



Community youth mental health awareness in Pakistan through the train-the-trainer model: Qualitative study of stakeholder perspectives

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ABSTRACT

Background: Youth in low-resource settings such as Pakistan have high levels of unmet mental health needs. Mental health stigma and sparse resources are key barriers to accessing help.

Aim: To capture end-users' and trainers' perspectives of youth mental health awareness in Pakistan informed by the Train-the-Trainer framework.

Method: A qualitative research design was adopted, utilizing focus group discussions to hear the voices of those engaged in the study. Following the facilitation of four youth mental health awareness events in disadvantaged communities, five focus groups were conducted with 29 participants, i.e., mothers ($n = 7$ and $n = 3$), youth ($n = 3$ female and $n = 7$ male), and trainers ($n = 9$). Data were integrated and analysed through framework thematic analysis, which is a codebook approach to thematic analysis.

Results: Three themes related to perceived individual, community and implementation enablers and challenges. Trainers, mothers and youth reported undergoing parallel processes of personal growth. Communities were viewed as sources of both stigma and solutions, through engagement and addressing contextual issues such as gender.

Conclusion: Participants in community youth mental health awareness welcomed the opportunity to acquire and transfer new knowledge, but also identified required supports to engage and actively involve communities in Majority World Countries.

1. Introduction

Youth living in resource-constrained settings have high rates of unmet mental health need, especially in Majority World Countries (MWC) (World Health Organization, 2020). Associated factors for not accessing appropriate support include stigma, lack of public awareness, cultural influences, and limited service capacity (Zhou et al., 2020). Frequently, mental health is identified as synonymous with illness rather than incorporating wellbeing (Tamburrino et al., 2020); although, given the opportunity, youth can identify strategies that promote positive mental health such as self-management, cognitive re-appraisal and agency (Renwick et al., 2021). In MWC resource-constrained settings, there is often limited youth access to structural mental health support (Patel et al., 2018). Lack of early recognition and intervention can have

adverse impact on youth wellbeing along multiple life domains (La Maison et al., 2018).

This body of global evidence highlights the importance of designing, implementing and evaluating youth mental health awareness programs through schools and communities (Hoven et al., 2009). Such programs were shown to exert positive effects on youth wellbeing and help-seeking (Barry et al., 2013). Although specialist resources are not easily available in MWC, youth can access support through schools, community and religious networks (Haffeejee et al., 2022). Communities can enhance accessibility to available help because of trust, family involvement and acceptability of interventions (Kohrt et al., 2018).

Youth mental health awareness is, however, constrained by the limited number of professionals. The train-the-trainer (TtT) approach aims to upskill a core group of professionals, who then translate, transfer

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and cascade knowledge to other professional and community groups. For this reason, it can maximize capacity and resources, even if specialists are scarce, thus enhance reach to large populations (Pearce et al., 2012). In the context of mental health, TtT programs largely originated from high-income countries and targeted primary healthcare professionals (Triplett et al., 2019), parents (Hoagwood et al., 2018), or youth (Nakamura et al., 2014). In MWC, TtT programs were mainly developed for health education (McAdams et al., 2022), or sexual health and reproduction (Hughes et al., 2021). Mental health was included under broader life skills training (Leventhal et al., 2018) or education (O’Neal et al., 2018).

This gap in providers being supported to deliver youth mental health awareness in resource-constrained settings informed the rationale for this study. The aim was to capture end-users’ (parents and youth) and providers’ (professional trainers) perspectives of the process of delivering youth mental health awareness in disadvantaged communities in Pakistan. This aim was addressed through two research questions: (a) which challenges and enablers were perceived to be important in implementation; and (b) what supports need to be put in place for sustainability?

2. Method and materials

2.1. Content of train-the-trainer (TtT) mental health program

2.1.1. Trainer recruitment and profiles

The study was hosted by a non-governmental organization (NGO). Through local community networks (online and word of mouth), health, social care, education or community providers of youth psychosocial support in designated areas were invited to participate as trainers. Twelve trainers were purposively selected, three in each area, of whom one withdrew (seven female, five male). Selection aimed to achieve balance between professional disciplines (Table 1).

2.1.2. Development of TtT content

The objective was to equip practitioners in contact with children and youth (referred to as ‘youth’ throughout the paper) with additional mental health knowledge and skills within their agency role, to enable them to recognize emerging mental health problems, provide first-level response, and support universal practitioners and community volunteers. The TtT was developed, implemented and evaluated in several MWC (Vostanis et al., 2019a). Its content was informed by frameworks such as hierarchy of human needs (Maslow, 1943), socioecological

systems (Bronfenbrenner, 1979), scaled service provision (World Health Organization, 2014), previous TtT models (Pearce et al., 2012), and youth mental health evidence from MWC. The approach to designing the TtT was based on stakeholder perspectives from MWC resource-constrained settings, including Pakistan, so that it related to existing community rather than specialist provider roles (Vostanis et al., 2019b).

2.1.3. Delivery of TtT

Overall, the TtT was provided in two phases, over a total of four months (Vostanis et al., 2023). The first TtT phase that informed community mental health awareness and is reported in this paper was delivered online in six sessions over one month. Training of trainers was provided by the first two authors (of psychiatry and psychology background respectively), one of whom provided additional face-to-face tutorials and support. The topics of the six sessions were cross-cultural mental health concepts and stigma, impact of trauma, risk factors, resilience, trainer skills, and designing awareness programs.

2.2. Youth mental health awareness workshops

2.2.1. Communities and awareness workshops participants

Trainers operating in each participating area co-decided the target group with community-based organizations. These groups were selected to equally represent youth and parent perspectives. Participants were invited through local community networks and word of mouth. For cultural reasons, trainers involved single-gender groups (Table 1). Workshops were delivered at community centres and were of two-hour duration. Topics included mental health literacy, coping strategies when faced with stressors, and help-seeking. Delivery approaches were participatory, largely based on small-group creative activities (also see Section 3.1 below).

2.3. Focus groups

Focus groups are a popular qualitative data collection method and were selected to promote interactive activities and collaborative discussion that could lead to identifying solutions. Focus groups can engage participants in ‘collective conversations’ in relation to their experiences, insights, and perspectives (Adler et al., 2019). Qualitative focus groups are especially valuable form of data collection as they provide a mechanism to capture and promote the voices of seldom heard and marginalized groups (Onwuegbuzie et al., 2009).

2.3.1. Focus groups topic guide, participants and facilitation

The topic guide explored community participants’ experience of the workshops, sharing lessons with others, future recommendations, and whether/how communities could actively be involved. In addition, trainers were asked to reflect on the process of their own training, designing, and delivering the workshops. An independent researcher (third author) facilitated in Urdu language one focus group in each area. Focus groups participants were purposively selected, i.e., three female youth from Mahmoudabad, three male youth from Lyari, seven mothers from Manghopir, and three mothers from Saeedabad. In addition, a trainer focus group involved nine participants (seven female, two male). Each focus group was held at a community venue and was audio-recorded. Post-data collection, those involved in data collection reflected on the process and brought these into team discussions. Informed consent was obtained from all participants. Ethics approval was obtained from the Sociology Research Ethics Committee of Leicester University in the UK. The host NGO acted as gatekeeper and safeguard to the study.

2.4. Data analysis

Data were anonymized, transcribed and translated from Urdu to

Table 1
Profile of communities and trainers.

Participating communities: location and population (Pakistan Bureau of Statistics, 2018)	Mahmoudabad, East Karachi: 479,433 Lyari, South Karachi: 661,926 Manghopir, West Karachi: 771,236 Saeedabad, West Karachi: 832,583
Community participants	Mahmoudabad: Female youth 18–20 years (n = 20) Lyari: Male youth 18–24 years (n = 20) Manghopir: Mothers 21–40 years (n = 12) Saeedabad: Mothers 21–45 years (n = 30)
Trainers’ professional backgrounds	Teacher=5 Psychologist=1 Psychotherapist=1 Social worker=1 Community worker=1 Youth activist=2
Trainers’ qualifications	Certification=1 Intermediate=3 Graduate=4 Postgraduate=3
Trainers’ primary experience	Pre-school children 0–6 years=1 Children 7–12 years=4 Adolescents 13–19 years=2 Young adults 20–29 years=4

English. We broadly utilized thematic analysis to attend to the data, engaging with a codebook approach to allow for conflation of inductive and deductive coding processes, and to ensure analyst collaboration and dialogue through a multiple coding process (Braun & Clarke, 2022). The specific form of codebook style thematic analysis we employed was framework analysis, as this is especially useful for interdisciplinary health research allowing for different disciplinary expertise to inform the coding and charting of data (Gale et al., 2013). Trainers' and community participants' data were integrated, to explore concurrently all perspectives in relation to the research questions at stake. Data were initially coded by author 1 and were revisited by authors 2–3. One further independent researcher (author 4) helped resolve any discrepancies.

Consistent with the framework (codebook) type of thematic analysis, codebooks were charted (or mapped, as sometimes referred to) to cluster the issues at stake into core concerns (themes) and inter-related areas (subthemes) to provide a structured way of summarizing large amounts of rich data (Gale et al., 2013). For this paper, we present this in tabular format, reporting on those themes and subthemes pertinent to the specific questions driving the study and present the team interpretation, which is the final step in the process. This interpretive process also drew on dialogue between team members reflecting on meanings conveyed through participant narratives and challenging some pre-conceptions.

3. Results

3.1. Facilitation of youth mental health awareness workshops

At the end of the TiT, trainers were supported by the course facilitators to design youth mental health workshops to enhance knowledge, understanding and positive attitudes towards mental health. The workshop format was similar, however, trainers were encouraged to use their own creative ideas on the delivery approach that would most suit their target group. To this effect, trainers used pair or small group discussions and activities through expressive artwork such as painting, collage, or rap music (Photos 1–2). Community participants (parents and youth) were encouraged to complete an activity collaboratively, for example by adding leaves to represent different types of positive or negative emotions in Photo 1.

3.2. Established themes and subthemes on implementation process

Established themes related to individual facilitating factors for the delivery and perceived impact of awareness, enablers and challenges within the community, and implementation process and lessons for future scaling-up and sustainability (Table 2). For illustrative purposes and providing a macro-overview of the themes and subthemes that were pertinent to this paper, we present this in this tabular format to show the core messages and framework derived from our framework thematic analysis (Gale et al., 2013). All subthemes were raised by both community participants and trainers, except for lack of resources that was only reported by trainers. Themes are discussed in more detail, with

Table 2
Established themes and subthemes.

Themes	Subthemes
Individual enablers	Self-awareness Emotional impact Expectations Personal growth
Community factors	Stigma Gender Platform for change
Implementation process	Mobilization of communities Acquiring new knowledge and skills Resources

representative supporting excerpts. Code numbers were attributed to the whole community participant and trainer samples respectively.

Theme 1. Individual Enablers

Several factors were perceived as important for trainers' development and community participants' involvement. Understanding oneself and reflection were perceived as essential mechanisms. Although not a primary objective of awareness events, participants appeared to utilize new knowledge towards positive changes.

"Your personality won't be reflecting until and unless you are mentally healthy." Trainer 5, female

"I learnt that our personality is reflection of our thoughts...like, if we think positive, our action and behaviour will also be positive." Young person 9, female, FG1

This process was reported by some participants to be applied in their environment after the awareness event, especially in relation to functioning independently, gaining control over adversity, and parenting.

"Yes, that day a change in my perspective happened...this I used to think that how a parent can teach their children to take revenge and now I think, yes, parenting matters a lot." Youth 6, male, FG2

"One more thing is, if you will try to control things in your surroundings, so you can also control everything...try to change yourself first." Youth 5, male, FG2

Several participants acknowledged that getting in touch with their emotions and sharing them was challenging in front of others. Fear of being judged was stated as a key reason for this.

"It was difficult to express my feeling, as it was my first experience to visit any kind of event." Mother 1, FG4

Nevertheless, the topic of emotional literacy (recognizing different emotions), raised both positive and difficult emotional responses. This was highlighted by trainers too.

"When I lost my husband, my mind was engulfed in many problems and tension...now I have thought about it and now I think I should attend these types of activities to engage my mind. I have considered of sharing my feelings and thoughts with kids and vice versa. I have learned these things in that session."

Mother 1, female, FG4

"There were few participants who got emotional during the training that they were about to cry, and some of them got so excited that it seemed like they are in that actual situation." Trainer 5, female

Both community participants and trainers appeared to have pre-conceived ideas or expectations about their respective input and interactions, some of which they challenged through the experience.

"I am very happy that the trainer thinks I am worthy enough to complete this painting and give me paints for this activity." Mother 2, FG4

"I was concerned about not making young people embarrassed in front of others during this training session." Trainer 7, female

The whole process was perceived as equipping community participants and trainers with new skills that went beyond knowledge and information. Community participants focused on emotional regulation (managing their anger), self-esteem and positive parenting skills.

"Positive change...I have gained confidence and through this now I can face challenges in my life." Mother 1, FG4

"I have tried to change my conduct with children. I am working on that how to behave with children." Mother 8, FG1

Trainers debated how to convey mental health concepts and messages. This was a new experience for several trainers themselves, as conceptualizing pertinent terms and the language of mental health is important for shared meaning and breaking down barriers. Activities appeared to engage groups in core issues such as mental health and parenting.

Theme 2: Community Factors

Taking into consideration the wider sociocultural context was important throughout the training and awareness process. Although it was clear that awareness should primarily address mental health stigma, trainers were conscious of the difficult balance of delivering key messages without disengaging participants.

"It was the first time we were delivering about mental health in the community, and at this time, if I would have come up with heavy terms which are very new for them, it would be difficult for them to understand and observe." Trainer 4, female

"We were concerned about the thing that, although we are delivering sessions and messages to others, those messages should not trigger a trauma or make other people disheartened." Trainer 8, female

"We have to be very careful about it...if there is anything that is being contradicted and being in opposition to the culture and religion of the community, we need to be very careful about these points before delivering anything to the community during this session." Trainer 4, female

Overall, participants reported that they were able to start tackling negative attitudes. However, their attendance was often not encouraged by their immediate environment, indicating ongoing challenges for the future.

"The area we belong to has loads of restrictions and the community responds very differently, and now I am proud that our youth is breaking this taboo. It's not easy and hasn't happened before but now feels like things are changing."

Youth 5, male, FG2

"My participants quoted that we have achieved our goal of breaking all those barriers and taboos." Trainer 1, male

"When I shared in my circle, some of them like these things are wastage of time." Youth 6, male, FG2

There were additional barriers for women in terms of participation, education or employment outside their home environment; and in not being allowed to demonstrate their emotions. Being invited to the workshop and attending was viewed as evidence of being valued and as an achievement.

"Like, crying is a symbol of weakness for women." Trainer 1, male

"She was shocked because I am illiterate, and they never thought that a woman would be doing this ever." Mother 14, FG3

"Community women will be able to move forward after watching the changes in ourselves." Mother 2, FG4

Despite these barriers, events were also viewed as opportunities to share experiences and acquire knowledge and skills on a range of issues, in particular parenting youth with mental health needs.

"There are many people in our area who are unaware about their surrounding and their skills, and how important these things are for the mental health of a child and mother...these types of organizations can change the literacy rate and make them aware about skills." Mother 2, FG4

"They wanted us to involve parents for the improvement of mental health of children." Trainer 1, male

Nevertheless, the potential stigma associated with mental illness prompted community participants to request that future awareness disentangle parenting and wellbeing from mental illness, to encourage take-up. Youth and mothers believed that they could contribute to future workshops as co-facilitators to cascade awareness.

"Someone shared a point related to parents that they don't support. They are not able to understand their kids. There need to be work done on a bigger platform, so that it won't become part of their mental illness." Trainer 9, female

"We will need your support to train us...so, that we will be able to deliver our message to the community in a proper way." Mother 9, FG1

Theme 3: Implementation Process

Previously reported experiences were taken into consideration when discussing scaling-up for wider reach. Trainers, youth and mothers paid attention to local context in selecting topics and delivery approaches that would be acceptable and engaging. Despite living in the same communities, trainers reflected on their own learning process while designing and delivering awareness.

"In training, the best thing that I've learned was how to understand the audience." Trainer 1, male

"This session helped me to analyze the mentality of the children that I am being surrounded by. I've got to know about their mental health analyzation after conducting these sessions. After these sessions I was able to understand

the mentality of the children of the communities with whom I am working." Trainer 9, female

"An eye-opening session for me...I had an opportunity to learn about things that made my new perspective of analyzing cases, my mindset has changed about child development and mental health." Trainer 8, female

The use of creative approaches particularly appealed to youth in terms of participation, developing new knowledge and self-care. Parents reported that integrating awareness with religious practice would be both acceptable and healing.

"There was an activity 'open mic', where those people expressed their feelings through story and songs and all. So, everyone shared through different things like some did a rap song, some performed music, some did poetry and some just shared their activity, and mostly cried. So, everyone got to know each other. So, this way a lot of stress gets released and the heart feels lighter." Youth 4, male, FG1

"If you people teach us some holy verses regarding peace of mind, so that will be better." Mother 12, FG3

Ways of relaying the training context were important, albeit challenging for both trainers and community participants. Although the topic of youth mental health was universally welcome, key messages and delivery approaches required further development and contextual knowledge transfer.

"For me, it is really hard to make my community people aware regarding mental health." Youth 4, male, FG1

"First thing is that we need to make them practice to listen at basic level, so that they can implement that too at community level. Even when we are listening to kids, there are blockers at that stage too. We think that we are elders, we already know these things, so why to listen to this kid." Trainer 4, female

Introducing a new and broad topic, with several related concepts such as stigma, trauma and vulnerability, as well as delivering workshops, was challenging for trainers, who had to acquire a lot of information and skills in a short period of time. A particular concern was on maintaining boundaries between providing awareness and interventions, if participants shared mental health concerns.

"Related to mental health, it was first time we discussed deeply about mental health with children...it was new for me to talk about different topics like stigma and mental health concepts, for my team mates as well." Trainer 1, male

"Although I was participating in all those yoga and other activities, but still I was afraid in my mind inside that I might do something wrong." Trainer 7, female

Nevertheless, community participants found the content helpful, with some observations of generating improvement in attitudes to mental health.

"Before that, I didn't know loads of factors that make a child strong or weak. Like the thing about encouraging a child, that's the most important factor for a strong child, and family problems, that's the thing that makes child weaker."

Youth 8, female, FG2

"But then, after looking at the community for whom the training is being conducted, many things changed." Trainer 4, female

Whilst there was an expressed wish for ongoing awareness to make sustainable impact, trainers raised several resource issues in terms of time, workload and cost of events. Addressing such challenges was viewed as essential if awareness were to become integral to community and service activities.

"...everybody had their own limited capacity." Trainer 1, male

"They are expecting us to conduct such type of activities in training on a regular basis, where they can come and feel stress-free, and express their feelings and stress through different means, as there is no platform for them to express their feelings and emotions." Trainer 7, female

4. Discussion

The aim of this study was to establish the experiences of

professionals, mothers and youth in low-resource settings in Pakistan, through a focus group-based qualitative design, on which factors enabled mental health awareness and how this could be scaled-up and sustained in future. The established themes appeared inter-linked in identifying implementation challenges and enablers. These transcended individuals, families and communities, which was consistent with previous evidence from Majority World Countries on the importance of involving all socioecological systems (Kohrt et al., 2018; Patel et al., 2018).

A key finding was the independent, albeit parallel, process between trainers and community participants, in terms of personal and professional growth. Training and awareness involved more than the provision of information and knowledge, and trainers were influenced as much by their interaction with communities as by the Train-the-Trainer program. Trainers and community participants struggled with similar issues on how to break taboos such as sharing emotions. The creation of safe spaces and activities facilitated their respective perceived growth. This finding also indicates the iterative nature of personal development and how training is an initial step to self-awareness and promoting competencies in others and is consistent with findings from health education programmes. For example, peer support workers living with HIV in Kenya reported that their involvement improved their own adherence behavior (Singuti et al., 2019).

In our study, mothers appeared to initially relate to awareness messages in seeking empowerment before considering their parenting role. These steps should be built in future parent programs, allowing more sessions for knowledge to be embedded. Mothers also demonstrated the importance of co-production in training and awareness being contextualized to understand and relate to community priorities such as gender inequalities and gender-based violence (Jones et al., 2020). Additional attention should be paid to promoting youth-centric approaches in low-resource settings where youth voices may not be easily heard, or where mental health vulnerability is associated with school drop-out, lack of employment and life skills, sexual or labor exploitation (Reza & Bromfield, 2019).

Training and its delivery on the ground raise important questions on how future TtT programs should be conceptualized, structured, and supported. In this study, workshops aimed to deliver youth mental health awareness messages and information, including self-care and help-seeking, rather than initiate or provide interventions. Indeed, once engaged with the concept of positive mental health and wellbeing, participants particularly valued the development of self-care and coping strategies to deal with personal, family or community stressors. Setting clear boundaries between self-care and intervention strategies is important for trainers, to avoid the risk of unconsciously delving into active approaches that require additional skills and which might expose participants' vulnerabilities through re-traumatization.

New concepts in relation to youth mental health were welcomed but also acknowledged as being difficult to absorb over a brief period. Participatory activities were appreciated by trainers and were mirrored in their delivery. Although theoretical materials were shown to be more challenging in previous studies, especially for community volunteers (Hunt et al., 2021), it is important that TtT programs are theory-driven and evidence-based. To achieve this balance, their development should be contextualized, with input from local stakeholders, and their delivery should be prolonged and adequately supported. This requires ongoing commitment from policy, funding streams and services, and engagement with emerging evidence, thus keeping knowledge and skills up to date. It also highlights the importance of integration of awareness, training, supervision and other supports within a comprehensive system, rather than the provision of ad hoc and time-limited training initiatives (Horn et al., 2019). As we found in a previous study with frontline professionals in Pakistan, youth mental health training can be complemented by digital approaches (Vostanis et al., 2022).

The findings need to be interpreted within certain limitations of this research. It is possible that, because of the recruitment procedure, there

was a degree of self-selection of more motivated trainers and of community participants who had a more positive outlook or open mind towards mental health. Although the latter engaged with the awareness workshops, it proved difficult for all selected attendants and participants in focus groups. Only older adolescents and young adults rather than children or younger adolescents were involved at this stage, because of the different developmental approach that would have been required (Haffeejee et al., 2022). Our selected four target groups for the awareness workshops varied, to enable trainers and communities to co-determine local priorities, however, these should be repeated with other stakeholders such as fathers, older adults, community and religious leaders (Nhedzi et al., 2022). A follow-up study could establish more in depth understanding of the TtT approach and its potential impact. A mixed methods design could include the measurement of outcomes such as help-seeking and appropriate referrals.

The study has several strengths in unleashing potential and resources not previously accessed, especially in disadvantaged settings; upskilling providers as trainers through the TtT framework; and trainers utilizing their unique knowledge in engaging communities in positive conversations. Promoting youth mental health in similar contexts requires a multi-modal approach that involves youth, families and communities, because of high levels of stigma, unmet need and limited specialist skills. Such an approach should maximize existing resources through knowledge transfer to first-line agencies. Mental health awareness is an essential first step in challenging negative attitudes, initiating help-seeking, and equipping youth and parents with self-care strategies. A Train-the-Trainer framework can be resource-effective, but its implementation should have long-term built-in support for professionals and involve stakeholders in co-production.

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Photo 1

Mothers' joint activity of describing types of emotions



Photo 2

Mothers' collective painting of identifying adaptive coping strategies



Ethical statement

Ethics approval was obtained from the Sociology Research Ethics Committee of the University of Leicester in the UK (27/04/2022; reference number 34318).

CRediT authorship contribution statement

Panos Vostanis: Writing – review & editing, Writing – original draft, Validation, Supervision, Investigation, Formal analysis, Conceptualization. **Sajida Hassan:** Writing – review & editing, Investigation, Conceptualization. **Syeda Zeenat Fatima:** Project administration, Investigation, Data curation. **Haania Husein:** Validation, Data curation. **Michelle O'Reilly:** Methodology, Data curation, Writing – review & editing.

Declaration of competing interest

The authors have declared that they have no competing or potential conflicts of interest.

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