



Stakeholder Engagement to Improve Implementation of the MHLeC Intervention in Malawi

There are low levels of mental health literacy in Malawi. The mental health literacy e-Curriculum (MHLeC) project aims to improve mental health knowledge and attitudes by adapting an existing Canadian mental health curriculum and then implementing it to 1st year students in universities in Malawi.

Stakeholder engagement looks at a two-way approach of actively involving individuals or organisations with whom there is sharing of mutual interests in the research whether directly or indirectly. The aim is to incorporate their insights, preferences and expertise through all stages of the research and intervention. This will help further implementation of the MHLeC to be relevant and respectful, addressing the needs of the direct beneficiaries.

As part of the intervention refinement process, we conducted Intervention Development Group (IDG) workshops with our key project stakeholders to ensure that the MHLeC intervention was culturally adapted and relevant for our target population.

The IDG Setup

The IDG workshops were done virtually incorporating stakeholders from across Malawi and outside the country. Stakeholders we had previous links with include [As We Grow](#), [Drug Fight Malawi](#), [Young Feminists Network](#) and [National Youth Council of Malawi](#). Other stakeholders include [NGO Gender Coordination Network](#) and [Live in Hope Network Malawi](#). There was also presence from international

stakeholders, like [Queen Mary University of London](#) and the [Friendship Bench](#) team from Zimbabwe. The various backgrounds of these representatives gave diverse insight.

Three workshops were conducted, each designed to cover a distinct subject. The first meeting was 15th June 2023, IDG 2 on July 5, 2023 and the final was conducted on 3rd August 2023. During the first IDG workshop, the MHLeC team presented the MHLeC intervention to the stakeholders. The attendees were given the opportunity to express their opinions, suggestions and thoughts and after the presentation. The second IDG workshop was designed to recap and highlight important elements of IDG workshop 1. These elements included suggested changes made following the stakeholders input during workshop 1. IDG workshop 2 was also a feedback session with the stakeholders on specific project logistical aspects, for example, recruitment strategies. The final IDG workshop was a presentation of the final MHLeC intervention after incorporation of all stakeholders ideas. This presented solutions on issues such as mode of delivery, recruitment and translation of the mental health concepts.

Role of the IDGs

Each IDG meeting had a distinct function. The first IDG workshop's main purpose was to introduce the project in detail to our stakeholders, giving them a feel of the work done during the pilot phase, especially details of the intervention. This was done to create a clear picture to help stakeholders capture the strengths and weaknesses pertaining to their perspective. We elaborated on the design and methodology, implementation of the MHLeC during the pilot study, changes we made to the Canadian curriculum to suit our context, and the process evaluation of MHLeC pilot study, including details of feedback from our student participants. Following this, stakeholders gave their feedback through questions and initial thoughts of the intervention which were generally positive. An aspect that was raised that the research team had not considered beforehand was inclusion of youth with disabilities during MHLeC delivery. It was suggested that this was important to ensure the intervention is for all hence should be designed in a way all youth from a university can access.

Three weeks later, the second IDG workshop was conducted. This session focused on asking the stakeholders their thoughts and input around how to deliver the MHLeC by analysing the universities structure in Malawi. For example, during the pilot study the intervention was delivered in a face to face format with partial online activities but this curriculum can also be fully delivered online. We therefore asked our stakeholders which one is the best approach? Furthermore, there were issues to deal with around language as we found that the local language (Chichewa) does not have words for some key mental health terms like psychologist vs psychiatrist, schizophrenia and bipolar. Moreover, we also discussed whether the course must be mandatory or elective and the best ways to recruit students in academic institutions.

The final IDG which took place on 3rd August looked at presenting all changes made to the MHLeC curriculum based on stakeholders' feedback. These changes included addition of one more topic (suicide prevention) in the course content and a pragmatic approach to delivery (e.g. both face to face and online).

Conclusion

This is an example of the power and value of stakeholder input in research. We are now more confident with the cultural relevance of our intervention. We have gained more insights regarding recruitment

strategies to optimise participation from universities and students as we embark on our MHLeC feasibility trial.

As the world is continuously evolving, societies are ever changing and inclusivity of different cultural domains is the way to go. Discussions from these workshops helped the team make sound decisions and changes that give us confidence of a smoother experience when implementing the MHLeC intervention. We believe suggestions like these will help the program to be more accepted by Malawi's young community as it will belong to them.