

6th UK Implementation Science Research Conference

Exploration of Facilitators and Barriers in the Implementation of the Chilean Skills for Life Program: An Approach from the Consolidated Framework for Implementation Research

Rodrigo Rojas Andrade
Francisca Jaque Morales
Gabriel Prosser

Long version

Background:

The global concern over mental health issues among children and youth arises from the detrimental consequences of not addressing them promptly, impacting personal and community development trajectories (1,2). Educational policies have acknowledged the strong link between emotional well-being and learning outcomes, recognizing the strategic role of educational environments in comprehensive school-based mental health interventions that integrate with local care networks through multi-level mental health support systems (4). As a result, school-based mental health services and programs have gained prominence in public agendas, leading to their adoption and legislation in many countries (5,6).

In Latin America, the Skills for Life (SFL) program by Junaeb has been at the forefront of school mental health for over twenty years. Although unrelated to the WHO program of the same name, the SFL-Junaeb program focuses on promoting essential competencies to cope with life challenges, particularly in vulnerable contexts (7). It is recognized as one of the world's eight programs with the highest coverage (8). The program's complexity lies in its national model, encompassing multiple levels, components, grades, mixed-prescriptive approaches, and shared administration.

Diverse studies have demonstrated its effectiveness (9–12) and analyzed implementation outcomes, revealing that professionals generally achieve less than 70% adherence to the strategic components of school mental health programs (13) and less than 50% adherence to the core components of the program itself (14). Furthermore, recent research indicates that the SFL-Junaeb took three times longer than reported in the literature to reach a sustainability phase (15). While some studies have attempted to address these implementation outcomes, most have focused solely on specific program components and the characteristics of implementing professionals, leaving gaps in knowledge about other dimensions potentially affecting the program and missed opportunities for improvement.

Objective:

This study aimed to describe the barriers and facilitators of implementing the SFL-Junaeb program using the Consolidated Framework for Implementation Research (CFIR) (16,17). Given the nascent state of implementation science in Latin America, it is crucial to explore the application of internationally accepted models to contribute to developing a global science (18).

Methods

The study involved 16 participants, including four national coordinators, four regional coordinators, and eight local coordinators from the metropolitan region. All participants provided informed consent and participated in semi-structured interviews. The interviews, based on the five domains of the CFIR, lasted 60 to 90 minutes. Two team members conducted coding, validated in meetings with the principal investigator. 399 quotes were identified and coded, following the procedure suggested on the CFIR website (<https://cfirguide.org/>).

Results:

The study highlighted several facilitators. Firstly, the program's characteristics, particularly its adaptability, allow adjustments to specific needs and contexts. Additionally, a high perception of program evidence supporting its effectiveness encouraged implementation. Effective communication and networks among professionals, teachers, and organization members played a fundamental role in exchanging strategies and providing mutual support within the internal organizational context. A well-established organizational structure with effective leadership facilitated coordination and efficient decision-making. Facilitators also included adaptability, flexibility, and support for employee well-being, increasing implementers' motivation and commitment. Human resource development through training and education and appropriate planning, design, and alignment with objectives contributed to program success. Leadership and management were crucial for efficient and effective program implementation. Information and knowledge management facilitated the systematization and evaluation of implementers' information, identifying areas for improvement and supporting informed decision-making. Finally, coordination and communication between programs and the regional level improved program implementation and adaptation to local needs.

However, the study also identified significant barriers to program implementation. Internally, a lack of coordination and clear communication between departments posed a critical barrier. Non-payment of teams had a negative impact on implementers' motivation and commitment, creating an unfavorable organizational climate. At the organizational level, a new political team's negative and distrustful attitude towards existing programs emerged as an extreme barrier to implementation. Additionally, the scarcity of human resources, training, and financing, including per diems, presented a critical barrier to ensuring the availability of necessary resources. The organizational structure also posed a significant barrier due to centralized management, hindering regional decentralization and decision-making processes.

Conclusion

This study emphasizes the importance of considering multiple factors for successfully implementing the SFL-Junaeb program in Latin America. The identified facilitators, such as program adaptability, effective communication and networks, well-established organizational structures, effective leadership, and support for employee well-being, align with existing literature on school-based mental health programs. However, significant barriers, including a lack of coordination, resource deficiency, and centralized management, must be addressed to enhance program implementation.

It is crucial to acknowledge the limitations of this study, including the limited sample size and qualitative approach. Future research should encompass larger-scale quantitative studies to provide

a more comprehensive understanding of implementation outcomes. Exploring the perspectives of different stakeholders and delving into contextual and organizational factors will further contribute to the knowledge base in implementing school mental health programs in Latin America.

By advancing our understanding of the facilitators and barriers to implementing the SFL-Junaeb program, we can inform policy and practice to enhance the effectiveness and sustainability of school-based mental health interventions. This, in turn, can lead to improved mental health outcomes for children and youth, positively impacting their personal and community development trajectories.

References

1. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. *Lancet*. 2007;369(9569):1302–13.
2. Zhang SX, Liu T, Dong RK, Yin A, Delios AY, Chen BZ, et al. Mental disorder symptoms during the COVID-19 pandemic in Latin America – a systematic review and meta-analysis. 2022;
3. Atkins MS, Hoagwood KE, Kutash K, Seidman E. Toward the integration of education and mental health in schools. *Adm Policy Ment Heal Ment Heal Serv Res*. 2010;37(1–2):40–7.
4. Kutcher S, Wei Y, Weist M. Global school mental health. Considerations and future directions. In: *School Mental Health Global Challenge and opportunities*. Cambridge. Cambridge; 2015. p. 299–310.
5. Lee J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Heal* [Internet]. 2020;4(6):421. Available from: [http://dx.doi.org/10.1016/S2352-4642\(20\)30109-7](http://dx.doi.org/10.1016/S2352-4642(20)30109-7)
6. Hoover S, Weist M, Kataoka S, Adelsheim S, Mills C. Transformation of children’s mental health services: The role of school mental health. *Psychiatr Serv*. 2007;58(10):1330–8.
7. Squicciarini A. Programa Habilidades para la Vida. Una forma de nutrición afectiva. Santiago de Chile: JUNAEB, Ministerio de educación; 2017.
8. Murphy JM, Abel MR, Hoover S, Jellinek M, Fazel M. Scope, Scale, and Dose of the World’s Largest School-Based Mental Health Programs. *Harv Rev Psychiatry* [Internet]. 2017;25(5):218–28. Available from: <http://insights.ovid.com/crossref?an=00023727-900000000-99965>
9. Leiva L, George M, Squicciarini AM, Simonsohn A, Guzmán J. Intervención preventiva de salud mental escolar en adolescentes: desafíos para un programa público en comunidades educativas. *Univ Psychol*. 2015;14(4):1285–98.
10. Guzmán J, Kessler RC, Squicciarini AM, George M, Baer L, Canenguez KM, et al. Evidence for the effectiveness of a national school-based mental health program in Chile. *J Am Acad Child Adolesc Psychiatry*. 2015;54(10):799–807.
11. George M, Guzmán J, Flotts M, Squicciarini AM, Guzmán MP. Salud mental en escuelas vulnerables : evaluación del componente promocional de un programa nacional. *Rev Psicol*. 2012;21:55–81.
12. Rojas-Andrade R, Bravo GP. School effect assessment of different interorganizational collaboration using Propensity Matching Score. *Interdisciplinaria*. 2022;39(2):73–88.

13. Rojas-Andrade R, Leiva L. Adherencia y Resultados. Un análisis de componentes estratégicos en salud mental escolar. *Heal Addict* 2019. 2019;19(1):47–59.
14. Rojas-Andrade R, Leiva L, Vargas B, Squicciarini AM. Efectos de la fidelidad de la implementación sobre los resultados de una intervención preventiva en salud mental escolar: un análisis multinivel. *Psychosoc Interv*. 2017;26(3):147–54.
15. Aranguren S, Lopez V, Meza M, Parra B, Bravo GP, Caro C, et al. Análisis de un programa chileno de salud mental escolar desde el enfoque de fases de implementación. 2022;31(2):1–13.
16. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implement Sci*. 2009;4(1).
17. Rubin A, Kemp CG, Gwayi-Chore MC, Gimbel S, Soi C, Sherr K, et al. Evaluating and optimizing the consolidated framework for implementation research (CFIR) for use in low- And middle-income countries: A systematic review. *Implement Sci*. 2020;15(1):1–19.
18. Bertram R, Edwards D, Engell T, Kerns SEU, Øvretveit J, Rojas-Andrade R, et al. Welcome to Global Implementation Research and Applications. *Glob Implement Res Appl*. 2021;8–11.