Executive summary

The psychological health needs of children and adolescents in Ghana, especially those in basic schools, remain largely unaddressed, even in the face of growing recognition of mental health in recent times. Existing mental health interventions for school-aged children in the country are inadequate, as guidance and counseling services are mostly geared toward senior high school students. This study aims to fill the critical gap in mental health research by developing a culturally adapted school-based Cognitive Behavioral Therapy (CaCBT) intervention for Ghanaian basic schools.

The study will use a qualitative design incorporating ethnographic and Community-Based Participatory Research (CBPR) approaches to explore the cultural norms, social factors, and institutional practices that shape the management of mental health problems among children aged 12-16. Stakeholder perspectives will guide the adaptation process to ensure that the intervention remains relevant, feasible, and sustainable within the local context. Semi-structured interviews with community mental health professionals, educators, and parents will be used for data collection, along with focus group discussions with students.

The findings of this study will contribute to developing the first culturally adapted school-based mental health intervention in Ghana, providing a framework for improving mental health outcomes, closing treatment gaps, and informing policy reforms. This study is an important step towards improving mental health services for young adolescents in basic educational institutions in Ghana.

Background

Children and adolescents may be exposed to Trauma, academic/educational, social, and financial stressors which may arise from their development, life changes, family relations, school/ academics, peer interactions, environmental conditions, and community. Mnookin (2016) noted that exposure to stressors could be accumulative and affect various disorders' epigenetic, psychosocial, physiological, and behavioral symptoms thereby impacting mental health. In Ghana, academic stressors and financial problems particularly reduce children's opportunities to strengthen their mental health. (Gyansah et al., 2015; Kusi-Mensah et al., 2019; Dzator, 2013). Research shows that there is a higher prevalence rate of common mental health issues such as depression among basic school students compared to those in secondary or tertiary education (Ahorsu et al., 2020).

However, despite the obvious need for mental health services for basic school students, many studies have highlighted the limited availability of such services in Ghana. In Mabrouk et al. 's (2022) systematic review of mental health interventions for adolescents in sub-Saharan Africa, none of the reviewed literature focused on Ghanaian adolescents. This is not surprising given the fact that Atakora et al (2020) described mental health services in Ghana and WHO's (2022) Mental Health Situational Assessment, both of which reveal significant treatment gaps and a lack of intervention studies, especially for children and adolescents in the country.

The few guidance and counseling studies that exist to potentially improve Ghanaian child and adolescent (CAMH) intervention studies have included only participants in senior high schools (ages 16 to 19). These studies often record significant technical and resource challenges such as limited professionals, inadequate approaches, concerns about confidentiality, the dual roles of teachers as counselors and instructors, and material and infrastructure challenges (Atakora et al., 2020; Kemetse et al., 2018). When a guidance and counseling unit exists in a Ghanaian basic school (for ages 6 to 16), they frequently target clusters of schools and face worse challenges as those in senior high school (SHS, Cobbina et al, n.d). Given the lack of interventional studies and mental health services in basic schools, as

well as the challenges of CAMH services nationwide, children and young adolescents are at a higher risk of mental health issues than older adolescents. These limitations highlight the pressing need to develop, implement, and evaluate culturally adapted mental health interventions for this vulnerable population to promote mental well-being and prevent the worsening of mental health issues at present and in their future developmental stages.

Problem Statement

Most Ghanaian CAMH researchers have recommended professional mental health interventions to assist the wellbeing of the students with mental health problems (Kusi-Mensah et al., 2019; Ahorsu et al, 2020;)**.** Evidence suggests that interventions at earlier education levels develop mental health awareness, coping and resilience of students to deal with future mental health issues (O'Reilly et al., 2018). School-based services are particularly convenient for reaching students at risk of CAMH problems, especially in low- and middle-income countries (LMICs) and households that cannot afford family or individual therapy. For this reason, research has recommended school-based interventions (preventive, promotive, or both) for students in LMICs and households that cannot afford family/ individual therapy (Fazel, 2014; Patalay et al., 2015). Additionally, since most CAMH studies in Ghana have been conducted in schools, researchers such as Ahenkorah et al. (2021) and Ahorsu et al. (2020) have recommended early school-based- screening, cognitive-behavioral therapy, and individual psychotherapy services for Ghanaian students facing mental health problems.

Both universal and selective/targeted interventions in school settings utilize psychotherapy modalities, theories, and frameworks as mental health professionals working with students can utilize these frameworks in individual or group settings. The Universal approach to SBI have been associated with increased knowledge on emotional skills development, anti bullying behaviors, life skills, resilience, and other characteristics that help children to understand general principles of wellbeing, coping strategies, and self-care (Das. et al., 2016; Fazel, 2014; Collins et al., 2014; Patalay et al., 2015).

Interventions in Europe are mostly universal and use more learning and educational support professionals compared to clinical specialists (Patalay et al, 2015). Likewise, studies in Sub-Saharan Africa show that universal interventions implemented by teachers, educate children on mental health and increase help-seeking behaviors and self-care, but there is still the need for selective interventions by specialists to target individual problems (Kutcher &Hashish, 2019).

There are different evidence-based interventions in schools for teens with mental health issues, however, several of the best and most researched treatment choices are based on the Cognitive Behavior Therapy (CBT) model (Mychailyszyn et al., 2012 ; Melnyk, 2013; Curry & Meyer, 2018). CBT and its varying components have become an obvious choice when designing schools' psychological programs (Chodkiewicz & Boyle, 2016; Collins et al., 2014). Both group and individual delivery formats of CBT have been proven to have significant clinical advantages for adolescents. Mychailyszyn et al. (2012) metanalysis of CBT treatments in K-12 schools in the USA, reported that school-base CBT interventions studies showed mild to moderate greater improvement in depressive symptoms (with significant long-term effect during the follow up) of teen in CBT treatment groups compared to control groups (Mychailyszyn et al. (2012).

CBT studies are largely conducted in western countries and intervention using this model may not be culturally sensitive. Rathold et al. (2015) posit that evidence shows the influence of western ideologies on CBT and how some of its concepts could conflict with some values and norms of non-western societies with collectivist cultures like Ghana. They also added that CBT studies often have underrepresentation of all minorities in research samples. This assertion is exceptionally true for Ghana. As of this study there is no evidence of systematic school-based CBT programs in Ghanaian basic schools. Thus, culturally adapting a CBT intervention appears to be the best, and most practical, approach for working with students with mental health problems.

Significance of the study

The study will potentially address issues concerning the unmet mental health needs of Ghanaian young adolescents by informing relevant considerations for the cultural adaptation of school-based intervention for Ghanaian basic schools using the Cognitive behavioural model. The study will fill the gap in Ghanaian mental health intervention research and begin the first attempt to culturally adapt school-based CBT intervention for Ghanaian basic schools. The findings and outcomes from this research will provide evidence-based strategies to improve mental health outcomes for basic school students, inform policy changes, and serve as a model for future clinical interventions for children and young adolescents in Ghana. Furthermore, this will offer a crucial step toward reducing the treatment gap identified by the Ghana Mental Health Authority (2017) and the World Health Organization (2022).

Aim and Objectives of study

This study is the first stage of a multipart investigation culminating in the development, implementation, and evaluation of a cultural adaptation of a school-based CBT intervention in Ghanaian Basic schools. This phase will focus on gathering insights on mental health, cultural factors, social norms, and institutional practices for the adaptation process. Specifically, the objectives are as follows:

1. To explore cultural or social norms that influence the management of mental health issues among children and adolescents in Ghanaian basic schools.
2. To identify the practices and resources that will impact the feasibility and sustainability of CBT interventions in Ghanaian basic schools.
3. To gather stakeholder insights on culturally relevant modifications needed to adapt CBT for use in Ghanaian basic schools.

Methods

Study design

This study will adopt a qualitative research design with elements of ethnography and Community-Based Participatory Research (CBPR) to gain in-depth insights into social norms, cultural factors, institutional practices, and stakeholder perspectives relevant to the study's objectives. These insights will inform the adaptation of a western psychotherapy model- CBT for use in Ghanaian basic schools. Rathod et al. (2018) emphasize the importance of qualitative research (with the principles of ethnography and CBPR) in their summary of meta analysis that reviewed studies that culturally adapted interventions for mental health problems. The ethnographic component of this study will enable researchers to immerse themselves in the cultural and environmental context of the participants, capturing their lived experiences and providing a detailed description of people, their culture, and their beliefs (Spradley, 1980).

CBPR, on the other hand, is framed as an approach that emphasizes collaboration between research partners, aiming for societal transformation to improve health and reduce disparities (Wallerstein & Duran, 2006). So, using this approach, the study will also ensure that stakeholders' views on the adaptation process are considered and prioritized in the findings. According to Wallerstein and Duran (2006), evidence highlights that CBPR fosters intervention improvement by enhancing efficiency, sustainability, and equitable distribution of services. They added that CBPR challenges racism and ethnic discrimination leading to a more culturally-sensitive and supported intervention. This research will use this approach to explore cultural beliefs, social norms, and institutional practices to shape perceptions of mental health and support systems in Ghanaian basic schools. These findings will guide the culturally informed adaptation of CBT for this context, ensuring its relevance, feasibility, and sustainability.

Population

The study will target Ghanaians from three major regions: Greater Accra, Ashanti, and the Northern Region, to ensure diverse representation across the country's major cultural groups. In the Greater Accra Region, participants will be recruited from one public school and three private schools, all located in urban areas. In the Ashanti Region, the study will include two public schools and one private school, representing both urban and rural settings. In the Northern Region, participants will be selected from two public schools situated in urban areas. This regional selection is designed to capture a variety of perspectives, accounting for cultural, socioeconomic, and geographic diversity within Ghana.

Sampling

Sample and sample size

The study will involve stakeholders from Ghanaian Basic Schools, including students, parents, educators, and community mental health providers.

Community Mental Health Providers. At least 10 mental health professionals like psychotherapists, psychologists, psychiatrist nurses, professional counsellors, mental health first aiders, social workers, and spiritual/religious healers from community- based agencies will participate in the research.

Educators or teaching professionals. A minimum of 10 educators (teachers, headmasters, guidance counselors, and social workers working in schools) will be recruited for the study.

Student Participants. A minimum of 40 basic school students aged 12-16 will be selected for the study.

Parents. At least 10 parents/guardians with children aged 10-17 attending Ghanaian Basic Schools will participate in phone interviews.

Sampling Method

This study will use both purposive sampling and convenience sampling to select participants. Purposive sampling will be used to ensure that participants are directly relevant to the study's objectives

Creswell (2018). This method will deliberately select individuals who can provide the necessary data to help CaCBT. Additionally, convenience sampling will be employed to narrow the population by focusing on individuals and institutions within close proximity to the research team, or those who are willing and able to engage in the research (Farrokhi & Mahmoudi-Hamidabad, 2012). This will ensure the feasibility of the study while allowing the research team to work with schools and agencies that demonstrate interest in volunteering in the research or as to improve mental health services for basic school students in Ghana. Participants will be selected based on the following inclusion and exclusion criteria

Data collection

Participants will each engage in one-on-one interviews with the exception of students who will partake in focus-group discussions (FGD). Semi-structured interviews will be conducted to allow flexibility in probing deeper into the respondents' experiences and perspectives. The interviews will be a mixture of in-person and phone interviews based on convenience. FGD will however be in person and will have a capacity of 5 students per group.

General Inclusion Criteria of all participants

1. A school staff member or student within the basic school setting and their parents as well as mental health professionals working in the community.
2. Willingness to provide consent (for adults) or assent (for minors) to participate in the research.
3. Participants must live or attend school in Ghana.

General Exclusion Criteria of all participants

1. Those who do not agree to provide consent/assent, or students whose parents do not consent to their participation.
2. Individuals who do not speak English or Twi, as interviews will be conducted in these languages and the use of interpreters may compromise the quality and clarity of the data collected.

Selection of Student for FGD

1. Students with mental health disorder symptoms and those without such symptoms will be recruited, allowing for a comparison of experiences and perspectives. By employing these specific criteria, the

study aims to capture diverse perspectives, both from students who exhibit mental health challenges and those who do not, ensuring a holistic understanding of mental health issues within the basic schools

2. Students with mental health symptoms will be identified through responses to a symptom assessment checklist.
3. Focus groups will be organized by binary sex (male or female) to ensure balanced representation and to create a comfortable environment where students can freely express their concerns. This structure is designed to minimize the potential for judgment or self-consciousness, allowing participants to discuss sensitive mental health issues without concern for moral appropriateness or gender-related inhibitions.
4. Overall, there will be 8 focus groups; 4 groups will be made up of students who selected various symptoms of mental health issues and 4 of these groups will have no concerning mental health problems. Each group will have a subgroup for males or females. school population.

Instrument

This study will utilize two primary instruments for data collection: a semi-structured interview guide for individual interviews and a FGD guide for student focus groups. A symptom checklist will be used to identify students with mental health issues and those without it. Each guide is tailored to the specific participants, ensuring that community mental health professionals, educators, and parents provide their unique insights.

Semi-Structured Interview Guide. This guide will be used for one-on-one interviews with community mental health professionals, educators, and parents. It is designed to facilitate in-depth discussions while allowing for flexibility to probe deeper into participants' experiences and perspectives related to mental health and culturally adapted Cognitive Behavioral Therapy (CaCBT).

Focus Group Discussion (FGD) Guide. The FGD guide is specifically crafted for student participants, enabling a collaborative environment where students can share their views and experiences

regarding mental health challenges. This guide is also semi-structured, promoting open dialogue while covering essential themes related to mental health and support systems.

Symptom checklist. The symptom checklist will be created from PHQ-9 and GAD-7; both are proven to be reliable and valid assessment instruments in identifying Ghanaian students with mental health problems (Adjorlolo, 2019; Anum et al., 2019).

As described by Naeem et al (2016), the guides will aid discussions that will explore: (1) Philosophical and cultural orientations of clients, including beliefs about illness, its causes, and non-medical treatments etc. (2) Caretakers' views on the problem, its causes, and non-medical treatments. (3) Health professionals' experiences, including barriers in treating patients and techniques needing modifications. (4) Insights from expert therapists, spiritual and religious leaders.

Data analysis

As described by Creswell (2018), thematic analysis will be used for analysing all interview and focus group data collected through recordings. All recorded data will be transcribed into a word document, error-checked, and color-coded before analysis. Transcripts translated into English will be validated by a bilingual individual proficient in Twi. The name-the-title technique will be used to find culturally relevant terminology. Also, qualitative data analysis software, like Ottai and NVivo may be used to assist in coding and organizing data, as well as facilitating the identification of key themes.

Braun and Clarke's (2006) six-step process of thematic analysis will be employed as a flexible method for identifying, analyzing, and reporting patterns (themes) within the transcribed data. They proposed stepped are outlined below:

1. Familiarization with Data: reading and re-reading data to understand its depth and breadth as well Note initial ideas.

2. Generating Initial Codes: identifying and labelling key features of the data systematically and organizing codes meaningfully.

3. **Searching for Themes:** grouping similar codes into broader patterns or themes. Also beginning mapping relationships between themes.
4. **Reviewing Themes:** refining themes for coherence and relevance to ensure themes accurately reflect the dataset.
5. **Defining and Naming Themes:** clearly outlining each theme's focus and meaning.
6. **Producing the Report:** present themes with supporting examples as well as link them to the research question and theory.

Recruitment and training of field assistance

This research will use volunteer data collectors. To recruit volunteers, we will post announcements on social media platforms, inviting interested individuals to apply by submitting their CVs. Candidates with relevant backgrounds in the humanities, such as psychology, sociology, or education, will be given priority in the selection process. Selected candidates will undergo comprehensive training to ensure they understand the study objectives, data collection procedures, and ethical considerations. At the end of the training, they will complete a trainee evaluation form to assess their readiness. Those who successfully pass the evaluation will sign a contract, formalizing their roles. Upon completion of the recruitment process, trained field assistants will begin fieldwork with ongoing support and supervision from the co-authors to ensure data collection is conducted effectively and ethically

Ethical issues and how we propose to deal with them

This study involves working with vulnerable populations encompassing children, adolescents, educational personnel, and their guardians, thereby requiring the careful examination of multiple ethical issues to ensure the protection, dignity, and rights of all individuals involved. Informed consent and assent will be at the core of this process. Written consent will be obtained from all adult participants, and parental consent will be required for students under 18. Minors will provide assent, following an explanation of the study in age-appropriate language, ensuring participants understand their right to withdraw without penalty at any point.

In order to uphold confidentiality and privacy standards, all data acquired will undergo anonymization, ensuring that identifying details are either eliminated or securely retained, with access limited solely to members of the authorized research team. Also, participants engaged in focus groups will receive reminders regarding the importance of not revealing personal information exchanged during discussions. Acknowledging the possibility of psychological distress, the study will offer complimentary access to a licensed mental health professional for any participant requiring assistance.

Additionally, the participating schools will also receive a free mental health training session for staff in order to equip educators to identify and assist students facing challenges more effectively. Participation in the study will be purely voluntary, with a clear communication statement to all participants, especially minors, that declining or withdrawing will bear no negative consequences and no financial incentives will be offered to avoid coercion.

Lastly, cultural sensitivity will be ensured by incorporating input from local stakeholders, such as educators and mental health professionals, to align the study with cultural norms. This includes adapting materials like symptom assessments and data collection instruments to reflect the community's values and minimize stigmatization around mental health discussions.

Data Management

Effective data management is essential for ensuring the integrity, confidentiality, and security of the data collected throughout this study. This section outlines the processes and protocols that will be implemented to manage data effectively from collection to analysis, ensuring adherence to ethical guidelines and best practices.

Data will be collected through audio-recorded interviews and focus group discussions using either a phone or an audio recorder. In addition to the audio recordings, notes will be taken during the sessions to capture non-verbal cues and contextual information, which will be valuable for a comprehensive analysis. Once the data is collected, all audio recordings, transcriptions, and notes will be securely stored

on a password-protected computer. These files will also be backed up on an encrypted external hard drive, and access will be restricted to authorized research team members only, ensuring the security of the data.

The transcription process will be carried out by trained research assistants who will transcribe the audio recordings verbatim. During this process, personal identifiers will be replaced with participant codes to maintain confidentiality. To further protect participants' privacy, any identifiable information will be removed from the transcripts before analysis. Participants will also be assigned pseudonyms, which will be used throughout the reporting and documentation process.

Confidentiality will be a central focus throughout the study. All research team members will receive training on confidentiality and data protection protocols to ensure that data is handled responsibly. Participants will be fully informed about how their data will be used and stored, and they will be assured of the confidentiality of their information throughout the study. Upon the completion of the study, all data, including audio recordings, transcriptions, and related materials, will be securely deleted from electronic devices, and any physical records will be destroyed. This will guarantee that participant confidentiality is maintained.

The findings from the study will be shared with participants and stakeholders through community meetings and written reports. These reports will present data in aggregate form, ensuring that individual participants cannot be identified. Throughout the study, all data management practices will adhere to ethical guidelines and institutional review board (IRB) requirements. This ensures that sensitive information is handled responsibly and in compliance with ethical research standards.

The study aims to develop, implement, and evaluate culturally adapted Cognitive Behavioral Therapy (CaCBT) guidelines for Ghanaian basic school students. A key expected outcome is the creation of comprehensive guidelines that reflect the mental health needs and social contexts of adolescents aged 6-16. The qualitative data collected will provide rich insights into stakeholders' perspectives on mental health issues, including cultural beliefs and treatment practices. Additionally, the study seeks to enhance the skills of school staff, enabling them to better identify and assist students with mental health issues,

leading to improved support within schools. Increased collaboration between mental health providers, educators, and parents will foster a supportive network for students' mental health needs.

Moreover, the study aims to raise community awareness of mental health issues, contributing to stigma reduction and increased acceptance of mental health support. By empowering students to share their experiences and seek help, the research will promote a more open dialogue about mental health challenges. The findings are expected to enrich the understanding of child and adolescent mental health in Ghana and provide a foundation for future research and interventions, with the culturally adapted guidelines potentially informing policy recommendations for mental health services in schools. Finally, the results will be disseminated through peer-reviewed journals and community reports, benefiting the broader community and contributing to global discussions on culturally adapted mental health interventions. Overall, this study is anticipated to significantly enhance mental health support for Ghanaian basic school students by producing relevant guidelines, increasing awareness, and improving the skills of educators and mental health providers.

Expected Outcome/Results

The expected outcomes of this study are significant strides in addressing the unmet mental health needs of young adolescents in Ghana by providing culturally relevant findings and approaches for mental health interventions in primary schools. The objective of the research is to generate empirical-based recommendations for adapting CBT to fit the cultural, social, and institutional contexts of basic schools in Ghana. This will help to meet a critical gap in CAMH scholarship in the country. The findings are also expected to provide pragmatic knowledge to policymakers, educators, and mental health practitioners in designing and improving mental health services and support systems for the vulnerable population. The development of a culturally adapted CBT model will lay the foundation for long-lasting mental health interventions, close the treatment gap documented by the Ghana Mental Health Authority (2017) and World Health Organization (2022), and pave the way for further clinical research and interventions focused on children and adolescents in Ghana.

Work Plan

This work plan outlines the timeline, activities, and responsibilities for the study on culturally adapted Cognitive Behavioral Therapy (CaCBT) for Ghanaian basic school students. The study is organized into seven key phases, each focusing on specific tasks and timelines to ensure a structured and efficient approach.

Phase 1 (Months 1-2) will involve preparation, beginning with a comprehensive literature review on child and adolescent mental health in Ghana and culturally adapted interventions. During this phase, semi-structured interview and focus group discussion guides will be developed and pretested for clarity. The research proposal will also be submitted for ethical approval. Phase 2 (Months 3-4) focuses on recruitment and training, including participant recruitment using purposive sampling methods and announcements through social media and local networks. This phase also involves training volunteer data collectors on ethical considerations and data collection procedures.

Phase 3 (Months 5-6) is dedicated to data collection, including semi-structured interviews with mental health professionals, educators, and parents, as well as focus group discussions with students, ensuring diversity based on binary sex and mental health status. Phase 4 (Months 7-8) emphasizes data management and analysis, where audio recordings will be transcribed, anonymized, and analyzed using thematic analysis to identify key themes related to mental health and CaCBT

Phase 5 (Month 9) will involve drafting culturally adapted CBT guidelines based on findings and stakeholder perspectives. In Phase 6 (Month 10), school staff will be trained on the new guidelines to better support students facing mental health challenges. Finally, Phase 7 (Months 11-12) will focus on evaluation and dissemination. Feedback will be collected from staff and students to assess the effectiveness of the guidelines and training. The findings will be disseminated through peer-reviewed journals, community reports, and meetings to share recommendations with stakeholders

Research Team's Responsibilities

The main research team will comprise the following members, with their individual responsibilities outlined below:

Principal Investigator (PI). will oversee the entire study, ensuring compliance with the research protocol, ethical standards, and institutional guidelines. The PI will manage the research team, coordinating their activities to maintain consistency and quality throughout the research process. Additionally, the PI will be responsible for monitoring progress, resolving any challenges that arise, and ensuring the timely completion of the study's objectives.

Co-Investigators. will ensure strict adherence to all Institutional Ethical Review Committee (IERC) ethical requirements and procedures throughout the study. They will actively assist with various research activities, including data collection, analysis, and manuscript preparation, ensuring that the research maintains high standards of quality and integrity at every stage.

Collaborating researchers. will assist with member checking after data analysis to enhance the credibility and trustworthiness of the findings. Additionally, they will contribute to the preparation of manuscripts for publication, ensuring accurate representation of the data and adherence to ethical standards in reporting.

Field Assistants (volunteer). Conduct interviews and focus groups.

Budget

This study is anticipated to have no expenses, as collaborating researchers will manage any costs incurred during the research process. Data collector volunteers are encouraged to minimize their expenses while participating in this research, as any costs they do incur cannot be refunded. Therefore, since there is no budget, all financial responsibilities are borne by the collaborating researchers and volunteers, allowing the study to be conducted without direct funding requirements.

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