

# RESEED – the perceived impact of an enhanced usual care model of a novel, teacher-led, task-shifting initiative for child mental health

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## Abstract

**Background:** Task-shifted, teacher-led care may begin to bridge the child mental health care gap in low- and middle-income countries by improving mental health literacy. We explore the perceived impact of RESEED (Responding to Students' Emotions through Education), an abbreviated version of Tealeaf (Teachers Leading the Frontlines). **Method:** After classroom implementation of tools from a 3-day training on child mental health and cognitive behavioral techniques in Darjeeling, India, 29 teachers participated in focus group discussions (FGDs). **Results:** Inductive content analyses of FGDs demonstrated RESEED's acceptability, positive overall impact, and barriers. **Conclusions:** Stepped levels of teacher-led care may support child mental health in resource-limited settings through mental reframing.

## Background

Mental health disorders affect 10-20% of children and adolescents globally, but there is a significant care gap in low- and middle-income countries (LMICs). Task-shifting may bridge the care gap as it trains community members to deliver care as lay individuals. Tealeaf (Teachers Leading the Frontlines - Mental Health) is a teacher-delivered, task-shifted, child mental health intervention for primary schools in the Darjeeling Himalayas of West Bengal, India that was found to be feasible in initial assessments. In testing Tealeaf's clinical impact through a stepped-wedge cluster randomized controlled trial, an abbreviated version of Tealeaf known as "RESEED" (Responding to Students' Emotions through Education) was created to serve as an ethical enhanced usual care comparator that was viable with minimal additional resources. We aimed to qualitatively evaluate teachers' perceived impact of, acceptability of, and barriers to implementing RESEED.

## Methods

The diverse, rural study site, West Bengal (India) contains a majority Nepalese-speaking population who are mostly employed on tea plantations. Families often send children to low-cost private schools (LCPs). To reach children with poor access to government services and care, LCP primary schools were targeted for enrollment: 43 LCP primary schools, 99 teachers, and 188 students participated in RESEED.

### Intervention

RESEED provides teachers with basic knowledge regarding child behavior patterns and the significance of mental health. Teachers are then trained to use a behavior plan tool that they fill out with their choices of simple, cognitive-behavioral strategies to address each targeted child's behavior in the classroom.

### Procedures and Analyses

IRB approval was obtained through the University of North Carolina at Chapel Hill and a Darjeeling-based Ethics Committee. After the three-day training in March-April of 2019, each teacher designated two students in need for the intervention. Post-intervention, seven focus group discussions of 2-4 teachers were conducted and underwent inductive content to identify relevant themes representative of acceptability, impact, and perceived barriers for RESEED.

## Results

Behavior Themes	Summary of Each Theme	Illustrative quote(s)
<b>Changes in child behavior</b>	General positive changes in child engagement, activity, and excitement levels in class, i.e. previously-quiet students speaking up; occasional lack of improved behavior/neutral impact, but no negative effects noted except increased "chattiness"	"Yes, there are some behavioural changes. Did you notice this child who is bright but was very quiet, but through this programme the child has opened up and is now actively participating in the classroom activities and is also very vocal these days."
<b>Changes in child academics</b>	Less results compared to behavior changes; overall improved grades, with one student noted to make drastic improvements based on standardized exam performance	"Those children whom I felt were weaker students in class at the time of the training ended up with better and improved grades at the end of the academic year."
<b>Beliefs about mental health</b>	<p><b>Punishment:</b> realization that having children listen and understand is superior to corporal punishment; belief that it is important to be loving/attentive to children of "lower calibers"; reversion to punishment</p> <p>Child thought process: belief that children are reluctant to share their thoughts with instructors and that younger students tend to immediately forget information they are taught; classmates do not question why specific students are involved in intervention; belief that child learning is best achieved through videos and activities, as compared to textbook-based learning</p> <p>Parents: difficult for teachers to communicate with parents, who are noted to lack understanding of mental health and its role in the initiative</p> <p>Other beliefs: behavior change noted to be important; lack of progress attributed to "weaknesses" in teachers or children</p>	<p><b>Punishment:</b> "Earlier I used to beat and punish the children who wouldn't get their home works done or those who couldn't catch up with the rest of the class. They would get heavily beaten, I am being honest here, it's pointless to lie about it. But the training taught me that beating and punishment was not the only solution to getting things done by these children. We could adopt alternative steps such as keeping the child separately with you and not mixing him/her with the rest of the class and talking to the child with love and friendliness."</p> <p><b>Child thought process:</b> "Since these are really young students they don't hold these thought in them for long, they immediately forget about it and carry on without any feelings regarding the special treatment of their classmate."</p> <p><b>Parents:</b> "I feel none of the parents understood what mental health is and what was going on in this programme."</p> <p><b>Other beliefs:</b> "Earlier we were just teachers, we did our teaching duties that mostly meant reading and teaching from the text. That was our duty, we were just teachers. But through this training we learnt that it was not enough just being a teacher. We learnt that we needed to observe the child's behaviour and we as teachers too had to change our behaviour while working with the children."</p>
<b>Acceptability Themes</b>	Summary of Each Theme	Illustrative Quotes
<b>Acceptance of program</b>	Overall positive experience, time was "worth it" and teachers would be willing to repeat the intervention; positive feedback and gratitude from parents; belief that all teachers should receive training; translating program tools to other settings (i.e. the household) was also helpful; interest in Darjeeling Ladenla Road Prerna's "primary purpose at large"	"I am also very happy to have had this training. All the students are not of the same calibre, some are weak in their studies and they struggle to keep up with the rest of the class. This training taught us how to handle and help these types of children by being a bit loving and attentive towards them. The NGO is doing a wonderful job by keeping such type of kids in their mind and working to help them."
<b>Suggestions and feedback</b>	Compensation for teachers; necessity for all teachers and students to be involved; notifying teachers a couple of days before visits by Darjeeling ground staff and scheduling of meetings to minimize potential teaching interruptions; opportunity to interact with teachers from other schools during trainings; need for silencing mobile phones during meetings with staff; need for children to better understand the initiative	<p>"I feel it would be better if it was applied on everyone."</p> <p>"I feel you should make it compulsory for all the teacher of the school to take the training. I think it would be of benefit to all, because if everyone has the knowledge about the programme it is easier to sit and have a healthy discussion."</p> <p>"It would be really nice if everyone received this training."</p>
<b>Barriers and Facilitators</b>	Summary of Each Theme	Illustrative Quotes
<b>Barriers</b>	Parent lack of understanding/communication, increased teacher workload, need for two separate annual training sessions, conflicts with teachers' family/personal duties, lack of practicality/applicability of taught methods and challenges to implementing tools, difference in child behavior in school vs. home environment (children are less likely to engage in academic settings), child lack of understanding of initiative, mental health stigma	"It was a really wonderful experience but what happened in the field was that it was not easy to implement all of them. Of course we did implement a few things while working with the students and it did make a difference on them but there were still a lot of things that got challenging for us when it came to applying them in reality. It was really challenging to practically implement everything that was taught to us."
<b>Facilitators</b>	"Need" to apply intervention to whole class, lack of negative parental reaction to their child being chosen for intervention; positivity from parents	<p>"There is a need for this to be applied on all the children because there are many more children who could benefit from it but the inconvenience of time is the problem. The teacher needs to find time to apply this on the entire class. But all the children need this."</p> <p>"The parents of the children from my class took it positively, she did not have anything negative to say, in fact she said if such programmes will help her child she is more than happy for it. Instead she was really grateful that we were taking this initiative to help her child."</p>

## Conclusions

Overall, RESEED, as a teacher-led, task-shifting youth mental health initiative involving a three-day training and minimal external support, was positively received, and achieved teacher-described qualitative, positive behavioral and academic changes in primary school children as well as changes in teachers' own beliefs. With the continued need for novel youth mental health care approaches in LMICs, especially in light of the COVID-19 pandemic that has had a parallel youth mental health crisis. RESEED represents a potentially acceptable, effective, and feasible minimal-resource approach to begin to meet youth mental health needs in LMICs.