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Expert Consensus on Mental Health Resilience Domains of a Module for Training of Trainers' Programme: Delphi Method Study

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Abstract:

Introduction. Identification an accurate mental health domain is crucial to ensure the effectiveness of a module. Objective: The study objective was to address the process of three rounds of the Delphi technique to seek a consensus of domains and subdomains of the mental health resilience module for Training of Trainers programme in the Malaysian Teacher Training Institute. Methods: This research utilised Delphi study in the duration of three months, between 1st December 2022 to 28th February 2023. Face-to-face interviews and literature review were conducted to propose a set of domains and subdomains for the mental health resilience modules. Three rounds Delphi technique were conducted to seek a consensus regarding the proposed domains and subdomains through the employment of 10 expert panels in their respective fields. The analysis of consensus data of the experts was done based on median, inter quartile range and quartile deviation on round one, two and three data. The median score was used to analyse the level of consensus of experts. Result shows that in all three rounds, Delphi the medium resulted in more than 4. Results. Five domains and seventeen subdomains were proposed and endorsed by the expert panels. The domains were assertiveness, formation of self-concept and adolescent emotion, social media challenges and skills to cope with a crisis. Subdomains were lack of resilience, carelessness and not serious in studying, aggressive, negative attitude, self-criticism, students' motivation, self-confidence, managing stress, managing traumatic experiences, lack of love from family members, negative emotion, and bullying. Apart from that, there were also issues with managing social media issues, gadgets, disaster, family crises, as well as financial difficulties. Conclusion. The study established the first mental health resilience domains and subdomains modules for Training of Trainers programme that is specifically designed for the teacher in training. It will be an effective module to expose them in helping primary school students.

Keywords: Mental health module, training of trainers' programme, Delphi technique, resilience domains

1. Introduction

The World health organization (WHO) defined mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (Christodoulou et al., 2011). Mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others (Christodoulou et al., 2011).

A trainee is a person who is learning and practicing the skills of a particular job. A trainer is a person who teaches skills for a particular job, activity, or sport. Training is the process of acquiring knowledge, skills, and attitude that are needed to fill the gap between what people want to do, and what they can do now. In order to teach a trainer how to train well, a learning by doing approach is best. This means a new participant typically gets to watch an experienced trainer teach, complete the exercises, and then practice teaching segments to other participants. The main goal of the training of trainers (TOT) is to prepare instructors to present information effectively, respond to participant questions, and lead activities that reinforce learning. It has been used in a variety of field; business (Hyasat et al., 2022), education, as well as health sciences (Hyasat et al., 2022) . Thus, a common assumption is that TOT is a strong predictor of sustainability because of its potential for up-skilling the workforce rapidly, cheaply and exponentially by developing local educators.(Mormina & Pinder, 2018)

A TOT model was developed to build a cohort of locally trained Family Peer Advocate (FPA) to deliver parents empowerment programme (PEP) training. The PEP training targets two broad areas:
(1) skills for developing effective working relationships with families, assessing family needs, and strategies for activating families to address their children's mental health needs; and (2) knowledge about childhood mental disorders, the diagnostic process, evidence-based treatments, and service options. The roles of family support and knowledge of childhood mental health had become the domains for the model of this TOT. A pre/post design was used to evaluate the impact of TOT model on knowledge and self-efficacy among 318 parents across the states. Participants showed significant pre-post (6 month) changes in knowledge about mental health services and self-efficacy. There were no significant associations between any FPA demographic characteristics and their knowledge or self-efficacy scores (Hoagwood et al., 2018).

Mental Health Gap Action Programme (MH GAP) training was conducted for physicians and psychosocial staff in Pakistan its consist of training process including the adaptation of the MH GAP curriculum, TOT, training workshops for primary care staff (World Health Organization, 2016). The result showed significant improvement in knowledge about mental health management (Ahrens et al., 2020). Engaged Community Action for Preventing Suicide (ECAPS) model as a means of developing a culturally relevant and responsive model of suicide prevention that is acceptable and sustainable in low-resource settings. The ECAPS model is a feasible and effective framework for use in low-resource settings to guide the development of a culturally relevant community-level intervention to address the systemic, societal, and individual level factors that serve as barriers to suicide prevention.(Alonzo, 2023)

Mental health and psychosocial support (MHPSS) include any support that people receive to protect or promote their mental health and psychosocial wellbeing. One major component of MHPSS is treatment and prevention of psychiatric disorders such as depression, anxiety and post-traumatic stress disorder (PTSD) (Tahap et al., 2014). There were many studies done on the component of mental health among public and school students. A study has been conducted to investigate the effect of an assertiveness program on the drug use tendency, mental health, and quality of life in clinical students of Shahrekord University of Medical Sciences in 2020.The findings showed that the training as a preventive program can reduce the students' tendency to addiction and improve their mental health and quality of life (Golshiri et al., 2023).

Based on the discussion above, there were few exciting TOT mental health programmes focused on diverse target group, parents, workers, and specialist not for the teacher in training. Nevertheless, it is a necessity to produce a competent teacher in terms of emotion and self-management (Alias bin Musa, 2017). These can be achieved through an affective character development mechanism: academic and non-academic programme. Training of trainers' educational programme is a good strategy to produce a training teacher who is competent in mental health.

Although the Ministry of Education of Malaysia (MOE) has been appointing school counsellors, it is still deemed to be sufficient. The current data shows a total of 3665 counselling teacher in primary school as opposed to 2,741,837 students (Sinar Harian, 2019). The counselor/student ratio is 1: 748. The MOE target is 1:250. It means Malaysia need 10,967 extras counselors in primary school. According to the data, Malaysia needs a total of 7,302 counsellors (Sinar Harian, 2019). Many teachers in training are interested to help students, however they failed becoming a good facilitator due to lack of effective module and training. Therefore, this study is significant in guiding teachers in training to make them effective facilitators. Therefore, this study which aims to produce domains of mental issue for TOT programme is significant.

Research aim

The study objective was to address the process of three round Delphi technique to seek a consensus of domains of the mental health resilience module for TOT programme in the Malaysian Teacher Training Institute. The final product is to provide teachers in training with a basic module to facilitate their students to cope with the mental health issues.

2. Material and

Methods Research design

A Delphi study was conducted to propose domains of the mental health resilience module for

A programme in the Malaysia educational institute training college. Justification of its usage are due to the following advantages: (i) it applies a precise expert panel in the field, so the potential result will be more accurate and (ii) since it is a non-face to face interaction among the members, the bias issue could be reduced (World Health Organization, 2016).

Generation of initial domains

The objective of this phase is to assemble data related to the domains and subdomains of the mental health resilience module for the TOT programme. The data were obtained through (i) face-to-face interviews with the counsellors and teachers in the Malaysian primary school, and (ii) intensive reviews of the previous study regarding the examined area.

A total of 10 participants were recruited as key informants for this study. The purposive sampling technique was used to identify eligible participants. The inclusive criteria of the study were, (i) being experienced in their field, and (ii) having job experience at least ten years in their institutions. The junior workers were excluded from the study. These criteria are crucial to getting rich data regarding the topic examined.

Data collection procedure

Data were collected in the period starting from 1st December 2022 to 28th February 2023 using an online interview. The participants were given a brief before starting the interview. Participants were volunteers who were invited to join the study, and they can withdraw from the interview sessions if they feel uncomfortable without any penalty. Informed consent was given to the participants. Each interview was recorded to avoid missing data and it only starts after getting permission from the participants. The data collection process began when the approval from the committee came through.

Data analysis

The obtained data were analyzed using thematic analysis methods. Firstly, the script interviews were transferred to verbatim. Secondly, each verbatim was repeatedly read to identify themes and categories related to the research objectives. This process was done until ideas were parked under the relevant themes or categories. As a result, we generated a domain draft that consisted of five domains and 17 subdomains, then was sent to the expert panels to seek consensus through three rounds of Delphi study.

Initial survey

Before being sent to the expert panels for the Delphi technique, the proposed domains were examined by four academicians to explore the feasibility of the domains and subdomains. Considering their responses, the initial set domains and subdomains were developed for the Delphi technique. It consists of 5 domains and 17 subdomains (Table1)

Table 1: Initial proposed domains and subdomains for mental health resilience module for training of trainers' programme

Domain	Subdomain
1. Assertiveness	1. Lack of resilience and self-adjustment
	2. Careless and not serious in studying
	3. Aggressive
	4. Negative attitude
2. Formation of self-concept	5. *Self-criticism*
	6. Students' motivation
	7. Self-confident
	8. Managing stress

3. Formation of adolescent emotion	9.	Managing traumatic
	10.	Managing loving from family members
	11.	Negative emotion
	12.	Bully
4. Social media challenges	13.	Managing social media issues
	14.	Managing gadget
5. Skill in facing crisis	15.	Managing disaster
	16.	Managing family crisis
	17.	Managing family's financial crisis

Subject selection of expert panels

The expert panels of the Delphi technique must be (i) knowledgeable and experienced with the areas being studied, (ii) capable of participating, (iii) able to communicate effectively, and (iv) available at the moment of the study being done (Eriksson et al., 2005). While, utilizing only a few panels is already enough in the Delphi technique (Diamond et al., 2014; Grisham, 2009). Considering these recommendations, a Total l of 10 expert panels were selected to perform the Delphi process. They were school counsellors, educational administrators, and specialists in Psychiatry.

Seeking consensus via the Delphi study

Delphi round 1

In the first-round, expert panels were sent an email with the invitation letter, domains and subdomains, and informed consent letter. The module consisted of five domains and 17 subdomains as proposed in phase one. They were asked to review and rate the domains and subdomains on a 5-point Likert scale from I (extremely not important) to 5 (strongly very important). They were also requested to add, alter, or remove domains or subdomains as appropriate. The median, inter quartile range and quartile deviation on round one was calculated to determine the level of consensus for each item. The result was then used to revise the domains and subdomains and establish them for Delphi Round 2.

Delphi Round 2

In the second round, the expert panels again were asked to review the gained responses and rate them using the same rating scale. The second round aimed at seeking consensus among them, then the obtained data were analyzed to determine the consensus level.

Delphi Round 3

As with Round 1 and Round 2, the panel members are to respond in Round 3. In the third round, each Delphi panelist received a questionnaire that included the domains, subdomains, and ratings summarized by the researcher in the previous round and was asked to revise his or her judgments in order to reach consensus. Participants were asked to review their responses, respond again using the same rating scale, and add any comments regarding the responses. Some of these comments have been cited in the text, and others are presented in Delphi technique round 3. The survey was successful in providing a consensus regarding the domains and subdomains of the mental health module for TOT.

Data analysis

The importance of the domains and subdomains was measured by the mean score. The percent agreement for each item was the proportion of expert panels rating the item as extremely important or important. The degree of importance and consensus are justified after each Delphi round before making an interpretation. In this study, the analysis of the consensus data of the experts was done based on the median, interquartile range, and quartile deviation on rounds one, two, and three. After the median value, interquartile range, and quartile deviations are identified, the subsequent analysis technique involves classifying items according to the consensus level and importance level. In this study, the consensus level is divided into three levels (high, medium, and no consensus), and the importance level is divided into two levels (very high and low). The consensus level was determined as high if the quartile deviation is less than or equal to 0.5, medium if the quartile deviation is between 0.5 and 1, and no consensus if the quartile deviation is more than 1. The importance level is very high if the median value is 4 or above and low if the median value is less than 3.5 (15) (Tables 2 and 3). The value of the interquartile range using the formula (Q3-Q1) was determined using Microsoft SPSS version 24.0 and reported in the round three questionnaires. The data from round three was treated similarly. The formula for identifying deviation (QD) is as follows:

$$\text{Formula: QD} = 2 \text{ Inter quartile range} = \frac{(Q3\ Q1)}{2}$$

Table 2: Level of consensus and importance

Quartile deviation (QD)	**Level of consensus**	**Median**	**Level of importance**
Less or equal to 0.5 (QD ≤ 0.5)	High	4 and above (M ≥ 4)	High
More than 0.5 and less than or equal to 1.0 (0.5 ≤ QD ≤ 1.0)	Moderate	3.5 and less (M ≤ 3.5)	Low
More than 1.0 (QD ≥ 1.0)	Low and no consensus	-	-

Note : Formula by classifications of consensus was determined at three levels.

Table 3: Description of the classifications on the consensus level

Level	**Description**
High importance – high consensus	Items that achieved high consensus with QD value of less or equal to 0.5, but are regarded as important and very important with median of 4 and above [(QD ≤ 0.5) and (M ≥ 4)]
High importance – moderate consensus	Items that achieved moderate consensus with QD value of more than 0.5 and less of equal to 1.0, but are regarded as important and very important with median 4 and above [(0.5 < QD ≤ 1.0) and (M ≥ 4)]

High importance – no consensus	Items that did not achieve consensus with QD value of more than 1.0, but are regarded as important and very important with median of 4 and above [(QD > 1.0) and (M ≥ 4)]
Low importance – high consensus	Items that achieved high consensus with QD value of less or equal to 0.5, but are regarded as moderate and not important with median of 3.5 and less [(QD ≤ 0.5) and (M ≤ 3.5)]
Low importance – moderate consensus	Items that achieved moderate consensus with QD value of more than 0.5 and less of equal to 1.0, but are regarded as moderate and not important with median of 3.5 and less [(QD ≤ 0.5) and (M ≤ 3.5)]
Low importance – no consensus	Items that did not achieve consensus with QD value of more than 1.0, but are regarded as moderate and not important with median of 3.5 and less [(QD ≤ 0.5) and (M ≤ 3.5)]

Note: Adapted by Norizan (2003)

3. Results

Profile of the Delphi Expert Panels

A total of 10 expert panels participated in two rounds of the Delphi study. The majority of participants were female (80%) and male (20%). In terms of job experience, the majority of them have more than ten years of service (60%), and the rest are below ten years. Half (50%) were school counsellors, three (30%) were educational administrators, and two (20%) were specialists in Psychiatry (Table 4).

Table 4: Profile of the Delphi expert panels.

Item	Round 1 (n=10)	Round 2 (n=10)	Round 3 (n=10)
Gender, n (%)			
Male	2 (20%)	2 (20%)	2 (20%)
Female	8 (80%)	8 (80%)	8 (80%)
Working experience (years) n (%)			
< 10	4 (40%)	4 (40%)	4 (40%)
>10	6 (60%)	6 (60%)	6 (60%)
Background, n (%)			
School counsellor	5 (50%)	5 (50%)	5 (50%)
Educational administrator	3 (30%)	3 (30%)	3 (30%)
Psychiatry (Specialist)	2 (20%)	2 (20%)	2 (20%)

Delphi round 1

After the questionnaire was rated by the expert panels, five domains and 17 subdomains were retained. The range mean and portion of agreement value for the items were 4.10 to 4.80. However, there were some modifications for subdomains 1, 2, and 8. For subdomain number 1, which is lack of resilience and self-adjustment, panels have suggested removing self-adjustment. For subdomain number 2, the careless attitude changed to careless and not serious in studying. While subdomain number 8, the term depression changed to stress.

Delphi round 2

After the proposed domains were rated by the expert panels, five domains and 17 subdomains were retained. The range mean and portion of agreement value for the items were 4.10 to 5.00. Apart from that, panels have suggested changing the term "conflict from peer to bully (subdomain 12). Considering comments and feedback from the expert, we have developed a new one (Table 5).

Table 5: Final consensus domains and subdomains for mental health resilience module for Training of Trainers

Domain	Subdomain
1. Assertiveness	1. Lack of resilience
	2. Carelessness and not serious in studying
	3. Aggressive
	4. Negative attitude
2. Formation of self-concept	5. Self-criticism
	6. Students' motivation
	7. Self-confidence
3. Formation of adolescent emotion	8. Managing stress
	9. Managing traumatic experiences
	10. Lake of love from family members
	11. Negative emotion
	12. Bullying
4. Social media challenges	13. Managing social media issues
	14. Managing gadget
5. Skill in facing crisis	15. Managing disaster
	16. Managing family crisis
	17. Managing family's financial difficulties

Delphi Round 3

After the proposed domains were rated by the expert panels, five domains and 17 subdomains were retained. A total of five domains and 17 subdomains were developed after round 2 of the Delphi study. The range mean and portion of agreement value for the items were 4.30 to 5.00. Table 6 shows that in the first, second, and third Delphi rounds, all the Quartile Deviation (QD) of the statements was less than or equal to 0.5 ($QD \leq 0.5$), which indicates that the level of consensus was high. In other words, all expert panels' responses lie on a scale of 5 (strongly very important). The median scores were used

to analyze the level of consensus among experts, and the results show that in all three rounds of Delphi, the medium result was more than 4. It was reported that the level of importance of the statements was high. In conclusion, the domains and subdomains of the mental health resilience module reached consensus using the Delphi technique and provided a reliable manner to conclude that ten expert panels overall agreed upon the 5 domains and 17 subdomains assumed.

Table 6: Final score of Delphi method.

Round of Delphi										
Domain n	**Subdomain**	**Round 1**			**Round 2**			**Round 3**		
		Min	**Median**	**IQD**	**Min**	**Median**	**IQD**	**Min**	**Median**	**IQD**
1.Assertiveness	1. Lack of resilience	4.30	5	0.63	4.60	5	0.50	4.80	5	0.13
	2. Carelessness and not serious in studying	4.10	4	0.63	4.10	4	0	4.30	4	0.50
	3. Aggressive	3.80	3.5	1.00	3.60	3	0.63	3.90	4	0.13
	4. Negative attitude	4.70	5	0.50	4.70	5	0.50	4.90	5	0
2.Formation of self-concept	5. Self-criticism	4.80	5	0.13	4.60	5	0.50	4.70	5	0.50
	6. Students' motivation	4.40	5	0.50	4.40	4	0.50	4.80	5	0.13
	7. Self-confidence	4.50	5	0.50	4.40	4	0.50	4.80	5	0.13
3.Formation of adolescent emotion	8. Managing stress	4.60	5	0.50	4.60	5	0.50	4.90	5	0
	9. Managing traumatic experiences	4.60	5	0.50	4.70	5	0.50	4.90	5	0
	10. Lake of love from family members	4.70	5	0.50	4.50	5	0.50	4.80	5	0

	11. Negative emotion	4.80	5	0	5.00	5	0	4.90	5	0
	12. Bullying	4.60	5	0.50	4.30	4	0.50	4.70	5	0.50
4.Social media challenges	13. Managing social media issues	4.80	5	0.13	5.00	5	0	5.00	5	0
	14.Managing gadget	4.60	5	0.13	4.90	5	0	5.00	5	0
5.Skill in facing crisis	15.Managing disaster	4.70	5	0.50	4.70	5	0.50	5.00	5	0
	16.Managing family crisis	4.60	5	0.50	4.80	5	0.13	5.00	5	0
	17.Managing family's financial difficulties	4.60	5	0.50	4.50	5	0.50	4.90	5	0

4. Discussion

This study promises a precise mental health resilience domain for the TOT program for the Malaysian teacher in training institute. A total of five domains and 17 subdomains representing the resilience domains of mental health were successfully developed after being endorsed by the expert panels through three rounds of the Delphi technique. Interestingly, the presence of domains and subdomains was elicited by the experts in their field itself.

Five domains and seventeen subdomains were proposed and endorsed by the expert panels. The domains were assertiveness, the formation of self-concept and adolescent emotion, social media challenges, and skills to cope with a crisis. Subdomains were lack of resilience, carelessness and not seriousness in studying, aggression, negative attitude, self-criticism, students' motivation, self-confidence, managing stress, managing trauma, taking love from family members, negative emotion, and bullying. Apart from that, manage social media issues, gadgets, disasters, family crises, and financial issues as well.

Assertiveness is a core competency for students to avoid suffering mental illness issues. In fact, assertiveness can help students control stress and anger and improve coping skills. It also helps someone to express themselves effectively and stand up for their point of view (Morris et al. 2012). The present study promises that this domain can be active via the formation of self-discipline during studying, reducing negative attitudes from peers, guiding students' skills to develop resilience, and enhancing coping skills to reduce aggressive attitudes. The present study was also supported by the

previous study, which identified that responsiveness and its components are closely related to enhancing resilience in metal health issues (Morris et al. 2012 & Grisham T 2017).

Self-concept is how someone sees themselves and the perception that they hold about their abilities. Developing a positive self-concept is key in order to prevent social dysfunction and mental health problems (Braun V,2014). Students with a good self-concept can make a more objective evaluation of themselves and actively accept themselves, thus regulating and maintaining their own mental health. It can be promoted by reducing self-criticism, enhancing students' motivation, and developing self-confidence (Grisham T, 2017 & Gomis Chorro et.al , 2017). This evidence supports the previous study on the importance of a positive self-concept in fighting mental health issues (Gomis Chorro E et. al , 2017).

Healthy emotional development is marked by a gradually increasing ability to perceive, assess, and manage emotions. This is a biological process driven by physical and cognitive changes and heavily influenced by context and environment. There is evidence that problems with peer relationships, peer rejection, bullying, and loneliness are risk factors for the development of affective conditions such as depression in adolescence. Conversely, high-quality peer relationships appear to protect against mental health problems and strengthen adolescent resilience (Chaudry A,et al , 2023). This study found that the formation of adolescent emotion was contributed to by developing coping skills, traumatic, loving from family members, and reducing negative emotion and bullying.

Social media challenges typically involve users recording themselves performing unusual and risky actions and sharing this content with others who can then perform the act themselves, thereby accepting, completing, and continuing to share the challenge. Students who spend too much time on social media can suffer from mental health issues such as depression, anxiety, and cyberbullying (Chaudry A,et al , 2023). Thus, they need skills in managing social media issues and gadgets. This is consistent with the previous study, which found knowledge and skills in managing gadgets and social media are important to managing mental health issues among students.

Coping is the ability to deal with difficult situations—basically, to manage whatever the world throws at someone. Coping skills are the skills that someone uses to achieve this. It is, therefore, possible to describe a wide range of skills and activities as 'coping skills'. In the context of the present study on skills to cope with crises, we found it covers the management of disasters, family crises, and family financial crises. This evidence are aligned with the previous study that coping skills are closely related to the ability to manage psychological issues. (25)

It is noteworthy that this study has its limitations, which must be taken into consideration in future studies. Firstly, the study only focuses on the teacher in training, not teaching or service. It has led to an incompleteness of the domains for teachers in the teaching profession. Secondly, the obtained data is limited for the limited teacher training institute. It might be affecting the accuracy of the information. Considering these, it is suggested that future studies consider teachers in service. Therefore, the finding might be comprehensive and accurate. Apart from that, the location of the study should cover almost every teacher training institute in Malaysia so that the potential findings can be compared for their similarities and differences.

5. Conclusion

The present study offers a set of credible domains and subdomains of the mental health model for the TOT programme. It emerged in a situation where the teacher in training faces the problem of lacking such a tool. Thus, the present study will close the gap. This tool is not only important to the individual teacher in training but also to MOE and non-government organizations that are related to mental health promotion.

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This study did not receive any financial support.

Conflict of Interest

The author has no conflict of interest to declare.

Ethical Approval

This study was approved by the USM ethic committee (USM/JEPeM/21090612) and all participants voluntarily participated in this study by signing consent forms prior to the start of the study.

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