



Evaluating the Impact of a Family-Based Early Intervention Program for Supporting Youth Mental Health Challenges and Building Mental Health Literacy

(<https://www.western.ca/m-i-friends/>)

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Introduction

Background:

- Mental health struggles among children are highly prevalent, yet access to early, evidence-based support is limited.
- Without early identification and intervention, youth outcomes and trajectories can be negatively impacted.
- Families seeking mental health support often face a variety of barriers to access (e.g., waitlists, cost, life conflicts, stigma).
- Caregivers play a crucial role in identifying issues and facilitating help-seeking but often lack adequate mental health literacy (MHL).
- Unified Theory of Behaviour (UTB) emphasizes how beliefs, social norms, attitudes, and self-efficacy influence help-seeking behaviours.
- “M.I.friends” is a free program created to help families gain strategies, access support, and start conversations using puppet-based videos & resources.

Purpose:

- Few early interventions with the goal of improving MHL in youth and their caregivers have been evaluated.
- This pilot study aimed to evaluate the impact of a family-based early intervention program (M.I.friends) on supporting youth mental health and building parental MHL.

Research Questions

- 1 What are families seeking out/expecting when they enroll in the M.I.friends program?
- 2 What do families gain from their involvement and are there any negative aspects of their experience?
- 3 Do families feel that there has been positive communicative progress and has their mental health literacy increased after participating in this intervention program?

Methods

Participants:

- 11 parents of children perceived to be struggling with mental health from London, ON and its surrounding counties (Elgin-Middlesex, Oxford).
- All female and between the ages of 30-56 ($M_{age} = 43.36$, 91% Caucasian).

Procedure:

- Several measures were completed via Qualtrics [Demographic, MHL, Social Validity (SV) Questionnaires].
- Pre-program: participants completed a MHL questionnaire and semi-structured interview via Zoom.
- Post-program: participants engaged in the same data collection procedures again to assess pre-post changes and improvements after 3 months.

Data Analysis:

- Participant demographics/characteristics were summarized with descriptive statistics.
- Mixed-methods pre-post design - scores from Likert-scale measures compared using paired sample t-tests (Bonferroni adjusted).
- Perceived program SV were summarized with descriptive statistics.
- Interviews transcribed and analyzed using thematic analysis (Braun & Clarke, 2006).

Results

Figure 1

Thematic Map of the Themes and Subthemes that Emerged from the Interviews.

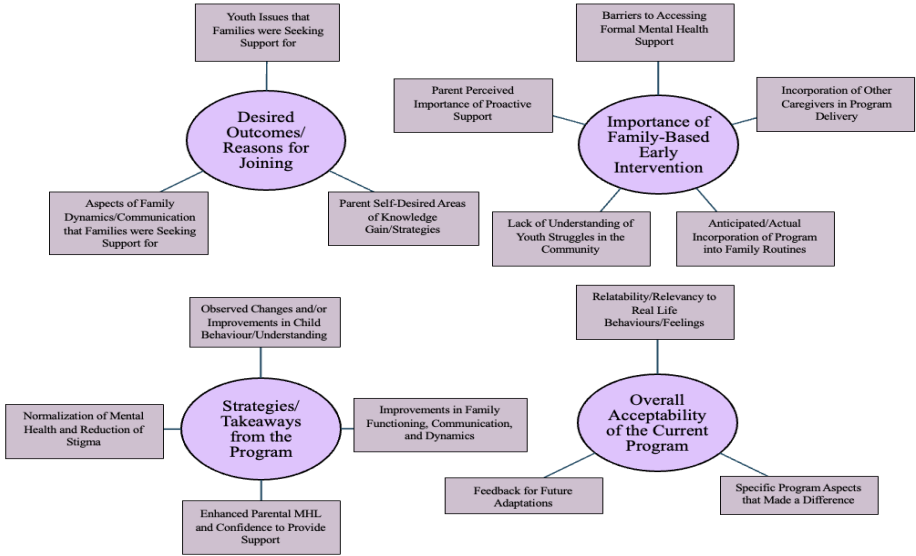


Table 1

Themes, Subthemes, and Exemplar Quotes that Emerged from the Interviews.

Themes	Subthemes	Example Excerpts
Desired Outcomes/ Reasons for Joining	Youth Issues that Families were Seeking Support for	<i>I'm hoping for [child] to be able to have more independence in dealing with anxieties.</i>
	Aspects of Family Dynamics/Communication that Families were Seeking Support for	<i>We kind of hide things like mental health issues.</i>
	Parent Self-Desired Areas of Knowledge Gain/Strategies	<i>I want to know more about how to seek and get help.</i>
Importance of Family-Based Early Intervention	Parent Perceived Importance of Proactive Support	<i>I would like to prevent as much as I can or at least give [child] better tools so it doesn't get to a certain point.</i>
	Barriers to Accessing Formal Mental Health Support	<i>The block has always been the cost.</i>
	Incorporation of Other Caregivers in Program Delivery	<i>[Grandma] can go through some videos with [child] so she knows what [child's] doing.</i>
	Anticipated/Actual Incorporation of Program into Family Routines	<i>[Videos] kind of became a different form of story time before bed.</i>
	Lack of Understanding of Youth Struggles in the Community	<i>We faced a lot of judgments about our parenting.</i>
Strategies/ Takeaways from the Program	Observed Changes and/or Improvements in Child Behaviour/Understanding	<i>[Child] is more aware of her emotions and better to verbalize her feelings.</i>
	Improvements in Family Functioning, Communication, and Dynamics	<i>We got more of an understanding that we both play a part and have to work on things.</i>
	Enhanced Parental MHL and Confidence to Provide Support	<i>I learned the value of and how to validate child's emotions.</i>
	Normalization of Mental Health and Reduction of Stigma	<i>It made a difference for [child] in the sense of realizing that he is not alone.</i>
Overall Acceptability of the Current Program	Relatability/Relevancy to Real Life Behaviours/Feelings	<i>I really resonated with the [video] where they're rushing to go somewhere.</i>
	Specific Program Aspects that Made a Difference	<i>It was something I could do in the privacy of my home and not have to miss work for it.</i>
	Feedback for Future Adaptations	<i>It would have been nice to have, like, some kind of step-by-step plan to follow.</i>

Results Continued

Table 2

Pre-Post Intervention MHL Changes – Paired Sample T-Tests

MHL Item	Pre M (SD)	Post M (SD)	t(6)	p	Cohen's d
Prevention knowledge	3.14 (0.38)	3.86 (0.69)	-2.50	.047	0.76
Symptom recognition	3.43 (0.54)	3.86 (0.69)	-2.83	.030	0.54
Help-seeking knowledge	3.14 (0.38)	3.86 (0.69)	-2.50	.047	0.76
Self-help strategies	3.14 (0.69)	4.29 (0.49)	-3.36	.015	0.90
First aid skills	2.57 (0.79)	3.71 (0.49)	-4.38	.005	0.69

Note. $N = 7$. All comparisons reflect paired-samples t -tests with a Bonferroni correction applied.

Table 3

Descriptive Statistics for Participant Ratings of Social Validity

Components	Items	Mean	SD
Relevance & Importance	Perceived relevance of the program	3.86	0.69
	Perceived importance of youth early intervention	4.57	0.53
	Perceived importance of building MHL	4.71	0.49
Outcomes & Effectiveness	Perceived extent of improved understanding	4.29	0.76
	Perceived extent of positive changes	4.00	1.00
	Perceived effectiveness of program resources	4.29	0.76
Acceptability & Satisfaction	Perceived comfort of program format and content	4.71	0.49
	Likelihood to recommend program to others	4.71	0.76

Note. $N = 7$. Items rated on 5-point Likert-scales ranging from 1 = not at all to 5 = extremely.

Key Findings

- 1 Significant pre-post program improvement in participants mental health first aid skills, with notable gains in all aspects of MHL.
- 1 Strong initial feasibility and social validity of the program, with high ratings of relevance, positive effects, and acceptability.
- 1 Program engagement had positive impacts on child mental health outcomes, familial communication/functioning, and stigma reduction.

Discussion

Contribution to Research:

- Pilot evaluation of M.I.friends contributes to growing research body supporting early, family-based mental health interventions.
- Reinforces known barriers to accessing services and highlights the value of flexible, accessible, online, at-home support.
- Aligned with the UTB – findings reflect the importance of caregiver beliefs, attitudes, social norms, and self-efficacy to provide support.

Implications and Future Directions:

- M.I.friends may serve as a practical early-access tool for families seeking support.
- Strong social validity suggests support for broader community implementation.
- Future adaptations should include content tailored for children with neurodevelopmental differences and prompts to retain family engagement.

Limitations:

- Small and non-diverse sample ($N = 11$; 91% white; 100% female) limits generalizability.
- Self-report data may be influenced by participant bias.