RELATE ME project

Prototyping a relational mental health community-based intervention in Malaysia

Location
Segamat district, Malaysia

Date
2021

Focus Area
Mental health

Organization(s)
Monash University Malaysia – South East Asia Community Observatory

Community Engagement Approach
Community health worker-led digital intervention to engage and provide mental health support to a semi-rural population in the Segamat district.

Background and context

During the coronavirus disease (COVID-19) pandemic, public health measures in Malaysia to control the spread of the virus – such as lockdowns, travel bans and social distancing – significantly reduced human interactions. Among a complex array of other stressors, the subsequent social isolation, economic insecurity and increase in violence in homes were among some of the reasons behind exacerbated mental health issues experienced by people in the country during the pandemic. Malaysia’s pandemic prevention and response measures most acutely impacted the mental health of vulnerable populations, such as women, elderly adults, and individuals with poor economic status.

Moreover, stigma towards people with mental illness contributes to the low mental health literacy within communities and the reluctance of people with symptoms of mental illness to seek timely diagnosis and treatment.

The community engagement intervention

In response to these challenges faced by people living with or at risk of developing mental health disorders during the pandemic, research was undertaken to explore the integration of relationship-focused community engagement approaches into mental health support services. The South East Asia Community Observatory (SEACO), a health and demographic surveillance site managed by Monash University Malaysia, led an action-oriented community engagement research project to increase human connection among people in Segamat, the northernmost district in the southern peninsular state of Johor.
The research team set out to: (1) identify the feasibility and acceptability of applying community-based relational mental health (RELATE ME) approaches to improve linkages and communication between mental health providers and semi-rural populations who have mental health challenges; and (2) better understand how and why relational community engagement can work in a semi-rural community in Malaysia.

Objectives of the project

1. To assess the status and progression of mental health (such as symptoms of anxiety and depression) during the COVID-19 pandemic and to identify their associated factors.
2. To assess the social and relational environment of a semi-rural population in Malaysia before and during the COVID-19 pandemic.
3. To identify the enablers/barriers to access to health services (including mental health) and the nature of interactions and relationships between health service providers and users.
4. To conduct a rapid evidence synthesis of relationship-focused community engagement interventions in mental health to inform the prototype of a relational mental health intervention.
5. To develop and conduct rapid prototyping of a relational mental health (RELATE ME) intervention led by community health workers (CHWs) to test whether human connection can improve experiences of mental health during the pandemic.

How the project was implemented and who was involved

The project involved a multidisciplinary team of researchers from Monash University, including specialists in community engagement, clinical psychology, public health and anthropology.

The project was implemented using a mixed-methods approach that combined:

- **A longitudinal quantitative time-series survey:** To understand the burden of mental health among 445 people, carried out in two phases during the pandemic (April – May 2020 and January – February 2021).
- **A rapid review of community engagement interventions:** To synthesize the evidence and experiential learning from the development and implementation of community-based mental health interventions during the COVID-19 pandemic.
- **Semi-structured qualitative interviews:** To explore the relational and health contexts of the semi-rural population before and during the COVID-19 pandemic, carried out between March and April 2021 with 15 participants.

Based on the findings from this mixed-methods approach, the SEACO team developed and pilot-tested the feasibility and acceptability of a digital community engagement intervention called RELATE ME. The prototype leveraged the role of CHWs and involved a semi-structured two-week programme that facilitated both individual and group-level engagement and support: Week 1 focused on individual coping skills and Week 2 focused on relationship-building skills.

At the individual level, the components of coping skills training consisted of drawing relational maps, engaging in self-care practices, leading a healthy and balanced lifestyle, developing problem-solving skills and learning about adaptive coping strategies. Three specific activities were conducted: (1) daily mood checks (e.g. mood ratings using emojis); (2) daily homework checks (e.g. individualized daily goal setting); and (3) feedback loops (e.g. sending emojis as rewards).

Meanwhile, relational skills training components included assessment of personal support systems, effective communication with loved ones, conflict resolution, and healthy boundary and relationship maintenance. Four specific activities were conducted: (1) daily group topics (e.g. sending video recordings of contextualized pleasant activities such as physical exercise, cooking, etc.); (2) daily happy hour (e.g. sharing accomplishments related to their pleasant activities); (3) feedback loops (e.g. feedback provided through emojis and comments); and (4) weekend live activities (online). The intervention was facilitated by CHWs who also resided in Segamat and were trained in community engagement intervention. RELATE ME utilizes the WhatsApp platform, which does not require high-speed internet access, and is the most widely used social media app among Malaysians, including rural residents with low digital literacy. Individual and group chats were used to build relationships between the participants and CHWs and their peers in a simultaneous manner.

The project was monitored regularly by the research team members. In addition to the quantitative analyses of a longitudinal survey, one focus group discussion and five individual phone interviews with participants and one focus group discussion with CHWs were conducted for evaluation purposes.
Outcomes and results

- From the quantitative analyses, the team found that loneliness was one of the primary determinants of mental health risks for individuals during the pandemic, with factors such as lockdowns and movement restrictions having more harmful impact on mental well-being than the virus itself. This reinforced the need to develop engagement interventions that could support at-risk individuals.

- Overall, the research team documented high acceptance, satisfaction and feasibility of the newly implemented WhatsApp-based community engagement intervention. The structure and content of the digital health intervention was appreciated by the participants, as it helped them to connect with and get to know other service users on the platform.

Lessons learned

- Trust between health providers and participants in online engagement programmes is vital for increasing willingness to participate and for all stakeholders to engage meaningfully with one another.

- The intervention increased human connection during the pandemic. This created an opportunity for decreased feelings of loneliness and resulting mental health concerns. Long-term mental health outcomes will need to be monitored.

- For online engagement, some participants were uncomfortable with live activities that required their cameras to be turned on.

- Older participants – who on average had lower digital literacy and less comfort with online platforms – were less confident to talk about mental health concerns on WhatsApp and therefore less responsive to questions posed by CHWs.

- Tied to this, some elderly participants mentioned that conducting group meetings on WhatsApp made interactions and communication unnatural and too formal. This suggests that some participants in mental health–based community engagement interventions would prefer personal and informal ways of communication that take their individual needs into account.

- A digital intervention should be carefully designed to sustain in semi-urban contexts in Malaysia due to the perceived weaknesses and challenges of digital literacy, linguistic diversity (among three ethnic groups) and time constraints on CHWs who are required to stay active on the digital platform for at least 12 hours (09:00 to 21:00) during the piloting of the intervention.

- Participants suggested having easy-to-understand and simplified content materials that are translated into local languages and include interactive graphics and visuals.

- Analysis found that communication between academic researchers and community health workers benefited when they were more informal and less restrictive in nature, improving relationships between stakeholders.

- Due to COVID-19 movement restrictions, in-person collaboration among the Monash University research team was not possible for a large portion of the project period. This was the first time that a diverse group had to jointly co-design a relational, multi-level community engagement research project. Relying primarily on online interaction was a barrier to building trust, and delayed the process of developing a shared understanding, consensus building and full application of the World Health Organization (WHO) definition and conceptual framing for relational community engagement.