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The SAMA Project

Can we engage parents of adolescents in school wellbeing programs?

A report on the SAMA intervention component for parents of school-going adolescents

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Project SAMA

We co-designed and feasibility tested a whole (secondary) school program to promote adolescent wellbeing across nine government and private school in Karnataka. The intervention had components for adolescents, teachers, school climate and parents. **We wanted to learn** if parents could be engaged in school wellbeing programs and if they were interested in understanding more about adolescent mental health.

The Parent Intervention Component: Key Learning

- Based on our co-design stage with adolescents, teachers, parents and mental health professions, we delivered a half day workshop (SAMA with PARENTS) with a focus on enhancing parent mental health literacy.
- A total of 161 parents (36% fathers; 64% mothers) of Grade 9 children from SAMA study schools in Kolar and Bangalore attended the workshop in their school.
- Ratings of workshop helpfulness were very high. 96% would recommend the workshop. Parents felt they gained knowledge and confidence to understand and support their adolescent.
- Indian parents are interested in learning about adolescent mental and schools are successful sites to do this.

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SAMA is an Indian whole school mental health program for secondary schools. It is evidence-based and co-designed with young people, schools, parents and mental health professionals. It includes components for adolescents (aged 15y), teachers, school climate and parents, with the **primary aim of reducing adolescent anxiety and depression**. Project SAMA tested the feasibility of each intervention component when delivered in an integrated way.

This report details the **parent component** of the SAMA whole school intervention, entitled SAMA for PARENTS.

Context

Parental involvement in school mental health programs in India is rare. Our working hypothesis in Project SAMA was that parents play a crucial role in the mental health of their child, and that optimal outcomes from a school based mental health programme would be achieved if parents were at least minimally engaged in the intervention.

That parental mental health literacy is important to youth mental health is well-evidenced and was endorsed in our co-design stage. Parental mental health literacy means the ability to recognize mental disorders, knowledge of treatments available, attitudes that promote recognition of mental health problems and appropriate help-seeking, and skills to support others with mental health problems (Jorm et al., 2012). We therefore co-designed an intervention component for parents that would bring them into the conversation about adolescent mental health, help them feel aware of and involved in the SAMA whole school approach, and would also improve their own mental health literacy, with anticipated benefit to adolescent wellbeing. However, it was unknown if parents would engage with SAMA for PARENTS, and if they felt it was helpful to them. This short report details what we did to find out and what we learned from our early-stage feasibility study.

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CO-DESIGN STUDY METHODS

Co-design is a form of participatory research methods which include engagement and knowledge from a number of people (e.g. stakeholders, researchers, community members) throughout the research process, producing a community-led solution.

FEASIBILITY STUDY METHODS

Ethics

Ethical approval was granted by NIMHANS ethics committee and the University of Leeds, and the study was conducted in line with the ethical guidelines in India (ICMR, 2017).

Recruitment and participants

All parents of Grade 9 students in the SAMA study schools (intervention and waitlist) which included both government and private schools across Kolar and Bangalore (n=9,) were invited to take part. Invitations were extended either via the school's WhatsApp group for parents or via their child who had been given a parent invitation letter. The workshop was called a 'parents' meeting' (a term preferred by schools who commonly organise meetings to discuss matters concerns children and the school). Both the students and the schools were asked to convey to the parents that the meeting will be an opportunity to discuss concerns that parents commonly have about adolescents and parenting. A total of n=161 were recruited from a possible n=2878 (i.e, estimated two parents of 1439 Grade 9 children across the 9 study schools). Of these, n= 121 (75.15%) had a child attending a (first-batch) intervention school and n= 38 (23.60%) had a child attending a waitlist school, although they were recruited at the point of the intervention launch in that school. Some students lived with relatives, such as uncles, aunts, or grandparents for various reasons. It's likely that

workshop attendees were mostly parents, as students' concerns about living with extended relatives suggest other caregivers might not have been as interested in attending.

The Intervention

The primary aim of this intervention component was to **improve parental mental health literacy**. The co-design stage showed strong preference for a **half-day workshop** for parents, with a high level of interaction, based on psychoeducation and delivered by reputable experts who were cognisant of the realities of parenting an adolescent and in line with cultural values.

We therefore designed a workshop to improve parent mental health literacy by:

1. Improving their general understanding of adolescent mental health.
2. Addressing parental stigma attached to poor adolescent mental health.
3. Educating them to identify the symptoms of poor mental health (especially anxiety and depression) in adolescents.
4. Equipping them with skills and respond well to their adolescent in terms of their mental health.
5. Helping parents to manage themselves
6. Improving their knowledge of locally available support networks for adolescent mental health care.

The workshop was structured into eight short, interactive sessions, informed by evidence and local knowledge of values, parenting and ways of thinking and talking about mental health. The sessions drew on a range of materials, involving vignettes and case studies as well as group discussion and role-play. During the workshops, parents were informed about the team's plans to create and share educative videos on some of the topics addressed during the workshop and were requested to share their numbers if they consent to receiving the videos visa WhatsApp. A few weeks after the workshop, the educative videos on 'Understanding Adolescents-Parts 1 and 2', and 'What can parents do' were shared with the consenting parents.

Session 1: Introduction to SAMA and workshop Session 1 outlined the aims of SAMA whole school intervention and the workshop component for parents. It opened up conversation about the fun and challenges of parenting teenagers.

Session 2: Understanding adolescent mental health. The session began with discussion of two case study vignettes outlining two young people experiencing mental ill health. Parents were invited to offer their views on what they noticed in the case study and how they might respond.

Session 3: Understanding parental expectations. Session 3 aimed to help parents explore parental experience and expectations. Parents were invited to engage in a task to depict their journey of parenthood as their child has grown older; sharing their understanding of their child, their sources of support and changes in relationships throughout this journey. Participants were also asked to share their individual expectations for their child and to reflect on how to parent with achievable and realistic expectations of young people.

Session 4: Adolescent mental health and addressing stigma. Session 4 explored stigma surrounding mental health. Parents were invited to discuss their own opinions surrounding mental health alongside being presented with mental health facts.

Session 5: Identification of mental health issues among adolescent children. Session 5 aimed to further parental understanding in the identification of common mental health disorders in young people. This was achieved through group discussions surrounding anxiety and depression, and watching videos and presentations outlining key symptomology and causes of these conditions.

Session 6: Impact of poor mental health and how to help This session aimed to increase parent understanding of the impact of mental health disorders and helping behaviours. This was achieved through group discussions and role-playing helping behaviours.

Session 7: Tips for parental self-management. Session 7 provide parents with tips on self-management (e.g. around frustration and worry) and the opportunity to practice these. This was achieved through brainstorming and expert guidance on how to manage themselves in a crisis situation with their adolescent.

Session 8: Closing the day and feedback

The session concluded by extending our gratitude to the parents for attending the workshop despites their busy schedule and getting their feedback.

Measures

We kept data collection from parents to a minimum, being attentive to literacy demands as well as participant burden. All of the measures were in both English and Kannada and items were read aloud and explained by the workshop facilitator. Basic information was collected on participant demographics (e.g., age, gender, occupation and religion) and participants were asked to indicate their reasons for attending the workshop based on six options, namely: to get tips on managing their adolescent; to understand their adolescents' wellbeing, to learn skills to parent an adolescent, to express views about the school, because of worry about their adolescent's wellbeing, or 'other' reason. Before and after the workshop parents were asked to complete the 'Me As A Parent' short from designed to assess parental self-efficacy (Matthews et al., 2022). This is a 4-item scale (I have confidence in myself as a parent; I know I am doing a good job as a parent; I have all the skills necessary to be a good parent to my child; I can stay focused on the things I need to do as a parent even when I've had an upsetting experience), with total scores ranging from 4-20. High scores on this measure indicate strengths in parenting. At workshop end, parents were invited to complete 'How do you feel questionnaire' having 5 items (agree, not sure, disagree), feedback form to indicate if the workshop was helpful (yes, no, not sure), the helpfulness of each session (rated between 1 and 4) and if they would recommend the workshop to others (yes, no, not sure). Parents were also invited to add free text comments to the form.

Procedure

The workshop was approximately 4 hours, was delivered in-person by experts from NIMHANS who developed the workshop modules, in Kannada, in the school that the participant's child attended. At workshop start, study information was reiterated, and information sheets administered (containing contact information if support was needed post workshop). Signed informed consent was then secured, after which participants were

asked complete (using paper and pen) their demographic information, reasons for attending the session, and Me As A Parent questionnaire. The workshop was then delivered. Minor changes were made to the sessions delivered based on time restraints on the day.

In all the schools, the workshops were conducted in the morning (starting anytime between 10am and 11 am). All the required arrangements (lunch, room arrangement) were made the previous day by the SAMA research assistants with the support of the lay counsellors, in consultation with the school head/SAMA teacher. In total, eight workshops were conducted. The size of the parent attendees ranged from 13 to 40 across schools. The SAMA team informally interacted with the parents who arrived early to the workshop. At workshop end, participants completed the Me As A Parent measure again and provided workshop feedback. We concluded the workshop day with lunch There were a few parents who could not wait until the end and left mid-way as they had to attend to their professional or personal commitments.

Method of analysis

Questionnaire data was analysed quantitatively using SPSS. The qualitative brief feedback data was analysed using thematic analysis by one of the researchers (SP).

Results

Participants and demographics

Participant demographic information can be seen in Table 1. Data was collected from 161 parents and caregivers. The majority of participants were female (63.5%) and 59.2% of participants were employed. There was a higher level of employment observed in the waitlist arm, when compared to the intervention arm. This may be due to more private school being included in the waitlist arm, indicating that this sub-sample consisted of families from higher economic backgrounds.

Table 1: Participant demographic information (*n*=161).

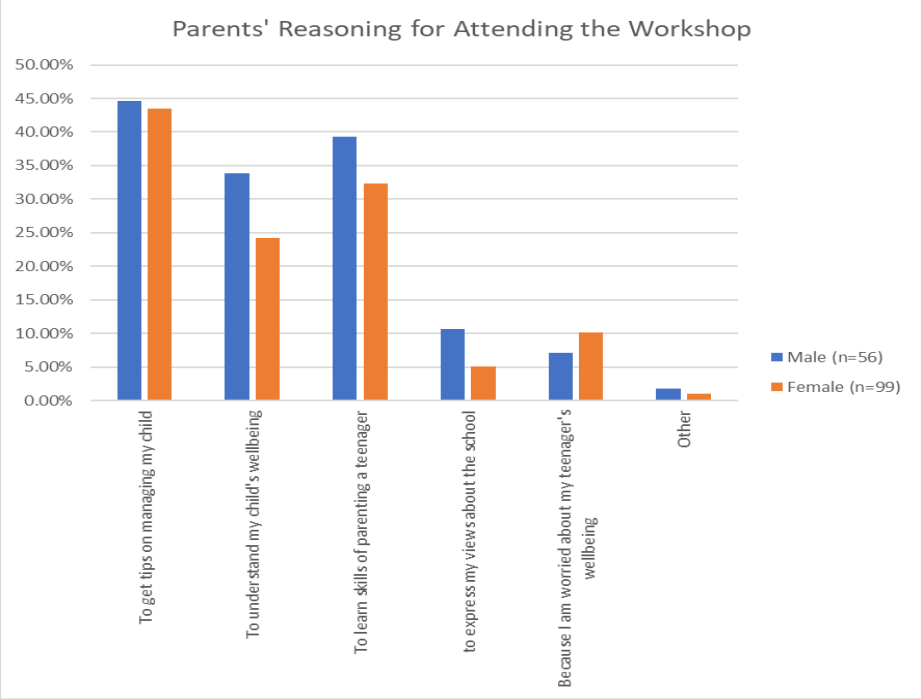
	Intervention arm (n=123)	**Waitlist arm (n=38)**	**Total (n=161)**
Gender	**n=121**	**n=35**	**n=156**
Male	40 (33.1%)	16 (45.7%)	56 (35.9%)
Female	80 (66.1%)	19 (54.3%)	99 (63.5%)
Others	1 (0.8%)	0	1 (0.6%)
Occupation	**n=120**	**n=37**	**n=157**
Unemployed	3 (2.5%)	2 (5.4%)	5 (3.2%)
Homemaker	53 (44.2%)	6 (16.2%)	59 (37.6%)
Agriculture	21 (17.5%)	2 (5.4%)	23 (14.6%)
Daily wages	20 (16.7%)	5 (13.5%)	25 (15.9%)
Housekeeping services/helping staff	4 (3.3%)	8 (21.6%)	12 (7.6%)
Teaching	0	0	0
Driving	4(3.3%)	2 (5.4%)	6 (3.8%)
Business	7 (5.8%)	2 (5.4%)	9 (5.7%)
Professionals	0	6 (16.2%)	6 (3.8%)
Others	8 (6.7%)	4 (10.8%)	12 (7.6%)
Religion	**n=117**	**n=38**	**n=155**
Hindu	67 (57.3%)	37 (97.4%)	104 (67.1%)
Muslim	49 (41.9%)	0	49 (31.6%)
Christian	1 (0.9%)	1 (2.6%)	2 (1.3%)
Number of Children	**n=116**	**n=35**	**n=151**
Only one	13 (11.2%)	7 (20%)	20 (13.2%)
Two	53 (45.7%)	12 (34.3%)	65 (43%)

More than two	50 (43.1%)	16 (45.7%)	66 (43.7%)
Children Studying in	**n=92**	**n=36**	**n=128**
Primary school	3 (3.3%)	0	3 (2.3%)
High school	87 (94.6%)	29 (80.6%)	116 (90.6%)
Primary and high school	0	2 (5.6%)	2 (1.6%)
Higher secondary	0	4 (11.1%)	4 (3.1%)
Graduation	2 (2.2%)	0	2 (1.6%)
High school & Higher secondary	0	1 (2.8%)	1 (0.8%)

Reasons for attending the workshop

Figure 1 outlines parents' reasons for attending the sessions. The majority of participants attended with an expectation of getting tips on managing their adolescent followed by wanting to learn skills to parent an adolescent.

Figure 1: Parents reasoning for attending sessions



The common reason for which the majority of mothers and fathers attended the workshop was to learn tips on managing their child and to learn skills of parenting a teenager. There was one person who identified themselves as other gender who reportedly attended the workshop for all the reasons except to get tips on managing their child or to understand their child's wellbeing.

'Me as a parent' Measure

Table 2 shows the participant mean scores on the Me As A Parent Measure (range= 4-20). As seen in Table 3, A Wilcoxon signed rank test revealed that the there was no significant change in the parental self-efficacy after intervention (z=-1.51, p=0.129).

Table 2: *Mean scores on the me as a parent measure.*

Score ranges from 4-20	**Intervention Arm**		**Waitlist Arm**	
Time point	**Pre (n=119)**	**Post (n=107)**	**Pre (n=34)**	**Post (n=35)**
Mean (SD)	18.87 (2.41)	18.58 (3.68)	17.47 (3.00)	18.31 (1.97)
Range	4 to 20	4 to 20	6 to 20	13 to 20

Table 3: A Wilcoxon signed rank test on 'Me as a Parent' measure

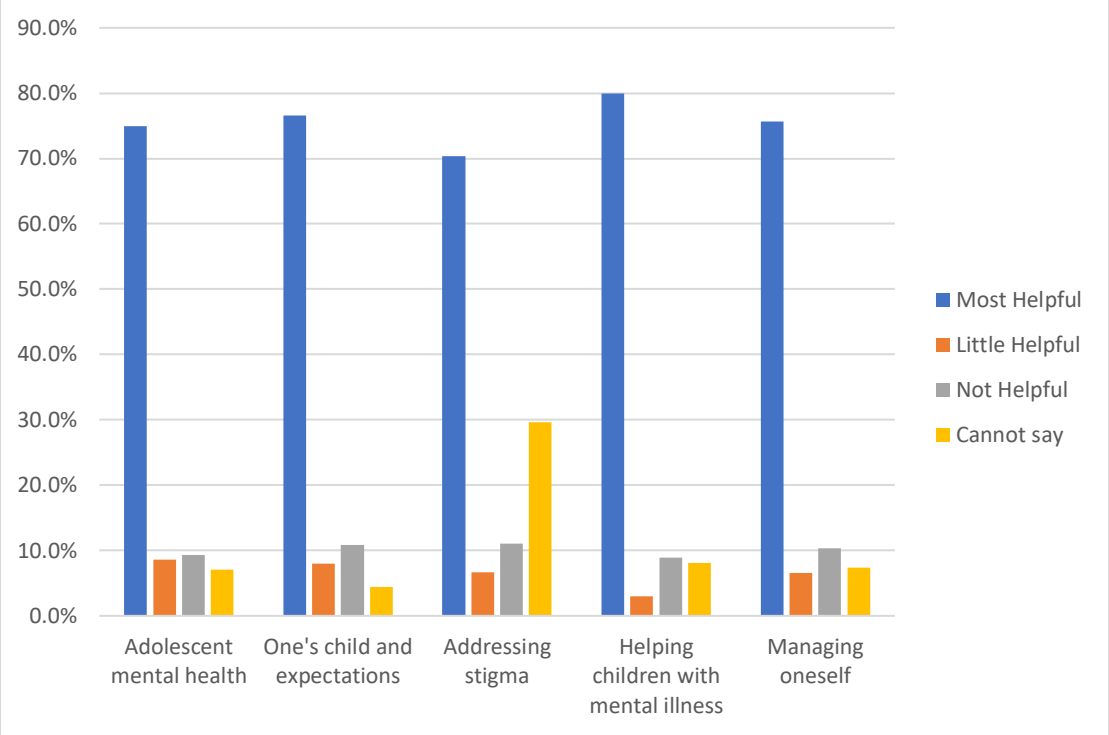
MAAP score ranges from 4-20.	**Before**		**After**		**Z**	**p**
	Mean	**SD**	**Mean**	**SD**	-1.519	0.129
	18.56	2.60	18.51	3.33		

Workshop feedback

As shown in Figure 2, the majority of participants reported the session to be helpful. Figure 3 shows how helpful the sessions were deemed to be. The session on 'Helping children with

mental illness' was reportedly the most helpful by 80% (*n*=108), followed by 'Understanding one's child and expectations' (76.6%, *n*=105).

Figure 3. The helpfulness of topics covered in the workshop.



Following the sessions, participants reported high levels of confidence on the 'how do you feel after the session questionnaire' in both the intervention (*M*=8.48, *SD*=1.63, *n*=107) and waitlist arms (*M*=8.19, *SD*=2.22, *n*=37). Out of 126 parents who responded, 96% reported that they would recommend the 'SAMA for Parents' workshop to others whilst 2.4% were not sure and 1.6% would not recommend it. No reasons were cited for not recommending.

Feedback comments

Parents' written feedback clustered around three themes: (1) perceptions about the workshop and the team; (2) knowledge gained; and (3) suggestions for future sessions.

Theme 1: Perception about the the workshop and the team

Most comments indicated that the workshop was **helpful** *("This meeting was very helpful. We think it should be for all parents"; "The workshop has been helpful both to us & our children"* and **informative** *("This workshop has been very helful. We have learnt new Information"; "It was very helpful. We understood how we need to change ourselves. This was very helpful as we understood how to lool after our children"; "This workshop was helpful. We learnt about changes in our children")*. Comments were also made about the **team** ("*Your team gave good knowledge to parents and students*"; *"We are satisfied with SAMA Teacher (referring to the facilitator)."*

That parents opted to comment on the helpfulness of the workshop, and they felt more informed after it, indicates parental appetite for information about adolescent and mental health and support in parenting. Notably, two parents wrote about the importance of 'change', in themselves and in recognising that their adolecent is in a process of change.

Theme 2: Knowledge gained

Some parents wrote that the session enhanced their **knowledge about parenting**: "*This workshop was very useful for us. I have learnt many things about how to behave with our children"; "Understood how to take care of children"; "(We) understood how we need to behave with children"; "SAMA has explained about how a parent should be with their children. Thank you, SAMA team"*. They also wrote about new understanding of **adolescent mental health**: "*My heartful thanks to you for explaining about the adolescent experiences"; "Thanks to you for explaining about our children's mental health"; "I like this school. Our children are studying well, we have been explained about how to nurture our children. We have understood our children well"; "We learnt about changes in children".*

Theme 3: Suggestions for future sessions

Some parents opted to write comments with suggestions about future sessions. Two parents commented on the need to consider the reciprols role and responsibility of

adolescents in their own wellbeing and respect for parents and society: *"Its good if students are taught about importance of parents in schools" and "Give more information to all children to encourage themselves to be a well being in over society. Thank you for providing guidence."* Recommendations to roll out the program were reported by two parents: *"Please conduct such programs more and involve all children and parents"* and *"Training program was good.Expecting same kind of program in future also".*

What did we learn?

- Parents in our co-design stage prioritised practical understanding and skills; they wanted interactive and skills practice.
- Schools are willing to be sites for parent workshops on adolescent mental health. Some schools were content for these workshops to be organised as a part of the parent meetings conducted by schools annually.
- Despite many barriers, 161 parents from both government and private schools did attend the workshop. Fathers also attended (34% of participants were men). This shows a high level of interest and perhaps need for support around parenting teenagers and understanding adolescent mental health. The non-response from non-attendees can be attributed to: lack of leave benefits at work, personal obligations, and a misunderstanding of the workshop as a typical parents' meeting. High workshop ratings and feedback indicated that a psychoeducation approach, that remained practical and in touch with local values around parenting, was well received and felt to be helpful to parents.

- It is likely that NIMHANS delivering the program was important to parents. It is unclear how the workshops might have been attended and reviewed if delivered by community workers or school staff.
- Parents were willing to consent into a study and provide basic demographic detail, alongside workshop feedback. This means that a reasonable level of data can be collected for research purposes.

References

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