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Summit 2023
9-11 October

Melbourne, Australia & Online



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#202 - A school-based mental health literacy programme for youths: Barriers and facilitators to implementation

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Objectives/aims

Youths have the highest prevalence of mental disorders among any age group and good mental health literacy (MHL) is essential in efficiently addressing their mental well-being. The 2016 Singapore Mental Health Study revealed that youths were most vulnerable to developing mental health disorders, with other studies citing poor recognition, negative attitudes, and shame regarding mental disorders affecting help-seeking among this population. To address this, a local social service organization developed a MHL programme to educate youths in Singapore's secondary schools about mental health issues, develop their awareness, and positively shift their perspectives of persons with mental disorders, incorporating Virtual Reality (VR) technology for experiential learning. Despite growing demand, there is little understanding of optimal ways to implement such MHL programmes. In our research, we aimed to identify barriers and facilitators to implementing this novel programme and to evaluate the impact of the programme on students' MHL and help-seeking attitudes. We utilized the Consolidated Framework for Implementation Research (CFIR) to capture the determinants of this programme, with the hopes of bridging the research-practitioner gap by translating our findings into practice.

Methods

Semi-structured interviews guided by the CFIR were conducted with 22 key informants – staff and mentors from the organization and school liaisons.



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Ethnographic data was collected through observation of face-to-face and Zoom sessions of the programme. The data was analysed using a deductive approach. CFIR constructs with no relevant findings were excluded and ratings were assigned for each remaining relevant construct, indicative of the strength and valence. Salient barriers and facilitators were identified. Additionally, quantitative pre-post data was collected from 841 students across six implementation sessions as part of ongoing programme monitoring. The survey comprised five core questions that measured their current knowledge and attitudes towards mental health issues and help-seeking. Variables were analysed using the Wilcoxon signed rank and Chi-square tests for pre-post significance. A difference-in-difference (DD) model was utilized to analyse pre-post differences between student outcomes from face-to-face and Zoom sessions.

Main findings

Three CFIR constructs were frequently identified as facilitators: 1) 'Relative Advantage'- The experiential learning format with the use of virtual reality gave the programme a strong edge over other lecture-style MHL programmes. 2) 'Students' needs and resources'- Both the organization and schools observed that mental health problems among youths were on the rise and identified the need for mental health education and guidance on help-seeking avenues for students. 3) 'Executing'- The programme deliverers adapted delivery to suit student profiles without compromising core content, thus, balancing fidelity and fit. Conversely, three constructs were frequently identified as barriers: 1) 'Complexity'- Technological and logistic complexity of the programme affected smooth delivery in some schools. 2) 'Available resources'- As the programme team was kept lean, manpower constraints with regard to programme facilitation were reported especially during peak season in the school year. 3) 'Engaging'- Some students and teachers could be dismissive of the programme, and engagement proved more difficult when the programme transitioned to Zoom during the height of the COVID-19 pandemic. Comparison of pre-post data revealed improved mental health recognition, attitudes, and help-seeking knowledge overall. Face-to-face sessions elicited significantly better pre-post scores compared to Zoom sessions for recognizing signs and symptoms of depression and knowledge on how to help persons struggling with mental health issues. By utilizing the CFIR to identify facilitators and barriers to implementation, the present research can guide service providers, including the social service organisation involved in this research, in adopting implementation strategies to

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leverage on strengths and anticipate and address challenges for future implementations of school-based MHL programmes. This will help to improve service design and delivery to further strengthen youths' mental health.

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