

The Youth Readiness Intervention: An Evidence-based Mental Health Intervention in Sierra Leone



BOSTON COLLEGE
School of Social Work

RESEARCH PROGRAM ON CHILDREN AND ADVERSITY



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The Youth Readiness Intervention

The Youth Readiness Intervention (YRI), built from longitudinal research in Sierra Leone, is a **promising approach for addressing mental health problems among at-risk youth in Sierra Leone**. It uses a structured, manual curriculum divided into 12 modules, with sequential 90-minute group sessions designed to be delivered by non-specialists. It integrates **six empirically-supported practice elements** shown to have transdiagnostic efficacy across symptom dimensions of mental health disorders, ranging from major depressive disorder and anxiety to conduct problems.^{1,2} **The YRI has three phases which are delivered in a sequential fashion: stabilization, integration, and connection.** The YRI is designed to be integrated into education or livelihoods programs: it was initially delivered in educational settings, and later, integrated into youth employment programs tied to regional economic development in Sierra Leone.

Background and Recent Study

Studies in post-conflict settings have shown that more than one in five people suffer from mental health disorders, and nearly one in ten have a moderate to severe mental health disorder at any point in time.³ In response to the mental health services gap in Sierra Leone, we have developed the YRI in partnership with the Government of Sierra Leone (GoSL) and local mental health experts. We have most recently conducted a three-arm, cluster-randomized controlled trial, funded by the National Institute of Mental Health (Ro1MH117359). In this trial, 1200 youth were randomly assigned to one of three groups: an employment promotion program (EPP), the EPP + the YRI, or a control group. This study took place in Kailahun, Kono, and Koinadugu districts.

Findings

In secondary schools in urban Freetown, youth who received the YRI showed improvements in mental health, pro-social attitudes, daily functioning, and educational outcomes. Teachers reported that YRI participants were more likely to persist in school (28.8% vs. 4.7%) and had better attendance and classroom behavior.⁴

The cluster-randomized trial implemented in 2018/2019 demonstrated that youth (ages 18-30) participating in the YRI+EPP reported better socio-economic and mental health outcomes than counterparts in the EPP-only and in the control group. Specifically, improvements in emotion regulation and reductions in anxiety/depression were found, in addition to increases in self-employment hours (manuscripts under preparation).

Follow-Up Studies

We have received funding from Imaginable Futures and GDS Services International Limited to conduct a three-year follow of 590 youth from the cluster-randomized trial. The follow-up study will examine sustainment of mental health and socio-economic outcomes. In addition, 30 females will be purposively sampled for key informant interviews based on previous mental health and socio-economic outcomes in order to help us understand the unique challenges that females face in Sierra Leone, how these challenges may impact the efficacy of the YRI, and to help us refine future interventions to be equally effective for both men and women.

This content does not necessarily represent the views of funders. Contact Dr. Theresa Betancourt (theresa.betancourt@bc.edu) for more information regarding the project.

References

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