and coping..., life crisis can pass...help can prevent mental illness and suffering...” Male Youth Activist Student

“...I cannot go back to doing bad things. I am a part of things now. I have a part...” Male Youth Activist Student

3.3.3 | EO teachers and staff

Teachers and staff associated their experiences with and observations of positive changes with developmental growth. In other words, although teachers and staff used their prior knowledge and experience with students as benchmarks of student change and growth, their reflections generally were framed as measures of change and growth in the role of MC youth activists for the school. Seeing students, they had come to know as difficult, become successful in their school role as MC youth activist seemed to magnify any positive change in school behavior and developmental growth.

“...I really wanted to know what happened to them [youth activists]..., They really changed... I was really proud of them...” Female School Teacher

“...Ongoing positive changes can happen if we give students a place where they can keep learning and continue to change...” Male School Teacher

“...children who were never in the eye of anyone came into existence...” Male School Teacher

“... to help children recognize and touch their own positive life goals...to help students change from where they were before...” Female School Teacher

“...the success of the program was the positive changes among the school students, nursing students, and teachers...and having an opportunity to develop together...” Female School Director

In summary, the overall purpose of the school-based youth activist program was to promote student MH and improve school behaviors and learning outcomes. The present study used reflection circles and qualitative thematic analysis to evaluate participant's perceptions of the effectiveness of using collaborative action methods to implement the program. Participants who observed or experienced positive stu-

dents outcomes during program implementation are likely to share their thoughts with their reflection circle. However, reflections on change and growth were major themes but differences in positionality gave them authentic dimensions. For EO students, positive changes and growth seemed to mean transformative changes in current self-views and views of self in relation to others. Whereas for nursing students, positive both changes in self-views were experienced professional growth through meaningful hands-on experiences with PHN role responsibilities. EO teachers directly attributed positive changes in EO students self-views as evidence of meaningful growth. Teachers who have worked closely with EO students for years might have expressed their reflections with greater certainty. Alternatively, the major reflections of EO teachers can suggest meaningful changes in their view of EO students and their relationship with EO students performing the positive role of a MC youth activist. Participants attributed their observed and experienced positive changes to the MC youth activist program, however while these early findings encourage further study, it will be important to distinguish between positive changes attributed to the youth activist program and gratitude for the efforts of the school to support student MH and wellbeing.

4 | DISCUSSION

Our collaboration used action research methods to develop and implement a youth activist program in Mind Caring for a rural EO school in Thailand. We designed the program as a peer-to-peer approach to supporting student MH self-care and caring. The goals of our program were to improve classroom learning outcomes, improve MH skills that can counter the stigma of MH problems, and support students to seek or accept help from peers, teachers, or the PHN (Sales et al., 2011). Our thematic analysis methods identified participant reflections on observed and experienced changes and growth as major themes (Ronen, 2020). We had expected to find positive themes of early program effectiveness that were consistent with the policy requiring that all EO school decrease the stigma of MH among students, improve student learning outcomes, and support early adolescent growth and development (Contreras & Aceituno, 2017). However, in addition to finding early evidence of these indicators of program effectiveness, our major finding adds to the literature showing that, despite difficult circumstances, children have the power to change (Naseem, 2020).

The reflections of EO student and teacher participants on experiences at different phases of program development and implementation showed acceptable consistency with policy goals of improving skills and learning to support student efforts to manage personal feelings of distress (Shoshana, 2019). Positive reflections pointed to the strategies used to help students manage unhealthy emotions as a way to reduce negative behaviors at school (Yu & Ma, 2019). This social emotional learning approach using MC and student youth activists was effective in that self-care allowed students to question the validity of their negative thoughts. Our MC program tried to accomplish this by giving early adolescent students MH information and skills they could use to



explore their negative attitudes towards self, others, and school learning in ways that allowed them to help build a supportive school environment for everyone (Stalker et al., 2018).

Mind Caring training workshops led by nursing students had positive outcomes in the MH policies of the EO school. Early evidence provides strong support for the use of peer-to-peer strategies to promote student MH and learning (Kyriakides et al., 2015). The teachers described our nurse-led MC workshop as effective support for MH and classroom learning, two critical benchmarks of healthy adolescent growth and development (Yu & Ma, 2019). Our workshops were described as the human infrastructure needed to support the youth activists and peer students. Teachers felt the students showed greater consciousness of each other and more students openly questioned the personal and setting inequities barriers to positive adolescent growth and development (Tyler et al., 2020).

The nursing students who participated in all phases of program development and implementation learned what the students and teachers thought would be appropriate for their school by conducting their own group and individual interviews. The nursing students wanted to tap into their intrinsic 'vibrations' as a necessary step in the creation of spaces for EO students to grow and learn. The nursing students also reacted to their experiential learning, growth, and development in their roles as teachers, coaches, and nurses, personally and professionally. They felt fully able to grasp the level of learning they wanted to achieve by creating positive opportunities and positives spaces for the MC youth activist and EO students to practice their MC skills. The nursing students also expressed increased awareness of the role of public health nursing, as a model and a method, in eliminating community health inequities through sustainable change.

Generalizations of our findings to similar school programs is limited by the evaluative purpose of the study and the uniqueness of the rural EO participants. We developed and implemented a MC youth activist program for early adolescents but other than the outcomes defined by school and public health policies, no MH outcomes were defined or measured. Shared reflections of our participants on the positive changes in MH, learning outcomes, and school climate are subject experiences that could not be observed. Without similar multisite evidence and standardized measures of change over time, our results show that, for the participants, the collaborative action development and implementation of a peer-to-peer MC youth activist for distressed EO school students was effective (Yu & Ma, 2019). However, our results provide compelling supporting evidence for the use of collaborative action methods to achieve complex organizational changes (Kunlasomboon et al., 2015).

4.1 | Public health implications

This initial phase of our MH promotion program for rural EO schools has implications for the PHN role in school-based programs. The PHN role includes collaborations with universities, schools, and communities that bring together nursing faculty, nursing students, school teachers, school students, and community volunteers. This makes the PHN

role an essential partner in the call for effective MH promotion strategies for early adolescent populations. The shared reflections of the MC youth activists, EO students, and EO teachers describe our MC program, workshops, and booster activities as effect support for the MH and learning needs of students dealing with bullying, stress, and trauma. Simply being asked to reflect on their experiences appeared to deepen student's awareness of their actual need for MH support and, perhaps more importantly, their willingness to reject their own stigmatizing beliefs about MH problems. Our MC youth activist training workshops could help reduce morbidity and mortality rates in early adolescents. It is reasonable to speculate that an effective school-based MH support intended to reduce treatment referrals for specialized care and reduce the risk of undetected student MH crisis might also facilitate acceptance of needed treatment. Although our program is still in the early stages of implementation, our lessons learned can be summarized with three observations: rural EO students are interested in self-transformation, rural stakeholder collaboration is a win-win strategy, and undergraduate nursing students can meet complex collaborative responsibilities of the PHN role.

CONFLICT OF INTEREST

The authors have no conflicts of interest to report.

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DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions.

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