

Field Reflection



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School-based Community Mental Health Intervention: Partnership and Social Work Model

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The World Health Organization (WHO) Comprehensive Mental Health Action Plan 2013–2030 emphasises the need for community-based mental health interventions to enable all to achieve high mental health and well-being levels. Against this backdrop, this article reflects on a school-based social work intervention model for promoting community mental health. This intervention was carried out by a multisectoral tripartite partnership established within the WHO-recommended framework. A development agency (Kanjoor Service Co-operative Bank), an academic/research institution (Rajagiri College of Social Science, Kochi) and a civil society organisation (local school) were the partners involved in this intervention. The intervention was designed to solve the identified problems in the catchment community by addressing risk factors and promoting protective factors. This intervention ensured stakeholder collaboration to address the mental health problems of high school students. Knowledge sharing by academics enabled teachers to recognise, respond to and refer at-risk students. Further, the intervention upskilled parents to care for their and their children's mental health. Information and awareness-building modules for students improved their mental health literacy, and the class-based group work sessions enabled them to provide mutual aid in combating mental health issues. The community campaigning against drug abuse also raised student awareness and initiated a sociopolitical change to reduce drug availability. In addition, counselling sessions and follow-ups helped students recover from mental health issues. Finally, the intervention facilitated seeking judicial remedy and government protection for domestic violence and child abuse victims. The fidelity of intervention was ensured through continuous evaluation.

INTRODUCTION

World Health Organisation (WHO) Special Initiative for Mental Health, 2019–2023, stated, 'There can be no health or sustainable development without mental health' (WHO, 2019, p. 1). Community mental health interventions are essential for preventing, detecting and treating mental, neurological and substance use (MNS) disorders and caring for and rehabilitating the affected (Petersen *et al.*, 2016). These interventions stage in population-based platforms (e.g. laws, regulations, mass campaigns) and community-based platforms (e.g. schools, workplaces, neighbourhood or community groups) (Thornicroft *et al.*, 2016). WHO proposed a theory of change to help all people achieve higher levels of mental health and well-being through strategic actions, including

scaling up interventions and services across community-based settings (WHO, 2019). World Psychiatric Association (WPA) also called for facilitating mental health services across community settings (Herrman, 2017).

Based on outcome evidence, the balance of mental health services must shift from hospital-centred community outreach to community-centred hospital in-reach when needed (Rosen *et al.*, 2020). Community-based mental health (CBMH) services effectively promote the acceptability, accessibility, affordability, adherence to treatment and scalability of services (Kohrt *et al.*, 2018). According to WPA, public mental health interventions treat mental disorders, prevent associated trauma, prevent the onset of mental disorders and promote psychological well-being (Javed, 2019). Moreover, CBMH interventions such

as educational setting-based interventions, whole community campaigns and mental health first aid training improve mental health literacy and empower the community to take action for better mental health (Jorm, 2012). CBMH interventions are more relevant in low- and middle-income countries (LMIC) with a shortage of mental health professionals (Hans and Sharan, 2021; Mehra *et al.*, 2022).

Furthermore, in the Comprehensive Mental Health Action Plan (CMHAP) 2013–2030, WHO envisioned ‘to provide comprehensive, integrated and responsive mental health and social care services in community-based settings’ (WHO, 2021, p. 5), targeting 80% of countries to double the number of community-based mental health (CBMH) facilities by 2030. WHO outlined a tripartite partnership for implementing the CMHAP with partners in development agencies (international or regional), academia and civil society (WHO, 2021). CMHAP further recommended greater stakeholder collaboration facilitated by knowledge transfer from academia to informal mental health care providers, such as families, school teachers, local nongovernmental organisations, religious leaders and police officers (WHO, 2021).

On the other hand, among the CBMH interventions, socio-emotional learning (SEL) programmes in schools were rated as best practices (Petersen *et al.*, 2016). SEL was proven effective in promoting social and emotional competencies, improving social and emotional functioning and academic performance, and reducing the risk behaviour of students (Durlak *et al.*, 2011; Fazel *et al.*, 2014; Petersen *et al.*, 2016). Secondly, information and awareness (IA) interventions in schools for MNS literacy were rated as good practices (Petersen *et al.*, 2016). Further, interventions to improve teachers’ knowledge, attitudes and skills in recognising and referring at-risk students for MNS disorders were proven effective (Goel *et al.*, 2014; Vieira *et al.*, 2014). Therefore, the capacity building of teachers for case detection was graded as a good practice in school-based mental health interventions (SBMHI) (Petersen *et al.*, 2016). In addition, evidence showed that mental health first aid training for stakeholders other than mental health workers effectively increased knowledge, reduced stigma and increased helping behaviours in the community (Petersen *et al.*, 2016). This article reflected on a social work intervention designed with the above points in mind and staged in schools for community mental health promotion.

The purpose of this article was to disseminate the intervention.

METHOD

The intervention process underwent multiple phases of planning, development, administration and evaluation. It was a one-year project with follow-up plans. Figure 1 shows the intervention model.

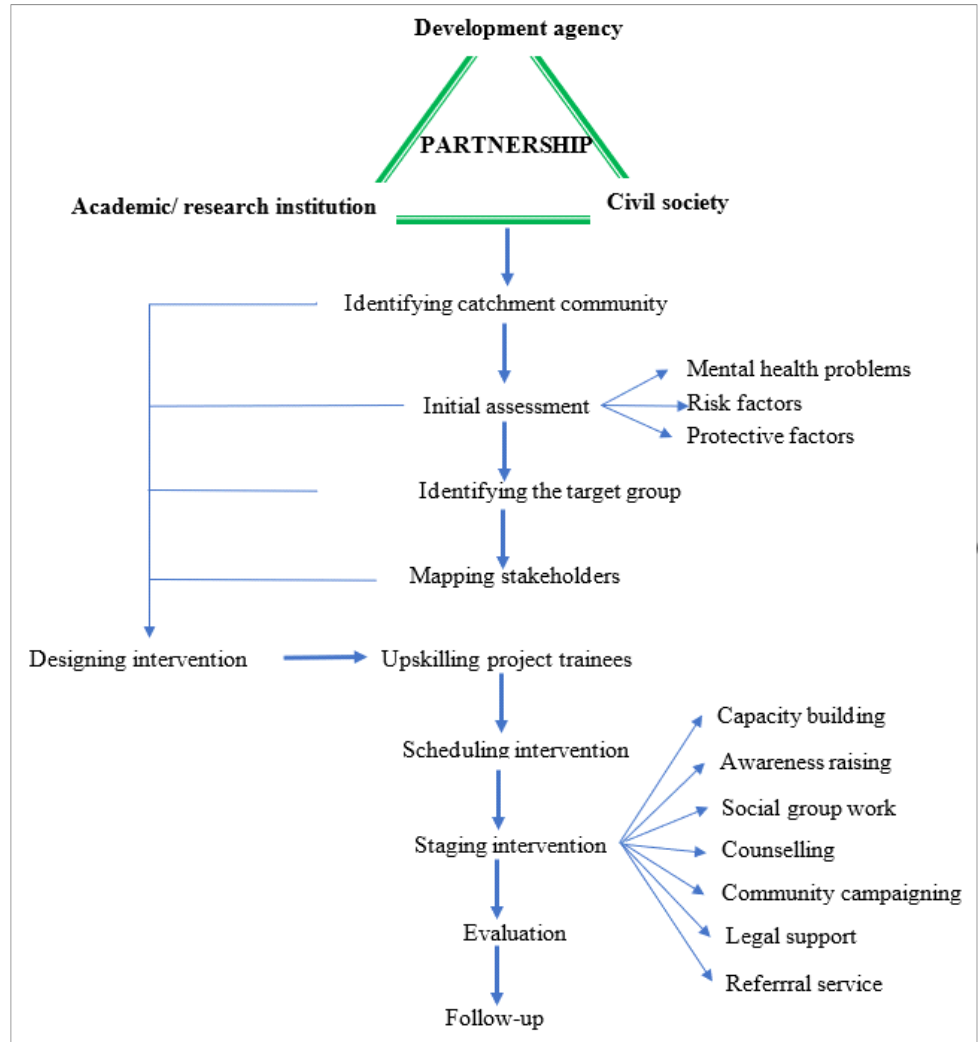
Identifying Catchment Community and Target Group

The development agency, Kanjoor Service Co-operative Bank, identified a Panchayat (local self-governing body in India) community needing mental health intervention. It made a problem mapping among high-school children in the community as the National Mental Health Survey (NMHS) of India 2015–16 estimated that 10.3% of children and adolescents in India have one or more mental health conditions (Gururaj *et al.*, 2016). The significant mental health issues identified were substance abuse, social media addiction, behavioural problems and low academic performance. Considering the problems identified, the agency set high school students as the target group. The agency further assessed the risk and protective factors in high school students taking into account the criticality of teenage in the life course to prevent the occurrence of MNS disorders by addressing risk factors and promoting mental health by utilising protective factors (Javed, 2019; Joseph and Karalam, 2021). The significant risk factors identified were broken families, child abuse and low socioeconomic status, and the protective factors listed were peers, teachers, parents and government agencies.

Establishing Partnership

As per WHO recommendation in CMHAP 2013–2030 (WHO, 2021), the development agency entered into a partnership with an academic/research institution (Rajagiri College of Social Sciences [RCSS], Kalamassery) and local schools. It used the fund for direct mental health service delivery in the community, supported training and capacity-building of stakeholders, and facilitated intervention. On the other hand, the academic institution carried out resource planning and design, implementation, evaluation and follow-up of intervention. The Department of Social Work at RCSS assessed the core competencies of doctoral and pre-doctoral scholars and their training requirements against the requirements for executing the

Figure 1: School-based Community Mental Health Social Work Intervention Model



intervention. Rajagiri Center for Skill Development (RCSD) provided training for filling the skill gap of scholars. The third partner, local schools, provided the platform for staging the intervention.

Stakeholder Mapping

It is imperative to involve all stakeholders in raising awareness of the availability of effective intervention strategies to promote mental health, the prevention and treatment of MNS disorders and the care and rehabilitation of the affected individuals. Therefore, the core group of academics identified students, parents and teachers as key stakeholders of intervention.

Designing Intervention

Given the identified problems, risks and protective factors, social work professionals developed a culturally

appropriate and evidence-based intervention. Modules included capacity building for teachers and parents, information and awareness-building for students, classroom-based social group work, counselling for at-risk students, legal support for child abuse victims, referral service and community campaigning. The resource persons included social work educators, doctoral and pre-doctoral scholars, and skill trainers from RCSD. Three schools in the catchment community served as venues of intervention.

Staging Intervention

Partnerships with schools help organise sessions. All sessions were pre-scheduled at the convenience of the selected schools. All modules of the intervention were implemented as scheduled.

Capacity building

Capacity building for teachers aimed at enabling them to recognise, respond to and refer MNS disorders. Sessions included common signs and symptoms of MNS disorders, ways to empathise with students with mental health issues, and resources for referring identified students. Training for parents was to help them identify mental health issues of their children, stand with their children in fighting mental health problems, seek mental health services, reduce stigma and normalise mental health treatment, adhere to treatment, take care of carers' emotional well-being and seek legal aid in case of family violence or child abuse.

Information and awareness-building

Classroom-based sessions shared information about laws and regulations around drug possession and use; More about the causes and consequences of substance abuse. Further, the mental health literacy sessions disseminated information on the importance of mental health and ways to stay mentally healthy. These sessions spread details about resources for seeking mental health and legal services in the event of abuse. In addition, the sessions detailed behaviour modification techniques for maintaining positive relationships and academic performance.

Social group work

Classroom-based social group work was to capacitate students to identify their classmates' or friends' mental health issues and to ensure peer support to combat issues of the affected. Apart from the anti-stigma strategy, group work sessions aimed at an inclusion strategy in which the schools accept students fighting mental health issues. The sessions provided a stage for students to act out the power of peer groups in empowering disadvantaged students.

Counselling sessions

This intervention provided individual sessions of psychological counselling for needy students and parents. In addition, educational counselling and career guidance for Grade 10 students were included in the programme. Experts from the social department of RCSS handled counselling sessions.

Legal support

This social work intervention opened avenues to provide legal support to victims of family conflict and domestic violence. It connected the student and parent

community with legal service agencies and victim support organisations. It also demonstrated how victims of domestic violence can file a police complaint and seek relief through government mechanisms.

Community campaigning

The intervention included anti-drug student rallies in the locality. Placards, banners and slogans with messages such as 'Do not do drugs', 'Drug Kills' and 'Do not fall prey to drugs' were to inspire the community as a whole to stand against drugs. This mass mobilisation of students was to initiate a socio-political change to eliminate the availability and selling of drugs among students.

Evaluating Intervention

A continuous evaluation of the intervention took place throughout the implementation phase. Insights from the evaluations were incorporated at relevant points for refining the intervention. The fidelity of intervention was maintained using continuous evaluations and stakeholder discussions. Feedback sessions demonstrated the increased level of knowledge of teachers and parents on mental health and MNS disorders. A change in their attitude toward accepting children with mental health problems was evident in the final stage of the process. As the anti-drug campaign ambassadors, students achieved a heightened spirit to stand against drug abuse. Moreover, they developed a sense of concern for peers fighting mental health issues. However, detailed evaluation research was recommended to calibrate the social impact of the intervention.

Follow-up

Experts from the Social Work Department of RCSS continued to conduct follow-up counselling. These sessions were to sustain the change the target group and the catchment community achieved. Psychological counsellors from RCSS were deputed for follow-up sessions at all three schools where the intervention was staged. The development agency also set up a centre to provide counselling services for the extended community.

DISCUSSION

Community-based mental health intervention and collaborative care are vital in mental health promotion (Bajraktarov *et al.*, 2020). The results of this social work intervention added a piece of new evidence to existing shreds of evidence for the effectiveness of culturally

adapted interventions for mental health promotion and task sharing to deliver care (Raviola *et al.*, 2019). In line with this, the intervention confirmed the effectiveness of the psychoeducation strategy in enabling teachers to identify and appropriately refer students with mental health problems (Vieira *et al.*, 2014). Moreover, the intervention contributed to the growing body of evidence on the effectiveness of family and parenting interventions for the mental health of children and youth in LMIC (Pedersen *et al.*, 2019). Additionally, the group work sessions demonstrated the power of peer groups in empowering academically or socially disadvantaged students.

As envisioned by the WHO, this social work intervention presented a model for a multisectoral partnership approach to mental health promotion (Castillo *et al.*, 2019; Vigo *et al.*, 2019; WHO, 2021). A partnership between a Co-operative bank, social work college and local schools set a blueprint for a best practice in CBMH intervention. This partnership equally considered fund transfer, facilitation, knowledge transfer and catchment community dynamics, ensuring the intervention's relevance, efficiency, effectiveness, impact and sustainability. It expedited stakeholders' collaboration through capacity building of parties other than mental health workers. Moreover, it contributed to the knowledge creation of academia and provided field experience to scholars and professionals.

Additionally, this intervention strengthened the global understanding of schools as appropriate sites for embedding mental health interventions and reinforced evidence of the effectiveness of school-based intervention in providing mental health literacy and reducing stigma (March *et al.*, 2022; Yan Ma *et al.*, 2023). Finally, considering the growing importance of CBMH services, mental health professionals, including psychiatric social workers, must be trained in the nano to macro skills required to take responsibility for their catchment communities' mental health and well-being (Rosen *et al.*, 2020). The academic training must capacitate them to develop, implement and evaluate care plans and interventions for promoting community mental health.

REFERENCES

- Bajraktarov S, Kalpak G and Jovanovic N. (2020). Community Mental Healthcare: New Developments and Innovative Strategies. *Current Opinion in Psychiatry*, 33 (5), 491–500. <http://doi.org/10.1097/YCO.0000000000000629>
- Castillo EG, Ijadi-Maghsoodi R, Shadravan S, Moore E, Mensah MO, Docherty M, Aguilera Nunez MG, Barcelo N, Goodsmith N, Halpin LE, Morton I, Mango J, Montero AE, Rahmanian Koushkaki S, Bromley E, Chung B, Jones F, Gabrielian S, Gelberg L, and Wells KB. (2019). Community Interventions to Promote Mental Health and Social Equity. *Current Psychiatry Reports*, 21 (5), 35. <https://doi.org/10.1007/s11920-019-1017-0>
- Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD and Schellinger KB. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, 82 (1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Fazel M, Patel V, Thomas S and Tol W. (2014). Mental Health Interventions in Schools in Low-income and Middle-income Countries. *The Lancet Psychiatry*, 1 (5), 388–398. [https://doi.org/10.1016/S2215-0366\(14\)70357-8](https://doi.org/10.1016/S2215-0366(14)70357-8)
- Goel S, Singh N, Lal V and Singh A. (2014). Evaluating the Impact of Comprehensive Epilepsy Education Programme for School Teachers in Chandigarh City, India. *Seizure*, 23 (1), 41–46. <https://doi.org/10.1016/j.seizure.2013.09.010>
- Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, Mehta RY, Ram D, Shibukumar TM, Kokane A, Lenin Singh RK, Chavan BS, Sharma P, Ramasubramanian C, Dalal PK, Saha PK, Deuri SP, Giri AK, Kavishvar AB, Sinha VK, Thavody J, Chatterji R, Akoijam BS, Das S, Kashyap A, Ragavan VS, Singh SK, Misra R and NMHS collaborators group (2016). *National Mental Health Survey of India, 2015-16: Mental Health Systems*. National Institute of Mental Health and Neuro Sciences, Ministry of Health and Family Welfare. National Mental Health Survey, 2015-16 - Mental Health Systems_0.pdf (mohfw.gov.in)
- Hans G and Sharan P. (2021). Community-Based Mental Health Services in India: Current Status and Roadmap for the Future. *Consortium Psychiatricum*, 2 (3), 63–71. <https://doi.org/10.17816/CP92>
- Herrman H. (2017). The WPA Action Plan 2017–2020. *World Psychiatry*, 16 (3), 329–330. <https://doi.org/10.1002/wps.20471>
- Javed A. (2019). WPA 2020–23 Action Plan: A Way Forward. World Psychiatric Association. e172f3_325dd70b19c74b939b9ce7922e9ef203.pdf (wpanet.org)
- Jorm AF. (2012). Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health. *American Psychologist*, 67 (3), 231–243. <https://doi.org/10.1037/a0025957>
- Joseph S and Karalam DSRB. (2021). Social Group Work for Promoting the Psychological Well-being of Adolescents Enrolled in Sponsorship Programs. *F1000Research*, 10, 520. <https://doi.org/10.12688/f1000research.52532.1>
- Kohrt BA, Asher L, Bhardwaj A, Fazel M, Jordans MJ, Mutamba BB, Nadkarni A, Pedersen GA, Singla DR and

- Patel V. (2018). The Role of Communities in Mental Health Care in Low- and Middle-Income Countries: A Meta-Review of Components and Competencies. *International Journal of Environmental Research and Public Health*, 15 (6), 1279. <https://doi.org/10.3390/ijerph15061279>
- March A, Stapley E, Hayes D, Town R and Deighton J. (2022). Barriers and Facilitators to Sustaining School-Based Mental Health and Well-being Interventions: A Systematic Review. *International Journal of Environmental Research and Public Health*, 19 (6), 3587. <https://doi.org/10.3390/ijerph19063587>
- Mehra D, Lakiang T, Kathuria N, Kumar M, Mehra S and Sharma S. (2022). Mental Health Interventions among Adolescents in India: A Scoping Review. *Healthcare*, 10 (2), 337. <https://doi.org/10.3390/healthcare10020337>
- Pedersen GA, Smallegange E, Coetzee A, Hartog K, Turner J, Jordans MJD and Brown FL. (2019). A Systematic Review of the Evidence for Family and Parenting Interventions in Low- and Middle-Income Countries: Child and Youth Mental Health Outcomes. *Journal of Child and Family Studies*, 28 (8), 2036–2055. <https://doi.org/10.1007/s10826-019-01399-4>
- Petersen I, Evans-Lacko S, Semrau M, Barry MM, Chisholm D, Gronholm P, Egbe CO and Thornicroft G. (2016). Promotion, Prevention and Protection: Interventions at the Population- and Community-Levels for Mental, Neurological and Substance Use Disorders in Low- and Middle-Income Countries. *International Journal of Mental Health Systems*, 10 (1), 30. <https://doi.org/10.1186/s13033-016-0060-z>
- Raviola G, Naslund JA, Smith SL and Patel V. (2019). Innovative Models in Mental Health Delivery Systems: Task Sharing Care with Non-specialist Providers to Close the Mental Health Treatment Gap. *Current Psychiatry Reports*, 21 (6), 44. <https://doi.org/10.1007/s11920-019-1028-x>
- Rosen A, Gill NS and Salvador-Carulla L. (2020). The Future of Community Psychiatry and Community Mental Health Services. *Current Opinion in Psychiatry*, 33 (4), 375–390. <https://doi.org/10.1097/YCO.0000000000000620>
- Thornicroft G, Deb T and Henderson C. (2016). Community Mental Health Care Worldwide: Current Status and Further Developments. *World Psychiatry*, 15 (3), 276–286. <https://doi.org/10.1002/wps.20349>
- Vieira MA, Gadelha AA, Moriyama TS, Bressan RA and Bordin IA. (2014). Evaluating the Effectiveness of a Training Program that Builds Teachers' Capability to Identify and Appropriately Refer Middle and High School Students with Mental Health Problems in Brazil: An Exploratory Study. *BMC Public Health*, 14 (1), 210. <https://doi.org/10.1186/1471-2458-14-210>
- Vigo Dv, Patel V, Becker A, Bloom D, Yip W, Raviola G, Saxena S and Kleinman A. (2019). A Partnership for Transforming Mental Health Globally. *The Lancet Psychiatry*, 6 (4), 350–356. [https://doi.org/10.1016/S2215-0366\(18\)30434-6](https://doi.org/10.1016/S2215-0366(18)30434-6)
- WHO. (2019). The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health. WHO-MSD-19.1-eng.pdf
- WHO. (2021). Comprehensive Mental Health Action Plan 2013–2030. Comprehensive Mental Health Action Plan 2013-2030 (who.int)
- Yan Ma KK, Anderson JK and Burn M. (2023). Review: School-based Interventions to Improve Mental Health Literacy and Reduce Mental Health Stigma – A Systematic Review. *Child and Adolescent Mental Health*, 28 (2), 230–240. <https://doi.org/10.1111/camh.12543>

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