An Exploratory Study of the Cultivating SEEDS System®: A Framework to Increase Global Mental Health Resources

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Abstract

Background
The purpose of this study is to explore the Cultivating SEEDS System® (CSS®) and programs/services developed from it as a viable framework to help improve access to global mental health (GMH) resources.
Methods
A convenience sample of 29 CSS training participants responded to the pre and post survey. The data was analyzed, and reported using a combination of mean values, standard deviations, and analysis of variance (ANOVA) testing.
Results
The data highlighted the relationship between the CSS Framework® and Weine's key preventive intervention characteristics. The data also demonstrated that when socially emotionally competent practitioners effectively utilize the CSS Framework®, the longstanding global mental health concern of culturally responsive interventions is positively impacted.
Conclusion
The CSS Framework® is uniquely aligned as a mental health delivery framework that not only educates but equips and empowers individuals across geographical boundaries, as well as reaching marginalized communities.

Keywords: *Global Mental Health; Community Mental Health; CSS Framework; Disparities; Social Emotional Wellness Support, RUMERTIME Process, Task Shifting-Sharing*

Background

Global mental health (GMH) was declared an emerging field within global health in 2010. GMH is a growing field of study that prioritizes the research and practice of mental health related to increasing access, improving treatments, and promoting culturally responsive interventions (Cohen et al., 2013). Currently, the need for culturally responsive mental health access, equity, resources, treatment, and practitioner support far exceeds the resources available (Murray et al., 2011). Numerous studies have stated that approximately 90% of individuals who need mental health support do not receive any support (Murray et al., 2011, p.1). This is mainly due to the scarcity of financial and human resources, culturally responsive intervention strategies, and evidence-based treatment protocols (Saxena et al., 2007). This problem is not limited to Low-to-Middle-Income Countries (LMICs) but is also prevalent in communities within High-Income Countries (HICs). The following quote has been credited to Shekhar Saxena "when it comes to mental health, there are no developed countries; all countries are developing" (Davies, 2018, p.1509).

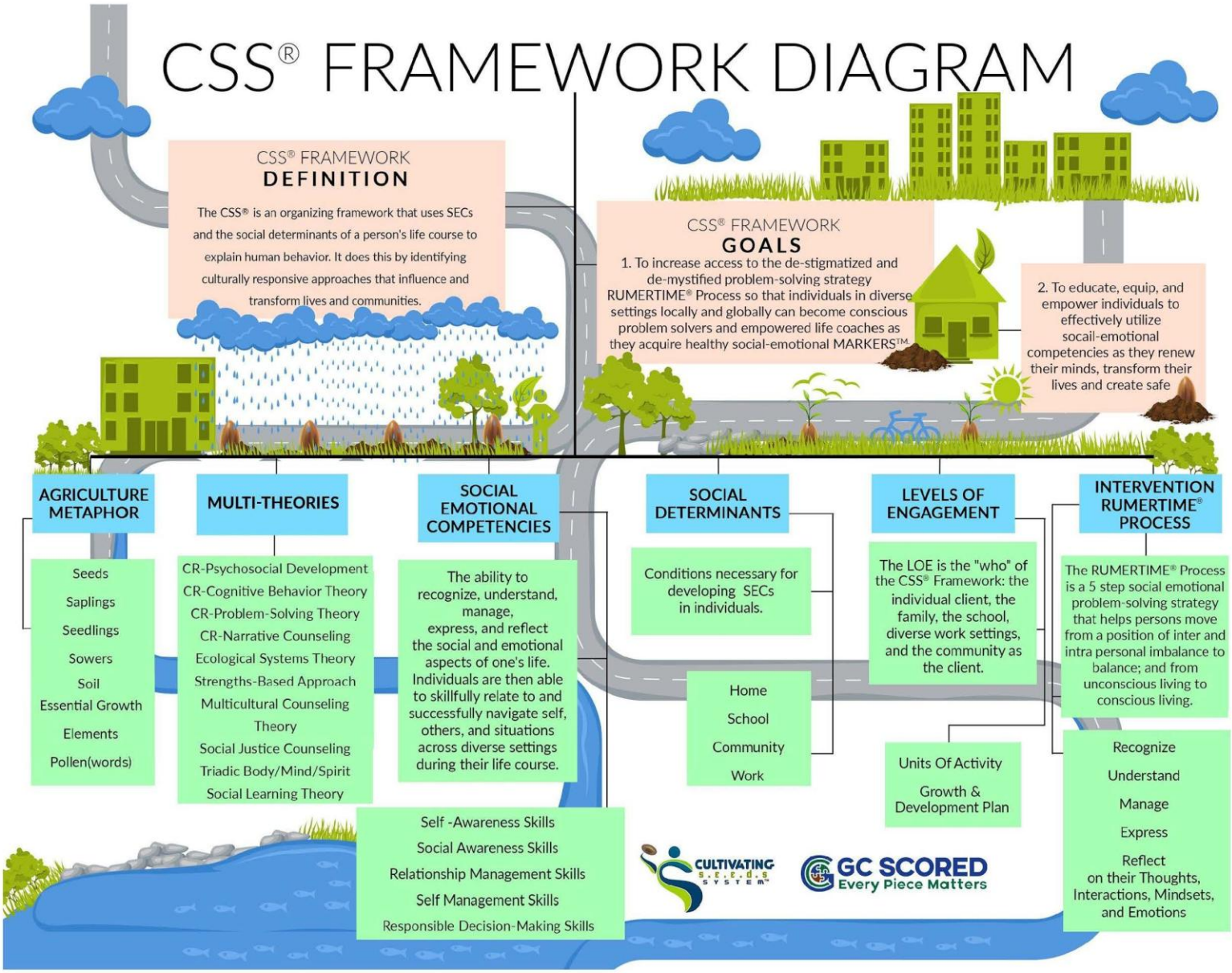
The CSS Framework

The CSS Framework (Cultivating SEEDS System), where SEEDS stands for Social Emotional Education in Diverse Settings, was developed using data obtained from conference attendees of an international conference in 2015. The themes that emerged from conference attendees' feedback were consistent with the prevailing GMH research, highlighting the following challenges:
1)lack of mental health access
2)stigma associated with mental illness and health

3)shortage of mental health practitioners
4)lack of culturally responsive, de-stigmatized, de-mystified mental health interventions (Patel&Prince, 2010; Pincock,2007; Saxena et al., 2007)

The CSS Framework is an innovative, reconceptualized approach that offers hope for task-shifting and sharing (T-S/S), community-driven mental health support, delivery, and practice. Like other T-S/S approaches (e.g., the Friendship Bench Approach) used to narrow the treatment gap and increase access to help, the CSS Framework educates, equips, and empowers individuals across the educational attainment spectrum to perform similar work. The CSS Framework

Figure 1: *Diagram of CSS Framework*



organizes and gives context, order, and meaning to an individual's background; it isa multi-theoretical Framework that uses social-emotional competencies and the social determinants of a person's life course to explain human behavior (Larrier, Allen,& Larrier 2017). The CSS Framework also includes the culturally responsive prevention and intervention strategy, the RUMERTIME Process (RP), a five-step culturally responsive, social-emotional problem-solving strategy that supports individuals as they move from intra- and interpersonal imbalance to balance and from unconscious to conscious living (Larrier, Allen, & Larrier, 2017). The CSS Framework illustrates human growth, development, and change using elements of nature and agriculture, as these elements are universal, unbiased, and ubiquitous. The universality of agriculture, and its innate de-stigmatized quality is befitting to simplify and de-mystify mental health constructs, relationship challenges, and the growth of humans amidst their social interactions while embedded in their diverse ecosystems. The CSS Framework provides structured, inclusive, and adaptable programming for individuals across the human lifespan and within diverse (Larrier, 2020). (See Figure 1).

The purpose of this study is to explore the CSS Framework's programs and services as a viable de-stigmatized, culturally responsive mental health approach to improve access to GMH resources.

While conducting the literature review for this paper, the authors focused their literature search on GMH intervention models that included the marginalized, voiceless, and invisible groups within HICs and LMICs. We found the research conducted by Weine (2011) to be the most inclusive of the key characteristics necessary for developing and implementing preventive intervention models. Even though Weine's (2011) work has mainly focused on refugee families in resettlement environments, Weine's eight key characteristics (as discussed below) can be generalized to other settings and should be considered when designing multisystemic interventions, especially for marginalized, voiceless, and invisible individuals and communities.

Our review of the literature led us to finding Weine's preventive model which bolsters the CSS Framework's viability as a potential GMH resource to help address the four challenges mentioned earlier. What follows is a synopsis of Weine's eight key characteristics necessary to develop and implement preventive intervention mental health models.

Feasibility

Before embarking on any project or intervention, it is prudent for the practitioner or researcher to conduct a feasibility study to determine whether the intervention can be performed as planned given cultural, financial, time, and human capital constraints (Weine, 2011).

Acceptability

Individuals seeking help must accept those delivering the interventions and feel that the intervention fits their needs, strengths, traditions, beliefs, and culture (Weine, 2011).

Cultural Responsiveness

Cultural responsiveness should include rudimentary components, such as the client's voice, beliefs, and experiences. It must also reflect locally appropriate (relevant) examples, stories, games, metaphors, and idioms (Woods-Jaeger et al., 2017).

Multilevel

According to Cook (2012) and Conyne and Cook (2004), people are all interconnected and are embedded in multiple ecosystems concurrently; therefore, change in one part of a system influences change in another part of that system. Effective interventions must therefore consider the multiple settings and systems that influence a person's life course. Additionally, consideration must be given to the interplay between and amongst those settings and procedures. Finally, attention must be paid both to the impact individuals' interactions have on systems and to the impact systems have on the individuals.

Time Focused

The intervention must also take into consideration the time factor from various perspectives. For example, a single-parent family in which the single parent works three jobs to provide for their family may not have time to receive social-emotional wellness support (SEWS). The parent's lack of time to receive SEWS may impact the continuity of their children being in school or the family receiving social services (Weine, 2011).

Prosaicness

Interventions must be easy to understand, relatable, and engaging to gain and retain a participant's attention. It is important to make special efforts to include family members who are not literate or educated (Weine, 2011).

Effectiveness

The intervention must show that it contributes to improving and transforming self, relationships, and situations. Service providers can measure effectiveness in multiple ways. One method is to cogitate on the following questions in preparation of implementing the intervention: How will the help-seeker be different after engaging in the intervention? What is your vision of transformation post intervention for the help-seeker? This reflective questioning process allows for targeted effectiveness evaluation to take place (Weine, 2011)

Adaptability

An effective intervention is generalizable and flexible. There are benefits that accompany modifiable interventions, such as useability across diverse settings, needs, ethnocultural groups, time, ages, and resource levels (Weine, 2011; Woods-Jaeger et al., 2017).

Weine's eight attributes of multisystemic interventions were used as benchmarks during the development and implementation phases of the CSS Framework. When measured against Weine's eight criteria, the CSS Framework shows promise as a preventive intervention GMH model.

The present study explores the CSS as a viable Framework to increase access to GMH resources.

Methods

Participant Demographics

Conceptualizing Client Cases Training (CCCT) Participants

A convenience sample of 29 participants completed the pre-training survey, and 24 completed the post-training survey. Of the respondents, 92% were female, and 8% were male. Thirty-two percent identified as African American, 12% Latina, 52% Afro-Caribbean, and 12% "Other," which included Ghanaian, Ethiopian, or Israeli. Fifty percent of the participants identified within the age group 25–45; the other50% were between the ages 46–60.

Fifty-seven percent of the participants were counselors, 16% were social workers, and 27% were "other," which included behavioral specialists, psychologists, and life coaches. Fifty percent of the participants had been in their roles for less than one year to four years. The other 50% had been in their roles for five to ten or more years. About 31% were licensed to practice in their profession. The participants worked with a wide range of clients from children to adults (individuals), couples, and families.

Materials and Instrumentation

The instrumentation utilized for the participants' pre, and post training evaluation were developed by GCSCORED, Inc. GCSCORED, Inc., develops its own evaluation instruments for continuous evaluation of the CSS Framework's use, effectiveness, and the experiences of practitioners and clients.

The Conceptualizing Client Cases Survey (CCCS) instrument was designed to be completed by the practitioner-participant. The CCCS has a total of nine content area questions and nine demographic and programmatic questions. The items are formatted to use a 5-point Likert scale (1= strongly disagree to 5= strongly agree), yes/no questions, open-ended questions, and multiple-choice questions.

Procedure

Convenience sampling was used with this exploratory study, and data were collected in SurveyMonkey, prepared for analysis in Excel, and analyzed in SPSS. Participants' responses were scored as an average of Likert scores. Group demographics were reported using count data. Outcome data were reported using mean values and standard deviations. Comparison testing was performed using analysis of variance (ANOVA) testing. This dataset was collected 100% virtually from practitioners via Survey Monkey.

As a first step, all participants were informed about our requirement regarding data collection before participating in training programs. The CCCS pre-training survey was required to be completed before learners engaged in the course. The post-training survey was required to be completed to receive a certificate of completion and continuing education units.

Results

This study explores the viability of the CSS Framework as a delivery system to increase access to the GMH resources. The data highlighted the relationship between the CSS Framework and Weine's key preventive intervention characteristics.

Conceptualizing Client Cases

Conceptualization is the building of a mental picture or construction of an idea or theory about one's client. This 20-hour training focused on educating, equipping, and empowering practitioners to utilize the CSS Framework to build a mental picture or lens through which practitioners can view and make sense of clients and their stories.

Practitioner Outcomes

In the pre-test and post-test, the 29 and 24 participants respectively, were asked to rate their experience using multiple-choice and Likert scales in the following four areas: 1) confidence and perceptions of their skills, 2) effectiveness of prior interventions and the RUMERTIME Process,3) the importance of specific characteristics for intervention strategies, and finally, 4) how the RUMERTIME Process performs. On average, the practitioner-participants gained a small amount of confidence in many areas and decreased their already low worry about interacting with clients with mental health issues. After the training, the participants felt most confident in their ability to provide clients with effective support strategies and least confident about their ability to address relationship issues or marital conflicts with clients. However, even in those areas' participants scored a high average of 4 out of 5. See Table 1 for details. Differences between the mean of the pre-and post-training surveys were tested using ANOVA. The gains are significant for the following two statements:

- I feel confident about dealing with clients who have recently been traumatized (p-value = 0.028).
- I am confident about my knowledge regarding adverse childhood experiences (ACEs) (p-value = 0.038).

Table 1
The Primary Analysis of Confidence and Own Skill Perceptions

	Pre-training			Post-training			Change
	Mean	N	Std. dev	Mean	N	Std. dev	Average mean change
I feel confident about assessing clients for mental health issues.	3.96	23	0.71	4.33	24	0.64	0.38
I worry about interacting with clients who deal with mental health issues.	1.87	23	0.81	1.75	24	0.68	-0.12
I feel equipped to help clients manage their mental health challenges.	4.09	23	0.51	4.25	24	0.61	0.16
I feel confident about dealing with clients who have recently been traumatized.	3.74	23	1.05	4.29	24	0.55	0.55
I am confident about my knowledge regarding adverse childhood experiences (ACEs).	3.74	23	1.05	4.29	24	0.69	0.55
I can provide clients with effective support strategies.	4.22	23	0.60	4.42	24	0.50	0.20
I can identify and understand symptoms of trauma.	4.17	23	0.58	4.33	24	0.48	0.16
I know how to address the topic of trauma with clients.	3.96	23	0.64	4.25	24	0.61	0.29
I can identify and understand symptoms of depression.	4.26	23	0.54	4.29	24	0.55	0.03
I know how to address the topic of depression with clients.	4.26	23	0.62	4.25	24	0.61	-0.01
I can identify and understand symptoms of anxiety.	4.22	23	0.52	4.25	24	0.53	0.03
I know how to address the topic of anxiety with clients.	4.09	23	0.79	4.21	24	0.51	0.12
I can identify and understand symptoms of relationship issues or marital conflict.	4.22	23	0.60	4.17	24	0.48	-0.05
I know how to address the topic of relationship issues or marital conflict with clients.	4.00	23	0.74	4.00	24	0.72	-

In the pre-training survey, the participants were asked to evaluate the effectiveness of their current interventions on a 5-point Likert scale (1=not at all effective, 2=not so effective, 3= somewhat effective, 4=very effective, 5=extremely effective). In the post-training survey, they were asked to use the same scale to rate how well they believed the RUMERTIME Process would work for them in the future. The RUMERTIMEProcess received a much higher average

rating than the current intervention (4.38 vs. 3.55). The distribution of specific ratings in the chart below shows that the RUMERTIME Process received almost exclusively "very effective" or "extremely effective" ratings. In contrast, the current interventions received mostly "somewhat effective" or "very effective" ratings.

Table 2

The Primary Analysis of Perceived Effectiveness Ratings (Current Interventions vs. RUMERTIME Process)

	How are the counseling interventions that you are currently using working for you?	How well do you think the RUMERTIME Process will work for you as a counseling intervention in the future?
Mean	3.55	4.38
n	20	24
Std. dev	.605	576

Chart 1

Perceived Intervention Effectiveness

In the pre-training survey, the participants were asked to evaluate the importance of specific Framework characteristics on a 5-point Likert scale (1=not at all critical, 2=slightly important, 3=moderately important, 4=very important, 5=extremely important). In the post-training survey, the participants were asked to evaluate the CSS as a Framework on the same characteristics using a 5-point Likert scale (1=very poor, 2=poor, 3=fair, 4=good, 5=excellent). The results are shown in Table 2. On average, all features (feasibility, acceptability, culturally responsive, multilevel, time focused, prosaicness, effectiveness, adaptability) were considered important. Being culturally responsive was seen as the most important feature an intervention should have. The CSS Framework scored very high on this and all other features (averages range from 4.63 to 4.75 out of 5).

Table 3

The Primary Analysis of Perceived Framework Characteristics and CSS Ratings

	Average feature importance rating	Std. dev. feature importance rating	Average CSS performance rating	Std. dev. CSS performance rating
Feasibility (i.e., can it be carried out given existing constraints?)	4.14	0.65	4.71	0.46
Acceptability (i.e., is it accepted, or received well, by the help-seeker?)	4.57	0.51	4.63	0.65
Culturally Responsive (i.e., does it incorporate the client's experiences and use locally appropriate examples?)	4.81	0.51	4.71	0.55
Multilevel (i.e., does it consider the multiple settings and systems that influence a person's life course?)	4.52	0.51	4.75	0.44
Time Focused (i.e., does it take into consideration the time constraints of the client?)	4.33	0.66	4.42	0.65
Prosaicness (i.e., is it easy to understand, relatable, and engaging?)	4.52	0.51	4.71	0.62
Effectiveness (i.e., does it contribute to the improvement in and transformation of self, relationships, and situations?)	4.57	0.51	4.75	0.53
Adaptability (i.e., is it generalizable and flexible so that it can be modified to fit diverse settings?)	4.43	0.75	4.71	0.55

Discussion

This exploratory study described how the CSS Framework maybe a viable de-stigmatized, culturally responsive mental health approach in addressing the GMH crisis. It increases support for culturally responsive mental health access, treatment, and delivery as well as other GMH resources.

These authors explored one small dataset of 29 and 24 mental health practitioners who participated in the Conceptualizing Client Cases Training (CCCT) course.

This discussion presents the CSS Framework as a viable culturally responsive GMH preventive intervention approach. The CSS Framework has two goals: 1) to increase access to healthy social-emotional skills so individuals (practitioners and clients) can become their own conscious problem-solvers, and 2) to educate, equip, and empower individuals (practitioners and clients) to effectively utilize social-emotional skills as they renew their minds, transform their lives, and help to create safer communities. Educating and equipping practitioners, clients, laypersons with the strategies of the CSS Framework will directly impact individuals, mental health specialists and non-specialists, (laypersons) alike especially from marginalized, invisible, and voiceless communities. The CSS Framework is also designed to empower practitioners, clients, and laypersons to become their own problem-solvers concerning common mental health disorders. By educating and equipping laypersons, the CSS Framework, a TS-S approach, we will therefore increase the cadre of workers who can help to close the mental health practitioners' gap as well as meet the demand for culturally responsive intervention strategies.

CSS Framework as a Mental Health Delivery System

According to Kola et al. (2021), the COVID-19 pandemic is still progressing in many countries, and multiple innovative and diverse interventions are being implemented under real-world public health emergency circumstances. However, there is a void in the research about the impact these programs have on the GMH crisis; this is due to a lack of the resources needed to evaluate programs' effectiveness and insufficient time to conduct, complete, and publish comprehensive evaluations. The CSS Framework has had a five-year head start being implemented in LMICs and HICs, which has strengthened its position as a viable Framework to help respond to the crisis of insufficient GMH resources. The five-year head start has also afforded these authors the time and opportunity to conduct and complete evaluations as well as implement programs, curricula, services, and training sessions (e.g., theCCCT course).

Since September 2007, when the Lancet medical journal wrote a series of articles focusing on GMH, there has been a proliferation of calls to action to scale up services for people with mental disorders globally (Patel &Prince, 2010; Saxena et al., 2007). Scaling up services for the 85% of the world's population who live in LMICs, as well for as the25% in HICs who make up underserved sub-groups, requires an urgent reconceptualization of how services are structured, delivered, and implemented (Collins et al., 2011). As far back as 2001, Weine has been studying refugee families' mental health and wellbeing along with other factors. As we reviewed the literature, Weine's work with refugee families, especially as it relates to preventive intervention strategies (Weine, 2011), helped lay the foundation for development and implementation of the CSS Framework.

The authors saw it befitting to partially ground the CSS Framework on Weine's work (2011) even though his work mainly focuses on refugees. As a group, refugees share with other marginalized, voiceless, and invisible groups barriers related to navigating daily living, especially regarding mental health access, delivery, culturally responsive interventions, and the shortage of practitioners. The results of this study will be discussed considering Weine's eight key characteristics necessary to develop and implement a preventive intervention strategy.

COVID-19 has unveiled the pre-existing gaps in mental health systems across the globe, and it has shed light on human interconnectedness. It brings to bear the need for communities, societies, researchers, practitioners, policymakers, financiers, and governments to work together. It highlights the need for a reconceptualization of treatment, delivery, and practice. One such reconceptualization was suggested by Weine (2011) in his numerous publications of the eight key characteristics. Characteristics like cultural responsiveness, feasibility, acceptability, and adaptability have become central to multisystemic mental health delivery models. The characteristics of multilevel interconnectedness, prosaicness, effectiveness, and focusing on time constraints are also critical elements to ensure successful mental health practices and have thus become integral to preventive intervention strategies (Alegria et al., 2010; Minnican&O'Toole, 2020; Weine, 2011).

Consistent with Weine's research, the results from the CCCS show that his eight key characteristics of intervention strategy development and implementation are seen by CCCT participants as "very important" to "extremely important."

Furthermore, the results show that socially emotionally competent practitioners are positively impacted when they effectively utilize the CSS Framework. This positive impact on the practitioners then influences the longstanding GMH concerns related to stigma, lack of access, shortage of practitioners, and culturally responsive interventions.

Promoting Cultural Responsiveness

Culturally responsive and competent mental health care has become a core belief and practice in helping professions (American Psychological Association, 2003). According to Sue&Sue (2016) cultural responsiveness and competence should be superordinate to the theoretical orientations and practices of the counseling relationship. The mental health practitioners who responded to the CCCS highly rated the usefulness of the CSS Framework's cultural responsiveness. Eighty-nine percent of the respondents stated that cultural responsiveness was "extremely important" in developing and implementing interventions and the CSS Framework. Therefore, while the surveyed practitioners did have intervention approaches, they used in the past to conceptualize their clients' cases, they responded that the future use of the CSS Framework would result in "very effective" and "extremely effective" interventions. This shows that the CSS Framework is uniquely aligned to promote a practitioner's contextual understanding and hence the delivery of culturally responsive, adaptable, and feasible mental health services.

Therapeutic Content

Turning the focus on therapeutic content, results from the study outlined a link between practitioners 'confidence or perception of their abilities and their interactions with clients dealing with mental health issues. Those who are confident will worry less, and those who can identify and understand trauma, depression, and anxiety symptoms will usually have some degree of mastery over how to address these three topics. Moreover, confidence in one of the topics is a key predictor for competence in the other two. The CSS Framework was then shown to increase confidence, reduce worry about interacting with clients, and offer clients more effective support, especially those dealing with mental health issues. Therefore, it can be concluded (based within the scope of this exploratory study) that the CSS Framework is a viable and effective approach to ensuring that mental health service delivery is effective in providing both therapeutic content and contextual understanding. As such, this underpins the utility of the CSS Framework in the delivery of mental health services.

Governmental and non-governmental organizations need to ensure inclusivity and equitable access to health care and wellness services (Henderson et al., 2013; Lake &Turner, 2017). The current study showed that, while components of the CSS Framework are widely utilized when working with clients, the CSS is also adaptable to different forms of counseling such as one-to-one, family counseling, workshops, small group counseling, marriage counseling, coaching, and large group counseling. In addition to offering SEWS, the CSS Framework develops emotional resilience by cultivating social and emotional competencies for both the practitioner and client.

Since experiences and expectations of discrimination are critical factors impacting mental health-seeking behaviors, improving social and emotional competencies emerges as central to promoting culturally responsive interventions, community-based layperson practitioners, and practical and scalable access.

Conclusion

The GMH crisis was exacerbated by the Covid-19 pandemic, uncovering, and magnifying the brokenness of the mental health systems worldwide. According to the WHO (2020), during the pandemic, mental health services were disrupted or halted in over 90% of countries worldwide, while the demand for mental health is increasing. As you can imagine, this disruption occurred in countries and regions that were already fractured, if not broken and where the scarcity of resources, including practitioners is most profoundly needed. The pandemic compounded even further issues of accessibility, stigma, and culturally responsive mental health interventions. This is unfortunately a commonplace narrative of countries and regions with the least resources, who are usually the first to experience the effects of extreme hardships and shortages of broken systems, including mental health services.

As the authors explored the culturally responsive, de-stigmatized, and de-mystified CSS Framework as an approach to increase GMH resources we found that using Weine's Preventive Intervention model along with the pre and post surveys completed by participants from our CCCT we were able to demonstrate the viability of the CSS Framework. In our literature review we found that the CSS Framework shares similar attributes as those found in Weine's preventive intervention mental health model. The participants' scores from the CCCS were high on each of Weine's eight key characteristics, and especially high on cultural responsiveness as being one of the most important features or characteristics of any mental health intervention.

Future research into the viability of the CSS Framework as an approach to increase GMH resources should focus on expanding the data set from an exploratory sample size study to a study with a larger sample size. Furthermore, while this exploratory study focused mainly on the feedback of a small sample of practitioners from various countries, quasi-experimental studies are required to gain more insight into the effectiveness of the CSS Framework as it is being implemented with clients across diverse settings and countries.

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