

Acknowledgement-mSELF

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- Partnering Agencies: NYU, Makerere University, University of Nairobi, HealthRight International/Kenya, Uganda & Kenyan Ministry of Health & Ministry of Education, CBOs
- US, Uganda & Kenya Clinical & Research Teams: Drs. Janet Nakigudde, Antoinette Schoenthaler, Devin Mann, Manasi Kumar, Samrachana Adhikari, Rumi Chunara, Theresa Castillo, Sabrina Cheng, and research implementation teams from Makerere University, University of Nairobi, NYU School of Medicine, & HealthRights International.



Acknowledgement-EBIs

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- Partnering Agencies: NYU, Makerere University, HealthRight International, Sakriya Sewa Samaj, Uganda & Nepal Ministry of Health & Ministry of Education
- Uganda & Nepal Clinical & Research Teams: Dr. Janet Nakigudde, Mr. Hari Rana, and clinical implementation teams from Makerere University & HealthRights International
- NYU Program Developers and Clinical Research Team: Drs. Laurie Miller Brotman, Esther Calzada, Michelle Boyd, Spring Dawson-McClure, and ParentCorps implementation team
- NYU Health Economist: Dr. Yesim Tozan













mSELF

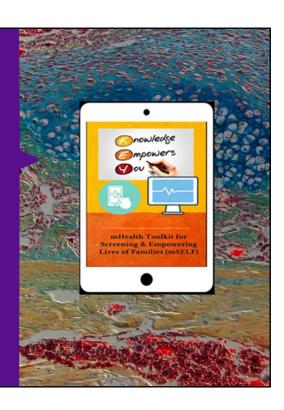
mHealth Toolkit for Screening & Empowering Lives of Families & Communities

Design Thinking

- · Multiple areas of problems to be solved
- · Service Functions (to integrate multiple evidence-based practice guidelines and brief interventions)
- User-Centered Design Strategies
- Sustainable Implementation Strategies

Results from the Feasibility Studies

- · Parent of Young Children Version
- Adolescent Version
- Adult/Teacher Version





Global Mental Health Service Challenges

Cultural Norms

Socio-cultural contexts hinders opportunities to **engage** in screening and intervention



Communication Deficiencies

Mental health knowledge dissemination is not delivered using appropriate channels



Intervention & Service Barriers

Lack of tailored/
personalized evidencebased interventions
[EBIs]; Lack of access to
EBIs; Lack of
professionals resources



Public Health Consequences: Young People's Wellbeing and Quality of Home & Service

Youth & Yong Adults Mental Health Needs

- 10-20% of CA have emotional and behavioral challenges
- > 50% of mental health problems develop by age 14
- Anxiety, Depression and Conduct problem contribute to 75% of the total mental health burden (or Top 5 global health burden)

Parental Concerns and Needs

- Parents consistently report that dealing with child behavior problems is one of their biggest challenges
- Parents and caregivers do not have access to needed knowledge and information about alternative effective parenting strategies

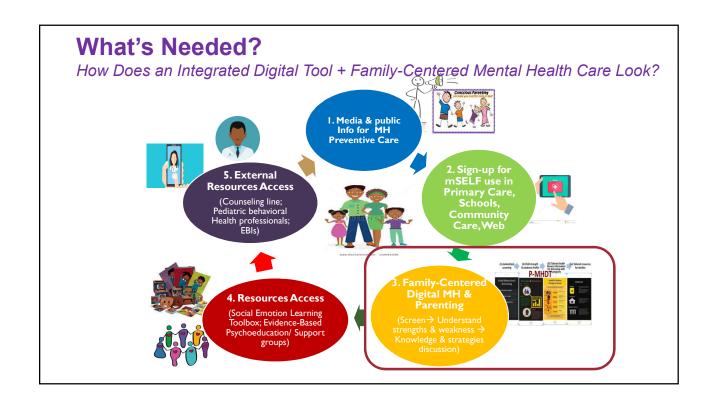
Global Burden of Mental Health Disability 1990 2010 Grand of the Control of th

Public Health Intervention & Service Needs

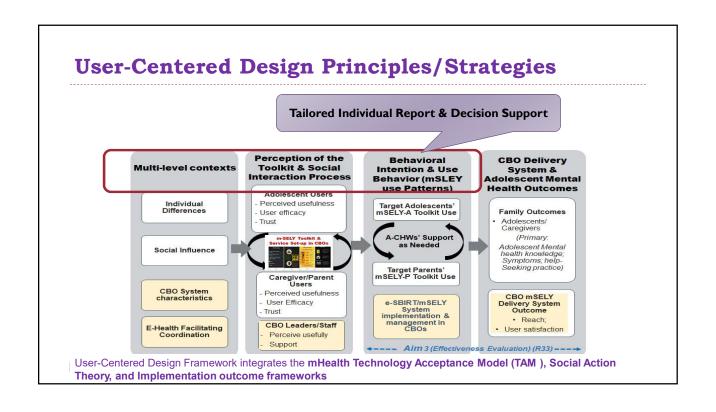
- Service gaps: Health providers or schools do not provide sufficient support to parents/ families (early, middle childhood, adolescents)
- Many EBIs can address the needs, but there are problems in integrating into services

(Rumi Kato Price, 2016)



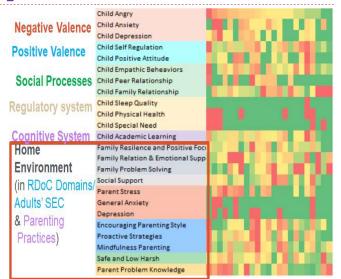


TOOLKIT DESIGN THINKING mSELF Integrates 5 Major Steps to Behavioral Intervention **Assist Advise** Arrange (use (Share Weakness Results & (provide/sharing community & strategies and Inform Reasons to Make Provider resources to support Change) resources & Ask change; Brief schedule follow-(identify SDH (willingness/readiness/plans Intervention Target up contacts to Risk Domains) risk to make changes) ensure change) areas/RDoC 2. Review Strengths/ **Cnowledge** Additional Answer Results & and Resources ssessment Strategy Sharing Report ~Representing the e-SBIRT Care Model in Primary Care (Screening-Brief Intervention- Referral-Treatment) NYU Langone Health **5 A's from AHRQ: https://www.ahrq.gov/professionals/clinicians-providers/guidelinesrecommendations/tobacco/5steps.html



Tailored Decision Support

- Use personal data & goals to inform brief service /intervention decisions
- Current mSELF decision-support function is based on expert decision
- Moving toward big-data analytic/machine learning approach of decision-support (Collaboration with Drs. Samrachana Adhikari & Rumi Chunara)
- Using RDoC & SDH data for better understanding psychopathology & service development decision



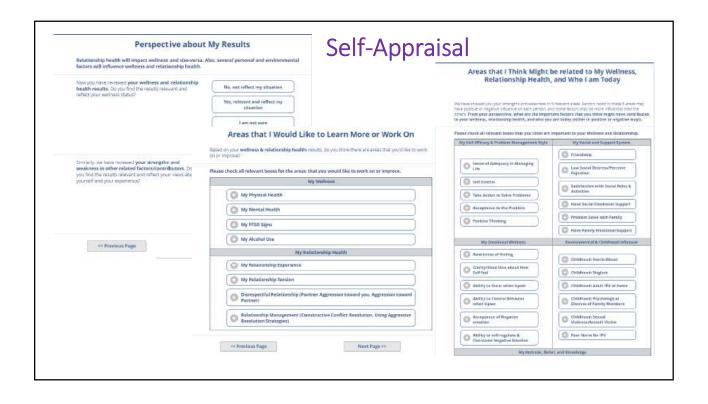
Sustainable Implementation Strategies

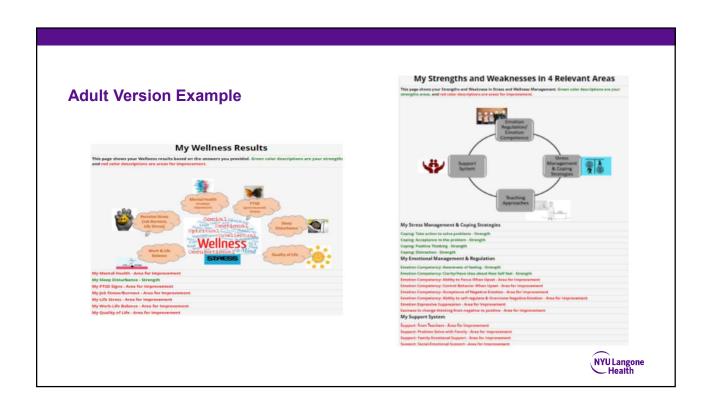


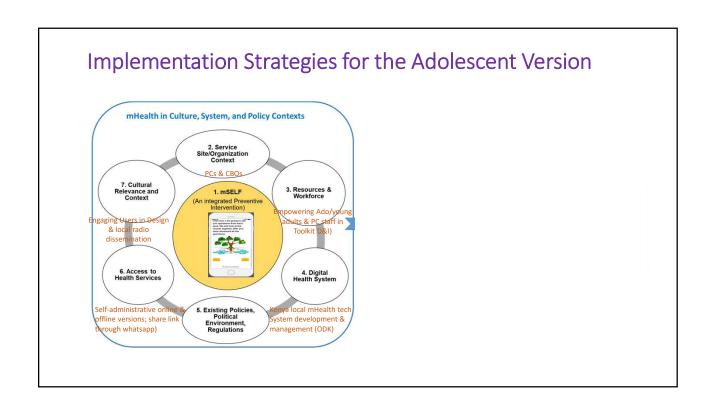
Examples: Adolescent & Young Adult SelfManagement Version











Feasibility for the Parent Version (for 4-8 years old) (NIMH R21)



- n=120 parents of 4-8 years from 6 churches in Uganda
- Implementation Outcomes:
 - High acceptability, appropriateness, and usefulness in promoting parenting literacy from both parents' and implementers'/CHWs' perspectives (all means were >4 on a 1-5 Likert-scale)
- **Preliminary Impacts**: Anticipated effects on parents' resource/service seeking behaviors & family outcomes after service use (toolkit + group)
 - 71% used parenting group service provided by CBOs after the toolkit session
 - Parenting (i.e., decrease parent-child conflict d=.76; increase mindfulness parenting, d=.42; perceive social support for parenting d=.33; structure predictable environment d=.62)
 - Improved *child emotion-regulation outcomes* (d=.49)

Feasibility for the Adolescent Version



- N=~300 adolescents and parents in Bungoma Kenya
- High 'fit', 'acceptability', 'usefulness', and 'feasibility':
 - Acceptability (93-100% report mSELF meet expectation or appealing), appropriateness (89-90% report mSELF fit needs of young people); usefulness/satisfaction (86-96% report as a good way to check, understand, and improve knowledge and awareness); 94% would recommend other to sign up to use the Toolkit session; 85% plan to share results with others
 - **Health literacy** (97% reported clear understanding about how relationship, family, and wellness are inter-related after reviewing the report; 83% know how to use the findings and materials to help self; 79% know where to find support resources
 - Perceive safety & trust (86% trusted that answers are confidential and securely be stored)
 - **Tech Literacy**: 95% were comfortable in using a smart phone or a table (68% had smart phone)

Feasibility for the Adult/Teacher Version (NIMH RO1)



- n=40 primary school teachers from 4 schools in Uganda
- Feasibility of Implementation:
 - 92% agree of strongly agree that mSELF is a good way to check self wellness
 - 96% thought the strength and weakness profile relevant and reflect their self characteristics and experience
 - 92% thought report card are clear to them
 - 92% agree or strongly agree Toolkit is helpful to understand self stress and way may manage it
 - 100% would recommended the Wellness Toolkit to other teachers



Qs & As

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