



The Core Connectors Initiative: A Pilot Study of a Mental Health Literacy Group Program for Youth

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Poster Overview

The presented study is a mixed-methods evaluation of a youth mental health literacy program, the Core Connectors Initiative (CCI). CCI was piloted during the 2017/2018 school year at three different locations. The purpose of CCI is to help youth gain peer support competencies and mental health knowledge. It aims to reinforce positive help seeking behaviors in schools by working with a group of students to take leadership in addressing mental health concerns in their school communities. CCI involves a 13-module program and participants met on a weekly basis to learn about mental health and peer support strategies. The purpose of the study was to evaluate and improve program materials for future programming.

Introduction and Rationale

The WHO prioritizes the need for evidence-based suicide prevention programs (WHO, 2012). For suicide prevention programs for youth, Gatekeeper Training (GKT) programs are the most promising, however more evaluative research is needed (Robinson et al., 2013). GKT tend to focus on training adults who are in contact with youth (White, 2013), though its impact is questionable (Wyman et al., 2008). Given the evidence that youth are more likely to go to peers for support (Smith et al., 2014), there is growing support that suggests peer-based GKT may be most effective (Wyman et al., 2010).

There are a limited number of peer-based youth GKT programs. To date, Sources of Strength is the only empirically supported high school-based peer GKT program in the US (Wyman et al., 2010). While in Canada, a program known as Youth As Gatekeepers (YAG) has had one qualitative study conducted on it (Ohlmann et al., 2014). The Sources of Strength is a youth suicide prevention project designed to prevent suicide by increasing help seeking behaviours and connections between peers and caring adults, while YAG integrates both GKT and psychoeducation by training groups of students to develop mental health literacy material (i.e., presentations) for their peers and students in middle school (Chou, 2014).

The Core Connectors Initiative (CCI) is a program developed through Adam's Apples Foundation, a non-profit organization in Vancouver, that builds on YAG and incorporates a structured training component that can be found in the Sources of Strength program. CCI is a school-based prevention program designed to help youth gain peer support competencies and mental health literacy. It aims to reinforce positive help seeking behaviors in schools by working with a group of youth to take leadership in addressing mental health concerns in their school.

CCI involves two phases, a 13-module training phase and an action phase. CCI is implemented by facilitators who have backgrounds in counselling psychology or related disciplines and utilizes a dialogical approach to facilitation.

A partnership was formed between UBC's Centre for Group Counselling and Trauma (CGCT) and Adam's Apples Foundation to pilot and evaluate CCI as a mental health literacy program for youth. The pilot was funded by the Mitacs Accelerate Grant.

Core Connectors Initiative Program Overview

Four Pillars of the Core Connectors Initiative

There are four pillars that CCI is founded upon:

Mental Health Literacy

According to Kutcher (2015) mental health literacy is based of 4 components: (a) understanding how to obtain and maintain good mental health; (b) understanding mental disorders and their treatments; (c) decreasing stigma; and (d) enhancing help seeking efficacy (knowing when, where, and how to obtain mental health care; p. 581).

Peer Support Competencies

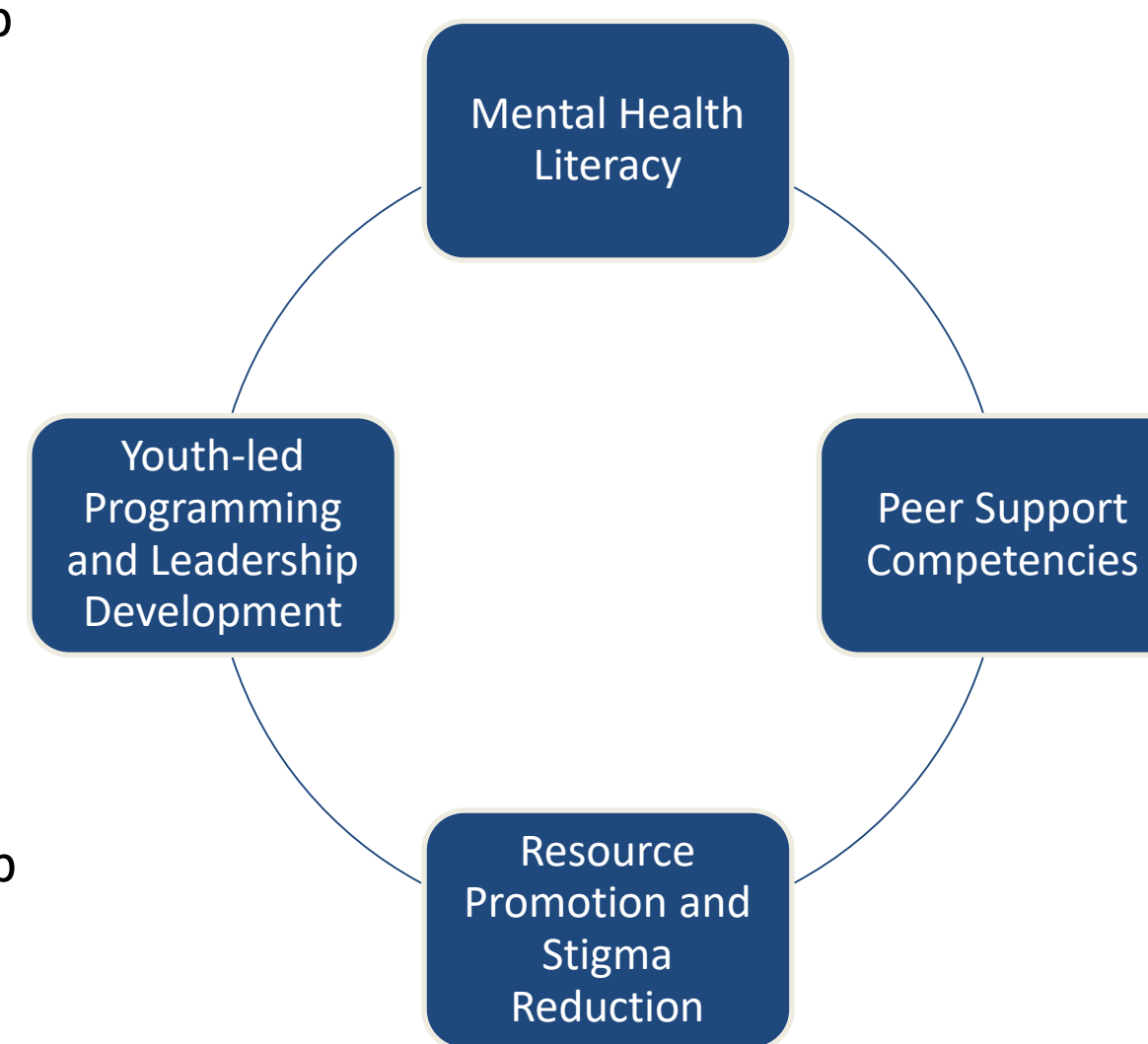
Youth are not trained to be peer support workers, however they are trained to learn skills on how to support their peers. Each school will have their own policies regarding peer support and how this pillar is established depends on the policies of the school. Students are trained in basics of listening skills, empathy, and peer support strategies.

Resource Promotion and Stigma Reduction

The purpose of resource promotion and stigma reduction is to promote positive help seeking behaviours among the student population. It is about teaching the core connectors about appropriate and available mental health resources and to reduce stigma around mental health issues.

Youth-led Programming and Leadership Development

Even though there is a set curriculum for the first phase, youth are invited to be active in collaborating and shaping the direction of the program towards their own needs. Phase 1 is focused on training youth about the basics of mental health literacy, while Phase 2 places emphasis on youth leadership. The facilitators help foster leadership through modelling and empowering youth.



Phase 1 and Phase 2 Programming

Phase 1 Overview

Overview of Phase 1 Training Modules
Module 1: Orientation and team building
Module 2: Mental health overview and stigma
Module 3: How to support a friend
Module 4: Active listening skills
Module 5: Stress and social media
Module 6: Empathy skills
Module 7: Anxiety and depression
Module 8: Identifying support networks and online support
Module 9: Addition awareness and prevention
Module 10: Suicide ideation and prevention
Module 11: Positive mental health and resilience
Module 12: Summarization of learning
Module 13: Celebration

Pedagogical Foundations

The Core Connector Initiative (CCI) follows the mandate set by the UN Convention of the Rights of the Child (1998) which highlights the notion that children and youth have a right to make decisions regarding programs that affect their lives (i.e., schools and communities) and have a fundamental right to express themselves (see Article 12, 13). CCI focuses on fostering youth voice and empowering youth when it comes to matters related to mental health.

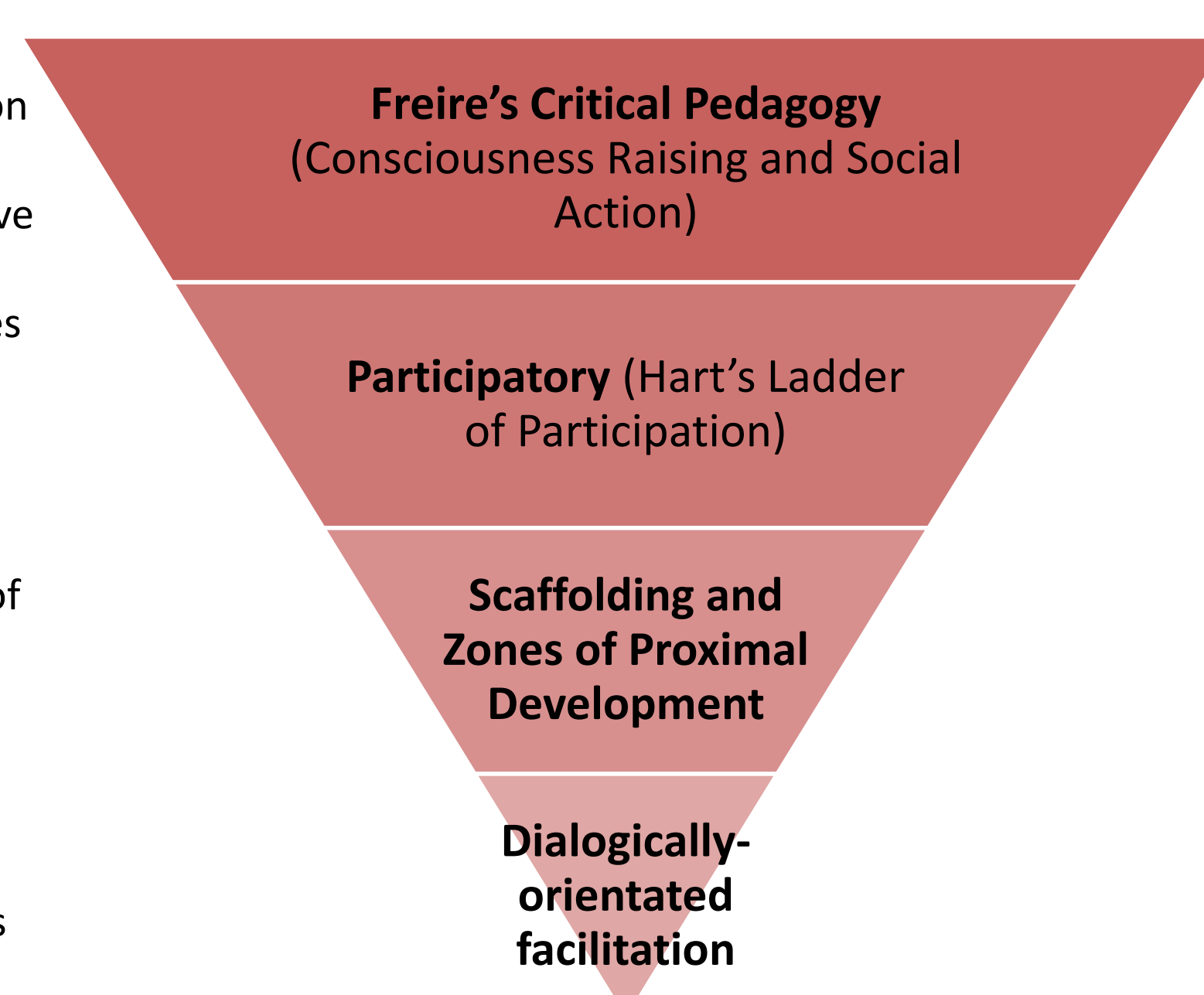
To address its mandate, CCI draws from Hart's (1991) Ladder of Participation as a model of authentic participation, Jennings et al. (2006) Theory of Youth Empowerment, and Vygotsky's (1978) notion of Scaffolding and Zones of Proximal Development. Facilitators follow group facilitation principles as defined by Yalom and Leszcz (2006) and utilize a dialogical and process-orientated approach.

As a program, CCI can supplement the Mental Well-Being Curricular Competency under Physical and Health Education in British Columbia's Educational Curriculum.

Phase 2 Overview

Phase 2 is an optional action phase where youth have an opportunity to develop leadership competencies by initiating and developing strategies to raise mental health awareness and literacy in their schools. This phase emphasizes youth voice and empowerment and is grounded in a participatory model.

The action phase is optional for participants who have completed Phase 1. Participants can continue with their CCI group and form a localized youth-led action group. During this phase, they will be supervised by their school-based facilitators and will meet on a biweekly basis. Decisions are made collaboratively with the support of the facilitators. For phase 2, youth participants will take part in developing initiatives and taking actions to address mental health issues unique to their school.



Mixed-Methods Program Evaluation

Overview and Demographics

CCI was implemented in 3 different sites during the second half of the 2018 school year. Overall, 30 participants took part in the program and 29 participants completed the program. A mixed-methods evaluation was conducted with N = 29 for the quantitative and N = 9 for qualitative component. The evaluation was only on the training phase (Phase 1) of the program.

For the quantitative component, measures on help-seeking, program knowledge acquisition, self-esteem, connection, and positive youth development were administered pre- and post- program implementation. A paired samples t-test was conducted to examine if there were any statistically significant differences in the mean scores of the participants before and after the program on the specific measures we assessed. For the qualitative portion, semi-structured interviews were conducted with the participants regarding their experience of the program based on the Enhanced Critical Incident Technique (ECIT). Thematic analysis, was used to complete the qualitative analysis.

Quantitative Results

The quantitative evaluation examined the following areas (the measures used are included in parentheses):

- Intentions to seek help (The General Help-Seeking Questionnaire; GHSQ)
- Program knowledge acquisition (Program Knowledge Acquisition Measure; PKA)
- Self-esteem (Rosenberg Self-Esteem Scale; RSES)
- Connections (The Social Connectedness Scale; SCS)
- Positive Youth Development (Positive Youth Development Inventory; PYDI)

A paired samples t-test was used to examine the intention to seek help (GHSQ), knowledge acquisition (PKA), self-esteem (RSES), belongingness (SCS), and positive youth development (PYDI) before and after implementation of the CCI program. An alpha level of .05 was used as threshold to determine statistical significance.

The quantitative analysis indicates that CCI contributed significantly to help seeking attitudes (help seeking overall, help seeking for suicide ideation, knowledge about help seeking), which was one of the original purposes of the program. However, it is important to note that the sample size was limited (N = 29).

Qualitative Results

Helping, Hindering, and Wish-List Categories for Analysis of Qualitative Results

Helping (135 incidents)	Hindering (69 incidents)	Wish-list (41 wish-list items)
Safe and comfortable group environment (35 / 26% / 8 participants)	Fear of judgement and difficulty with vulnerability (17 / 25% / 6 participants)	Organization and lesson structure (10 / 24% / 5 participants)
Group structure (21 / 16% / 8 participants)	Discomfort with silence in group discussions (12 / 17% / 6 participants)	Program structure (10 / 24% / 6 participants)
Learning and practicing empathic listening skills (19 / 14% / 7 participants)	Peer disengagement and feeling disconnected to the group (11 / 16% / 6 participants)	Alternative teaching strategies (6 / 14% / 5 participants)
Directive facilitation (14 / 10% / 6 participants)	External factors and program structure (8 / 12% / 5 participants)	A safe and supportive environment (5 / 12% / 3 participants)
Relevant content about mental health, addictions, stress and anxiety (13 / 10% / 7 participants)	Facilitators not considering participant readiness (8 / 12% / 6 participants)	Skill proficiency (5 / 12% / 4 participants)
Suicide content and skills (11 / 8% / 6 participants)	Issues with curriculum (7 / 10% / 6 participants)	Engage through interests (5 / 12% / 5 participants)
Connecting with and building on other's contributions (9 / 7% / 4 participants)	Discrepant expectations and misinformation about the program (5 / 7% / 3 participants)	
Learning using visual aids (4 / 3% / 4 participants)		

Note. The number of incidents/items are indicated after the category in the parentheses, along with the corresponding percentage of the overall incidents/items within the helping/hindering/wish-list domain and the number of participants who endorsed that particular category.

Overall the qualitative analysis demonstrates that the overall experience of CCI was generally beneficial for the participants, specifically with having a safe learning environment, learning skills, and learning about meaningful content. The areas of difficulties and wish-list items can be associated broadly with a sense of disconnection and misunderstanding about the purpose and intention of the program and its pedagogical style.

Sample size, ranges, means, and standard deviations study measures before and after CCI implementation

	n ^a	Pre-Implementation				Post-Implementation			
		Range	M	SD	n ^b	Range	M	SD	
GHSQ									
Composite Score	29	2.27-5.00	3.83	.84	22	2.33-5.94	4.17	1.01	
Personal-Emotional	29	2.20-5.11	3.91	.71	22	2.33-5.50	4.09	.92	
Suicide Ideation	29	1.50-5.75	3.72	1.17	21	2.33-6.38	4.27	1.23	
PKA	29	3.76-5.91	4.68	.63	22	3.96-5.77	4.71	.49	
RSES	23	2.00-38.00	26.57	6.72	22	2.00-38.00	25.36	7.92	
SCS	29	17.00-48.00	35.62	9.23	22	9.00-48.00	34.41	10.58	
PYDI									
Competence	29	1.71-3.86	3.05	.45	22	2.43-6.64	2.99	.37	
Character	29	2.78-4.00	3.51	.33	22	3.00-4.00	3.51	.32	
Connection	29	2.00-3.88	3.22	.49	22	2.13-4.00	3.24	.51	
Caring	29	2.13-4.00	3.47	.45	22	2.50-4.00	3.51	.38	
Confidence	29	2.22-3.89	3.14	.45	22	2.22-4.00	3.07	.43	
Contribution	29	1.86-4.00	3.29	.55	22	2.29-4.00	3.19	.47	

^a n varies. One participant was not available on the first day to complete the initial questionnaire package. There was also one participant who dropped out of the program. The participant completed the initial session and survey and their data was included in calculating the descriptive statistics for the various measures before implementation.

^b n varies. Seven participants were not present on the final day of the program to complete the final questionnaire package.

Helping categories:

- **Safe and comfortable group environment.** This category refers to the group environment that facilitated participants' engagement with the CCI group.
- **Group structure.** Group structure refers to how the group was structured and organized that participants found to be helpful in their group experience.
- **Learning and practicing empathic listening skills.** This category is about the value of learning empathic listening skills.
- **Directive facilitation.** This category is about the aspects of directive facilitation that were helpful for participants in the group.
- **Relevant content about mental health, addictions, stress and anxiety.** This category is about the content that participants found to be particularly memorable and impactful.
- **Suicide content and referral skills.** The participants found that having discussions about suicide was beneficial for their experience.
- **Connecting with and building on other's contributions.** This category refers to behaviours of other youth members that helped facilitate the learning process.
- **Learning using visual aids.** This category is related to the helpfulness of using visual aids when learning about specific group content (e.g., addictions).

Hindering categories:

- **Fear of judgement and difficulty with vulnerability.** The participants described having concerns of being judged and being vulnerable to each other.
- **Discomfort with silence in group discussions.** The category refers to the discomfort of participants when dealing with silence during group discussions and how some unstructured discussions did not help with the silence.
- **Peer disengagement and feeling disconnected to the group.** This category refers to the sense of disengagement for some of the participants and a lack of group "buy-in".
- **External factors and program structure.** This category is about how external factors outside the program hindered their engagement.
- **Facilitators not considering participant readiness.** This category is about the facilitation style not necessarily meeting the participants where they were at.
- **Issues with curriculum.** This category is centered around general challenges with some of the lessons and difficulties with certain topics.
- **Discrepant expectations and misinformation about the program.** This category refers to how there was a discrepancy in what was expected about the program and how they perceived the program.

Discussion

The evaluation indicates that the training phase of CCI was generally helpful for increasing help-seeking attitudes, learning peer support skills, and engaging in meaningful mental health related topics. There are areas in CCI that can be improved based on the hindering/wish-list items elicited from the qualitative analysis. With the quantitative study, it was difficult to ascertain significant pre- and post-differences due to limitations with samples size, therefore continued evaluation is required to further determine if CCI is effective in the domains of positive youth development, self-esteem, and social connectedness. Three main themes emerged from the evaluation, these include: (a) The importance of connection, (b) value of experiential lessons and engaging in mental health topics, and (c) programmatic structure and clarification of expectations.