

# Can mindfulness training in primary schools promote mental wellbeing in Sub-Saharan Africa?

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## **There is growing evidence that whole-school mindfulness training delivered as an integral element of the curriculum promotes children's mental well-being and improves educational outcomes (Phan et al., 2022)**

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The Global Health Research Group on Promoting Children's and Adolescents' (CAs) Mental Wellbeing in sub-Saharan Africa, funded by the National Institute for Health and Care Research (NIHR), aims to contribute to improving the mental well-being of CAs in sub-Saharan Africa (SSA) by researching the effectiveness and efficiency of delivering mindfulness training in primary schools, in two of the poorest SSA counties, Ethiopia and Rwanda.

This mindfulness training can be taught by teachers with minimal training and has also been shown to improve said teachers' well-being as well as that of CAs. For this reason, WHO recommends that mental well-being interventions should be provided for all CAs. However, a recent review of mental health interventions for adolescents in SSA found that most had targeted adolescents at high risk of mental health problems, and none had delivered mindfulness training (Mabrouk et al., 2022).

The research is being carried out by a multidisciplinary team of academics, combining medical and health science expertise with social science expertise, from Addis Ababa University, Ethiopia, the University of Rwanda, and the University of Aberdeen, working in an equitable partnership.

## **Convention on the Rights of the Child**

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Children have a right to enjoy a healthy childhood and to be educated as set out in the Convention on the Rights of the Child. Yet, due mainly to socioeconomic challenges, many children in SSA are denied these rights, and their quality of life and well-being is poor. They are less likely to grow up to be healthy and productive adults. Poor physical and mental health results in poor academic attainment, with high economic costs for individuals, their families, communities, and countries.

## **A high proportion of adults with mental health challenges experienced them before they were 15**

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Mental disorders are the leading cause of disability in CAs in SSA, and the numbers have increased due to the COVID-19 pandemic. Statistical data on the prevalence of mental health challenges in CAs is limited, but pre-pandemic, it was estimated that 1 in 7 CAs had a mental health challenge (Cortina et al., 2012). There is a severe shortage of specialist

mental health services for CAs (Sequeira et al., 2022). For example, our scoping study in Rwanda and Ethiopia found that although both countries have developed CA mental health policies, specialists by adequately training the teachers and making mindfulness practice part of the school routine rather than relying on CAs practising independently after the initial mindfulness training.

## **The importance of mindfulness**

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Mindfulness aims to promote an awareness of the present by CAs paying non-judgemental attention to thoughts, sensations, perceptions, and feelings. It is thought to enhance self-regulation, improving well-being (Amundsen et al., 2020). However, much past research has not considered the pathway from intervention to improved mental welling. We aim to do so in our research by examining both the process of changes in the school context and individual children while the intervention is being delivered, as well as comparing outcomes for the intervention schools with control (waitlist) schools. We will ask what works, for whom, and how and why it works in our intervention schools.

## **The Mindfulness Intervention**

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The design of our mindfulness intervention is a whole-school quasi-experimental pilot study informed by critical realism. The intervention will be delivered in a rural school in Rwanda and a low-income urban school in Ethiopia. We will address weaknesses that previous research has identified in whole-school interventions by adequately training the teachers and making mindfulness practice part of the school routine rather than relying on CAs practising independently after the initial mindfulness training.

Key elements of our project include community engagement and involvement at all stages of the research and the training of Rwandan and Ethiopian teacher educators and schoolteachers in mindfulness. Teacher educators will provide support during the implementation phase. The intervention will be developed by trained teacher educators and primary school teachers informed by the findings from participatory action research (PAR) involving community members, including parents and CAs, on cultural acceptability.

The intervention will be delivered for a school year in the intervention schools and subsequently in the waitlist schools. We will conduct a parental survey, a teacher survey and psychometric tests, and psychometric tests with CA before the intervention begins in the intervention and waitlist schools and after the end of the school year. Mid-year we will repeat the psychometric tests for CAs and teachers. We will conduct qualitative research using focus group discussions and individual interviews with purposive samples of pupils and teachers, enabling us to explain for whom, how and why the intervention improves CAs' mental well-being.

## **References**

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