SAMA

UNIVERSITY OF LEEDS

The SAMA Project

(January 2020-December 2023)

Interim Report for Policy Engagement Event
NIMHANS, 28th July 2023

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Project SAMA is an international, collaborative research study jointly led by NIMHANS (PI: Dr Janardhan) and the University of Leeds, UK (PI: Dr Siobhan Hugh-Jones).

The project's **primary aim** is to co-design and feasibility test a whole school approach to adolescent mental health in Indian secondary schools. Our secondary aims relate to youth voice, policy engagement and health economics.

- Project SAMA is **funded** by the **Medical Research Council (UK)** and is delivered with several partners, including Sangath (Goa), Indira Gandhi Medical College Research Institute (Puducherry), London School of Hygiene and Tropical Medicine, and the Universities of Birmingham, Oxford and Bradford.
- The project has gained **ethical approval** from the University of Leeds Faculty of Medicine and Health Research Ethics Committee and NIMHANS Ethics Committee (Behavioural Sciences Division) and is fully consistent with the terms of the GDPR and other current data protection regulations.
- **This interim report** details the background and work of the project as of summer 2023. The project is due to end December 2023 although may be extended to Summer 2024.

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The Need for Project SAMA

The Indian National Mental Health Survey (2016) estimated that mental disorders are experienced by 13%, an estimated **9.8 million Indian adolescents** between the ages of 13 and 17 have a diagnosable mental health condition, most frequently anxiety and depression (Vos et al., 2020). Given that adolescent suicide is the biggest cause of death in India, improving young people's access to mental health education and support needs immediate, innovative solutions.

School is central to the lives of adolescents, shaping their emotional well-being in complex ways (Patton et al., 2016). Global evidence shows that school mental health programs (SMHPs) can support the holistic growth of children (Kumar, 2021). They can **strengthen abilities**, such as self-management, resilience and stress tolerance, as well as positive social attitudes and skills. SMPHS for youth are especially important as most mental health problems emerge during this life phase. This is due to several complex factors, including brain maturation, new capacity for complex emotion and though, and exposure to academic and social stressors. Universal SMHPs can also operate as **early intervention** for young people who are at high risk of developing anxiety or depression.

> **"School life can powerfully shape youth mental health"**

However, a critical weakness of many SMHPs is that they intervene by trying to increase the coping skills of the young person. This is limited. School climate (including bullying), teacher competency and parental understanding of

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youth mental health are all critical factors which directly influence the wellbeing of young people. Unsafe school cultures, harsh and punitive teaching, poor teacher and parental mental health literacy are **risk factors** for youth wellbeing identified in evidence and reported by young people.

- Delivering only curriculum based SMHPs and only to young people is therefore too narrow an approach. It places all the burden on the young person to manage their wellbeing without addressing the risks in school. **Whole school interventions**, which intervene across the dimensions of school life, need to be the future direction for investment and research.

We need to move from individual to whole school approaches

Although there are many factors in schools that place young people at risk of poor mental health, **schools have huge potential to be places where mental health is protected,** contributing to population wellbeing. Good schooling, where young people feel **physically and psychologically safe**, where their skills for healthy **relationships** are fostered, and where they feel **valued** as a person and not just for **academic** performance, can be one of the most significant influences on youth in society. Investing in youth mental health via schools is a strategic investment towards current and future societal health and productivity.

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Building on success

SEHER is one of the few evidence-based and evaluated whole school mental health programs in India. This excellent program addresses key risk factors such as bullying and aimed to reduce depression (Shinde et al., 2018). **SEHER is a key foundation on which Project SAMA builds.** We extend their learning and action by developing a whole school program which also targets youth anxiety, and which includes more teacher and parent education.

SAMA Safeguarding adolescent emotional well-being in India

SAMA (meaning equal in Sanskrit) has co-designed and is testing an evidence-based whole-school program to promote adolescent emotional well-being and to reduce the risk of youth anxiety and depression. **Evidence-based approaches** help improve understanding of the success and sustainability of whole school programs.

- **Task-shifting** (transfer of tasks and responsibilities from highly specialised to less specialised cadres) is necessary with few human resources (United Nations, 2003). Project SAMA engages the whole school to take responsibility for a positive school supported by a lay counsellor. The preference among youth for **lay counsellor** vs teacher delivery of whole school programs was established by SEHER research.

Research evidence can help us build on what is working

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How did Project SAMA do it?

Youth Voice

Youth voice has gained acceptance as a critical way for young people to actively participate in the decisions that affect their lives.

Project SAMA believes that young people have the capacity to make informed decisions that can shape their future and has been attempting to provide the community with a lens to understand school life and mental health problems through youth's perspectives.

Global evidence shows that programs developed with the intended beneficiary have increased **acceptance, feasibility and effectiveness.** This represents significant cost-effectiveness and **value for money**. We worked closely with young people throughout SAMA, including the development of the whole school program and how it should be implemented and evaluated.

Young people can design programs to meet their mental health needs

Youth voice is also called for in policy development and implementation. Analysis of children and young people's experiences around the world demonstrates how much the exclusion of their opinions in policymaking at all levels has continuously worked against their best interests. Youth relevant policy has much to benefit from the perspectives of young people; meaningful and impactful policy decisions must be closely attuned to the contemporary issues and experiences of young people. We must not assume we, as adults, know what these are.

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Researchers at SAMA analysed policies like the National Education Policy, the National Mental Health Policy, the National Suicide Prevention Strategy and RKSK to understand how SAMA is positioned, can deliver policy objectives **and how youth voice can be brought more into the agenda setting and policy development domain.**

> Engaging with youth voice often challenges our assumptions and produces innovative solution that we

SAMA is centered on close collaborations with young people and ensures successful delivery of project's aims and interventions by listening to the views of young people to shape project decisions.

We do this via:

- **Youth Advisory Board** (YAB) of 12 young people that provides insight and intelligence on youth perceptions, interests and needs across the project.
- SAMA **film-making** crews (explained below)
- Close youth involvement in whole school **program development**
- Youth-informed **research design and ethical practice**
- Securing youth perspective for **policy** development
- Including young people in **dissemination** and **impact** events

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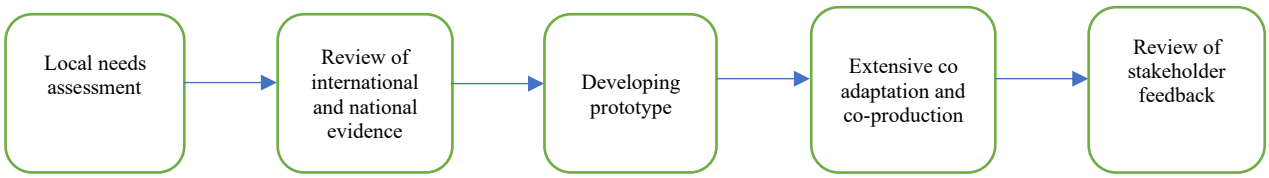
How we developed our whole school program



We developed our whole school program following **rigorous and systematic** scientific methods over five main phases.

PHASE 1: Local Needs Assessment: NIMHANS team mapped the local context and needs for a whole school program known in advance (e.g. that it must align with policy, that it must not impact exam years or periods).

PHASE 2: Review of international and Indian evidence: To identify what existing whole school programs works globally to reduce youth anxiety and depression and what might be feasible for adaptation and implementation in Indian schools.

PHASE 3: Developing a prototype: From the evidence and local needs assessment, we crafted manualised prototype components for a whole school program ready to take for community consultation and development. These were:

- **For adolescents (SAMA with Youth):** To enhance knowledge and skills for personal and peer emotional well-being.
- **For teachers (SAMA with Teachers):** To improve mental health literacy and positive classroom practice
- **For whole school (SAMA with school):** To improve the school climate by promoting youth engagement and tackling risks like bullying.

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- **For parents (SAMA with parents):** To improve parent mental health literacy and compassion for their young person.

PHASE 4: Extensive co-adaptation and co-production: We delivered 14 in-depth workshops with teachers, adolescents, parents, head teachers, and mental health professionals. We worked together to adapt the prototype whole school programs to optimise its acceptability and effectiveness in relation to their needs. We co-produced with them a safeguarding protocol, an implementation protocol and an evaluation protocol.

PHASE 5: Quality checks: In the last phase the stakeholder feedback was reviewed and the necessary changes were made to the interventions and intervention prototype was created.

Safeguarding Protocol

We identified the need for a safeguarding protocol as a component of the whole school program AND a safeguarding protocol for conducting mental health research in schools.

- These were created and manualised following review of international and Indian evidence, and involved youth, school and parent consultation.

- They provide details for safeguarding adolescents in school arising from delivery of a whole school well-being program (e.g. managing referrals) as well as risks associated with research activities (e.g. confidentiality of data).

SAMA Lay Counsellors

We implemented learning from SEHER that lay counsellors were preferred and effective in delivery of a whole school program. This preference was confirmed in our co-production stage.

- We developed a **protocol** for the recruitment, training and support of lay counsellors and wanted to learn about what optimised their effectiveness in schools. Our lay counsellors are called as **SAMA Snehitharu** (SS) meaning SAMA friend.

Recruiting and training our lay counsellors

A total of 11 SS were recruited in 2022 from Kolar, Bengarpet and Bengaluru South. Our SAMA Snehitharus (SS) completed two sets of training (four days each) for delivering our whole school mental health program.

- They learned about project values, training to implement 'SAMA for Youth' sessions and 'SAMA for School', to support the research assistants in organising 'SAMA for Teachers' and 'SAMA for Parents'. They completed a one-day training on safeguarding which taught them about the importance of protecting the people we work with and gave them examples of risks they may encounter in school. This training will be refined and manualized for future delivery.

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The SS were regularly monitored, and appropriate **support** was provided by the NIMHANS team. The SS had to maintain **weekly logs** as part of supervision which contained the cases that they saw in school, reflections and challenges. The SS also had developed a **peer support group** to discuss challenges and find solutions.

School recruitment and study design

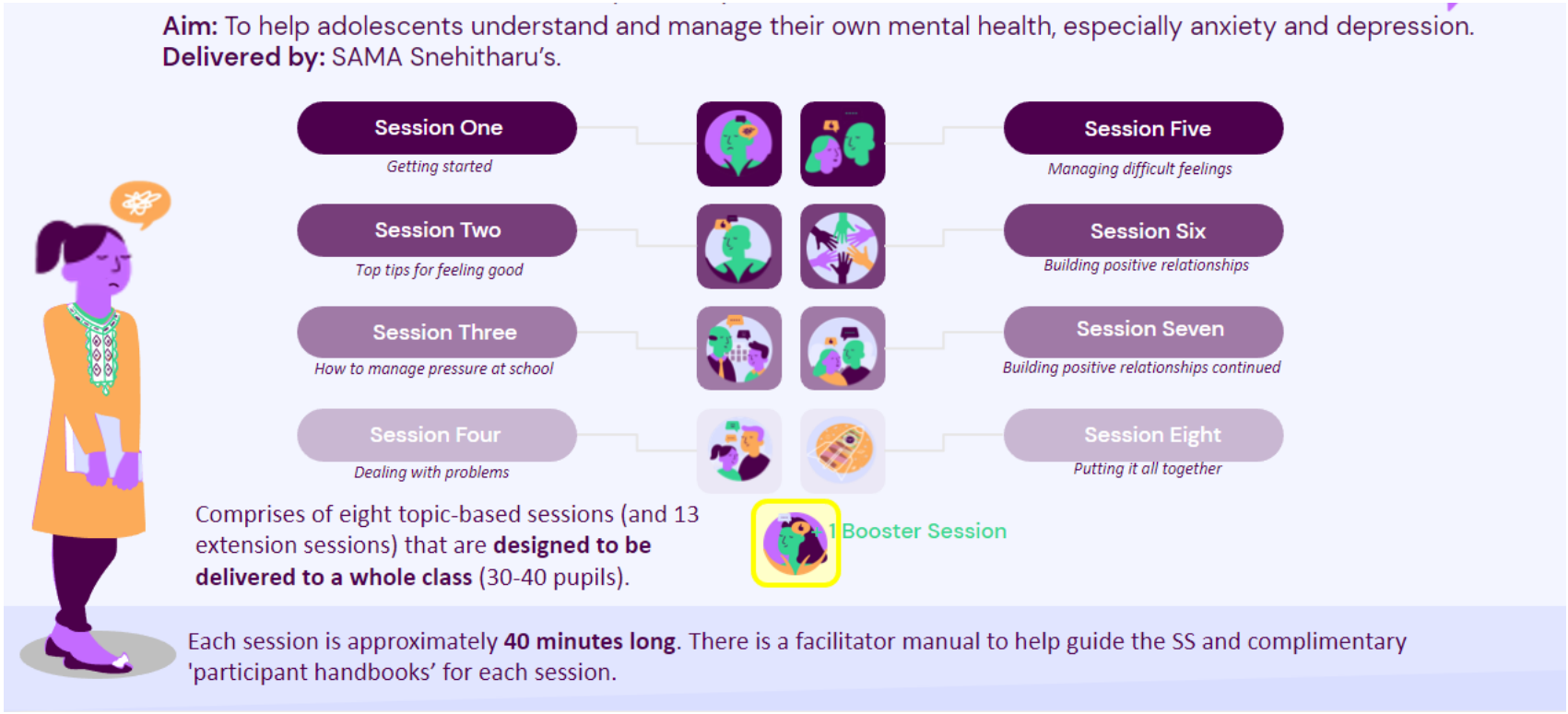
A total of 9 secondary schools in Karnataka were recruited to feasibility test the SAMA whole school program.

We used a pre-post intervention design with waitlist. Following consent from school, young people and parents / carers, we collected baseline data from all schools. We then delivered the whole school program to 6 schools first. When this was near completion, we delivered to the 3 waitlist schools. This allowed us to control the effects of expectancy and time on intervention outcomes.

SAMA whole school program components

SAMA for Youth

This component of the whole school program aimed to help adolescents understand and manage their own wellbeing and mental health, especially anxiety and depression. This was delivered to Grade 9 pupils by SS.



We measured the impact on youth wellbeing, symptoms of anxiety and depression, perceived stress, coping, mental health literacy and perceived support.

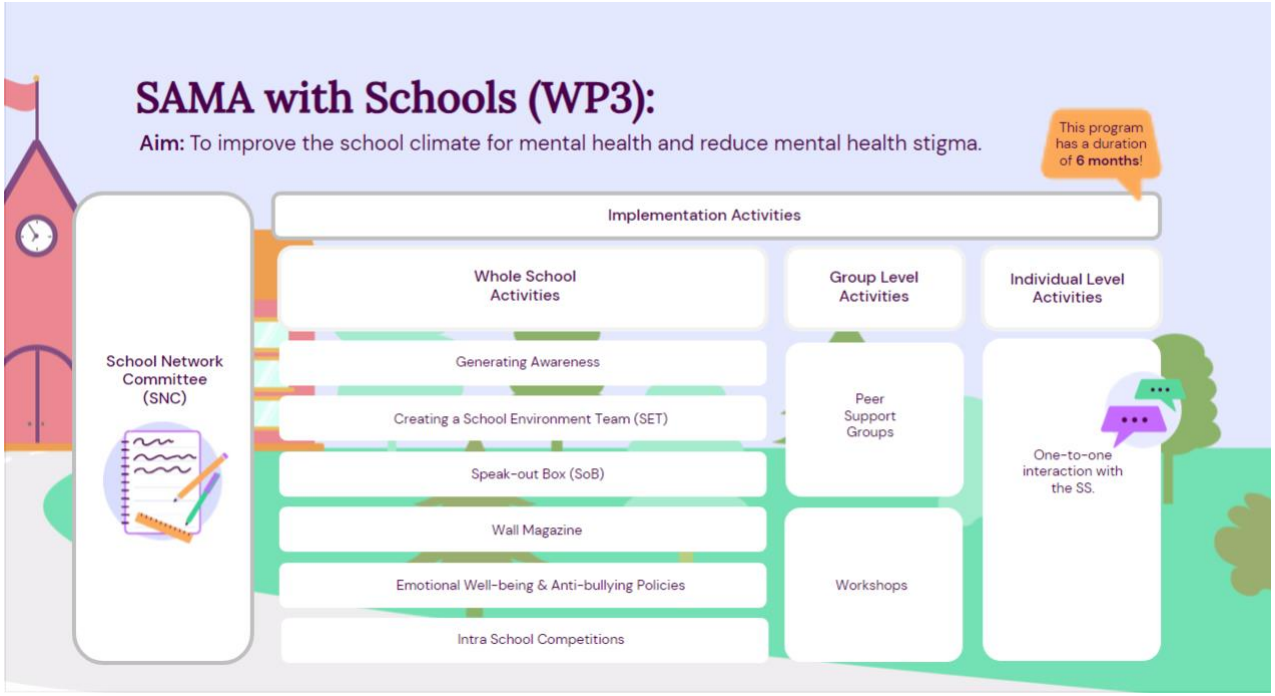
SAMA for Teachers

This component aims to improve the mental health literacy of secondary school teachers (for their own wellbeing and the wellbeing of students) and use of positive disciplining practices. Content includes psychoeducation on the signs and causes of common adolescent experiences such as anxiety and low mood and developing a more empathic understanding of student behaviour and school engagement. Training is given on positive practices in the classroom that are good for student wellbeing, including strategic use of praise, goal-setting and valuing the whole child. This was delivered by mental health professionals (SAMA managers).

We measured the impact on teacher mental health literacy and attitudes towards classroom disciplining practices.

SAMA For School

The aim of this component is to improve the **school climate** and to reduce mental health stigma.



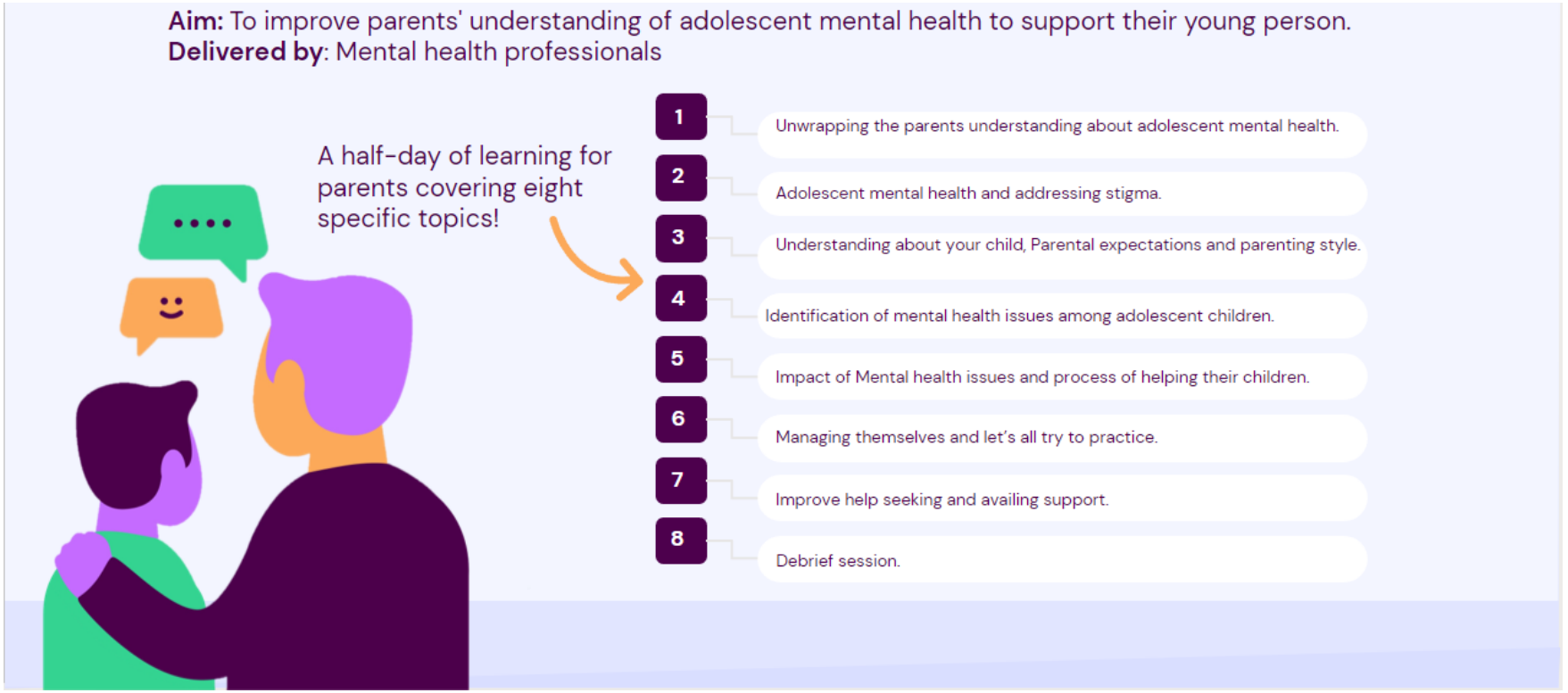
School climate refers to the beliefs, values, and attitudes that influence interactions between and among students, teachers, and administrators

This component worked with schools to implement initiatives that could improve care, respect and knowledge around adolescent emotional well-being.

It includes development of anti-bullying and wellbeing policies along with peer supporters. This was delivered as a half day workshop for teachers during their working day. We measured the impact on perceived school climate and levels of bullying.

SAMA For Parents

SAMA has made use of the school platforms to engage parents and to improve their mental health literacy to improve the support perceived by the young people.



This was delivered a half day workshop to parents. Additionally, short video clips on 'Understanding Adolescence', 'Adolescent Changes' and 'What can parents do' were given to parents. We evaluated this via parent feedback.

Other Project Evaluation Data

Field observations

Field observations to date suggest that our whole school program has had favourable outcomes. We have carried out process evaluation interviews with the lay counsellors, teachers and students to understand the extent of the impact of our interventions. The interviews demonstrate that the program delivery has landed successfully with the stakeholders.

Some narratives of positive experiences are:

> *"After SAMA built a rapport with our students, we have seen a drastic behavioral change in our students which is quite positive in nature. Whatever changes we have notices after SAMA so far even though it is very minimal, but it is very effective" – Teacher*

> *"Adolescents have many problems that they are not able to share with anyone. At school we cannot say our problems to teachers as it is our personal thing. Teachers only come to the class and take classes and we can't say about our problems because they don't understand our feelings. So, SAMA is very important for adolescence because they take care of our feelings and suggest us what needs to be done if we are in a bad situation" - Student*

Additional Project Components

Filming

SAMA has followed the tried and tested approach to **youth participatory video production.** The aim of the participatory film making was to provide a safe space to the children to become co-researchers and to explore and critically engage with social issues through creating a film

that reveals hidden social relations, communicates information and stimulates collective action. This work was supervised by Professor Paul Cooke, University of Leeds, who is an international expert on participatory film-making.

The students led the production of **three short films** about SAMA and its impact on their school. One group produced a film, where they introduced the **documentary style** audience to their experience of SAMA, what the programme is like in their school, showcasing the views of students who had taken part in the programme, as well as one of the teachers in the school, a SAMA lay counsellor and the Head Mistress. The film captured the whole school's understanding of the program, in line with the SAMA's own 'whole school' approach to mental health and wellbeing.

Health Economics

We have much to learn about how to cost school mental health programs and how to evaluate the impact on people's health and quality of life. Led by experts from the University of Birmingham (UK) we have gathered data on how to develop good measures and to determine the cost of delivering SAMA to a school. This is critical to future commissioning and upscaling decisions.

Policy

SAMA is analysing policies that directly impact the lives of young people. Researchers from the SAMA team are interviewing various policymakers and other stakeholders (e.g., teachers, researchers and other relevant professionals) to understand the ground realities and practical challenges to implementing these policies. SAMA is attempting to evaluate ways to upscale its research findings into other districts of the state and how various relevant policies can be brought into play for the same.

Some of the policies that have been taken into consideration by SAMA are National Education policy, National Mental Health Policy, and National Suicide Prevention strategy. In an attempt to understand the facilitators, barriers and solutions to policy uptake of the evidence on school mental health researchers from SAMA has interviewed few key stakeholders primarily teachers, policymakers, researchers etc. These Insights will direct a social media campaign for policy action. SAMA will also discuss these insights with relevant stakeholders in the policy uptake event which is aimed to pave the way for future discourse on policies related to youth

What's next for project SAMA?

We will continue to collect and analyse **data** until the end of 2023 so that we are able to build on the evidence base of whole school mental health program. We also aim to produce more and hold **outcome reports** and **events** in the future for fruitful discussions among relevant stakeholders which can map the way for collaboration between community members and decision makers.

Our project outcomes will determine whether our whole system intervention is acceptable and feasible and where to invest development to promote effectiveness. Our learning in this project will bring us closer to an evidence-based, scalable whole school approach for adolescent mental health in India. At project end, we will draw on all project outcome data to generate a Theory of Change for our systems approach. Project findings also have potential for transferability to other LMICs with high levels of adolescent anxiety and depression, similar schooling needs and practices, poor mental health literacy and high stigma. Our project is also an opportunity to strengthen both Indian and UK research capacity and to develop an effective platform with our collaborators on which we can refine and build our school mental health research.