



Inaugural Policy Actor Event for the NIHR GHRG on Promoting Children's and Adolescent's Mental Wellbeing in Sub-Saharan Africa Project

Kigali, 13th September 2023

Acknowledgements

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Master of Ceremonies – Ivan Gahima



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Event Agenda

Time	Session	Speaker
9.00-9.30	Arrival and Registration	-
9.30-9.45	Welcome by Professor Florien Nsanganwimana, Principal of University of Rwanda	Professor Florien Nsanganwimana
9.45-10.00	Remarks from Guest of Honour, Dr Didas Kayihura Muganga, Vice Chancellor of University of Rwanda	Dr Didas Kayihura Muganga
10.00-10.25	Presentation of ' An Overview of the NIHR GHRG on Promoting Children's and Adolescent's Mental Wellbeing in Sub-Saharan Africa' Project	Professor Wenceslas Nzabaliwa
10.25-10.40	Presentation on 'Mindfulness and Developing a Mindfulness Intervention in Schools'	Ali Kaleeba Bakali
10.40-11.10	Break	-
11.10-11.30	Presentation on 'Impacts of a Whole-School Mindfulness Intervention on Child and Adolescent Mental Wellbeing & Relevance for Policy Actors'	Professor Pamela Abbott
11.30-11.45	Presentation on 'Capacity Building'	Professor Darius Gishoma
11.45-12.00	Question and Answer Session	Facilitated by Ivan Gahima
12.00-12.15	Conclusion and Closing Remarks	Ivan Gahima
12.15	Lunch	-

Welcome by Professor
Florien Nsanganwimana,
Principal of University of
Rwanda



Remarks from Dr Didas Kayihura Muganga, Vice Chancellor of University of Rwanda



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Overview of the Project – NIHR GHRG on Promoting Children’s and Adolescent’s Mental Wellbeing in sub- Saharan Africa

Prof. Wenceslas Nzabairwa

Presented at the Inaugural Policy Actor Event

Kigali, 13th September 2023

Outline

- Funder and partners
- Rwanda Project Team
- Project Aim
- Global concerns about CA mental wellbeing
- Role of schools to promote mental wellbeing
- Global policies
- Mental health needs among children and adolescents in Rwanda context
- Rwandan mental health policy, strategies and intervention plans
- Mindfulness: framework for promoting child mental wellbeing in school context

Research Consortium & Funder

This project is funded by the National Institute for Health and Social Care Research (NIHR). The project received £2.88 million in funding via Official Development Assistance (ODA) from the UK government.



The Research Consortium is made up of:

- University of Aberdeen (UK)
- University of Rwanda (Rwanda)
- Addis Ababa University (Ethiopia)

Our Aim

- Our overall aim is to develop, implement, and evaluate an affordable, effective, and trusted whole school mindfulness intervention to improve the mental well-being of children and adolescents in Rwanda and Ethiopia.
- The benefits of the mindfulness intervention is that it not only improves children's mental wellbeing but also their school performance.

NIHR Rwanda Project Team

- Prof. Wenceslas Nzabairwa: Co-PI and In-country Lead; Co-Lead for WPs 4 (Education and Training) & 5 (Dissemination); contributes to WP2 (Contextualized intervention design and delivery)
- Prof. Nyirazinyoye Laetitia: Co-lead for WP1 (Situational analysis and policy engagement) and contributor to WPs 3 (Applied health research), 4 & 5.
- Assoc. Prof. Kanazayire Clémentine: Contributor to WPs 1, 3, 4 & 5.
- Assoc. Prof. Darius Gishoma: In-country Lead for WP4 and contributes to WPs 1 & 5
- Dr. Eric Remera: in-country lead for WP3 and is a member of WPs 1, 4 & 5.
- Mr. Ali Kaleeba Bakali : Co-Lead of WP2; member of WPs 4 & 5; Deputy for Management Committee Meetings
- Mr. François Nkurunziza: Community representative i.e. represents the community perspective in WPs 1, 2, 3 & 5.

NIHR Rwanda Project Team 2

- Ms. Ahobamfatiye Kesia, Primary Teacher Educator (TTC Kirambo)
- Mr. Anatole Nziharanira Ntwari, Primary Teacher Educator (TTC Kirambo)
- Dr. Clarisse Marie Claudine Simbi, Postdoctoral Researcher (UR-CMHS)
- Dr. Ivan Gahima, PhD student (UR-CMHS)
- Mr. Emmy Ndagijimana, Finance and Administrative Officer
- PhD (UR-CE): TBC
- Postdoctoral Researcher (UR-CE): TBC
- Research Associate (TBC)

Global concerns about CA mental wellbeing

- According to WHO (Johnson, 2022), 20 million people worldwide are affected by the chronic mental illness that causes distortion, hallucinations, and delusions.
- Around 12% people in SSA live with a mental illness such as depression, anxiety, bipolar, eating disorders, schizophrenia, and alcohol and drug abuse disorders, etc. which call for a massive scale-up in mental health investment
- In Rwanda, the % of people with a mental illness is assumed to be higher than the regional due to 1994 genocide against the Tutsi.

Instrumental role of schools

- Mental health and wellbeing are recognized as major contemporary public health challenges, including in school-age children and adolescents.
- Students with mental health disorders are also known to have poorer academic attainment, which suggests that addressing mental health and wellbeing is important for both health and education outcome
- In this context, schools are expected to act as settings that can deliver actions to promote positive mental health and wellbeing, prevent mental disorders, as well as manage student mental health needs, including identification, referral, and provision of support (Margaretha M. et al., 2023)

The power of education



Global policies

- ***“Everyone has the right to education,”*** Universal Declaration of Human Rights
- All Children and Adolescents (CA) have a right to enjoy their childhood as well as being able to attain their full potential and lead productive adult lives (WHO Secretariat, 2012).
- **SDG Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**
- Accelerate progress towards achieving the SDGs, including SDG 3 (health); SDG 5 (gender equality), SDG 8 (economic development & employment), SDG 10 (inequalities) and SDG 1 (poverty)

Global policies (Cont'd)

- United Nations (UN) agencies have maintained focus on promoting adolescent mental health and wellbeing among its member states by documenting policies in the form of guidelines and manuals.
- Several UN agency guidelines address mental health within broader approaches to school-health services or health promotion in schools, such as the World Health Organization (WHO) Global School Health Initiative, which first developed guidelines for Health-Promoting Schools in 1995, and more recently, developed global standards and indicators for Health-promoting Schools and an accompanying implementation guidance (Margaretha M. et al., 2023)

Global policies (Cont'd)

- Other policies specifically focus on mental health and include the value of orienting member states and national governing bodies toward more preventive and promotive approaches to mental health and wellbeing in schools.
- This includes efforts by the United Nations Educational Scientific and Cultural Organization (UNESCO) and United Nations Children's Fund (UNICEF) that require schools to assist students to develop appropriate social and emotional skills and engage in positive classroom behaviors

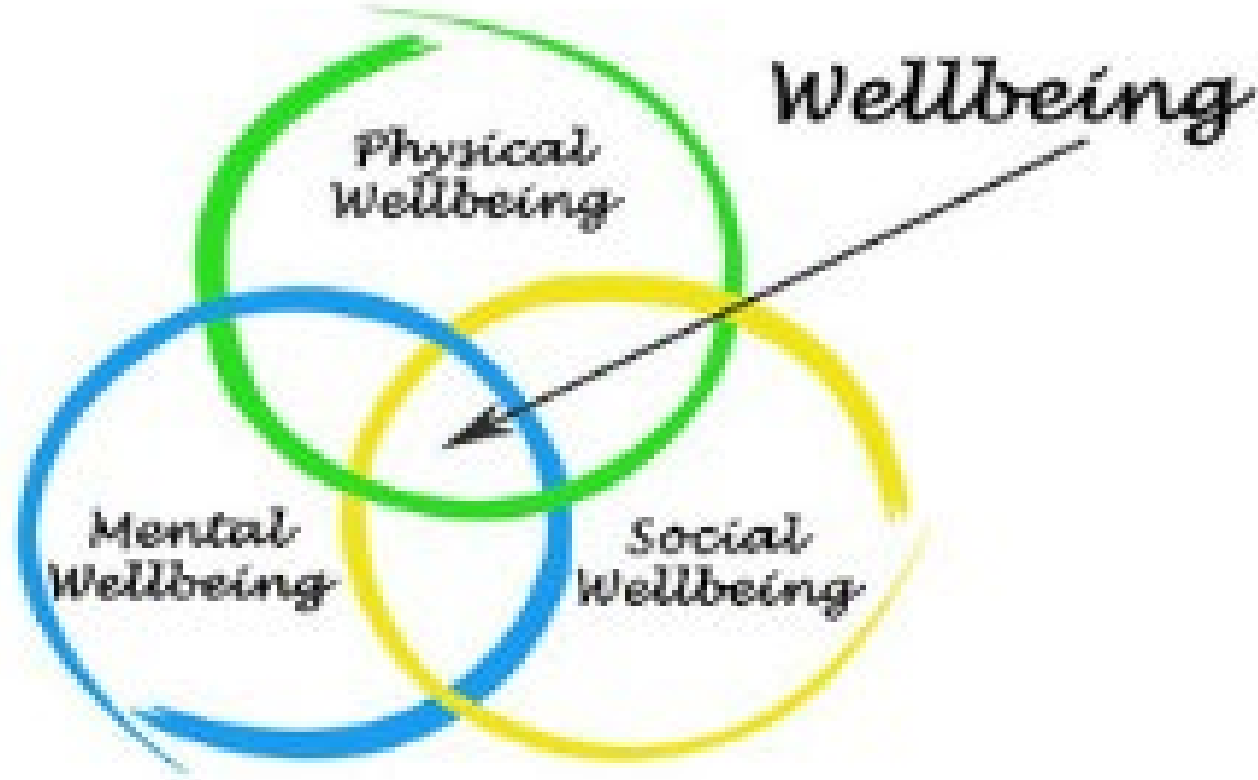
Mental health needs among children and adolescents in Rwanda context

- Today's children and adolescents form nearly a half of the Rwanda's population and are the foundation of the Rwanda's future.
- Overall prevalence of mental disorders among the general population of children and adolescents aged below 18 in Rwanda is 10.2 % (Kayiteshonga et al., 2022)
- These include: depression, anxiety, eating disorders, Post-traumatic Stress Disorder (PTSD), behavioral disorders, etc.
- The *Rwandan National School Health Policy* (2014) fully recognizes the impact of *poor health* on school attendance, learning, retention, and completion rates
- The burden of mental problems not only affect the mental health of children and adolescents but also their physical health and long term economic and social development

Rwandan mental health policy, strategies and intervention plans

- ✓ ***National Mental Health Policy in Rwanda (2011)***
- ✓ ***Mental Health Strategic Plan 2020-2024 (2019)***
 - The strategic plan emphasizes the importance of strategies and interventions to meet specific mental health needs of children and adolescent differing in many ways from those of adults (Minister of Health)
 - Implement prevention and early mental health intervention programs for children and their families through partnerships between RBC and Early Childhood Development (ECD) facilities, preschools and other organizations

Education for health and wellbeing



“Education and health care significantly influence well-being and health outcomes, especially throughout adolescence”
(UNESCO, 2016 & 2022)

Why are we doing mindfulness research in schools?

- There has been extensive research into the impact of whole-school mindfulness interventions on child and adolescent mental wellbeing in countries across Europe and North America.
- This research suggests it benefits not only children and adolescents' mental wellbeing and outcomes, but also teachers.
- However there has been almost no research onto whether a school mindfulness intervention works in low-income countries like Rwanda and Ethiopia. This is the gap in knowledge our project is addressing.

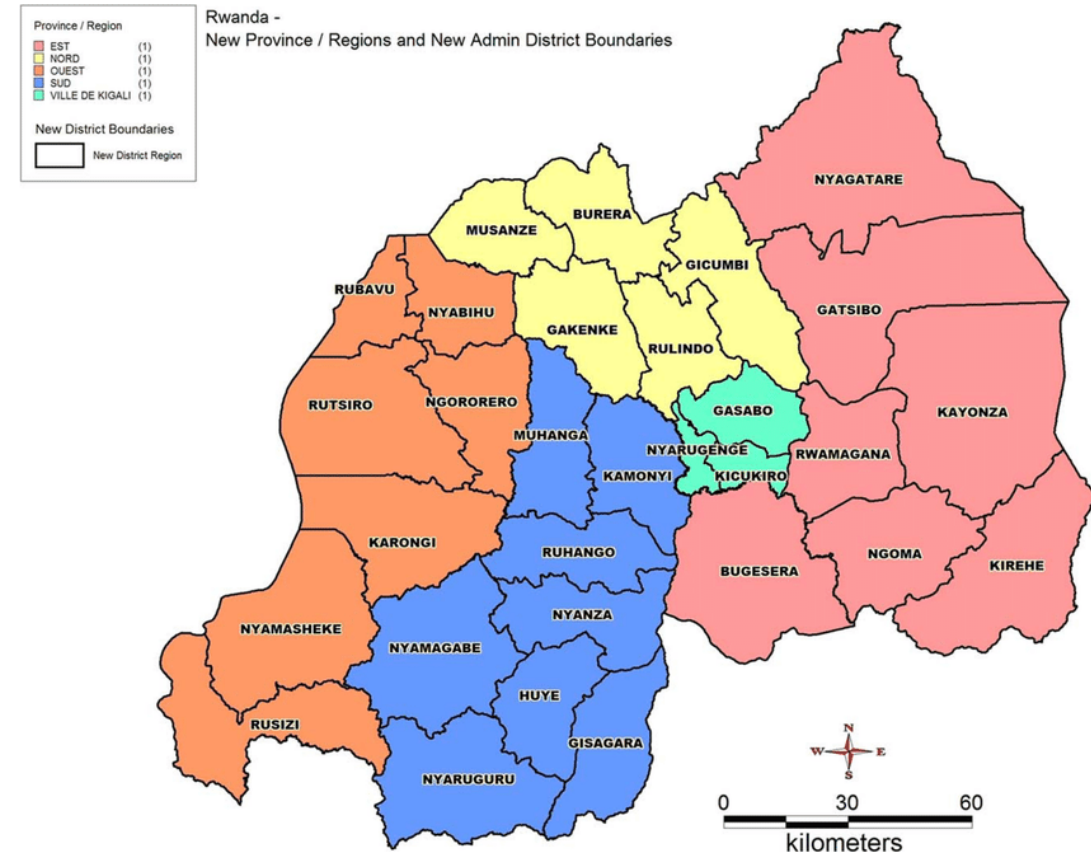
Implementing a mindfulness education program in Rwandan schools

Area of intervention:

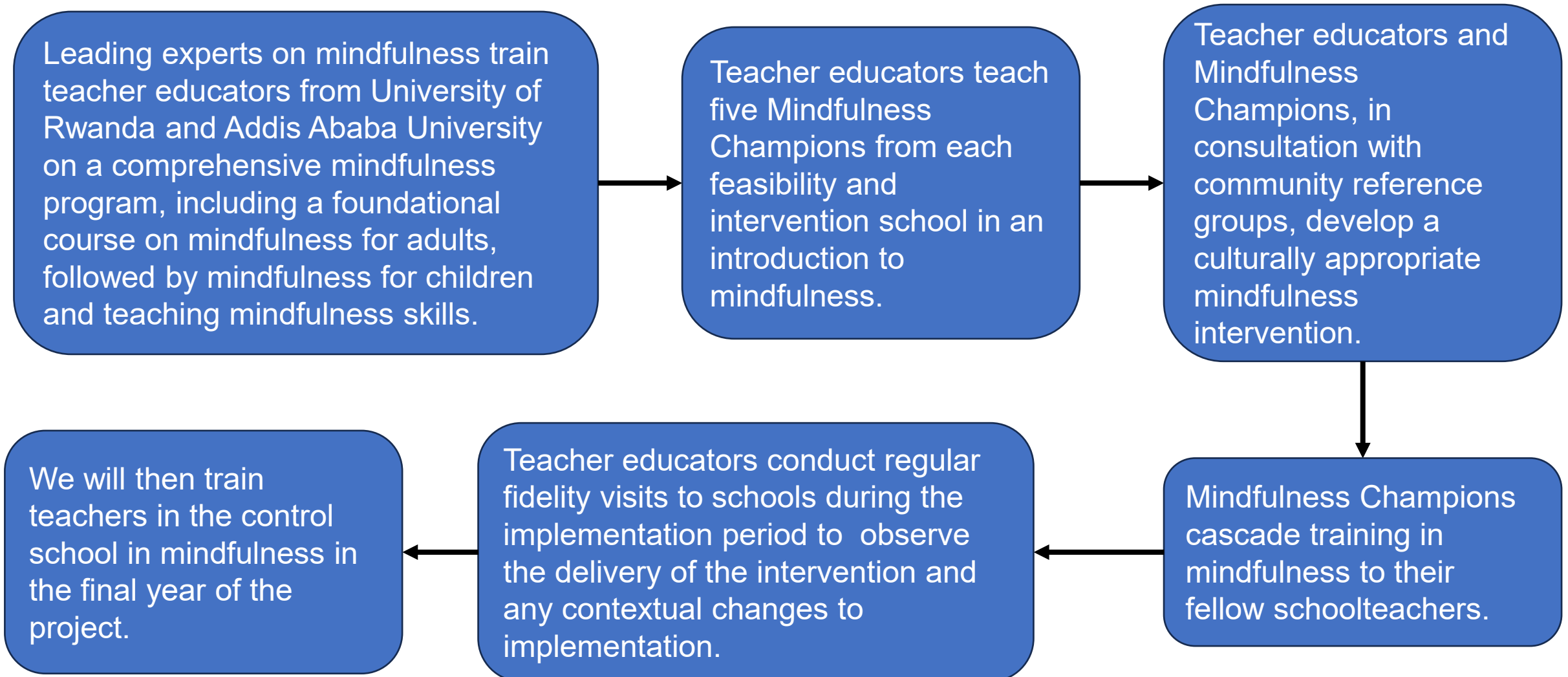
1. Northern Province
2. Burera District

Identified schools:

1. GS Rwasa: Intervention school
2. GS Rugarama: Control school
3. GS Cyapa: Feasibility school
4. GS Kinyababa: Alternate school



Training teachers to deliver a mindfulness intervention



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End of presentation – ***thank you for
your kind attention***



MINDFULNESS INTERVENTION IN SCHOOLS

Kaleeba Ali

13th September 2023

Background

- Mindfulness concept derives from Buddhist meditation practices (Van Gordon et al., 2016)
- The concept of mindfulness became popular through the work of Jon Kabat-zin, who developed the Mindfulness Based Stress Reduction (MBSR) programme at the University of Massachusetts medical centre
- The aim of MBSR was to reduce stress and psychological pain associated with patients' ailments .
- The MBSR programme popularized the concept of mindfulness as a secular practice in the West.
- Mindfulness concept has widely spread in many fields, including education, healthcare, psychology, sports, etc.

What is mindfulness ?

- Mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience” (Kabat-Zinn, 2003, p. 144)
- It means being attentive to and aware of what is happening in the present moment- thoughts, feelings, sensations, and environment without trying to alter or react to them.
- Mindfulness is not a relaxation or mood management technique, but rather a form of mental training to reduce cognitive vulnerability (Shapiro et al., 2008).

Key features of mindfulness

- **Intention** : purposefully directing one's attention rather than letting it wander.
- **Motivation**: knowing why one is paying attention.
- **Acceptance** – being non-judgmental toward whatever arises in the present moment. The sensations, thoughts, and emotions are not judged as good or bad, pleasant or unpleasant; they are simply noticed as “happening,” and observed until they eventually pass.

Why implement mindfulness intervention in school ?

- Government policies
- Mindfulness practices equip children and adolescents with social–emotional skills to become consciously aware of their thoughts, emotions, and feelings (Feuerborn & Gueldner, 2019; Geronimi et al., 2020).
- This awareness may enables them to thoughtfully respond in situations rather than react impulsively.
- Children need to be equipped with skills to able to :
 - regulate their thoughts, feelings, and behaviours in the classroom and with their peers (*behaviour and emotion regulation*)
 - thoughtfully respond to situations rather than react impulsively or enact behaviours that could be harmful to themselves.

- understand, manage, and express their emotions, as well as the ability to perceive and respond effectively to the emotions of others in a mindful and compassionate way (Galla, 2016)
- Mindfulness improves children's working memory capacity, self-compassion, as well as reducing anxiety and aggression (Bluth et al. 2015, Zoogman et al. 2014, Quach et al. 2016).
- Mindfulness contributes to improvement in student learning performance and general classroom behaviour (Shonin, Van Gordon, & Griffiths, 2012).
- Mindfulness meditation anchors help to improve children's concentration in classroom (Shonin et al. (2014b)

How do we implement mindfulness in schools?

- UR-CE lecturers
- TTC tutors are being trained in mindfulness to support the development of the intervention and support school teachers
- 10 mindfulness champions are being trained in mindfulness to support the development of the intervention and support colleagues
- Teacher educators and mindfulness champions to co-develop a culturally feasible training manual, and a teaching manual.
- The mindfulness intervention will be implemented in the feasibility school, modified in preparation for delivery in the Trial/Pilot schools.
- CPD programme for teachers to be delivered by UR-CE

Examples of Mindfulness practices/activities for schools

- Mindfulness education involves a number of practices. Some of them include :
 - Body scan;
 - Mindful movement (walking);
 - Settling the mind (settles gross level of distraction in mind);
 - Kindness Meditation- experiential practice in kindness for self and others;

Mindfulness practices (cont'd)

- Grounding the Mind (becoming aware of bodily sensations, so as to anchor oneself in the present and reduce distractions or wandering thoughts);
- Mindfulness support using sound;
- Mindfulness support using breath.

The Warrior Programme

- Invitation to YA to become mindful warriors
- Promoting character development & resilience
- Empower children to face life's challenges with courage and integrity
- Creating a warrior code and committing to it
- Cultivating mindful Awareness of emotions
- Beginning to act from calmness
- Becoming the Hero of kindness
- Committing to the path of the mindful warrior



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Coffee Break

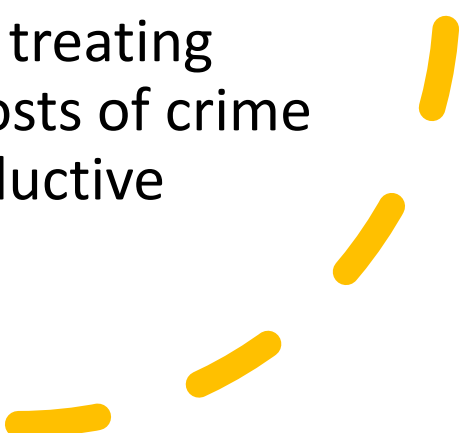




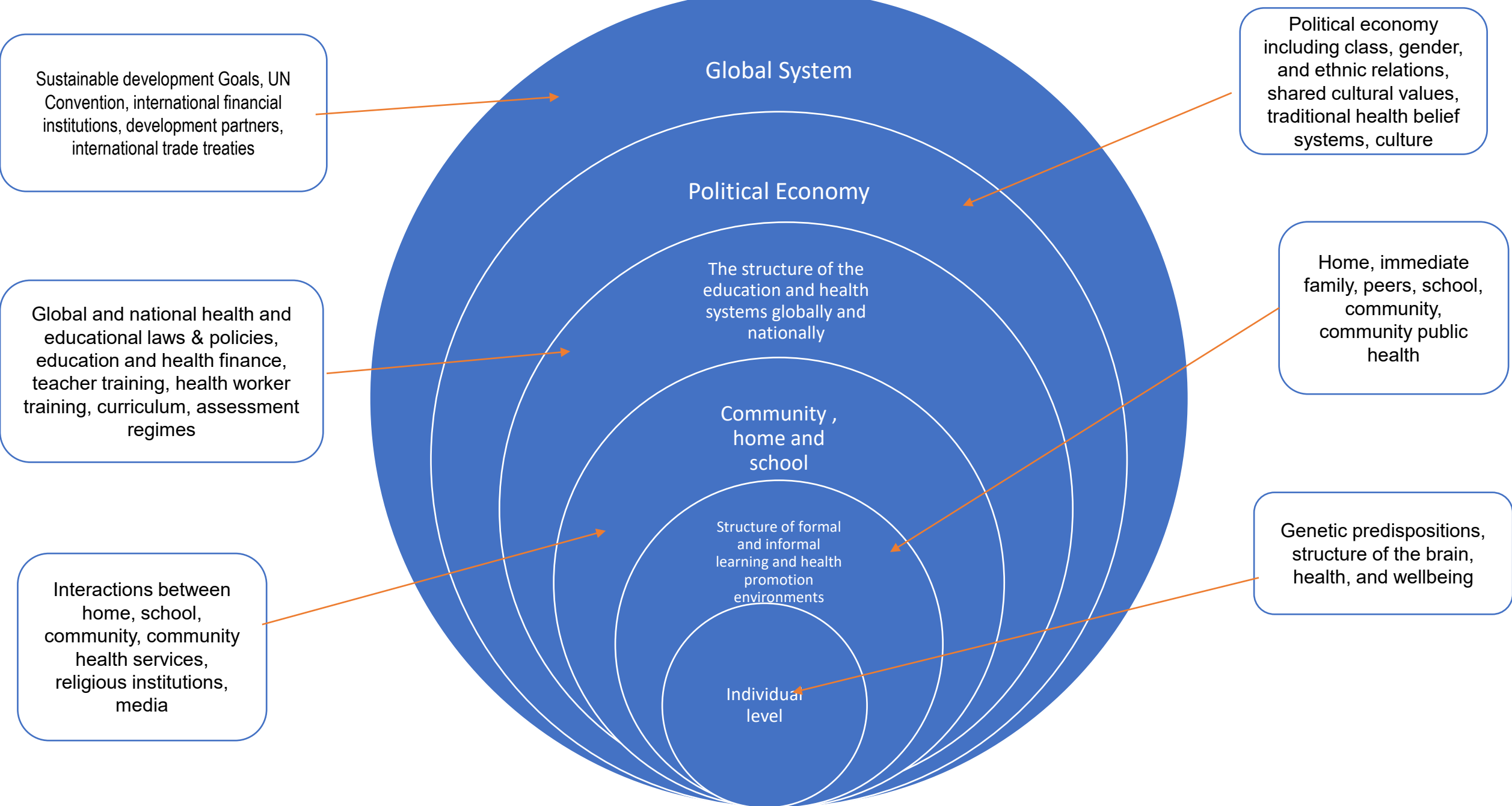
Impacts of a Whole-School Mindfulness Intervention on Child and Adolescent Mental Wellbeing & Relevance for Policy Actors

Professor Pamela Abbott
University of Aberdeen

Why children's and Adolescents' Mental Well-being should be a Concern for Policy Actors

- **Social Factors** – mental wellbeing is a biopsychosocial issue; it is a social problem that requires collective action.
 - Mental wellbeing enables children to enjoy their childhood and contributes to them developing their full-potential and becoming healthy well-adjusted citizens.
 - **Political Imperatives** – International and national legal and policy commitments including the convention on the Rights of the Child and the MDGs.
 - **Financial Interests** – reduced costs for treating mental and physical illness, reduced costs of crime and unsocial behaviour and more productive workers.
- 

A Laminated CA Learning and Wellbeing System



Why Schools

WHO Health
Promoting Schools
Framework

Time children and
adolescents spend
in schools



What is a Whole School Mindfulness Intervention

- All pupils in a school are taught mindfulness
- Mindfulness practices are incorporated into the school's curriculum and educational activities - not just taught in mindfulness lessons.
- Mindfulness activities are practices on a regular basis on a daily or weekly basis so that pupils' mindfulness skills are built up over time
- They aim to build a holistic and supportive learning environment that fosters pupils (and teachers) mental wellbeing. The skills that children and adolescents learn benefit them in school and in their daily lives more generally.

Why a Whole School-based Mindfulness Programme

- They work – whole-school mindfulness interventions have been shown to work and they are relatively low cost to incorporate in the school curriculum.
- They improve the mental wellbeing of pupils and teachers as well as improving the behaviour of pupils and their social skills, their physical health, and their school performance.
- They improve the school and classroom climate (relationships and values) promoting a positive culture and making classroom management easier for teachers.
- Whole school mindfulness interventions ensure that the benefits of mindfulness are sustainable.



Mindfulness: framework for promoting child mental wellbeing in school context

Four key aspects to our wellbeing:

COPE - CONNECT - FLOURISH - EMPOWER CHANGE

For all of us in education mindfulness can help:

- **cope** with the pressures and uncertainties of life and work,
- **connect** with people and places,
- **flourish** through appreciating ourselves, others and the world around us, and
- provide the perspective and vision to **empower us to change** what isn't working for us.

(Estyn, 2019)

Evidence for mindfulness: impact on the wellbeing and performance of the school staff (Katherine Weare, 2014)

Increased:

Wellbeing

Mindfulness

Self-compassion

Sustained attention

Emotional regulation

Teaching efficacy

Decreased:

Stress

Anxiety

Depression

Demotivation

Time-urgency

Burnout symptoms

Mindful teachers make a difference





Internal Factors

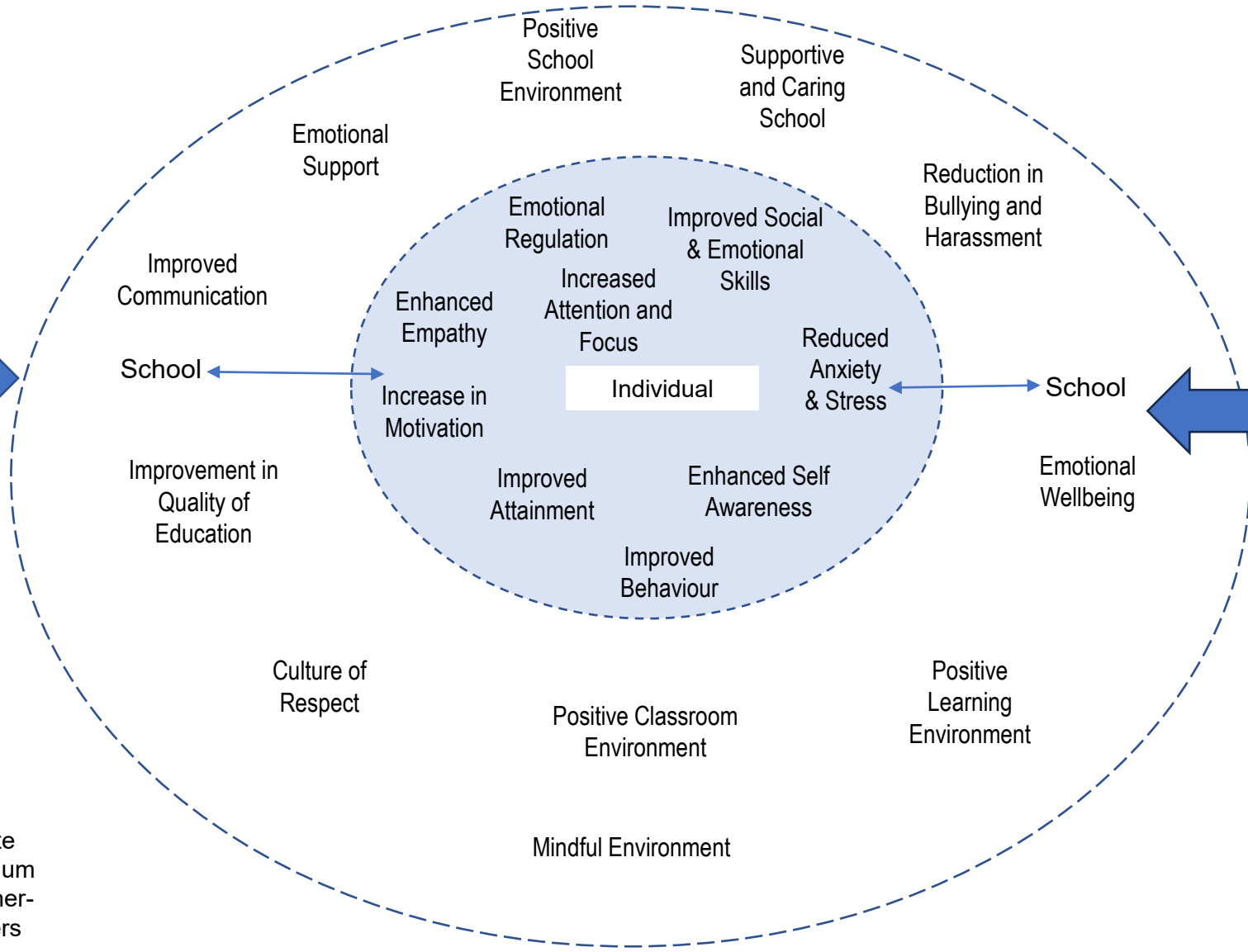
- School Size
- Teacher/Pupil Ratio
- Funding
- Leadership
- Rules and Regulations
- School Environment
- Teaching Practices
- Teacher/pupil Relations
- Peer/Peer Relations

External Factors

- Family Relations
- Local Community Relations
- Peer/Peer Relations
- Cultural Values
- Education Policy
- Education Funding
- Health Funding
- Health Service
- Development Assistance
- WHO
- SDGs

Mindfulness Curriculum

Inputs
 Trained Teachers
 Culturally Appropriate Mindfulness Curriculum Developed by Teacher-Educators & Teachers
 CBPR with Parents, Teachers, Policy Stakeholders & CAs



Improved Mental Wellbeing of Pupils

The Trial

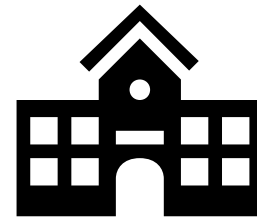
The project is using a cluster control trial approach.



Feasibility
school to test
the
intervention



Intervention
school to deliver
the intervention



A control school,
which is
comparable to
the intervention
school



How Can we Test Our Programme Theory – Tools and Participants

- Surveys – main carers, teachers, pupils.
- Psychometric measures/indicators– main carers, teachers, pupils.
- FGDs – main carers and other community members.
- Qualitative interviews – purposive samples of main carers, teachers, pupils.
- Observation, qualitative and quantitative in the classroom and the playground.
- Intervention school and control school

Research process

- **Feasibility** – we will test the procedures for delivering the intervention in schools from April 2024.
- **Base line** – we will conduct the baseline quantitative and qualitative research in the intervention schools from August 2024. The baseline will be in the intervention and control schools and include carers survey and psychometric measures and community FGDs, teachers survey, psychometric measures and FGDs, pupils survey, psychometric measures (grade 4 and above), and FGDs. It will also include data on pupils' attainment.
- **Process evaluation** – we will conduct the process evaluation from September 2024. The process evaluation will be conducted in the intervention schools and include qualitative (critical realist interviews with teachers and pupils, observation), at intervals across the school year, psychometric tools (grade 4 and above) after the mindfulness intervention has been delivered (12 weeks).
- **End of line** – we will conduct the end-of-line research from June 2025 in the intervention and control schools.

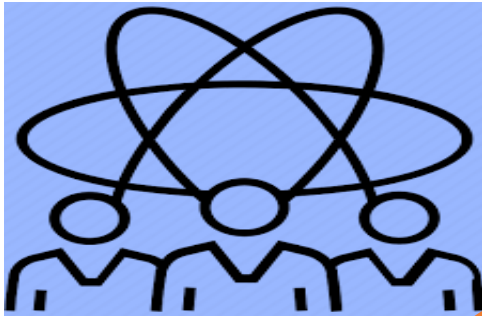


Promoting Children's and Adolescent's Mental Wellbeing in sub-Saharan Africa

WP 4 - Capacity building
Professor Darius Gishoma

1. Knowledge exchange South-South South-North

26



Academic team



8 Members



9 Members



9 Members



Regular training & Annual training workshops

2. Capacity Building for Research (Applied health research & Education)

4

5



PhD & Post Doctoral opportunities

End of project after Year 4 ?



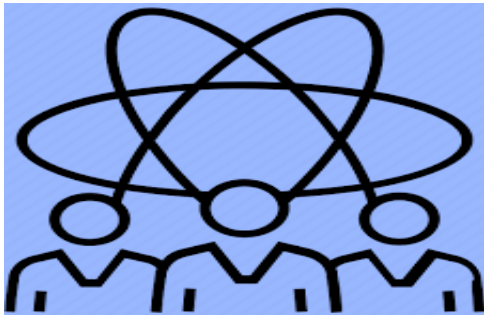
3. Capacity Building to deliver intervention for mental wellbeing



20 Mindfulness Champions



1. Knowledge exchange South-South South-North



2. Capacity Building for Research (Applied health research & Education)



3. Capacity Building for mental wellbeing



- Developing and delivering a whole-school mindfulness intervention in Rwanda and Ethiopia
- Carrying out needs led applied health research in Ethiopia and Rwanda

Question & Answer Session



Conclusion and Closing Remarks

Acknowledgments

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